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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This document was prepared through a city-wide collaborative effort involving thirty three distinct organizations, with over seventy five individuals participating. The organizations include city and state government, nonprofit housing providers, nonprofit shelter and drop-in centers, policy and advocacy organizations, membership agencies, legal service organizations and more. While NYC has an existing homeless services system that already serves to streamline and coordinate access for all, working towards full implementation of a Coordinated Assessment and Placement System (CAPS) will require community-wide investment and change. This manual is meant to help guide NYC through the development and implementation of a streamlined system to assist the most vulnerable New Yorkers in attaining services and permanent housing. The NYC Human Resources Administration (HRA) thanks all who participated in this process; your feedback and insight is essential and we look forward to our continued work together.

1. Coordinated Assessment and Placement System (CAPS) Overview

1.1 HUD requirement
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.

1.2 What is CAPS?
In order 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 will assess homeless or at risk individuals and families for potential housing options, provide detailed instructions on how to apply for the housing options, prioritize referrals (based on a Standardized Vulnerability Assessment), perform a housing match for the household and place applicants according to verified information on Applicant eligibility, applicant preference and available vacancies.

1.3 CAPS Development & Implementation
CAPS development is an iterative process, relying on the existing network of committed advocates, housing providers, government agencies, tenants of HUD funded housing and Applicants to inform, guide and evaluate CAPS. Beginning in 2014, a dedicated group of stakeholders, including key representatives from city and state government, nonprofit agencies providing homeless services, policy and advocacy groups and others, began meeting regularly to plan the implementation of CAPS in NYC. In March of 2015, the CAPS Steering Committee, an ad hoc committee of the NYC CoC, was formed to work intensively towards this goal[1]. In order to meet both the HUD requirements and the needs of a complex web of existing systems, the first phase of CAPS will focus on CoC-funded permanent supportive housing (PSH), transitional housing (TH) and rapid rehousing (RRH). Throughout 2018 and beyond, additional types of supportive and affordable housing options will be included to fulfill the long-term vision of CAPS.

In October of 2016, NYC Human Resources Administration (HRA) took the lead on developing CAPS using HRA's existing Placement Assessment and Client Tracking (PACTWeb) system. Currently, the PACTWeb system approves the majority of CoC-

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[1] NYC CAPS Steering Committee, *Making the Case for a CAPS System in New York City: Recommendations for a Streamlined & More Targeted Approach to Housing Homeless New Yorkers,* July 2016.

funded supportive housing applications, maintains an electronic list of approved applications and tracks referrals and placements into supportive housing. PACTWeb is the primary system for nonprofit agencies, city agencies, community-based organizations (CBOs), hospitals, jails, street outreach teams and shelters to access the supportive housing application on behalf of the Applicant. There are over 1,000 agencies with over 3,000 programs and over 12,000 distinct users of the system in NYC.

CAPS begins with the Coordinated Assessment Survey (CAS), accessible in the PACTWeb system. This is a universal tool to assist case managers and housing specialists in understanding the various prevention services and/or housing options the Applicant is potentially eligible for. The CAS is the entry point into CAPS. The Standardized Vulnerability Assessment (SVA), developed in consultation with over 80 stakeholders across the homeless services landscape, will be programmed into the PACTWeb system by January 2018. The SVA will measure an Applicant's system contacts (e.g. shelter, jail/prison, hospital, foster care, etc.), functional impairments, length of time homeless and Medicaid usage in order to determine vulnerability. In order to measure system contacts, the SVA will have direct data feeds into other systems. HRA has obtained access to multiple data feeds and the remaining sources have been identified and are in process. While additional data feeds are being added, social work staff within the PACT unit can determine vulnerability from additional clinical documentation submitted.

Development efforts in progress include the housing inventory and matching components of CAPS. By January 2018, 60% of all CoC-funded units are expected to be inventoried, with unit-level eligibility criteria and funding sources identified. The remaining 40% of the CoC-funded units are expected to be completed by March 2018. Simultaneously, HRA is developing the technology to automate matching Applicants with the most appropriate housing unit and provide enhanced scheduling/update functions for streamlined communication with the supportive housing providers during the intake process. By the end of 2018, it is anticipated that all CoC-funded homeless units will be entered into the PACTWeb system and accepting referrals exclusively through CAPS. For more information on future implementation, please see the CAPS implementation plan (Appendix A).

1.4 Definitions

Access Points: Access points are the places – either virtual or physical – where an individual or family in need of housing assistance (TH, RRH, PSH or homeless prevention resources) accesses the coordinated entry process (CAPS). Access points include, but are not limited to; street outreach teams, the Veteran's Administration Health Centers (VAHC), hospitals, shelters, Community-based Organizations (CBO's), jails/prisons, and others. In many cases, the Access Point is also the Referral Source, which completes a supportive housing application on behalf of the Applicant.

Applicant: Individuals and families seeking housing and homeless prevention resources through CAPS who are literally homeless or at risk of homelessness. Per the NYC CoC Written Standards[2], all CoC-funded projects are only allowed to serve Applicants who are literally homeless (including persons in Category 4 (Domestic Violence) who are literally homeless) unless otherwise indicated under the eligibility standards for a given project type (e.g. TH or RRH projects).

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 (CAS) is a standardized survey tool which helps determine the Applicant's potential eligibility for permanent housing and/or homeless prevention services.

By-name Prioritized List: All CoC-funded permanent supportive housing (PSH) projects will be required to accept referrals only from the By-name Prioritized list maintained in the PACTWeb system. The list is populated with all approved supportive housing applications updated in real time in the PACTWeb system and accessible to the placement agencies for referrals. For Applications from the Domestic Violence (DV) or Department of Youth and Community Development (DYCD) shelter systems, appropriate privacy protections will remain in place.

Continuous System Improvement (CSI) Committee: The CSI Committee is a permanent committee of the CAPS Steering Committee and helps to organize and manage the ongoing and annual evaluations of CAPS. The CSI Committee members are appointed by the Steering Committee and include representatives from local government, referral and placement agencies community members and other relevant stakeholders. The CSI Committee reports to the CAPS Steering Committee.

Coordinated Assessment and Placement System (CAPS): CAPS is NYC's CE system. CAPS will be developed in phases to account for the complexity of the different systems in NYC. Phase I includes the development and expansion of CAS to 12,000 distinct users; operational implementation in DHS funded shelter programs; real-time data feeds with four distinct systems; pilots in the DV andHASA shelter systems and more. The development of CAPS will require multiple phases, extensive evaluation and strategic input from the entire NYC homeless services system.

CAPS Steering Committee: The CAPS Steering Committee, an ad hoc committee of the NYC CoC, is the advisory board of CE in NYC. It is comprised of representatives from government agencies, access points, referral and placement organizations, membership

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[2] NYC Coalition for the Continuum of Care, 2017 Written Standards.

organizations and other key stakeholders. The CAPS Steering Committee meets regularly to review development, implementation, and evaluation of CAPS.

Coordinated Assessment Survey (CAS): The entry point into the CAPS system, housed within the HRA PACTWeb system. The survey is a web-based system currently available to 1000 agencies, 3000 programs and 12,000 distinct users. Completed surveys are viewable in the CAS/PACTWeb system for 6 months. The survey is a point in time assessment of household demographic, income/employment, health and legal information provided by the Applicant to help determine potential eligibility for permanent housing and/or homeless prevention services.

CAS User: The CAS user is anyone completing a survey on behalf of an Applicant in order to determine potential eligibility for permanent 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 CAS/PACTWeb user is tagged with an identifiable user name and password, and usage is monitored and governed by HRA data protection and confidentiality policies.

Domestic Violence (DV): DV/SA victims can fall into any of the 4 categories of homelessness, as defined by HUD. See the CoC written standards for more information.[3]

Emergency Solutions Grant (ESG): The ESG program provides funding to: (1) engage homeless individuals and families living on the street: (2) improve the number and quality of emergency shelters for homeless individuals and families: (3) help operate these shelters: (4) provide essential services to shelter residents: (5) rapidly re-house homeless individuals and families, and: (6) prevent individuals and families from being homeless.

Functional Impairment: The Standardized Vulnerability Assessment (SVA) measures an Applicant'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 assistance with shopping and meal preparation, housekeeping, money management, personal hygiene, traveling, managing health and behavioral health.

Homeless Management Information System (HMIS): The system comprising the HMIS Data Warehouse, Contributing HMIS Organizations (CHOs), project-level HMIS-compliant systems, and the policies and procedures that govern the relationship between these entities. The HMIS Project is managed by the HMIS Lead, NYC DSS.

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[3] CoC Written Standards

Housing Provider: A housing provider is any housing and service provider who receives Applicant referrals from a placement agency. The housing provider reports vacancies to the placement agencies, conducts Applicant interviews, selects Applicants for housing vacancies, houses and provides services to Applicants and reports on Applicant outcomes to the appropriate service contracting agency.

NYC Administration for Children's Services (ACS): ACS is the city agency responsible for child welfare in NYC. ACS is the placement agency for PSH beds serving youth aging out of foster care. ACS is a member of the CAPS Steering Committee.

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.

NYC Department of Homeless Services (DHS): DHS is under the umbrella of DSS and is the lead placement agency in NYC for homeless individuals and families. DHS is a member of the CAPS Steering Committee.

NYC Department of Social Services (DSS): DSS is the HMIS Project Lead for the NYC CoC. DSS is the umbrella City agency over NYC HRA and NYC DHS. DSS is a member of the CAPS 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. DYCD will participate in a pilot of CAS in early 2018 for their contracted youth shelters.

NYC Human Resources Administration (HRA): HRA is the lead government agency primarily responsible for building, implementing, managing and evaluating 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.

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 agency for all beds serving individuals and families living with HIV/AIDS in NYC.

Participating Organization: A participating organization is any entity that has web-based access to the PACTWeb/CAS systems. 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 agency, a housing provider or any combination of the above.

Permanent Supportive Housing (PSH): Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.[4]

Placement Assessment and Client Tracking (PACTWeb) System: Access points and referral sources complete a supportive housing application on behalf of the Applicant and submit it through PACTWeb. PACTWeb is the external, web-based system available to 12,000 users across NYC. The CAS is accessed in the PACTWeb system. The PACT unit reviews the applications, determines if Applicants are eligible for PSH, provides a letter to the referral source with the determination (approved or disapproved), the reason why or why not, the Standardized Vulnerability Assessment (SVA) summary, and the contact information of the reviewer in case of further questions.

Placement Agency: A placement agency (currently ACS, DHS, DOHMH, and HASA) reviews the by-name prioritized list in PACTWeb of approved Applicants awaiting placement into PSH. The placement agency reviews the applications, reviews available vacancies and makes referrals to housing providers that best fit the Applicants' needs and preferences.

Referral Source: A referral source is the agency completing and submitting the supportive housing application to the PACT unit for review. The referral source may be the same entity as the access point, or it may be a different entity.

Standardized Vulnerability Assessment (SVA): The standardized vulnerability assessment will be conducted on homeless households through the HRA supportive housing application process for all CoC - funded 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 the Medicaid utilization, number of system contacts, number of functional impairments and length of time homeless for the Applicant. A separate SVA will be developed for single adults, families with children, unaccompanied youth and victims of domestic violence as per HUD requirements.

US Department of Veteran's Affairs (VA): 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 CAS as housing options.

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[4] CoC Written Standards

2. Accessible and Non-discriminatory Access to CAPS

2.1 Accessibility
Access points ensure that people experiencing or at risk of homelessness have the ability to meet with a CAS User to complete the CAS, the first step towards movement to permanent housing and/or homelessness prevention services coordinated through CAPS. Access points include both homeless and homelessness prevention services for families, individuals, youth, veterans and people fleeing domestic violence.

NYC has various access points across the city, both virtual and site-based. These access points cover locations throughout NYC. While not all access points are accessible to persons with disabilities, a referral will be made immediately to the closest location that can accommodate the individual or household. The access points are affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, disability or who are least likely to complete a CAS in the absence of special outreach. Affirmative marketing can include visual materials in multiple languages, informational materials available both online and at various access points as well as targeted marketing to those least likely to access CAS.

Various access points can accommodate subpopulations within the larger population such as youth, veterans, families, survivors of domestic violence, and adults experiencing either homelessness or chronic homelessness to ensure fair and equal access for all populations into the CAPS. While marketing materials will encourage people who are part of a particular subgroup to connect with particular access points, any person will be accommodated at any access point, promoting a 'no wrong door' approach to access CAPS. In the case of Applicants identifying as a survivor of domestic violence or victimization, an immediate referral will be made to an appropriately trained victim service provider for an assessment/services.

NYC utilizes existing participating organizations as access points for the system and plans to expand access points to additional entities that encounter people experiencing homelessness. Consistent with City and State laws governing the right to shelter, reasonable accommodation must be made at all access points in order to service eligible Applicants and clients with physical or mental disabilities, except where an accommodation will impose an undue hardship 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 hardship 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 and to meet the needs of Applicants with Limited English Proficiency (LEP). Currently, the CAS 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.

2.2 Privacy & Consent

All Participating organizations in the CAS/PACTWeb system are assigned a unique ID to access the system. Once an organization is added, the organization can add individual CAS/PACTWeb users in accordance with the CAS/PACTWeb data privacy standards.

Before beginning CAS, the CAS user must first complete a consent form with the Applicant. The consent form covers both the CAS and the supportive housing application. The CAS cannot be completed until the CAS user indicates the consent is signed by the Applicant and on file. The consent forms must be kept in a secure location within the user's agency. The CAS user must engage with the Applicant to gain consent, and no Applicant will be denied services for refusing to consent to the CAS.

2.3 Non-discrimination

Recipients and sub recipients of CoC Program and ESG Program funds 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 Applicant receives finical 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.

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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.

2.4 Housing First

No Applicants will be denied access to CAPS due to perceived barriers to housing or services, including, but not limited to the following: too little or no income, active or a history of substance use, victimization and/or domestic violence history (including dating violence, sexual assault, sex trafficking or stalking), resistance or perceived resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. The CoC, along with other entities in NYC, offer trainings to housing providers on how to implement a Housing First approach.

2.5 Filing a Non-Discrimination Complaint

An Applicant has the right to file a complaint of unlawful discrimination at any time during the CAPS process. Applicants shall be provided the following information on how to file a discrimination complaint:

1) Contact the Department of Housing and Urban Development (HUD's) Office of Fair Housing & Equal Opportunity by calling 1-800-496-4294.

2) Contact the New York State Division of Human Rights by calling 1-888-392-3644.

3) Contact the New York City Commission for Human Rights by calling 311 or 1-718-722-3131.

CAPS complies with the non-discrimination requirements of the Fair Housing Act, as well as New York State and City human rights laws. Consequently, the CoC does not use data collected from the assessment process 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, military status, actual or perceived sexual orientation, gender identity, citizenship, or source of income.

In certain circumstances, an organization may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve Applicants living with HIV/AIDS). The CoC may request from each agency any funding contract that requires or allows the agency to limit the specific subpopulation of persons to be served.

Applicants will not be screened out for assistance 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.

The CoC and all participating organizations comply with the equal access and nondiscrimination provisions of Federal civil rights laws and serve all individuals regardless of race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

The referral process follows Federal, State, and local Fair Housing laws and regulations for protected classes and ensures that Applicants 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.

3. Marketing and Training for CAPS

3.1 Marketing
CAPS is affirmatively marketed to eligible persons regardless of race, color, national origin, religion, gender identity, sexual orientation, sex, age, familial status, disability or those perceived as least likely to complete a CAS in the absence of special outreach. Beginning in April of 2017, the CAPS Steering Committee has hosted a series of information sessions, trainings, marketing events and one on one outreach to key stakeholders to ensure individuals and families seeking homeless or homelessness prevention services are made aware of CAPS. In January of 2018 an online training module for CAPS, the SVA and the PACTWeb system will be available and affirmatively marketed across NYC.

In order to ensure all people in different populations and subpopulations have fair and equal access to CAPS, HRA has been hosting events to educate, inform and train participating organizations and individuals that serve these subpopulations. This has included veteran-specific service providers, Victim Service Providers (VSP) and non-VSPs, youth-specific providers, family providers and those serving chronically homeless individuals and families. HRA, with support from the CAPS Steering Committee, will continue these events at least monthly as CAPS expands.

3.2 Training
Training for the Coordinated Assessment Survey (CAS) for NYC CoC participating organizations is provided by HRA. The training offers a hands-on classroom experience that guides CAS and PACTWeb users through the technical aspects of completing a survey and the supportive housing application. Trainings are held at least twice a week and can be requested by contacting HRA user support. In addition, 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 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 tool. For those unable to attend the training and/or prefer to complete a distance learning course are able to 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 every year to the participating organization.

4. Emergency Solutions Grants and Prevention

4.1 ESG
The CoC, in consultation with pass-through recipients of Emergency Solutions Grants, have established and consistently follows written standards for providing CoC assistance which have guided the development of formalized policies and procedures for CAPS. The CoC written standards provide guidance for evaluating eligibility for assistance for the types of housing and assistance listed below:

- evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578
- determining and prioritizing which eligible individuals and families will receive transitional housing assistance
- determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance
- determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance
- determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

The policies and procedures of CAPS, including screening, assessment, and referrals, are consistent with the written standards for administering ESG assistance. ESG administrators will be involved in any future changes to the policies and procedures.

4.2 Prevention
Homeless prevention services can be accessed both within CAPS through a referral, or outside of CAPS through direct contact with a prevention program. For Applicants 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 Applicant 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. Applicants are not prioritized for referrals to prevention services. Homebase programs will 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 will be provided to the closest appropriately-trained prevention site. Programs may require Applicants 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.

5. Assessment

5.1 Introduction
Prior to initiating a supportive housing application a referral source must complete the Coordinated Assessment Survey (CAS)*.* Completing a survey generates a list of supportive housing and rental subsidies that the household is potentially eligible for and is used to provide guidance for pursuing the client's housing choice. The CAS is intended to be used as an engagement tool with the Applicant; therefore there are no specific requirements as to when a CAS should be completed, though it is recommended to be completed within the first two weeks of an Applicant's arrival at the access point.

When a survey returns a result of potential eligibility for supportive housing, the CAS User and Applicant will proceed with the supportive housing application. For a result of potential eligibility for TH or RRH, the Applicant will be referred to specific housing providers that offer these services. If the Applicant is found to be potentially ineligible for any permanent housing options, HRA recommends the CAS user to initiate a case review to explore other housing options with the Applicant.

Once an eligibility determination is made by the PACT unit, a letter is provided to the referral source informing them if the household was approved and for which type of supportive housing along with the SVA summary sheet. In the case of disapproved applications, the determination letter provides the reasons for not approving the case and if there are any questions about the determination, they may contact the PACT reviewer. Case conferencing may be initiated with the reviewer to provide additional information that may impact the eligibility or the vulnerability assessment category.

CAS currently pulls data from multiple data systems to verify number of days homeless in DHS or HASA shelter systems, client identifying documents and income documents from the HRA document storage system, income information on public assistance from WMS, and prior supportive housing applications including supporting documentation from PACTWeb.

CAS and PACT systems are linked and the CAS pre-populates sections of the application to assist those households that are found potentially eligible for supportive housing and choose this option for their permanent housing plan. Supportive housing-approved households will be given a vulnerability assessment rating of *High, Medium or Low* based on multi- system contacts, functional impairments, high utilization of Medicaid, and length of time homeless. This will be outlined in the SVA summary sheet that accompanies the determination letter.

Applicants 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. The assessment process cannot require disclosure of specific disabilities or diagnosis.

Housing providers may only require Applicants 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.

5.2 Coordinated Assessment Survey (CAS)
The CAS is a standardized and universal assessment tool to assist case managers and housing specialists to understand the different types of housing and subsidies available. The CAS requires the Applicants' consent to begin the survey and access and share the Applicants' data. To search for an Applicant in the CAPS system, the first name, last name, date of birth, social security number and gender are required.

The CAS 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.

Upon completing and finalizing the survey, the CAPS system determines the homeless prevention services, permanent housing and rental subsidies for which the Applicants may be **potentially** eligible. The results are displayed with the name of the housing/subsidy, information about the program, instructions on how to apply and contact information to get started. This information enables the CAS User and Applicant to begin to pursue a housing plan together.

5.3 Locations and Hours
CAS 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 CAS 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. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the intake and assessment processes for CAS. Applicants 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 CAS and victim services, including immediate access to emergency services such as domestic violence hotlines and shelter.

5.4 Assessment for Special populations
While the NYC CAPS system has a 'no wrong door' policy, specialized service providers are trained to do assessments for specific subpopulations. These include specialized assessment centers for families with children, persons fleeing domestic violence or those at risk of victimization and unaccompanied youth. If a person from one of the specialized subpopulations arrives at an access point designated for a different population, the Applicant can choose to complete the CAS at that access point, or be referred to an access point designated for that specific subpopulation. In consideration of the significant safety concerns for persons fleeing domestic violence or victimization, it is recommended the CAS be completed at a designated VSP access point.

All street outreach efforts, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized assessment process as persons who access coordinated entry through site based access points. The CAS is available to all mobile street outreach teams.

6. Vulnerability and Prioritization

6.1 Standardized Vulnerability Assessment Process
The Standardized Vulnerability Assessment (SVA) will be conducted on all approved supportive housing applications submitted in PACTWeb. 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 service need categories are defined as Applicants that meet the threshold for Medicaid service utilization within the past year **OR** Applicants with multi-system contacts and functional impairments within the last 2 years, always designating the higher category of the two criteria below:

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

Contact with a system is defined as a discrete episode of: hospital admission, ER 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 inpatient rehab or detox. 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 will be counted as one system contact within the 2 year period. Furthermore, the high service need category may be determined through the Medicaid utilization criteria. Many of the system contacts are verified through data received from homeless, hospital, substance use, and correctional institution databases. Information in current and prior applications is also used to determine system contacts.

SYSTEM CONTACT LIST:

- HOMELESS - DHS, HPD, VA (transitional and SH), HRA HASA
- SUBSTANCE USE – Office of Alcoholism and Substance Abuse Services (OASAS) (inpatient rehab and detox)
- FOSTER CARE – ACS foster care placement
- CORRECTIONAL INSTITUTION/LEGAL – DOC/DOCCS (jail, prison, juvenile justice and court mandated treatment)
- HOSPITAL – Medical and Behavioral Health (Inpatient and Emergency)
- DOMESTIC VIOLENCE – recent connection with DV services or DV shelter
- ADULT PROTECTIVE SERVICES – connection with APS services
- DYCD – runaway homeless youth

Case review may be initiated with the PACT reviewer to provide additional information that can be considered for the vulnerability assessment criteria. There is contact information on the Standardized Vulnerability Assessment Summary section of the determination letter.

The CoC plans to expand the SVA to consider other factors for youth, families, and survivors of domestic violence. These additional factors will be included for those specific populations within the first year of CAPS implementation.

Applicants that are HIGH vulnerability and chronically homeless as defined by HUD will be prioritized for appropriate vacancies as they become available. Applicants with MEDIUM or LOW vulnerability, or not chronically homeless as defined by HUD, will be matched with the appropriate housing and service placement as vacancies become available. Written policies and procedures specify the conditions for Applicants to maintain their place in CE prioritization lists when the Applicant rejects housing options. See section 7.3 for more detail. CAPS follows the order of priority established by the CoC Written Standards.*

Only as necessary to break a tie, Applicants 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.

> ***The City reserves the right to adjust priorities if needed to meet city or state mandates.***

7. Housing Referral and Placement

7.1 Referral for CoC and ESG Programs
All CoC-funded PSH, TH and RRH projects are required to accept referrals only from the by-name prioritized list of Applicants awaiting placement maintained in PACTWeb. For CoC-funded programs not currently in the PACTWeb system, HRA staff is coordinating an implementation 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.

7.2 Referral Process
- Eligible Applicants (Individuals and Families) will be referred by the placement agency to vacant PSH units based on priority as established by the CoC in the written standards.
- To ensure that vacant PSH units are filled in a timely manner, three (3) Applicants identified as "high" vulnerability by the SVA will be scheduled from the By-name list for each vacancy.
- The housing provider is expected to interview all three Applicants for their available vacancy and accept one of the three referrals. The selected Applicant should be chosen based on the Applicant's service need and housing provider's service capacity.
- The housing provider must document interview results and return to the Placement Agency within 48 hours.
- The expectation is that housing providers will only reject Applicants found eligible for PSH under very limited circumstances. Reasons for rejecting an Applicant must be clearly indicated.
  - Programs may not reject Applicants with serious mental illness because they are not in treatment.
  - Programs may not reject Applicants for active substance use. Applicants who arrive at an interview under the influence of substance(s) and demonstrate an inability to participate in an interview must be rescheduled.

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- Programs may not reject Applicants with no income if documentation is provided proving they are eligible for documented income.
- All Applicant rejections are subject to review by the appropriate government agency. Applicants who are rejected by, or reject, multiple programs will be moved to a case review process with the appropriate government agency.
- The lead government agency, in consultation with the service contract funding agency, will conduct a program review of PSH participating agencies that are unable to fill a vacancy after interviewing multiple Applicants.

7.3 Applicant Declinations
- Applicants that decline a PSH unit because of program location and/or requirements that are inconsistent with their stated needs or preferences will be provided with a referral to the next available vacancy that meets those needs and preferences. These applicants will retain their place on the prioritization list.
- Applicants who decline multiple placements that meet their stated needs and preferences will be moved to a case review process to reevaluate their housing preferences and needs.

8. Evaluation

8.1 Purpose
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. In order to ensure our system is optimized to best serve households either at risk of or experiencing homelessness, the CAPS Steering Committee anticipates adjustments to the processes described in this manual through Continuous System Improvement (CSI). 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.

After the CAPS rollout starting in January 2018, periodic measurement of administrative data will begin. Results from the CAPS evaluations will be reported back to the CAPS Steering Committee, the CoC and the appropriate government agencies as it is available in these first few years. As the system matures, evaluation and reporting will occur at least annually to inform the CSI of the CE process. Detailed evaluation plans will be assessed by the CAPS Steering Committee prior to implementation and periodically revised as needed.

8.2 Key Evaluation Concepts

As CAPS is developed and implemented, many key outcomes will be measured both in the formalized annual review and in frequent and informal reviews of administrative data. Concepts and outcomes to evaluate include:

- CAS 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
- Qualitative data on CAPS experience (Applicants and Participating organizations)

8.3 Methods

The CAPS Steering Committee will form a permanent subcommittee for CSI. The Committee will consist of coordinating government agencies, membership coalitions, housing providers and other key stakeholders. The 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 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.

8.4 Feedback Process

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 Applicants 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 CBOs. These issues will be reported regularly to the CSI subcommittee for review and incorporation into a continuous improvement plan as necessary.

9. Data Management

9.1 Data Management
Any participating organization granted access to CAS and PACTWeb must sign an attestation maintaining data privacy and security in accordance with their own internal

agency's data protection and disclosure policies. The system administrator at each participating organization will ensure adequate privacy protections of all participant information stored in CAS and PACTWeb per the HMIS Data and Technical Standards.

The CoC, through the CAPS Steering Committee, will ensure that adequate privacy protections are put into place, including collection and secure storage of signed consent forms for all households being surveyed by CAPS. In addition, the CoC will follow all data privacy standards established for HMIS and any other data collection system within CAPS.

9.2 By-name Prioritized List

All CoC-funded permanent supportive housing (PSH) projects are required to accept referrals only from the By-name Prioritized list maintained in the PACTWeb system. The list is populated with all approved supportive housing applications. The list is updated in real time in the PACTWeb system and accessible to the placement agencies for referrals. The by-name prioritized list of Applicants will be subject to the same data protections as all data in the PACTWeb system.

Appendix A: CAPS Implementation Timeline

Phase I (June 2017 – June 2018)

- Making CAS available citywide to all PACT users
- Real-time permanent data feeds with DHS, HASA, Department of Corrections (DOC), HRA SORTS and Wealth Management System (WMS)
- Programming the SVA into the PACTWeb supportive housing application
- Making CAS mandatory to begin a supportive housing application in PACTWeb beginning in select sites, to be expanded across NYC in 2018
- Piloting CAS in HRA-contracted DV shelters
- For CoC-funded PSH NOT currently in the PACTWeb system, those units will be identified and entered into the system to accept referrals
- Strengthening existing relationships with the VA and SSVF providers to expand training, access and use of CAS
- Implementing a pilot of CAS in the HASA system
- Establishing PACTWeb as the primary referral source for all CoC-funded PSH in NYC
- Planning and implementation of additional data feeds, including the Department of Youth and Community Development (DYCD), HRA's Project No Violence Again (NOVA) and others
- Continue marketing and training of CAS/CAPS across NYC for TH, RRH and other PSH programs

Phase II (June 2018 – June 2019):
- Pilot CAS in DYCD shelters, verify accuracy of data feed
- Build on the pilot in the DV shelters to expand CAS to family assessment and program shelters across NYC
- Include all Housing Preservation and Development (HPD) shelters in the PACTWeb system
- Implement enhanced referral/placement system matching clients to units and scheduling intake process with providers
- Continue to add to the Housing Inventory data to include in PACTWeb
- Continue CAS training and CAPS marketing events
- Establish data feeds with the VA, Medicare, ACS and others as determined by available resources
- Evaluate initial outcomes of CAPS
- Develop and plan Phase III and Phase IV