

Title: 1.4.2 Priority Populations

Prepared By: CAFTH

Reviewed By: CE Ad Hoc Committee

Approved By:

Date Approved:

Domestic Violence Clients

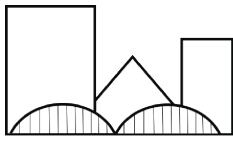
All Coordinated Entry staff working directly with victims of domestic violence will be trained on the complex dynamics of domestic violence, including privacy, confidentiality, VAWA Laws, a DV safety protocol plan within CES, trauma-informed care and a danger risk assessment. Additionally, clients who are attempting to flee domestic violence, stalking, intimate partner violence, and sexual assault are considered in this housing prioritization process.

When an outreach worker or a Coordinated Entry access point staff encounter a client who is attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or stalking, it is the decision of the client to complete intake, assessments or disclose information. Immediately following the victim disclosure, it is vital they are immediately informed of their rights as a victim and their options of completing/continuing their interaction with the general service providers, call a hotline and/or access a victim service provider.

If the client is interested in obtaining shelter or emergency services, the worker will disclose all of the client’s options while reviewing any requirements of each shelter/service, to ensure the client feels safe and in control throughout the process. If/when during the assessment process other needs and/or services are desired by the client the worker will complete a referral to a DV service provider.

All Individual victims of domestic violence will be assessed via the VI-SPDAT or TAY-VI-SPDAT ONLY if an assessment is desired by the individual. This will require the service provider to explain the SPDAT, its purpose and how it is used once completed. The assessment(s) completed are only to gather vulnerability of the client.

HMIS data will not be entered for confidentiality and safety concerns for this population. No information will be requested by any participating organization which may compromise the safety of the victim. No information about a victim will be provided to any individual who is not directly involved with providing outreach, shelter, or housing placement options for the victim.



Warm-Hand Off

For the purpose of this policy, a hand off of any type will only occur when the client is in agreement with changing from one provider to another. When a non-victim service provider encounters clients fleeing domestic violence, as described above, they will complete a 'soft hand off' to a victim service provider. The service provider will not write down or enter any of the clients information on paper or on an electronic device.

It is the responsibility of the first/initial service worker to inform the client of their rights including safety and confidentiality. Regardless of what access point a survivor enters, when they disclose or report they are a survivor they must be appropriately referred to a DV specific provider.

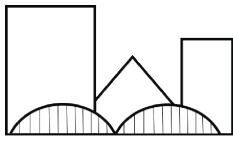
Families Fleeing Domestic Violence

All families facing homelessness in Memphis/Shelby County are referred, processed and serviced by MIFA. CAFTH recognizes there may be other providers who work directly with families facing homelessness, and the policies below also apply to their practices.

All staff working directly with victims of domestic violence will be trained on the complex dynamics of domestic violence, including privacy, confidentiality, Coordinated Entry implemented safety protocol planning, trauma-informed care, a danger risk assessment, and recognition of emergency situations physically and virtually.

If a family member indicates that they are domestic violence, IPV, stalking, sexual assault or trafficking victim, MIFA will provide services as needed and make a referral to a Victim Service Provider (VSP). Referrals are made on behalf of domestic violence victims only when desired by the client.

If a victim presents to MIFA within 48 hours of victimization, their self-report is considered valid documentation. This qualifies them to access shelter/housing assistance. The client should be given complete control over their access and engagement with services. MIFA will complete a referral for all domestic violence clients encountered, which does not require the clients to access the services provided through VSPs. MIFA will reassure and inform all clients referred to victim service providers that they will not be required to provide any documentation to access those services, and that their identity and safety are put first by VSPs.



Youth Clients (18-24 years of age)

Unaccompanied youth are a prioritized population within the CoC due to their increased level of vulnerability. Unaccompanied youth are defined as youth 18-24 years of age who are not part of a family unit. Youth homelessness differs from adult homelessness in that youth who are couch surfing are considered literally homelessness because they are still experiencing a housing instability crisis.¹ Unaccompanied youth who are also pregnant or parenting are also prioritized within this category for family-based services. Coordinated Entry can be used to coordinate non-HUD-funded housing and supportive services, as well as HUD-funded ESG and non-homelessness dedicated HUD programs that may be able to serve those youths who are considered “homeless,” “runaway,” or “at-risk” by other federal definitions.

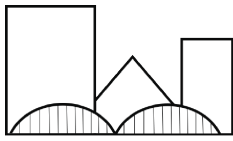
Youth prioritization in Coordinated Entry focuses on reducing the number of interviews that require sharing personal information and the risk of reliving traumatic experiences. Just like when a referral is made for an adult, youth should be oriented and guided through the housing referral process, outlining what is expected of them and what they should expect from the program.

All Coordinated Entry staff working directly with unaccompanied youth will be aware of youth brain development, positive youth development frameworks, and trauma frameworks. Those working with youth will also be responsive to the characteristics and needs of youth, including age, race, ethnicity, sexual orientation, gender identity, gender expression, and language, including but not limited to culturally appropriate terms involving human trafficking, domestic violence, LGBTQ+ youth, and pregnant or parenting youth. The goal of prioritizing youth is to lower the burden on youth, while expanding their access to the programs and services already in place.

Youth who do not score/rank high enough for certain housing services should still be referred swiftly to community resources like counseling, mental health services, TANF, early childhood supports, education-based supports, and mainstream services. Prioritization of housing for youth should never hinder their connectivity to an emergency shelter or RHY programs.

Veteran Clients

¹ Department of Housing & Urban Development. (2014). *HUD's homeless definition as it relates to children and youth*. Retrieved from: <https://files.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf>



According to the CoC Program Interim Rule, the CoC may not establish a separate access point and assessment process for veterans. However, a coordinated entry process may allow VA partners to conduct assessments and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs. The Memphis/Shelby County CoC partners with VA providers to incorporate veteran and VA programming into the Coordinated Entry system and operates a Veteran By-Name list with the VA. Veterans are prioritized through this list and the regular By-Name list to ensure they have access to whichever housing programs best meet their needs.

All veterans are able to access services through the VA and any Coordinated Entry System access point. VA Homeless Center/VASH staff have been trained on the Coordinated Entry common assessment tools and are instructed to administer them on veterans who identify as homeless. Veterans must follow the same documentation policies, outlined in Section 4.2, for CoC programs as non-veteran participants.

The Memphis VAMC, in conjunction with the coordinated entry confidentiality agreement, have successfully formed a system for sharing data for the purposes of the By-Name List. This enables CAFTH to add incoming SSVF/GPD clients to the housing list for weekly discussion and outreach needs. VAMC staff attend bi-weekly Housing Prioritization meetings and have been trained on Coordinated Entry.