

Charlotte-Mecklenburg CoC **Coordinated Entry Vulnerability Review**

The Coordinated Entry Vulnerability Review process is used to review cases of households with high vulnerability (defined below) who are unable or unwilling to complete a VI-SPDAT assessment and/or the Supplemental Prioritization Tool, or whose vulnerability score does not reflect their true vulnerability. The purpose of this process is to provide a safety net for individuals where the tool did not reveal the full depth and/or nature of their vulnerability and is not a side door to the Continuum of Care (CoC) approved prioritization process. It is to be used to prioritize the minority, not majority of households experiencing homelessness in the Charlotte-Mecklenburg CoC. This process ensures that the most vulnerable households experiencing homelessness are considered and prioritized for available housing resources. This review process allows for some element of individual attention and conversation in the prioritization process, but at the same time still maintains a uniform, transparent process. Households who are approved through the vulnerability process will be prioritized for the next available housing slot for which they are eligible.

Referral Criteria

A household on the CoC By-Name List may be referred to the Vulnerability Review Subcommittee if they meet one or more of the following criteria.

- ❖ Severe Mental Health Condition, Severe Substance Use Disorder, or Developmental Disability – A household member has a severe and persistent mental health condition, severe substance use disorder, or developmental disability, observed over time, that manifests in at least two of the following:
 - Interferes with the person’s ability to complete Activities of Daily Living
 - Results in self-neglect, putting the person’s health, safety, or well-being at risk
 - Impairs the person’s ability to understand and perceive his or her illness
 - Prevents the person from being able to complete a VI-SPDAT and Supplemental Prioritization assessment

- ❖ Frequent MEDIC/Emergency Room User – The person is a high utilizer of local emergency services and is on the Frequent MEDIC User list and/or the Frequent ED User list of a hospital system.

- ❖ Severe Medical Conditions - The person has either:
 - More than one chronic health issue with his or her liver, kidneys, stomach, lungs, or heart that impacts daily functioning or requires intense medical management (e.g. dialysis, oxygen).
 - A terminal illness.

Vulnerability Review Subcommittee Membership

The Vulnerability Review subcommittee (VRSC) of the Coordinated Entry Oversight Committee (CEOC) and will be the CoC Manager (or designated staff) and two individuals who have practical knowledge of the homeless population and preferably have a clinical background. Persons who would make a referral to the subcommittee (case managers, outreach workers) or who work for a permanent supportive housing provider are not permitted to serve on the VRSC.

Subcommittee members will be elected from the CEOC membership during July of each year and will serve a term of one year. The CoC Manager (or designated staff) will serve as Chairperson and receive all Vulnerability Review requests. On a quarterly basis, the Chairperson will report out to CEOC on the number and nature of the requests submitted and the outcome of the requests.

All VRSC members will sign an agreement acknowledging the information received will be used for the sole purpose of determining if the client should be prioritized for housing resources and will not be shared outside of the subcommittee's review process.

Referral Process

Referrals must come from the individual's case manager/outreach worker.

1. Referring worker completes a VR referral form via [Qualtrics](#) which includes a write up detailing the reason for the referral and any supporting documentation. Referring worker must de- identify the referral form to protect client confidentiality.
2. The VRSC will review within one week of receiving the referral.
3. The VRSC may discuss the case further with the referring worker, request additional documentation, and/or seek additional consultation before making a decision. They can choose to staff the case via conference call or meet in person.
4. The VRSC Chairperson will document its final decision. If the decision is favorable, the VRSC Chairperson will notify the Coordinated Entry Supervisor and the referring worker. If not favorable, committee will notify the referring worker.
5. If approved, the referring worker will proceed with completing a permanent supportive housing application and will send the application to the Coordinated Entry Supervisor, in line with the current process for all completed PSH applications.
6. Coordinated Entry Supervisor will keep a list of all completed applications that were approved through this process.

Vulnerability Review Referral Form

[Submit form via Qualtrics](#)

Today's Date:

VI SPDAT Score:

Date of VI SPDAT Score:

Supplemental Tool Score:

Date of Supplemental Tool Score:

Referring Caseworker:

Referring Case Worker Contact Information: _

Length of interaction with this household:

Veteran: YES _ NO

Reason for the Referral (*circle/highlight the reason(s) for referral*)

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 - A terminal illness.

Please write a detailed reason for referral, citing examples and evidence observed over time. Supporting documentation must be provided including a copy of the completed VI SPDAT and Supplemental Score. Supporting documents could include medical records, MEDIC/ED utilization verifications, court documents, Comprehensive Clinical Assessments, third party documentation form or statement/letter, etc. **The person completing this referral must de-identify the referral form and all supplemental documentation to protect client confidentiality.** Failure to do this will result in referral not being reviewed until corrected.

Updated April 2024