

ADVISORY BOARD AGENDA – May 20, 2021

1. Welcome & Open Remarks
 - a) Zoom Protocol

- A) DECISION ISSUES
 - a) Approval of Advisory Board Minutes 3.18.21
 - b) RRH Policies & Procedures
 - c) OHS Advisory Board By-laws and Charter Updates
 - d) NOFA Update

- B) Planning Grant Update & System Priorities

- C) PIT Update

- D) COVID Response Update
 - a) De-Concentration Efforts
 - b) Summer Vaccination Schedule
 - c) CDC Eviction Moratorium
 - d) Right to Counsel
 - e) GCCRF Update

- E) CMHA Mobility & Housing Vouchers

- F) Emergency Rental Assistance Update (CHN)

- G) American Rescue Plan Update

- H) Race Equity
 - a) A Place 4 Me Race Equity Strategy Session

- I) Initiative Reports (See handouts)
 - a) Ending Youth Homelessness (EYH)
 - b) Ending Veteran Homelessness (EVH)
 - c) Unsheltered Report
 - d) RRH

PLEASE NOTE THE OHS ADVISORY BOARD 2021 MEETING DATES:

Calendar for 2021

**OHS Advisory Board Meetings: January 21st; March 18th; May 20th; July 29th;
September 16th; November 18th**

**Executive Committee Meetings: January 19th; Special February Board Meeting TBD,
March 9th; May 11th; July 20th; September 14th; November 9th**

2021 Cleveland and Cuyahoga County Rapid Re-Housing Service and Operations Manual & Practice Standards Version 2.2

Rapid Re-Housing Overview

Rapid Re-Housing (RRH) is a program designed to quickly resolve participants' immediate crisis of homelessness, to assist the participant in moving into permanent housing and support the participant in maintaining that housing. RRH shall fit seamlessly within the Cleveland/Cuyahoga CoC. RRH programs shall design service provision based on the core components of Rapid Re-Housing:

1. Housing Identification Assistance;
2. Financial Assistance—rent and move-in assistance; and
3. Case Management and Supportive Services.

Programs operating under the terms of these standards are required to employ a ***Housing First, Harm Reduction***, and ***Trauma Informed Care*** approach to service provision. Definitions of these terms are provided in the Glossary, as found in Appendix A, and standards for their implementation are contained within.

Rapid Re-Housing Practice Standards

These RRH Service and Operations Practice Standards establish minimum requirements for the operation of RRH programs in Cleveland/Cuyahoga County, to which such programs shall adhere. This document is not intended to stand on its own and should be read in conjunction with other funders' contractual requirements. These additional requirements should also include any program guidance issued by an RRH funder. These standards will be reviewed on an ongoing basis and may be amended to reflect current best practices, priorities, and stakeholder feedback.

Table of Contents

1. Philosophy and Design
2. Applicability
2. System Collaboration
3. Admission, Intake, and Assessment
4. Case Management
5. Housing and Services Plans
6. Housing Identification, Search, and Attainment
7. Financial Assistance
8. Customer Service Supports for Landlords and Property Managers
9. Case Closing and Program Completion
10. Record Keeping, Data Collection and Documentation
11. Staff Training
12. Operations
13. Program Administration
14. Appendices
 - A. Glossary
 - B. Grievance Policies and Procedures and Termination Policies and Procedures
 - C. Americans with Disabilities Act (ADA) Compliance
 - D. Health, Safety, and Incidents
 - E. Resources

Philosophy and Design

Programs must have policies that clearly state an approach to working with participants in RRH that embraces *Housing First*, *Harm Reduction*, and *Trauma Informed Care* practices.

Housing First

Programs shall be required to serve all participants with a Housing First approach. The Housing First philosophy is based on the premise that stable housing is a critical determinant of health, education, employment, and other positive outcomes related to well-being. Housing First programs have minimal barriers to admission of participants. Instead, they focus on quickly moving people experiencing homelessness into permanent housing with needed services. In practice, this means that participants in RRH programs designed with Housing First in mind shall not be excluded from the program due to lack of sobriety or income, or based on the presence of mental health issues, disabilities, or other psychosocial challenges.

Harm Reduction

RRH programs operating under these standards shall also use Harm Reduction strategies to work with participants to reduce the potentially negative consequences of risky behaviors. Programs employing Harm Reduction approaches generally do not terminate assistance based on a person's inability to achieve or maintain sobriety or due to medication non-compliance. Program service strategies shall therefore include all possible approaches to assisting participants in their efforts to reduce or minimize risky behaviors, while at the same time helping participants move into, and stabilize in, permanent housing. The approach focuses on assisting participants to comply with the terms of a standard residential lease. Harm Reduction approaches are not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants or staff.

Trauma Informed Care

In addition to implementing a Housing First model which incorporates Harm Reduction techniques, all RRH programs operating under these standards shall incorporate Trauma Informed Care policies and procedures into their delivery of services. Trauma Informed Care is defined as an organizational structure and a service framework that involves understanding, recognizing, and responding to the effects of all types of trauma on program participants. Trauma Informed Care also emphasizes the physical, psychological, and emotional safety of individuals, families, and service providers alike, and helps participants rebuild a sense of control and empowerment. Trauma Informed services account for trauma in all aspects of service delivery and prioritize the trauma survivor's safety, choice, and control. Trauma Informed Services create and promote a culture of nonviolence, learning, and collaboration. The loss of housing and the experiences of people while homeless almost always are accompanied by trauma. Trauma Informed Care acknowledges prior trauma and seeks to prevent a recurrence.

Programs shall develop and maintain a set of policies for educating and training program staff on Housing First, Harm Reduction strategies, and Trauma Informed Care.

Applicability

For purposes of these Rapid Rehousing Practice Standards the term "program(s)" shall refer to all Rapid Rehousing projects operating in the Cleveland/Cuyahoga CoC regardless of funding source(s) or target population. The primary funding sources are HUD's Emergency Solutions Grants (ESG) and Continuum of

Care program funding and VA's Supportive Services for Veteran Families (SSVF). Agencies administering Rapid Rehousing programs/projects include but are not limited to EDEN, Inc.; Mental Health Services, Inc.; Volunteers of America; and, West Side Catholic.

System Collaboration

1. To ensure coordination with Frontline Service's Coordinated Intake and Assessment ("Coordinated Intake"), programs shall participate in all relevant Coordinated Intake planning and management activities, including system and service coordination meetings. Participation in these activities includes keeping community partners updated regarding real-time changes to eligibility, prioritization, funding, and capacity.
2. Programs shall collaborate with community partners and leverage community resources through active partnerships with other programs that provide services to individuals and families experiencing homelessness in their communities.
3. Programs shall accept referrals/matches into their programs based on funder guidelines and in alignment with Frontline Service's Coordinated Intake prioritization policies.

Admission, Intake, and Assessment

1. Programs shall only enroll participants who are literally homeless according to the HUD Category 1 or 4 definition of homelessness.¹
2. Program participants must be experiencing homelessness in Cuyahoga County at time of enrollment. Exceptions may occur at the discretion of the funder in accordance with specific contractual requirements.
3. No program shall establish policies or assessment practices that screen out households based on any of the following criteria:
 - a. Lack of sobriety;
 - b. Lack of income;
 - c. The presence of mental health issues, disabilities, or other psychosocial challenges;
 - d. Lack of a commitment to participate in treatment;
 - e. Criminal background;
 - f. Presence or number of evictions;
 - g. Any other criteria assumed to predict long-term housing stability.
4. Before program enrollment and throughout program participation (until the participant is successfully housed), programs shall work with participants to use diversion/problem-solving interventions which assist participants in identifying alternatives to homelessness system services, such as reconnecting with family or friends who could temporarily or permanently house them.
5. If not already completed, or if significant life changes have occurred since the last time an assessment was conducted, Frontline Service staff shall complete and update the appropriate Coordinated Intake tools (e.g. Housing Barriers Guide and Vulnerability Index) as part of intake and assessment process.

¹ HUD Homeless Definition

https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.

6. Before enrolling a new participant, programs shall check HMIS and other relevant databases the program has access to in order to assess whether the participant is already enrolled in another RRH or otherwise duplicative program.
 - a. If the participant is enrolled in a duplicative program, program staff will inform the participant that they are already enrolled in an RRH or a duplicative program.
 - b. Program staff will contact the duplicative program that the participant is currently enrolled in and, if appropriate, develop a plan for reconnecting the participant to the program.
 - c. If a program change is more appropriate for the participant, enrollment in the second program can continue if the participant is still eligible once the participant is exited from the current program.
7. During intake, programs shall document all eligibility criteria established by the funder.
8. Programs shall not halt intake and enrollment due to a participant's lack of documentation. Programs shall assist participants in acquiring documentation to meet funder document requirements. Programs are to provide all services, except financial assistance, while participants obtain eligibility documentation.
9. Programs shall orient participants to all program guidelines and expectations during intake, including the programs' grievance and termination policies and procedures.
10. Programs shall transfer participants to a population-appropriate housing program if a change in their household status necessitates such a move. Programs shall continue providing services to such participants until the warm handoff is successfully completed.
11. Programs shall assign a housing locator to each participant at enrollment. Case managers are assigned at the time participant unit passes HQS inspection and the tenant moves in.
12. Programs shall limit additional assessments completed prior to housing to items necessary to support health, safety, and the quick resolution of participants' housing crisis.
13. Programs shall annually recertify participants' eligibility for the program. Certification may include verification of income, authorization signatures, unit inspections for consistency with applicable housing standards (e.g. HQS) and the collection of other funder required documents.

Case Management

1. Programs shall establish policies and procedures to ensure that case management ratios do not exceed funder guidelines.
2. Programs shall provide housing-focused case management that identifies participants' strengths and housing barriers, supports housing stabilization, and facilitates successful program exit.
3. Programs may offer participants the use of third-party online tenant screening services, or other funder determined tenant screening reports, as used by local landlords and property management firms to screen tenants.
 - a. Case managers (and/or housing location/liaison staff) shall use these services to assist in matching participants with appropriate units.
 - b. Staff shall check the accuracy of information in these reports with participants and refer them to legal services to assist in correcting the official record when appropriate.
4. Programs shall make rapid connections to resources that can support the participant's success in housing and emphasize the temporary nature of their enrollment in the RRH program.
5. Programs shall provide resources to assist participants to resolve or navigate tenant barriers, and reference those barriers and resources in the *Housing and Services Plan* (see definition and description of Housing and Service Plan in the following section).

6. Programs shall assist participants to develop a participant-driven budget, which will be revisited as often as needed, but no less than monthly. Programs shall offer budgeting assistance which will follow a Harm Reduction approach.
7. If participants experience barriers to stability that impact their ability to pay rent on time, programs shall discuss a referral to representative payee programs or other resources with the agreement of the participant. Any referral shall be made only with the consent of the participant.
8. Programs shall use a progressive engagement/assistance approach to provide customized and flexible case management services to participants. Case management and home visits beyond a standard schedule (at least once per month) shall only be provided to participants when higher needs are identified, and only if participants require intensive services to maintain tenancy. Programs should be prepared to offer a higher level of support, e.g. more than weekly case management contacts and/or home visits, after initial move-in.
9. Program participants may request a change in case manager if it is determined that the participant requires a different level of care than the assigned manager is able to provide, or if the current case manager's objectivity or clinical judgement becomes compromised.
10. Case management services shall always be participant-centered. The assigned case manager is responsible for attempting re-engagement and documenting attempts to do so. Participant refusal of case management services cannot be reason for exiting the participant from program (see Case Closing and Program Completion).
11. Program staff shall conduct a minimum of one home visit each month after the participant moves into permanent housing.
 - a. If unable to set up a monthly home visit, programs are required to document attempts to do so.
 - b. Program participants can direct when, where, and how often additional case management meetings occur.
 - c. Programs shall have written safety policies and procedures for home visits that are posted clearly in their office spaces, and for which staff receive training.
12. Programs shall provide basic tenancy skills learning opportunities to participants and provide guidance on basic landlord-tenant rights and responsibilities, meeting minimum expectations for care of the unit, and landlord-tenant-neighbor relations.
13. Programs shall work directly with participants and landlords to resolve tenancy issues without threatening participants' tenancies.
14. Programs shall establish policies that clearly state that program staff shall proactively assist participants in avoiding evictions and maintaining a positive relationship with the landlord.
 - a. Preventing an eviction can be done by moving a household into a different unit prior to eviction and,
 - b. By identifying a new tenant for the landlord's unit.
15. Case management documentation must be entered into the provider's data system (e.g., Homeless Management Information System (HMIS)), and the case file shall be completed by the provider.

Housing and Services Plans

Housing and Services Plans are simple, participant-centered plans that guide the extent, scope, duration and delivery of supportive services and financial assistance to program participants with the primary goal

of supporting the participants successful tenancy and self-sufficiency. Housing and Service Plans shall have the following elements:

1. All RRH program participants shall establish a participant-centered Housing and Services Plan in collaboration with program staff and based upon assessments required by funder guidelines.
2. Housing and Services Plans should be designed to guide case management and must be housing-focused and participant driven.
3. Housing and Services Plans shall identify the participant's needs, goals, actions to be taken, progress towards goals, and the actions to be taken by the case manager.
4. Housing and Services Plans shall be updated as the participant progresses towards goals or as new barriers are identified. Program staff shall continuously attempt to engage participants who express a lack of interest in or willingness to participate in their plan. Program staff shall document all attempts to engage with participants.
5. Work on Housing and Services Plans shall begin immediately upon developing a working relationship with the participant.
6. Housing and Services Plans shall address three distinct phases of program participation: housing attainment, housing stabilization, and exit planning. These three phases must emphasize the short-term nature of RRH with the goal of a sustainable exit from the program.
 - a. The initial Housing and Services Plan will focus on any emergent needs of the participant and on identifying, finding, and acquiring permanent housing.
 - b. Once the participant is housed, the Housing and Services Plan will focus on housing stability and any housing retention barriers which the participant may face. Housing stabilization plans are required to focus on how the program participants can maintain a lease, maximizing their ability to pay rent, and address patterns that have, in the past, resulted in housing crises or housing loss.
 - c. Nearing program completion, Housing and Services Plans should transition focus to exit planning. Exit planning should be on-going work until such time as the participant's case is closed and exited. This shall include a plan for preventing a fall into homelessness and a finalized exit plan.
7. Programs shall assist participants with a range of activities that address the participant's goals (as stated in their Housing and Services Plans, see the Housing Identification, Search, and Attainment section below), including but not limited to:
 - a. Assistance obtaining identification and other documents that are required for securing permanent housing;
 - b. Enrollment in eligible mainstream resources (Ohio Means Jobs, PRC (Prevention, Retention, Contingency) funds, Childcare assistance, SNAPs, Temporary Assistance for Needy Families (TANF), Supplemental Security Income/Social Security Disability (SSI/SSDI), health insurance, public benefits, Veterans Affairs (VA) benefits, etc.);
 - c. Connections may include life skills coaching, legal assistance, subsidized childcare, employment/vocational programs, substance abuse counseling, mental health counseling, physical health services, food resources, and transportation resources. Also, programs shall support participants in making connections to community supports such as faith-based organizations, social and recreational opportunities.
 - d. When a referral is made to any community service, case managers shall provide a warm handoff and follow up to ensure the linkage has been made.

Housing Identification, Search, and Attainment

1. Programs shall work with the Housing Locator and the shelter case manager to identify and recruit landlords and encourage them to rent to program participants.
 - a. Programs shall employ at least one staff person with specialized responsibilities for landlord recruitment and retention efforts.
 - b. That staff person shall have the knowledge, skills, and agency resources to understand landlord and tenant rights and responsibilities and provide supports to landlords and property managers.
 - c. If programs choose not to establish a dedicated landlord recruitment and retention staffing function among the program's staff, then case managers' job descriptions must include this responsibility, as well as other case management responsibilities.
 - d. Program staff should be trained in and familiar with housing location services which are available to assist with the process of identifying appropriate housing for program participants.
2. Programs shall establish written policies and procedures that require staff to engage in proactive and continuous landlord recruitment activities.
3. Programs shall ensure staff explain basic landlord-tenant rights and responsibilities and the requirements of the lease to participants.
4. Programs shall assist participants in identifying units based on the choice and reasonable parameters of the participant. Programs shall also assist with completing applications and negotiations with landlords and property managers.
5. Programs shall assist participants in obtaining necessary documentation for meeting landlord requirements and prepare participants for tenancy by reviewing lease provisions with the participant before moving into housing.
6. Programs shall support participants in making informed decisions about rent-reasonable housing options, with the goal of maintaining housing after program exit. This support will include assisting participants in exploring all viable housing options, including shared housing and rooms for rent.
7. Programs shall ensure that all housing units are safe and meet funders' housing standards (e.g. HQS, habitability standards).
8. Programs shall establish policies and procedures to verify and document units' ownership before financial assistance for those units is provided.
9. Programs shall establish a policy that requires all participants to have lease agreements that meet legal standards for ensuring that all tenants have the right to tenancy including in shared housing.
10. Programs shall secure an individual lease for all shared housing participants whenever possible.
11. At any point during program participation, programs shall offer family reunification services to participants who may wish to consider relocating to be with family. If participants require financial assistance for reunification, programs shall verify with funders if such expenses are eligible. If financial assistance for family reunification is not available, program shall link participants to a program that offers this assistance.

Financial Assistance

1. Programs shall provide financial assistance for housing costs (when needed), which may include rental deposits, first month's rent, last month's rent, and ongoing rental assistance and/or utility assistance for no more than twelve (12) prospective months of assistance. The amount of financial assistance provided to program participants shall be calculated based on the following schedule:

Families

- **Minimum Assistance – 6 Months**

- Months 1-6: 100% Rent Covered
- Months 7-9: 50% Rent Covered
- Months 10-12: 25% Rent Covered

Youth

- Minimum Assistance – 6 Months
- Months 1-6: 100% Rent Covered
- Months 7-9: 50% Rent Covered
- Months 10-12: 25% Rent Covered

Singles

- Minimum Assistance – 4 Months
- Months 1-4: 100% Rent Covered
- Months 5-6: 50% Rent Covered

2. Programs shall obtain management approval for financial assistance adjustments to the level of assistance previously approved.
3. Programs shall participate in twice monthly case conferencing meetings to review participant assistance plans and approve extensions of assistance, identify leveraged resources in the community, and brainstorm solutions to challenging cases.
4. Programs shall use a progressive engagement/assistance approach to determine the duration and amount of rental assistance provided to participants. The financial assistance amount should be designed to ensure participants can reasonably maintain housing once rental assistance ends.
 - a. Programs shall utilize a progressive engagement/assistance approach, prioritizing housing stability, while including clear and fair decision guidelines and processes for continual reassessment of the amount and continuation of the assistance.
 - b. Financial assistance shall be adjusted to households' unique and changing needs. If financial assistance has been stopped while the participant is still enrolled, and the participant experiences a loss of income, or any other verified financial hardship requiring additional rental assistance from the program, financial assistance can be resumed.
 - c. The transition to participants assuming responsibility for full rent payment shall be coordinated with case management efforts to assist participants in assuming increased responsibility for their housing stability and personal budgeting.
 - d. Program staff shall review rental assistance amounts with supervisory staff monthly.
5. Programs shall follow specific funder guidance and local program standards in determining limits to the amount and duration of financial assistance, but no program shall provide financial assistance on behalf of participating households for a period greater than 24 cumulative months.
6. Programs shall assist participants in meeting basic needs at move-in by securing basic material furnishings including mattresses and basic kitchen items, if not provided by the landlord. If financial assistance is needed to procure furnishings, programs must verify with funder if such assistance is an eligible expense. If financial assistance for furnishings is not available, programs shall link participants to a program that offers this assistance.
7. Programs shall not provide rental assistance directly to the participant. Financial assistance shall be paid to an appropriate third party.

8. If the period and/or amount of planned financial assistance to a particular household has ended but the household continues to request participation in supportive services, the programs shall continue to offer case management and other services throughout the remaining time of the participant's period of enrollment in the RRH program.
9. All Cleveland/Cuyahoga RRH programs shall limit the same household (same configuration of household members) to only one enrollment in any RRH program during a 24-month period.
10. Programs shall pay rent by the date specified on the participant's lease.
 - a. Programs shall have a policy that requires staff to check on rental payments by participants to ensure proper on-time and full rental payment has been made.
 - b. Programs shall have the capacity to track payments to landlords and other vendors.
 - c. Programs shall establish a policy to address repeated non-payment of rental portion by participant, including revisiting the Housing and Services Plan, facilitating tenant-landlord mediation, providing full payment of rent inclusive of tenant portion, reevaluating participant's budgetary priorities, and determining financial hardship to establish whether the program offers the appropriate level of services for the participant.

Customer Service Supports for Landlords and Property Managers

1. Landlords/property managers shall be provided with a clear summary of services, communication protocols, roles, and responsibilities before a participant moves into one of their units.
 - a. Landlords/property managers must also be provided with a secondary point of contact to ensure concerns are addressed when the case manager/housing specialist is unavailable.
2. Program staff shall accompany participants during the lease signing and move-in process and ensure that participants understand all aspects of their lease agreement, including their rights as a tenant, and the expectations of the landlord/property manager.
3. Programs shall regularly and proactively connect with the landlord/property manager or property management company to address any concerns or questions. Programs shall establish a policy that requires them to respond to landlord calls regarding tenancy issues within one business day.
4. Programs shall seek to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments by promoting regular communication, positive problem-solving and interventions that work to prevent evictions.
5. Programs are required to have rent payments made to landlords on the first business day of the month.
 - a. Programs must allow for staff to check on rental payments by participants (as needed) to ensure proper on-time and full rental payment has been made.
 - b. Programs may provide payment of rent if the participant has not paid their portion of the rent.
 - c. Payments for security deposit or move-in assistance must be made to landlords within five business days of initial request or lease signing.
6. In the event that a landlord/property manager has stated that the participant can no longer stay in the unit, programs shall attempt to negotiate move-out and relocation terms with the participant to move into another unit without an eviction and maintain the relationship with the landlord.
7. Programs shall coordinate with landlords and participants for transition of rental payments before financial assistance has ended.

Case Closing and Program Completion

1. Programs shall follow objective guidelines for when case management and/or financial assistance shall continue and/or end. These guidelines shall be flexible enough to respond to the

changing needs of participants and should include a review and approval process for any exceptions.

2. Programs shall not close out participants from program services due to substance abuse, failure to abide by budget, noncompliance with housing and services plan, active health issues, or desire to be assigned to another case manager or other similar issues.
3. Programs shall work with the participant to arrange a transfer to another housing program if it is determined that the participant needs a different level of care.
4. Programs shall continue to serve participants until transfers to another program/system are successfully completed.
5. If participants cannot sustain the unit at time of exit, programs shall not close them out of services without offering alternative housing options to the participant.
6. When closing the case, case managers are responsible for ensuring that all appropriate referrals have been made to the household and that necessary supports remain in effect. Information on available community resources in their neighborhood have been shared with the participants.
7. When closing the case, case managers shall provide information to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available.
8. In the event that program participants completely dis-engage from program services and fail to respond to repeated attempts (written, phone, oral) by case management to contact participants, the case may be closed.

Record Keeping, Data Collection and Documentation

1. All RRH funding recipients and subrecipients shall have written intake procedures in place to ensure that documentation of program participants' homeless status is maintained in accordance with the program requirements.
2. Programs shall document homeless status with all enrollments. If a prospective client meets the definition of 'chronic homelessness' on entry to the program, that status shall be documented in the participant's files.
3. All RRH funding recipient's/subrecipient's written intake procedures shall establish the order of priority for obtaining evidence of homelessness and/or at-risk of homelessness as: (1) third-party documentation; (2) intake worker observations; and (3) self-certification. Self-certification documentation shall comprise not more than 20% of all RRH participants served during a grant period.
4. Programs shall maintain participant records that include documentation of all participant assessments, enrollments, Housing and Services Plans, referrals, placements, interventions, or follow-up activities.
5. Programs shall enter data into funders' data systems (e.g. HMIS) as required by funders. Data reported shall align with all policies and procedures outlined by funders.
6. Files containing participant information shall be stored in a secure and locked location to maintain confidentiality. Documents and information shall only be accessible by authorized personnel.
7. Participant documents must be filed within one (1) business day of their collection; data entry into funder-approved data system must occur within three (3) business days.

Staff Training

1. Programs shall establish and document a regular process for onboarding new staff and regularly update training procedures for current staff.
2. Program trainings shall include a review of all RRH program policies and procedures.

3. Programs shall establish a regular and documented process to onboard new staff and keep staff updated on changing regulations and/or program policies concerning financial assistance, eligibility criteria, program requirements, and CES information.
4. All RRH staff shall receive training on the following topics when available:
 - a. RRH Case Management, including all RRH components;
 - b. Program Operations;
 - c. Effective Approaches when Interacting with Participants;
 - d. Housing First and Low Barrier Practices;
 - e. Harm Reduction;
 - f. Diversion/Problem-Solving/Rapid Resolution;
 - g. Tenant Rights and Responsibilities;
 - h. Fair Housing;
 - i. Trauma Informed Care, including Secondary Trauma;
 - j. Mental Health First Aid;
 - k. Non-Violent Crisis Intervention;
 - l. Stages of Change/Motivational Interviewing;
 - m. Equal Access and honoring gender identity best practices;
 - n. Domestic Violence and Safety Planning;
 - o. CPR, First Aid, and Communicable Disease procedures;
 - p. Mandated Reporting;
 - q. Cultural Responsiveness (shall be reflective of population and community served); and
 - r. Data Systems Usage.
5. All RRH program management staff shall receive training on the following:
 - a. Training for new program managers;
 - b. Promoting self-care and preventing staff burn out;
 - c. Management;
 - d. Employee support; and
 - e. Team building.
6. Staff shall complete training updates as necessary.
7. Programs shall maintain certificates and other documentation that verify training attendance for each employee and documented in the employee's file.

Operations

1. Programs shall pursue reasonable accommodations to better serve participants and follow ADA policies, as found in Appendix C.
2. If serving families, programs shall identify resources to ensure that all family members remain together, if desired.
3. All programs shall ensure that program participants are provided safe and adequate housing based on each participant's self-identified gender.
4. Programs shall have policies and procedures to ensure that staff are able to participate in peer learning and that supervisory support is provided on a regular basis to ensure the implementation of best practices and fidelity to these RRH Practice Standards.
5. Programs shall provide a private space for the provision of case management for all staff, including staff co-located off site.
6. Programs shall develop and implement a language access policy and procedure to ensure that all participants receive program information in a language they fully understand. The following shall be included in this policy and procedure:

- a. Strategies for meeting the needs of participants with visual and/or hearing impairments; and
 - b. Written materials and program forms in languages that reflect the population being served.
- 7. Programs shall accept all eligible participants with Service Animals per ADA rules and must provide reasonable accommodations for Emotional Support Animals that assist participants in mitigating the impacts of existing disabilities and reducing the symptoms that can lead to housing loss.
- 8. Programs shall develop a process for distributing and communicating program rules to participants that is approved by the funder and includes the following components: program expectations, participant responsibilities, and guidelines that outline behaviors that will lead to termination from the program. Program rules shall be Trauma Informed and not punitive. Programs shall explore all options, short of program termination, to continue providing services to program participants who have violated program rules.
- 9. Programs shall develop and provide participants with a written policy that outlines participants' rights upon admission. A statement of these rights, and how they are to be operationalized in that specific program, shall also be posted in the facility, and shall include instructions for grievances. The rights to be specified shall include, but are not limited to:
 - a. The right to be treated with dignity and respect;
 - b. The right to religious liberty;
 - c. The right to privacy;
 - d. The right to be treated with cultural sensitivity;
 - e. The right to self-determination in identifying and setting goals;
 - f. The right to present complaints and grievances;
 - g. The right to have an advocate present during appeals and grievance processes;
 - h. The right to have all records and disclosures maintained according to written standards and rules regarding confidentiality and privacy;
 - i. The right to review their records and external disclosures of any personal participant information, as governed by written program standards and rules regarding confidentiality and privacy;
 - j. The right to be clearly informed, in understandable and applicable language, about the purpose of the services being delivered.

Program Administration

1. Programs shall not require participants to take part in religious activity.
2. Programs shall not deny participation on the basis of race, religion, ancestry, color, national origin, sex, sexual orientation, gender identity, age, or disability. However, facilities may serve a particular target population as directed by the funder. ***Note: programs funded to provide specialized services to participants who are members of a protected class may exclusively target and serve those funder-defined subpopulations, but only with the express authorization from the funder (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).***
3. Programs shall not charge participants for housing or other services and shall not require participants to surrender cash or non-cash benefits.
4. Program staff shall be made identifiable through uniform attire or identification badges. Programs operating in confidential locations shall be exempted from this requirement to ensure the safety and security of participants and staff.
5. Programs shall maintain an organizational chart which lists all staff funded under the RRH program.

6. Programs shall maintain clear and comprehensive job descriptions for all staff positions.
7. Programs shall have a policy for securing feedback from participants regarding their experiences with the program based on funder requirements.
8. Programs shall maintain a quality assurance plan that outlines a process for the integration of participant feedback into revisions of program policies and procedures.
9. Programs serving youth, minors, families with children, and/or participants under the age of 25, shall identify/designate staff that are responsible for coordinating with the McKinney-Vento Liaison(s) within the local school districts and/or charter schools so that the RRH programs shall assist families, youth, and minors to:
 - a. Reconnect youth experiencing homelessness back into school;
 - b. Ensure K-12 students experiencing homelessness have access to the resources, materials and support(s) to stay in school and fulfill their academic goals;
 - c. Connect these student(s) to educational services which may not be available on the local school campus;
 - d. Connect children experiencing homelessness under the age of five (5) to Head Start, public schools, etc.;
 - e. Connect transition age youth (TAY) back to high school, college, job training, etc.

Appendices

APPENDIX A. GLOSSARY

Assessment An evaluation of a participant's strengths and barriers in achieving housing stability and other outcomes related to stability. The information provided through the assessment informs program referrals and Housing and Services Planning.

Coordinated Intake The Cleveland/Cuyahoga Coordinated Intake process facilitates the coordination and management of the resources that comprise the homeless crisis response system in the county. Coordinated Intake allows users to efficiently and effectively connect people to interventions that aim to rapidly resolve their housing crisis. Coordinated Intake works to connect the highest need, most vulnerable persons in the community to available housing and supportive services equitably.

Coordinated Intake Assessment The Cleveland/Cuyahoga Coordinated Intake Assessment utilizes a triage and prioritization assessment tool called the Vulnerability Index. This tool is implemented as part of Coordinated Intake process to assist in prioritization of housing program resources based on participant vulnerability.

Diversion/Problem-Solving A strength-based, creative problem-solving conversation with people experiencing immediate housing crisis and who are currently seeking assistance through the homeless response system. Examples of diversion/problem-solving can include conflict resolution, family reunification, and one-time financial assistance that will assist with an alternative housing solution (short or long term) outside of the homeless response system.

Equal Access and Gender Identity Promising Practice On September 21, 2016, HUD published a final rule in the Federal Register entitled "Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs." Through this final rule, 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). The Gender Identify Promising Practice requires that contractor, programs, shelters, other buildings and facilities, benefits, services and accommodations, regardless of funding source, ensure equal access to an individual in accordance with their gender identity.

Family A family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family.

Harm Reduction Harm Reduction is a set of practical strategies that reduces the negative consequences associated with risky behaviors. This can include safer use, managed use, ways to deal with hoarding, etc.

Housing and Services Plans Housing and Service Plans are simple, participant-centered plans that guide the extent, scope, duration and delivery of supportive services and financial assistance to program participants with the primary goal of supporting the participants successful tenancy and self-sufficiency.

Housing First Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as

sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Intake Capturing basic client data into a database upon entry into a program (e.g., capturing and loading required data to HMIS upon entry to emergency shelter). This process should also begin to identify a participants' service needs and lay the foundation for a housing plan to return the participant to stable housing.

Low Barrier Policies and practices designed to “screen in” rather than screen out applicants with the greatest barriers to housing, such as having very low-income, poor rental history, or criminal history. Low Barrier is an active approach to the Housing First model that ensures homeless participants and families may quickly exit homelessness.

Motivational Interview Principles A clinical approach that emphasizes a collaborative therapeutic relationship in which the clinician “draws out” the client’s own motivations and skills for change, thereby empowering the client.

Practice Standards Practice Standards are minimum baseline requirements for each system component which all funders and funding administrators agree to adopt and incorporate into their program guidance and funding contracts with contractors.

Progressive Engagement/Assistance An approach for providing financial assistance and case management services in permanent housing programs. This approach seeks to provide only the amount of assistance necessary to assist each participant to reach housing stability, not more. Progressive Assistance starts when staff first meet their participant and begins the process of assessing the person’s strengths and housing barriers. Staff should continually assess out how much a participant can do on their own at every meeting. Staff will find that the engagement and service assistance intensity may go up and down depending on what the participant is experiencing. While there may be months were a participant needs less assistance from case management, this decrease in Case management shall not fall below the minimum standard set by the funder of the program. For financial assistance, the staff should assess the household’s ability to pay part of the rent (and how much of the rent) every month and discuss with them any changes that staff feels is appropriate to occur. If participant need decreases the amount of assistance decreases, and if need increases the amount of financial assistance would also increase. While the goal is that there will be a steady progression of the participant taking on more responsibility, it may be that things could change more sporadically. A new job, for example, may not continue causing a need to increase financial assistance. The amount of case management and financial assistance are not directly tied together. It is possible to eliminate all but the minimum of case management, while continuing to provide financial assistance. Likewise, it is possible that financial assistance may no longer be necessary because the participant can afford the rent on their own, but still benefit from some degree of services assistance from case management. This flexible, individualized approach works to maximize resources by only providing the amount of assistance that a household needs.

Transition Age Youth Individuals 18-24 years old.

Trauma Informed Care Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed

Care also emphasizes physical, psychological and emotional safety for both participant and providers, and helps participants rebuild a sense of control and empowerment. Trauma Informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor's safety, choice, and control. Trauma Informed Services create a culture of nonviolence, learning, and collaboration. Contractors must also develop sets of policies and procedures for educating and training staff on Trauma Informed Care practices and how trauma may adversely affect aspects of a person's development.

Warm Handoff (aka Linkages) A personalized participant referral or transfer of care from one service provider to another. A warm handoff typically includes a one-on-one interaction, which can be in-person or a phone call, with follow-up between participant and providers to promote successful connections with the new provider and minimize any service disconnection.

APPENDIX B. GRIEVANCE POLICIES AND PROCEDURES AND TERMINATION POLICIES AND PROCEDURES

1. The following are the Grievance and Termination Policies and Procedures minimum standards.
 - a. Programs shall maintain a written set of Grievance Policies and Procedures and Termination Policies and Procedures.
 - b. Programs shall submit a copy of the Grievance Policies and Procedures and the Termination Policies and Procedures to the program's funder(s) for review and approval.
 - c. The Grievance Policies and Procedures and the Termination Policies and Procedures shall be discussed with participants during intake and copies shall be offered to the participant.
 - d. Programs shall maintain documentation of the participant's signature acknowledging that
 - e. the Grievance Policies and Procedures and Termination Policies and Procedures were discussed and offered to them or documentation that the client was unable/unwilling to sign the acknowledgement.
 - f. Grievance Policies and Procedures and Termination Policies and Procedures shall be prominently displayed in common area(s) in the facility.

2. Grievance Policies and Procedures shall include, but are not limited to, the following:
 - a. The identification of at least one staff and an alternate (by staff title, not name) who are responsible for addressing all grievances. The designated alternate shall be responsible for addressing grievances in which the designated staff is the subject of the grievance;
 - b. Information about how the participant can file a grievance, including information about how they can contact assigned staff(s) and alternate(s) to file a grievance;
 - c. A timeline, not to exceed 72 hours in length, during which the participant will acknowledge the grievance being received and a timeline, not to exceed 10 business days, during which the participant will receive a written decision about the grievance that includes the factors that led to the final determination;
 - d. Information about how the grievance will be reviewed, including a discussion of what facts will be used in the review;
 - e. Information about the appeal process to be entered into if the participant is not in agreement with the grievance decision including the identification of at least one staff and an alternate (by staff title, not name) who are responsible for a second level review of the grievance and a timeline, not to exceed 72 hours in length, during which the participant will receive acknowledgement of the request for a second level review of the grievance being received and a timeline, not to exceed 10 business days, during which the participant will receive a second level written grievance decision that includes a statement of the factors;
 - f. Information about the appeal process to be entered into if the participant is not in agreement with the second level grievance decision;
 - g. Discussion of how the confidentiality of both the participant who filed a grievance and the written grievance will be ensured; and
 - h. Discussion of the receipt and outcome of all grievances will be documented and maintained including the date the grievance was submitted, the date the submission was acknowledged, the staff that addressed the grievance and the date the participant received the written grievance disposition.

3. Termination Policies and Procedures shall include, but are not limited to, the following:

- a. The reasons for terminations. These reasons might include possession of weapons, sexual misconduct, behaviors that are a danger to others, verbally/physically threatening behaviors, or direct observation of participant engaging in illegal activity on site;
- b. Contacting the funder, if required, prior to terminating the participant. Exceptions to this include behaviors necessitating calling 911 and situations requiring immediate termination that occur on the weekends and evenings. In these instances, and if required, the funder shall be contacted the following business day;
- c. Discussion of how participants will receive written notification of terminations and informed that they may appeal the decision by filing a grievance; and
- d. Discussion of how terminations will be documented, and the maintenance of any police reports or other documents associated with the termination such as written confirmation of meetings with the participants regarding their possibly being terminated.

APPENDIX C. AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The following section outlines requirements related to Americans with Disabilities Act (ADA) compliance requirements. If a program is unable to comply with any of the following standards, the operator shall document that reasonable accommodations to meet the accessibility needs of participants were provided, and to ensure that documentation is filed for future monitoring.

1. Facilities shall be accessible to participants with mobility devices.
2. Facilities should not have areas, in or out of the property, with broken, raised, or uneven sidewalks or walkways, or stairs or steps with no identified accessible pathway to the entrance and/or curb cuts.
3. Entry into the facility should be accessible to individuals with a mobility device, including individuals who use wheelchairs or scooters, manually-powered mobility aids such as walkers, crutches, or canes.
4. The exterior of the facility should be accessible for participants with disabilities when approaching, entering or inside the location.
5. Programs shall provide at least one restroom with at least one stall with a five-foot turning radius.
6. All restrooms established under this section shall have handles for an individual using a mobility device to move themselves without assistance.
7. If parking is available at the facility, programs shall provide at least one ADA accessible van parking space for every 25 non-accessible parking spaces. The accessible space should provide enough room for a van with a hydraulic side lift to go up and down without any issue.
8. All fire alarm systems and fire extinguishers should be no more than 48 inches from the ground for easy access in case of an emergency.
9. All programmatic areas shall be accessible for an individual with a mobility device.
10. Programs shall provide at least one shower accessible for those with a mobility device, regardless of gender.
11. For sites with more than 50 beds there should be at least one accessible roll-in shower or at least two transfer ADA shower seats.
12. Programs shall provide accessible beds for persons with mobility disabilities designed for easy transfer from a mobility device.
13. If there are common/communal areas located at the facility, they shall be accessible for all individuals, including those with mobility disabilities.
14. If there is a dining area located in the facility, it shall be accessible for all individuals, including those with mobility devices.
15. Doors within the facility shall be equipped with a handle which can be opened with a closed fist rather than a knob.
16. ADA postings shall be posted in plain sight in a common area of the facility.

APPENDIX D. HEALTH, SAFETY, AND INCIDENTS

1. Programs shall have written policies and procedures to guide staff actions and program services regarding injury and disease prevention within their programs.
2. Programs shall establish a centralized and organized system of documenting Incident Reports and an Incident Report log to track, monitor, and resolve crises, conflicts, accidents, injuries, illnesses, trauma, etc. that occur within any and all of contractor's facilities and/or programs.
3. Incident Reports must be made available to Funder upon request.
4. Funders must be notified immediately of incidents that result in emergency personnel/first responders being discharged to any and all of Funder's facilities (police, sheriff, fire department, paramedics, etc.), and any incidents resulting in hospitalization, bodily injury, signs of contagious disease and/or death of participants and/or staff, or any damage done by participants and/or staff.
5. Incidents related to the suspicion of abuse, neglect, trauma, and/or death of children must be immediately reported to the Cuyahoga Child Abuse Hotline at: (216) 696-KIDS (5437).
6. Upon completion of report to the Child Abuse Hotline, programs must notify FrontLine Service within 12 hours of the incident.
7. Incidents related to the suspicion of abuse and/or neglect of senior/elder participant must be immediately reported to the Cuyahoga County Adult Protective Services Elder Abuse Hotline at: (216) 420-6700.
8. Upon completion of report to the Elder Abuse Hotline, contractor must then notify Funder of the incident.
9. Programs shall provide the name and title of the individual designated by Program to handle all Incidents. Program must clearly indicate how this individual can be contacted.
10. Programs shall complete a funder specific Incident Report Form and submit of all incidences when there are any acts of violence, death, any damage done by participants receiving funder homeless services and resolution to the incident.
11. All required Incident Reports must be submitted to Funder via ENCRYPTED email within 12 hours of the incident occurrence.
12. Program shall maintain a written set of Incident Reporting Policies and Procedures that comply with Funders requirements.
13. Copies of the incident reporting forms and policies and procedures must be made readily available to staff at all times.

APPENDIX E. RESOURCES

1. For more information, reference the “Core Program Components” in the HUD Rapid Re-Housing Brief: <https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>.
2. Literally homeless according to the HUD Category 1 or 4: https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf.
3. HUD Equal Access Rule: <https://www.federalregister.gov/documents/2016/09/21/2016-22589/equal-access-in-accordance-with-an-individuals-gender-identity-in-community-planning-and-development>.
4. HUD Exchange Homeless Definition: https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.

MEMORANDUM

Date: May 14, 2022

To: The OHS Advisory Board

From: Cleveland/Cuyahoga CoC Governance Committee

Re: Recommendation for modifications to the CoC OHS Advisory Board Bylaws and Governance Charter

Background:

- Beginning in March of this year, the CoC Governance Committee worked with Housing Innovations to review the CoC's governance documents and identify revisions needed to update, clarify, change and/or correct the CoC Bylaws and Charter that were last adopted in 2016 and amended in 2020.
- Governance documents detail how organizations are formed, transact business, make decisions and accomplish their goals.
 - The US Department of Housing and Urban Development (HUD) requires governance documents for all CoC's in the country and, to a certain extent, specifies certain things that need to be addressed in them.
- The document that follows consists of the CoC's Advisory Board Bylaws and the Governance Charter attached as Appendix 1.
 - The Bylaws and Governance Charter explain membership in the CoC and Advisory Board, selection processes for and roles of Board members and Officers, the committee structure, meeting and voting rules, and the process for amending these documents.
 - HUD requires that certain aspects of the governance rules be reviewed and approved by the CoC annually. Those required items are included in the Governance Charter.
 - The Bylaws can be revised at any time by a majority vote of the Advisory Board but at a minimum, must be reviewed and amended as needed every 5 years.
- The CoC Governance Committee is recommending that the Advisory Board vote to adopt these Bylaws and the CoC Governance Charter as amended.
 - Additions are underlined and marked in [blue](#) and deletions are in "strikethrough" font and underlined in ~~red~~.

Summary of Recommended Changes:

- Some of the changes were additions to reflect decisions that had been made since the last time the documents were updated.
- Others are new items that are based on best practices, a commitment to be more diverse, equitable and inclusive (DEI), and ensuring that all essential CoC functions are addressed.
- Some changes were made to revise or remove unnecessarily burdensome processes and requirements or to edit language for clarity and accuracy.

Summary of Revisions:

Bylaws Article III. Membership

Section II: Board Composition.

- The maximum number of Advisory Board members was increased from 27-30.
- The Board's commitment to diversity, equity and inclusion (DEI) in Advisory Board membership was added along with a statement to take action to increase DEI.
- A title for representatives who are or have experienced homelessness was chosen. The title is "Community Representative".

MEMORANDUM ON BYLAWS and GOVERNANCE CHARTER (cont.)

- A representative from the Youth Advisory Board was added to the list of Standing/ Designated seats. This decision was made by the Advisory Board a few years ago but the change had not been reflected in the Bylaws.
- Some categories of Standing/Designated Seats were broadened or clarified.
- LGBTQIA+ agencies were added to the list of eligible categories for At-Large Seats.

Section IV: Proxies.

- This policy was clarified and the process of identifying proxies was changed to verbal notification at Board meetings (instead of in writing).
- The process for proxies for Community Representatives remains to be determined. The Governance Committee will provide recommendations in the future and is interested in input and suggestions on this process.

Section V: Vacancies

- The process for filling vacancies was revised to make it consistent with the Governance Committee process to select members as described in Article IV.

Bylaws Article IV. Selection and Removal of Members

Sections I and II: Designation of Members and Nomination and Election Process

- The responsibilities, process and timeline for the Governance Committee's work was revised to reference and align with the Advisory Board meeting schedule.

Section III: Removal of Members

- This process was revised to include outreach by the Executive Committee to try and resolve barriers to attendance for members with repeated absences without designating a proxy.

Bylaws Article V. Officers, Members and Committees

Section I: Officers.

- Term limits for Co-Chairs (was two terms) were removed. Detail on the process for selecting Co-Chairs was added.

Sections II and III: Responsibilities of Officers and Advisory Board Members.

- Detail was added on the roles of Advisory Board Members and Officers.

Section IV: Committees.

- The NOFA Strategy Committee was added to the list of Standing Committees. This committee has existed for years and had not been listed in the Bylaws.
- A new standing committee was added. The Program Policy Committee will address high-level policies for CoC programs and the Coordinated Entry System (CES).
- Recommend expanding the Executive Committee to include representatives from each standing committee and remove the four seats for general categories of representation. Added a commitment to a diverse Executive Committee.
- Detailed the purpose and roles of the NOFA Strategy and the Program Policy Committees.

Bylaws Article VI. Meetings

Section IV: Quorum.

- The rule on quorum was revised to establish that the Board would only vote if a quorum is present (majority of members). Previously, a quorum was required to conduct business.

Section VII. Conflicts of Interest.

- The Conflict of Interest (COI) policy was expanded to define COI's further, add additional guidance regarding COI's (per HUD standards) and the requirements for Advisory Board Members to complete annual COI declaration forms.

Governance Charter

The Governance Charter was revised very minimally to update the name of the HMIS provider, add the CES entity, and include additional CoC responsibilities required by HUD.

**BYLAWS OF THE CLEVELAND/CUYAHOGA COUNTY
OFFICE OF HOMELESS SERVICES
ADVISORY BOARD**

**ARTICLE I
LEGAL STATUS AND PURPOSE**

The creation of the Cleveland/Cuyahoga County Office of Homeless Services (OHS) Advisory Board was provided by an agreement between the City of Cleveland and the Board of County Commissioners on May 26, 1992 pursuant to the Ohio Revised Code Section 307.15. The OHS Advisory Board shall be the governing body of the Cuyahoga County Continuum of Care (CoC) in accordance with [these Bylaws and the Governance Charter of the CoC which is attached as Appendix I](#).

**ARTICLE II
MISSION AND GOALS**

The goals of the Advisory Board as stated in the Board's Mission and Goals Statement are consistent with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and the priorities of the U.S. Interagency Council on Homelessness (USICH) as follows:

1. To assist the Office of Homeless Services (OHS) to reduce and end homelessness through advocacy, policy review, priority setting, coordination, and the alignment of community resources.
2. Facilitate interagency and intergovernmental cooperation, and promote private sector collaboration and participation.
3. Clarify and prioritize the goals of the Cleveland/Cuyahoga County Continuum of Care.
4. Identify and review local, state, and federal public policy issues impacting individuals and families experiencing homelessness.
5. Develop financial priorities for the distribution of public funds, and [seek to](#) influence the distribution of private funds.
6. Establish criteria to monitor and evaluate delivery of services.
7. Develop avenues to communicate concerns regarding policy issues.
8. [Review systems performance data and recommend policy, practices and programs to improve outcomes.](#)

[See the Cleveland/Cuyahoga CoC Governance charter attached as Appendix I for a fuller description of the roles and responsibilities of the CoC and the OHS Advisory Board.](#)

ARTICLE III MEMBERSHIP

Section I: Representation. The Advisory Board shall be broadly based with representation from all sectors of the community, in compliance with the HEARTH Act, 24 CFR Subpart B, 578.5 -7. The HEARTH Act requires that the governing body of the CoC be comprised of “relevant” organizations and provides examples of what is considered “relevant organizations”. This list includes, but is not limited to, the following: 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. The only required category of representation is a homeless or formerly homeless person.

Section II: Board Composition. The Advisory Board shall be composed of a minimum of 25 and a maximum of ~~27~~³⁰ members. The Advisory Board membership shall consist of ~~23-25~~⁰⁻²² standing seats and 5 at-large seats. The CoC is committed to diverse, equitable and inclusive (DEI) membership on the Advisory Board. Using CoC system data, the Advisory Board will take affirmative and definitive steps to ensure members reflect the diverse demographics and experiences of individuals and people experiencing homelessness in Cuyahoga County.

STANDING/DESIGNATED SEATS

The standing/designated seats will be:

- a. Two Cuyahoga County representatives to be recommended by the County Executive from the following County Departments and Offices: Children and Family Services, Employment and Family Services, Development, Health, Office of Re-entry, Senior and Adult Services, and Law Enforcement.
- b. One representative of Cuyahoga County Council who is either a Council member or staff person.
- c. Two City of Cleveland representatives to be recommended by the Mayor from the following City Departments: Community Development, Health, Office on Aging, Public Safety/Law Enforcement, and Minority Affairs.
- d. One representative of Cleveland City Council who is either a City Council member or a staff person.
- e. One representative from Cuyahoga Metropolitan Housing Authority.
- f. One representative from the Department of Veterans Affairs~~Veterans Administration.~~
- g. One representative from the Alcohol Drug Addiction and Mental Health Services Board
- h. One representative from the Cleveland Metropolitan School District Basic Education for Homeless Children and Youth Act activities.
- i. One representative from the Health Care Sector ~~Care Alliance Health Center, the federally-funded Health Care for the Homeless grantee (HRSA 330 (h))~~
- j. One representative from the Northeast Ohio Coalition for the Homeless.
- k. One representative from the Cuyahoga County Office of Re-entry
- l. One representative from the Workforce Development Board
- m. Community Representatives - ~~Two to~~^{Up to} four persons who are presently homeless or have previously experienced homelessness including at least one youth aged 18-24. The Advisory Board will attempt to ensure that at least two representatives will be BIPOC and/or LGBTQIA+.
- n. One representative from the Youth Advisory Board
- ~~n.o.~~ Six ~~persons~~ Provider Representatives selected by the Homeless Service Providers Alliance (HSPA). ~~providers who receive any CoC targeted funding.~~

AT-LARGE SEATS

Five at-large seats will be filled by persons who have skills, expertise or influence that can help achieve the goals of the CoC, and are not staff members of a recipient of CoC funds, from the following examples but not limited to:

- a. Housing Agency
- b. Behavioral Health Care
- c. Non-profit Housing Developer
- d. Community Development Corporation
- e. Health Care Provider
- f. Faith Based Group
- g. Advocacy Group
- h. Philanthropy
- i. Youth Serving Agency
- j. Employment Agency
- k. HIV/AIDS Provider
- l. Senior Services
- m. Development/Cognitive Disability Agency
- n. Regional Transit Authority
- o. Victim Service Provider
- p. Legal
- q. Local Governmental Units
- r. Higher Education
- s. Law Enforcement
- t. Reentry
- u. [LGBTQIA+ Organization](#)

Section III: Terms of Service. All Advisory Board members shall be elected for a board term of three (3) years. Advisory Board members may be elected to any number of additional three (3) year terms. [Terms will be based on the calendar year and staggered so that approximately 1/3 of seats turnover every year to promote new participation while ensuring continuity and institutional memory.](#) ~~For the first Advisory Board to be elected upon approval of these Revised By-Laws there will be a staggering of terms with one-third (1/3) of the board members to be elected to a two-year term, one-third (1/3) elected to a three-year term, and one-third (1/3) elected to a four-year term. All subsequent terms shall be three (3) years.~~

- ~~Standing~~ Standing/designated members shall be recommended by [the](#) designating authority in consultation with the Governance Committee for election to the board.
- All At-large [members and Community Representatives](#) ~~members~~ shall be recommended by the Governance Committee for election to the board.

Section IV: Proxies. A member of the Advisory Board may designate one person as a proxy [from within their organization](#) to represent ~~him/her/~~ the seat [and](#) ~~,~~ to attend and vote at Advisory Board meetings. [Proxies shall designate the member they are serving for during roll call at Advisory Board Meetings and this will be noted in the minutes.](#) ~~, by notifying the Co-Chairs in writing prior to the meeting(s) that the Proxy will attend. If a proxy is designated, the same person should be the proxy representative for any future Advisory Board meetings, when necessary.~~¹

¹ [An outstanding issue is the process for proxies for Advisory Board members who are Community Representatives. The Governance Committee will meet and provide a recommendation on this at a future Advisory Board meeting.](#)

Section V: Vacancies. Vacancies will be filled as follows:

- Designated members-
 - The Designating Authority will be responsible for designating another representative to be elected to fill a vacant seat, whether at the end of a term or during a term;
- Elected members –
 - Any elected member unable to fulfill a term may recommend [to the Governance Committee \(GC\)](#) another person from their own membership category to be elected to fill the remainder ~~ing time~~ of the term. [The GC will review this recommendation and put forward a recommendation to the OHS Advisory Board for an individual to fulfill the term.](#) [If the GC does not support the recommendation of the departing member, a member would be identified to fulfill the remainder of the term using the nomination process described in Article IV, Section II.](#) At the end of the term, a member would be identified through the nomination/election process described in Article IV, Section II.

ARTICLE IV SELECTION AND REMOVAL OF MEMBERS

Section I: Designation Process. [In September of each year](#) ~~No less than eight weeks prior to the month in which a new Advisory Board term is to begin,~~ designating authorities will be contacted in writing by [the Governance Committee](#) to meet and determine the designees' recommendation [for membership on to the Advisory Board for any terms expiring at the end of the calendar year.](#) Designating authorities in consultation with the Governance Committee may either recommend the current designee or recommend another designee. Appointees will be contacted to determine their willingness and ability to serve. If willing and able, the appointment will be ratified at the beginning of the term of office. If not willing or able, the appointing authority will be contacted and asked to select a new appointee.

Section II: Nomination and Election Process for At-Large and Community Representative Seats. [In September of each year,](#) ~~No less than eight weeks prior to the month in which elected terms begin,~~ the Governance Committee ~~, shall determine whether current at-large Advisory Board members will be recommended for a subsequent term or~~ will circulate a "Call for Nominations" to organizations and parties ~~deemed appropriate~~ [for At-large and Community Representative seats \(for persons with lived experience\).](#) The "Call for Nominations" will:

- set forth the criteria for nomination to the Advisory Board,
- set a deadline for the receipt of said nominations.

~~Advisory Board members may recommend nominees to the Governance Committee.~~ [The above "Call for Nominations" process may also be used to replace elected Board members who vacate their seats before the end of their terms per Article III, Section V.](#)

The Governance committee will:

- [meet annually in July to review the list of expiring terms and plan for the solicitation of members for vacant seats; review and adopt a screening and scoring process and tools; and otherwise plan for the call for nominations in September;](#)
- ~~develop a screening process~~ [issue a call for nominations at the September Advisory Board meeting;](#)
- [meet in October to review applications and score applications and select a slate of candidates for recommendations to the Advisory Board; and](#)

- ~~• interview selected candidates to evaluate their willingness and ability to serve;~~
- ~~• prepare brief synopses of the candidates' qualifications for the Board; and~~
- recommend a slate of candidates to the Board for election [at the November meeting](#).

The Governance Committee will provide in writing the full list of names of those who applied for Advisory Board membership, as well as a slate of recommended candidates ~~no later than two weeks~~ prior to the next regularly scheduled meeting at which the vote for electing members will be taken.

Section III: Removal. Failure to attend three (3) consecutive Advisory Board meetings ~~without excused absences~~ [without designating a proxy](#) may be grounds for removal. [See Article III, Section IV for the proxy policy.](#) ~~If the member is a designee to the Board, the designating authority and the designee will be notified in writing after two (2) unexcused absences that three (3) consecutive unexcused absences is grounds for removal. If the member is an at large member of the Board, the member will be notified in writing after two (2) unexcused absences that missing three (3) meetings constitutes grounds for removal. At the next regularly scheduled meeting,~~

[The Executive Committee \(or its designee\) shall reach out to Advisory Board members with repeated absences to see if there are obstacles to attending that can be addressed. Based on this outreach, the Executive Committee may recommend a course of action to the Advisory Board. The Advisory Board will may take action that may could include voting to remove the member.](#) If removed, the member, and appointing authority if applicable, will be notified. If either an at-large or designated member must be replaced the process will follow the appropriate procedures described in Article III Section V above.

ARTICLE V OFFICERS, [MEMBERS](#) AND COMMITTEES

Section I: Officers. The Advisory Board shall elect two co-chairpersons from among its members. The Advisory Board will annually elect one of the co-chairpersons for a two year term. [The Governance Committee will solicit candidates for the expiring Co-Chair seat in September of each year. At the November meeting, the Governance Committee will recommend nominees for the expiring Co-Chair term for a vote by the full Advisory Board.](#) ~~A Co-Chair may serve for no more than two consecutive two year terms. To insure staggered terms, for the initial election of co-chairs, one will be elected for a one year term and one for a two year term, with subsequent terms being two years.~~

Section II: Responsibilities of Officers. The Co-Chairs will serve as leaders of the Office of Homeless Services Advisory Board and at least one Co-Chair will represent the Board in all public venues. The Co-Chairs will convene Advisory Board meetings for the purpose of fulfilling the Board Responsibilities stated in the Cuyahoga County Continuum of Care Charter ~~Section C.~~ [Co-Chairs will facilitate Advisory Board meetings, encourage and support participation by members and manage the agenda and time at meetings.](#)

Section III. Responsibilities of Advisory Board Members. [Members of the Advisory Board are expected to regularly attend Advisory Board meetings and participate in Standing and Ad Hoc Committee work.](#)

Section ~~IV~~IV: Committees.

The Advisory Board shall have ~~EIGHT (8)~~ standing committees and additional ad hoc committees and work groups as deemed necessary BY VOTE OF THE Advisory Board. The standing committees with respective roles are as follows:

- A. Executive
- B. Governance
- C. NOFA Review
- D. [NOFA Strategy](#)
- E. [Program Policy](#)

A. The Executive Committee will be comprised of:²

- The two co-chairs of the Advisory Board (2)
- One representative from the Governance Committee (1)
- ~~One representative from the NOFA Review Committee (1)~~
- [One representative from the NOFA Strategy Committee \(1\)](#)
- [One representative from the Program Policy Committee \(1\)](#)
- [The Executive Committee is committed to the principles of RE/DEI \(racial equity and diversity, equity and inclusion\) and will seek to include a variety of perspectives and experiences through inclusion of community representatives, providers, and designated and at large representatives who are participating in standing committees.](#)
- ~~One representative from each of the following Advisory Board membership categories: Persons with Lived Experience Seats, Designated Seats, At-Large Seats, and Homeless Service Provider Alliance Seats. (4)~~

A member of an Ad Hoc Committee may be invited to participate in the Executive Committee meeting at the discretion of the [Executive](#) [Committee](#).

The role of the Executive Committee is to:

- Serve in an advisory capacity to the Office of Homeless Services staff between Advisory Board meetings;
- Identify issues for the Board to consider and upon which to vote
- Vote on matters that require immediate resolution between regularly scheduled Advisory Board meetings;
- [Determine bi-monthly meeting and special meeting agendas](#)
- [Support the CoC in processes to strategically plan for and allocate resources](#)

B. The Governance Committee will be comprised of Advisory Board members [and other interested parties.](#) ~~whose terms are continuing beyond the year in which they are volunteering for the Committee.~~

The **role** of the [Governance](#) Committee is to:

- Meet at least annually ~~within the first quarter of the calendar year~~ to review the OHS Governance Charter, Bylaws and Expiring Terms, in order to assure Advisory Board compliance with Charter and Bylaw provisions.
- Identify needed amendments and/or additions to the Bylaws/Governance charter.
- [Meet in July to plan for a September solicitation of members with terms expiring at the end of the calendar year.](#)

² [This ensures communication flow back and forth between the Committees and the Advisory board.](#)

- Oversee ~~Plan for a~~ the nomination and selection processes for expiring/vacant -Board member seats -and Co-Chair positionsseats.
- Meet in October to review applications for Advisory Board membership and Co-chair positions.
- Recommend new Board members for expiring terms at the November meeting.
- Recommend Co-Chairs for election by the full Advisory Board.

C. The NOFA Review Committee will be comprised of at least three Advisory Board members and at least one other community stakeholder who are free of conflicts of interest related to the work of the Committee. ~~The advisory board will approve by vote the members of the NOFA Review committee.~~The NOFA Review Committee will be guided by Advisory Board.

The role of the NOFA Review Committee is to:

- ~~Assure a transparent, objective and fair project review process in accordance with HUD NOFA process;~~
- Annually approve Renewal Project Evaluation criteria, scoring and standards
- Review renewal project evaluation scores and performance annually
- ~~Oversee an annual competition process for ,new, and bonus project applications for the annual HUD CoC NOFA process;~~
- Develop and submit recommendations to the Advisory Board for a vote concerning project acceptance, rejection, or reallocation for the Consolidated Application submitted by the OHS

D. The NOFA Strategy Committee will be comprised of at least three Advisory Board members who are free of conflicts of interest related to the work of the Committee.

The role of the NOFA Strategy Committee is to:

- Review and approve the proposed ranking strategy for the annual CoC competition as drafted by the Cuyahoga County Office of Homeless Services; and
- Advise the Advisory Board of the recommended ranking policy in advance of the annual HUD CoC Application submission.

E. The Program Policy Committee (PPC) will be composed of members of the Advisory Board as well as other interested parties. The PPC will seek to include involvement of a diversity of experiences and perspectives including (but not limited to) executive/managerial staff, direct service staff/supervisors, community representatives, youth/young adults, BIPOC and LGBTQIA+ members.

The role of the Program Policy Committee is to:

- Provide guidance and leadership on standards, policies and procedures for housing and services programs funded by the CoC including the Coordinated Entry System (CES)
- Develop, revise, amend and recommend standards for the administration and operation of emergency shelter (ES), permanent supportive housing (PSH), rapid rehousing (RRH) and additional program models as funded by the CoC

- [Develop, revise, amend and recommend standards for the administration and operation of the CoC's CES](#)
- [Create a forum and systems for feedback, evaluation and continuous improvement of housing and service programs and the CES](#)
- [Review data on the operations and outcomes of CoC programs and the CES and make data-driven decisions about revisions to policies and practices](#)
- [Submit recommend policies and procedures for adoption by the Advisory Board](#)

Additional Committees: The Board may establish additional committees/work groups for strategic initiatives open to members of the OHS Advisory Board and general CoC membership. The membership, role, and specific tasks of these work groups/committees will be defined by the Advisory Board and included in the Advisory Board Minutes.

Section IV: General Committee Responsibilities.

All committees are responsible for the following:

- [Electing Co-Chairs](#)
- [Designating a representative and alternate to the Executive Committee](#)
- Recruiting members
- [Acting as a conduit for information sharing between the Advisory Board and CoC membership](#)
- [Reporting to the Advisory Board at least twice a year](#)
- Establishing procedures as directed by the Advisory Board
- ~~Recording minutes/attendance and providing them for publication~~
- Ensuring transparency of meetings and processes

ARTICLE VI MEETINGS

Section I: Frequency of Meetings. The Advisory Board shall have a minimum of six meetings in a calendar year, with "Special" meetings on an as-needed basis.

Section II: General CoC Membership Meetings. The Advisory Board will assure that a minimum of two Advisory Board meetings annually meet the requirements to be considered as a CoC Membership meeting as required by the HEARTH Act.

Section III: Notice of Meetings. The staff of the OHS shall provide email notification of all CoC Membership, Advisory Board, ESG, Governance, and Executive Committee meetings, through distribution via the OHS email list serve. In addition, the CoC Membership Meetings Calendar will be posted on the OHS website, <http://ohs.cuyahogacounty.us> by January 3rd of each year. The location and time of the meetings will be included on the OHS website. Notice of any "Special" meetings shall be distributed at least seven (7) days prior to the meeting and in the same manner as provided herein for all meetings.

Section IV: Quorum. The presence of a majority of the Advisory Board members shall constitute a quorum. The Board shall ~~conduct business~~[vote](#) only if a quorum is present.

Section V: Open Meetings. The Advisory Board Meetings are open to the CoC members and non CoC members.

Section VI: Action without a Meeting. Any action that may be taken at any meeting of the Advisory Board may be taken without a meeting if that action is approved in writing (e.g. letter, email) by a majority of all Advisory Board members who would be entitled to vote at a meeting held for such a purpose. The outcome of the Vote will be communicated to all Advisory Board and CoC Members through email and web posting.

Section VII: Conflict of Interest:

- A conflict of interest occurs when an Advisory Board Committee member, a member of his/her immediate family, or his/her business associate has an interest, financial or otherwise, in any program or agency that receives Continuum of Care funds.
- A representative having a conflict of interest or a conflict of responsibility on any matter shall refrain from voting on such matter and shall disclose to the CoC any conflict or appearance of conflict which may or could be reasonably known to exist.
- ~~Members of the OHS Advisory Board will sign a Conflict of Interest policy statement annually. Each Advisory Board member is required to complete either 1) a written attestation of having no current conflicts of interest that would prevent him/her from making decisions about CoC project funding and ranking; or 2) a written disclosure of any such conflicts of interest.~~
- No member of the Continuum will participate in the review, ranking, selection, or award of any grant funds in which they have a financial or oversight interest; or in which any member of their immediate family (such as parent, sibling, child, or person with whom they cohabit) has a financial oversight or interest.
- No member shall 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.
- ~~No member shall lobby or seek information from any other member of the Continuum if such action would create a conflict or the appearance of a conflict.~~
- Members of the CoC will disclose potential conflicts of interest that they may have regarding matters that come before it in full session at the Advisory Board or in a work group.

**ARTICLE VII
RULES OF ORDER**

Section I: Whenever not in conflict with these Bylaws the deliberations of the Advisory Board shall be governed by Revised Roberts Rule of Order.

**ARTICLE VIII
AMENDMENTS**

Section I: The Bylaws will be reviewed and approved by the CoC at a minimum, every 5 years. The Bylaws may be amended, altered, or repealed by majority vote of the Advisory Board at a meeting of which a quorum is present, provided written notice of the proposed action has been given in the notice of the meeting.

Section II: The CoC Governance Charter is attached as Appendix I and will be reviewed and approved annually by the CoC Advisory Board.

APPENDIX I

Cuyahoga County CoC Governance Charter

Governance Charter Purpose

This Charter sets forth the guiding principles of membership and participation in the Cuyahoga County Continuum of Care (CoC) and the provisions for Continuum governance through the Office of Homeless Services (OHS) Advisory Board, and key policies and procedures as defined in the OHS Advisory Board Bylaws, attached to this Charter

- The governing body for the Cuyahoga County Continuum of Care (CoC) is the OHS Advisory Board. This charter and the Bylaws together detail the roles and responsibilities of the CoC and the OHS Advisory Board, as well as the rules and policies governing meetings, subcommittees, and decision making
- The OHS Advisory Board and the CoC membership will review this Charter annually to ensure it remains consistent with HUD's CoC Program Requirements as well as CoC objectives and responsibilities
- The OHS Advisory Board will have the power to adopt, amend, or repeal provisions of this Governance Charter by a majority vote of the Advisory Board present at any meeting where the proposed action has been described in the notice of the meeting. Such amendments will then be reviewed by the full CoC membership annually

A. Terms and Definitions

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: The eligible applicant that has been designated by the OHS Advisory Board to respond to the Notice of Fund Availability (NOFA) and to apply for Continuum of Care planning funds on behalf of the Continuum, Section E. of this Charter designates the [Cuyahoga County](#) Office of Homeless Services as the Collaborative Applicant for the Cuyahoga County Continuum of Care.

Continuum of Care Membership: The agencies and individuals who are stakeholders in achieving the Continuum of Care goals and objectives to reduce the end homelessness for all populations in the community. CoC Membership includes anyone who is interested in reducing and ending homelessness in the geographic area of CoC, and who attends the most recent General CoC Membership meeting. [Members may join at any time but are formally invited at least annually.](#)

Homelessness Management Information System (HMIS): The information system designated by the CoC to comply with HMIS requirements prescribed by HUD. The Cuyahoga County CoC has selected [Bitfocus Inc.](#), [Clarity Human Services HMIS](#) Software for the CoC's HIMS provider. This is noted in Section E. of the Charter.

HMIS Lead: The entity designed by the OHS Advisory Board in accordance with this part, to operate the CoC's HMIS on its behalf. Section E. of this Charter designates the Cuyahoga County Office of Homeless Services as the HMIS Lead for the CoC.

[CES Lead: The entity designated to operate the Coordinated Entry System for the CoC is Frontline Services Inc. Frontline is guided by the OHS and the Advisory Board on CES policies and procedures.](#)

Office of Homeless Services Advisory Board: The Office of Homeless Services (OHS) Advisory Board is the governing body of the CoC. It was originally established through legislative action by the City of Cleveland and Cuyahoga County in 1992. It is the group of persons elected according to the Bylaws of the CoC, to carry out the goals and objectives of the HEARTH act on behalf of the Continuum of Care and in accordance with the CoC Charter and Bylaws.

Office of Homeless Services: The Office of Homeless Services was established through legislative action by the City of Cleveland and Cuyahoga County in 1992. It is currently a department within the County's Health & Human Services Department. Organizational funding for the OHS is provided 100% by the Health & Human Services Levy of Cuyahoga County. The OHS staff and operational procedures are dictated by the Charter of Cuyahoga County. The OHS has been designated by the OHS Advisory Board as the Collaborative Applicant on behalf of the CoC.

B. CoC Purpose/Membership

I. The purpose of the CoC is to:

- Promote communitywide commitment to the goals of ending all homelessness through strategies aligned with Opening Doors, the Federal Strategic Plan To Prevent and End Homelessness, adopted by the Inter-Agency Council on Homelessness and amended in FY2015. The goals are:
 1. Prevent and end homelessness among Veterans ~~in 2015~~;
 2. Finish the job of ending chronic homelessness ~~in 2017~~;
 3. Prevent and end homelessness for families, youth, and children ~~in 2020~~;
 4. Set a path to end all types of homelessness.

II. The membership of the Continuum of Care is defined as anyone who is interested in ending homelessness and who attends and participates in the most recent CoC General Membership Meeting.

- Information about the General Membership Meeting is made available through email list serve and on the Office of Homeless Services' website.
- There will be two General Membership Meetings annually, the dates to be determined by the OHS Advisory Board.

C. The Office of Homeless Services Advisory Board Responsibilities

1. Hold meetings of the full membership, with published agendas, at least two times a year;
2. Make a public invitation available for new members to join the CoC within the geographic area at least annually;
3. Adopt and follow a written process to select Board members to act on behalf of the CoC. The process must be reviewed, updated, and approved by the larger CoC membership at least once every 5 years;
4. Appoint committees, subcommittees, and/or workgroups;

5. Assure that all Advisory Board members adhere to the Conflict of Interest rules as described in detail in the OHS Advisory Board Bylaws;
6. Designate the Collaborative Applicant, a single HMIS for the geographic area, and the HMIS Lead. The OHS Advisory Board has designated the Office of Homeless Services (OHS) as the Collaborative Applicant and the HIMS Lead.
7. The OHS Advisory Board gives authority to the OHS to conduct the following activities to be developed and presented to the OHS Advisory Board for formal votes as required by law [and applicable regulations](#):
 - a) Consult with recipients and sub-recipients of CoC funding to establish performance targets appropriate for population and program type; monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
 - b) Evaluate outcomes of projects funded under the City of Cleveland/Cuyahoga County Emergency Solutions Grants program (hereinafter referred to as “ESG”) and the CoC program, and report to HUD [and the CoC](#);
 - c) Establish and evaluate a centralized and coordinated assessment system that provides and initial, comprehensive assessment of the needs of individuals and families for housing and services;
 - d) Develop written standards for providing Emergency Solutions Grant (ESG) and Continuum of Care (CoC) assistance;
 - e) Develop a plan that includes coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families;
 - f) Plan for and conduct, at least biennially, a point-in-time count of homeless persons within the geographic area that meets HUD requirements;
 - g) [Conduct an annual gaps analysis; quantify unmet need and make recommendations for the strategic allocation of ESG, CoC and other homeless-dedicated resources](#)
 - h) [Prepare recommendations for CoC funding priorities based on the above analysis](#)
 - i) Provide information required to complete the Consolidated Plan(s) within the CoC’s geographic area;
 - j) Consult with state and local government ESG program recipients for allocating ESG funds and reporting on and evaluation the performance of ESG recipients and sub-recipients.
 - k) Design, develop, and implement an annual project review and selection process that is fair and transparent;
 - l) Establish and implement an application process for the annual NOFA process.

Additional Detail on the rules and requirements governing the OHS Advisory Board are discussed in the OHS Advisory Board Bylaws that precede this Charter.

D. Limited Authority

Neither the CoC membership nor the OHS Advisory Board is a formal organization. As such:

- Neither has, and can have, assets or liabilities;
- Neither can indemnify member or participant actions; and
- No member of the CoC, the OHS Advisory Board, or its committees/workgroups, may contract, incur debt, or otherwise create an enforceable obligation for the [Cuyahoga County Office of Homeless Services](#), the CoC, the OHS Advisory Board, or its committees.
- Only the OHS Advisory Board may designate an individual or entity to speak of the CoC or its components.
- With the exception of removal policies in this Charter, any grievance related to the CoC will follow HUD policies and contracts.

E. Collaborative Applicant, HMIS, and HMIS Lead

As required, the Charter identifies the following

- CoC Collaborative Applicant: Cuyahoga County Office of Homeless Services
- HMIS provider and Software: [Bitfocus Inc; Clarity Human Services HMIS Bowman Systems LLC; ServicePoint](#)
- HMIS Lead: Cuyahoga County Office of Homeless Services