Detroit Continuum of Care Governance Charter

Detroit Continuum of Care
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Continuum of Care Background

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act. The HEARTH Act amendments to the McKinney-Vento Homeless Assistance Act codified in law the role and functions of the Continuum of Care (CoC); thus each community must establish a CoC in compliance with the new CoC Program interim rule. HUD published the Continuum of Care Program interim rule (24 CFR Part 578) in the *Federal Register* on July 31, 2012. The rule now governs the CoC Program.

Overview

The Detroit Continuum of Care coordinates the implementation of a housing and service system that meets the needs of all persons experiencing homelessness throughout its geography. The Homeless Prevention and Response System includes:

- Outreach, engagement, and assessment;
- Shelter, housing, and supportive services; and
- Homelessness prevention and diversion strategies

This Governance Charter outlines the roles and responsibilities of the Detroit Continuum of Care, the Detroit Continuum of Care Board, Continuum of Care Committees, the Continuum of Care Lead Agency, the Collaborative Applicant, the Homeless Management Information System (HMIS) Lead and the Coordinated Entry Lead Agency. Below is a brief description of each entity:

- The **Detroit Continuum of Care General Membership (Also referred to as Continuum of Care)** is a year-round planning body of representative stakeholders in the community's work toward ending homelessness. Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implement strategic responses, and measure results.
- The **Detroit Continuum of Care Board** is a group of elected and appointed leaders of the Continuum of Care who have authority to make decisions on behalf of the Continuum of Care.
- The **Continuum of Care Committees** are the action planning components of the Continuum. In the Committees, strategies are developed, deepened and expanded into timed work plans.
- The **Continuum of Care Lead Agency** provides technical, administrative and meeting support to the Continuum of Care, Continuum of Care Board and the Committees.
- The **Collaborative Applicant** is designated by the Continuum of Care to prepare and submit the Continuum of Care funding application to HUD each year.
- The **HMIS Lead** is designated to provide oversight and implementation support to the Detroit Continuum of Care's HMIS.
    - The Michigan Coalition Against Homelessness, the HMIS lead agency for the State of Michigan, is responsible for the HMIS Statewide implementation.
- **The Coordinated Entry (CE) Lead Agency also known locally as the Coordinated Assessment Model – CAM** is designated by the CoC to implement the CE system for the Detroit CoC.

Additional roles and responsibilities for each of these entities can be found in Table 1. A Memorandum of Understanding between the Detroit Continuum of Care Board, Lead Agency, Collaborative Applicant, HMIS, and CE Lead Agency can be found in Addendum 1. These MOU's outline in more detail the roles, responsibilities, funding, and reporting/accountability between these partners.

This Governance Charter was developed by the members of the Detroit Continuum of Care in consultation with the Collaborative Applicant and the HMIS Lead. The Detroit Continuum of Care's primary responsibilities include the following:

- Establishing the Continuum of Care
- Operating the Continuum of Care
    - Continuum of Care Governance and Management
    - System and Project-Level Performance
    - Coordinated Assessment System
    - Written Standards[1]
- Designating an HMIS for the Continuum of Care
- Designating a Coordinated Assessment System
- Planning for the Continuum's Geographic Area
    - Coordinated System of Care

I. Establishing the Detroit Continuum of Care

Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties outlined in this Governance Charter. The Detroit Continuum of Care is a community group of stakeholders with a shared vision striving to equitably end homelessness in Detroit, Highland Park, and Hamtramck. The Detroit Continuum of Care's vision is a collective response to prevent and end homelessness, grounded in racial equity, where:

- The system is led by people who have experienced homelessness and who reflect the community
- Members of the community experience homelessness rarely, and when they do, it's for a short time and only once
- Homelessness and housing priorities are intentionally aligned for housing security
- Housing and services are rooted in dignity

Membership in the Detroit Continuum of Care

Membership in the Continuum of Care should ensure community wide commitment to preventing and ending homelessness and must represent the entire geographic area covered by the Detroit Continuum of Care. The Detroit Continuum of Care defines "a commitment to preventing and ending homelessness" by the willingness to assist and impact the lives of people who are experiencing homelessness as well as to the prevention and ending of the socially important condition of homelessness. The Detroit Continuum of Care includes the cities of Detroit, Hamtramck and Highland Park.

The following parties are represented on the Detroit Continuum of Care. An official membership list is documented and published by the CoC Lead Agency.

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Governments
- Local Municipalities
- 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
- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced homelessness

The Detroit Continuum of Care invites new members to join at any time during the year. Annually, the Detroit Continuum of Care will issue a public invitation for any interested person within the geographic area to become a member of the CoC. The invitation is made public through CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv.

Levels of Membership in the Detroit Continuum of Care

There are two levels of membership within the Detroit Continuum of Care. Below are the types of membership and their requirements. The following levels of membership exist:

- Non-Voting Members
- Voting Members

Non-Voting Members

Any person who attends at least one meeting per calendar year is considered a Non-Voting Member in good standing of the Detroit Continuum of Care. Non-Voting Members receive information from the Detroit Continuum of Care including, but not limited to, meeting notices, Continuum of Care meeting minutes and Continuum of Care reports, but they are unable to vote upon action taken by the Continuum of Care. To maintain membership, Non-Voting Members must attend at least one meeting per calendar year

Voting Members

Both individuals and agencies may obtain voting rights in the Detroit Continuum of Care. An individual or agency is eligible to become a voting member after attending at least 1 Continuum of Care Meeting. After attending at least 1 meeting, entities may obtain voting membership by completing a Detroit Continuum of Care Voting Member Application Form and submitting a completed signature page. Each application will be reviewed and approved by the Continuum of Care Lead Agency following CoC-approved application standards. Once the application form has been approved and the attendance requirements met, the CoC Lead Agency will notify the person/agency of their voting status. There is no minimum or maximum number of voting members on the Detroit Continuum of Care.

Below is more information to help interested parties determine whether to apply as an individual or agency.

Agency/Organization Members- Agencies wishing to obtain voting membership must be located or provide services in the geographical area of the Detroit Continuum of Care.

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[2] *Written Standards for:

- Eligibility policies and procedures
- Determining and prioritizing eligible persons for TH, RRH, and resources (consistent with coordinated assessment protocols)
- Determining levels of RRH assistance and participant rent contribution (across projects)
- Administering homeless prevention, if designated as High-Performing Community

An agency/organization may identify two (2) persons who may vote on behalf of the agency/organization. Only one (1) representative of an agency/organization may cast a votein each meeting. In the event that neither representative can attend a duly called meeting, he or she may, with prior notice to the Chair and CoC Coordinator, designate a proxy. Designations of proxies to conduct business should be rare. If a Continuum of Care voting member is unable to routinely conduct business, the agency/organization should seek to assign representation to another individual.

Individual Members - An individual who does not work for or represent an agency/organization may apply to become a voting member of the Continuum of Care independently.

The application can be found by clicking here. Upon submission, it will be reviewed by the CoC Coordinator for approval. After an entity's voting membership has been approved, the members will be encouraged to participate on at least one CoC Committee.

Terms of Service

Members of the Continuum of Care will retain their membership and voting status as long as they are in good standing. To remain in good standing, Voting Members must attend 50% of the regularly scheduled meetings within a calendar year. Attendance at meetings is tracked by voting member sign-in. Therefore, in order to remain in good standing, all Voting Members must attend at least 50% of General Membership Meetings. A regularly scheduled meeting includes meetings that are on the annual meeting schedule and are publicly announced at the beginning of the calendar year. Members must also complete the annual written disclosure statement based on the Continuum of Care Conflict of Interest policy.

Meetings

The Detroit Continuum of Care will hold meetings at least four times per year of the full membership. At the beginning of each calendar year, the annual meeting schedule including dates, times and location of the meetings will be made publicly available.

The agendas must be published at least two (2) weeks in advance of the meeting date through the CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv. Meeting materials that require a vote must be shared at least one week in advance of the meeting date following the same process mentioned above (Exceptions to this may occur during HUD CoC Funding Competition and when special meetings are called). All other meeting materials are strongly encouraged to be shared a week in advance as well. Notes from the meeting will be posted publicly within seven business days of the meeting on the CoC Lead Agency's website by the CoC Lead Agency.

Quorum

A majority of 51% of the Detroit Continuum of Care voting membership constitute a quorum at all meetings of the Detroit Continuum of Care. No new business will be conducted unless a quorum is present.

Decision-Making

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. Decisions shall be made by a vote of the majority of voting members present.

The Detroit Continuum of Care may take an action without a meeting if:

- The action is within the authority of the Detroit Continuum of Care;
- Notice is provided;
- It is approved via email or other electronic means (or letter when email is unavailable) by a majority of all Detroit CoC voting members who are entitled to vote on that matter

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Members

No member may participate in or influence decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should abstain from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each voting member by the first Tuesday in January. Voting Members will not be permitted to participate in a discussion or a vote until the statement is on file with the CoC Lead Agency. All voting members shall have the right to recuse themselves from voting on a matter without providing excuse.

Responsibilities

The Detroit Continuum of Care has specific responsibilities as outlined in the Continuum of Care Interim Rule. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 of this Governance Charter. The Detroit Continuum of Care retains all of the responsibilities listed, even if it designates eligible applicants other than itself to apply for funds. Responsibilities extend to approval of the Continuum of Care Program application for funding.

Additional responsibilities set forth by the Continuum of Care include:

- Receive community and public policy updates relevant to homelessness issues;
- Advocate on behalf of all persons experiencing homelessness, including the implementation of efficient and effective service provision regardless of funding sources;
- Receive updates on the Plan to Prevent and End Homelessness;
- Review and act on the annual CoC-funding allocations;
- Designate an agency to serve as the Coordinated Entry Lead Agency
- Review and act on additional HUD required activities;

II. Establishing the Detroit Continuum of Care Board

The Detroit Continuum of Care is required to establish a Board that is made up of the Continuum of Care and it must act on behalf of the Detroit Continuum of Care.

Board Membership

These written procedures for selecting Board Members will be reviewed, updated and approved at least once every 5 years by the Detroit Continuum of Care.

The Detroit Continuum of Care Board consists of no less than 19 or more than 25 members with at least 50% elected at any given time. The precise number for any given year will be announced with the annual call for nominees. No more than one staff person and/or Board Member of a single agency/ organization may be an Elected Member of the Detroit Continuum of Care Board, excluding persons who are elected under the "homeless or formerly homeless" Board seat. This seat will not be counted as a representative of a particular service provider. In all other cases, if during the term of an elected Board Member, the person leaves the agency/organization and moves to an agency already represented on the board, that person must resign their position. If an appointed Board Member leaves the agency/organization that appointed them they automatically resign their board position. The designee must then appoint a new Board Member. The board may vote to allow an additional representative from an agency to be elected/appointed to the CoC Board if it is deemed that that person represents a unique sector which is currently lacking in Board Membership and cannot be maintained elsewhere. Care and discretion should be exercised when making such a decision and a strong rationale must be presented which shows the unique perspective the additional individual will bring to the CoC Board.

Detroit CoC Board Elected Members will serve three (3) year terms up to a maximum of six (6) consecutive years (including partial terms) before rotating off for at least one (1) year. Elected Member terms will be staggered such that approximately one-third (1/3) are up for election each year. There are no term limits for Appointed Members however, every three years the Appointed Member must receive a Vote of Confidence from the designated entity appointing them and from the Continuum of Care Board.

Members of the Detroit Continuum of Care Board represent local funders, government, service providers, consumers and other community members whose interests relate to homeless services and housing systems. Specifically, the Detroit Continuum of Care Board consists of the following:

- Ten to Sixteen (10-16) **Elected Seats**
    - 4-7 Direct Homeless Service Providers, at least one (1) of which represents a CoC-Funded Agency
    - 2-3 Homeless or Formerly Homeless Individuals, at least one (1) of which should be a youth. The remaining seats should be prioritized for persons of color, LGBTQ+ persons, persons with HIV+ diagnosis, survivors of domestic violence, or those with a history of chronic homelessness. In order to make the election process feel as safe as possible, these seats will be elected by the Detroit Advisors Group. Persons filling these seats will be compensated for their work with the CoC.
    - 4-6 Members at Large (At-large seats are defined as stakeholders and partners otherwise not listed in other elected categories (service providers and/or currently or formerly homeless individuals). This could include representatives from the Faith-Based Organization, Homeless Advocacy or other appropriate advocacy agencies, Business Entities, Public Schools and/or Higher Education Institution, Department of Community Health,
      Healthcare for the Homeless and/or Hospital, Police Department, Workforce Development, Department of Corrections, Landlords, Philanthropy/foundation, State and/or Federal Interagency Council on Homelessness). The CoC Board should strive to fill at least one of these seats with a service provider whose target population is homeless minors and/or young adults. Persons who qualify under the homeless service provider category are not eligible to run for a Member-at-Large seat.

- Named designees for *up to* ten (10) **Appointed Seats**
    - City of Detroit Housing and Revitalization Department
    - Detroit City Council

- Hamtramck, Mayor's Office
- Highland Park, Mayor's Office
- Michigan State Housing Development Entity (State Entity)
- Detroit Housing Commission
- Michigan Department of Health and Human Services (State Entity)
- Detroit Wayne Integrated Health Network
- VA Medical Center
- McKinney-Vento Representative and/or a Higher Ed. Representative
- Two open seats for new cultivated seats from the business community, workforce development, hospitals, criminal justice, etc.
    - In order to fill one of these two seats, the CoC Board must discuss what function is needed on the CoC Board and what entities can meet such a function. A vote must be held in which Board Members agree what sector the role will fill and what agency will be approached to designate an appointment.
- The Executive Director or their designee of the CoC Lead Agency (if different than the Collaborative Applicant)
- The Executive Director or their designee of the Collaborative Applicant (if different than the CoC Lead Agency)
- The Executive Director or their designee of the HMIS Lead
- The Executive Director or their designee of the Coordinated Entry Lead

In managing the number and composition of Detroit CoC Board members, the following will be true:

- Each seat has a vote as exercised by a named individual, and each individual may exercise only one vote.
- With the exception of short-termed vacancies, there will always be an odd number of Detroit CoC Board members.
- The Detroit CoC Board should represent a diverse set of service, population and program interests.
- Direct service providers can include those who do and do not receive federal funding; those serving individuals, families, youth, veterans or any other targeted population; a wide range of services such as outreach, shelter, transitional housing, rapid re-housing, permanent supportive housing, victim services, service only, etc.
- At-Large seats provide flexibility in maintaining an odd number of Detroit CoC Board members while responding to community and strategic needs at any given time.
- 'Appointed Entities' must appoint an individual designee to represent the 'Appointed Entity' on the CoC Board. The appointment is good for three years and may be renewed by the submission of a Vote of Confidence on behalf of the 'Appointed Entity' to the CoC Board.
- Appointed entities holding more than one concurrent appointment have the discretion to fill fewer than their allowable number of seats. Regardless, individual designees may only exercise one vote. Proxy votes by appointed board members are considered if the request is made in writing to the Board Chair and CoC Coordinator in advance of a board meeting.

The election process will include at least the following:

- Calls for nominations, vetting of nominations received, and ballot announcement will happen between the last two meetings of the calendar year.
- Nominees for the Homeless Service Provider seats must be eligible to vote in the Detroit CoC in order to compete in the election. Community Advocates and Members-at-Large do not have to adhere to this requirement.
- Ballots will be arranged by the three (3) categories delineated above.
- Votes may be cast for up to the maximum number of seats within a category. Ballots that vote for more than the number of seats in a particular category will not be counted for that category only.

- Individuals receiving the highest votes for a given seat will be declared the winner.
- In the event of a tie for a specific seat, the individuals involved will have their names put on a second ballot for that seat. The individual receiving the highest vote for that seat will be declared the winner.

Board Officers

The officers of the Detroit Continuum of Care Board include a Chair, Vice Chair, Secretary, and two At-Large Seats. The CoC Board preference is that one position represents an agency who does not receive CoC funding, including recipients or sub-recipients. The CoC Board would also like to see once seat represented by a person with lived experience of homelessness if possible.

Election and Term

The Detroit Continuum of Care Board will elect a chairperson, a vice chairperson and a secretary at the first meeting of the calendar year. Preference that one position represents an agency who does not receive CoC funding, including recipients or subrecipients. Officers will serve three (3) year terms. An officer cannot serve for more than two (2) consecutive terms in the same role.

Chair and Vice Chair

The Chair is responsible for scheduling meetings, ensuring that the CoC and CoC Board meets regularly or as needed, sets the agenda for meetings of the CoC Board, chairs the CoC Board meetings, designates a chair for the CoC membership meetings, and signs any required and/or necessary documents on behalf of the Detroit Continuum of Care. In the absence of the Chair, the Vice Chair assumes the duties of the Chair. The Chair and Vice Chair shall perform other duties as the CoC may designate.

Secretary

The Secretary keeps accurate records of the acts and proceedings of all meetings of the CoC and CoC Board or designates another person to do so at each meeting, including all actions taken without a meeting. Such records will include the names of those in attendance. The Secretary submits all meeting minutes to the CoC Lead Agency for posting to the CoC Lead Agency website. The Secretary reviews and approves Continuum of Care applications for voting member status with the CoC Lead Agency. The Secretary shall perform other duties as the CoC may designate and shall chair CoC meetings in the case of the absence of the Chair and Vice Chair.

At-Large Officers

Up to two individuals can be elected as At-Large Officers. At-Large seats will be filled using the same election process as Board Officers. At-Large Members will be afforded the same privileges as other officers.

Vacancy, Removal and Resignation

Vacancy

In the event of an Elected Seat vacancy, the members of the Detroit CoC Board will select a successor to hold the vacant seat for the remainder of the term of the person vacating the seat. This successor will be selected from the previous runner(s)-up in the last formal election. The next top-voted nominee in the corresponding category will be identified as the successor. If there are no runners-up available, a truncated election will be held to fill the seat. At the end of the original term of the vacated seat, a regular election will be held as described in this charter. In the event of an Appointed Seat vacancy, the Appointed Entity must appoint an individual designee to fill the vacant seat.

Removal

Members of the Detroit CoC Board may remove a Board member (elected or appointed) who has two (2) unexcused absences or a total of 5 excused and unexcused absences for regularly scheduled Board meetings in any twelve-month period.

Unexcused absences from special meetings will generally not be considered in this calculation but may be included as appropriate. Absences are considered excused if the CoC Board Chair (with copies to the CoC Coordinator and Secretary) is notified at least 4 hours before the meeting via phone ore-mail.

Detroit CoC Board members (elected or appointed) may also be removed by a ¾ vote of the Detroit CoC Board then-seated for cause including but not limited to:

- Failure to perform Board duties
- Failure to comply with this Charter and/or applicable policies
- Engaging in conduct that constitutes a conflict of interest
- Engaging in behavior that causes harm to the reputation of the Continuum Such seats will then be filled through the process described above under vacancies.

Resignation

Unless otherwise provided by written agreement, any member of the Detroit CoC Board may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice or if the time is not specified in the written notice it will take effect upon its acceptance by the Detroit CoC Board.

Meetings

The Detroit Continuum of Care Board will hold meetings no less than six (6) times per year. Attendance at meetings of the Detroit CoC Board will be open to any interested person to observe. Two (2) weeks' notice will be given for regularly scheduled meetings of the Board. Board Minutes will be published on the CoC Lead Agency's website. Special meetings may be called in emergency situations with three (3) days' notice.

In order to promote transparency and accountability, CoC Board Meetings will remain open to the public whenever possible. However, under specific circumstances, the Board may close segments of the meeting to the public. This may be done if the nature of the conversation is sensitive and could cause harm to the parties in discussion if known to the public or there is a valid reason that it cannot be made public knowledge. In this case, notice will be posted about the closed session and guests will be asked to leave for the designated portion of the meeting. In all other instances, the meeting is expected to remain open. Even when voting is limited to segments of Board Members due to conflict of interest, the content and discussion will remain open to members and guests. Sessions will only be closed if deemed absolutely necessary.

Quorum

A majority or 51% of the Detroit Continuum of Care Board filled seats constitute a quorum at all meetings of the Detroit Continuum of Care Board. No business will be conducted unless a quorum is present.

Decision-Making

Each CoC Board member is eligible to vote on decisions being made when present at the meetings.

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the

floor. The Continuum of Care Board will strive to make decisions through modified consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

The Detroit Continuum of Care Board may take an action without a meeting if:

- The action is within the authority of the Detroit Continuum of Care Board;
- Notice is provided;
- It is approved via email (or letter when email is unavailable) by a majority of all Detroit CoC voting members who are entitled to vote on that matter.

Code of Conduct/ Conflict of Interest/ Recusal Process

All Board meetings are open to the public except for when the Board motions and approves a move to Executive Session (as outlined above). No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each member by the second Tuesday in January. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

All Board Members are expected to be active in the CoC General Membership – attending meetings and ensuring that they/their agency holds voting membership whenever possible.

Responsibilities

The Detroit Continuum of Care gives authority to the Detroit Continuum of Care Board for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 of this Governance Charter. Additional responsibilities required by the Continuum of Care Board include:

- Elect a Chairperson, Vice Chairperson and Secretary;
- All Board members are required to serve on at least one committee of the CoC;
- Establish policies for funding and resource allocation;
- Set priorities for the CoC and establish an annual workplan;
- Take action against poor performers;
- Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations;
- Create a CoC-funding appeal process;
- Review and make final determination on CoC-funding appeals;
- Assure that services provided by the Fiduciary, HARA, and sub-grantees are meeting the needs of the local community and that critical issues are addressed;
- Designate the Housing Assessment Resource Agency (HARA) for administration of the MSHDA ESG Program;
- Identify an agency to function as Fiduciary for MSHDA ESG funds; and
- Make a recommendation to the CoC for an agency to serve as the Coordinated Entry Lead Agency.

Board Committees

Unless approved by the CoC Board, seats on board committees will be held only by current board members.

- Executive Committee
  - The CoC Board Executive Committee (EC) is a group comprised of voting and non-voting cross-sector representatives of the homelessness system that provides strategic direction for the CoC and champions its work. The Executive Committee has the authority to take action on behalf of the full CoC Board in between regularly scheduled meetings. The purpose of the EC is to:
    - Provide strategic guidance and leadership for the CoC Board
      - Use data to inform strategy development learning
      - Track progress of the work
      - Collaborate with the CoC Lead Agency and System Partners on strategy, community engagement, and shared measurement
    - Coordinate and synthesize CoC committee system activities/recommendations to move system change
    - Hold the CoC Board members, committees, and system partners accountable.
  - The EC is comprised of the five Board Officers (positions described in the Board Officer section) who will function as the committee's voting members
    - Additional non-voting members include the following key system partners:
      - CoC Lead Agency, Collaborative Applicant (if represented by same agency)
      - HMIS Lead;
      - Coordinated Entry System (CAM);
      - City of Detroit; and
      - VA
- Grievance Committee
  - Grievance committee acts on behalf of the CoC Board to resolve grievances and determine course of action to be taken. Reports to the Board quarterly.
- Low Income Housing Tax Credit (LIHTC) Review Committee
  - A Committee to review and determine Letters of Support for LIHTC projects submitting applications to MSHDA.
- Values & Funding Priority Committee
  - Establish our community values and priorities that drive decisions on how community resources are utilized. Create policies to rank HUD CoC programs for the annual competition.
    - New Projects (subcommittee under V&FP): Reads and scores projects submitted for new project funding in the annual CoC competition. The new project review committee reviews and scores projects based on established evaluation criteria. The committee meets to discuss the projects and develops a list of projects that are recommended to be submitted to HUD for funding based on the amount of funding available. The CoC board makes the final decision on which new project(s) are submitted to HUD for funding.
    - Appeals (Subcommittee under V&FP): Committee reviews appeals submitted by organizations in relation to the Detroit CoC HUD funding decisions. The role of the committee is to review appeals material, participate in discussion with other committee members, and make a recommendation to the CoC Board for each appeal. Further details about the role and composition of the Appeals Committee are detailed in the Detroit CoC Funding Appeals Process Policy and Procedures on the CoC Lead's website.

III. Establishing the Detroit Continuum of Care Committees

The Detroit Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of Continuum of Care members and other interested parties to act on behalf of the Detroit Continuum of Care. The Committees are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns. Unless authority is designated by the Continuum of Care, Committees make recommendations to the CoC Board for approval. Each committee has a chair and co-chair. One of these positions must be filled by a CoC board member appointed by the board, and the other positions must be filled by a member of the CoC General Body elected by the committee. Committee chairs serve three (3) year terms, with the option of renewable terms.

Standing Committees are designated in this Charter. Ad hoc working groups or task forces may be formed and given specific responsibilities as needed by the Continuum of Care. Some standing workgroups in the Detroit CoC currently exist and operate to be representative of the various funded service categories. All committee responsibilities apply to ad hoc groups as well. The following Standing Committees are established by the Detroit Continuum of Care:

- **Chronic Leadership Committee**: To build and champion the strategies to end chronic homelessness in Detroit.
- **Performance Evaluation Committee:** Scan the environment for best practices and innovations and evaluate outcomes of the Continuum overall and projects funded under HUD (CoC and ESG Programs).
- **Coordinated Access Model (CAM) Governance Committee**: Oversee the implementation of coordinated entry, consult with ESG Grantees and other stakeholders.
    - PSH Consult Group: A biweekly meeting where PSH providers, Navigators, and Street Outreach staff come to discuss client cases.
    - CAM Funders: Serves to provide funders with update about Detroit's homeless response system, including in-depth review of data and review and discuss overview of current CAM funding sources and activities
- **Veterans Leadership Committee:** This group sets the course for coordinated assessment implementation with respect to veterans; serves as a group of "barrier busters" receiving information about systems barriers that need resolution by collaboration; implements appropriate policies and protocols as needed; and is tasked with communicating key decisions. Additionally, the team collaborates for the purpose of seamlessly implementing appropriate protocol and changing the course when data supports the need to do so. By tracking what needs to be accomplished and how, the Leadership Team positively impacts system level changes.
    - Veteran By Name List (BNL) (subcommittee of Veterans Leadership Committee): This team's purpose is to ensure that each Veteran household is appropriately served through CES matching; monitors each Veteran's progress toward housing for efficiency and effectiveness; and assists the providers to provide support and accountability in their work to rapidly house the Veterans experiencing homelessness in Detroit.
- **Youth Committee:** Lead a responsive system of care in Detroit to meet the needs of youth experiencing homelessness and make youth homelessness rare, brief and non-recurring.
- **Youth Action Board:** The YAB is an interagency group of young leaders with lived experience of homelessness and/or foster care. The mission of the YAB is to strive for the elimination of youth homelessness in our region. They work to inform the public about homelessness, identify and work to eliminate barriers to housing, and advocate for increased resources to transition youth who are unstably housed into stable, permanent housing. They are committed to using their lived experiences to inform policy makers, service providers and community members on youth

engagement practices and strategies to prevent and end youth homelessness.

- **Family Committee:** Lead a responsive system of care in Detroit to meet the needs of families experiencing homelessness and make family homelessness rare, brief and non-recurring.
- **Advisors Group:** The role of the Detroit Advisors Group is to partner and drive decisions with the CoC and the City of Detroit related to the homeless response system to ensure safe, stable, and permanent housing for all including black and brown, LGBTQ+, and transwomen. In addition, the Detroit Advisors Group will help educate the community and breakdown the requirements and stigmas tied experiencing homelessness

Committee Membership

Committee membership may include any Continuum member. However, at least one (1) committee member must come from the CoC Board. Each committee will develop its own membership structure and will then work to recruit members from the Continuum and larger community. Committees may designate seats for specific sectors (i.e. Permanent Supportive Housing, Emergency Shelter, Rapid Re-Housing, etc). Committee membership will be submitted and approved by the Board on an annual basis. Committees will also develop annual workplans which must be aligned with the CoC vision and submitted to the CoC Board for approval.

Each committee has two co-chairs, one of which is a board member appointed by the board, and one of which is a member of the CoC General Body elected by the committee.

Meetings

Each Committee will hold meetings at least two (2) times per year. All meetings are open to any interested party, unless noted.

Quorum

A majority or 51% of the Committee membership constitute a quorum at all Committee meetings. No business will be conducted unless a quorum is present.

Decision-Making

Unless authority is otherwise designated to a Committee, the Detroit Continuum of Care Committees will make recommendations to the CoC Board for approval.

The Continuum of Care Committee(s) will strive to make decisions through consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

If a Committee recommendation requires a formal decision-making process, there is no proxy voting for Continuum of Care Committees except as noted for general board meetings. Decision-making requires live conversation and active participation from all parties.

Code of Conduct/Conflict of Interest/Recusal Process

All Board meeting are open to the public with the exception when the Board motions and approves a move to Executive Session. No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. An individual with a conflict of

interest, who is the committee chair, shall yield that position during discussion and abstain from discussion and voting on the item. A full Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each member by the second Tuesday in January. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Responsibilities

The Detroit Continuum of Care tasks the Detroit Continuum of Care Committees with specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 of this Governance Charter. Additional responsibilities required by the Continuum of Care are:

- Recruit its members
- Select a chair or co-chairs
- Establish its policies and procedures, and provide them to the CoC Board
- Record its minutes and attendance, and provide them to the CoC Lead Agency
- Ensure transparency of its process and meetings

IV. Roles of the Designated Entities

Continuum of Care Lead Agency

The Detroit Continuum of Care appoints the CoC Lead Agency that will complete designated work tasks assigned by the Continuum of Care and will provide meeting support for the Detroit Continuum of Care, Board and all other committees. The CoC Lead Agency is responsible for working with the Chair to schedule meetings, develop agendas, issuing meeting materials and posting all relevant documents to the Detroit Continuum of Care website. The CoC Lead Agency will provide recommendations to the Detroit Continuum of Care Board for its final decisions. All responsibilities are documented in the Detroit Continuum of Care Lead Agency Memorandum of Understanding.

Designated responsibilities include:

- Establishing performance targets in consultation with recipients/sub-recipients;
- Monitoring recipient/sub-recipient performance;
- Evaluating outcomes for ESG and CoC projects and reporting them to HUD; taking action against poor performers;
- Measuring system performance;
- CoC Lead Agency will lead the implementation of Coordinated Entry
- Conduct an evaluation of the Coordinated Entry Lead Agency
- Planning and conducting a Point-in-Time study;
- Conducting an annual gaps analysis of homeless needs and services;
- Participating in the Consolidated Plan;
- Consulting with ESG recipients;
- Keeping abreast of and informing the CoC and board on HEARTH Act Regulations and HUD CoC program requirements

The designation of the CoC Lead Agency is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. The Continuum will review performance of the CoC Lead Agency every three years. The review will be based on the roles and responsibilities included in the MOU.

The designation may be terminated upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Collaborative Applicant

The Continuum of Care designates a legal entity to serves 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 Detroit Continuum of Care Collaborative Applicant Memorandum of Understanding.

The designation of the Collaborative Applicant is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. The Collaborative Applicant will submit the HUD Annual Performance Report and HUD Application for CoC Planning dollars to the CoC Board annually. The CoC Board will review the Collaborative Applicant's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.
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 Detroit Continuum of Care for approval. Depending on the timing of the submission to HUD, the Detroit Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Detroit Continuum of Care.

HMIS Lead

The Continuum of Care designates a legal entity to serves 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 Table 1-of this Governance Charter. These and any additional responsibilities are documented in the Detroit Continuum of Care Homeless Management Information System Lead Memorandum of Understanding. Designated responsibilities include developing an HMIS privacy plan, security plan, and data quality plan.

The designation of the HMIS Lead is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Each year, the HMIS Lead will submit the HUD Annual Performance Report and HUD Application for HMIS-dedicated grant to the CoC Board. The CoC Board will review the HMIS Lead's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3-year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Coordinated Entry Lead

The Continuum of Care designates a legal entity to serves as the Coordinated Entry (CE) Lead. The CE Lead is designed to coordinate program participant initial screening, assessment, and provision of referrals. As defined by HUD, the CE will cover the geographic area, be easily accessed by individuals and families seeking housing our services, be well advertised, and include a comprehensive and standardized assessment tool. The roles and responsibilities of the CE Lead are outlined in the Memorandum of Understanding.

Table 1. Responsibilities of Continuum of Care Entities

Below is a chart of the responsibilities of the various entities within the Detroit Continuum of Care. In addition to being outlined in the governance charter, these responsibilities should be documented with MOUs between the CoC and the responsible party. If any alternative entity, including technical assistance (TA) providers, engages in work with the CoC – whether short or long term – this should be outlined in a workplan or MOU to ensure role clarity, transparency, and accountability. Progress reports on the workplan may be requested by the CoC or CoC Board.

Responsibility Category	Responsibility	Responsible Party
Establishing CoC	Define membership of Continuum of Care	**Continuum of Care**
Establishing CoC	Invite new members	**Continuum of Care**
Operating CoC	Hold meetings of full membership, with published agenda, at least semi-annually	**Continuum of Care**
CoC Governance and Management	Establishing a Continuum of Care Board	**Continuum of Care**
CoC Governance and Management	Reviewing the Written Selection Process for the Board	**Continuum of Care**
CoC Governance and Management	Designate a Collaborative Applicant	**Continuum of Care**
CoC Governance and Management	Designate Responsibilities to the CoC Board, HMIS Lead, Collaborative Applicant and Coordinated Entry Lead	**Continuum of Care**
CoC Governance and Management	If have UFA, approve amendments for any grants	**Continuum of Care**
Responsibility Category	**Responsibility**	Responsible Party
CoC Governance and Management	Apply for CoC Planning Funds	**Collaborative Applicant**
CoC Governance and Management	Apply for UFA Planning Funds	**Collaborative Applicant / UFA**
CoC Governance and Management	Appoint Committees / Sub-	**Continuum of Care**
CoC Governance and Management	Develop a Governance Charter	**Continuum of Care**
CoC Governance and Management	Review and Approve the Governance Charter Annually	**Continuum of Care**
Overall and Project-Level Performance	Establish performance targets in	**CoC Lead**
Overall and Project-Level Performance	consultation with recipients/sub- recipients	**Performance Evaluation Committee**

Overall and Project-Level Performance	Monitor recipient/sub-recipient performance	**CoC Lead**
Overall and Project-Level Performance	Evaluate outcomes for ESG and CoC Projects and report to HUD	**CoC Lead and Performance Evaluation**
Overall and Project-Level Performance	Take action against poor performing agencies	**CoC Board**
Overall and Project-Level Performance	Measure system performance	**CoC Lead, HMIS Lead, and Performance Evaluation**
Coordinated Assessment System	Operate a Coordinated Entry System	**CoC Board and CAM Governance Committee**
Coordinated Assessment System	Develop a policy for how Coordinated System and Housing and Service System will address needs of those Fleeing domestic violence as defined by HUD	**Continuum of Care and CAM Governance Committee**
Designate an HMIS	Designate a Single HMIS for the entire CoC	**Continuum of Care**
Designate an HMIS	Designate a Single HMIS	**Continuum of Care**
Designate an HMIS	Review, revise and approve the HMIS privacy plan, security plan and data quality plan	**Continuum of Care**
Designate an HMIS	Ensure HMIS is in compliance with HUD requirements	**Continuum of Care**
Responsibility Category	**Responsibility**	Responsible Party
Designate an HMIS	Ensure consistent participation of recipients and sub-recipients in HMIS	**Continuum of Care**
Designate an HMIS	Develop HMIS privacy plan, security plan and data quality plan	**HMIS Lead and Performance Evaluation Committee**
Designate an HMIS	Execute participation agreements with contributing HMIS	**HMIS Lead**
Designate an HMIS	Execute user agreements with all HMIS users	**HMIS Lead**

Plan for the CoC	Plan and Conduct a Point-in-Time Study	**CoC Lead and HMIS Lead**
Plan for the CoC	Conduct an annual gaps analysis of homeless needs and services	**CoC Lead and HMIS Lead**
Plan for the CoC	Consult with ESG Recipients[2]	**CoC Lead**
Plan for the CoC	Submit annual application to HUD for Continuum of Care Program funding	**Collaborative Applicant and CoC Board**
Plan for the CoC	Approve annual application to HUD for Continuum of Care Program funding	**Continuum of Care**
Plan for the CoC	Participate in the Consolidated Plan	**CoC Lead**
Plan for the CoC	Ensure that persons with lived experience are driving system-level decision-making.	**CoC Lead**

[3] Consult with ESG Recipients:

- Coordinated Assessment
- Consolidated Plan homelessness strategy and goals
- Allocation of ESG funding
- ESG performance standards
- ESG sub-recipient participation in HMIS
- ESG and CoC Program written standards
- Evaluate performance of ESG recipients/sub-recipient

V. Reviewing and Updating the Charter

Process for Updating the Charter

At least once every year, the Detroit Continuum of Care must review this Governance Charter in consultation with the Collaborative Applicant and HMIS Lead. Members of the Detroit Continuum of Care, Detroit Continuum of Care Board, Collaborative Applicant, Lead Agency, or HMIS Lead may make suggestions for updating. It is the Collaborative Applicants responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter. The updates must be presented on the agenda prior to the meeting. Updates to the Governance Charter require a 2/3's vote. Housekeeping changes that do not change the content or intent of the charter can be made once a year by the CoC Board.

Review and Updating History

2017

Date Revision Approved	Summary	Summary of Vote
May 16, 2017	The Detroit CoC General Membership approved all proposed changes. Changed the wording on HAND executive committee involvement to as needed.	16 of the 28 representatives with voting member status were present at the meeting. **Deborah Drennan made a motion to accept all the proposed charter changes including the addition mentioned above. Leonard Sanchez seconded the motion. All in favor. The motion carried**

2018

Date Revision Approved	Summary	Motioned by	Seconded by	Final Vote
November 20, 2018	Adding CE Lead as a designated agency: Coordinated Entry (CE) Lead has always functioned as a designated agency, so this names it as such. The CE Lead provides data directly to the board, another way in which it acts as a designated agency.	Pat Wolschon	Amy Brown	**Yes** (95%)
November 20, 2018	Adding "designating the CE lead agency" as a responsibility of the CoC: Same as above	Pat Wolschon	Chris Parks	**Yes** (100%)
November 20, 2018	Update language in second to last paragraph, to reflect language on page 9 which states "appointed seats have a 3-year term limit" To have consistent language throughout the charter.	Pat Wolschon	Jamie Ebaugh	**Yes** (95%)
November 20, 2018	Consolidating 2 City of Detroit seats (Consolidated Plan Entity and ESG grantee) on the CoC board into one (City of Detroit Housing & Revitalization Department) One agency, one representative. *Exception: The Detroit City Council would maintain current appointed seat on the CoC board.*	Pat Wolschon	Dawn Revyn	**Yes** (89%)
November 20, 2018	Appoint the VA a CoC Board seat *With the Ending Vets Initiative want to always make sure there is a VA representative. Because of the valuable role the VA plays in the homeless system it is important to have them on the board. Will also allow continuation of VA representation if current VAMC Director of Homeless Programming is no longer able to serve.*	Erica George	Chris Parks	**Yes** (90%)
November 20, 2018	Appoint two seats for the State of Michigan. One for MSHDA + One for MDHHS Both are funders of homeless services in Detroit which oversee different homeless regulations.	Pat Wolschon	Dawn Revyn	**Yes** (90%)
November 20, 2018	Add 2 additional appointed seats to the CoC Board Would allow the CoC board to appoint seats as needed to fill gaps in representation.	Pat Wolschon	Sharyn Johnson	**Yes** (75%)
November 20, 2018	Move the CoC Lead, Collaborative Applicant, and HMIS Lead from being an appointed position with voting privileges to a non-voting position To avoid appearance or perception of a conflict of interest.	Pat Wolschon	Clarice Werdlow	**Yes** (53%)
November 20, 2018	Have the three designated entity roles of *CoC Lead, Collaborative Applicant, and HMIS Lead* be represented by one individual if all three roles are filled by the same organization. One agency, one representative.	Pat Wolschon	Amy Brown	**Yes** (70%)
November 20, 2018	Add language that at least one of the board officers is not a CoC funded agency (recipient or subrecipient)	Pat Wolschon	Dawn Revyn	**Yes** (100%)

November 20, 2018	Add at-large members to the Executive Committee	Pat Wolschon	Cynthia Adams	**Yes** (100%)
November 20, 2018	Add language that Board meetings are open unless there is an Executive Session	Pat Wolschon	Dawn Revyn	**Yes** (100%)
November 20, 2018	Addition of the Oversight Committee Per the CoC board survey, to ensure a regular process for evaluation, set clear expectations and communication. This is the work of the CoC board, so having a committee responsible for this is necessary.	Pat Wolschon	Sharyn Johnson	**Yes** (100%)
November 20, 2018	Remove listing the Values & Funding Priority Committee as a *CoC Committee* To be consistent with language on page 13 which lists the Values & Funding Priority Committee as a Board Committee.	Pat Wolschon	Jeanette Felton	**Yes** (95%)
November 20, 2018	Addition of the Strategic Planning Committee	Pat Wolschon	Curtis Smith	**Yes** (95%)
November 20, 2018	Proposed language change on the CoC Lead Agency leading the implementation of Coordinated Entry	Pat Wolschon	Erica George	**Yes** (100%)
November 20, 2018	Change heading from Coordinated Entry Lead to CoC Board	Pat Wolschon	Cynthia Adams	**Yes** (100%)
November 20, 2018	Do you vote to allow additional changes to be made to CoC committees as the CoC Board shifts roles and responsibilities? Board is working to create more functioning committees for the CoC which may result in restructuring.	Pat Wolschon		**No** (57%)
November 20, 2018	Do you vote to approve Candace Morgan's motion to bring the board's recommendations on CoC committees back to the CoC General membership for a vote?	Candace Morgan	Sharyn Johnson	**Yes** (95%)
November 20, 2018	Do you vote to approve the overall Governance Charter?	Pat Wolschon	Amanda Sternberg	**Yes** (95%)

2019

Date Revision Approved	Summary	Motioned by	Seconded by	Final Vote
May 21, 2019	Adding two appointed seats: - Detroit Housing Commission - The Executive Director of the Coordinated Entry Lead	Amy Brown	Tim McCabe	**Yes** (94 %)
May 21, 2019	Defining "at-large" seats on the CoC Board utilizing the language: "At-large seats are defined as stakeholders and partners otherwise not listed in other elected categories (service providers and/or currently or formerly homeless individuals)"	Amy Brown	Tim McCabe	**Yes** (100 %)
May 21, 2019	Adding language around the composition of Board Committees to clarify when non-board members can participate. "Unless approved by the CoC Board, seats on board committees will be held only by current board members"	Amy Brown	Tim McCabe	**Yes** (76 %)
May 21, 2019	Clarifying language as it relates to Committee Chairs: "Each committee has a chair and co-chair. One of these positions must be filled by a CoC board member, and the other position must be filled by a member of the CoC General Body elected by the committee"	Amy Brown	Tim McCabe	**Yes** (88 %)
May 21, 2019	Removing the following committees: - Strategic Planning Committee - Housing Resource Committee - HMIS Steering Committee - CoC General Membership Committee - Development & Communications Committee	Amy Brown	Tim McCabe	**Yes** (94 %)
May 21, 2019	Adding the following population-specific committees: - Youth Committee - Veterans Leadership Committee - Chronic Leadership Committee	Amy Brown	Tim McCabe	**Yes** (100 %)
May 21, 2019	Adding the following sub-committees: - New Projects - Appeals - PSH Consult - CAM Funders - Veterans By-Name List (BNL)	Amy Brown	Tim McCabe	**Yes** (88 %)
May 21, 2019	Adding language to allow committees to include designated seats for specific sectors: "With approval from the CoC Board, committees may designate seats for specific sectors (i.e. Permanent Supportive Housing, Emergency Shelter, Rapid Re-Housing, etc)."	Amy Brown	Tim McCabe	**Yes** (88 %)
May 21, 2019	Defining workgroups to provide clarity and distinguish the differences between committees, subcommittees, and workgroups: "Workgroups, which are representative of the funded service categories, review programmatic and fiscal data performance and recommend expectations and coordination."	Amy Brown	Tim McCabe	**Yes** (94 %)

2021

Date Revision Approved	Summary	Motioned by	Seconded by	Final Vote
Nov. 16, 2021	Package of administrative and clarifying changes (do not change the nature of the content, but make things clearer)	Donna Price	Amy Brown	**Yes** (100 %)
Nov. 16, 2021	Imbedding the vision adopted by the CoC in May into the charter (pg. 3)	Donna Price	Amy Brown	**Yes** (100 %)
Nov. 16, 2021	Revising the language about limiting one board representative per agency to allow multiple representatives if they fill distinct roles (pg.7).	Donna Price	Amy Brown	**Yes** (84 %)
Nov. 16, 2021	Adding an educational liaison as an appointed seat on the CoC Board (pg. 8)	Donna Price	Amy Brown	**Yes** (100 %)
Nov. 16, 2021	Combining the CoC Lead and Collaborative Applicant seat on the CoC Board and creating a separate seat for the HMIS Lead (pg. 8)	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Increasing the total number of Community Advocate seats to 2-3 and lower the total number of Member-at-Large seats to 4-6 elected representatives on the CoC Board (pg. 7).	Donna Price	Amy Brown	**Yes** (90 %)
Nov. 16, 2021	Adding a preference for one Homeless Service Provider seat to be filled by a youth-provider agency (pg. 7).	Donna Price	Amy Brown	**Yes** (100 %)
Nov. 16, 2021	Restoring the voting privileges to designated entities serving on the CoC Board (pg. 8)	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Adding a process to clarify how to fill the "cultivated" appointed seats on the CoC Board (pg. 8).	Donna Price	Amy Brown	**Yes** (100 %)
Nov. 16, 2021	Revising the CoC Voting Member requirement to run for the CoC Board – only requiring that homeless service providers be voting members (pg. 8).	Donna Price	Amy Brown	**Yes** (97 %)
Nov. 16, 2021	Adding two at-large seats to the Executive Committee (pg. 9).	Donna Price	Amy Brown	**Yes** (90 %)
Nov. 16, 2021	Adding that it is the CoC board's preference that one Executive Committee seat be filled by a non-CoC funded agency (pg. 9).	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Adding that it is the CoC board's preference that one Executive Committee seat be filled by a person with lived experience of homelessness (pg. 9).	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Adding a process to fill vacant elected seats on the Board between election terms (pg. 9-10).	Donna Price	Amy Brown	**Yes** (97 %)
Nov. 16, 2021	Updating the CoC Board attendance requirements to limit the number of excused and unexcused absences and to modify who is notified in the event of an absence (pg. 10).	Donna Price	Amy Brown	**Yes** (90 %)
Nov. 16, 2021	Adding parameters that clarify when the CoC Board will enter into a closed session (pg. 10).	Donna Price	Amy Brown	**Yes** (97 %)

Nov. 16, 2021	Adding a requirement that CoC Board Members should attend CoC General Membership Meetings (pg. 11).	Donna Price	Amy Brown	**Yes** (90 %)
Nov. 16, 2021	Adding language that allows the Executive Committee to make decision on behalf of the CoC Board in between meetings (pg. 12).	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Updating the Executive Committee description and function (pg. 12).	Donna Price	Amy Brown	**Yes** (97 %)
Nov. 16, 2021	Adding the following committees (pg. 13 and 14): - Youth Action Board - Detroit Advisors Group	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Adding requirement that all committees develop work-plans that align with the vision (pg. 14).	Donna Price	Amy Brown	**Yes** (100 %)
Nov. 16, 2021	Adding the requirement that all Technical Assistance Providers provide a work-plan or MOU to clarify their role in the CoC (pg. 17).	Donna Price	Amy Brown	**Yes** (94 %)
Nov. 16, 2021	Adding the responsibility for the CoC Lead Agency to facilitate the integration of people with lived experience of homelessness into CoC planning (pg. 19).	Donna Price	Amy Brown	**Yes** (97 %)