SACRAMENTO
STEPS FORWARD

The Sacramento Housing Conversation Tool

Best Practices Guide

for the

Coordinated Access System (CAS)

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Introduction to the Housing Conversation Tool

The Housing Conversation Tool (HCT) was developed to build on the *Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT),* with the goal of better addressing local needs in Sacramento's Homelessness Response System. The VI-SPDAT was originally designed to triage and assess the needs of people experiencing homelessness on a national scale. However, it faced criticism for not being adequately tailored to local contexts, perpetuating racial disparities, and not being sufficiently human-centered or trauma-informed.

To address these concerns, a workgroup was formed that included individuals with lived experiences of homelessness, members of the Racial Equity Committee, and various community partners. This group collaborated to develop the HCT, which aims to offer a more localized and equitable approach to assessing and prioritizing individuals for shelter and housing.

The HCT is intended to be used by all community providers to quickly evaluate the health and social needs of people experiencing homelessness. It helps match individuals with appropriate support and housing interventions based on the severity of their needs. While the HCT facilitates the prioritization process, it is not designed to offer a comprehensive assessment of everyone's needs. Instead, it focuses on triaging and identifying the most urgent cases for intervention.

Differences between the HCT and the VI-SPDAT

Unified Assessment

- **Single Integrated Tool:** The HCT simplifies the assessment process by using a single, unified tool for all household types. It does not require separate tools or tabs for different groups; instead, it collects all necessary information through one streamlined assessment.

Group Categories

- **Single Adults/TAY:** This group includes both Single Adults (aged 25 or older) and Transition Age Youth (TAY) (aged 18-24). The assessment collects information on the characteristics of individuals in this category.
- **Adult-Only Households:** This category encompasses households with multiple adults but no minor children. The assessment gathers relevant information about the entire household without requiring each adult to complete separate assessments.
- **Families:** For households with at least one adult and one minor child. The HCT is designed to capture information about the household, with only one assessment required per household. It's important to identify the Head of Household in these cases.

Broader Applicability

- **Expanded Scope:** The VI-SPDAT was restricted to those who were literally homeless. The HCT can be used for both individuals who are literally homeless and those at risk of homelessness, providing a broader range of support that more appropriately matches the resources available.

Simplified Questionnaire

- **Fewer Questions:** The HCT contains 27 questions compared to the VI-SPDAT's 36. This reduction aims to make the process more efficient while maintaining focus on critical factors for prioritization.

Human-Centered, Trauma-Informed Approach

- **Revised Questions:** The HCT's questions have been rephrased to be more human-centered, reducing the potential for re-traumatization. Non-essential questions that did not directly impact eligibility or prioritization were removed.

Addressing Racial Disparities

- **Equity Focus:** Developed with input from the Racial Equity and CAS Committees, the HCT includes mechanisms to monitor and address racial disparities. It features an ongoing strategy for evaluating and recommending adjustments to ensure equity in the assessment process.

Overall, the HCT represents a significant improvement in addressing local needs, providing a

more inclusive and trauma-informed approach while reducing the complexity of the assessment process.

End User Agreements for Housing Conversation Tool (HCT)

As custodians of personal data, HCT assessors must adhere to strict guidelines to ensure that data is collected, accessed, and utilized in a manner that respects both legal and ethical standards. The responsibilities and obligations of assessors include:

Data Collection and Usage:

Assessors are entrusted with sensitive personal information and must ensure that it is collected and used solely for the purposes for which it was intended. This includes:

- Clearly communicating to clients how their data will be used.
- Ensuring that data usage aligns with the mission of assisting individuals and families in resolving their housing crises.

Compliance with Training and Procedures:

- **HMIS User Training**: Assessors must complete training on the Homeless Management Information System (HMIS) to ensure proper use of the system and adherence to its guidelines.
- **HMIS Policies and Procedures Manual:** Assessors must follow the protocols outlined in the HMIS Policies and Procedures Manual, which governs client data management.
- **Client Confidentiality**: Understanding and maintaining client confidentiality is crucial. Assessors must ensure that all client information is protected and only accessible to authorized personnel for legitimate purposes.

Ethical and Legal Obligations:

- **Moral Responsibility**: Beyond legal requirements, assessors have a moral duty to handle client data with the highest level of integrity and respect.
- **Legal Compliance**: Assessors must comply with all relevant privacy laws and regulations governing the handling of personal data.

Training and Awareness:

Regular training and updates on data protection, privacy laws, and ethical guidelines are essential for assessors to stay informed and competent in their roles.

By adhering to these guidelines, assessors ensure that the HCT serves its purpose effectively while maintaining the trust and privacy of the individuals and families it aims to support.

Who Should Be Assessed Utilizing The HCT?

HCTs should occur after program enrollment and after building rapport with the client. The HCT is intended to be used with clients experiencing homelessness, or at risk of homelessness.

Category 1: Literally Homeless:

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or**
- Is exiting an institution where (s)he has resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2: Imminent Risk of Homelessness:

Any individual or family who:

- Is below 30% AMI (Annual Median Income)
- Does not have sufficient resources or support networks, (e.g., family, friends, faith-based or other social networks), immediately available to prevent them from moving to an emergency shelter or another place
- Meets one of the following conditions:
  - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
  - Is living in the home of another because of economic hardship;
  - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
  - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
  - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
  - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

Category 3: Homeless Under Other Federal Statutes

Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, or ownership interest in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4: Fleeing/Attempting to Flee Domestic Violence:

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resources or support networks to obtain other permanent housing

Before Starting the HCT – Important Messaging

Develop Rapport

Building rapport with clients is essential for effective use of the Housing Conversation Tool (HCT). Since the HCT is a self-report tool and involves sensitive questions directly related to eligibility, prioritization, or determining vulnerability, it is crucial for assessors to establish a comfortable and trusting environment.

- **Create Comfort and Safety**: Establishing a positive rapport helps clients feel safe and more willing to provide honest responses. This is vital because inaccurate answers can lead to an incomplete assessment and potentially affect the support or services they receive.
- **Take a Trauma-Informed Approach**: The HCT uses updated language to reflect a trauma-informed approach, including trigger warnings for sensitive questions. Assessors should be attentive to signs that a client may be triggered or upset, and if this occurs, the assessment should be paused and rescheduled for another day to ensure the client's well-being.

Choose the Right Location

Given that the HCT involves collecting Personal Protected Information (PPI) and asking sensitive personal questions, it is important to conduct the assessment in a safe and private environment.

- **Select a Safe Environment**: Ensure the location is private enough that others cannot overhear the client's responses. Both the client and the assessor should feel comfortable in the environment where the assessment is conducted.
- **Assure Comfort and Privacy**: Consider both physical and emotional comfort. The setting should be conducive to an open and honest conversation, protecting the client's privacy and ensuring confidentiality.

Informed Consent: Build Trust and Ensure Understanding

- **Provide a Clear Explanation of CAS:**
  - **Purpose of CAS**: Start by explaining the Coordinated Access System (CAS) as a collaborative network designed to streamline access to housing and supportive services for individuals experiencing homelessness. Emphasize that the system aims to efficiently connect clients with the resources that best meet their needs.
  - **Role of the HCT**: Describe the Housing Conversation Tool (HCT) as an assessment tool used within the CAS to gather essential information about clients. Explain how the HCT helps prioritize and match clients with appropriate housing and services, focusing on its role in identifying needs and facilitating access to resources.
- **Be Transparent about Data Use:**
  - **Scope of Data Usage**: Inform clients that the information collected through the HCT will be used to determine their eligibility for housing programs and services. Clearly explain that while the assessment is designed to assist in resolving housing crises, it does not guarantee immediate housing placement.
  - **Privacy Protections**: Assure clients that their personal data will be handled with strict confidentiality and shared only with authorized service providers within the CAS. Provide details on how their information will be protected and used to support their housing needs, including the security measures in place to safeguard their data.

Integrate ISP Development into Informed Consent

- **Connection to ISP Development:**
  - **Linking Assessment to Support Planning**: Once the HCT is completed, inform clients that the next step involves developing an Individualized Support Plan (ISP). Explain that the ISP is a personalized plan created to address their specific needs and goals based on the information gathered during the HCT.
  - **Purpose of ISP**: Clarify that the ISP will outline actionable steps and resources to help them achieve housing stability and address other critical areas such as health care, financial stability, and support services. Emphasize that the ISP is designed to

provide a structured approach to achieving their housing goals and improving their overall well-being.

- **Client Involvement and Consent in ISP Development:**
    - **Client Participation**: Stress the importance of their active involvement in developing the ISP. Ensure clients understand that they will have a key role in setting goals, identifying barriers, and choosing the appropriate support services. Their input will be essential for creating a plan that reflects their needs and preferences.
    - **Informed Agreement**: Before finalizing the ISP, make sure clients understand how their goals and action steps will be documented and tracked. Obtain their consent to proceed with the ISP development, ensuring they are comfortable with the proposed plan and aware of how it will be used to guide their support and housing efforts.

By clearly explaining the CAS, HCT, and the subsequent ISP development process, CAS assessors can build trust, ensure client understanding, and facilitate a collaborative approach to achieving housing stability.

Key Messaging for CAS

- **Purpose and Benefits**: Explain that the CAS and HCT are designed to efficiently assess needs and connect clients with available resources and services. Highlight how this process helps in prioritizing and addressing housing crises.
- **Data Use and Confidentiality**: Assure clients that their information will be used solely for assessment and service provision, as outlined, and detail how their data will be protected. Clarify any potential data sharing and the safeguards in place to ensure confidentiality.
- **Participation and Outcomes**: Emphasize that while the HCT provides valuable information for prioritization, it does not guarantee housing but is a critical step in the process of accessing support.

By following these guidelines, assessors can effectively use the HCT to provide accurate assessments while maintaining a supportive and respectful environment for clients.

Suggested Messaging Script for Housing Conversation Tool (HCT)

Introduction:

“Hi! I’d like to tell you about a short conversation using a tool that we can do together. This tool will help us learn more about you and provide recommendations to support you in moving out of homelessness. The answers you provide will assist us in determining how we can best support and house you. Would you like to hear more about this?”

Explanation of the Process:

"This conversation will take about 20-30 minutes. Most questions will be simple Yes or No answers or may require just a one-word response. I want to be upfront with you: some of the questions are personal in nature. We ask that you answer as accurately as you can.

The information you share will be entered into a secure database called HMIS (Homeless Management Information System). After our conversation, I'll be able to share the recommendations with you and provide some basic information about resources that might be a good fit.

Based on what we discuss, we can work together to develop an Individualized Support Plan with realistic goals for obtaining housing.

However, it's important to note that there are very few housing resources directly connected to this tool, so it's unlikely that you will get housing immediately. The main benefit is that it helps us identify your needs and match you with available resources through this program. Depending on our conversation, I might recommend additional paperwork to help you apply to other housing programs.

Your information will be shared with service providers in the Sacramento Coordinated Access System to:

1. Avoid you having to complete the survey multiple times,
2. Help housing providers identify individuals eligible for housing resources as they become available, and
3. Allow Sacramento County to assess the overall housing needs and plan to increase resources and advocate for solutions to end homelessness."

Consent and Next Steps:

"Would you like to proceed with the survey?"

If Yes:

"Great! Before we begin, I'll need you to sign a release of information form. This will allow us to share your information within the HenrolMIS and with other relevant service providers. Let me explain a bit more about HMIS and what your consent will involve."

This script aims to provide clear, transparent information while ensuring that clients understand the process and feel comfortable participating.

DOs and DON'Ts of Using the Housing Conversation Tool (HCT)

DO:

- **Explain the Sacramento Coordinated Access System (CAS)**:
  - **Description**: CAS is a collaboration of service providers working together to streamline services and connect homeless individuals with available resources and appropriate housing.
- **Request a Release of Information (ROI)**:
  - **Procedure**: Before starting the HCT, ask the client to sign the ROI form to authorize the sharing of their information.
- **Clarify the Purpose of the HCT**:
  - **Explanation**: The HCT is designed to help our network of service providers understand the client's needs, assess program eligibility, and match them with the most suitable resources.
- **Read Questions As-Is**:
  - **Protocol**: Read each question exactly as it appears in the HCT. The order of questions is crucial, and the tool must be administered in its prescribed sequence. Ensure the client provides informed consent before beginning the assessment.
- **Provide Clarifications**:
  - **Support**: If a client has questions or appears to misunderstand any part of the HCT, offer clear explanations to help them provide accurate responses.
- **Explain Housing Programs**:
  - **Information**: Describe the differences between Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) and how each type of program addresses specific client needs.
- **Encourage Use of Community Resources**:
  - **Empowerment**: For clients who do not score within the Extremely Vulnerable Households (EVH) range, encourage them to explore other community resources that may assist them in exiting homelessness.

DON'Ts

- **Don't Complete the HCT Without Client Participation**:
  - **Integrity**: Avoid completing the HCT based solely on observation or pre-existing information within your organization. The assessment must be based on the client's self-reported answers.
- **Don't Alter Client Answers**:
  - **Accuracy**: Do not modify a client's answers based on personal judgment of honesty. Ensure responses are recorded as provided by the client.
- **Don't Mention Scores or Comparisons**:

- **Confidentiality**: Do not reference any scores from the VI-SPDAT or share any score with the client. The focus should be on gathering accurate information and understanding their needs.

- **Don't Guarantee Housing**:
  - **Realism**: Avoid promising housing or providing specific timeframes for when housing will be secured. The HCT helps in identifying needs but does not guarantee immediate housing solutions.
- **Don't Misrepresent Prioritization**:
  - **Clarity**: Refrain from suggesting that the most vulnerable are always prioritized for housing. The HCT is used to match individuals with the appropriate resources based on their assessed needs.
- **Don't Modify Assessment Data**:
  - **System Integrity**: Never go back into an assessment to change answers. The HMIS logs all changes, and tampering with data will lead to severe consequences, including deactivation of your account.

Following these guidelines ensures that the HCT is administered effectively, maintaining the integrity of the assessment process and upholding the trust and confidentiality of the clients.

Interpretation of HCT Outcomes

Extremely Vulnerable Households Score

CAS is implementing the Extremely Vulnerable Households (EVH) immediately prioritizes households for the next available and appropriate unit regardless of current geographic location, provided they are residing within Sacramento County limits.

EVH is defined as:

- Individuals/AoH scoring 6+ on the crisis or housing assessment
- Families scoring 10+ on the crisis or housing assessment

"Extremely vulnerable household" is defined as a household scoring 6 or higher within the vulnerability section of the individual assessment, and 10 or higher on the family assessment. These households represent approximately the top 10% of most vulnerable community members. When a CAS Assessor engages with an EVH, they should immediately focus on providing crisis stabilizing services and as soon as appropriately feasible, begin the process of getting the household "doc-ready" for CoC housing options. To the extent possible, these households will be fast-tracked for crisis and housing services.

Table 1 – EVH Characteristics

Factors of Extremely Vulnerable Households	
All	**Families**
• Escaping DV, etc. • Pregnant • Disabling condition • Senior (over 55) • Recent mental and/or • Physical health crisis • Sleeping in a tent or outdoors • Homeless for over a year	• Multiple Children (approx. • At least one child under the age of 5 • Single-Parent Household • Presence of multiple other factors noted in the "All "column

Client Choice and Program Eligibility

<u>**Understanding Client Choice and Eligibility**</u>

Client choice plays a pivotal role in the Coordinated Access System (CAS). Assessors should be mindful of how a client's preferences for program types align with their eligibility criteria. This ensures that clients are matched with the most appropriate housing and support services based on their needs and preferences.

1. **Assessing Client Preferences**:
   - **Collect Preferences**: During the assessment process, gather detailed information about the client's preferred program types, such as Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH).
   - **Evaluate Needs**: Understand the client's service needs and desired length of rental subsidy to guide their choice effectively.
2. **Matching Eligibility with Choices**:
   - **Verify Eligibility**: Ensure that the client's chosen programs align with their eligibility criteria. Review factors like income limits, household composition, and specific program requirements.
   - **Provide Clear Options**: Present the client with a range of program options for which they qualify. Clearly explain how each option matches their needs and what it entails.
3. **Supporting Informed Decision-Making**:
   - **Offer Guidance**: Help clients understand their choices by providing detailed information about each program's benefits and requirements. Ensure they are aware of how their eligibility affects their options.
   - **Encourage Exploration**: Support clients in exploring and selecting programs that best fit their needs, while maintaining clarity about what is feasible based on their eligibility.

Developing an Individualized Support Plan (ISP)

Creating and Implementing the ISP

Once the client's program choices and eligibility are established, the next step is to develop an Individualized Support Plan (ISP). The ISP should reflect the client's preferences and provide a structured approach to achieving their housing goals.

1. **Documenting Choices and Needs**:
   - **Record Preferences**: Accurately document the client's chosen program and the reasons behind their preferences. Include detailed information about their immediate needs and long-term goals.
   - **Set Clear Goals**: Define specific, achievable goals based on the client's chosen program and assessed needs. Outline what needs to be accomplished for the client to successfully transition to stable housing.
2. **Formulating the Support Plan**:
   - **Tailor Resources**: Identify and coordinate the resources and services required to support the client's ISP. Ensure these align with the client's chosen program and eligibility.
   - **Develop Action Steps**: Create a detailed plan with actionable steps, including timelines and responsibilities. Outline how the client will work towards their goals and the support available to them.
3. **Collaborative Planning and Monitoring**:

- **Engage the Client**: Work collaboratively with the client to develop the ISP. Ensure they understand and agree with the plan and are actively involved in setting and achieving their goals.
- **Review and Adjust:** Regularly review the client's progress and adjust the ISP as needed. This ensures the plan remains relevant and responsive to any changes in the client's circumstances or needs.

4. **Communicating the ISP**:
   - **Explain Clearly**: Provide the client with a clear explanation of the ISP, including how it aligns with their choices and goals. Ensure they understand each component of the plan and their role in the process.
   - **Provide Documentation**: Give the client a written copy of the ISP and any related documents for their reference and to support their understanding of the plan.

Benefits

- **Personalized Support**: Aligning the ISP with client choice ensures that support is tailored to their specific needs, increasing the likelihood of successful outcomes.
- **Enhanced Engagement**: Involving clients in the development of their ISP promotes engagement and commitment to achieving their housing goals.
- **Effective Resource Use**: By matching client choices with eligibility, the ISP facilitates efficient use of resources and services, optimizing the support provided.

By integrating client choice with eligibility criteria and developing a comprehensive ISP, CAS assessors can provide effective, client-centered support that enhances the likelihood of successful housing stability.

Table 2 - Service Decision / Housing Type Matrix

Housing Type	Service Type	Eligibility Factors	Project Based or Tenant Based?	Length of rental subsidy
Permanent Supportive Housing	Intensive and frequent	Chronically homeless (requires disability) & homeless category 1	Both	Permanent with optional "move-on" voucher available
Permanent Housing w/ Services	Moderate and infrequent (services will	Varies but can include At-Risk of Homelessness	Project Based with optional tenant voucher	Permanent**

	step down if opting into HCV)		available after 1 year*	
Rapid Re-Housing (ESG-funded)	Moderate and infrequent	Homeless Category 1, "literally homeless" only	Both	6-24 months
Rapid Re-Housing (CoC-funded)	Moderate and infrequent	Homeless Categories 1-4	Tenant Based	6-24 months
Permanent Housing without Services	Little to none or one-time	Varies but can include At-Risk of Homelessness	Tenant Based	Permanent **/***
Shallow Subsidy	Little to none or one-time	Veterans at-risk of homelessness	Both	Up to 24 months
Rapid Exit	Little to none or one-time	Homeless categories 1-4, and other definitions of homelessness	n/a	One-time
Homelessness Prevention	Little to none or one-time	At-risk of Homelessness or imminent risk (category 2)	n/a	One-time
Supportive Services Only	Little to none or one-time	Varies but can include At-Risk of Homelessness	n/a	n/a

* Depends on availability of vouchers

** Must maintain voucher eligibility

*** Some projects may expire after specific term limits i.e. 3 years with possible option to transfer to a housing choice voucher

Key Components and Timelines for Developing an Individualized Support Plan (ISP)

An Individualized Support Plan (ISP) is integral to the Coordinated Access System (CAS), designed to guide clients toward stable housing by setting clear, actionable goals. The following section details the critical components, timelines, and provides an example ISP for CAS assessors.

ISP Components

1. **Assessments & Action**:
   - **Comprehensive Review**: Before developing the ISP, review all relevant assessments, including the Housing Conversation Tool (HCT). Use the information gathered to inform the ISP's goals and actions to address identified barriers and leverage available resources.
2. **Creating a Support Team**:
   - **Assembling the Team**: Form a support team based on the client's specific needs. This team should consist of individuals and organizations capable of providing the necessary support to achieve the ISP's goals.
   - **Examples of Support Team Members**:
     - **Peer Support**: Individuals with similar lived experiences who offer practical advice and emotional encouragement.
     - **Housing Navigation**: Specialists who assist clients in finding and securing appropriate housing.
     - **Physical Healthcare Plan Team**: Medical professionals managing the client's healthcare needs.
     - **Behavioral Health Services Team**: Providers addressing mental health and substance use challenges.
3. **Client-Led Process**:
   - **Client Empowerment**: Ensure that the client is actively involved in the ISP development process. Their preferences and input should guide the planning, promoting a sense of ownership and engagement.
4. **SMART Goals**:
   - **Setting Goals**: Utilize the SMART criteria (Specific, Measurable, Achievable, Relevant, and Time-Bound) to define clear, actionable goals. Prioritize housing-related objectives to maintain focus on achieving stable housing.

ISP Review and Timetable

1. **Initial ISP**:
   - **Immediate Development**: The ISP should be developed immediately upon completing the HCT. This ensures that the client receives timely support and that the plan is closely aligned with the assessment findings.

    - **Completion**: Ensure the ISP is comprehensive and aligns with the housing assessment results. The initial plan should reflect the client's needs, and preferences, and adhere to the program's standards.
2. **Adjusted ISP**:
    - **Ongoing Adjustments**: Update the ISP as needed based on changes in the client's situation or goals. For example, if the client transitions from voucher housing to market housing, make necessary adjustments while maintaining the overall structure of the ISP.
    - **Consistency and Flexibility**: While updating the ISP, ensure continuity by keeping the core framework intact but adjusting specific goals and actions to fit the client's evolving needs.

Example ISP

Client Name: Jane Doe

Date: August 27, 2024

Case Worker: John Smith

1. Goal: Secure Permanent Housing

- **Specific**: Jane will apply for and secure a permanent housing unit within the next 90 days.
- **Measurable:** Jane will complete at least three housing applications and schedule at least two viewings per week.
- **Achievable**: Jane will work with a Housing Navigator to identify suitable housing options and complete applications.
- **Relevant**: Finding permanent housing is crucial for Jane's stability and long-term well-being.
- **Time-Bound**: Jane will achieve this goal within 90 days.

Action Steps:

- **Week 1-2**: Meet with Housing Navigator to review available options and prepare application documents.
- **Week 3-4**: Submit applications for identified housing units.
- **Week 5-6**: Attend housing viewings and follow up on applications.
- **Week 7-8**: Review and respond to housing offer(s).
- **Week 9-12**: Finalize lease agreement and move into permanent housing.

2. Goal: Address Health Care Needs

- **Specific**: Jane will establish a regular health care plan and address any immediate medical needs.
- **Measurable**: Jane will schedule and attend at least one health care appointment per month.

- **Achievable**: Jane will connect with the Healthcare Plan Team to access necessary services.
- **Relevant**: Addressing health needs is vital for Jane's overall stability and ability to maintain housing.
- **Time-Bound**: Jane will have a health care plan in place within 60 days.

Action Steps:

- **Week 1-2**: Meet with Healthcare Plan Team to evaluate health needs and create a care plan.
- **Week 3-4**: Schedule necessary medical appointments.
- **Week 5-8**: Attend scheduled appointments and follow up with care providers as needed.
- **Week 9-12**: Review and adjust health care plan based on feedback from providers.

3. Goal: Improve Financial Stability

- **Specific**: Jane will create a budget and work towards increasing her income through employment or benefits.
- **Measurable**: Jane will develop a budget and apply for at least two job opportunities or income-support programs.
- **Achievable**: Jane will receive assistance from a Financial Coach and Job Placement Specialist.
- **Relevant**: Financial stability is essential for maintaining housing and meeting other needs.
- **Time-Bound**: Jane will achieve this goal within 120 days.

Action Steps:

- **Week 1-2**: Work with Financial Coach to create a budget and set financial goals.
- **Week 3-4**: Update resume and apply for job opportunities.
- **Week 5-8**: Attend job interviews and explore additional income-support programs.
- **Week 9-12**: Secure employment or benefits and adjust budget as needed.

Progress Tracking:

All actions and progress will be documented in HMIS. Regular check-ins will be scheduled to review progress and make necessary adjustments.

This example demonstrates how to create a comprehensive ISP with specific, actionable goals and timelines. While housing-focused goals are critical, including additional goals based on the client's broader needs ensures a well-rounded approach to achieving stability. By following this format, CAS assessors can develop effective, personalized plans to support each client's journey toward housing stability.

Scenarios for CAS Assessors: Rapid Escalation, Lower Scoring, and Housing Choice Voucher

Scenario 1: Rapid Escalation for an Extremely Vulnerable Household (EVH)

Client Profile: Maria and her two children, ages 5 and 7, have been experiencing homelessness for the past 13 months. Maria's health has deteriorated significantly due to chronic illness, which has made it difficult for her to work or care for her children. The family is currently staying in a tent and is actively fleeing from an abusive partner.

Assessment Outcome: Maria's HCT score places her family in the Extremely Vulnerable Households (EVH) category, highlighting immediate needs for safe and stable housing due to significant health issues and the unsafe living conditions.

Action Plan:

1. **Immediate Housing Placement**: Given the rapid escalation of Maria's situation, expedite her placement into emergency shelter or temporary housing.
2. **Medical and Support Services**: Connect Maria with healthcare services for immediate medical attention and support. Arrange for a healthcare advocate to assist with accessing necessary treatments.
3. **Gather Documentation:** Once safety has been established, work with Maria to gather the necessary documentation as required by CoC programs and matched with Maria's preference.
4. **Coordinate with Housing Programs**: Contact SSF referrals team referrals@sacstepsforward.org to prioritize Maria's family for available units.
5. **Childcare and School**: Ensure that Maria's children are enrolled in a local school and connected with childcare services to support their well-being and education.
6. **Follow-Up**: Schedule regular check-ins to monitor the family's stability and adjust the support plan as needed.

Scenario 2: Lower Scoring Individual with Limited Housing Resources

Client Profile: James is a single adult who has been intermittently homeless over the past year. He has a history of mild mental health issues but is currently stable and managing his symptoms with medication. James scores lower on the HCT and is not in the EVH category.

Assessment Outcome: James's lower score indicates that he is not in immediate need of priority housing but still requires support to prevent future homelessness and improve his stability.

Action Plan:

1. **Explore Alternative Resources**: Since immediate housing programs may not be available, connect James with community-based resources, such as local food banks, job placement services, and affordable housing search assistance.
2. **Enhance Support Services**: Refer James to mental health services and support groups to maintain his stability and prevent relapse.
3. **Develop a Long-Term Plan**: Work with James to create a long-term plan that includes budgeting, job searching, and housing stability strategies.
4. **Regular Monitoring**: Schedule periodic follow-ups to assess James's progress and update the support plan as needed.

Scenario 3: Client with a Housing Choice Voucher but Not EVH

Client Profile: Emily, a single woman in her mid-40s, is currently housed in a shelter. She has been issued a Housing Choice Voucher but is struggling to find a suitable rental unit that accepts vouchers and meets her needs.

Assessment Outcome: Emily is not classified as an EVH but has a Housing Choice Voucher, which can be used to secure permanent housing. Her challenge lies in navigating the housing market to find an appropriate unit.

Action Plan:

1. **Housing Navigation Services**: Connect Emily with housing navigation services to assist her in finding a landlord willing to accept her voucher and meet her requirements.
2. **Rental Search Assistance**: Provide Emily with resources for searching rental listings and understanding her rights as a voucher holder.
3. **Landlord Outreach**: Engage with local landlords and property managers to increase the likelihood of finding a suitable rental. Offer support and advocacy to address any concerns landlords may have.
4. **Support Services**: Ensure Emily has access to additional support services, such as financial counseling and legal aid, to help with any issues related to her voucher and rental process.
5. **Follow-Up**: Monitor Emily's progress in securing housing and provide ongoing support as needed to ensure she successfully transitions to permanent housing.

Document-Ready Process

The following documents are required for the various program types available within the CAS.

Permanent Supportive Housing (PSH)

Required for Head of Household:

- Current Identification Document (ID)
- Social Security Card
- Homeless Certification (Expires after 90 days)
- Disability Certification (Never expires)

Complete only ONE section of the form:
If Section 1:

- Proof of Disability Social Security Administration (i.e. SSI, SSDI)

If Section 2:

- Signed Form by a Licensed Professional with License Number

Chronic Homeless Certification (Never Expires)
PLUS 12 Months of Verified Homelessness
This can be done through any of the following:

- Third-Party Homelessness History Verification Form
- Third-Party Verification Letter
- Self-Certification (Up to 3 months)
- HMIS Homeless History Mapping Tool.

If Dependents:

- Birth Certificates and Social Security Cards

Permanent Housing (PH)

Required for Head of Household:

- Valid Identification Document (ID)
- Social Security Card
- Homeless Certification (Expires after 90 days)

If Dependents:

- Birth Certificates and Social Security Cards for each

Rapid Rehousing (RRH)

Required for Head of Household:

- Valid Identification Document (ID)
- Social Security Card
- Homeless Certification (Expires after 90 days)

If Dependents:

- Birth Certificates and Social Security Cards for each

Problem-Solving Financial Assistance (PSAP) Application

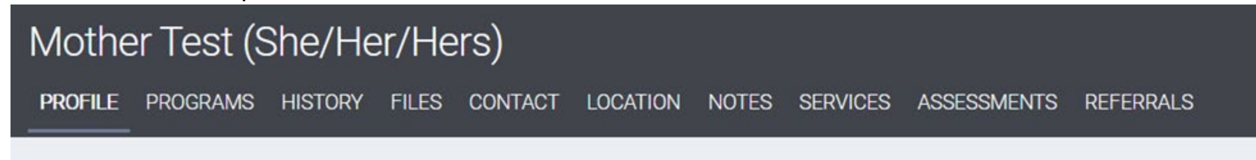
Required for Head of Household:

- Valid ID **(for all adults listed on lease)**
- Homeless Certification or At-Risk Homeless Certification
- SSF W-9 Form (Or up-to-date W-9 form)
- Lease or rental agreement
- Proof of Income
- The formal court filed evictions & ledger
- Furniture Request Form
- Invoice (Auto, transportation, items)

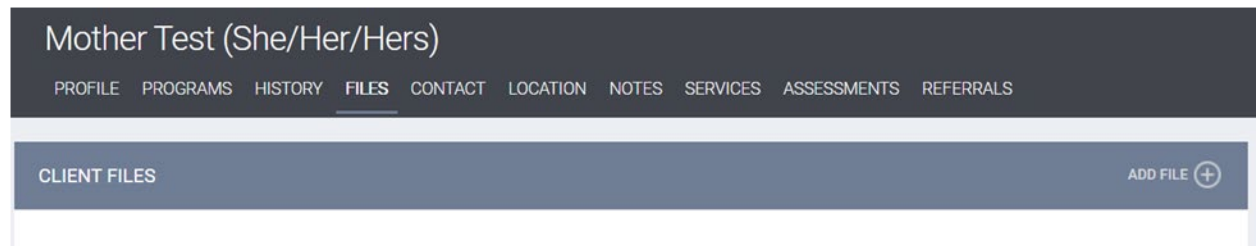
Uploading Documents to HMIS

Upload the documents to the **FILES TAB** in HMIS. We recommend that providers upload all documents listed above, if possible, because this allows clients to be eligible for all programs.

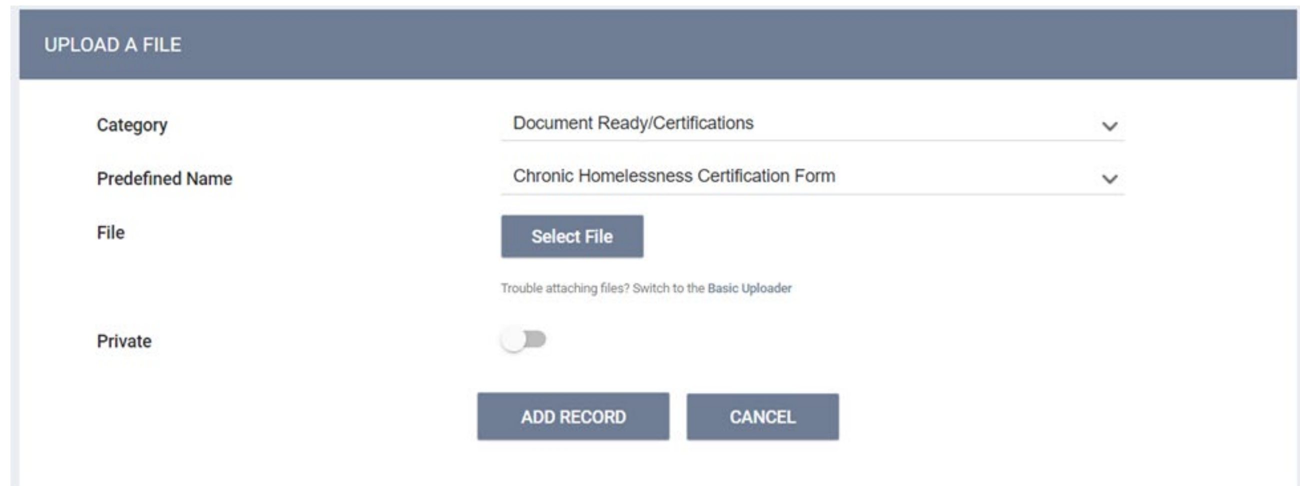
1. Go to Client's profile and select Files tab.



2. On the right, click the add file.



3. Select Document Ready/Certifications, then "predefined Name" will have more drop-down options for the above documents needed.
4. Select the file you want from your computer
5. Finally, click "add record" to submit the documents to files.



Housing Documents Required by SHRA

Note: Verifications must NOT be dated more than 30 days prior.

Provide the following applicable verification documents:

- Picture ID For All Adult Members in the Household
- County Issued Birth Certificate for Each Minor Child in The Household
- Social Security Cards for All Members in The Household
- Alien Registration Cards for All Family Members (if applicable) copies of front and back of card
- Wages: Two (2) current and consecutive paycheck stubs
- Self-Employed: Provide last year's state and federal income tax form, including all schedules.
- Social Security (SSA/ SSI): Current printout or call to obtain a printout from the Social Security Administration office at 1-800-772-1213. (Notice must not be more than 30 days old.) Please note if an overpayment is deducted from your Social Security benefit, you must provide verification of the total amount owed of overpayment balance.
- CalWORKs/TANF/GA: Current Notice of Action from Dept. of Human Assistance (Notice must not be more than 30 days old). Include verification of child support disregard if applicable.
- Private Pension Benefits: Current letter of verification. (Notice must not be more than 30 days old.)
- Veterans Or Other Government Benefit: Current award letter (Notice must not be more than 30 days old).
- Checking & Savings Accounts: Provide a copy of the most current bank statement. (Include all pages) for all household members (including minors).
- Stocks, Bonds, Money Market, Treasury Bills, Cd, Money Market, Trust, Retirement, Ira, etc.: Provide a copy of the most current statement. (include all pages) for all household members (including minors).
- Life Insurance: Provide a copy of the most current statement showing net cash value upon surrender
- Child Support: A printout of the last 12 months from the Family Support Division. If child support is not being processed through the Family Support office, then you must provide a letter from the child support provider (name, address, residence & daytime telephone #, and amount being paid per month) or a court judgment.
- Unemployment/ Disability: Printout or copy of award letter. (Notice must not be more than 30 days old.)
- Cash/ Gifts: You must provide a separate letter detailing the source and the amount of regular or monthly cash/gifts. For gifts, you must determine a monetary (cash) value. For example: If you receive groceries every month, you must declare it as a gift and indicate the dollar value of goods.

- Other Assets: Provide copies of current statements regarding value/investment information of life insurance (cash surrender value), stocks, bonds, trust funds, annuities, real estate, 401 (k), etc.
- Medical Expenses: If you are elderly or disabled you may be eligible for a medical allowance if your medical expenses exceed 3% of your annual income. Include payment for attendant care or auxiliary apparatus for person with disabilities if needed to enable the individual or an adult family member to work. Provide receipts, bills, verification of medical/dental insurance payments, pharmacy printouts, deductible, and co-payment. Consideration for medical allowance is given to those expenses that have actually been paid by you (Must not be reimbursed by other source.)
- Child-Care Expenses: If you are working or going to school you may be eligible for childcare allowance. Please provide a letter from the child-care provider indicating monthly cost, their name, address, telephone number, and Tax Identification number. For individuals, provide their social security number. Also include canceled checks, money order receipts, or provider care-issued receipts.
- Dependent Adult Full-Time Student: You may be eligible for a $480 annual allowance for a family member who is between 18 – 23 yrs. and a full-time student. The dependent may NOT be the head of household, spouse, or co-head. Provide a printed schedule or letter from the registrar's office.
- Financial Aid: Current financial aid budget and disbursement award letter

Housing Documents Required by Property Management

1. Social Security cards for all household members regardless of age.
2. Birth Certificates for all minors.
3. Government photo ID (i.e. Driver's License, Passport, etc.) for all applicants 18 years or older.
4. If employed: copies of the most recent 3 months of paystubs.
5. If self-employed (including app-based income such as Instacart, etc.)
    - Most recent tax return or proof of non-filing
    - Print out of the last 3 months of earnings
    - List of expenses for the last 3 months (only the expenses incurred for the income earned). For example, if you drive for Uber your expenses may include cell phone, gas, car maintenance or like expenses.
6. SSA or SSI: Please provide a current letter from Social Security that states your benefits.
    - If you have an overpayment that is being deducted, please provide a letter that states what the balance you still owe is.
7. Unemployment: Please provide the most recent letter stating your benefits.
    - We will also ask you to sign a verification form that we will send to EDD.
8. Financial Assistance: This is a regular gift of money or payment of your bills for you or any member of the household, from anyone who is outside of your household. Please provide the name and contact information for the person assisting you.
    - We will ask you to sign a verification form that we will ask the person to complete.
9. Public Assistance: Please provide a current letter stating your benefits.
10. Child Support: Please provide a current letter stating the amount you are entitled to.
    - This is not the letter stating how much you have been paid, this is a letter that states what you are entitled to.
11. Other: For any other income received, please provide a current statement of the benefits. Such as payments from a retirement account other than Social Security or regular payments from an annuity, inheritance, or insurance payouts.