



**KCRHA**  
King County Regional Homelessness Authority

# **Coordinated Entry Assessment Pilot Project**

Presentation for the CoC Board

May 6th, 2026

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# Agenda

- Background
- Problem & Objectives
- Methods
- Results
- Next Steps
- Future Opportunities
- Q&A



# Background

- Seattle/King County Coordinated Entry **has not used** VI-SPDAT for prioritization since **October 2020**
- VI-SPDAT: invasive questions, perpetuates racial inequity
- COVID Prioritization: medical administrative data to prioritize based on risk factors for COVID-19, in partnership with SKC Public Health and others
- As of April 2023:
  - 1. self-reported length of current episode
  - 2. survivors fleeing or attempting to flee
  - 3. unsheltered



# Problems & Objectives

- Current system lacks an assessment that aligns with prioritization
- Length of time homeless presents issues:
  - Lack of equity
  - Self-report
  - Does not represent other known risk factors for chronic homelessness: age, race & ethnicity, gender identity, medical or behavioral health conditions
  - Does not consider other major vulnerabilities such as pregnancy status



# Problems & Objectives

Year	Total Referrals	Successful Referrals	Denied Referrals
2024	2,525	1,414 (56%)	1,111 (44%)
<b>2025</b>	<b>2,187</b>	<b>1,203 (55%)</b>	<b>984 (45%)</b>



# Problems & Objectives

Denial Reason	2024 #	2025#
Total denials	1,111	984
<i>Client refused</i>	<i>399</i>	<i>272</i>
Unable to connect with client	219	163
<i>Ineligible upon referral</i>	<i>142</i>	<i>124</i>
Self-resolved – client housed	51	122
<i>Denied by property manager</i>	<i>91</i>	<i>109</i>
Program full/no availability	46	37

**54% of CE referral denials during 2024 and 2025 were due to either client refusal or a reason related to a service misalignment**



# Problems & Objectives

- Objective:
  - Utilize an assessment for prioritization
  - Develop one via focus group and pilot its reliability & validity
- Goals:
  - Equity in the CE system
  - Prioritize the most vulnerable in our community
  - Maintain efficiency of current CE process



# Methods

- Landscape analysis
  - Reviewed 7 VI-SPDAT alternative assessments against goals and priorities of our community
- Focus group sessions
  - Members of CEC representing Single Adult, Family and Youth sub-populations as well as members of Medical community, and some of whom have lived experience of homelessness

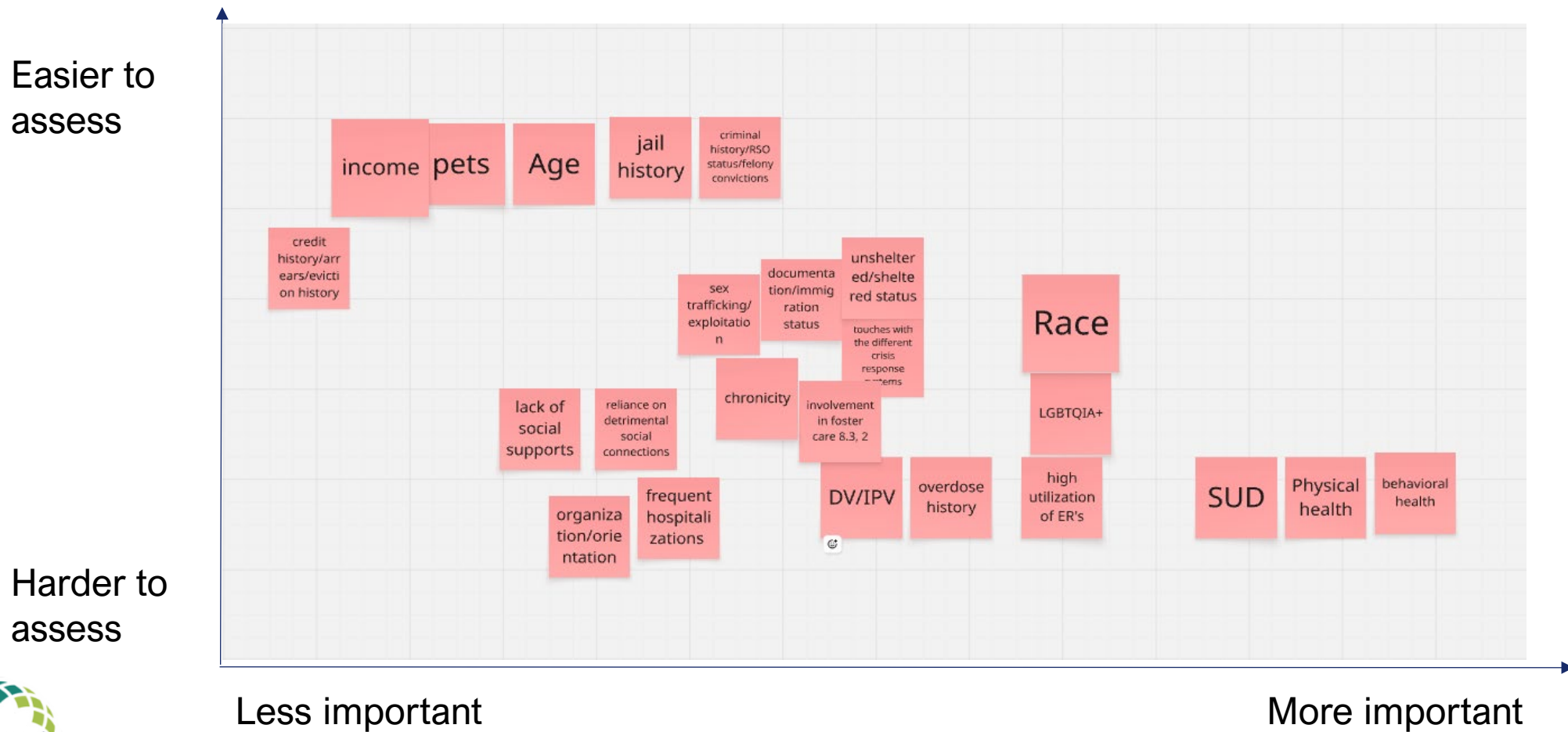


# Methods

- Tool development
  - Step 1: Identify risk factors
  - Step 2: Organize by severity
  - Step 3: Organize by difficulty to assess
  - Step 4: Factor selection
  - Step 5: Workshop questions



# Methods



# Results

- Phased assessment approach
- Initial triage/prioritization assessment:
  - Triage: Diversion, RRH, or PSH?
  - If diversion, connect as appropriate
  - Prioritize for RRH
  - PSH, next phase
- Second phase prioritization assessment:
  - Only provided if triaged as needing PSH
  - Collect more data on health, behavioral health, and other vulnerability risk factors
  - Use to prioritize for PSH



# Results

- Domains
  - Opening triage
  - Prior/current living situation
  - Household size & composition
  - Demographic information
  - Health
  - Eviction history
  - Legal challenges
  - Culturally specific services
  - Social Supports



# Next Steps

- Complete assessment tools May 2026
- Circulate for feedback June 2026
- Develop evaluation May/June 2026
- KCRHA approval June 2026
- Bitfocus co-development in Clarity HMIS June 2026
- CEC approval June 2026
- CoC Board approval July 2026



# Future Opportunities

- Collaboration with medical, behavioral health and public health partners
- Potential avenues for data sharing to inform prioritization
- Increased system collaboration
- Validate HMIS data (including data in this assessment) with other admin system data



# Discussion & Questions





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# Thank you.

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