Coordinated Entry Committee Regular Meeting Minutes

Roll Call

Name	
Devin Konick-Seese	**P**
Noah Fay	**P**
Eddy Matlock-Mahon	**P**
Martha Lindner	**P**
Porscha Anderson	**A**
Patricia Sam	**P**
Elliot Hart	**P**
Kelsey Beckmeyer	**P**
Zsa Zsa Floyd	**P**
Sherry Tillman	**P**
Finn Rogers	**P**
Mustafa Mohammed	**P**

- Roll Call – 11 members present – 1 member absent
- Quorum - Met

Land Acknowledgement & Theory of Change

- **Land Acknowledgement:** The King County Continuum of Care Board acknowledges that we work on the unseated traditional lands of the Coast Salish peoples, especially the first peoples of Seattle, the Duwamish people. The original stewards of the land, past and present. We honor with gratitude the land itself and the Duwamish tribe. This acknowledgement only becomes meaningful when combined with accountable relationships and informed action and is the first step in honoring the land that we today sit on and their peoples.

- **Theory of Change** – If we create a homelessness response system that centers people who have lived experience of homelessness, then we will be able to meet needs and eliminate inequities, in order to end homelessness for all.

Amend Agenda – Vote

- Motion: Amend January 2026 agenda to add a public comment to agendas– Eddy Matlock-Mahon
- Second – Martha Lindner
- Vote: Passed with 9 Yes Votes

Name	
Devin Konick-Seese	**Y**
Noah Fay	**Y**
Eddy Matlock-Mahon	**Y**
Martha Lindner	**Y**
Porscha Anderson	**A**
Patricia Sam	**Y**
Elliot Hart	**Excused Late Arrival**
Kelsey Beckmeyer	**Y**
Zsa Zsa Floyd	**Y**
Sherry Tillman	**Y**
Finn Rogers	**Y**
Mustafa Mohammed	**Y**

Minutes Review

- Motion: Approve December Meeting Minutes – Devin Konick-Seese
- Second – Kelsey Beckmeyer
- Vote: Passed by voice vote

Public Comment

Email from Dr. Leslie Enzian– read by Zsa Zsa Floyd

Hello Tom, Zsazsa and Catherine,

I observed the December CE meeting as a public member but there was not an opportunity to provide public comment. (I believe that the committee meetings are supposed to allow for opportunity for public comment but please let me know if this is not correct.) I am forwarding some of my thoughts about CE that I hope could be shared with the CE Committee & Assessment Pilot Work group (APW).

- Thank you to the CE and APW group for your work on optimizing the CE process! This work is very needed!
- Changing the vulnerability assessment tools alone will not be sufficient to optimize the CE process.
    - Many of those applying for CE complete all the needed paperwork but can't get past the requirement to have a case manager.
    - If case manager assignment continues to be a requirement, I feel that the CE process needs to include connecting clients to a case manager in a timely fashion. Perhaps collaboration with housing case managers at Catholic Community Services, for example, might be an option.
    - The current process of requiring each case manager to attend meetings daily to advocate for prioritization of their clients is profoundly inefficient and takes time away from other case management work. Ideally, a new, efficient process would replace this.
- The current CE criteria do not prioritize those who have very serious medical issues who have a high short-term risk of death (such as those with metastatic cancer or renal failure requiring dialysis) .
    - I hope that the new process might allow for certain serious medical diagnoses to automatically qualify for high prioritization.
    - In years past, for example, patients requiring dialysis treatments rose to the top of the priority list.
    - More recent vulnerability scores have prioritized those with issues in many different arenas (for ex, mental health issues plus substance use issues plus medical issues) but do not prioritize those who have a significant issue in one area (such as metastatic cancer without mental health or substance use issues).
- I will be interested in seeing how the pilot Housing Triage Tool will integrate medical illness.
- The VAT does not include prioritization of medical issues and I wonder whether using the mini-VAT for the second phase assessment will miss medically fragile clients.

Please let me know if you feel any of my considerations do not accurately reflect the current or proposed process. Thank you very much for your consideration of these concerns!
Leslie Enzian

Meeting Topic: Update Assessment Pilot

- The Assessment Pilot Workgroup met this week and is currently reviewing the first draft of Phase 1 of a proposed triaging assessment tool intended for community piloting.

- The draft assessment has been shared with workgroup members, KCRHA executive leadership, and HUD technical assistance providers for review.
- The workgroup has expanded to include technical assistance partners and Pele Tracy (UW Information School), who will support the evaluation component of the pilot.
- Members have begun the review and editing process, which is currently underway.
- No firm timeline has been set for finalizing the draft; leadership does not want to overcommit before the scope of revisions is clear.
- The group expects to meet again in the coming weeks, at which point a clearer timeline may emerge (ranging from several weeks to a few months).
- Discussions address both the assessment tool and the implementation process, including how the tool will be introduced and used by people experiencing housing crises.
- Once a final draft and implementation approach are ready, the proposal will be brought back to this body for review and a vote on next steps.

Meeting Topic: Coordinated Entry Operations

- The Coordinated Entry team continues efforts to re-engage coordinated entry providers through reconvened subpopulation leadership teams (young adult, single adult, and family).
- Ongoing engagement with providers has focused on feedback from frontline staff regarding what is working and what is not within current coordinated entry processes
- A key concern raised consistently by both navigators and housing providers is dissatisfaction with the daily unit posting and daily nomination cadence, which is viewed as inefficient and challenging for quality matching.
- Housing providers indicated that the daily cadence creates pressure and may reduce the quality of referrals to housing programs.
- Extensive outreach, including surveys and multiple engagement efforts, particularly with young adult providers, reinforced this feedback.
- The team is developing and reviewing alternative unit posting and office hours models, including options for posting and tie-breaking two to three times per week instead of daily.

- Proposed changes aim to balance improved matching quality and system efficiency with the need to minimize housing unit vacancies and maintain urgency in referrals.

- Draft options are being shared with young adult and single adult leadership teams, and feedback is being incorporated into ongoing revisions.

- The proposals will move through KCRHA governance structures, return to leadership teams for comment, and ultimately be brought to this body for endorsement.

Feedback on Dr. Enzian's Letter

Eddie Matlock-Mahon stated that "a majority" of the points raised in the letter are already being addressed in the workgroup, including "revising the schedule for office hours or nominations" and "redoing the whole assessment."

He noted the workgroup is "looking at incorporating those health questions back into some type of the assessment."

Eddie clarified that "case managers having to attend every day, that's just not the case," explaining that "it's all done through a form".

He acknowledged that "the daily grind is not ideal" and said the concerns expressed in the letter are "being addressed and maybe even incorporated."

Noah Fay agreed, saying that the concern about "super highly vulnerable people not getting prioritized by our system" is "the rallying call of this work."

He emphasized that "how you define that is always kind of where it gets tricky," particularly around medical acuity.

Noah stated that calling out "high medical needs is a fair point," noting that "the acuity of somebody's need doesn't necessarily always get factored into how we prioritize them."

He explained that the pilot is focused on better alignment between people and resources, noting that "we don't take nearly enough time as a community to find people who need the sorts of resources that our limited housing resources provide."

Using an example, Noah said "metastatic cancer… makes someone super highly vulnerable," but "does that always mean somebody needs the kind of supports that housing resource offers? Maybe, maybe not."

He concluded that the goal is to move away from a “really blunt effort of finding people and then just sticking them to whatever housing we have,” and expressed appreciation for the concerns raised in the letter, stating “that’s what we’re trying to solve for here.”

Dr. Sam, a frontline crisis case manager, emphasized the need to “reassess how we are housing our clients,” stating that “we’re really in crisis.”

She described serving a diverse population, including working families newly facing eviction, and noted that health and mental health challenges are driving displacement, with people cycling in and out of housing.

Dr. Sam highlighted the lack of emergency placement options and the seriousness of public health concerns, including hospitalization and suicide ideation.

She expressed concern that housing placements can feel like “filling the building,” stressing the importance of case management, warm handoffs, and advocacy.

She raised concerns about funding cuts, Medicaid changes, and added client requirements, which may increase instability.

Dr. Sam emphasized that many clients lack basic life and advocacy skills, such as paying rent, and without more intentional, hands-on support, they risk eviction and returning to homelessness.

She called for stronger assessment, skill-building, and tailored housing supports to help clients succeed long term.

➢ Tom’s Wrap Up Comments

Tom emphasized the need to stay focused on prioritizing the highest-need individuals who require permanent supportive housing, noting that this work requires deeper cross-system collaboration than HMIS data alone can provide.

He acknowledged that critiques of the current and past systems are “valid and legitimate,” while also providing context for why current prioritization exists, including the decision to move away from earlier assessment tools that perpetuated racial and systemic inequities.

Tom highlighted the shift toward medical-grade administrative data and COVID prioritization, which focused on identifying who is most at risk of dying on the streets and prioritizing them for limited supportive housing resources.

He noted ongoing misalignment between housing interventions (e.g., permanent supportive housing vs. rapid rehousing) and acknowledged that the system has not always gotten this right, but that these issues are actively discussed by his team and the assessment pilot workgroup.

Tom stressed the importance of creativity within coordinated entry policies, working closely with housing providers to ensure high-need individuals are prioritized appropriately.

Looking ahead, he identified cross-system partnership as a top priority, citing work with jail health services, public health, emergency rooms, medical respite, sobering centers, and behavioral health systems to better align services for high utilizers with complex needs.

He shared recent efforts to convene partners to address gaps in serving individuals with severe alcohol use disorder, recognizing that "we can't do it alone."

Tom described his stance for the year as one of openness and invitation, paired with a challenge to partners to show up consistently, noting that "it's not always 'if you build it, they will come.'"

He emphasized that coordinated entry cannot be expected to "make up for every other system failure," calling for realism about what the system is and is not designed to do.

Tom concluded by inviting partners who see gaps or have ideas to commit to collaboration, stating that while his team will "set the table," meaningful change requires steadfast partnership and shared responsibility.

➢ Discussion

Mustafa Mohammed:

- Raised the issue of immigrant status, refugees, and deportations, noting that many are struggling with homelessness and asking if this is included when talking about marginalized communities like LGBTQ+, BIPOC, and others.
- Asked why Coordinated Entry isn't partnering with the King County Health Board, mentioning his experience with the CHIP program and suggesting collaboration could be helpful.
- Highlighted that health and homelessness are interconnected, both mental and physical, and this was part of why the CHIP program was created—to address the overlap.

Tom Regan:

- Agreed this is a critical topic and thanked Mustafa for raising it, saying immigrant rights intersect with homelessness and need more attention.
- Clarified that some programs in Coordinated Entry (e.g., rapid rehousing, diversion services) may fit refugees, asylum seekers, or migrants, but permanent supportive housing isn't always a perfect fit due to chronic homelessness or disability requirements.
- Emphasized the importance of setting realistic expectations for what Coordinated Entry can offer: it's a "front door" to triage needs, not a magic solution for all housing crises.

- Expressed interest in connecting with other systems and programs that could serve immigrants and asylees, noting Coordinated Entry can help triage to those options.
- Reinforced the importance of educating providers and community members about rights, particularly regarding interactions with ICE and federal authorities.
- Mustafa emphasized health as central to homelessness solutions, and Tom agreed, noting the importance of collaboration with health and other systems to support vulnerable populations.

Next Steps & Adjourn

Motion to adjourn meeting – Zsa Zsa Floyd
Second – Eddy Matlock-Mahon

- **Next meeting: February 19, 2026; 10:00 AM – 11:00 AM**