

**NYC Coalition on the Continuum of Care 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 requirements 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 to 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 matching and placement system 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 on a Standardized Vulnerability Assessment), performs a housing match 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). 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.

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 Steering 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 Steering 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 Placement Assessment Client Tracking (PACT) System 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.

1.4: Terms & Definitions

Access Points	Access points are the places – either virtual or physical – where an individual or family in need of housing assistance (homeless prevention resources, shelter, TH, RRH, 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 completes a supportive housing application on behalf of the participant.
Assessment	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.
Assessor	An assessor is anyone completing a survey on behalf of a participant to determine potential eligibility for housing and/or homeless prevention services. The HRA PACT unit assigns each participating organization a unique ID and adds additional users to that organization as needed. Each assessor is tagged with an identifiable user name 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.
By-name Prioritized List	All CoC-funded and NYC 15/15 housing projects are required to accept referrals only from the By-name Prioritized list maintained in the PACT system. The list is populated with all approved supportive housing applications updated in real time in the PACT system and is accessible to all placement entities for referrals. For participants from the Domestic Violence (DV) or Department of Youth and

	Community Development (DYCD) shelter systems, appropriate privacy protections will remain in place.
Case Review	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 By-name prioritized list to provide holistic, coordinated, and integrated services across providers, and to reduce duplication of services.
Chronically homeless	<u>HUD's definition:</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: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND 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.
NYC Continuum of Care (CoC)	Group responsible for the implementation of the requirements of <u>HUD's CoC Program interim rule</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.
Continuum of Care (CoC) Program	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.
Coordinated Assessment and Placement System (CAPS)	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 will require 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.
Coordinated Assessment Survey (The Survey)	The Survey is the entry point into the CAPS system, housed within the HRA PACT system. The Survey is a web-based system currently available to 1,125 agencies, 3,500 programs and over 16,000 distinct users. Completed surveys are viewable in the PACT system for 6 months. The survey is a 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.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness. New York City has the right to shelter, therefore participants are not prioritized for shelter access.
Emergency Solutions Grant (ESG) Program	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.
Functional Impairment	The Standardized Vulnerability Assessment (SVA) measures a participant’s functional impairments as a part of determining vulnerability. A person shall be considered functionally impaired if their physical, mental or emotional disability impedes their ability to live independently. 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.
Homeless Management Information System (HMIS)	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.
Housing First	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
Housing Provider	A housing provider is any housing and service provider who receives participant referrals from a placement entity. 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.
Mainstream Service Provider	Agency or entity that can provide necessary services or assistance to persons served by the CE. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.
NYC 15/15	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 website .
Participant	Individuals and families seeking housing and homeless prevention resources through CAPS who are literally homeless or at risk of homelessness.
Participating Organization	Any entity that has web-based access to the PACT 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 housing provider or any combination of the above.
Permanent Supportive Housing (PSH)	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.
Placement Entity	A placement entity (currently ACS, HRA, and HASA) reviews the by-name prioritized list in PACT of approved participants awaiting placement into PSH. The placement entity reviews the applications, reviews available vacancies and

	<p>makes referrals to housing providers that best fit the participants’ needs and preferences. Referrals are made in a manner consistent with the prioritization standards established in Notice CPD 16-11 and the NYC CoC Written Standards.</p>
<p>Placement Assessment and Client Tracking (PACT) System</p>	<p>Access points and referral agencies complete a supportive housing application on behalf of the participant and submit it through PACT. PACT is the external, web-based system available to over 16,000 users across NYC. The Survey is accessed in the PACT system. 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 or unable to complete), 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>
<p>Prioritization</p>	<p>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. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.</p>
<p>Rapid Re-housing (RRH)</p>	<p>Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.</p>
<p>Referral Agency</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>Standardized Vulnerability Assessment (SVA)</p>	<p>The standardized vulnerability assessment is conducted on homeless households through the HRA supportive housing application process for all PSH projects. 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.</p>
<p>Transitional Housing (TH)</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>Survivor of Domestic Violence</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</p>

	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. * This includes victims of human trafficking.
Victim Service Provider (VSP)	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.

1.5: Roles

Roles	
NYC CAPS Continuous Systems Improvement (CSI) Committee	CSI is a permanent committee of the CAPS Steering 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 Steering 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 Steering Committee.
NYC CAPS Executive Committee	The CAPS Executive Committee includes the CoC Co-Chairs; CAPS Steering Committee Co-Chairs and the CAPS Consultant; key leadership at DHS and DSS; and NYC HRA Deputy Commissioner of Customized Assistance Services, Assistant Deputy Commissioner of Customized Assistance Services and the Director of Coordinated Entry. This committee meets regularly before the CAPS Steering Committee meetings to set the agenda and priorities, and additionally as needed. In instances where rapid decisions are required outside of the standard decision-making process, the Executive Committee makes the decision by consensus. The Executive Committee will inform the Steering Committee and the CoC of the nature of the change and the reason why.
NYC CAPS Expansion Committee	The primary function of this committee is to ensure all CoC and ESG funded projects are fully integrated into CAPS. As CAPS continues to expand, the committee will focus on integration of all other major housing and homeless services regardless of funding sources. The CAPS Expansion Committee reports to the CAPS Steering Committee.
NYC CAPS Steering Committee	The CAPS Steering Committee is the governing body of CAPS in NYC and is the CE Policy Oversight Entity , 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 monthly to oversee the implementation and evaluation of the CE system and makes decisions by consensus. The Steering Committee reviews and provides feedback on any additions or enhancements to the CAPS system. Specific workgroups and subcommittees are formed as needed by the Steering 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 Steering Committee, who then provides recommendations to HRA for implementation. The CAPS Steering 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.
NYC CAPS Systems Committee	Workgroup of IT and systems leads at the government agencies and nonprofits that play key roles in operationalizing and tracking housing placements for homeless individuals and families. The purpose of the committee is ongoing development of CAPS, through a community driven process, to further the goals of system integration, data sharing, and building efficiencies that will lead to expedited placement of the most vulnerable homeless households. The Systems Committee reports to the CAPS Steering Committee.
NYC Administration for Children's Services (ACS)	ACS is the city agency responsible for child welfare in NYC. ACS is the placement entity for PSH beds serving youth aging out of foster care. ACS is a member of the CAPS Steering Committee.
NYC Continuum of Care (CoC)	The CoC co-chairs receive regular updates from the CAPS Steering 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 the first draft 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.
NYC Department of Health and Mental Hygiene (DOHMH)	DOHMH contracts for onsite social and wellness services and provides technical assistance and oversight to supportive housing. DOHMH is a member of the CAPS Steering Committee and the case review workgroup.
NYC Department of Homeless Services (DHS)	DHS is under the umbrella of DSS and is the lead agency in NYC for homeless individuals and families residing in shelter. DHS is a member of the CAPS Steering Committee and the case review workgroup.
NYC Department of Housing Preservation and Development (HPD)	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 co-chairs the Steering Committee, serves as a member of the CSI committee and serves on the case review workgroup.
NYC Department of Social Services (DSS)	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 Steering Committee and the Continuous Systems Improvement Committee (CSI). DSS is the CE Evaluation Entity . 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.
NYC Department of Veteran Services (DVS)	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-chairs the Systems Committee and serves on the Steering Committee.
NYC Department of Youth and Community Development (DYCD)	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 Steering Committee.
NYC Human Resources Administration (HRA)	HRA is the CE Management Entity 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 CAPS in NYC. HRA created a new unit devoted to Coordinated Entry in October of 2017. HRA is a member of the CAPS Steering Committee. HRA is responsible for ensuring CAPS is operating in a manner consistent with the policies and procedures. A different division within HRA is also a placement entity for the majority of supportive housing units in NYC, including CoC-funded units.
NYC HRA HIV/AIDS Services Administration (HASA)	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.
NYS Office of Alcoholism and Substance Abuse Services (OASAS)	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.
NYS Office of Mental Health (OMH)	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 care programs. OMH is a member of the CAPS Steering Committee and the case review workgroup.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.

<p>US Department of Veteran's Affairs (VA)</p>	<p>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.</p>
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1.6: Versions of the Document

Version 2.0 of the CAPS Policies and Procedures Manual is in effect.

Policy

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

Version	Date Released	Key Changes
1.0	January 19, 2018	N/A
2.0	August 16, 2019	<ul style="list-style-type: none"> - Reformatted manual to reflect the recommended outline - Added to and edited definitions section - Moved City and State agencies and all committees to the new roles and responsibilities section - Detailed the prioritization process - Added the new HUD data elements.

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 coordinated entry process.

Procedure

Each project participating in CAPS is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. Please see Appendix A for the participant information form. This notice should be posted in the agency waiting areas or any areas where participants may congregate or receive services (e.g., building lobby). 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 resources, referrals, and assessment and prioritization processes.

2.2: Access Points

Policy

Participants are able to 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 is in progress. 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: 30th 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 in which 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 24 hours a day.

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) to enter into the CAPS system. 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, regardless of funding source, will function as access points to the CE process, and will 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 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 should be used 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 training once per month for persons who will manage access point processes and conduct assessments for CAPS. The training offers a hands-on classroom experience that guides CAPS and PACT 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 whenever any group requests it. Participating organizations are provided with the Coordinated Assessment and Placement Survey (CAPS) desk guide, the CAPS online training, the PACT online training, the CAPS webinar, the website for the CAPS policies and procedures as well as a hard copy of the CAPS policies and procedures. 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 his or her 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.

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 929-221-4500 or 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.

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 PACT 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 2010e 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 vulnerability within the CoC's geography.

Procedure

The Standardized Vulnerability Assessment (SVA) is conducted on all approved supportive housing applications submitted in PACTWeb. 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. 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 approved by HRA. 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](#).

4.2: Emergency Services

Policy

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

4.3: By-name Prioritized List

Policy

Based on the standardized prioritization described in the above section, the CoC has established a by-name 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 by-name prioritized list will be managed by CAPS managing entity HRA and maintained in the PACT system. New participants will be 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 by-name prioritized list. The list is updated in real time in the PACT 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 PACT system, HRA staff has implemented a phased plan to include them in 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 CAPS housing providers will enroll new participants only from the CAPS referral process. To facilitate prompt referrals and to reduce vacancy rates, housing providers must report any known and anticipated upcoming vacancies in the PACT system when available and directly to the relevant placement entity.

Procedure

When a TH, RRH, or 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 PACT 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 by-name prioritized list in the PACTWeb system to identify a prioritized household to fill the vacancy and work with the referring agency and housing provider to schedule an interview.

5.2: Participant-Declined Referrals

Policy

One of the guiding principles of CAPS is participant choice. This principle must be evident throughout the CAPS process, including the referral phase. Participants can reject service strategies and housing options offered to them without repercussion within Coordinated Entry. 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 and need scores, preliminary eligibility pre-determinations, and available resources. If a participant declines a referral to a housing program, they remain on the by-name prioritized list until the next housing opportunity is available. Participants who decline three placements that meet their stated needs and preferences will be moved to a case review process to reevaluate 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 from the By-name prioritized list 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, return them to the placement entity within 2 business days and update the outcome in PACT. 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 agency. Participants who are rejected by, or reject, multiple programs will be moved to a case review process with the appropriate placement entity and/or other relevant government or contract agency. HRA, in consultation with the placement entity and/or other relevant government or contract agency, will conduct a program review of housing providers that are unable to fill a vacancy after interviewing three participants.

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:

- PACT: HMIS comparable database; used to collect personally identifiable information (PII) on participants, as well as assessment and referral information.
- By-name Prioritized list: 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 or 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 acknowledge 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 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 and Citizenship 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 working to comply with the new HUD Coordinated Entry data element requirements below and will begin collecting these on or before the required date set by HUD of April 1, 2020.

- CE Assessment Element - This element will collect Survey date, location, and Survey results.
- CE Event Element - This element will capture access and referral events, as well as the results of those events.
- Current Living Situation Element - This element will capture information on where a person is staying at a point in time.

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 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 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, that results are shared and understood, and that the CE system is held accountable. The purpose of the NYC CAPS evaluation is to assess and monitor the intake, assessment, referral, placement, and retention processes associated with CE. Implementing CAPS will require significant, community-wide change as well as the integration of numerous existing intake and placement systems. While this evaluation applies primarily to all relevant CoC/ESG

funded agencies and projects in this first phase, it will also include additional CAPS participating organizations as they are added to the system.

Procedure

After the CAPS rollout starting in January 2018, periodic measurement of administrative data has begun. These results are reported back to the CAPS Steering Committee, the CoC and the appropriate government agencies to make adjustments to implementation. As the system matures, formal evaluation and reporting will occur at least annually. Detailed evaluation plans will be assessed by the CAPS Steering Committee prior to implementation and periodically revised as needed. The CAPS Steering Committee has selected the following as key evaluation concepts:

- CAPS usage rates (system-wide and site-specific)
- Supportive housing application completion rate
- By Name List Referral and Placement process
- Analysis of criteria to determine level of vulnerability
- Analysis of matching client to unit function (anticipated start date May 2020)
- Qualitative data on CAPS experience (Participants and Participating organizations)

To evaluate Year 1, the Evaluation Entity DSS, in coordination with the Continuous Systems Improvement (CSI) Committee, will use a mixed-methods approach to explore the questions identified above, using administrative data, as well as qualitative and quantitative data collected through annual provider and client surveys and focus groups as needed. Specifically, homeless households from a sample of CAPS participating providers (both referring and supportive housing providers) will be surveyed individually and/or in focus groups. All CAPS participating providers will be surveyed annually to provide feedback on their experience using CAPS. Finally, administrative data will be assessed at baseline and then at least annually thereafter for comparison to baseline or prior year/reporting period.

In addition to the evaluation activities outlined above, there are multiple opportunities and mechanisms to provide feedback about the process in both real time and at pre-determined periods (annually or semi-annually). The Continuous System Improvement (CSI) Committee will develop a formalized process wherein concerns or complaints raised by participants seeking housing or who have been placed in housing, as well as referral agencies and housing providers, will be collected from multiple sources including 311, city agencies, and community-based organizations. These issues will be reported regularly to the CSI Committee for review and incorporation into a continuous improvement plan as necessary.

7.2: Role of Participating Organizations in CE Evaluation

Policy

Participating organizations play a crucial role in the evaluation of CAPS. Participating organizations will collect accurate and meaningful data on persons served by CAPS. In addition, participating organizations will review evaluation results and offer insights about potential improvements to CAPS processes and operations.

Procedure

The Continuous System Improvement (CSI) committee 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 include participating organizations and representatives from local government, referral agencies, placement entities, community members, persons with lived experience, and other relevant stakeholders. Additionally, all participating organizations will be sent the results of the annual CAPS evaluation and will be invited to discuss and provide feedback on the results at a scheduled NYC CoC meeting. While reviewing the data, representatives from participating organizations are encouraged to communicate directly with the relevant

placement entity or service contract funding agency about any concerns or questions they may have, and to be detailed in their suggestions.

CAPS Participant Information

What is CAPS?

CAPS is the Coordinated Assessment and Placement System. CAPS is NYC's answer to a federal plan to improve how homeless New Yorkers are given permanent housing.

CAPS is accessed through the Coordinated Assessment Survey. The survey can be filled out by a staff person, usually a case manager from:

- Shelters
- Drop-In Centers
- Outreach Programs
- Hospitals
- Jails/Prisons
- Non-profit Organizations that work with you to end or prevent your homelessness

The survey collects basic information (info) about your household. The results create a list of possible housing options for you. You and your case manager will discuss those options and your preferences. Then you will plan how to move forward in applying for housing.

You do not have to complete this survey. But, not completing it may limit your access to some permanent housing options.

Privacy

Some of the personal info we ask you for because we are required to by law or by organizations that give us money to run this program. We collect this info using a computer system called PACT. We also collect personal info:

- That is important to run our programs
- To improve services for homeless individuals
- To better understand the needs of homeless individuals

We only collect info that we believe will be helpful. If you have any questions or would like to see our privacy policy, our staff will give you a copy.

Non-Discrimination Complaints

- If you are a client of DHS, they may contact the DHS Ombudsman: 1-800-994-6494
- U.S. Department of Housing and Urban Development's (HUD) Office of Fair Housing & Equal Opportunity: 1-800-496-4294
- New York State Division of Human Rights: 1-888-392-3644
- New York City Commission for Human Rights: 311 or 1-718-722-3131

How to contact CAPS?

Participants may call:

- NYC 311 hotline, or
- HRA's Customized Assistance Services: 1- 929-221-4500