



THE MAHONING COUNTY HOMELESS CONTINUUM OF CARE

Governance Charter

Approved: August 2016
Updated: September 2018
December 2019

Table of Contents

Article I - Name, Purpose and Responsibilities	3
Article II – Establishing the Mahoning County Homeless Continuum of Care	3
Article III – Membership in the Mahoning County Homeless Continuum of Care	3
Article IV – Establishing the Mahoning County Homeless Continuum of Care Executive Board	5
Article V – Establishing the Mahoning County Homeless Continuum of Care Committees	8
Article VI- Standing Committees	9
Article VII – Staff Roles	11
Article VIII – Code of conduct and Conflicts of Interest	12
Article IX – Mediation	13
Article X – Reviewing and Updating the Charter	13
Appendix I - Policy on MCHCoC Collaboration with Other System to Prevent Discharge into Homelessness	15

Article I – Name, Mission, Purpose and Responsibilities

- Section 1 Name. The Mahoning County Homeless Continuum of Care (MCHCoC) shall be the name of this organization.
- Section 2 Mission. The mission of the Continuum is to end homelessness in the community. It will assist all persons and families who are homeless and/or near homeless in obtaining housing, economic stability and an enhanced quality of life through planning, advocacy and other comprehensive services.
- Section 3 Purpose. The purpose of the Continuum is to assist service providers in the coordination and development of services for all persons and families who are homeless and/or near homeless and low-income persons with housing needs through planning, education and advocacy.
- Section 4 Responsibilities. MCHCoC will fulfill the responsibilities assigned to continuums of care under Title 24, Part 578 of the Code of Federal Regulations and will satisfy all other legal requirements necessary to secure maximum funding under relevant state and federal programs to end homelessness.

Article II- Establishing the Mahoning County Homeless Continuum of Care

- Section 1 Membership. Representatives from relevant organizations within all incorporated and unincorporated areas of Mahoning County, Ohio shall establish a continuum of care for the geographic area to carry out the duties outlined in this Governance Charter.
- Section 2 Principles. The mission is based on a set of principles which will guide our actions as a collective body. These principles are:
- A. We focus on collaborative actions that advance our work to end homelessness and achieve the most success.
 - B. We work to align our work to best serve our goals.
 - C. We welcome all who share our goals to join and be a part of the decision making process.
 - D. We utilize participative decision-making as the best way to move our entire community's effort forward. This means that we practice inclusiveness, openness and transparency.
 - E. We treat people with dignity and respect, regardless of their housing status.

Article III - Membership in the Mahoning County Homeless Continuum of Care

- Section 1 Eligibility for Membership. Membership in the Continuum of Care is open to all those individuals and organizations wishing to participate in the community's efforts to end homelessness in our community. Membership is representative of the entire geographic area covered by the Mahoning County Homeless Continuum of Care. Membership shall be comprised of individuals, agencies and organizations interested in the mission, vision and purpose of the Continuum. Membership is open and shall include but not limited to:
- Non-Profit Homeless Assistance Providers
 - Victim Service Providers
 - Faith-Based Organizations
 - Federal, state, and local government agencies, including the Mahoning County Mental Health and Recovery Board, Mahoning County Job and Family Services
 - Businesses

- Advocates
- Public Housing Agencies
- School Districts
- Social Service Providers
- Mental Health Agencies
- Hospitals
- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced homelessness

Section 2 Limit on Number of Voting Member from One Organization. Two or more representatives of a single organization, agency, or political subdivision may be members of the MCHCoC. However, only one representative from each agency, organization, or political subdivision may exercise a vote. That voting member will be the highest ranking executive or administrator responsible for managing the agency, organization, or political subdivision unless the highest ranking executive or administrator appoints someone else as the voting member by sending a written communication of that appointment to the Continuum of Care Lead.

Section 3 Invitation for New Members. Annually following the year in which the governance framework outlined in Articles I through X of this charter is adopted, the MCHCoC will extend invitations for membership. The invitation will be made public by announcements through a listserv, which is open to all who wish to join, and by publication on the MCHCoC's website and local media outlets.

Section 4 Enrollment of Members. New members may enroll at any time during the year by providing to the Continuum of Care Lead their names, contact information, and affiliations with relevant organizations. As soon as possible thereafter, the names of the new members will be added to a membership list on the MCHCoC website.

Section 5 Removal of Members. At the end of each calendar year, e-mails will be sent to individuals who have missed two or more membership meetings during that year, asking whether they wish to remain MCHCoC members. If they do not reply affirmatively within one week after that e-mail is sent, those individuals will be removed from the membership list immediately. To reenroll as members, any individuals removed from the list must follow the procedures outlined in Article III. Section 4. above.

Section 6 Responsibilities of Members. Most of the responsibilities of the MCHCoC will be carried out by its executive board (the Board) with the following exceptions:

1. Members will vote directly to approve the governance framework outlined in Articles I through X of this charter and any subsequent changes or additions to that framework;
2. Every five years following initial approval of this charter, members will review, update and approve the process for selecting directors; and
3. Unless the Board selection process is changed by subsequent amendment of the charter, members will vote annually to elect directors to available board positions.

- Section 7 Regular Meetings. Each calendar year following the year in which Articles I through X of this charter are approved, at least three meetings of all members will be held approximately four months apart on the dates and at the times specified in a schedule distributed to members at the beginning of the year. The final regular meeting of the year will be the annual meeting.
- Section 8 Annual Meeting. The agenda for the Annual Meeting of the MCHCoC members will include:
1. Election of directors to serve on the Board;
 2. A review of any proposed changes to the MCHCoC's governance framework followed by a vote on those changes; and
 3. Any other business the Board chooses to put before members.
- Section 9 Special Meetings. Special meetings may be called with the approval of the Board or by a petition of 30 percent of registered MCHCoC members submitted to the chair of the board.
- Section 10 Notice of Meetings. Notice of the place, date and time of each regular and special meeting will be sent to members by e-mail or any other reasonable means of communication at least five (5) business days before the meeting date along with an agenda for the meeting.
- Section 11 Quorum. The members present at any properly announced meeting of MCHCoC members will constitute a quorum.
- Section 12 Voting. Issues presented to MCHCoC members for a vote will be decided by a simple majority of the votes cast. Members may vote by voice in person or by submitting their vote by e-mail or in writing to the Continuum of Care Lead at least 24 hours before a vote is scheduled to be conducted.
- Section 13 Minutes:
1. Content of Minutes. The minutes of each members' meeting will summarize the matters discussed at the meeting and record all motions made, the names of the individuals who made and seconded each motion, the number of individuals voting for and against each motion, and the names of any individuals abstaining from a vote.
 2. Approval of Publication of Minutes. A draft of the minutes of every meeting of the MCHCoC members will be published on the MCHCoC's website within a month after that meeting and will be replaced by approved minutes within a month after the next members' meeting.

Article IV - Establishing the Mahoning County Homeless Continuum of Care Executive Board

- Section 1 Requirements. The Mahoning County Homeless Continuum of Care is required to establish a Board that is made up of Continuum of Care members and it must act on behalf of the MCHCoC. The Board provides oversight to the planning responsibilities of the Continuum, ensures the cooperation of members, timely submission of reports and funding applications as required by HUD, and the development of necessary procedures to implement policies or decisions ratified by the Continuum. The Board coordinates efforts to ensure that the community's Strategic Plan to End Homelessness is updated as necessary and that the plan's action steps are implemented.

Section 2 Responsibilities. The Mahoning County Homeless Continuum of Care gives authority to the Board for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Appendix I of this Governance Charter. Additional responsibilities required by the Continuum of Care include:

- *Approval of all contracts*
- *Evaluating systems and service performance of staff working on behalf of the Continuum*
- *Administrative decisions on behalf of the Continuum*

Section 3 Capacity. The Mahoning County Homeless Continuum of Care Board consists of 13 - 19 members.

Section 4 Representation. There shall be every effort taken to ensure that at least 50% of the Board members are neither employees nor Directors of organizations that receive funding from the Continuum of Care program or Emergency Solutions (ESG) grants from Housing and Urban Development (HUD), the Ohio Development Services Agency (ODSA), or any other government grants that must be approved by the Continuum of Care. Membership must be representative of relevant organizations and projects serving homeless sub-populations within the geographic area and must include at least one homeless or formerly homeless individual.

Section 5 Composition. Board Membership shall include at least the following:

- A. Lead Agency/Collaborative Applicant representative: The Lead Agency and the Collaborative Applicant (if different) shall each appoint a representative to serve on the Executive Board. (Appointed)
- B. At least 1 position for Provider
- C. 1 position for ESG Grantee
- D. Members from the public and private sectors
- E. Homeless or formally homeless person

Section 6 Term of Office. Directors will serve staggered terms of three years so that approximately one-third of those directors stand for election every year. There is no limit to the number of terms that a director may serve.

In the year in which the governance framework outlined in Articles I through X of this charter is approved, the newly elected directors will draw lots to determine their assignment to one of three classes that will include approximately equal numbers of directors. The terms of all of these classes will include the remainder of the year in which Articles I through X are approved, but they will differ insofar as one class will serve one additional year, a second will serve two additional years, and the third class will serve three additional years. As the terms of the initial directors expire and perpetually thereafter, all the directors elected to fill the seats in each class will serve three-year terms.

Section 7 Nominating Process. A nominating committee shall be formed (Ad Hoc) at the direction of the Board Chair to develop a slate of candidates to be presented for election at the annual full Continuum of Care meeting. The nominating committee shall make every effort to present candidates that represent a range of backgrounds and interests that reflect the full range of geographic and subpopulation characteristic served by the Continuum of Care. The nominating committee shall further make effort to present candidates that will offer complementary knowledge and skills that can help advance the Strategic Plan goals, which may include the

higher education/research community, legal aid, hospital systems, law enforcements, and the school system (as examples).

Section 8 Resignation and Removal. Directors may resign from the Board at any time by giving written or oral notice to the Board chair. In addition, directors may be removed from the Board by a majority vote of remaining Board members for repeated absence, misconduct failure to participate, disruptive or obstructive conduct, or violation of conflict of interest policies.

Section 9 Board Vacancies. When a director resigns or is removed from the Board or cannot serve their full term for any other reason; the Board may appoint another MCHCoC members to fill the unexpired term.

Section 10 Regular Meetings. The Board will meet no less than 4 times a year in accordance with a schedule given to all directors at the beginning of each calendar year.

Section 11 Special Meetings. Special meetings of the Board may be convened by the Board chair or by petition of at least 30 percent of the Board's directors.

Section 12 Notice of Meetings. Notice of the place, date and time of each meeting of the Board will be sent to directors by e-mail or any reasonable means of communication at least five days before the meeting date along with an agenda for the meeting.

Section 13 Quorum. The members present at any properly announce meeting of the Board will constitute a quorum.

Section 14 Voting. All issues presented to directors for a vote will be decided by a simple majority of votes cast. Directors may vote by voice in person or by submitting their vote by e-mail or in writing to the Continuum of Care Lead at least 24 hours before a vote is scheduled to be conducted at a meeting. E-mail votes of the entire Board may be conducted only on:

1. Matters discussed at a Board meeting and deferred with Board approval for later decision through e-mail votes; and
2. Urgent matters which the Steering Committee has agreed to submit to the Board for an e-mail vote.

In the case of an e-mail vote, other means of voting must be made available to directors without e-mail service, and directors must be given at least two (2) business dates to cast their votes.

Section 15 Minutes of Board Meetings:

1. Contents of minutes. The minutes of each Board meeting will summarize the matters discussed at the meeting and record all motions made, the names of the individuals who made and seconded each motion, the number of individuals voting for and against each motion, the disclosure of any conflicts of interest, and the names of any individual abstaining from a vote.
2. Approval and Publication of Minutes. The minutes of every Board meeting will be approved at the first meeting following the meeting to which the minutes pertain and will be published on the MCHCoC website within 2 working days after their approval.

Section 16 Board Officers:

The Officers of the Executive Board shall consist of the Chair, one or more Vice Chairs, Secretary and Immediate Past Chair who shall perform the duties that usually pertain to their respective offices including:

- A. Chair: The chair will preside over meeting of (1) MCHCoC members; (2) the Board; and (3) the Steering Committee. (Elected)
- B. Vice Chair(s): The Vice Chair(s) shall assume all duties of the Chair in the event of his/her absence. The Vice Chair(s) will be responsible for membership and such other duties as assigned by the Chair. (Elected)
- C. Secretary: The Secretary shall be responsible for the preparation of reports as required and assuring an accurate record of the transactions and minutes of the Continuum. (Elected)

Section 17 Board Chair. The Board may elect as a Board chair any representative of an organization that is serving as Collaborative Applicant of the Continuum or playing any other significant role in managing the Continuum. In the event that such a representative is elected to as chair of the Board, he or she will participate in Board meetings and in meeting of the Steering Committee as a non-voting member.

Section 18 Election of Officers. At the final Board meeting of the year, directors will elect individuals to fill the positions of officers whose terms are expiring from a slate of candidates developed by the Executive Committee. In the case of a mid-term vacancy in any officer position, directors will elect an individual to fill that vacancy at their next scheduled meeting.

Section 19 Term of Officer. Officers will serve two-year terms unless filling a midterm vacancy, in which case an officer will serve for the remainder of the calendar year in which they were elected and two full years thereafter. Officers elected in the year in which Articles I through X of this charter are first approved will serve the remainder of that year and an additional two full years thereafter.

Section 20 Resignation or Removal of Officer. An officer may resign at any time by giving written or oral notice to the Board chair or vice chair. In addition, officers may be removed from their positions by a majority vote of remaining Board members for repeated violation of the code of conduct or conflict of interest policies outlines in Articles I through X.

Article V - Establishing the Mahoning County Homeless Continuum of Care Committees

Section 1 Responsibilities. The Mahoning County Homeless Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of the Continuum of Care members to act on behalf of the Mahoning County Homeless Continuum of Care.

Section 2 Committees. The following Committees are established by the Mahoning County Homeless Continuum of Care:

- *HMIS Advisory Committee*
- *Nominating Committee*
- *Coordinated Entry Committee*
- *Performance and Outcomes Committee*
- *Evaluation Committee*
- *Project Connect Committee*
- *Point-in Time Committee*

- Section 3 Committee Membership. All Mahoning County Continuum of Care voting members are encouraged to serve on at least one committee. Sign-ups are circulated at the Annual meeting, but all committees are open to interested persons who may join by attending and indicating interest to the Committee chair at any time.
- Section 4 Committee Authority. Unless entrusted with specific authority to act on behalf of the Board as a whole, Board committees will serve in an advisory capacity only. No recommendations or actions taken by a committee will be considered actions of the Board without approval or ratification by the Board.
- Section 5 Committee Leadership. Each Committee will elect a chair person and secretary.
- Section 6 Meetings. Each Committee will hold meetings at least four (4) times a year or as approved by the Executive Board.
- Section 7 Quorum. The members present at any properly announced meeting of MCHCoC members will constitute a quorum.

Article VI- Standing Committees of the Executive Board

- Section 1 Steering Committee. The Steering Committee will consist of current officers of the Board, the immediate past chair and the Collaborative Applicant representative. The Steering Committee will have all the powers and authority of the Board in the intervals between Board meetings but will remain subject to the direction and control of the full Executive Board. In addition, the Steering Committee will coordinate, monitor, and ensure the quality and transparency of the work of the MCHCoC, its Board, and its agents by:
1. Evaluating and conduct the directors, especially their compliance with the conflict of interest and attendance policies, set forth in this governance charter;
 2. Taking action to correct or remove directors who are not fulfilling their responsibilities’
 3. Soliciting feedback on and reviewing the performance of all employees and agents of the MCHCoC on an annual basis, including the Collaborative Applicant and the HMIS Lead;
 4. In consultation with the Collaborative Applicant and the HMIS Lead, reviewing this governance charter annually and recommending changes to the charter, including all changes necessary to preserve MCHCoC’s compliance with 24 CFR Subpart B with HMIS requirements prescribed by HUD; and
 5. Working with a group of self-selected MCHCoC members every five years to review the process for choosing directors and, based on work of this group, recommend to MCHCoC members at their Annual Meeting a confirmation of the existing process or approval of proposed changes.
- Section 2 HMIS Advisory Committee. The HMIS Advisory Committee provides input and guides planning and implementation of the HMIS System. The Committee provides policy guidance, technical and organizational assistance to HMIS. The Committee oversees implementation and ongoing operations by addressing key issues in data reporting, compilation and monthly systems to ensure quality control and assessment of all data input into the HMIS System.

Section 3 Coordinated Entry Committee. Coordinated Assessment, also known as Coordinated Entry or Coordinated Intake, is a system that allows for a coordinated entry into your local homeless services. Coordinated Assessment increases the efficiency of a Homeless Assistance System by standardizing access to homeless services and coordinating program referrals. As part of the HEARTH regulations that govern Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding, the U.S. Department of Housing and Urban Development (HUD) requires all CoCs across the United States to implement Coordinated Assessment. The MCHCoC Coordinated Assessment will assist to end homelessness by: increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. Consumers will quickly access appropriate services to address housing crises through a right-sized, well-coordinated agency network.

The Coordinated Assessment Committee will implement a design for the Coordinated Assessment System within parameters contained by HUD that is uniform to the MCHCoC. This gives the CoC a supportive framework to use while building additional systems as well as standardized pieces that will be uniform across our CoC – including the Coordinated Assessment Tool that the CoC will use to divert, assess, refer, and case manage households experiencing homelessness.

Section 4 Performance and Outcomes Committee. The MCHCoC Performance and Outcomes Committee developed and implemented the process to take an intentional and systematic approach to improving homeless program performance. The U.S. Department of Housing and Urban Development (HUD) has increasingly emphasized Continuum of Care (CoC) Homeless Assistance Program performance evaluation for purposes of receiving federal funds. Program performance is so critical that HUD has regularly used CoC performance as a primary scoring component for its annual CoC NOFA application process. In turn, CoCs, including the MCHCoC, have developed program- and community-level quality improvement processes.

The MCHCoC Performance and Outcomes Committee is responsible for reviewing program performance, identifying projects that need to develop QIPs (Quality Improvement Plans), and implementing QIPs along with targeted grantees. The MCHCoC Performance and Outcomes Committee have been charged with monitoring, along with the HMIS Advisory Committee, and assisting with assessing QIP implementation as well as for project performance review and recommendations around targeting QIP development.

Section 5 Evaluation Committee. The Evaluation Committee is responsible for evaluating all submitted CoC projects for NOFA and ESG funding in all areas of the organization's activity to determine the impact, quality and effectiveness of its work within the CoC and the community and submit its findings and recommendations for funding to the CA (Collaborative Applicant) and/or funding agency and the CoC. It is comprised of persons with non-conflicting interest in funding or requests for funding.

The Evaluation Committee will determine if the project is:

1. Achieving its aims and objectives
2. Showing progress towards its mission/purpose
3. Meeting the needs of its clients
4. Using its resources efficiently and effectively
5. Complying with HUD requirements
6. Working within its policy framework

Section 6 Project Connect. is an alliance of community nonprofits and concerned citizens who will host a **one day, one stop shop event** designed to deliver real services to people experiencing need in a community by bringing service providers together in one place.

Project Connect enhances the quality of life for the entire community, engages civic leaders, re-engages our citizens who are homeless or in need of housing, transforms service delivery systems, increases public awareness, dispels myths and stereotypes, and increases investment in the community.

This event is not "*business as usual*" as people do not wait in line for service. Rather, they receive hospitality from the whole community, and people have immediate access to services on site that day! The Project Connect Model has been recognized as one of the "best practices" by the Department of Housing and Urban Development and the United States Interagency Council on Homelessness.

The Project Connect Planning Committee is responsible for planning and implementing the one day yearly event as a CoC service for the community while encouraging, embracing and supporting on-going development of all services related to the homeless population through advocacy, public education and community involvement.

Section 7 Point in Time Committee. Plan for and conduct annually a point-in-time count of homeless persons within MCHCoC's geographic area that meets the most current HUD requirements.

Article VII - Staff Roles

Section 1 Continuum of Care Lead Agency. The Mahoning County Homeless Continuum of Care may appoint a *Lead Agency* that will provide meetings for the Mahoning County Homeless Continuum of Care, Board and all other committees. The Lead Agency is responsible for scheduling meetings, developing agendas in consultation with the Executive Board Chair, issuing meeting materials and posting all relevant documents to the Mahoning County Homeless Continuum of Care website. All responsibilities are documented in the Mahoning County Homeless Continuum of Care *Lead Agency Memorandum of Understanding*. The designation of the Lead Agency is valid for a maximum of 4 years before the designation must be reviewed and renewed by the Mahoning County Homeless Continuum of Care.

Section 2 Collaborative Applicant. The Continuum of Care must designate a legal entity who is also a Continuum of Care Program eligible applicant to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all Continuum of Care Program funded projects within the geographic area. The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding and to apply for Continuum of Care Planning dollars. These and any additional responsibilities are documented in the Mahoning County Homeless Continuum of Care *Collaborative Applicant Memorandum of Understanding*. The designation of the Collaborative Applicant is valid for a maximum of 4 years before the designation must be reviewed and renewed by the Mahoning County Homeless Continuum of Care.

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

Section 3 HMIS Lead. The Continuum of Care must designate a legal entity who is also a Continuum of Care Program eligible applicant to serve as the Homeless Management Information System (HMIS) Lead. The HMIS Lead will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and the provision of technical assistance to contributing organizations. Responsibilities required by the Continuum of Care Interim Rule are outlined in Appendix I of this Governance Charter. These and any additional responsibilities are documented in the Mahoning County Homeless Continuum of Care *Homeless Management Information System Lead Memorandum of Understanding*. The designation of the HMIS Lead is valid for a maximum of 4 years before the designation must be reviewed and renewed by the Mahoning County Homeless Continuum of Care.

Article VIII- Code of conduct and Conflicts of Interest

Section 1 Attendance and Conduct. Directors, committee members and other MCHCoC employees and agents must exercise care, diligence and prudence when acting on behalf of MCHCoC. These individuals must complete on time the work they have agreed to undertake. In addition, as required by their respective positions, they must attend Board and committee meetings and be prepared to discuss matters presented for their deliberation. Absence without notice or explanation for three meetings within a calendar year or repeated failure to complete work assignments will be grounds for removal from the Board and from any committee to which an individual has been assigned. In addition, repeated failure to participate thoughtfully and respectfully in discussion or persistent disruptive or obstructive conduct during meeting will be grounds for removal.

Section 2 Conflicts of Interest.

1. Directors, committee members, and other MCHCoC employees and agents must abide by the following rules in order to avoid conflicts of interest and promote public confidence in the integrity of the MCHCoC and its processes. Failure to honor these rules will be grounds for removal from the Board and any of its committees and for dismissal from the MCHCoC's services.
 - a. Director's, committee members, and other MCHCoC employees and agents may not participate in or influence discussion or resulting decision concerning the award of a grant or other financial benefit to:

- i. Any organization that they or a members of their immediate family represents;
Or
 - ii. Any organization from which they or a member of their immediate family derives income or anything of value.
 - b. Whenever MCHCoC directors, committee members, employees, agents, or any of their immediate family members have a financial interest or any other personal interest in a meter coming before the Board or one of its committees, they must:
 - i. Fully disclose the nature of the interest; and
 - ii. Withdraw from discussing, lobbying and voting on the matter.
- 2. At the beginning of every meeting of the Board and every committee, the meeting chair must ask if there are any conflicts of interest or potential conflicts of interest that need to be disclosed before the business included in the meeting’s agenda is discussed.
- 3. Any matter in which directors or committee members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors’ and committee members’ actual or potential conflicts of interest and their abstention.
- 4. MCHCoC directors, committee members, employees, and agents must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest that they face or are likely to face in fulfilling their duties as directors.

Article IX – Mediation

Section 1 For unresolved differences within the Continuum, a third party mediator will be chosen by the Executive Board.

Article X - Reviewing and Updating the Charter

Section 1 Scope of the Governance Charter. The governance charter (“the Charter”) includes Articles I through X, which establish a framework for governing the MCHCoC, as well as a series of appendices that establish the policies and procedures needed to comply with Subpart B of 24 CFR Part 578 and other policies, procedures and agreements governing the routine operations of MCHCoC.

Section 2 Approval of Subsequent Amendment of MCHCoC’s Governance Framework. The governance framework outlines in Articles I through X of the Charter and every subsequent amendment to that framework must be approved by MCHCoC members.

Section 3 Approval of Subsequent Amendment of Operating Policies and Procedures. The operating policies, procedures, and agreements incorporated into the Charters as appendices and every

subsequent amendment or addition to those policies, procedures and agreements must be approved by Board members.

Section 4 Regular Reviews of the Governance Charter. In consultation with the Collaborative Applicant and the HMIS Lead, the Steering Committee will review the Charter annually and recommend to the Board changes to improve the functioning of MCHCoC and maintain compliance with federal and state regulations. In addition, every five years after initial approval of the Charter, the Board, acting through the Steering Committee, will invite interested members to participate in a review and discussion of the Board selection process. Based on the consensus achieved in that discussion, the Board will ask MCHCoC members to ratify the existing selection process or approve proposed changes to that process at their next Annual Meeting.

Appendix I:

Policy on MCHCoC Collaboration with Other System to Prevent Discharge into Homelessness

It is the responsibility of the recipients of Emergency Solutions Grant funds and of recipients of CoC Program funds that are state and local governments to establish and implement discharge policies that prevent people from being discharged from publicly-funded systems of care into homelessness. These publicly funded systems of care include health and mental health care institutions, correctional facilities and foster care. These systems of care are also subject to various other federal, state and local regulations and policies that require them to develop discharge plans for people exiting their care.

It is the Continuum of Care's responsibility to coordinate with and/or assist in state and local discharge planning efforts in order to provide those persons responsible for discharge planning at the state and local government levels the benefit of the Continuum's experience in and knowledge of homelessness.

The MCHCoC will carry out its responsibility to collaborate with the above-named systems of care by:

1. Providing them with information about housing options available to people being discharged from their care, including information about the Youngstown Metropolitan Housing Authority, other low income housing projects, programs providing rental assistance, and, if necessary as a last resort, shelter information;
2. Inviting representatives of these systems of care to MCHCoC member meetings and notifying them of other opportunities to connect and collaborate with individuals and agencies addressing housing issues; and
3. Contributing information these systems need when applying for funding to meet the housing need of those being discharged from their care and providing letters of support for such applications.