

King County Department of Community and Human Services
2022 Monitoring Report regarding
King County Regional Homelessness Authority

Introduction

As described in King County’s Interlocal Agreement (ILA) and Master Services Agreement (MSA) with the King County Regional Homelessness Authority (KCRHA), King County has responsibility to monitor KCRHA’s adherence to these agreements. Calendar year 2022 was the first full year of operations for the King County Regional Homelessness Authority (KCRHA). As such, it is the first year of King County monitoring. King County (KC) understands that starting up a new organization involves many operational challenges including staffing, training, understanding new requirements, developing communications methods, and launching new fiscal, procurement, and contracting systems. King County views 2022 as a development year for KCRHA with the expectation that there might be several areas identified for growth and improvement.

Development of KCRHA Monitoring Plan

During the fall of 2022, King County and the City of Seattle (CoS) worked together to develop a monitoring plan. The monitoring topics were derived from the ILA and MSA with King County. The monitoring plan also incorporates oversight requirements related to funding sources. For example, King County passes through to KCRHA a significant amount of federal funds that are accompanied by certain federal requirements. Initial drafts of the monitoring plan were reviewed with KCRHA leadership and revisions were made based on their feedback. It should be noted that some monitoring areas may become less relevant for review over time as KCRHA develops consistent processes. Additionally, a few areas related to procurement were not reviewed for 2022 because they were not yet developed. The areas not yet evaluated are denoted in the report, and they should be re-assessed during the CY 2023 monitoring process. The monitoring plan should be viewed as a living document with revision allowed and expected. Revisions to the monitoring plan, as with this initial version, should be discussed with both CoS and KCRHA.

Structure of this Report

This report follows the structure of the monitoring plan derived as noted above which includes:

- Section I - Fiscal Processes
- Section II – Board and Committee Operations
- Section III – Organizational Operations
- Section IV – Procurement and Contracting
- Section V – Relationships and Partnerships
- Section VI – Data and Evaluation

Within each section a table presents the topics covered and their ILA and MSA references, information reviewed, how information was collected, and the results of the review. Discussion summarizes results and calls out any findings that warrant corrective action plans.

Definitions

Finding: significant area of concern that warrant submission of formal corrective action plan, with associated demonstrated improvement by the subsequent monitoring period.

Recommendation: areas of concern for which action is recommended but not required.

Section I – Fiscal Processes

Monitoring topic	How information was gathered	Results
Manage budget and spending levels	Quarterly Expenditure reports per Reporting Requirements document	KCRHA’s management of budgets showed the following challenges: <ul style="list-style-type: none"> • Significant underspending of funds • Some initial apparent overspending which was ultimately corrected • Unclear and processes for tracking expenditures by program against fund source budgets, complicated by lack of integration of financial accounting, fund source, and contracting systems
Ensure funds are used in accordance with HUD and other funder requirements [MSA Exhibits B and C]	KC fiscal and contracts team’s monthly desk review of invoices and fund-specific requirements (e.g., payment timeliness, admin limits, match, etc.) Quarterly reports (for match information)	KCRHA’s management of funder requirements showed the following challenges: <ul style="list-style-type: none"> • Expenditures not consistently applied to prioritized source (e.g., rental assistance to CHG) • Unclear timeframes for KCRHA payments to providers • Repeated late quarterly expenditure reports
Submit invoices with consistent format and schedule [MSA Exhibit B.4.]	KC fiscal/contracts team’s desk review	KCRHA’s invoices typically contained errors: <ul style="list-style-type: none"> ○ Invoicing incorrect fund source or program type ○ Missing or incorrectly formatted backup documentation KCRHA had repeated late invoicing and accruals (often attributing to lack of staffing capacity) and inconsistency in naming conventions
Submit proposed budget request annually [ILA VII 1.a]	Budget submitted to KC by deadline	N/A for 2022 as requirements for annual budget process had not yet been developed
Safeguard funds [ILA XI 2.] Maintain system of accounting and financial controls [MSA V.4.]	KC Compliance will review sample of contracts, general ledgers, agency monitoring records, KCRHA payroll and conduct interview regarding fiscal procedures, internal controls, and funder requirements (e.g., supplantation, match, etc.)	King County Compliance will conduct review later in 2023

Annual financial audit [ILA XI.4.]	Conducted by state	Completed – no findings
Performance audit [ILA XI.5.]	Independent firm chosen by KC and CoS	Within 6 years (not needed for 2022)
Comply with reporting requirements	Complete, timely submissions per separate Reporting Requirements document	2022 state and federal annual report information was submitted on time. It is not always clear who at KCRHA is managing which reports.
Use money efficiently	TBD	N/A for 2022 as KCRHA was using KC contracts

Discussion

King County understands that launching new fiscal processes is a complex endeavor. The County has appreciated the collaborative approach of KCRHA’s fiscal team, their responsiveness and willingness to problem-solve, and their reliability in keeping a regular meeting cadence to review fiscal issues. That said, there were significant challenges in 2022 with KCRHA’s fiscal processes as noted above. King County considers the issues below to be findings that require corrective action plans.

Findings

1. Invoice errors. Please submit a corrective action plan that describes how KCRHA will achieve a rate of at least 80% of invoices submitted not being returned for errors relating to:
 - o invoicing incorrect fund source or program type
 - o missing or incorrectly formatted backup documentation
2. Tracking expenditures against budget. Please submit a corrective action plan that describes KCRHA’s process for monitoring program-level expenditures against prioritized fund source budgets, how the results of that monitoring (e.g., programs that are not on track to spend allotted budget, tracking rental assistance to CHG, etc.) will regularly be shared with KC. Please include information about additional mechanisms and reports that KCRHA will use to track spending of fund sources that end prior to Q4.
3. Timely payment to providers. Please submit a corrective action plan that shows how KCRHA will track data regarding timeliness of payments to providers.
4. Timely invoicing. Please submit a corrective action plan that describes the processes that KCRHA will use to ensure that invoices are submitted by deadlines denoted in our Master Services Agreement. Include information on submission of estimates/accruals from providers if actual expenditure submission is delayed due to contract negotiation or other issues.
5. Timely quarterly reports. Please submit a corrective action plan that describes how KCRHA will ensure quarterly reports are submitted within 60 days after the end of a calendar quarter.

Recommendations

1. Sufficient fiscal staffing. King County recommends KCRHA ensure the fiscal section has sufficient, credentialed staff to ensure timely invoicing and reporting
2. Integrated financial management systems. King County recommends KCRHA consider financial management systems that integrates contracting, invoicing, and accounting data.

Section II – Board and Committee Operations

Monitoring Topic	How information was gathered	Results
Post on website at beginning of year (24 hours prior for special meetings) the time and date and place of Governing Committee and Implementation Board [ILA X.2. and 3.]	Review of postings	Location (for hybrid meetings) were not consistently clear.
Post agendas for Governing Committee and Implementation Board >= 24 hours before meeting [ILA X.5.]	Review of postings	Agendas for Implementation Board and Governing Committee agendas were typically posted at least a week in advance. Associated materials were often not posted or posted shortly before the meetings. CoC Advisory Committee (AC) agendas were typically posted at least one or two days before the meeting.
Make available to any person or organization that requests, minutes of regular and special meetings of Governing Committee and Implementation Board, including individual votes [ILA X.9.]	Review of minutes	Calendar year 2022 minutes were not consistently posted and were requested in December 2022. KCRHA repeatedly asked for extensions in January, February and March, and minutes were still not available by June.

Discussion

King County recognizes that launching new committees can be challenging. KCRHA’s efforts to ensure inclusion of diverse voices and people with lived experience on boards and committees is laudable. KCRHA also successfully posted agendas of public meetings in advance, consistent with OPMA requirements.

Finding

1. Meeting minutes. Meeting minutes were not consistently posted nor available in a timely manner upon request, consistent with the Open Public Meeting Act and Public Records Act. Please submit a corrective action plan that describes the timeframe for providing 2022 meeting minutes, and the processes going forward to ensure that minutes are available within 30 days of request.

Recommendations

1. Meeting communication and support: King County recommends that KCRHA expand its advertising and communications about committee and board membership opportunities to diverse constituencies (e.g., providers, people with lived experience, community-based organizations, advocacy organizations, general public). Meetings often started over 15 minutes late (due to technical difficulties with hosting virtual meetings), which hampered public

participation. As such, King County further recommends providing more consistent staffing and technical support to boards to ensure that meetings start on time, have working meeting links, and that the physical location of hybrid meetings are posted in advance. King County will re-assess board staffing, support, and communications with providers during the CY 2023 monitoring process.

Section III – Organizational Operations

Monitoring Topic	How information was gathered	Results
<p>Operate as a HUD CoC Lead Agency [MSA III.1. and 5.]</p>	<p>Discussion with KCRHA on 4/11/23 and follow-up questions</p>	<p>KCRHA understands and has technically complied with most of the requirements of being a CoC lead agency, including:</p> <ul style="list-style-type: none"> • conducting HUD CoC application and NOFO processes • operating a CoC board (including a charter that meets HUD requirements and a formal member selection process), • managing a coordinated entry system, • coordinating with other entities receiving federal homelessness funding, • ensuring the CoC has a functional HMIS system, • conducting homeless counts and surveys • identifying program performance targets and monitoring program performance, and • submitting HUD-required reports <p>KCRHA conducted several CoC-required trainings including about KCRHA event accessibility for disabilities and language access, anti-discrimination, and racial equity, domestic violence (DV) safety and best practices, trauma-informed care from DV perspective. They reported that they partnered with other entities to provide trainings in public benefits (e.g., Medicaid/Medicare, food stamps, SNAP, TANF, SSI, SOAR, employee assistance, childcare resources). However, the Seattle King County Coalition on Homelessness provided these trainings independently. KCRHA also only hosted one of the two required CoC-wide convenings in 2022. Additionally, CoC AC subcommittee operations often hampered by a lack of quorum and CoC AC members expressed that they felt they did not have sufficient time or opportunity for input into the NOFO process.</p> <p>KCRHA is receiving CoC governance, operations, and contracting technical assistance through HUD</p>
<p>Operate a coordinated entry system [MSA III.1.]</p>	<p>Discussion with KCRHA on 4/11/23 and follow-up questions</p>	<p>KCRHA operates a Coordinated Entry (CE) system that meets the minimum HUD requirements with the exception that the system allows for a portion of units to be filled through “external fills.” In the fall of 2022 HUD issued a letter to</p>

	CEA metrics (see Data and Evaluation below)	<p>KCRHA stating that must discontinue this practice. The CE system uses:</p> <ul style="list-style-type: none"> • a “no wrong door” approach with five Regional Access Points and CE assessors from community-based agencies that are deployed throughout the County. • a Housing Triage tool (standardized assessment) with minimum necessary information to reduce barriers to first contact. • standardized criteria and client preferences to match individuals to housing and service types and refers individual to housing following case conferencing with housing and service provider agencies. <p>Although the components of a CE system are in place, the system is challenged by a lack of clear, consistent, transparent implementation and communication with stakeholders.</p>
Establish a consolidated, aligned service system [ILA IV 1.a. and 3]	Re-procurement with consolidated funding.	N/A for 2022 review as procurement had not occurred, and as of 5/2023, procurement is not planned until 2024
Establish an Office of the Ombuds to gather customer feedback, ensure ease of contact..., and provide avenue for complaints and concerns [MSA Roles V.a.2.]	<p>Discussion with KCRHA 4/18/23</p> <p>Any related documents and metrics</p>	<p>KCRHA has established an Ombuds office that currently has two staff. They plan to ultimately have five staff. The Ombuds office has a website and a webform for inquiries. Their most frequent inquiries are resolved with information and referral and system navigation. If that does not resolve the issues, KCRHA investigates, but limited staffing constrains their ability to conduct investigations. The Ombuds also has a message line and brochures, but they have been hesitant to promulgate them due to limited staffing. The Ombuds plans to participate in sub-regional team meetings and host office hours in the future.</p> <p>KCHRA requires agencies to post Ombuds information and grievance policies, and the grievance protocol is attached to provider contracts.</p>
Use an equity-based decision-making framework [MSA III.6.]	<p>Discussion w/KCRHA May, 2023</p> <p>Any related documents and metrics</p>	<p>KCRHA has training for all staff using an equity-based decision toolkit. The procurement process works closely to engage stakeholders and include the voices of people with lived experience in crafting funding announcements and in review panels. KCRHA has also developed funding “precursor” strategies within their community-capacity team so that smaller agencies with less experience have someone to support them, including during the pre-application process. KCRHA’s broad stakeholder input with significant inclusion of people with lived experience requires considerable resources as it is labor intensive, relational work.</p>
[The 5-year Plan shall...] Support continuous	Review of 5-year Plan	N/A or 2022 as KCRHA had not yet conducted re-procurement or changed any measures of impact. The 5-year Plan,

improvement and evaluation of community impact, engagement, and CoC compliance, and support Ombuds [ILA IV 4.f]		approved June 1, 2023 details plans for collecting improved impact data and community engagement (especially with respect to the subregional plans and centering the voice of lived experience). It does not detail continuous improvement methods or methods for ensuring CoC compliance or Ombuds operations, however these are addressed separately in this monitoring report.
Adopt evidence-based, housing first orientation [ILA IV 3.vii]	Discussion with KCRHA Review contract template	KCRHA hosts twice monthly learning circles (called “base building” meetings) by program type to support best practices (e.g., Housing First, progressive engagement, harm reduction, etc.). Program models, best practices, and evidence-based practices (EBPs) are part of the rating criteria in RFPs, however KCRHA does not provide specific trainings to support these practices.
Establish procedures, policies, and mechanisms to ensure accountability to Customers, contract agencies, funders and public Shall be accountable in its decision-making processes and strategic planning to Customers and persons with lived experience [ILA IV 3.i and ii]	Discussions with KCRHA May and June, 2023 Perceptions of contractors – survey (tabled to future year) Perceptions of LEC and others with LE (tabled to future year)	Accountability to Customers/consumers: In part, this is demonstrated by the Ombuds office and processes for obtaining input from people with lived experience. For example, the enhanced point-in-time count included qualitative interviews collected and analyzed by people with lived experience. Going forward KCRHA is working to obtain qualitative information from providers and is in development of a homeless service record that would be accessible to service recipients. Accountability to Providers: KCRHA has Program Performance teams (Housing Stability and Emergency Services) that guide providers, take complaints, respond to critical incidents, host office hours and learning circles (base building) to discuss and disseminate best practices. The Community Capacity team provides significant support and technical assistance to new agencies, and KCRHA also contracts with homelessness self-governing entities (e.g., SHARE/WHEEL etc). KCRHA also works toward rapid payment of invoices. There is no regular network-wide provider forum or channel for communication. Accountability to Public: Obligations about how public dollars are spent are clear and shown through boards and governance structures that include funders and elected officials. The CEO also regularly meets with the mayor and county executive. Accountability is also shown through the media relations, addressed by KCRHA communications staff that build relationships with journalists (and push out information independently). KCRHA also has publicly-viewable performance measures.
Complying with relevant laws (e.g., OPMA, non-discrimination, etc.)	Discussion with KCRHA May, 2023	KCRHA includes legal and funder requirements in provider contracts (i.e., Program Service Agreements). Requirements are linked to fund source in an automated way and are also

[ILA X.6. and MSA IV]		hand checked by the compliance specialist. KCRHA checks whether agencies have complied with requirements during agency/program audits (monitoring). The community capacity team also work with new agencies to help them understand the requirements, starting with fund sources that are more straightforward.
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Discussion

CoC Operations:

KCRHA values and has succeeded in reaching new organizations to include in CoC work. For example, in the allocation of Emergency Housing vouchers, KCRHA signed with 80 agencies including non-profits and tribes, many of which had not previously received federal funding. Procurement processes also emphasize inclusion and equity considerations, and CoC board membership with more individuals with lived experience than is typical of CoC Boards. However, the Implementation Board and CoC Advisory Committee frequently did not have a quorum in attendance which hampered their ability to take action.

Coordinated Entry (CE)

KCRHA operates a CE system that meets HUD’s minimum requirements, except for the HUD requirement to discontinue “external fills,” which KCRHA did in early 2023. KCRHA conducts case conferencing with providers for several subgroups (weekly or daily, depending on the subgroup), of which some are using by-name-lists and the rest are expecting to within the next year. KCRHA suspended the CE policy advisory committee (PAC), in Q3 2022. As a result, subsequent changes to CE processes were made with little notice to, or input from, providers and other stakeholders. Ensuring updated prioritization with the sunseting of COVID prioritization criteria should be a priority. Input and engagement from stakeholders will be important to that process.

Ombuds

KCRHA has established what appears to be a well-functioning Ombuds office. Most issues brought to the Ombuds are resolved with information/referral and system navigation, while a small proportion move on to investigations. The Ombuds has a webform to field inquiries. They also have a message line and brochures. Ombuds and grievance protocols are included in provider contracts.

Equity-based decisions. KCRHA has trained staff in equity-based decision-making, and funding and resource allocation decisions are deliberately equity-informed. KCRHA has also developed strategies to expand and support their provider network to be more inclusive of smaller by/for agencies. This area is a KCRHA strength.

Evidence-based housing first orientation. KCRHA hosts shared learning forums for each program type to support implementation of best practices and EBPs. While they do not currently provide formal trainings in best practices/EBPs, they are developing a training academy and the requirement to implement such practices is included in RFPs and contracts.

Compliance with relevant laws. KCRHA has sufficient contractual mechanisms in place to ensure their own and their (sub)contractor’s compliance with relevant laws.

Accountability to stakeholders. KCRHA has several structures in place to help ensure accountability. Regarding public accountability, the KCRHA executive director meets with the mayor and county executive, and KCRHA has dedicated government relations and media relations staff. KCRHA also has a public-facing Ombuds office and publicly viewable performance measures. KCRHA has also been innovative in gathering broader community input with their modified point-in-time count processes and the inclusion of a high proportion of people with lived experience on boards and committees.

Accountability to providers is provided through Program Performance teams that respond to complaints and critical incidents, as well as hosting office hours and learning circles to discuss and disseminate best practices. KCRHA has also developed novel approaches to encourage and support new contractors. However, there are no routine channels of communication or meetings with providers.

Finding

1. CoC Convenings: HUD requires two formal convenings of the CoC annually. In 2022, only one convening was held – in May 2022. Please prepare a corrective action plan that addresses how KCRHA will routinely conduct twice yearly convenings with clear agendas and sufficient time to obtain attendee input.

Recommendations

1. Increase input from, and communication with, providers. To increase transparency and participation, King County recommends that KCRHA reestablish the CE advisory body and increase communication and engagement of providers on which they rely to have an effective system. King County further recommends that KCRHA establish network-wide provider forums, routine networkwide communication channels, and increased opportunities for homelessness service providers to be partners and collaborators as we all work to reducing homelessness together.
2. Provide additional training. King County recommends that best practice and EBP trainings for both existing and new contractors be prioritized and should be re-assessed during CY 2023 monitoring.

Section IV – Procurement and Contracting

Monitoring topic	How information was gathered	Results
Work with DCHS to develop schedule for transfer of contracts [MSA Roles V.3.]	Review of 2022 contract transfer process	Completed for transfers scheduled for 2022
Work with DCHS to ensure funding processes that require review by additional decision-	Review process that occurred during pre-award for shelter	N/A for 2022 review as re-procurement has not occurred

<p>making bodies (eg., KC JRC) allow sufficient time [MSA Roles V.8.]</p>	<p>procurement (when KCRHA conducts procurement).</p>	
<p>Develop policies and practices to incorporate best practices and data in the development of policies, programs, and funding decisions [ILA IV 3.v.]</p> <p>Implement procurement processes with best practices and quantitative and qualitative data and clear means for measuring outcomes. [MSA Roles V.5.]</p> <p>Develop standards and procedures for awarding contracts including means to measure outcomes [ILA VII 2.c.]</p>	<p>Discussion of how best practices and data are incorporated into policies and programs – May, 2023</p> <p>Review procurement docs</p>	<p>KCRHA’s Procurement Template informs providers of requirements including for data and evaluation, program eligibility and requirements, funding amounts and restrictions, and desired outcomes and best practices/EBPs by program type. The RFPs are more specific about best practices/EBPs while the templates themselves have less consistently included best practices language, but do ask about partnerships, equity, and fiscal management.</p> <p>KCRHA’s Procurement Manual notes that staff should conduct background research on needs, determine how program impacts can be measured, and research best practices (including EBPs). As part of procurement, KCRHA has a community planning session in which how to measure success is discussed.</p> <p>KCRHA reports using a rich set of information and data (e.g., from HUD, people with lived experience, national organizations and conferences, and HMIS data) to inform best practices that are incorporated in processes, program guides, NOFAs, and RFPs. Examples of how KCRHA has innovatively used data includes enhancing the point-in-time count to include qualitative methods, shaping the system advocate workforce based on established peer models from other sectors, and allocating Emergency Housing Vouchers with scoring increase for agencies serving higher-than-population proportions of marginalized populations (e.g., DV, BIPOC, LGBTQIA, etc.).</p>
<p>Develop protocols for decision-making understood by community, customers, and stakeholders with clear processes for customer and provider input [ILA IV 3.iv.]</p>	<p>Discussion of methods KCRHA uses to obtain provider feedback – May, 2023.</p> <p>Consider provider feedback survey in future years.</p>	<p>Decision processes are described above. Processes for input vary by the internal process in question. For procurement, KCRHA seeks input from providers and people with lived experience to structure NOFAs and sit on review panels. For other processes, KCRHA hosts office hours and drop-in feedback as well as department-level email exchanges. KCRHA staff each manage a portfolio of providers and programs so that providers know to whom to provide feedback. Complaints and issues can also be taken to the Ombuds. That said, decision processes and opportunities for input would benefit from increased communication and transparency.</p>

<p>Develop contracts with consistent terms, conditions, and performance evaluation [ILA IV 4.d]</p>	<p>Review of contract template</p>	<p>KCRHA was not able to execute contracts in a timely manner. Many contracts were not signed until late Q2, which places burden on contracting agencies to shoulder the financial burden of operations without incoming revenue.</p> <p>KCRHA Program Services Agreement (PSA) with contractors include consistent terms, conditions, and performance commitments (metrics) including: number of households receiving referral to shelter, enrollments in HMIS, consents for HMIS as well as the requirement to participate in CE and in annual monitoring.</p> <p>All program type exhibits (e.g., shelter, rapid rehousing) have appendixes with type-specific metrics, performance standards, and reporting requirements (e.g., invoice timing, quarterly narrative, daily census, tenant lists, HMIS Program Outcomes Report)</p>
<p>Administer contracts consistent with funder requirements and in pursuit of system goals [MSA Roles V.4.]</p>	<p>Review of contract template</p>	<p>KCRHA’s contract template includes funder requirements, and detailed terms and conditions. The system goals of culturally responsive services and linkage to services are also discussed.</p> <p>Program-type specific exhibits varied in level of program description detail, and this issue could be improved. Exhibits also discuss referral sources, the relationship to CE, and the preferred clinical philosophy (e.g., client-centered, strength-based, progressive engagement). In each, there is a very good table at the end that summarizes population eligibility, eligible use of funds, recommended staff roles and ratios, core components/best practices</p>
<p>Where possible...implement and support contracting and provider staff pay that promote quality services, professionalization, and reduced staff turnover [ILA IV 3.vi]</p>	<p>Review of contracts after re-procurement</p>	<p>N/A for 2022 review as re-procurement has not occurred</p>
<p>Provide technical assistance and training for subcontractors including management of funds, documentation, program types and</p>	<p>Discussions with KCRHA Program Performance Team and Community capacity team on 1/10 and 3/23</p>	<p>KCRHA reports hosting twice monthly learning circles (“base building”) by program type to support best practices (e.g., Housing First, progressive engagement, harm reduction, etc.), funder requirements, etc. Some subgroups (e.g., outreach, encampment) meet more often.</p>

<p>approaches, and trainings required by fund sources [MSA Roles V.6.]</p>		<p>The Regional Capacity Building Team provides capacity-building support to new small and by/for agencies about how to manage financial issues, invoicing, responding to RFPs, managing contracts, and program development. This team also developed a RFSQ process to pre-qualify agencies to be ready to respond to RFxs. His team provided monthly CE equity trainings and other DEI-focused trainings as well as grants management. They do outreach and obtain referrals from several sources. In 2023, the team will take over CoC-required trainings and plans to work with program teams to develop a training academy for evidence-based and best practices and program models.</p>
<p>Monitor contracts, with the County, to assess the Authority's compliance with Agreement requirements, quality, and practices. [MSA V 3.b.]</p>	<p>Partner on a sample of KCRHA (1) desk reviews (fiscal and program review, including file documents and use of HMIS data) and (2) monitoring visits of contractors. Sample to include higher risk programs/agencies and some from each program type (RRH, TH, shelter), 100% of federally-funded programs, and some with combined KC/CoS funding</p>	<p>KCRHA developed a risk assessment tool to identify agency issues for additional review. KCHRA conducts a structured desk review (of file documentation and HMIS data) of ~ 1/3 of their portfolio including 100% of program with CoC funding and those of \$100k budgets. Risk assessment and desk review data inform which programs also receive a structured site review. KCRHA provided documentation of agency risk assessment and program-level desk reviews and site visits for a sample of programs upon KC/CoS request.</p> <p>Ongoing monitoring of program performance is a shared responsibility between KCRHA's Program Performance team (for program issues), and Contract Compliance team (for compliance and fiscal issues). KCRHA plans to revise program performance targets in 2023 along with re-procurement.</p>
<p>Manage/support contractors effectively</p>	<p>Discussion with KCRHA</p> <p>Consider provider feedback survey in future years regarding contracting processes, support, monitoring processes.</p>	<p>KCRHA Program Performance staff have variable contact with contractors with some providers getting brief monthly meetings and others needing to initiate contact on an ad hoc basis. KCRHA is working toward consistent monthly meetings. There is also typically a KCRHA staff person available for consultation.</p> <p>KCRHA has been challenged to execute contracts in a timely manner. As of early April - ~25% of contracts had been signed (~50% by mid-April). Late contracting burdens provider agencies who must continue operations without payment.</p>

Discussion

Best practices, data/outcomes in policies, programs, procurement – and standards and procedures for awarding contracts. KCRHA's procurement template includes requirements for data and evaluation, program and funding requirements, and desired outcomes. Those issues as well as best practices (by program type) are also specified within RFPs. KCRHA's internal Procurement Manual clearly describes the standards and procedures for procurement and notes that staff should conduct research to determine program impacts and best practices/EBPs. KCRHA uses data from HMIS and other sources to inform best practices and equity issues that are incorporated into RFPs.

Clear processes for customer input. KCRHA seeks input from providers and people with lived experience in development of NOFAs/RFPs and to sit on funding review panels. KCRHA also has an Ombuds office to field issues and complaints, and they host office hours, email lists, and input opportunities to each program staff from their portfolio of providers. That said, KCRHA does not have routine mechanisms to gather provider feedback.

Contracts with consistent terms, conditions, fund requirements, and performance evaluation in pursuit of system goals KCRHA was challenged to execute contracts in a timely manner, having many contracts unsigned until well into Q2. KCHRA has contracts with consistent terms, etc. through standard Program/Service Agreements that stem from a template that includes performance metrics tailored to program type, reporting requirements, funder requirements, and requirements to participate in HMIS, CE, and annual monitoring processes. The system goals of culturally responsive services and linkage to services are also discussed. Program-type specific exhibits within the PSAs vary in level of program description detail, and standardization of this issue could be improved. Exhibits also discuss referral sources, the relationship to CE, and the preferred clinical philosophical approach (e.g., client-centered, strength-based, progressive engagement). At the end of each exhibit, there is a very good table that summarizes population eligibility, eligible use of funds, recommended staff roles and ratios, core components/best practices.

Provide technical assistance and training for subcontractors including management of funds, documentation, program types and approaches, and trainings required by fund sources. KCRHA hosts forums for shared learning regarding best practices, equity issues, and funder requirements. Additional support and an innovative RFP pre-application process are provided to smaller agencies new to state and federal fund source requirements and contracting. In 2022, KCRHA did not provide any formal trainings regarding best practices/EBPs, which King County will reassess during the CY 2023 monitoring process.

Monitor contract to ensure compliance and quality. In 2022, KCRHA began to develop standardized structured processes for monitoring its contractors including an agency risk assessment and program-level desk review and (for a sample) site review. As of mid-2023, desk reviews had been completed and site reviews are scheduled. Monitoring of calendar year 2023 should re-assess monitoring timeliness and the adequacy of communication with providers about monitoring.

Manage/support contractors effectively. KCRHA staff have variable contact with contractors, and KCRHA is working toward increasing the consistency of communications and contact. During 2023,

KCRHA’s second year of contracting, KCRHA was delayed in contracting, with only one-quarter of provider contracts completed during Q1.

Finding

1. Manage / Support contractors effectively. To maintain a high-quality network of providers, KCRHA needs to support providers in completing contracts in a timely manner. Please submit a corrective action plan that details how KCRHA plans to achieve a benchmark of 90% of contracts complete by the end of Q1.

Recommendations

1. Strengthen communications. King County recommends KCRHA strengthen communication to providers and other stakeholders regarding opportunities for input.

Section V – Relationships and Partnerships

Monitoring Topic	How information was gathered	Results
Create institutional alignment across systems to meet needs of people experiencing homelessness or at-risk [ILA IV 3.vii.]	Discussion with KCRHA June 2023 regarding MOUs (or other engagement) with mainstream systems (e.g., BH, CJ, healthcare) to define roles	The subregional planning team has partnered with CoS and KC Emergency Management, Metro, Dept. of Local Services, jail release planners, police, fire, Public Health Seattle-King County, behavioral health, hospitals, school systems, and immigrant/refugee contacts. The nature of the partnerships has included COVID response, severe weather, high acuity response, and refugee issues. They take advantage of strategic opportunities (e.g., Metro severe weather policy changes, crisis care levy, MIDD investments) to knit together, and often lead, development of regional response processes.
Value distinctions in local and subregional context, needs and priorities through sub-regional planning. Provide capacity to analyze, identify and implement priority services distinct to subregions [ILA IV 3.viii]	Discussion with KCRHA June 2023 regarding ILAs or other engagement strategies Survey subregional stakeholders (tabled until 2023 review)	The subregional planning team has successfully created, or partnered with, sub-regional workgroups to identify unique subregional issues. KCRHA has developed a database of services with the ability to break out by subregion. They are also in the process of conducting a funding contribution analysis by subregion. Some subregions are now asking

		KCRHRA for consultation. One subregion has completed a formal ILA and another is poised to do so. Remaining subregions have few staff and little organizational structure, so the partnership will take longer to develop.
Be responsive to requests from King County Council... and by DCHS to collaborate in development, provision or presentation of information or reporting when DCHS is responding to a request from Council [MSA III.7.]	Discussion with KCRHA 5/30/23	For Council requests, KCRHA has designated individuals to respond to City and County, and they have standing meetings with their respective counterparts. KCRHA has also set up a Smartsheet for requests (from CoS) that triggers an email to the relevant parties. If the inquiry is from (non-elected) administrative staff, it may by-pass the designated individuals and go directly to other staff.
As feasible, notify each other if either receives a public records request ... if record relates to MSA [MSA V.5.]	Discussion with KCRHA 5/30/23	KCRHA's public records officer has a protocol for communications to CoS and KC public records officers regarding public records requests.
Maintain positive relationships with CoS and KC and other jurisdictions, including electeds*	Discussion with KCRHA 5/30/23	KCRHA's CEO maintains executive-level relationships with the CoS mayor, deputy mayor and KC executive's office through regular meetings. KCRHA also has designated government relations staff persons for CoS and KC, and a Smartsheet to track responsiveness to CoS inquiries. Representatives from other jurisdictions (e.g., Sound Cities) sit on KCRHA governance and subregional planning team meetings. While KCRHA's basic fiscal and contracting operations have presented challenges that have sometimes escalated to CoS and KC senior management, and KCRHA has had difficulty staying ahead of negative media, a measure of success is that during the recent CEO transition, both CoS and KC leadership put forward communications of support.

*Topic not referenced in ILA or MSA; included in Monitoring Plan by agreement

Discussion

Create institutional alignment across systems. KCRHA’s subregional planning team has endeavored to partner with a wide range of other systems for both one-time and ongoing efforts. For example, KCRHA has led many systems in a regionally coordinated effort to address severe weather response. This area is a strength of KCRHA; however, there may be opportunities to clarify roles and develop formal agreements with key system partners.

Value subregional needs and priorities, etc. KCRHA has made solid progress in this area in developing subregional analytics and fostering partnerships with the seven identified subregions, including completion of one formal interlocal agreement. In 2023, they anticipate completion of 1-2 more, despite subregional planning staff having been pulled away during the first half of 2023 to prioritize supporting development of the 5-year plan.

Responsivity to requests from KC/CoS Council. KCRHA has adequate procedures in place for this topic

Notification of public records requests. KCRHA has adequate procedures in place for this topic

Maintain positive relationships with CoS and KC and other jurisdictions. KCRHA has procedures and government relations staff deployed to meet this goal. County and City leadership has remained committed to KCRHA, despite sometimes very challenging fiscal, contracting, and communications issues.

Findings – none.

Section VI – Data and Evaluation

Monitoring Topic	How information was gathered	Results
Ensure data-driven decisions [ILA IV 3.v.]	Discussion with KCRHA 5/30/23 Any related documents and procedures	For decisions regarding new funding, KCRHA incorporates performance and equity data. For example, more EHVs were allocated to smaller by/for agencies that serve greater-than-population proportions of special populations. KCRHA uses several data sources and HMIS is primary. The 5-year plan also leveraged data from the development of the Regional Action Framework and from state Department of Commerce.
Develop agreement(s) governing data, data analytics, performance measurement, evaluation, and privacy [MSA Roles IV.]	DSA	Completed
Decrease incidence of homelessness	Metric development and values over time	N/A for 2022 – no new metric development – should be reviewed during monitoring of 2023

<p>[Note: incidence = rate of new cases] [ILA IV.2.]</p>		
<p>Ensure consistent standards for comprehensive data collection, monitoring and evaluation of system and program performance [MSA V.9.]</p> <p>Collect and analyze</p> <ul style="list-style-type: none"> • a broad array of data reflecting performance and impact of funded programs. • data that enables tailored approaches for communities disproportionality impact by homelessness and different subregions <p>Establish community-informed indicators, performance measures and outcomes that draw on both quantitative and qualitative data [ILA IV 3.v.]</p> <p>Address racial-ethnic inequities in the development, delivery, and evaluation of services [ILA IV 3.iii]</p>	<p>Individual level outcomes (e.g., meeting participant needs, satisfaction, etc.)</p> <p>Program performance [comparative outcomes by service provider required by ILA VII 2.d.]</p> <p>System-level performance and outcomes</p> <ol style="list-style-type: none"> a. HUD metrics b. CEA operations c. Daily vacancy reporting d. Metrics by service type e. Evidence-based practices f. System capacity g. HMIS participation, quality h. Subregional variation <p>Metrics toward accomplishing 5-year plan</p> <p>Analysis of disproportionality in:</p> <ol style="list-style-type: none"> a. Language access b. Procurement and contracting c. Outcomes 	<p>N/A for 2022 – no new metric development. Unclear how KCRHA uses data/metrics to monitor evaluate program performance (other than for funding decisions) and to evaluate system performance. This area should be reviewed during monitoring of 2023</p>

Discussion

KCRHA has completed a datasharing agreement that addresses data governance, analytics, performance measurement and evaluation, and privacy. KCRHA uses a variety of data, most notably their HMIS, to make decision regarding funding and other resource allocation decisions. KCRHA obtains data and input from a wide range of stakeholders, with significant input from people with lived experience, to develop funding announcements and review funding decisions. It is less clear how KCRHA uses performance data within the context of program monitoring. Qualitative data from people with lived experience was obtained using innovative methods to conduct the most recently point-in-time homeless count. Stakeholder data/input as well as data from past reports and from state agencies was also obtained to inform the 5-year plan. KCRHA plans to establish new performance metrics for system and program performance, and as result, KCRHA’s use of data in monitoring, funding decisions, and overall system performance evaluation should be re-assessed when KC monitors KCRHA for CY 2023 performance.

Findings - none