Background

Per COVID-19 guidance issued by HUD and Washington State Department of Commerce, CE policies have the potential to protect those most vulnerable to the virus’ severe effects by speeding up connections to permanent housing for people at high risk of COVID-19 complications.

In response, the Coordinated Entry Policy Advisory Committee approved the COVID Prioritization Policy to be in place during the COVID pandemic.

Beginning October 12th, 2020 in order to quickly house people experiencing homelessness who are at high risk for developing serious and life-threatening health complications from COVID-19, Coordinated Entry for All will prioritize households for each Priority Pool* who are most disproportionately impacted by COVID-19, for all housing openings, using factors determined by Seattle King County Public Health.
No changes or new actions required for Assessors

Continue to follow Coordinated Entry processes as usual in terms of what is completed with households experiencing homelessness and entered in HMIS.

Housing Triage Tools will continue to be completed

The scores generated by HTTs will not be a factor used to prioritize households for COVID Prioritization, but still need to be completed with households with a minimum score of 4 due to certain COVID factors, CEA eligibility, and compliance with HUD CE mandates. Please be sure to indicate if a household member is pregnant and the due date in the HTT.

Service Match will continue during Case Conferencing

Prioritized households will continue to be matched to the resources that best meet their service needs & preferences, using existing tiebreakers as needed.
CEA COVID Prioritization Factors

as of October 2020
Individuals with pre-existing health conditions which put them at higher risk for mortality from COVID-19

Medical records containing any of the following risk factors:

- Diabetes
- Heart Disease
- Kidney Disease
- Lung Disease
- Sickle Cell Disease
- Weakened Immune Systems

Or the absence of any medical record

CEA COVID Prioritization Factors as of October 2020
Individuals of any race and ethnicity disproportionately represented in the homeless system & disproportionately impacted by COVID-19 related to risk of acquisition and severity of disease as captured by the Point in Time Count, HMIS & King County Public Health COVID-19 Data

Single or Multi-Racial Identity
- American Indian / Alaska Native
- Black / African-American
- Hispanic / Latinx
- Native Hawaiian / Pacific Islander

OR Multi-Race with any of the aforementioned

CEA COVID Prioritization Factors as of October 2020
Households who are pregnant*

*Households who indicate pregnancy on any Housing Triage Tool (Single Adult, Family, Young Adult) will be considered for COVID prioritization. However, to access housing resources for families, a VI-F-SPDAT must be completed for pregnant households.
Individuals at higher risk for mortality from COVID-19 based on age

- Between the Ages of 65 to 74
- Over the Age of 75

CEA COVID Prioritization Factors as of October 2020
CEA COVID Prioritization Schema

Households who refuse consent in HMIS will not be matched to medical data. The absence of a medical record will be captured in the Pre-Existing Condition or No Medical Record Risk factor.

Several constraints impact the number of households who can be prioritized simultaneously. In the event that a tier size exceeds the available prioritization capacity, randomization will be used within the tier in question to identify which households within that tier will receive prioritization first.

CEA COVID Prioritization Factors as of October 2020

*Households who indicate pregnancy on any Housing Triage Tool (Single Adult, Family, Young Adult) will be considered for COVID prioritization. However, to access housing resources for families, a VI-F-SPDAT must be completed for pregnant households.