

Incorporating Medical Complexity into Coordinated Entry

PURPOSE

This policy integrates medical complexity into Austin/Travis County's Coordinated Entry system so that those with serious health vulnerabilities are identified, prioritized, and connected to appropriate housing pathways - reducing avoidable suffering and early death.

NATIONAL COC RESEARCH

- Communities use medical case conferencing and assessment-based identification to elevate individuals with significant medical needs.
- Many communities are increasingly integrating health-system data and service utilization patterns to identify medical vulnerability more accurately.
- A national trend is emerging toward data-driven, equitable prioritization methods that improve timely access to housing for medically complex individuals

COMMUNITY FEEDBACK

Healthcare Providers, Governance Committees and PLE, including AHAC and AYC members, broadly supported incorporating policies that would better serve medically complex individuals.

- Vulnerability Definition: Supported revisions that better capture medical complexity, functional impairment, and environmental risk.
- CE Revisions: Supported revisions to capture core and supporting factors associated with medical complexity, shift towards more plain and accessible language, and avoid stigmatizing framing
- Prioritization Approaches: Endorsed multiple mechanisms to elevate medically complex individuals, including endorsing a BNL Override process alongside the APAT+.

INDIVIDUALS WITH MEDICAL COMPLEXITY ARE THOSE WHO...

Core Criteria: Experience functional impairment caused or compounded by one or more chronic, life-limiting, or serious health conditions, with elevated risk of decline or death

MAY have additional Supporting Factors that heighten vulnerability: Medication and treatment needs, co-occurring conditions, functional or cognitive challenges, or exposure to unsafe or destabilizing environments.

MAY be Identified through Observable Indicators: Diagnostics, life-sustaining treatments or device dependence, readmissions, frequent ER or psychiatric hospitalizations, etc.

POLICY RECOMMENDATIONS

To achieve meaningful and measurable impact, it is critical that all components of Coordinated Entry operate in alignment - from defining vulnerability, to assessing for it, to prioritizing clients, and ultimately connecting them to housing.

VULNERABILITY	<p>Recommendation: Expand the definition of vulnerability to better capture individuals with high medical and behavioral health needs, functional impairments, and environmental or systemic risk.</p> <p>Proposed definition: Those least likely to self-resolve their homelessness without formal intervention, especially individuals whose medical complexity or environmental risks make remaining unhoused unsafe or life-threatening.</p>
COORDINATED ASSESSMENT	<p>Recommendation: Revise Coordinated Assessment to make medically complex individuals visible within CE data. Updates should:</p> <ul style="list-style-type: none"> • Replace VI-SPDAT-derived items with trauma-informed, plain-language questions. • Capture core and supporting factors of medical complexity definition • Establish clear assessor guidance, scripts, and training to ensure consistent and equitable administration <p>Impact: These changes ensure that medically complex clients are equitably identified and served, allowing the system to respond to health-related vulnerability in a consistent and data-driven manner.</p>
PRIORITIZATION	<p>Recommendation: Implement a tiered approach to elevate individuals with medical complexity within CE:</p> <ol style="list-style-type: none"> 1. Health-Risk By-Name List (BNL) Override – Immediate escalation for clients experiencing life-threatening medical crises. 2. Health Outcomes Domain Tiebreaker – Refines prioritization among clients with similar CA scores using health indicators captured in APAT. 3. APAT+ Model – Combines verified health data from healthcare partners with CA information to provide a comprehensive, equity-focused prioritization tool. <p>Impact: This tiered strategy ensures urgent cases are addressed promptly, supports consistent prioritization based on medical complexity, and allows longer-term integration of verified health data to proactively identify and serve high-risk individuals.</p>
SYSTEM ALIGNMENT	<p>Recommendation: Apply broader systems change to ensure CES policies achieve their intended impact. Key recommendations include:</p> <ul style="list-style-type: none"> • Enhanced data-sharing across housing + health systems • Increased staffing capacity to manage high-health-need clients, • Policies that support earlier identification and enhance coordinated care, such as: <ul style="list-style-type: none"> ◦ Provider Input Form ◦ PSH → Skilled Nursing/Long-term Care Transfer Policy ◦ Medical Case Conferencing

