Del Norte County Advisory Board of the
NorCal
Continuum of Care™

Advisory Board Membership Policy

Advisory Board will be made up of agency representatives from Del Norte County, and relevant stakeholders that will include a broad representation of key stakeholder groups found within the counties encompassed in the CoC as articulated in the HUD Interim Rule. Each Agency, Department or Division is allowed one Voting Member on the Advisory Board. Advisory Board members must adhere to the guidelines and responsibilities as outlined in the NorCal CoC Governance Charter. Advisory Board participation is mandatory for agencies receiving CoC funding. Designation of Officers such as a chair, vice-chair and secretary, can be made by nomination and appointed by majority vote.

There are **two types** of members:

a. **Voting Member**
   A Voting Member is an Officer and must attend regularly scheduled Advisory Board meetings and shall have the authority to one vote on all action items. Designation of Officers such as a Chair, Vice-Chair, and Secretary, can be made by nomination and appointed by a majority vote of the Voting Members.

b. **Participant**
   A Participant may participate in Advisory Board meeting discussions but do not have the authority to vote on any action items. There are no meeting attendance requirements for Participants.

Both member types must complete a membership application (Attachment B). The Del Norte County Advisory Board of the Norcal Continuum of Care will be made up of a minimum of three (3) Voting Members, a representative from Del Norte County and a relevant stakeholder(s), and a maximum of seven (7) Voting Members. The membership policy, and membership participation should be reviewed annually.

The Advisory Board Secretary will be responsible for maintaining records of all membership applications, and a roster of both participants and Voting Members.

If a Voting Member is aware that they will be unable to attend regularly scheduled Advisory Board meeting they are responsible for notifying the Advisory Board Chair, Vice Chair, or Secretary in advance. This will ensure that quorum will be met. Voting Members may send an alternate in their place from their agency.

Advisory Voting Members and Participants may be removed for good cause upon agreement of a two-thirds majority of Voting Members present at an Advisory Board meeting. Good cause may include but not limited to the following conduct:

1. Accumulating two consecutive absences without contacting the Advisory Board Chair, Vice Chair, or Secretary ("unexcused ").

2. Refusing to participate in Advisory Board functions and responsibilities.

3. Engaging in activities not authorized by the Advisory Board that are disruptive or otherwise detrimental to the work of the advisory board.

4. Speaking on behalf of the CoC unless authorized to do so.

In all cases, before removal shall be implemented, the Advisory Board member subject to removal shall:

1. Receive written notice from the Advisory Board Chair and/or Vice-Chair, at least fifteen (15) days prior to the date of discussion, stating the grounds for removal including dates, times, and places that may be applicable.

2. Receive an opportunity to be heard by the Advisory Board Voting Members and Participant prior to a majority vote by the Voting Members on the removal issue.

Attachment B

Continuum of Care Membership Application

Vision for Success

The NorCal Continuum of Care (CoC) envisions a homeless response system that uses resources effectively, quickly connecting our neighbors with services to regain and retain housing or to prevent homelessness from occurring. By reducing homelessness, we will improve the quality of life and well-being of everyone in our region.

The CoC Executive Board has established Advisory Boards to include representatives from relevant stakeholders and will include a broad representation of key stakeholder groups found within the counties encompassed in the CoC as articulated in the HUD Interim Rule. Each of the counties participating in the CoC region will be responsible for forming a local Advisory Board. There may be no more than one Advisory Board per county.

Values

Our values, based on a unified and community-wide solution, will align efforts to address homelessness and mitigate the impacts it has on our communities. Together, we create an assertive, effective and strategic approach that will serve as the homeless response system.

- Healthy Communities - with a coordinated, regional response, support our most vulnerable populations in identifying housing opportunities and achieving greater dignity and self-sufficiency.
- Coordinated System of Care – a community-wide response to homelessness prioritizes the quality of life for all persons, understanding that each person has unique needs, strengths and experiences.
- Long-term Sustainability-investments in the right solutions will result in effective use of resources and significantly reduce the number of persons experiencing homelessness.

Advisory Board Membership Responsibilities

Responsibilities include providing input, expertise, and recommendations to the Board regarding all matters relating to Continuum of Care ("COC") responsibilities, policies, and procedures, including

- Strategic planning for the COC
- Coordinated entry
- Homeless Management Information System (HMIS)
- Project compliance
- Data quality
- Training
- Community planning
- Resource planning and allocation
- Housing Inventory count
- Point-In-Time count
- Coordination of COC with other community resources
- Establishing workgroups as needed to perform COC functions

There are two types of members:

a. Voting Member

A Voting Member must attend regularly scheduled Advisory Board meetings and shall have one vote on all action items.

b. Participant

A Participant may participate in Advisory Board meeting discussions but do not vote on action items. There is no meeting attendance requirement for a Participant.

For additional information please see the Governance Charter and Membership Policy at https://www.co.shasta.ca.us/index/housing_index/continuum-of-care-advisory-board-meetings

Attachment B

NorCal Continuum of Care™

Name_____ **County**_____

Phone_____ **Title** _____

Email_____

Agency Name (If Applicable) _____

Membership request: ☐ Voting Member ☐ Participant

Voting member please identify an alternate (If Applicable)

_____

Please Select the Category that best defines you or your agency type. *What service area, jurisdiction or special population do you represent? (Check all that apply):*

- ☐ Local Government Staff/Officials
- ☐ CDBGHOME/ESG Entitlement Jurisdiction
- ☐ Law Enforcement
- ☐ Local Jail(s)
- ☐ Hospital(s)
- ☐ EMT/Crisis Response Team(s)
- ☐ Mental Health Service Organizations
- ☐ Substance Abuse Service Organizations
- ☐ Affordable Housing Developer(s)
- ☐ Disability Advocates
- ☐ Public Housing Authorities
- ☐ CoC Funded Youth Homeless Org.
- ☐ Non-CoC Funded Youth Homeless Org.
- ☐ Other:
- ☐ Youth Advocates
- ☐ School Administrators/Homeless Liaisons
- ☐ CoC Funded Victim Service Providers
- ☐ Non-CoC Funded Victim Service Providers
- ☐ Domestic Violence Advocates
- ☐ Street Outreach Team(s)
- ☐ Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates
- ☐ LBGT Service Organizations
- ☐ Agencies that serve survivors of human trafficking
- ☐ Other homeless subpopulation advocates
- ☐ Homeless or Formerly Homeless Persons
- ☐ Emergency shelter
- ☐ Veteran service providers and advocates
- ☐ Locality taskforce representatives

Please provide the mission statement of the agency/organization, for individuals, explain your interest in joining the CoC _____

_____

_____

Describe the agencies/organization's or personal experience working to end homelessness:

_____

_____

What does the agency/organization or individual hope to contribute and gain by being a members of the (CoC)? : _____

_____

_____

Statement of Commitment: By my signature below, if nominated and elected to the Continuum of Care Advisory Board, I understand that I will attend, with frequency, the Advisory Board Meetings, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely. I may revoke my membership at any time, and acknowledge my membership may be revoked for cause, if I am not adhering to the NorCal CoC Governance Charter.

For additional information please see the Governance Charter and Membership Policy at https://www.co.shasta.ca.us/index/housing_index/continuum-of-care-advisory-board-meetings

Attachment B

Signature:_____ **Date:** _____

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