

**NYC** | Continuum  
**CoC** | of Care



**NYC Continuum of Care (CoC) NY 600  
Coordinated Entry System Policies and Procedures for the NYC  
Coordinated Assessment and Placement System (CAPS)**

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## **1. INTRODUCTION & OVERVIEW**

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a Coordinated Entry (CE) process—and that recipients of CoC Program and Emergency Solutions Grants (ESG) program funding within the CoC’s area must use that CE process. The requirement was established in the 2012 CoC Program interim rule (24 CFR 578) and the 2011 Emergency Solutions Grants (ESG) interim rule (24 CFR 576). In the HUD Coordinated Entry Notice CPD-17-01- Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017) the deadline of January 23, 2018 was established.

The HUD requirement to establish and operate a CE process is based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the CE process established and operated by the CoC to manage coordinated intake and assessment, standardize the prioritization process, and facilitate referrals to available housing and resources. CE processes are intended to help communities prioritize assistance to ensure that persons who are most in need of assistance receive it in a timely manner. When appropriate data are collected, CE processes can also provide information to CoCs and other stakeholders about service needs and gaps, which help communities strategically allocate their current resources and identify the need for additional resources.

To meet the HUD requirement of CE, the NYC CoC developed the Coordinated Assessment and Placement System (CAPS) to streamline and improve the assessment, prioritization, housing referral and placement process for homeless and at-risk households within the NYC CoC geographic region. CAPS assesses homeless or at-risk individuals and families for potential housing options, provides detailed instructions on how to apply for the housing options, prioritizes referrals (based in part on a Standardized Vulnerability Assessment), identifies vacancies for the household and places participants according to verified information on participant eligibility, participant preference and available vacancies.

### **1.1: CE Participation Expectations**

#### **Policy**

All CoC and ESG Program-funded projects are required to participate in the local CE (CAPS) system. The CoC aims to have all homeless assistance projects, whether CoC-funded or not, participating in its CE process, and is working with all local projects and funders in its geographic area to facilitate this participation. Given the size and complexity of NYC’s homelessness services continuum, CAPS expansion will continue to be phased based on available resources.

#### **Procedure**

As part of the annual CoC evaluation process, each project must confirm participation in CAPS. All DHS ESG-funded shelters, street outreach and prevention programs participate in CAPS which requires no confirmation.

### **1.2: CoC and ESG Coordination**

#### **Policy**

The CoC is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Programs funds.

#### **Procedure**

The CoC will include at least one representative from the local ESG recipients in its membership of the CE Governing Committee, the CAPS Committee. Additionally, at least annually, representatives from the CoC and the ESG recipient agencies will identify any changes to their written standards and share those with the CAPS Committee so that the changes may be reflected in the CAPS written policies and procedures document.

### 1.3: Guiding Principles

#### Policy

The CoC establishes the following guiding principles for its CE:

1. The CE will operate with a person-centered approach, and with person-centered outcomes.
2. The CE will ensure that participants quickly receive access to the most appropriate services and housing resources available.
3. The CE will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant’s immediate housing crisis.
4. The CE will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
5. The CE will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant’s needs and the best referral strategy for that individual.
6. The CE Housing Providers will operate a Housing First approach for clients.
7. The CE will integrate mainstream service providers into the system, including local Public Housing Authorities, VA medical centers, and additional City and State rental subsidies.
8. The CE will utilize the Coordinated Assessment and Placement System (CAPS) for the purposes of managing participant information and facilitating quick access to available CoC and non-CoC housing resources.
9. The CE will use prioritization to ensure individuals are connected to necessary housing and services and match those with greatest need.
10. The CE will ensure participants have fair and equal access to the system, are free from discrimination and have the ability to contact the CE for further information.
11. The CE will ensure that the CAPS Committee and other sub committees reflect and represent the communities served by CAPS through ongoing work on the Diversity, Equity and Inclusion Committee.

### 1.4: Terms & Definitions

<b>Access Points</b>	Access points are the places – either virtual or physical – where an individual or family in need of housing assistance (homeless prevention resources, shelter, Transitional housing (TH), Rapid Re-housing (RRH), Permanent Supportive Housing (PSH) or mainstream housing resources) accesses CAPS. Access points include, but are not limited to; street outreach teams, dialing 311, the Veteran’s Administration Health Centers (VAHC), hospitals, shelters, Community-based Organizations (CBO’s), jails/prisons, and many others. In many cases, the Access Point is also the Referral Agency, which can complete a supportive housing application on behalf of the participant.
<b>Clients Awaiting Placement List</b>	The list in the CAPS system of all approved NYC supportive housing applications. This list includes clients on the BNL, a subset of the Clients Awaiting Placement List. Most NY/NY (including CoC) projects and all NYC 15/15 projects are required to accept referrals exclusively from this list, updated in real time in the CAPS system and accessible to all placement entities for referrals. For all participants, appropriate privacy protections will remain in place.
<b>Assessment</b>	In the context of the CE process, HUD uses the term “Assessment” to refer to the use of one or more standardized assessment tool(s) to determine a household’s current housing situation, housing and service needs, risk of harm or victimization, risk of future or continued homelessness, and other adverse outcomes. In the context of CAPS, the Coordinated Assessment Survey (the Survey) is a standardized assessment tool which helps determine the participant’s potential eligibility for housing and/or homeless prevention services.
<b>Assessor</b>	An assessor is anyone completing a survey on behalf of a participant to determine potential eligibility for housing and/or homeless prevention

	<p>services. The HRA PACT unit assigns each participating agency a unique ID and adds additional users to that agency as needed. Each assessor is tagged with an identifiable username and password, and usage is monitored and governed by HRA data protection and confidentiality policies, which are following the HUD established HMIS privacy and security requirements.</p>
<b>By-Name Prioritized List (BNL)</b>	<p>All CoC-funded and NYC 15/15 housing projects are required to accept referrals only from the BNL maintained in the CAPS system. The list is populated with all approved supportive housing applications of clients, determined to be HUD chronically homeless and HIGH vulnerability, updated in real time in the CAPS system and is accessible to all placement entities for referrals. For all participants, appropriate privacy protections will remain in place.</p>
<b>BNL Case Review</b>	<p>Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community with all relevant government and nonprofit partners. The case review focuses on participants on the BNL to provide holistic, coordinated, and integrated services across providers, and to reduce duplication of services.</p>
<b>Chronically homeless</b>	<p><u><a href="#">HUD's definition:</a></u>  <i>Chronically homeless</i> means: (1) A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> <li>i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND</li> <li>ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.</li> </ul>
<b>NYC Continuum of Care (CoC)</b>	<p>Group responsible for the implementation of the requirements of <u><a href="#">HUD's CoC Program interim rule</a></u> in the entire geographic region of NYC, including all 5 boroughs. The CoC is composed of representatives of organizations, including nonprofit homeless service providers, victim service providers, government agencies, advocates, social service providers, mental health agencies, affordable housing developers, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.</p>
<b>Continuum of Care (CoC) Program</b>	<p>HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.</p>
<b>Coordinated Assessment and Placement System (CAPS)</b>	<p>CAPS is NYC’s CE system and it covers the entire geographic area claimed by the NYC CoC (i.e. all areas located in the 5 boroughs). The development of CAPS requires multiple phases, extensive evaluation and strategic input from the entire NYC homeless services system. CAPS is a multi-year, multi-stakeholder, city-wide systems change to prioritize the most vulnerable for scarce resources.</p> <p>In October of 2020, the PACT System was replaced with CAPS. CAPS is an external, web-based system available to over 1200 agencies, 4,000 sites and almost 7,000 users across NYC. The users can submit a survey a supportive housing application, receive referrals for vacant supportive housing units and submit move in and move out data.</p>

<b>Coordinated Assessment Survey (The Survey)</b>	The Survey is the entry point into the CAPS system. The Survey is a web-based, point in time assessment of household demographic, income/employment, health and legal information provided by the participant to help determine potential eligibility for housing and/or homeless prevention services. Completed surveys are viewable in the CAPS system for 6 months.
<b>Emergency Shelter</b>	Short-term emergency housing available to persons experiencing homelessness. New York City has the right to shelter for single adults over the age of 18 and families with children, the majority of which are housed in the DHS shelter system. The right to shelter does not extend to individuals under the age of 18 or to DV survivors. There are different assessment centers for single adults (males and females), adult families and families with children.
<b>Emergency Solutions Grant (ESG) Program</b>	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
<b>Functional Impairment</b>	The Standardized Vulnerability Assessment (SVA) includes a participant’s functional impairment(s) as a part of determining vulnerability. The following are examples of functional impairments; needs some or direct assistance with shopping and meal preparation, housekeeping, money management, personal hygiene, traveling, managing health and behavioral health.
<b>Homeless Management Information System (HMIS)</b>	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards. The NYC CoC HMIS Project is managed by the HMIS Lead Agency, NYC DSS.
<b>Housing First</b>	Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.
<b>Housing Provider</b>	A housing provider is any housing and service provider who receives referrals of eligible clients for permanent supportive housing. The housing provider reports vacancies to the placement entities, conducts participant interviews, selects participants for housing vacancies, houses and provides services to participants and reports on participant outcomes to the appropriate service contracting agency.
<b>Noncitizen</b>	Noncitizens are individuals who are not legally citizens of the United States. Determining a noncitizens eligibility for housing through CE is complicated and is based on many factors, including: the immigration status of the individual, and the composition of the noncitizen’s household. CAPS does not currently assess potential eligibility for supportive housing and/or rental subsidies based on citizenship status.

<b>Mainstream Service Provider</b>	A non-homeless services agency or entity that can provide necessary services or assistance to persons experiencing homelessness within the CE. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
<b>NYC 15/15</b>	NYC 15/15 is a Mayoral initiative to create 15,000 units of PSH over fifteen years. These units are targeted towards four populations: single adults, adult families, families with children and young adults. Eligibility varies by population. For more information visit the <a href="#">website</a> .
<b>Participant</b>	Individuals and families seeking housing and homeless prevention resources through CAPS who are literally homeless or at risk of homelessness.
<b>Participating Agency</b>	Any entity that has web-based access to the CAPS system. All entities agree to comply with the HRA data and confidentiality policies. The entity may be any of the following: nonprofit shelter provider, nonprofit supportive housing provider, hospital, jail/prison, drop-in center/safe haven, nursing home, street outreach team, Veteran’s Affairs Health Center (VAHC), psychiatric hospital, community health center, and others. A participating organization may be an access point, a referral source, a placement entity, a supportive housing provider or any combination of the above.
<b>Permanent Supportive Housing (PSH)</b>	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability and families with an adult or child member with a disability achieve housing stability.
<b>Placement Entity</b>	Once a vacancy is reported, the placement entity (currently ACS, HRA HASA, HRA OSAHS and CUCS/OMH) reviews the Clients Awaiting Placement List in CAPS of approved participants awaiting placement into PSH. Referrals are made in a manner consistent with the prioritization standards established in Notice CPD 16-11 and the NYC CoC Written Standards. Typically, three participants are sent to view each vacancy.
<b>Placement Assessment and Client Tracking (PACT) Unit</b>	<p>The PACT unit (located at HRA) reviews NYC Supportive Housing Applications electronically submitted by a wide variety of referral sources including acute and long-term psychiatric hospitals, shelters, outreach teams, correctional facilities, and community-based agencies on behalf of seriously mentally ill individuals and other target populations for placement into a continuum of supportive housing options. In addition to making level of care determinations, the review process also includes an eligibility determination for NY/NY I/II, III, NYC 15/15 and some ESSHI housing initiatives.</p> <p>The PACT unit reviews the supportive housing applications, determines if participants are eligible for PSH, provides a letter to the referral agency with the determination (approved, disapproved, unable to complete or administratively withdrawn), the reason why or why not, the Standardized Vulnerability Assessment (SVA) summary, the Homeless History Report, and the contact information of the reviewer in case of further questions.</p>
<b>Prioritization</b>	In the context of the coordinated entry process, HUD uses the term “Prioritization” to refer to the CE-specific process by which all persons in need of assistance who use CE are ranked in order of priority. The CE prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the CE process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

<p><b>Rapid Re-housing (RRH)</b></p>	<p>Rapid re-housing is an intervention, informed by a Housing First approach that is a critical part of a community’s effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid re- housing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking to community resources that enable them to achieve housing stability in the long-term.</p>
<p><b>Referral Agency</b></p>	<p>A referral agency completes and submits the Survey and the supportive housing application to the PACT unit for review. The referral agency may be the same entity as the access point, or it may be a different entity.</p>
<p><b>Standardized Vulnerability Assessment (SVA)</b></p>	<p>The SVA is used to determine the level of vulnerability of individuals and families experiencing homelessness, or at risk of homelessness. It is a system of prioritization based on vulnerability risk once eligibility is determined. All applications approved for supportive housing will receive an SVA determination.</p> <p>The CoC, in consultation with key stakeholders, established a categorical system for determining the level of service needs – High, Medium, and Low. The SVA is based on Medicaid utilization OR number of system contacts and number of functional impairments for the participant. Prioritization is consistent with CPD 16-11 and CoC written standards. <b>[See Attachment A, SVA Fact Sheet]</b></p>
<p><b>Transitional Housing (TH)</b></p>	<p>Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease), occupancy agreement or other signed agreement in place with the housing provider when residing in transitional housing.</p>
<p><b>Survivor of Domestic Violence</b></p>	<p>In this document, the shorthand term “survivor of domestic violence” is used to ensure policies and procedures are concise and easy to follow. However, when the term “survivor of domestic violence” is used in this document, it means all individuals and families who qualify under paragraph (4) of HUD’s definition of homeless. This means any individual or family who: (1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and (2) Has no other residence; and (3) Lacks the resources or support networks to obtain other permanent housing.</p> <p>* This includes victims of human trafficking.</p>
<p><b>Victim Service Provider (VSP)</b></p>	<p>A private nonprofit organization whose primary mission is to provide direct services to survivors of domestic violence. This term includes permanent housing providers—including rapid rehousing, domestic violence programs (shelters and non-residential), domestic violence transitional housing programs, dual domestic violence and sexual assault programs, and related advocacy and supportive services programs.</p>

**1.5: Roles**

<b>Roles</b>	
<b>NYC CAPS BNL/Case Review Workgroup</b>	To address highly vulnerable clients experiencing challenges in the system, Coordinated Entry (CE) convenes regular meetings to address the barriers to referral and placement for select clients on the BNL. The workgroup is primarily focused on identifying and removing systemic and specific barriers to placement for clients on the BNL. Membership varies based on the specific cases, including representatives from HRA, DSS, DHS, HPD, OASAS, OMH, HASA, DOHMH and housing providers as needed.
<b>NYC CAPS Diversity, Equity and Inclusion (DEI) Committee</b>	The mission of the CAPS DEI Workgroup is to develop and apply principles and practices of diversity, equity, and inclusion to the CAPS Committee and related workgroups; to ensure all members are not only represented at the table but are leading discussions and are actively participating. To achieve this, the DEI Workgroup will ensure accountability and effective implementation by setting standards and expectations for all of the CoC members, including committee membership and representation among CoC-funded agencies and their leadership structures.
<b>NYC CAPS Continuous Systems Improvement (CSI) Committee</b>	CSI is a permanent committee of the CAPS Committee. CSI works closely with DSS, the evaluation entity, in the planning of the annual CE evaluation and the identification of policy and process improvements.. The CSI Committee members are appointed by the CSI Committee and include representatives from local government, referral agencies, placement entities, community members, persons with lived experience, and other relevant stakeholders. The CSI Committee reports to the CAPS Committee.
<b>NYC CAPS Committee</b>	The CAPS Committee is the governing body of CAPS in NYC and is the <b>CE Policy Oversight Entity</b> , authorized by the NYC CoC. The committee is composed of key representatives from government, nonprofit shelter and housing providers, and policy and advocacy organizations in the housing and homelessness field. This committee is a permanent committee of the CoC and meets regularly to oversee the implementation and evaluation of the CE system and makes decisions by consensus. The CAPS Committee reviews and provides feedback on any additions or enhancements to the CAPS system. Specific workgroups and subcommittees are formed as needed by the CAPS Committee to address HUD requirements around policies and procedures, marketing and stakeholder engagement, housing data collection, evaluation metrics and measures, and any other work that arises. The workgroups report back to the CAPS Committee, who then provides recommendations to HRA for implementation. The CAPS Committee is authorized to make changes to CAPS policies and procedures that will not substantively change the way CAPS operates, who it serves, and how it prioritizes. Any recommendations that significantly change the system require a CoC vote.
<b>NYC CAPS Systems Committee</b>	Launched in the fall of 2022, the Systems Workgroup is composed of representatives from City and State agencies, coalitions, supportive housing providers and community-based organizations helping community members to access supportive housing. The goal is to ensure the CAPS system increases and simplifies access to supportive housing for those who need it.
<b>NYC Administration for Children's Services (ACS)</b>	ACS is the city agency responsible for monitoring child welfare involved cases in NYC including investigation, prevention and foster care cases. ACS is the placement entity for PSH Permanent Supportive Housing beds (Pop I) serving youth (18-24) aging out of foster care. ACS is a member of the CAPS Committee.

<p><b>NYC Continuum of Care (CoC)</b></p>	<p>The CoC co-chairs receive regular updates from the CAPS Committee and HRA via regularly scheduled CAPS meetings, CAPS work group meetings, monthly CoC meetings and via phone or email when necessary. CoC members receive updates at monthly CoC meetings as well as during special meetings, emails and conference calls. The CoC voted on and approved the first and second drafts of the CAPS policy and procedure manual and will vote on any significant changes that would substantively change the way CAPS operates, who it serves, and how it prioritizes.</p>
<p><b>NYC Department of Health and Mental Hygiene (DOHMH)</b></p>	<p>DOHMH contracts for onsite social and wellness services and provides technical assistance and oversight to supportive housing. DOHMH is a member of the CAPS Committee and the case review workgroup.</p>
<p><b>NYC Department of Homeless Services (DHS)</b></p>	<p>DHS is under the umbrella of DSS and is the lead agency in NYC for homeless individuals and families residing in shelter and unsheltered individuals and families. DHS is a member of the CAPS Committee and the case review workgroup.</p>
<p><b>NYC Department of Housing Preservation and Development (HPD)</b></p>	<p>HPD is NYC's agency responsible for building and preserving affordable housing. The mission is to promote the quality and affordability of the city's housing and the strength and diversity of its many neighborhoods. HPD serves on the CAPS Committee, the CSI committee and serves on the case review workgroup.</p>
<p><b>NYC Department of Social Services (DSS)</b></p>	<p>DSS is both the Collaborative Applicant and HMIS Lead. As the Collaborative Applicant, it is the entity that must (at the request of the CoC Voting Members) apply for HUD funding for coordinated entry, including planning grants. As HMIS Lead Agency, it operates the Homeless Management Information System on the CoC's behalf; ensures CAPS has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry as needed; and is designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. DSS is the umbrella City agency over NYC HRA and NYC DHS. DSS is a member of the CAPS Committee and the Continuous Systems Improvement Committee (CSI). DSS is the <b>CE Evaluation Entity</b>. DSS is authorized by the NYC CoC and is responsible for planning the annual CE evaluation, collecting data, evaluating the CAPS implementation process for effectiveness and efficiency, and identifying policy and process improvements in coordination with CSI.</p>
<p><b>NYC Department of Veteran Services (DVS)</b></p>	<p>DVS is dedicated to improving the lives of all New York City service members, veterans, and their families, regardless of type, length, or era of service, and regardless of discharge status. DVS, formerly the Mayor's Office of Veteran's Affairs (MOVA) - was officially established in 2016 by Local Law 113. New York City is the first major city in the US to establish its own agency devoted solely to service members, veterans and their families. DVS co-chaired the Systems Committee and serves on the Steering Committee.</p>
<p><b>NYC Department of Youth and Community</b></p>	<p>DYCD invests in a network of CBOs and other programs to alleviate the effects of poverty and to support NYC's families and youth. In addition, DYCD oversees the portfolio of city-funded runaway and homeless youth (RHY) shelter and service providers. DYCD is a member of the CAPS Committee.</p>

<b>Development (DYCD)</b>	
<b>NYC Human Resources Administration (HRA)</b>	<p>HRA is the <b>CE Management Entity</b> designated formally by the NYC CoC and is responsible for the day-to-day operations of the CE system. It is the lead government agency primarily responsible for developing, maintaining and managing the CAPS system in NYC.</p> <p>There are three departments within HRA that are responsible for different components of CAPS:</p> <ul style="list-style-type: none"> <li>• Emergency Intervention Services (EIS) – Responsible for HRA DV shelters and services.</li> <li>• HIV/AIDS Services Administration (HASA) – Responsible for applications, referrals and placements of HASA clients.</li> <li>• Office of Supportive and Affordable Housing and Services (OSAHS) – Responsible for the CE and PACT Units, oversees and maintains the CAPS system.; responsible for referrals and placements of literally homeless individuals and families (clients in DHS and DYCD shelters, as well as street outreach) in CAPS.</li> </ul> <p>HRA OSAHS are members of the CAPS Committee. All three departments within HRA are responsible for ensuring CAPS is operating in a manner consistent with the policies and procedures. HRA OSAHS is a placement entity for the majority of supportive housing units in NYC, including many CoC-funded units.</p>
<b>NYC HRA HIV/AIDS Services Administration (HASA)</b>	<p>HASA provides emergency shelter, rental assistance, service funding and case management for individuals and families living with HIV/AIDS. HASA is a division within NYC HRA. HASA is the placement entity for all beds serving individuals and families living with HIV/AIDS in NYC. HASA serves on the case review workgroup.</p>
<b>NYC LL3 Workgroup</b>	<p>Formed November of 2022 after the release of the first report required by Local Law 3, this workgroup includes housing and shelter provider staff, city and state agency staff, supportive housing tenants and other community partners. The overarching goal of the committee is to make supportive housing as easily accessible to eligible populations as possible, using focus groups to develop recommendations that can help inform more equitable and efficient practices in our homelessness systems.</p>
<b>NYC Mayor’s Office to End Domestic and Gender-based Violence (ENDGBV)</b>	<p>The Mayor's Office to End Domestic and Gender-Based Violence (ENDGBV) develops policies and programs, provides training and prevention education, conducts research and evaluations, performs community outreach, and operates the New York City Family Justice Centers. They collaborate with City agencies and community stakeholders to ensure access to inclusive services for survivors of domestic and gender-based violence (GBV). ENDGBV receives HUD CoC funding to expand access to CE for DV survivors.</p>
<b>NYS Office of Alcoholism and Substance Abuse Services (OASAS)</b>	<p>OASAS serves to improve the lives of all New Yorkers by leading a premier system of addiction services for prevention, treatment and recovery. OASAS serves on the case review workgroup.</p>
<b>NYS Office of Mental Health (OMH)</b>	<p>OMH operates psychiatric centers across the State, and regulates, certifies and oversees more than 4,500 programs, which are operated by local governments and nonprofit agencies. These programs include various inpatient and outpatient programs, emergency, community support, residential and family</p>

	care programs. OMH is a member of the CAPS Committee and the case review workgroup.
<b>U.S. Department of Housing and Urban Development (HUD)</b>	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.
<b>US Department of Veteran’s Affairs (VA)</b>	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families. The VA provides rental assistance and case management to honorably discharged veterans through the HUD Veteran Affairs Supportive Housing (VASH) program. In addition, they provide RRH for veteran families through their Supportive Services for Veteran Families (SSVF) program. Both of these programs are in the Survey as housing options.

**1.6: Versions of the Document**

Version 3.0 of the CAPS Policies and Procedures Manual is in effect.

**Policy**

The CAPS Committee shall be responsible for the revision and review of the CAPS Policies & Procedures. The revision process will be completed as necessary, and anyone who is interested in submitting suggestions for revisions to the document should submit them to the CAPS Committee Co-chairs. Any substantive changes to CAPS policies and procedures will be reviewed and voted on by the CoC.

<b>Version</b>	<b>Date Released</b>	<b>Key Changes</b>
1.0	January 19, 2018	N/A
2.0	August 16, 2019	<ul style="list-style-type: none"> <li>- Reformatted manual to reflect the recommended outline</li> <li>- Added to and edited definitions section</li> <li>- Moved City and State agencies and all committees to the new roles and responsibilities section</li> <li>- Detailed the prioritization process</li> <li>-Added the new HUD data elements.</li> </ul>
3.0	August 20, 2021	<ul style="list-style-type: none"> <li>-Remove references to the PACT system throughout document; replaced with CAPS; Removed PACT definition</li> <li>-Added description of the DEI Committee and DEI Statement</li> <li>-Conformed with the CoC Written Standards</li> <li>-Added Vacancy Control System (VCS)</li> <li>-Added HRA departments and roles</li> <li>-Made corrections to use gender neutral pronouns</li> <li>-Updated links</li> </ul>
4.0	September 2023	<ul style="list-style-type: none"> <li>-Updated definitions (added noncitizen)</li> <li>-Removed Executive Committee and Expansion Committee descriptions</li> <li>-Removed references to CAS, replaced with OSAHS</li> <li>-Expanded Roles and Responsibilities (added new CAPS Committee workgroups)</li> <li>-Updated the Referral section to clarify how vacancies are reported for referrals</li> <li>-Added description of LL3 reporting as part of evaluation</li> </ul>

## **1.7: Full Geographic Coverage**

### **Policy**

The NYC CoC's CE process, CAPS, covers the entire geographic area claimed by the NYC CoC (i.e. all areas located in the 5 boroughs).

## **1.8: Affirmative Marketing and Outreach**

### **Policy**

All persons participating in any aspect of CAPS such as access, assessment, prioritization, or referral shall be afforded equal access to CAPS services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and victims of domestic violence, shall have fair and equal access to the CE process.

### **Procedure**

Each project participating in CAPS is required make available information that describes coordinated entry. This information should be available both online and hard copy (as requested). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

## **1.9: Safety Planning and Risk Assessment**

### **Policy #1**

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services within the defined NYC CoC geographic area.

### **Procedure #1**

Currently, CAPS participants continue to have access to comprehensive services offered by the Mayor's Office to End Domestic and Gender-based Violence (ENDGBV), HRA and other nonprofit service providers which may be accessed via the Safe Horizon Hotline, 311 or NYC Hope. The hotline, 1-800-621-4673, is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance through CAPS.

## **1.10: Nondiscrimination**

### **Policy**

CAPS must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

### **Procedure**

The NYC Human Rights Law prohibits discrimination in employment, housing, public accommodations, retaliation, discriminatory harassment and bias-based profiling by law enforcement. This law is applicable across the CoC's geographic area and enforced by the NYC Commission on Human Rights (CCHR). The city has designated the NYC Department of Housing Preservation and Development (HPD) and CCHR as the entities responsible for monitoring, reporting and addressing compliance with adherence to civil rights and fair housing laws and regulations. Any potential issues related to a CoC-funded project's failure to comply with these laws and regulations brought to the CoC Grievance Committee, reported to 311 or to any other agency will be referred to HPD and CCHR for review and follow-up. Failure to comply with these laws and regulations may result in a monitoring finding on any CoC-funded project, which may affect its position in the local CoC rating and ranking process.

All participating projects shall comply with the policies and procedures outlined within this manual and hereby agree to comply with the following:

### **1. Title VI of the Civil Rights Act**

The Participating Organization will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and regulations issued pursuant thereto (24 CFR Part 1) which state that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the participant receives financial assistance and will take any measure necessary to effectuate this agreement.

### **2. Fair Housing Act**

The Participating Organization will comply with the Fair Housing Act (42 U.S.C. 3601-19) and regulations issued pursuant thereto (24 CFR Part 100) which prohibit discrimination in housing on the basis of race, color, religion, gender identity, sexual orientation, sex, handicap, familial status, or national origin, and administer its program and activities relating to housing in a manner to affirmatively further fair housing.

### **3. Section 504 of Rehabilitation Act of 1973**

The Participating Organization will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and regulations issued pursuant thereto (24 CFR Part 8) which state that no otherwise qualified individual with handicaps in the United States shall solely by reason of the handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

### **4. Title II of the Americans with Disabilities Act**

The Participating Organization will comply with the provisions of Title II of the Americans with Disabilities Act (42 USC 12131) and regulations issued pursuant thereto (28 CFR Part 35) which state that subject to the provisions of Title II, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any such entity.

### **5. Title III of the American with Disabilities Act**

The Participating Organization will comply with the provisions of Title III of the Americans with Disabilities Act (42 USC 12181) and regulations issued pursuant thereto which states that subject to the provisions of Title III, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination on the basis of disability by public accommodations moreover. Title III requires places of public accommodation and commercial facilities to be designed, constructed, and altered in compliance with the accessibility standards established by this part.

### **6. HUD's Equal Access Rule**

The Participating Organization will comply with HUD's Equal Access Rule (24 CFR 5.105(a)(2)) which prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program.

## **2. ACCESS**

### **2.1: Access Model**

#### **Policy**

The CoC adopts a “no wrong door” approach to CE, which ensures that no matter where a person goes to for assistance, they will have access to the same assessment processes. It is important to note that eligibility for

housing opportunities programs is determined by the specific program rules of each supportive housing initiative and are not defined by the CE process.

## **2.2: Access Points**

### **Policy**

Participants can access CAPS by appearing at any homeless assistance agency, as well as many mainstream service providers including but not limited to hospitals, jails/prisons, mental health agencies, youth service providers, and veteran service providers.

## **2.3: Specialized Access Points for Subpopulations**

### **Policy**

While the NYC CAPS system has a ‘no wrong door’ policy, specialized service providers are trained to better address the unique needs of adults without children, adults accompanied by children, victims of domestic violence, unaccompanied youth and persons at imminent risk of literal homelessness, for purposes of administering homelessness prevention and housing assistance. If a household from one of the specialized subpopulations arrives at an access point designated for a different population, the participant can choose to complete the Survey at that access point or be referred to an access point designated for that specific subpopulation. In consideration of the significant safety concerns for victims of domestic violence, it is highly recommended the Survey be completed at a victim service provider (VSP) access point.

Implementation of CAPS into the DV and Prevention Services access points began in July of 2021. In the interim, these specialized access points continue to provide emergency assistance using existing resources and processes.

### **Procedure**

To ensure that there is enough coordination and specialized attention given to the above five groups, the CoC has identified the following specialized access points:

1. Adults without children – Adult families: Adult Family Intake Center; Single men: 30<sup>th</sup> St Intake Center; Single women: HELP Women’s Shelter or Franklin Shelter.
2. Adults accompanied by children – DHS' Prevention Assistance and Temporary Housing (PATH) intake center
3. Victims of domestic violence – a safe, confidential access point will be provided by calling the Domestic Violence hotline at 1-800-621-4673.
4. Unaccompanied youth – a safe, confidential access point is provided by walking into any of the five borough-based DYCD 24-hour drop-in centers. To obtain a referral to the closest center, youth can use the Youth Connect hotline at 1-800-246-4646. If access is required after 5:00 PM, youth can contact 311 for information on the closest center.
5. Persons at imminent risk of literal homelessness – Homeless prevention programs called Homebase are available in all 5 boroughs at 23 distinct sites and accessible by calling 311.

## **2.4: Access Coverage**

### **Policy**

The CoC’s entire geographic area, all five boroughs of New York City, is accessible to the CAPS location-specific access points.

### **Procedure**

The 311 hotline provides access to location information for emergency shelter, drop-in and outreach services in which basic CAPS intake services take place 24 hours a day. The Domestic Violence Hotline, 1-800-621-4673, will provide victims of domestic violence safe access to emergency shelter and services where basic CAPS intake services take place 24 hours a day. The Youth Connect hotline, 1-800-246-4646, provides unaccompanied youth

safe access to emergency shelter and services in which basic CAPS intake services take place Monday to Friday 9:00 am to 5:00 pm.

## **2.5: Accessibility of Access Sites**

### **Policy**

The CoC will ensure that access points are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. All CAPS communications and documentation will be accessible to persons with limited ability to read and understand English.

### **Procedure**

Consistent with City and State laws governing the right to shelter, reasonable accommodation must be made at all access points to service eligible participants and clients with physical or mental disabilities, except where an accommodation will impose an undue burden on the operation of the facility or any of its programs (Facility). “Reasonable Accommodation” includes modification to the Facility’s policies or practices, as well as addressing architectural and transportation barriers, when accomplished without imposing an undue burden on the Facility.

All persons accessing CAPS, including those who are deaf or have hearing loss, visual impairments or other disabling conditions, shall have meaningful access to all benefits and services, and be provided with communication that is as effective as that with persons without disabilities. Consistent with the requirements of the American Disabilities Act, and other relevant Federal, State and New York City laws, this procedure establishes guidelines for the provision of auxiliary aids and services to persons who are deaf or have hearing loss applying for, or receiving, housing and homeless prevention services.

All participating organizations will take reasonable steps to provide CAPS materials in multiple languages with cultural competency (see above in Guiding Principle 1.3) and to meet the needs of participants with Limited English Proficiency (LEP) by following [HUD LEP guidance](#). Currently, the Survey consent form is available in twelve languages (in accordance with NYC Local law 73). In addition, translation services can be accessed by calling 311.

## **2.6: Emergency Services**

### **Policy**

The Survey will typically be completed by Assessors during regular business hours; however, it is a web-based system, so every access point will have the ability to access it 24 hours a day. Access to emergency shelter and interim housing resources will not change. Emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, will continue to operate with as few barriers to entry as possible.

### **Procedure**

People access emergency services, such as emergency shelter, independent of the operating hours of the intake and assessment processes for CAPS. Participants fleeing or attempting to flee domestic violence and victims of trafficking seeking shelter and services from non-victim service providers, have safe and confidential access to the CAPS process and victim services, including immediate access to emergency services such as domestic violence hotlines and shelter. There are no specific requirements as to when the Survey should be completed, though it is recommended to be completed within the first two weeks of a participant’s entry to emergency services.

## **2.7: Prevention Services**

### **Policy**

CAPS will ensure that all potentially eligible Homeless Prevention (HP) participants will be screened for homelessness prevention assistance funded by ESG program funds regardless of the access point at which they initially seek assistance.

### **Procedure**

HP access points and general homeless assistance access points coordinate information and referrals back and forth to ensure persons at imminent risk of literal homelessness are provided coordinated access to ESG funded homelessness prevention services regardless of where the participant first contacts CAPS.

Homeless prevention services are accessed both within CAPS through a referral, or outside of CAPS through direct contact with a prevention program. For participants seeking emergency shelter services, an intake caseworker will inquire about their living situation and explain the services that may help avoid entering shelter, including prevention services. If it is determined that the participant is not literally homeless but is at risk of homelessness, a referral to an ESG-funded Homebase (NYC homelessness prevention network) program will be given. Participants are not prioritized for referrals to prevention services. Homebase programs determine the level of services provided based on household annual income, status of public benefits, housing instability and risk of homelessness, and support network and resources. Homebase programs are available in all 5 boroughs at 23 distinct sites and accessible by calling 311.

For victims of domestic violence or those attempting to flee domestic violence or victimization, referrals can also be provided to the closest appropriately trained prevention site. Programs may require participants to provide certain pieces of information, including information about specific disabilities or diagnosis, to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility.

## **2.8: Street Outreach**

### **Policy**

Street outreach teams, including drop-in centers, regardless of funding source, function as access points to the CE process, and seek to engage persons who may be served through CE but who are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

### **Procedure**

Street outreach teams are trained on CE and the assessment process and can offer CE access and assessment services to participants they contact through their street outreach efforts. Street outreach teams are considered an access point for CE.

## **3. ASSESSMENT**

### **3.1: Standardized Assessment Approach**

#### **Policy**

CAPS will provide a standardized assessment process to all participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis in determining potential eligibility for various housing interventions.

#### **Procedure**

All persons served by CAPS are assessed using the Coordinated Assessment Survey (the Survey). All access points can use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The Survey documents a set of participant conditions, attributes, and need level, allowing the assessment staff at the access point to identify potential service strategies and housing options, providing guidance to the participant in making choices. The Survey is designed as an engagement tool with the participant; therefore, there are no specific

requirements as to when it should be completed, though it is recommended to be completed within the first two weeks of a participant's arrival at the access point.

### **3.2: Assessment Screening**

#### **Policy**

Participants will not be screened out of the coordinated entry process based on perceived barriers including, but not limited to income level, prior evictions or lease violations, poor credit, criminal convictions, past or present substance use, domestic violence, assault or victimization history, mental or physical disabilities, or lack of interest (perceived or actual) in offered services.

#### **Procedure**

The CAPS process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options.

### **3.3: Assessor Training**

#### **Policy**

The CoC is committed to ensuring that all staff who assist with CAPS operations, including all staff administering assessments, receive sufficient training to implement the system in a manner consistent with the vision and framework of CAPS, as well as in accordance with the CAPS policies and procedures.

#### **Procedure**

HRA provides recorded trainings for persons who will manage access point processes and conduct assessments for CAPS. The training guides CAPS users through the technical aspects of completing a survey and the supportive housing application. Additional training can be requested by contacting HRA user support. Specialized trainings and marketing events are held upon request. Participating organizations are provided with the Coordinated Assessment and Placement Survey (CAPS) desk guide and a link to the [NYC CoC website](#), which hosts all CAPS resources and online trainings. The survey desk guide includes helpful hints and step-by-step instructions on how to utilize the coordinated assessment survey. For those unable to attend the training and/or prefer to complete a distance learning course can do so online or can download the survey desk guide. The trainings and written materials provide both background and detail on assessment, eligibility for different housing interventions, rationale for the SVA, steps in the referral process and procedures for filing complaints. The training protocols are updated and distributed as needed to the participating organizations.

### **3.4: Participant Autonomy**

#### **Policy**

Participants are free to decide what information they will provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their position on the by name prioritized list. The assessment process cannot require disclosure of specific disabilities or diagnosis. Housing providers may only require participants to provide certain pieces of information, including information about specific disabilities or diagnosis, when the applicable program regulation requires the information to establish or document eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

### **3.5: Nondiscrimination Complaint and Appeal Processes**

#### **Policy**

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability,

actual or perceived sexual orientation, gender identity, or marital status. At the same time, the CoC recognizes that there is often a direct correlation between an individual's lived experiences and their "vulnerability" or need, which the CoC accounts for in some of the questions in the SVA.

### **Procedure**

As part of the consent process, participants receive information that details points of contact for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated during the CAPS process. Participants are provided additional contact information if they are not satisfied with or have any questions regarding how their complaints are handled. This information must be reviewed at the access point by staff and must be signed by each participant as part of the consent process.

Participants may contact Customized Assistance Services at HRA by calling 311.

Additionally, they may contact the following entities if they are not satisfied with or have any questions regarding how their complaints are handled:

- 1) If the participant is a client of DHS, they may contact the DHS Ombudsman at 1-800-994-6494.
- 2) Department of Housing and Urban Development (HUD's) Office of Fair Housing & Equal Opportunity by calling 1-800-496-4294.
- 3) New York State Division of Human Rights by calling 1-888-392-3644.
- 4) New York City Commission for Human Rights by calling 311 or 1-718-722-3131 and asking for the Tenant Help Line.

## **3.6: Privacy Protections**

### **Policy #1**

CAPS participating organizations are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII).

### **Procedure #1**

CAPS participating organizations obtain written client consent for all participants being surveyed by CAPS.

### **Policy #2**

All participant information collected, stored, or shared in the operation of CAPS functions, regardless of whether the data is stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

### **Procedure #2**

The CoC protects all participants' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether PII is stored in HMIS. All CAPS participating organizations will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD established HMIS privacy and security requirements. The system administrator at each participating agency will ensure adequate privacy protections of all participant information stored in CAPS per the [HMIS Data and Technical Standards](#).

## **3.7: Disclosure of Disability or Diagnostic Information**

### **Policy**

Throughout the assessment process, participants must not be pressured or forced to provide information that they do not wish to disclose, including specific disability or medical diagnosis information. The Survey does not include any questions related to specific disabilities or diagnoses.

### **3.8: Updating the Assessment**

#### **Policy**

Participant assessment information should be updated whenever client circumstances have changed from the initial assessment. Staff may complete a new assessment survey with new information as necessary to get updated potential eligibility for housing.

#### **Procedure**

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into CAPS. Once enrolled in a program or project, participant data can be updated to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. The Coordinated Assessment Survey is valid for six months and the NYC supportive housing application is valid for one year.

## **4. PRIORITIZATION**

### **4.1: Standardized Prioritization**

#### **Policy**

CoC will use data collected through the CAPS process to prioritize homeless persons based on eligibility for the available vacancy, SVA determination, client choice and other factors within the CoC's geography.

#### **Procedure**

The Standardized Vulnerability Assessment (SVA) is conducted on all approved supportive housing applications submitted in CAPS. This assessment takes into consideration the participant's living situation (current and history), challenges impacting their independence, and determines the level of vulnerability. The SVA uses a categorical system of High, Medium, and Low Vulnerability. The SVA service need categories are defined as participants that meet the threshold for Medicaid service utilization within the past year OR participants with multi-system contacts and functional impairments within the last 2 years, always designating the higher category. In 2019, the CoC expanded the SVA to consider additional factors for street homeless, youth, families, and survivors of domestic violence. These additional factors have been included as part of the supportive housing application. Case review may be initiated with the PACT reviewer to provide additional information that can be considered for the vulnerability assessment criteria. Contact information is provided on the Standardized Vulnerability Assessment Summary section of the determination letter.

**Permanent Supportive Housing (PSH):** CAPS follows the order of priority established by the CoC Written Standards and is consistent with HUD's Prioritization/PSH Notice, HUD Notice CPD-16-11. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD in its December 2015 Final Rule):

- Priority #1: People who meet the HUD definition of chronic homelessness and have been determined to be Level I (high vulnerability) based on New York City's SVA, which consider length of time homeless, multi-system contact, and functional impairment/high utilization of Medicaid.
- Priority #2: People who meet the HUD definition of chronic homelessness and have been determined to be Level II (medium vulnerability) based on New York City's SVA.
- Priority #3: People who meet the HUD definition of chronic homelessness and have been determined to be Level III (low vulnerability) based on New York City's SVA.

Within each priority group described above, participants will be prioritized based on the number of days of cumulative homelessness during the past 3 years. For example, participants in priority group #1 with more cumulative days of homelessness will be prioritized over other participants in priority group #1 with fewer cumulative days of homelessness. Only as necessary to break a tie, participants within each priority group will be further prioritized based on date of application, with earlier application dates being prioritized over later application dates. Exceptions to the order specified above may be considered in extraordinary circumstances and must be coordinated among the placement entity, housing provider and the CoC. Recipients of CoC funds must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD.

**Transitional Housing (TH):** The CoC will prioritize the following eligible persons for TH:

1. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
2. Households consisting of unaccompanied youth.
3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

**Rapid Re-Housing (RRH):** The CoC will prioritize the following eligible persons for RRH:

1. Households with dependent children.
2. Households consisting of victims of domestic violence.
3. Households consisting of unaccompanied youth.
4. Households consisting of veterans.

**Emergency Transfer:** All recipients of CoC funds must follow the NYC CoC's VAWA Emergency Transfer Plan. An Emergency Transfer Plan provides emergency transfers for survivors of domestic violence currently living in a CoC or ESG funded project. Per the Violence Against Women Act (VAWA) and NYC CoC's Written Standards, any participant who is a survivor of domestic violence, dating violence, sexual assault, or stalking who expressly requests an emergency transfer and a) against whom a sexual assault occurred on the premises of his or her HUD-funded housing program during the 90-day calendar period preceding the date of the request for transfer; or b) who reasonably believes that he or she is imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking if they remain in their HUD-funded dwelling unit, qualifies for an Emergency Transfer. For more information, see the NYC CoC Emergency Transfer Plan in the [written standards](#).

Transfers within the CoC: Non-emergency transfers between NYC CoC PSH projects are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be reviewed by the CoC to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated among the placement entity, housing provider and the CoC and must ensure that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing project participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the geography of the NYC CoC over eligible applicants residing in another CoC.

## 4.2: Emergency Services

### Policy

Emergency services are a critical crisis response resource, and access to such services will not be prioritized.

## 4.3: Clients Awaiting Placement List (CAPL)

### Policy

Based on the standardized prioritization described in the above section, the CoC has established a prioritized list that includes all participants with current, approved supportive housing applications. The list will follow the priority levels of high, medium, and low, inclusive of HUD chronic homelessness.

**Procedure**

The clients awaiting placement list is managed in CAPS by HRA. As new supportive housing applicants are approved, they are added to the prioritization list and existing participants' rank order on the prioritization list will be managed according to the prioritization principles as established by the CoC's written standards. All CoC-funded permanent supportive housing (PSH) projects are required to accept referrals only from the BNL. The list is updated in real time in the CAPS system and accessible to the placement entities for referrals. The same HMIS data privacy and security protections prescribed by HUD in the HMIS Data and Technical Standards are extended to the by-name list, and systems other than HMIS used to record information for CAPS meet HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and are compliant with HUD's HMIS Privacy and Security Notice or any future regulations that update the requirements therein.

**5. REFERRAL**

All NYC 15/15, CoC Program- and ESG Program-funded projects must accept referrals exclusively through the CoC's defined CE process as described below. For CoC-funded programs not currently in the CAPS system, HRA staff has implemented a phased plan to add them to the system. In addition, many agencies NOT funded by CoC or ESG funds have chosen to participate in CAPS and the NYC CoC will continue to market and promote the benefits of CAPS to broaden that participation. All other projects and services voluntarily participating in CAPS are strongly encouraged to consider the CAPS process the sole source for referrals.

The referral process follows Federal, State, and local Fair Housing laws and regulations for protected classes and ensures that participants are not "steered" toward any particular housing facility or neighborhood because of race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

**5.1: Notification of Vacancies****Policy**

All housing providers using CAPS must report their vacancies to the appropriate placement entity to request referrals. All housing providers, whether requesting referrals directly through CAPS or from an external placement entity, must keep their unit, tenant and referral rosters updated in the system.

**Procedure**

When a PSH vacancy occurs or is expected to occur in the immediate future, the housing provider with the vacancy will alert the relevant placement entity and report it in the CAPS system when available, at minimum within 2 business days of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, accessibility, and any funder-defined eligibility requirements. The placement entity will use the client list in the CAPS system to identify a prioritized household to fill the vacancy and work with the referring agency and housing provider to schedule an apartment viewing.

Beginning in spring of 2023, all CoC-funded Rapid Rehousing (RRH) providers are participating in a pilot to receive their referrals directly from CAPS. In the pilot phase, referrals are made through direct contact between shelter and RRH providers. As the pilot expands, this functionality will be developed in CAPS for more streamlined electronic referrals.

**5.2: Participant-Declined Referrals****Policy**

One of the guiding principles of CAPS is participant choice. This principle is evident throughout the CAPS process, including the referral phase. Participants can reject service strategies and housing options offered to them without

repercussion within CE and clients remain on the client list until their application expires. Other entities and/or organizations may have other policies governing participant declinations.

### **Procedure**

Participants will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability assessments, preliminary eligibility pre-determinations, and available resources. If a participant declines a referral to a housing program, they remain on the client list until the next housing opportunity is available. Participants who decline multiple placements that meet their stated needs and preferences may be selected for a case review process to gather more information about their housing preferences and needs.

## **5.3: Provider-Declined Referrals**

### **Policy**

There may be instances when housing providers decide not to accept a referral from CAPS. When a housing provider declines to accept a referred prioritized household into its project, the provider must notify the placement entity of the denial and the reason for the denial.

### **Procedure**

To ensure that vacant CoC-funded and NYC 15/15 PSH units are filled in a timely manner, three (3) participants identified as “high” priority by the SVA and HUD chronically homeless will be scheduled for each vacancy. The housing provider is expected to interview all three participants for their available vacancy and accept one of the three referrals. The housing provider must document interview results in CAPS within 2 business days. The expectation is that housing providers will only reject participants found eligible under very limited circumstances that will be well documented and approved by the contract agency.

Programs may not reject participants:

- with serious mental illness because they are not in treatment.
- for active substance use. Participants who arrive at an interview under the influence of substance(s) and demonstrate an inability to participate in an interview must be rescheduled.
- with no income if documentation is provided proving they are eligible for documented income.

All provider-declined referrals are subject to review by the appropriate government contract agency. Participants who are rejected by, or reject, multiple programs may be moved to a case review process with the appropriate placement entity and/or other relevant government or contract agencies. HRA, in consultation with the placement entity and/or other relevant government or contract agency, may conduct a program review of housing providers that are unable to fill a vacancy after interviewing three participants if requested. Additional reporting is under development for contract agencies to regularly review provider rejections.

## **6. DATA SYSTEM(S)**

Throughout the CAPS process, there may be many different types of data and data systems that are used to collect, manage, and report out on the participants served by CAPS. It is critical that the policies and procedures in this section apply to all of these systems to ensure that throughout each part of the process, participants can be sure their information is protected and securely stored in a consistent and uniform manner, regardless of where or how the information is managed. The types of data and data systems frequently used in CAPS are:

- CAPS: HMIS comparable database; used to collect personally identifiable information (PII) on participants, as well as assessment and referral information.
- Clients Awaiting Placement List (includes the BNL): Contains PII on participants and includes information necessary to prioritize and match persons for assistance.

- Vacancies database: Project-level information on the number of beds/units available for referral, as well as project eligibility and location information.
- Case review notes: Meeting notes from case reviews may include participant names and perhaps other identifying information such as assessment results and referral or location information.

## **6.1: Data System(s)**

### **Policy**

All participating organizations contributing data to CAPS must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

### **Procedure**

Participants must receive and sign a "Participant Consent" form prior to the collection of data for CAPS. The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

## **6.2: Data Collection Stages and Standards**

### **Policy**

Participating organizations must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in [HUD's HMIS Data Standards Data Manual](#).

### **Procedure**

**Access and Assessment:** The Coordinated Assessment Survey (the Survey) requires the participants' consent to begin the survey and access and share the participants' data. To search for a participant in the CAPS system, the first name, last name, date of birth, social security number OR CIN (Medicaid number) and gender are required.

The Survey collects the following data elements:

- Household Composition
- Veteran Status
- Housing and Homeless Status
- History of Domestic Violence
- Health Information
- Employment and Income Information
- Legal Information
- Existing Housing and/or Subsidy Approvals

**Prioritization:** The prioritization process collects the following data elements:

- Medicaid usage within past year
- Multi-system contacts
- Functional impairments
- Length of homelessness

**Referral:** The referral process collects the following data elements

- Housing eligibility
- Referral date
- Housing site
- Interview date

- Interview results

Additionally, the CoC is in compliance with the October 2022 Coordinated Entry data element requirements. They are actively working towards compliance with the FY'24 Coordinated Entry data element requirements, scheduled for October of 2023.

### **6.3: Participant Consent Process**

#### **Policy**

Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC in the [NYC CoC HMIS Policies and Procedures](#).

#### **Procedure**

As part of the assessment process, participants will be provided with a copy of the participant consent form, which identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for CAPS, though it may prevent them from accessing any information available in CAPS and applying for and being found eligible for permanent supportive housing options.

The Assessor must complete the consent form with the participant. The consent form covers both the Survey and the NYC supportive housing application. The Survey cannot be completed until the assessor attests the consent is signed by the participant and on file. The consent forms must be kept in a secure location within the assessor's agency. The assessor must engage with the participant to gain consent, and no participant will be denied services for refusing to consent. All data privacy and security protections comply with HUD HMIS requirements.

## **7. EVALUATION**

### **7.1: Evaluation of CE System**

#### **Policy**

Regular and ongoing evaluation of the CE system will ensure that improvement opportunities are identified, results are shared and understood, and that the CE system is held accountable to community stakeholders. Ongoing evaluation will assess and monitor the intake, assessment, referral, placement, and retention processes associated with CE. CAPS implementation requires ongoing, iterative and significant, community-wide change as well as the integration of numerous existing intake and placement systems. Each evaluation will include additional CAPS participating organizations as they are added to the system.

#### **Procedure**

Periodic measurement of administrative data began after the CAPS rollout January 2018 and continues regularly. Data is regularly shared with the CAPS Committee, the CSI Committee, the CoC and relevant government agencies to make adjustments to implementation. As the system matures, more formal evaluation and reporting will occur at least annually. Detailed evaluation plans will be assessed by the CAPS Committee prior to implementation and periodically revised as needed. The CAPS Committee has selected the following as key evaluation concepts:

- CAPS survey rates (system-wide and site-specific)
- Potential eligibility for housing types (system-wide and site-specific)
- Supportive housing application completion rate
- Clients Awaiting Placement List and By Name List (BNL)
- Analysis of criteria to determine level of vulnerability
- Analysis of referral and placement functions in CAPS

- Qualitative data on CAPS experience (Participants and Participating organizations)

The Evaluation Entity, DSS, in coordination with CSI, used a mixed methods approach to evaluate Year 1. Administrative data, as well as qualitative and quantitative data collected through provider and client interviews and focus groups were the basis of the evaluation. Site visits and follow up interviews were added based on feedback received during the process, and this method was determined to be successful and built into future evaluations. Additional informal evaluations were conducted based on requests from the CSI Committee and will continue as CAPS is implemented in NYC.

In September of 2022, the first report required by NYC Local Law 3 2022 was released, which examined referral activity within the city fiscal year for clients approved for supportive housing. The report details who were found eligible, who was referred/not referred, interviewed/not interviewed, accepted/not accepted and the detailed reasons for rejection. This report is required to be produced annually and serves as a baseline for comparison of referral and placement activity year over year.

## NYC Standardized Vulnerability Assessment Criteria Fact Sheet

The NYC Standardized Vulnerability Assessment (SVA) will be conducted on all approved HRA Supportive Housing Application Referrals. This assessment takes into consideration the applicant’s living situation (current and history), challenges impacting their independence, and determines the level of vulnerability based on the criteria below. The SVA uses a categorical system of **High**, **Medium**, and **Low Vulnerability**. The SVA categories are based on an applicant’s Medicaid service utilization within the past year **OR** multi-system contacts and the number of functional impairments experienced within the last 2 years. The SVA determination defaults to the higher category of the two criteria - see below:

Category/Vulnerability	Medicaid Service Utilization within the past year	# of System Contact and # of Functional Impairments within 2 years
<b>High</b>	Top 5% of Medicaid Utilization	At least 3 System Contacts <u>and</u> 3 Functional Impairments
<b>Medium</b>	Between 55% and 95% of Medicaid Utilization	At least 2 System Contacts <u>and</u> 2 Functional Impairments
<b>Low</b>	Below 55% of Medicaid Utilization	At least 1 System Contact <u>and</u> 1 Functional Impairment or NONE

A system contact is defined as a discrete episode of: hospital admission, emergency room visit (3 or more visits = 1 contact), homelessness, incarceration, foster care placement, domestic violence service connection, runaway homeless youth system, APS case management, or Substance Use treatment (inpatient rehabilitation or detoxification). Multiple episodes within the same system will count as one system contact for the person or head of household (i.e. multiple hospital/ ER’s within the 2 year period). Furthermore, the high service need category may be determined through the Medicaid utilization criteria. System contacts will be verified through information received from homeless, hospital, substance use databases, and current and/or prior supportive housing applications. See the chart below for definitions of system contacts:

Systems	Types of Contacts
<b>Homeless</b>	<ul style="list-style-type: none"> <li>• Department of Homeless Services (shelter, safe haven, drop-in)</li> <li>• Department of Housing Preservation and Development (shelter)</li> <li>• Veteran’s Administration (transitional housing and safe haven)</li> <li>• HIV/AIDS Services Administration (Emergency Placement Unit)</li> </ul>
<b>Domestic Violence</b>	<ul style="list-style-type: none"> <li>• Connection with domestic violence services</li> <li>• HRA contracted domestic violence shelter</li> </ul>
<b>Substance Abuse</b>	<ul style="list-style-type: none"> <li>• Office of Alcohol and Substance Abuse Services licensed inpatient rehabilitation or detoxification program</li> </ul>
<b>Foster Care</b>	<ul style="list-style-type: none"> <li>• Administration for Children’s Services foster care placement</li> </ul>
<b>Correctional Institution/Legal</b>	<ul style="list-style-type: none"> <li>• Department of Correction/Department of Corrections and Community Services (jail, prison, juvenile justice and court mandated treatment)</li> </ul>
<b>Hospital</b>	<ul style="list-style-type: none"> <li>• Medical and behavioral health treatment (inpatient and emergency room visit)</li> </ul>
<b>Adult Protective Services</b>	<ul style="list-style-type: none"> <li>• Connected to Adult Protective Services</li> </ul>
<b>Department of Youth and Community Development</b>	<ul style="list-style-type: none"> <li>• Runaway Homeless Youth (shelter, drop-in center, or street outreach)</li> </ul>

A case review may be initiated with the PACT reviewer to provide additional information that can be considered for the vulnerability assessment criteria. The contact information is listed on the SVA summary section of the application.