Eastern PA Balance of State CoC

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Move on assessment

Summary

This Move On assessment, adapted from the Wisconsin Balance of State CoC Move On Assessment, objectively reviews a tenant’s readiness to move on from a supportive housing environment (i.e., housing case management and program supports). This assessment is not to judge or penalize a tenant, but rather determine which households are likely to maintain housing stability without a housing case manager and program supports. The assessment reflects a point-in-time for a tenant and should be completed multiple times throughout the program to help ascertain level of housing stability. Programs can use this assessment to assist with goal planning and case plan development from the onset of the project.

# Purpose:

The purpose of the Move On assessment is to objectively review a household’s ability to move on from a supportive housing program and maintain housing stability. This assessment is not to judge or penalize a household, but rather determine which households are likely to maintain housing stability without a housing case manager and program supports. This assessment can be used to identify types and intensity of service needs for households currently housed in a supportive housing program.

# Instructions:

The process of completing the Move On assessment, including the frequency and purpose, must be included in the project’s policy and procedure manual. Assessments should be completed in partnership with tenants by case managers with knowledge and experience working with the household. When completed with the tenant, it can be utilized in the development of service plan goals and should include a discussion of the tenant’s ability and interest in moving on to other affordable housing options. Assessments reflect a point-in-time for a household of where they are in their journey towards housing stability. This assessment can be completed multiple times throughout the program to help ascertain level of supports needed. Programs can use this assessment to assist with goal planning and case plan development from the onset of the project.

Scoring instructions are on the last page of this assessment. A lower score indicates that the tenant does not need as much support from a case manager/supportive housing program and may be ready to move on to affordable or subsidized housing without PSH specific supports or with minimal supports. A higher score indicates the tenant needs more support from a case manager/supportive housing program and may not be ready to move on to other housing without those supports.

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| **Tenant and Provider Information** | | |
| **Tenant Name** | **Tenant HMIS ID** | **Date Assessment Completed** |
| **Form Expiration Date (maximum 12 months from Date of Completion):** | **Case Manager Name** | **PSH Agency Name** |

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| **Housing Stability (Weighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (3 pts)** | **Level 2 (6 pts)** | **Level 3 (9 pts)** |
| Housing Tenure | Stably housed for 36 months or more.  OR  Has complied with the terms of their lease or occupancy agreement for 36 consecutive months or more. | Stably housed for 24 to 35 months.  OR  Has complied with the terms of their lease or occupancy agreement for 24-35 consecutive months. | Stably housed for 12 to 23 months.  OR  Has complied with the terms of their lease or occupancy agreement for 12-23 consecutive months. | Stably housed for fewer than 12 months.  OR  Has complied with the terms of their lease or occupancy agreement for fewer than 12 consecutive months. |
| Rent Payment | Tenant has paid rent on-time every month for the last 12 months. | Tenant has paid rent on-time 9-11 times in last 12 months. | Tenant has paid rent on-time 6-8 times in last 12 months.  OR  Tenant has not paid rent due to having a full rent subsidy. | Tenant has not paid rent for last 6 months  OR  Tenant has only paid on-time 1-5 times in last 12 months. |
| Utility Bill Payment | Tenant has paid utility bills on-time for 10-12 months in last 12 months (includes energy assistance payments).  OR  Utilities are included in rent. | Tenant has paid utility bills on-time for 7-9 months in the last 12 months. | Tenant has paid utility bills on-time for 4-6 months in last 12 months.  OR  Tenant has not paid utilities due to having a utility assistance payment from a housing program. | Tenant has paid utility bills on-time for 0-3 months in last 12 months. |
| Safe Living Environment | Tenant had no contacts with police and/or landlord regarding their disruptive activities or unsafe conditions in the unit in last 12 months, excluding instances related to domestic violence as defined under VAWA (Violence Against Women Act). | Tenant has been the subject of 1-2 contacts with police and/or landlord regarding their disruptive activities or unsafe conditions in the unit in last 12 months, excluding instances related to domestic violence as defined under VAWA (Violence Against Women Act). | Tenant has been the subject of 3-5 contacts with police and/or landlord regarding their disruptive activities or unsafe conditions in the unit in last 12 months, excluding instances related to domestic violence as defined under VAWA (Violence Against Women Act). | Tenant has been the subject of over 5 contacts with police and/or landlord regarding their disruptive activities or unsafe conditions in the unit in last 12 months, excluding instances related to domestic violence as defined under VAWA (Violence Against Women Act). |
| Rent Arrears | Tenant has no rent arrears at this time. | Tenant has less than 3 months of rent arrears and is current on payment plan. | Tenant has more than 6 months of rent arrears and has set up a payment plan. | Tenant has outstanding rent arrears and is not willing to set up payment plan. |
| Utility Arrears | Tenant has no utility arrears at this time. | Tenant has less than $500 in utility arrears and is current on payment plan. | Tenant has less than $1000 in utility arrears and has set up a payment plan. | Tenant has more than $1000 in utility arrears and has set up a payment plan.  OR  Tenant has outstanding utility arrears and is not willing to set up payment plan. |
| Legal | No legal issues.  OR  Tenant has been fully compliant with criminal justice supervision for more than 12 months. | Tenant has been fully compliant with criminal justice supervision for less than 12 months.  OR  Legal history in the past 3 years consists only of misdemeanors and/or ordinance violations. | Tenant has current charges or trial pending.  OR  Tenant is noncompliant with criminal justice supervision.  OR  Drug offense convictions (other than marijuana/THC) in the past 3 years. | Tenant has outstanding warrants.  OR  Tenant was released from jail/prison in the last 6 months.  OR  Tenant is on the Sex Offender Registry.  OR  In the past 3 years, tenant has been convicted of manufacturing drugs.  OR  In the past 5 years, tenant has been convicted of one of the following felonies:  Murder, Aggravated Assault, Kidnapping, Rape, Robbery, Arson. |

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| **Financial (Weighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (3 pts)** | **Level 2 (6 pts)** | **Level 3 (9 pts)** |
| Income | Income stable/consistent for 7+ months and sufficient to cover necessary expenses. | Income is stable/consistent for the last 1-6 months and sufficient to cover necessary expenses.  OR  Income is stable/consistent, but insufficient to cover necessary expenses.  OR  Currently using a payee who is reliable and appropriately managing finances. | Source of income is in jeopardy or is temporary in nature.  OR  Source of income is not stable/consistent.  OR  Currently using payee who is unreliable and/or inappropriately managing finances.  OR  Application for Social Security or VA benefits is completed and pending approval. | No income and no application for Social Security or VA benefits.  OR  Immediate need for financial assistance to meet basic needs.  OR  Payee recommended but not being used. |
| Debt | Tenant minimum monthly debt payment is between 0 and 10 percent of monthly income and tenant can meet these obligations. | Tenant minimum monthly debt payment is between 11 and 50 percent of monthly income and tenant can meet these obligations. | Tenant minimum monthly debt payment is greater than 50 percent of monthly income and tenant can meet these obligations.  OR  Tenant has declared bankruptcy in past 3 years. | Tenant minimum monthly debt payment greater than 50 percent of monthly income and tenant is unable to meet these obligations. |
| Benefits | Successfully accessing food and other benefits programs.  OR  Able to complete applications and manage benefits independently.  OR  Requires assistance only semi-annually or annually to renew benefits.  OR  Client is over income or otherwise ineligible for benefits. | Applications for benefits have been completed and are pending approval.  OR  Requires assistance at least quarterly in securing or maintaining benefits. | Has only short-term benefits.  OR  Requires frequent assistance in securing or maintaining benefits. | No application for benefits.  OR  Unable to secure and maintain benefits without intensive intervention and assistance. |

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| **Health Care (Unweighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (1 pt)** | **Level 2 (2 pts)** | **Level 3 (3 pts)** |
| Medical Needs | Medically stable.  OR  No acute medical needs or chronic medical conditions. | Chronic medical conditions are currently controlled with medication and/or other treatment.  OR  Presence of acute medical needs that are being treated. | Multiple chronic medical needs for which treatment needs to be established.  OR  Presence of untreated acute medical needs.  OR  Requires less than 10 hours per week of in-home assistance with ADLs due to medical needs. | Multiple chronic medical conditions and/or acute medical needs currently untreated due to tenant’s inability or choice not to comply with treatment plan.  OR  Requires more than 10 hours per week of in-home assistance with ADLs due to medical conditions.  OR  Currently experiencing medical crisis. |
| Mental Wellness *(If the most appropriate service is unavailable, choose the next best response.)* | No history of mental health diagnosis or use of psychotropic medications.  OR  Actively engaged in treatment and/or condition is stable.  OR  Condition does not interfere with ability to maintain safe and stable housing. | Sporadic engagement in treatment and/or experiencing minimal relapses.  OR  Condition minimally interferes with ability to maintain safe and stable housing (periodic late rent payments, difficulty keeping unit clean, disruptive to neighbors, etc. | Sporadic engagement in treatment or treatment unsuccessful.  OR  Condition moderately interferes with ability to maintain safe and stable housing (frequent late rent payments, difficulty keeping unit clean, disruptive to neighbors, etc.). | Not engaged in treatment against medical advice (tenant chooses not to engage in)  OR  Currently experiencing mental health crisis.  OR  Condition significantly interferes with tenant’s ability to maintain safe and stable housing (rent payments are often late, multiple disturbances in unit, etc.) |
| Substance Use | No history of substance use disorder issues.  OR  Greater than 1 year of sobriety and actively involved in relapse prevention.  OR  Current use does not interfere with ability to maintain safe/stable housing. | Less than 1 year of sobriety and actively engaged in treatment or relapse prevention.  OR  Condition minimally interferes with ability to maintain safe and stable housing (periodic late rent payments, difficulty keeping unit clean, disruptive to neighbors, etc.) | Sporadic engagement in treatment and/or experiencing relapses.  OR  Current use has moderately interfered with ability to maintain safe/stable housing (frequent late rent or utility payments, difficulty keeping unit clean, disruptive to neighbors, etc.). | Not engaged in treatment.  Chooses not to engage in treatment against medical advice.  OR  Current use has significantly interfered with ability to maintain safe/stable housing (rent or utility payments are often late, multiple disturbances in unit, etc.) |
| Harm Reduction *(such as use of illegal substances, smoking, hoarding, gambling, risky sexual and other behaviors)* | Tenant does not engage in behaviors that are harmful / risky to their housing stability.  OR  Tenant has implemented harm reduction approaches to behavior(s) in order to promote housing stability. | Tenant has identified harm reduction approaches that would promote housing stability and has taken some steps to begin implementing these approaches. | Tenant has identified behavior(s) that are harmful / risky to their housing stability and is contemplating/ exploring harm reduction approaches in order to promote housing stability. | Tenant engages in behavior(s) that are harmful/ risky to their housing stability, and has not yet taken steps to explore, identify, or implement harm reduction approaches in order to promote housing stability. |
| Health Literacy | Clear understanding of own health issues, treatment, and service availability including health insurance and benefits.  OR  Strong self-advocacy skills (w/providers).  OR  Confident in ability to navigate systems of care (includes following clinic/pharmacy procedures, filling out paperwork, etc.). | Basic understanding of own health issues, treatment, service availability, health insurance, and benefits.  OR  Moderate self-advocacy skills (w/providers).  OR  Requires minimal assistance navigating systems of care. | Limited understanding of own health issues, treatment, service availability, health insurance, and benefits.  OR  Poor self-advocacy skills (w/providers).  OR  Requires moderate assistance navigating systems of care. | Uninformed about own health issues, treatment, service availability, health insurance, and benefits.  OR  Demonstrates in denial about diagnoses.  OR  Unable to advocate for self (w/providers).  OR  Unable to navigate systems of care without intensive support. |

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| **Supportive Services and Social Supports (Unweighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (1 pt)** | **Level 2 (2 pts)** | **Level 3 (3 pts)** |
| Mobility and Transportation | Has own means of transportation consistently available to meet basic travel needs.  OR  Can afford and is comfortable using public or private transportation. | Inconsistent transportation, however, ability to get to work and medical appointments has not been impacted.  OR  Transportation is available and reliable but limited and/or inconvenient. | Transportation is available but is unreliable or unaffordable.  OR  Requires frequent transportation assistance to get to work and/or attend medical appointments.  OR  Uncomfortable using public transportation such that ability to get to work and medical appointments has been moderately impacted. | No access to public or private transportation.  OR  Chooses not to use public transportation (if available) such that ability to get to work and medical appointments has been significantly impacted. |
| Communication *(specific to tenant’s ability to navigate housing-related documents and communicate with landlord)* | No communication barriers exist  OR  Tenant is able to fully address communication barriers independently or with minimal support. | Communication barriers are minor.  OR  Communication barriers are mostly addressed with assistance.  OR  Access to assistance to address communication barriers is mostly available. | Communication barriers are significant.  OR  Communication barriers are somewhat addressed with assistance.  OR  Frequent and intensive support is needed to address communication barriers.  OR  Access to assistance to address communication barriers is minimally available. | Tenant is unable to address communication barriers even with frequent and intensive support.  OR  Tenant chooses not to access available services or assistance to address communication barriers. |
| Connection to Community Supports | Tenant seeks out community supports and has many connections including specialized services | Tenant has adequate community supports or has limited supports but is interested in attaining others. | Tenant has limited community supports and is not interested in attaining others. | Tenant has no community supports outside of supportive housing program. |
| Social Support | Tenant has a healthy support system that they access regularly/ consistently. | Regular/periodic access to support network, formal (e.g., faith-based, support groups, AA, etc.) and informal (family and friends)  OR  Occasionally requires emotional support from case manager. | Inconsistent or no dependable support system.  OR  Suspected abuse by support person.  OR  Regularly requires emotional support from case manager. | Absent, overburdened, or poor support system.  OR  Recent loss of primary emotional support.  OR  Support person is abusive. |

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| **IF APPLICABLE, Parenting and Child Services (Unweighted)** | | | | |
| **Category** | **Level 0 (0 pts)** | **Level 1 (1 pt)** | **Level 2 (2 pts)** | **Level 3 (3 pts)** |
| Childcare | Reliable, affordable childcare is available, no need for subsidies.  OR  Children in the household are older and don’t need childcare. | Affordable, subsidized childcare is available, but limited. | Childcare is unreliable, unaffordable, or inadequate. | No reliable, affordable childcare is available; and/or child is not eligible. |
| Children’s Education | Enrolled in school and attending classes most of the time.  OR  Parent is aware of and addressing children’s issues. | Enrolled in school, but one or more children only occasionally attending classes.  OR  Parent is aware of children’s issues but has difficulty addressing issues without case management involvement. | One or more school-aged children enrolled in school but not attending classes.  OR  Parent is unaware of children’s issues.  OR  Parent is aware of children’s issues but has difficulty addressing issues without significant case management involvement. | One or more school-aged children are not enrolled in school. |
| Parenting | Tenant is able to meet the parenting needs of their child(ren) without case management support.  OR  Tenant has adequate parenting support in the community. | Tenant requires occasional case management support to meet the parenting needs of their child(ren)  OR  Tenant has some parenting support in the community and is interested in additional support. | Tenant requires significant case management support to meet the parenting needs of their child(ren).  OR  Tenant needs parenting support but has little to no parenting support in the community and is not interested in additional support. | There are safety concerns regarding tenant’s ability to meet the parenting needs of their child(ren). |
| Children with Special Needs | Children with special needs fully participate in services.  OR  Children have no special needs. | Children with special needs are connected to services and participate consistently with prompting. | Children with special needs are connected to services and participate minimally with prompting. | Children with special needs are not connected to services. |

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| **Assessment Scoring** | | | |
| **Area** | **Maximum Level** | **Ideal Range** | **Current Level on this Assessment** |
| **Housing Stability** | 30 | 0-21 |  |
| **Financial** | 13 | 0-9 |  |
| **Health Care** | 7 | 0-5 |  |
| **Supportive Services and Social Supports** | 6 | 0-4 |  |
| **Parenting and Child Services (if applicable)** | 6 | 0-4 |  |

**Interpretation:**

**Housing Stability and Financial levels must fall within the ideal range for tenant to be considered for Move On.**

**If tenant’s scores for each area are within the ideal range:** Moving on from supportive housing is recommended.

**If tenant’s scores for the Housing Stability and Financial areas are within the ideal range and all other areas are below the maximum**: Moving on from supportive housing is recommended.

**If tenant’s scores for each area are below the maximum but not within the ideal range:** Moving on from supportive housing is not recommended at this time but should be reviewed regularly.

**One or more levels are above the maximum:** Tenant should remain in supportive housing.

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| **Signatures** | | | |
| The information in this assessment was collected in good faith and the information contained in this assessment is as accurate as possible | | | |
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| *Case Manager Signature* | *Date* | *Supervisor Signature* | *Date* |