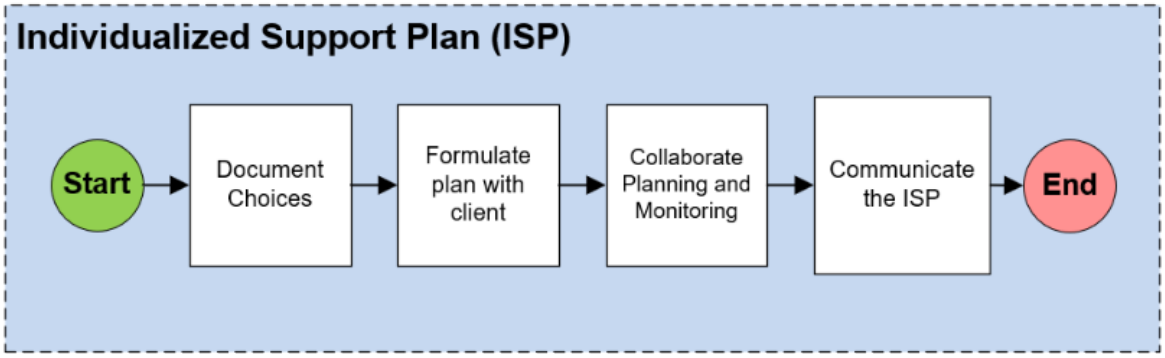
CAS Individualized Support Plan (CAS ISP)

In this Job Aid

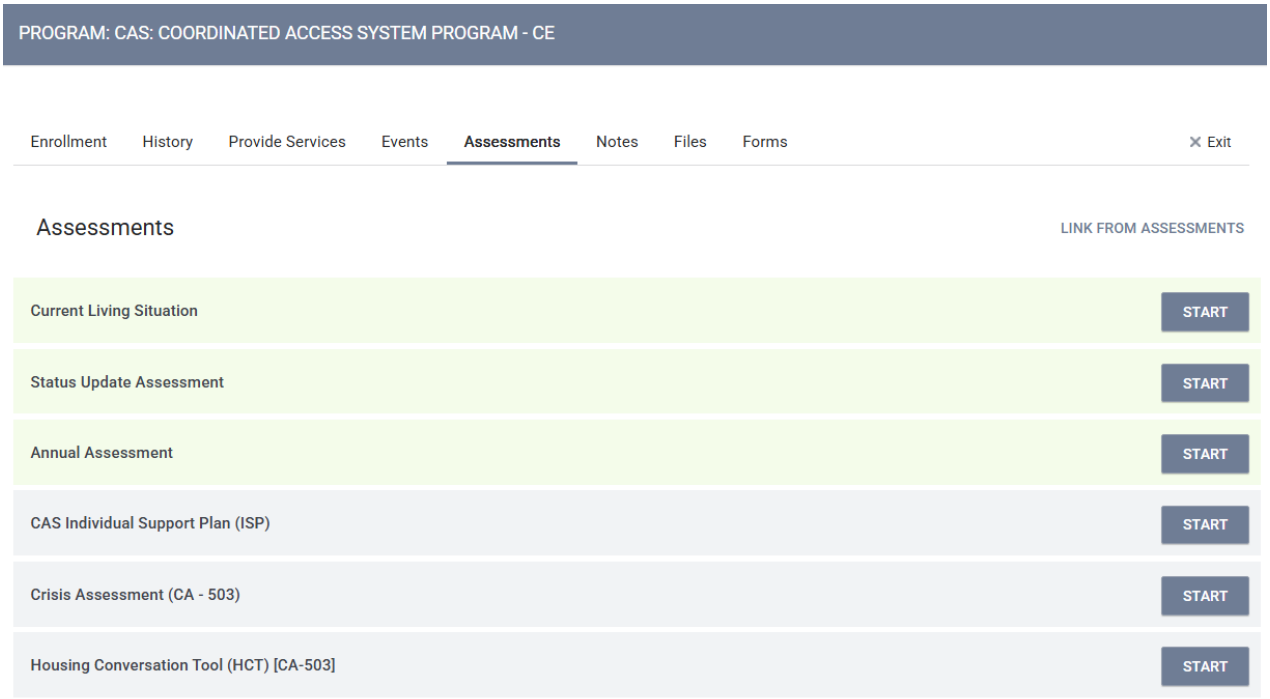
When working within the Coordinated Access System (CAS), it is essential to provide clients with a clear, actionable roadmap toward stable housing. The CAS Individualized Support Plan (CAS ISP) is a structured tool designed to translate assessment results into targeted goals, connect clients with the right resources, and monitor progress over time. By capturing a client's unique needs, strengths, and preferences, the CAS ISP ensures that housing interventions are both effective and client driven.



The CAS ISP process empowers clients by engaging them as active participants in planning their own housing journey. It also facilitates coordination among service providers, allowing the support team to work toward common objectives. Through the CAS ISP, CAS Assessors can track client progress, identify barriers, and make timely adjustments to maintain momentum toward housing stability.

How to Complete a CAS ISP

To complete any CAS Assessment, you will to be in the client's CAS Program enrollment within the CAS Agency. As you can see in the image below, all of the CAS assessments can be found under the Assessments tab in the client's enrollment.



Assessment Date

The CAS ISP should be completed as soon as possible after the Housing Conversation Tool (HCT) has been finalized—ideally on the same day or the next business day. Timely completion ensures that the CAS ISP reflects the most current assessment findings and allows the client to begin receiving coordinated support without delay. This practice also helps maintain momentum and ensures that identified needs and resources are acted on promptly.

Support Team

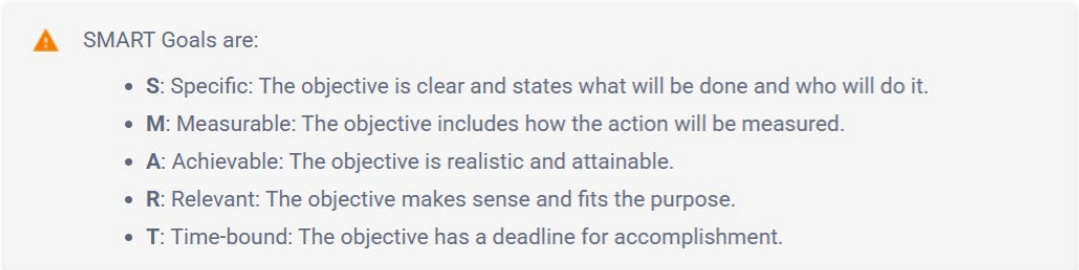
In the CAS ISP, you will find the Support Team section. This section asks you to identify all individuals and organizations who are supporting the client in achieving their housing goals. This list may include:

- **Case Managers/Service Coordinators** – Staff who oversee service connections, track progress, and ensure the CAS ISP is implemented effectively.
- **Housing Navigator** – Specialists who help clients locate housing, complete applications, negotiate with landlords, and overcome housing search barriers.
- **Peer Support** – Individuals with lived experience who can provide encouragement, guidance, and emotional support based on shared understanding.
- **Healthcare Providers** – Medical professionals who manage the client's physical health needs, coordinate care, and connect clients to ongoing treatment.
- **Behavioral Health Specialists** – Mental health or substance use treatment providers who address behavioral health challenges that may impact housing stability.

Record each team member's role, contact information in this section of the CAS ISP. Make sure you upload any required consent forms into this client's enrollment in the Files tab. If documenting a support team is not relevant or feasible for the client's current situation, you can skip this section proceed directly to developing SMART Housing Goals so that planning can move forward without delay. You can always return and update this section if/when the client gains access to other supportive individuals and services.

SMART Housing Goals

We suggest using the SMART goal framework when creating the housing focused goals in your CAS ISP. This framework identifies characteristics of successful goals.



As you can see in the image, SMART stands for Specific, Measurable, Achievable, Relevant, and Time-Bound. By using these guidelines, the goals you create in the client's CAS ISP will be easier to track and improve the usefulness of the document.

If your organization already conducts internal goal setting as part of its own case management process, it would be appropriate to copy and paste those goals into the CAS ISP provided that these goals do not include information that would violate HIPAA or other confidentiality requirements. Using the CAS ISP ensures that all service partners working with this client are aligned on the client's housing objectives while still protecting the client's sensitive personal information.

Developing a CAS ISP

The CAS ISP is a tool that supports CAS Assessors in creating a client-centered, goal-oriented roadmap that supports housing stability. The CAS ISP should reflect the client's choices, align with program eligibility, and translate assessment findings into specific, actionable steps.

Housing	Services	Eligibility	Voucher	Rental Subsidy Length
Permanent Supportive Housing (PSH)	Intensive and Frequent	Chronically homeless (requires disability) Literally Homeless	Project and Tenant	Permanent with optional "move-on" voucher available
Permanent Housing with Services (PH)	Moderate and Infrequent*	Varies, can include At-Risk of Homelessness	Project**	Permanent provided client remains eligibility for voucher.
Rapid Re-Housing (RRH) ESG funded	Moderate and Infrequent	Literally Homeless	Project and Tenant	6-24 months
Rapid Re-Housing (RRH) CoC funded	Moderate and Infrequent	Homeless Categories 1-4	Tenant	6-24 months
Permanent Housing without Services (PH)	Little to None or One-Time	Varies, can include At-Risk of Homelessness	Tenant	Permanent provided client remains eligible for voucher.***
Shallow Subsidy	Little to None or One-Time	Veterans at-risk of homelessness	Project and Tenant	Up to 24 months
Rapid Exit	Little to None or One-Time	Homeless Categories 1-4 and other definitions	n/a	One-time
Homelessness Prevention (HP)	Little to None or One-Time	At-risk or Imminent Risk of Homelessness	n/a	One-time
Supportive Services Only (SSO)	Little to None or One-Time	Varies, can include At-Risk of Homelessness	n/a	n/a

*If client ops for a Housing Choice Voucher, these services would decrease to a lower level.
**Optional Tenant Based Voucher available after 1 year depending on voucher availability
***Project may also expire after a time limit with possible option to transfer to HCV.

By documenting preferences, coordinating services, and establishing measurable goals, the CAS ISP enables providers to work collaboratively and efficiently across the system. It also ensures that clients are actively engaged in their housing journey and that their progress can be monitored and adjusted over time.

Step 1 – Document Choices and Needs

- **Record Preferences:** In HMIS, navigate to the CAS ISP tab under the client's assessment record. Use the "Program Preference" field to enter the selected program. In the "Narrative" or "Notes" section, briefly describe the client's rationale (e.g., proximity to family, access to behavioral health services). Include both immediate needs and long-term housing goals. The program preference should be driven by the client's stated needs, specifically the length of subsidy and level of case management support requested. (see table below for assistance with matching desired services and subsidy to standard program types)
- **Set Clear Goals:** Define specific, achievable objectives based on assessed needs and program eligibility. Clearly state what must be accomplished for the client to transition to stable housing. For example, acquiring and uploading vital documents or connecting with workforce development programs.

Step 2 – Formulate the Support Plan

- **Tailor Resources:** Use the "Support Team" section to list each provider involved. Include name, role, and contact info. If applicable, upload signed consent forms using the "Attachments" feature. For each goal, use the "Action Steps" field to break down tasks, assign responsible parties, and set target dates.
- **Develop Action Steps:** Break each goal into clear, actionable steps with assigned responsibilities and timelines. Include how the client will work toward goals and the support they will receive.

Step 3 – Collaborative Planning and Monitoring

- **Engage the Client:** Involve the client in every stage of the planning process. Confirm they understand, agree with, and have ownership of the plan.
- **Review and Adjust:** Check progress regularly and update the CAS ISP when circumstances change to keep the plan relevant and responsive.

Step 4 – Communicate the CAS ISP

- **Explain Clearly:** Walk the client through the CAS ISP, showing how each part connects to their goals and chosen program.
- **Provide Documentation:** Give the client a copy of the CAS ISP and any related materials for reference.

Benefits of This Approach

- **Personalized Support:** Aligns the plan with client needs and preferences, increasing the likelihood of housing success.
- **Enhanced Engagement:** Active client involvement builds commitment to follow through.
- **Efficient Resource Use:** Matches services to eligibility and goals, ensuring optimal use of available resources.

CAS ISP Frequently Asked Questions

1. **Is the CAS ISP required for all programs in the Coordinated Access System?**

   No. Eligibility for programs like Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), PSAPS, FYI, and Shelter is not dependent on the CAS ISP. The CAS ISP is designed as a coordination and planning resource to support clients and improve system-wide coordination.

2. **Why is the CAS ISP being required if some providers already use internal planning tools?**

   The CAS ISP serves as a standardized tool within HMIS to ensure continuity across providers. While many agencies have robust internal systems, the CAS ISP helps share relevant goals across teams, support clients who lack access to internal planning tools, and promote holistic care and reduce duplication. Providers are encouraged to copy and paste internal goals into the CAS ISP when feasible, as long as it doesn't violate HIPAA, domestic violence, or human trafficking confidentiality protections.

3. **What if a client doesn't have a Support Team?**

   If a Support Team is not relevant or feasible, you can proceed directly to developing SMART Housing Goals. The CAS ISP is flexible and should reflect the client's current situation.

4. **Can I use the CAS ISP to track non-housing goals?**

   While housing is the top priority, the CAS ISP can include other goals that support housing stability (e.g., employment, health, legal). These should still follow the SMART framework and align with the client's overall housing plan.

5. **How often should the CAS ISP be updated?**

   The CAS ISP should be updated immediately after the Housing Conversation Tool (HCT) is completed, whenever client circumstances change, and during regular check-ins to monitor progress and adjust goals.