Theory of Change: If we create a homelessness response system that centers customer voice, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all.

The All Home Strategic Plan commits to reducing racial disparities of those experiencing homelessness. Nearly two thirds of people experiencing homelessness are people and families of color. Institutional and systematic racism contributes to the oppression of people of color, creating inequity, poverty and in some cases, homelessness. Success in reducing racial disparities and creating effective systems both for a dignified emergency response and housing, will require bold action and shared accountability. This commitment will include the proactive reinforcement of policies, practices, attitudes and actions to produce equitable power, access, opportunities, treatment, impacts and outcomes for all.

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>3:00pm</td>
<td>Welcome and Introductions</td>
<td>Gordon</td>
</tr>
<tr>
<td>3:10pm</td>
<td>Public Comment</td>
<td>Gordon</td>
</tr>
<tr>
<td>3:20pm</td>
<td>Homeless System Redesign</td>
<td>Sara</td>
</tr>
<tr>
<td></td>
<td>• Review of progress on establishing a Consolidated Regional Authority</td>
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<td></td>
<td>• Review and discussion of required Continuum of Care decisions</td>
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<tr>
<td></td>
<td>Result: Board is aware of current status of the development of a regional authority and continues preparation for making final decisions on a revised Continuum of Care Charter later in 2019</td>
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<tr>
<td>4:30pm</td>
<td>FY2019 Continuum of Care NOFA Overview</td>
<td>Gordon</td>
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<tr>
<td></td>
<td>• Update on FY2019 NOFA progress</td>
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<td></td>
<td>• Orientation to score-based rank order and review of decision factors and values/priorities</td>
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<td></td>
<td>Result: Board is prepared for CoC application decisions scheduled for August 26th</td>
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<tr>
<td>5:00pm</td>
<td>Adjourn</td>
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Consensus on a Problem: Our Fragmented System Limits Continued Progress

Every major analysis since 2016 has identified how our current system is too fragmented:

- Focus Strategies¹, 2016;
- McKinsey Report², 2017;
- King County Auditor³, 2018;
- Future Laboratories⁴, 2018

Effects of Fragmentation

- Cumbersome for Providers
  Providers have multiple contracts for the same programs, but use different reporting, billing cycles, contracting approaches, payment points, etc.

- Hard to Implement Change
  System change requires 3 or more separate governments to consider, adopt, and then implement identically.

- Confusing for Clients
  “Who do I talk to if the system isn’t working for me or if I feel unsafe or poorly served?”

- Difficult for Partner Jurisdictions
  “How do I get technical assistance or advocate for policy change?”

- Diffuse Accountability
  “Who is responsible?”

Consensus on a Key Part of the Solution: Unified Governance

Broad consensus amongst governments, community, consultants, funders, media, & providers that unification is necessary.

Concept & Timeline for ILA/Charter Proposal Transmittals

Unified Governance is one effort that we are pursuing in our common work to prevent and respond to homelessness in our region.

There is a parallel process by which the funders collaborative (aka External Partners Group) is sponsoring CSH to research and draft a Regional Action Plan (RAP).

King County and Seattle are also working to center persons most-affected by homelessness and the homelessness response system, continue data system development, improvement and integration, and conduct ongoing operations & continuous improvement.

Cities and County unify governance by adopting an inter-local agreement and charter for a Regional Authority that unifies our homelessness response system.

- Seattle, King County, other cities if they choose to transmit to Councils by end of August 2019

- ILA/Charter Structure should allow for additional cities to join over time

1 “…All Home does not have the authority to make and implement decisions, does not manage any funding streams, and does not manage system infrastructure … It can convene but cannot make critical decisions, so leading significant changes may not be possible as currently structured.”

2 “The crisis response system includes three separate government entities with many overlapped or redundant responsibilities [; ]
- All Home has influence but not authority and is therefore not fully empowered or accountable to drive change
- With decision making spread across multiple bodies, the system lacks agility to quickly implement change
- Critical tasks (e.g., CEA) require coordination between bodies hosted in different agencies[,] increasing complexity”

3 “…[D]iffuse authority still hinders regional homeless response. Separate funding and contracting processes burden homeless housing providers, and funder autonomy slows programmatic changes that would respond to community needs. … All Home lacks the authority to unify local funders into an efficient and nimble crisis response system.”

4 “Fragmentation across programs and systems is a critical weakness of the homeless service systems in Seattle and King County. … Customers’ accounts of their experiences of homelessness reflected this fragmentation: stories of geographically—and administratively—disconnected services, duplicative data collection, and un navigable systems produce dead ends rather than meaningful assistance.”
https://hrs.kc.us/actions/2/
Key ILA/Charter Considerations

<table>
<thead>
<tr>
<th>Legal Form</th>
<th>What type of entity should the Regional Authority be?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Analysis and advice to-date indicate that a Public Development Authority (PDA) is most capable of providing for county-wide unification (cities would still need to accede to ILA for their systems); ability to provide public employment; competence as a recipient of federal funding;</td>
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<td></td>
<td>A PDA for our region would require King County to be the chartering jurisdiction, doing so subject to the terms and conditions agreed upon in an ILA.</td>
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<table>
<thead>
<tr>
<th>Governing Board</th>
<th>Board Functions, analysis to-date:</th>
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<tbody>
<tr>
<td></td>
<td>• Robust Alignment of Responsibility, Authority &amp; Accountability (ie, solve for the current weakness)</td>
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<td></td>
<td>• Define and Hold a Strategic Vision Investments and Interventions</td>
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<thead>
<tr>
<th>Governing Board</th>
<th>Board Powers, analysis to-date:</th>
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<tbody>
<tr>
<td></td>
<td>• Hire/Fire Regional Authority Director: Most Agree</td>
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<tr>
<td></td>
<td>• Single Point of Accountability for Homelessness Response System Performance, Data, Reporting, Customer Accountability, and Communications: Most Agree</td>
</tr>
<tr>
<td></td>
<td>• Propose Implementation Plan: Some Agree</td>
</tr>
<tr>
<td></td>
<td>• Implement Programs: Most Agree</td>
</tr>
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<td></td>
<td>• Perform delegated Federal Continuum of Care Functions: Some Agree</td>
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<table>
<thead>
<tr>
<th>Governing Board</th>
<th>Board Composition, analysis to-date:</th>
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<tbody>
<tr>
<td></td>
<td>The fundamental tension: small enough to be cohesive, decisive and effective vs. large enough to provide for sufficient representativeness and accountability. Additional priorities and issues:</td>
</tr>
<tr>
<td></td>
<td>• Inclusion of persons with technical expertise in homelessness response systems or collateral systems like data-driven decision-making, affordable housing production, work force development, equity implementation, and health</td>
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<tr>
<td></td>
<td>• Sub-Regional Representation?</td>
</tr>
<tr>
<td></td>
<td>• Vehicle for Elected Leaders’ Involvement &amp; Oversight: Role in Oversight, Board Appointments, and/or Direct Membership?</td>
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<td></td>
<td>• Live Experience &amp; Representation of Disproportionately Impacted Communities: Inclusion of persons with lived experience &amp; communities who disproportionately experience homelessness. In sufficient proportion to enable contribution consistent with the theory of change and avoid tokenism.</td>
</tr>
<tr>
<td></td>
<td>• Personal/Experiential Characteristics as Criteria: For specific seats or as a proportion of total board membership? e.g., X seats for lived experience vs. at least X% of total board membership as persons with lived experience</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Governing Board</th>
<th>Board Structure:</th>
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<tbody>
<tr>
<td></td>
<td>• Convening by technical function, population, or sub-region?</td>
</tr>
<tr>
<td></td>
<td>• Integration of the Federal Continuum of Care board &amp; functions</td>
</tr>
<tr>
<td></td>
<td>• Emphasis on simplifying</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Process &amp; Mechanism to Nominate &amp; Confirm Board Members</th>
<th>How to realize the benefits of regionalization while maintaining the benefits of tailoring application to local conditions?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Documentation of sub-regional needs and priorities to help guide regional investments</td>
</tr>
<tr>
<td></td>
<td>• Staffing support for local jurisdictions and regional action to achieve sub-regional priorities</td>
</tr>
<tr>
<td></td>
<td>• Advisory process for providing ongoing guidance toward achieving those priorities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process &amp; Mechanism to Nominate &amp; Confirm Board Members</th>
<th>Why can’t the RAP be the New Regional Authority’s Implementation Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The RAP will address a broader scope than the Regional Authority,</td>
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<td></td>
<td>• RAP will not be “codified” in ordinance</td>
</tr>
<tr>
<td></td>
<td>• RAP will have specific goals and measures, but not prescribe program-level budgets, scopes, and timing</td>
</tr>
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</table>

| Process & Mechanism to Nominate & Confirm Board Members | The Regional Authority will need to create and gain approval of an Implementation Plan to guide its own actions within the context of the RAP and the guidance of its governing board, funding jurisdictions, and leadership. |

What Programs and Functions will we Unify in the Regional Authority?

Which specific program types—currently performed by the existing homelessness response made up of All Home, City of Seattle, King County, other cities, and private funders—should a new homelessness response regional authority unify into a consolidated regional system?

Rationale, Process and Assumptions

The purpose of the new RA is to improve outcomes for people experiencing homelessness. A new regional authority (“RA”) will accomplish this by centering persons experiencing homelessness and then unifying into a single system the relationships, policies, funding, practices, contracting, and program and system evaluation functions necessary to act with the speed, scale and sophistication to improve responses to homelessness in our region while eliminating racial-ethnic disproportionalities within those responses.

This proposal incorporates these assumptions:

- **Sunsetting All Home**: All Home (“AH”), the current Continuum of Care (“CoC”) lead, will cease to exist upon creation of a new RA, which will assume the CoC functions formerly performed by AH.
- **Multiple Jurisdictions**: Other cities within King County may also join the RA as parties to the ILA.
- **Sequence & Schedule**: Pending finalization of this decision, staff will conduct subsequent analysis about groupings, order, and timing with which functions should migrate to the new RA.

**DCHS-HSD-All Home Shared Analysis**

King County DCHS, Seattle HSD and All Home (“AH”) jointly agree upon the following proposed distribution of duties between a new Regional Authority (“RA”), Seattle & other cities who join the ILA, and King County. This is roughly equivalent to assigning the new RA responsibility to reduce system “outflow” while focusing existing local government jurisdictions on reducing “inflow.”
The approximate 2019 contract value of the sets of programs listed below for inclusion in a proposed Regional Authority is more than $110M (annual).

This proposed distribution would achieve the intent of National Innovation Services’ Recommend Action 2: Consolidate Homelessness Response Systems Under One Regional Authority.

<table>
<thead>
<tr>
<th>Existing Functions performed by King County (DCHS/AH) or Seattle (HSD/OH) &amp; Other Cities</th>
<th>Future: Retained by Local Governments</th>
<th>Future: Migrates to new Regional Authority</th>
<th>Function and program area description / Notes</th>
</tr>
</thead>
</table>
| “Upstream” Community Development  
“Upstream” Prevention and Anti-Poverty Strategies and population-specific service systems for veterans and older adults | X | | “Upstream” Prevention includes programs that focus on rebuilding or reinforcing networks of support for people and in communities. Program types include rental assistance, eviction prevention, and low-income home ownership. |
| “Downstream” Prevention of imminent homelessness | X | | “Downstream” Prevention provides immediate assistance for people at imminent risk of becoming homeless. |
| Homelessness Outreach and Engagement | X | | Outreach and engagement services are coordinated, person centered, and persistent, bringing services directly to the people experiencing homelessness who might not seek out services. |
| Diversion | X | | Diversion is a flexible short-term intervention that assists households experiencing homelessness to overcome their housing crisis and avoid entering the shelter system whenever possible; typically offered at the point households are seeking shelter or emergency housing options. |
| Day & Hygiene Centers | X | | Programs designed to offer day shelter with services and/or hygiene services like restrooms, sinks and shower, hygiene products, and laundry. These programs can also serve as points of connection to other services. |
| Shelters (Basic & Enhanced) | X | | These projects provide immediate and low barrier access to indoor shelter and are not intended to provide a long-term living situation. |
| | | | • Basic Shelters: limited hours and services focused on basic needs and respite from being outdoors, like mats on the floor and a restroom |
| | | | • Enhanced Shelters: extended or 24/7 and staffing to support leaving for PH services, in addition to services such as meals, hygiene, pets, couples, and storage; includes intensive services that focus on housing search and placement |
| | | | • Tiny Villages: individual or congregate temporary structures built in a clustered setting that includes hygiene services and case management and has a goal of exiting to PH |
| Homeless Nutrition Programs | X | | Meal programs for people experiencing homelessness. |
| Transitional Housing | X | | A time-limited intervention intended to provide temporary housing and services to households who need more intensive or deeper levels of services in order to attain permanent housing. |
| Rapid Rehousing | X | | Designed to help households quickly exit homelessness and return to permanent housing. Core components include 1) housing identification 2) move-in and rental assistance and 3) case management services and supports. |
| Permanent Supportive Housing & Other Permanent Housing Capital & Finance (Capital, Operations, Maintenance, & Rental Support) | X | | Pairs non-time limited affordable housing with wrap-around supportive services. |
| Permanent Supportive Housing & Other Permanent Housing Services (Services) | X | | This joint recommendation for migration of PSH/OH Services to the RA is contingent on achieving an agreement for how the RA, Seattle and King County can commit to maintaining or expanding King County’s current practice of contracting capital, operations, maintenance, rental support, and services (“O&M/ORS”) in a single procurement and contract with a long-term (currently five years) commitment. |
| Continuum of Care Functions: | X | | Point in Time Count, Coordinated Entry for All, Homeless Management Information System (HMIS), Customer and Community Engagement, Performance Measurement and Evaluation |
Continuum of Care Governance: Requirements, Timeline, and Considerations
August 7th, 2019
Continuum of Care Responsibilities

Three overarching responsibilities:
• Operate the Continuum of Care
• Designate an HMIS and eligible HMIS applicant
• Planning for the Continuum of Care
Continuum of Care Responsibilities

A more detailed look:

• Establish a Board to act on its behalf
• Identify a collaborative applicant (application for funding to HUD)
• Governance charter (delegation of key system functions)
• Establish and operate a coordinated entry system
• Establish and follow written standards
• Consultation with ESG recipients
• Designate HMIS and eligible HMIS applicant: privacy, security and data quality plans, ensure HMIS participation
• Develop a CoC plan, including coordination of funding
• Establish performance targets
• Point in time counts at least every 2 years
• Annual gaps analysis
• Data for Consolidated Plan
Required Decisions of the Continuum of Care:
Actions needed for revised charter and alignment with City of Seattle/King County Interlocal Agreement

- Define role, authority and structure of CoC Governance relevant to Governing Board of new Regional Authority
- Delegation of key system functions (assignment of All Home and other CoC functions in future state)
  - Collaborative Applicant (currently King County DCHS)
  - HMIS management and oversight of HMIS system administration (currently King County DCHS)
  - Coordinated Entry management (currently King County DCHS)
  - Planning and Evaluation
TOWARD UNIFIED GOVERNANCE | 2018-2020

TIMELINE OF KEY ACTIONS

Continuum of Care
- FY2019 CoC NOFA
- Consider Draft CoC Charter
- Adopt CoC Charter (defining CoC governance and delegating key system functions)
- Transition Plan and Seat New CoC Board

Governments
- One Table
- Develop Proposed ILA for Regional Authority
- Consider ILA

Private Funders
- Form Partners Group/Funders Collaborative aligned w/ Regional Authority

Consultants
- Crisis System Audit NIS
- Develop Regional Action Plan CSH & *McKinsey
- Transmittal of Proposed ILA Aug 2019

Governance MOU May 2018
National Innovation Service Report Dec 2018
Jan 2020
Criteria for CoC Board

- **The 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 of this part. Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

- **The board.** The Continuum of Care must establish a board to act on behalf of the Continuum. The board must:
  - Be representative of the relevant organizations and of projects serving homeless subpopulations; and
  - Include at least one homeless or formerly homeless individual

Additional requirement:

- Must have a recusal process
What functions will the new Consolidated Regional Authority carry out?

The functions and operations of the new regional authority need to span the relationships, policies, funding, practices, contracting, and program and system evaluation functions necessary to act with the speed, scale and sophistication to improve responses to homelessness in our region while eliminating racial-ethnic disproportionalities within those responses.
Portland/Multnomah Model

(Multnomah County, Portland, Gresham, Home Forward, Meyer Memorial Trust, Portland Leadership Foundation, Portland Business Alliance, Coordinating Board Co-Chairs)

(People with lived experience, system providers, culturally specific organizations, housing, faith, business, public safety, education, DHS, healthcare, legal, advocates)

Community Advisory Forum
(Consumers, providers)

Resource Adv. Committee
(CB members)

Data & Eval.
(CB members & staff)

System Adv. Groups
(HYOC, HFSC, DV)

Policy Committees
(Vets, Housing, Health, SOS, Econ. Opp.)

(CB and open to all community members)
Portland/Multnomah Model

Figure 1. A Home for Everyone Operational Flow

Executive Committee

Coordinating Board

Workgroups (Health, Housing, Employment, Safety off the Streets)

Respective Jurisdictions (City, County, Gresham, Home Forward)

Joint Office of Homeless Services

Service Providers (Adult, Youth, Family, and DV services providers)

From Previous Slide

Note. Orange arrows indicate the active, transactional spaces in between entities.
Represented Stakeholders: Providers, Customers, Sound Cities Association, etc.
Represented Stakeholders: Providers, Customers, Sound Cities Association, etc.

Pending Questions:
- Relationship of Workgroups/Committees to CoC Board and CAC vs. Executive Board
- Distinction of authority between CoC Board and Executive Board
- Is the Executive Committee Accountable to the CoC Board or others?
All Home King County – Values and Project Priorities

The All Home Coordinating Board affirmed the following values and prioritization considerations to guide development of the FY 2019 Project Priority Listing:

1. To maintain as much HUD Continuum of Care Program funding in our CoC as possible.
2. To promote our goals of reducing racial disparities and making homelessness rare, brief, and one time in King County.
3. Center leadership of people with lived experience in the planning, programming and evaluation of Continuum of Care services.
4. Promote equitable access and service provision with an intersectional approach, serving the most vulnerable populations in our community, including but not limited to: people living with disabilities, people exiting the foster care system, the aging, people with criminal justice involvement, the LGBTQ community, people living with mental illness and substance use, and all immigrant communities.
5. To prioritize projects that:
   a. Actively participate in the Continuum of Care
   b. Help advance the collective goals of the CoC, including addressing racial disproportionality, and achieving equitable outcomes for indigenous, black and other people of color
   c. Have movement to permanent housing and subsequent stability as the primary focus
   d. Do not replace mainstream resources
   e. Work to connect people served with community-based, culturally responsive resources
   f. Focus on those who are literally homeless (streets, shelter, transitional housing for homeless, and includes people fleeing domestic violence)
   g. Participate in the HMIS with complete, high quality data per HUD data standards
   h. Demonstrate alignment with HUD Housing First standards (including screening, program entry, person-centered services, and termination policies)
   i. Perform well against HUD Continuum of Care goals and positively impact system performance and equity outcomes
   j. Consistently meet and exceed operational standards for spending, match, occupancy, and reporting.
   k. Elevate the voices of people with lived experience as experts in the development and implementation of planning, programming and evaluation.
All Home King County - Priority Listing Decision Factors

All Home King County frames the CoC policies and priorities, including those for the HUD CoC Program. All Home Coordinating Board reviews the CoC Program policies regarding Tier 2 project placement. The following assumptions are proposed for use in FY 2019 to guide decisions regarding priority placement in Tier 2:

1. Include only those projects that can receive full points for commitment to policy priorities; i.e., Housing First approach.
   **Rationale:** Maximizing points for each of HUD’s scoring factors ensures the greatest likelihood of maintaining current funding and securing additional funding for the CoC.

2. Order applications from smallest to largest funding requests within the four Categories of projects, except where local values and HUD priorities may dictate otherwise.
   **Rationale:** Placing smaller requests before higher requests will result in marginally higher HUD project ranking scores for projects within that classification, which may result in additional funding for the continuum.

3. Value Realignment Projects as the first priority in Tier 2.
   **Rationale:** These projects are voluntarily reallocating funds and realigning in collaboration with and in support of system realignment efforts, which are designed to rebalance our system and better match homeless housing program types with the needs of the homeless households and current best practices. Permanent Supportive Housing for Chronically Homeless households is a HUD priority, and supports HUD’s goal to end chronic homelessness by 2017; while Dedicated PLUS may allow for a slightly expanded target population. Rapid Rehousing is nationally recognized as a best practice for rehousing homeless households quickly and in the case of certain projects expands local DV Rapid-rehousing efforts. Joint TH-RRH expands on the RRH model. These projects, if using a housing first approach and targeting priority populations will get HUD’s maximum score for commitment to policy priorities.

4. Use the CoC preliminary score based rank order, with a special emphasis on a low barrier approach and movement to permanent housing, to identify current projects not to be renewed by identifying projects from the bottom and moving up the rank order to select lower performing projects as subjects for reallocation, taking into consideration geographic and population impacts.
   **Rationale:** A certain number of renewal projects will need to be defunded or reduced to complete the dollar amount that we are required to place in Tier 2.

5. Use the CoC preliminary score based rank order to identify renewal projects for placement in Tier 2 by identifying projects from the bottom and moving up the rank order to select projects that maximize HUD’s Project Type/Project Priority points and face the least risk in Tier 2.
   **Rationale:** A certain number of renewal projects are being placed in Tier 2 to complete the dollar amount that we are required to place in Tier 2.

6. Value renewal projects that are strategically placed in Tier 2 to meet the dollar amount we are required to place in Tier 2.
   **Rationale:** These projects are existing projects receiving HUD CoC funding that are being placed in Tier 2 to meet the dollar threshold the Seattle King County CoC is required to place in Tier 2. The projects meet HUD project type and commitment to policy priorities.

7. Value maintenance of number of Chronically Homeless dedicated units in the Housing Inventory when considering new project types or other program changes.
   **Rationale:** Maintaining the number of CH dedicated units in the inventory will positively affect our CoC score in future years.