Continuum of Care Board - Advisory Committee
Values and Project Priorities

The Seattle-King County Continuum of Care Board affirms the following values and prioritization considerations, anchored in love for our community, to guide the development of the FY22 Project Priority Listing:

1. Center our theory of change - If we create a homelessness response system that centers the voices of people who have lived experience of homelessness, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all - in the planning, programming and evaluation of Continuum of Care services.
2. Promote our mission to significantly decrease the incidence of homelessness throughout King County, using equity and social justice principles.
3. Promote equitable access and service provision with an intersectional and an anti-racist approach, serving those who are historically marginalized and disproportionately impacted by the experience of homelessness in our community, including but not limited to: the Black, Indigenous, Pacific Islander, Latine and Asian communities; the Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual, Two Spirit communities (LGBTQAI2S+); the Trans community[1]; people living with disabilities; people with foster care system involvement; the Elder community; people with carceral system involvement; people living with behavioral health conditions and substance use disorders; and all immigrant and refugee communities.
4. Develop a "culturally responsive system [that] values diversity, understands differences and develops services and supports to meet the unique needs of each community."[2]
5. Maximize our community response to homelessness while aiming to maintain as much HUD Continuum of Care Program funding in our CoC as possible.
6. Grow a proactive, accountable system through ethical practice - including partners to be transparent with their use of CoC funds - guided by transparency to those we serve to ensure funding is clearly and thoughtfully allocated.
7. Promote human-centered well-being and partnerships with a Housing First and Harm Reduction approach instead of further displacement or the criminalization of our unhoused neighbors.
8. Prioritize projects that:
    a. Elevate the voices of people with lived experience as experts in the development and implementation of planning, programming, and evaluation;

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[1] Currently, our Trans neighbors face genocidal attacks and political scrutiny aimed at erasing and dehumanizing. We must take thoughtful and committed action to uplift our Trans neighbors.

[2] William.Burleson. (2019, April 5). *Culturally responsive*. Minnesota System of Care - Department of Human Services. Retrieved February 23, 2023, from https://mn.gov/dhs/mnsoc/core-values/culturally-responsive.jsp#:~:text=A%20core%20value%20in%20a,unique%20needs%20of%20each%20community

b. Focus on those who are literally homeless (streets, shelter, transitional housing for youth and veterans, vehicle residents, and includes people fleeing and attempting to flee domestic violence, sexual assault, and stalking;

c. Actively participate in the Continuum of Care through demonstrable racial equity and social justice oriented practices that center community and are in alignment with values of community accountability, housing first, trauma-informed care, harm reduction, prevention, and whole person well being through focusing on what is meaningful to the individual;

d. Demonstrate commitment to power-sharing and deference to people with lived experience in organizational design and policy development processes through actions such as dedicated board seats or management positions;

e. Advance as a collective the goals of the CoC, including addressing racial disproportionality and achieving equitable outcomes for Indigenous, Black, Pacific Islanders and other people of color, trans individuals, broader LGBTQAI2S+ communities, and people living with disabilities;

f. Advance as a collective the goals of the CoC to support our Elder community - which is the largest growing population of those experiencing and at-risk of homelessness - to access dignified, appropriate housing to thrive as they age.

g. Have positive outcomes, as defined by the participant, to permanent housing and subsequent stability, including economic stability, as the primary focus;

h. Do not replace mainstream resources such as federally funded health insurance, cash benefits, and other federally funded behavioral health services;

i. Work to connect people served by CoC-funded programs with community-based, culturally responsive[3] resources;

j. Participate in the Homeless Management Information System with complete, high quality data per both local metrics and HUD data standards;

k. Demonstrate alignment with HUD Housing First standards[4] (including screening, program entry, person-centered services, and termination policies);

l. Perform well against HUD Continuum of Care goals and positively impact local system performance and equity outcomes;

m. Consistently meet and exceed operational standards for spending, match, occupancy, and reporting.

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[3] American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness. American Speech-Language-Hearing Association. Retrieved February 23, 2023, from https://www.asha.org/practice-portal/professional-issues/cultural-responsiveness/

[4] United States Interagency Council on Homelessness. (2016, September). *Housing First Checklist: Assessing projects and systems for a housing...* United States Interagency Council on Homelessness. Retrieved February 23, 2023, from https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf