CEA Policy Advisory Committee
COVID Prioritization Status Update

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DCHS PERFORMANCE MEASUREMENT AND EVALUATION

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DATA AS OF FEBRUARY 19, 2021. SOURCE: KING COUNTY HMIS

King County

Background

Per COVID-19 guidance issued by HUD[1] and Washington State Department of Commerce[2], CE policies have the potential to protect those most vulnerable to the virus' severe effects by speeding up connections and providing flexibility to lower barriers to permanent housing for people at high risk of COVID-19 complications.

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 who are most disproportionately impacted by COVID-19, for all housing openings, using factors determined by Public Health-Seattle & King County (PHSKC).**

1. https://files.hudexchange.info/resources/documents/Changes-to-Coordinated-Entry-Prioritization-to-Support-and-Respond-to-COVID-19.pdf

2. https://deptofcommerce.app.box.com/s/mx4yx38vuuhtq3uf2a45uxfmc6dccw8b

Risk Factors

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. Currently:

- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Hispanic/Latinx

Individuals at higher risk for mortality from COVID-19 based on Age

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

Households who are pregnant

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

Data sources: King County HMIS, Washington State Medicaid Claims Data, Public Health-Seattle & King County Healthcare for the Homeless Network
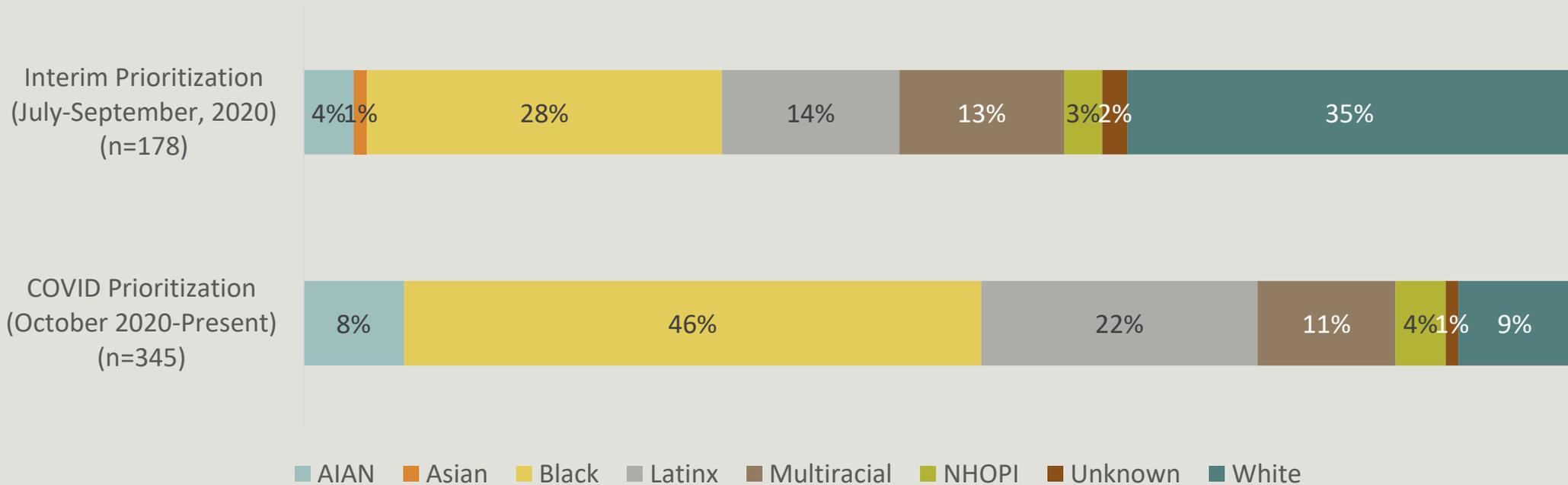
Status Update

COVID Prioritization was approved by the CEA Policy Advisory Committee on September 24, 2020 and implemented by staff on October 9, 2020.

Since then, 345 households have been prioritized using the COVID Prioritization Method.

Population	Households Prioritized
Families	104
Single Adults	168
Youth & Young Adults	73

Race/Ethnicity

Heads of households prioritized using COVID Prioritization were **more likely to be BIPOC** than those prioritized using Interim Prioritization.

	AIAN	Asian	Black	Latinx	Multiracial	NHOPI	Unknown	White
Interim Prioritization (July-September, 2020) (n=178)	4%	1%	28%	14%	13%	3%	2%	35%
COVID Prioritization (October 2020-Present) (n=345)	8%		46%	22%	11%	4%	1%	9%

Age

Among Families and Single Adults, heads of households prioritized with COVID Prioritization **were older** than those prioritized with Interim Prioritization. This was particularly pronounced for Single Adults.

Average Age of Head of Household in Years

	Interim Prioritization (July-September, 2020)	COVID Prioritization (October 2020-Present)
Families	31.7	36.5
Single Adults	41.2	65.4
Youth & Young Adults	21.1	21.1

VI-SPDAT Scores

The average VI-SPDAT Score for households prioritized with COVID Prioritization **was lower** than for households prioritized using Interim Prioritization, especially among Single Adults.

	Families	Single Adults	YYA
Interim Prioritization	14.3	15.6	10.6
COVID Prioritization	10.1	8.5	9.4

■ Interim Prioritization (July-September, 2020)   ■ COVID Prioritization (October 2020-Present)