

Developing the *Life After Supportive Housing (LASH)* Readiness Self-Assessment Tool to Promote Successful Exits from Permanent Supportive Housing

Dr. Emmy Tiderington
Associate Professor
Rutgers University School of Social Work

2026

Introduction

Permanent Supportive Housing (PSH) is designed to provide long-term housing stability for people who have experienced homelessness and other complex needs using a combination of affordable housing and supportive services. Yet, many tenants eventually express a desire for greater independence or reduced service involvement, and not all tenants need or want to remain in PSH indefinitely (Livingstone & Herman, 2017; Tiderington, 2021). Many individuals can maintain stable housing without supportive services after being in PSH for some time (Tiderington et al., 2026). Despite this, best practices for determining when and how tenants are ready to move on from PSH services have yet to be standardized.

This report summarizes findings from multiple sources of data to further the development of evidence-based best practices for assessing readiness to move on from PSH. These data sources are:

- 1) A systematic scoping review of existing move on readiness assessment tools and practices
- 2) A quantitative study identifying predictors of successful PSH exit
- 3) A qualitative study of former/current PSH tenant views on move on readiness assessment tools and practices

Findings from these complementary data sources were synthesized to develop recommendations for best practices in the assessment of readiness to move on and a new evidence-based tool—the *Life After Supportive Housing (LASH)* Readiness Self-Assessment Tool and Action Plan. This tool is summarized at the end of the report and provided in the Appendix.

Guidance for Responsible Use of These Findings¹

The findings in this report are based on transitions that occurred in the context of the current design of PSH as *permanent* supportive housing. They cannot be validly extrapolated to non-permanent housing models.

Any citation or reference to this report in future works should interpret these findings using the following assumptions:

- **Even though successful exits from PSH are possible, people experiencing homelessness still need access to *permanent* supportive housing.** While these analyses find that some PSH participants can and do move on successfully from PSH, this **does not** imply that the PSH model should be time-limited or that all PSH participants ought to exit after a fixed period. People exiting PSH in this study were likely able to do so *because* they received PSH services for as long as they as needed, on their own timeline. Decades of research show that PSH yields far better housing stability outcomes than time-limited transitional housing (Peng et al., 2020). As such, non-time-limited PSH remains a critical component of the homelessness response system even as some PSH participants are able to successfully exit these programs.
- **These findings only reflect outcomes for participants in *permanent* supportive housing. They are not evidence in support of time-limited models of supportive housing.** These analyses included only participants in PSH programs that did not impose time limits; participants had the option to stay in the PSH program permanently if desired and were able to use PSH services for as long as needed. In supportive housing programs where participants are expected to leave after a fixed period, outcomes are likely to be different. Therefore, the findings reported here should not be conflated with exit outcomes from time-limited transitional housing or used to justify expansion of time-limited models.

¹ For consistency, this guidance is repeated unchanged from Tiderington et al. (2026) *Investigating Predictors of Successful Exits from Permanent Supportive Housing – Final Report* developed for the National Alliance to End Homelessness by this author and others; it applies equally to the findings reported here.

- **Correlation ≠ causation. Predictors of successful PSH exit are not definitive indicators of who can move on successfully. As such, they should not be used to target individuals for forced exit.** Predictors of PSH exit, including demographic predictors, identified in this study are associations only. They should not be interpreted as causal rules, definitive eligibility criteria, or characteristics of groups that can be targeted for forced exits. These findings are best used to inform supportive, voluntary planning with PSH participants who wish to move on—not to label individuals as “ready/not ready” or to justify pressure to exit PSH.

In short, these findings can be used to support efforts to **expand PSH participants’ choices and supports**. They cannot be validly extrapolated to justify policies that target individuals for forced exit. Likewise, they cannot be validly used to predict outcomes of policies that restrict access to PSH or exit opportunities. Making such extrapolations would be scientifically invalid and a misuse of the findings of this research.

Existing Move On Readiness Assessment Tools and Practices

The first source of data used to develop the new evidence-based tool and best practice recommendations for assessment is a systematic scoping review of existing move on readiness assessment tools and practices. To identify publicly available sources that described existing tools or guidance for assessing tenants’ readiness to move on from PSH, a **scoping review** of grey literature, Google, Google Scholar, and academic databases following the JBI framework (Peters et al., 2020) was conducted in October 2024. In the first phase of this review, an initial pool of 654 sources was identified.² From this pool, a total of 28 sources met inclusion eligibility criteria.

Eligible sources explicitly described a readiness assessment tool, protocol, or criteria applied by a specific organization, program, or initiative to determine tenants’ ability to transition from supportive housing to housing independent of supportive service. Source data were analyzed using an inductive and deductive content analysis approach (Elo & Kyngäs, 2008). Assessment type, frequency and timing of assessment, assessment administrator, and stated purpose of assessment were extracted from these 28 sources using deductive content analysis. Sources were also inductively reviewed to identify primary and subdomains of readiness assessed by the sources. Regular consensus meetings between two analysts were held throughout the review process to ensure consistency in interpretation of domain themes. Full details of these scoping review methods and findings are presented in a separate manuscript.

² Scoping review searches were conducted using the following search terms and Boolean operators: ("moving on initiative" OR "moving up initiative" OR "moving up" OR "moving on") AND ("assessment" OR "assessment tool" OR "index" OR "screen*" OR "application" OR "pilot") AND "supportive housing."

Table 1. Existing Move On Readiness Assessment Tools and Practices

<p>Types of Assessment (N=28)</p> <ul style="list-style-type: none"> • Likert scoring tools (n=11) • Toolkits or program guidelines (n=10) • Hybrid tools (n=4) • Threshold (yes/no) tools (n=3) 	<p>Administration of Assessment (N=28)</p> <ul style="list-style-type: none"> • Collaboration between tenant and provider (n=12) • Provider-driven (n=8) • Tenant-driven (n=1) • Unknown (n=7)
<p>Purposes of Assessment</p> <ul style="list-style-type: none"> • Determining eligibility • Gauging capacity • Informing service planning • Assisting tenants in move on decision-making • Standardizing assessment processes 	<p>Primary Domains of Assessment</p> <ul style="list-style-type: none"> • Housing stability (n=28) • Income and benefits (n=26) • Connection to community/social supports (n=25) • Dependence on services (n=23) • Health and health service use (n=21)

In total, this scoping review identified **28 publicly available sources** describing move on assessment tools or guidance for assessing tenants’ readiness to move on from supportive housing. Sources located in this review originated from service systems across the United States including Texas, New Jersey, Michigan, Florida, and California. Four main **types of assessment sources** were observed: Likert scoring tools (n=11); toolkits or program guidelines that describe assessment processes (n=10); threshold (yes/no) tools (n=3); and hybrid tools that combine Likert scoring, threshold (yes/no) questions, and/or open-ended qualitative fields used to assess readiness to move on (n=4). The predominance of quantitative Likert scoring tools suggests a field preference for quantifiable criteria, even though many domains assessed are inherently qualitative.

The **stated purposes** of the identified move on assessments clustered into five themes: (1) determining eligibility for move on programs or vouchers, (2) gauging capacity for independent living, (3) informing service planning, (4) assisting tenants in decision-making about moving on, and (5) standardizing assessment processes for consistency and transparency. Importantly, many sources highlighted the need for objectivity and fairness in the assessment process, but few included specific mechanisms for tenant feedback on the accuracy, fairness, or applicability of the assessment.

The **administration of assessment** was described by many sources as a collaboration between provider and tenant (n=12), though several sources identified providers as the sole administrator (n=8), and only one source explicitly used a tenant-driven self-assessment. Timing and frequency of assessment was rarely specified in the reviewed sources; among the minority that did specify, assessments were typically recommended after one year in supportive housing and repeated annually or semi-annually.

Five **primary domains of readiness to move on** were assessed by the sources. Domains assessed by most or all of the 28 reviewed sources were housing stability (n=28), income and benefits (n=26), connection to community/social supports (n=25), dependence on services (n=23), and health and health service use (n=21). Nearly all sources included housing and income domains, with slightly fewer including health and health services use, community/social support connection, and dependence on services. Additional but less common domains in the assessments included emotional readiness to move on (n=6), family situation (n=5), HIV-specific wellness (n=1), domestic violence safety planning (n=1), education (n=1), meaningful activities (n=1), views about the past year (n=1), and risk of criminal activity (n=1).

While there was convergence on the five primary domains, there was substantial **variation in subdomains, scoring thresholds, and measurement strategies** used to characterize readiness within these domains, leading to little standardization across tools. For example, under the domain of *Income*, one tool has providers use a 9-point scale between “income stable/consistent for 7+ months and sufficient to cover necessary expenses” to “no income and no application for Social Security of VA benefits; immediate need for financial assistance to meet basic needs; payee recommended but being used” to determine a quantitative score indicating readiness to move on. Under this same *Income* domain, another tool assesses tenant readiness by asking the tenant to respond to an open-ended question: “What steps have you taken in the last 12 months to increase or maintain your earned income? Or are you connected to unearned income benefits you are eligible for and know how to recertify your eligibility, or where to go for help?” This variation in approach to assessing the same domain suggests that while there is some consensus in the field on the overarching factors or domains determining readiness to move on, there is not yet consensus on how readiness within those domains should be measured or determined.

Most tools (n=21) captured in this review specifically identified as an adaptation of the “Connecticut Tool” or “Acuity Index” —or they assessed domains that were similar to those in the Connecticut Supportive Housing Acuity Index. The Connecticut Supportive Housing Acuity Index (CT BOS CoC, 2022) is a validated tool that includes six primary domains: housing and lease, arrears and debts, income and benefits, supportive services, parent and child services, and health. Providers use a 4-point scale to assess tenants in these primary areas. Scores are then used to categorize tenants as “low acuity” (the tenant is a good candidate for moving on, and other housing options with community-based supports should be considered as a short-term goal); “medium acuity” (other housing options with community-based supports should be considered as a long-term goal); or “high acuity” (the tenant should remain in supportive housing). This tool was found to have acceptable to good reliability and substantive validity (E. Rodis, personal communication, May 31, 2021). While **many tools captured in this review were adapted versions of this validated Acuity Index**, there remained wide variation in subdomains, scoring thresholds, and measurement strategies used to assess domains across these adapted tools.

Overall, this review highlights a **lack of standardized, evidence-based move on assessment practices** despite growing use of readiness tools across diverse U.S. localities. Assessment practices, in terms of who assesses the tenant and when, also varied across sources. To our knowledge, no assessment tools, apart from the Connecticut Supportive Housing Acuity Index, have undergone systematic validation and no studies to date have incorporated tenant views of assessment practices. This finding underscores the need for additional work to standardize assessment criteria for determining readiness to move on, while also ensuring that tenant voice and choice remain central. Validation of move assessment tools currently in use is also a critical step to ensuring that high-stakes decisions about transitioning tenants from supportive housing are equitable, evidence-informed, and predictive of post-transition housing stability, thereby improving the targeting of scarce resources while minimizing the risk of preventable returns to homelessness.

Predictors of Successful Exit from Permanent Supportive Housing

In addition to the systematic scoping review findings, findings from a previous study (see Tiderington et al., 2026) on predictors of successful PSH exit are also integrated into the tool and recommendations presented here. In this study, “successful exit from PSH” was defined as exit from PSH to permanent housing, with or without rental subsidy, and without paired support services (i.e., a lower level of care). Predictors of successful PSH exit were identified using linked Medicaid claims and Homelessness Management Information System (HMIS), and affordable housing data from New Jersey and Pennsylvania.

The study team drew on the lived and professional expertise of a study steering committee comprised of a current PSH participant, a PSH alum, a PSH provider, a former administrator of a “Moving On” initiative that facilitated PSH exits, and a PSH policy expert from the Corporation for Supportive Housing. This committee advised the study team on selection of relevant variables for the analyses, definitions of successful versus unsuccessful exit from PSH, and interpretation of findings.

In this study, we found that compared to those who exited PSH to unsuccessful destinations (defined as exits from PSH to homeless-indicative services or institutional settings) and those who did not exit, those who exited PSH to successful destinations were more likely to be **younger, female, Black, non-Hispanic and Hispanic/Latine, not have a substance use disorder, and reside in a PSH program with low rates of tenant turnover, in an area with a more affordable rental market.**

We also found that **favorable health care use** was a factor associated with successful PSH exit. For those exiting PSH to a successful destination, the likelihood of inpatient hospitalization was greater *before PSH* than *after PSH*. Use of primary care *after PSH* was not measurably different from use *during PSH*. Those exiting to successful destinations had fewer behavioral health visits *after PSH* than *during PSH*. But this decline was statistically significant only in Pennsylvania and not in New Jersey.

Because this study was a secondary analysis of existing data (HMIS, Medicaid, Comprehensive Housing Affordability Strategy data) we were only able to examine variables that were included in these datasets. We were unable to test all domains in the Acuity Index (e.g., arrears and debts) and other assessment tools (e.g., “emotional readiness” to move on). As a result, we cannot confirm the predictive validity of these domains. But evaluation findings regarding the reliability and substantive validity of the Connecticut Supportive Housing Acuity Index suggest that the domains it assesses (i.e., housing and lease, arrears and debts, income and benefits, supportive services, parent and child services, and health) could also be associated with successful PSH exit.

Comparing Domains Assessed in Existing Move On Readiness Assessments with Predictors of Successful PSH Exit

Individual-level health-related predictors: In our study, we found that **favorable use of health services** was associated with successful exit. We also found that **not having a substance use disorder (SUD)** was associated with successful exit. These individual-level health factors map onto the *Health and Health Service Use* domain commonly assessed in readiness tools.

Program-level predictors: In our findings, successful PSH exits were more likely among tenants in **PSH programs with low tenant turnover**. Most readiness assessment tools do not include program environment variables (e.g., turnover, caseload), but our findings suggest that these program-level factors could impact a tenant’s ability to move on.

Community-level predictors: In our findings, **rental market affordability** also predicted successful exit. We found that successful exits are more likely to happen in more affordable areas. But no readiness assessments located in the scoping review incorporated structural housing-market context (e.g., county-level rent-to-income indices) even though our data suggest that area affordability is consequential to tenants’ ability to move on.

Sociodemographic predictors: In our findings, **younger age** and **female sex** were also associated with successful PSH exit; and **Black and Hispanic/Latine** PSH tenants were more likely to exit successfully, but also more likely to return to homelessness after exit—an equity-critical nuance. The study steering committee hypothesized that demographic factors could be a proxy for the degree of social support, and as a result, the degree of access to post-PSH housing opportunities through friends/family that the tenant has (i.e. could younger, female, and/or Black and Hispanic/Latine tenants be more likely to have family members or partners willing to take them in?). Black and Hispanic/Latine tenants may be exiting to precarious, overcrowded, or discriminatory housing markets, which could explain why their exits are more likely to be followed by a return to homelessness. Appropriately, assessments did not incorporate demographic variables (age, sex, race/ethnicity) as a domain of readiness-doing so would risk institutionalizing inequities by treating these sociodemographic variables as if they were individual deficits or assets to be assessed. Rather than relying on demographic

proxies, programs should (a) assess and support concrete social support and post-PSH housing quality, and (b) systematically monitor equity outcomes related to moving on—e.g., by tracking who is offered move on opportunities and whether rates of post-PSH homelessness differ by race/ethnicity, gender, and age.

Former and Current PSH Tenant Perspectives on Move On Readiness Assessment Tools and Practices

In addition to scoping review and predictor findings, we also spoke to former and current PSH tenants to get their perspectives on move on readiness assessment tools and practices. We conducted two in-depth focus groups with individuals who self-identified as either current or past tenants in PSH. A total of seven former/current tenants were recruited from two PSH tenant advocacy groups located in two states on the east coast of the United States. Participants received \$75 each for their time and participation in a 1.5-hour focus group. A senior qualitative researcher with previous experience as a social worker in PSH conducted both focus groups. A Master of Social Work-level research assistant attended both focus groups to memo themes emerging in these group discussions. The senior researcher coded both focus group transcripts and cross-referenced the emergent themes she found with themes identified by the research assistant to look for points of convergence and divergence. This approach was used to enhance analytic rigor and credibility of findings.

In advance of the focus groups, participants were asked to prepare by reviewing three different move on assessment tools that represented the range of tools identified in the scoping review:

- 1) Orange County HMIS *Moving On Assessment* - A simple self-assessment Likert scoring tool in which tenants rate themselves on six readiness domains—rent payment, utility bills, income, community living, community services, and housing stability—using a 3-point scale.
- 2) Texas Balance of State Coordinated Entry Permanent Supportive Housing Programs *Move On Assessment for Emergency Housing Vouchers* - A more in-depth, Likert scoring tool, completed by staff in collaboration with the tenant, in which the tenant is rated on a 3- to 9-point scale across five domains and 27 subdomains, with some domains weighted and others unweighted.
- 3) Indiana Housing & Community Development Authority Moving On Plan - A mostly narrative plan completed by the case manager and tenant in collaboration, that uses primarily open-ended response fields and threshold (yes/no) questions in seven domains “to help the client think through their options and make the best decision for their situation”.

A summary of findings most relevant to the development of evidence-based recommendations is presented here; a full qualitative analysis of tenant perspectives—including detailed thematic findings and illustrative quotes—is reported in a separate publication.

Overall, tenants viewed the **primary domains** identified in the scoping review as appropriate indicators of readiness to move on. They emphasized **financial stability** (“you have to be able to pay the rent”) and **reduced reliance on program supports** (“you don’t need [the PSH program’s] support”) as key signs of readiness. Participants also identified a few **context-specific domains**—such as legal status or history (e.g., landlord disputes) and family situation (e.g., need for larger units)—as potentially relevant variables related to readiness to move on, when applicable to individual circumstances. They additionally highlighted **substance use–related service engagement** as a critical domain that should be included in evaluation of readiness, which echoed quantitative findings (Tiderington et al., 2026) on the role of substance use disorder in successful PSH exits.

Tenants described different **types of assessments** as useful for different purposes:

- **Simplified self-assessment scoring tools** that only scored primary domains, like the Orange County HMIS Moving On Assessment (2024), were seen as useful for move on goal setting and service planning, particularly when written in **first-person, strengths-based language**.
- **More in-depth, detailed scoring tools** with primary and subdomains, like the Connecticut Supportive Housing Acuity Index (CT BOS CoC, 2022), were viewed as appropriate for **objective move on resource allocation** (e.g., who gets access to move on housing vouchers and transition supports) with the potential to reduce provider bias. But these tools were also described as having an overwhelming amount of information that would make it difficult to use for self-assessment and service planning purposes.

Across both groups, tenants advocated for assessments that include **qualitative fields** that could be used to explain one’s scores, provide “a picture from both [tenant/provider] sides,” and help the tenant and provider identify the tenant’s moving on-related service needs. They also advocated for the ability to **customize domains** (“choose ones that apply to you”).

Regarding **administration and timing**, tenants supported completing self-assessments collaboratively with providers during regular service-planning meetings but strongly preferred that resource-allocation assessments be conducted by an independent third party and not the PSH provider (e.g., the local Housing Authority) to ensure objectivity. They also emphasized the individual nature of “readiness” to move on and advocated for the **option to self-assess**. As one participant said, “tenants are the best judges of whether they’re capable of doing this or not.” Opinions varied on when more in-depth assessments should begin—some favored early introduction at program entry, while others felt in-depth assessment should occur only when move on resources/vouchers were available—but there was broad agreement that **simplified assessments should be offered regularly** (e.g., quarterly or semi-annually) and **in-depth tools used less frequently or when move on resources were available**.

Finally, participants' discussions underscored an **underlying concern about provider bias** in move on resource allocation decisions and **inconsistent preparatory assistance** for tenants who want to move on. Although this perception may reflect the tenant advocacy-group sampling frame, it highlights the importance of **transparency, neutrality, and tenant voice** in readiness assessment processes.

Evidence-Based Recommendations for Assessing Tenants' Readiness to Move On from PSH

Using these three sources of data (scoping review, quantitative predictors of exit, and current/former PSH tenant views), the following evidence-based recommendations for move on readiness assessment are offered:

1. To assess readiness to move on from PSH, use two complementary approaches.

Evidence: The scoping review found that readiness assessment tools and practices vary considerably across homeless service systems, indicating a general lack of standardized best practices for assessing readiness to move on from PSH. Tenant focus group participants viewed in-depth tools as useful for reducing provider bias in resource decision making, but overly complicated for move on goal setting/service planning. Instead, they preferred a brief self-assessment tool for this purpose.

Recommendations: To standardize assessment tools and practices, while ensuring that tenant voice and choice remain central to the assessment process, two complementary approaches to assessing readiness are recommended:

- To minimize bias and ensure fairness in resource allocation decisions, use an **in-depth, validated scoring tool** (i.e., the Connecticut Supportive Housing Acuity Index) administered by a neutral third party when move on resources are available.
- To guide ongoing progress toward tenant-identified readiness goals, offer tenants the opportunity to complete a **brief readiness self-assessment** in collaboration with their service provider at regular service planning intervals (e.g., quarterly or semiannually).

2. Honor tenant expertise and self-determination in the assessment process.

Evidence: Most tools in the scoping review describe tool administration as a collaborative process between providers and tenants but use third-person language ("Tenant has paid rent on-time") rather than first-person language, thus orienting the process to the provider rather than to the tenant. Tenant focus group participants emphasized the importance of honoring a tenant's own expertise and ability to self-assess their readiness to move on. They also wanted the ability to add or remove

domains relevant to their unique situation when self-assessing their own readiness. There is a growing body of literature showing that choice is centrally important to the recovery and growth of individuals receiving homeless services (Manning & Greenwood, 2019) which further supports the recommendation to honor tenant expertise and self-determination in this process.

Recommendations:

- To honor tenant expertise and self-determination, allow tenants the opportunity to self-assess their own readiness as they work toward moving on.
- Use first-person language, rather than third-person language, in self-assessments.
- Provide opportunities for tenants to add/select domains that reflect their personal readiness goals and circumstances.

3. Incorporate qualitative context and service planning fields in the tenant self-assessment.

Evidence: Most tools located in the scoping review used Likert-style quantitative scoring fields. Tenant focus group participants emphasized the value of open-ended response fields for explaining scores, providing “a picture from both [tenant/provider] sides,” and identifying service needs.

Recommendations:

- Pair quantitative scores with qualitative narrative fields that allow tenants to explain their ratings and identify the services or supports they need to improve their assessment score.
- Integrate joint service-planning fields to promote accountability and shared readiness goal setting between tenants and providers.

4. Specify substance use-related service engagement in readiness assessments.

Evidence: Service engagement for substance use disorder (SUD) was present in some but not all existing assessment tools. Yet, the PSH exit predictor study found an association between not having an SUD and successful PSH exit. Tenants also emphasized the importance of assessing this factor in relation to readiness to move on.

Recommendation:

- Include current SUD service engagement in the self-assessment to prompt those with a history of substance use disorder to reflect on this factor.

5. Specify connections to natural/social supports in readiness assessments and monitor move on equity outcomes.

Evidence: The PSH exit predictor study (Tiderington et al., 2026) found that individuals from some demographic groups were more likely than others to successfully exit PSH. The study steering committee hypothesized that these demographic patterns could reflect differential access to natural or social supports—resources that can influence a person’s ability to sustain housing after exit. Many assessment tools include connections to community/social supports as a primary domain. However, few tools distinguish between connections to service providers and connections to natural supports in this domain.

Recommendations:

- Include items in readiness assessments that capture connections to natural supports—not just formal service provider relationships—as these informal supports could play a critical role in sustaining housing stability after exit.
- PSH programs should also track demographic factors (e.g., age/race/sex) in equity audits of move on resource access and outcomes so that potential disparities can be identified and addressed.

6. Address supportive housing provider capacity to prepare tenants for moving on.

Evidence: Successful PSH exits were more likely among tenants in programs with low tenant turnover. Low tenant turnover could be a proxy for caseload stability, with stable caseloads allowing providers more time to help tenants build their readiness to move on. In tenant focus groups, participants expressed concerns that providers were insufficiently supportive in helping them prepare to move on.

Recommendations:

- To promote provider accountability in helping tenants prepare to move on, include prompts within readiness assessments that clarify and document the provider’s role in supporting tenant progress toward readiness.
- PSH programs should also monitor tenant turnover and provider caseload size as indicators of organizational capacity to support tenant transitions.

7. Recognize system-level challenges of area-level housing affordability impacting tenant readiness to move on from PSH and direct resources accordingly.

Evidence: Quantitative analyses (Tiderington et al., 2026) found that tenants residing in areas with more affordable rental markets were more likely to successfully exit PSH.

This suggests that system-level factors—particularly local housing affordability—may impact tenants’ ability to move as much as individual- or program-level factors do.

Recommendations:

- To address system-level factors impacting readiness to move on, move on resources should be adequate enough to ensure that no person remains in PSH solely due to housing affordability issues. Resources should also be equitably distributed so that tenants exiting PSH in less affordable areas have the same opportunity to move on as those exiting PSH in more affordable areas. Providing enough resources to support PSH transitions by fully funding robust preparatory and light-touch aftercare transition support services and post-PSH housing assistance could also improve exit outcomes and reduce the rate of post-exit returns to homelessness.
- To further mitigate this readiness challenge, PSH programs should also provide robust housing navigation support for tenants as they prepare to move on to assist them in locating the affordable housing available in their community.

The *Life After Supportive Housing (LASH)* Readiness Self-Assessment Tool and Action Plan: A New, Evidence-Based Tool for Assessing Readiness to Move On from PSH

Considering the recommendations and findings summarized in this report, a new readiness assessment tool is proposed. The *Orange County HMIS Moving On Assessment (2024)* was the tool most preferred by tenant focus group participants for ongoing readiness assessment and service planning purposes when compared to the other tools reviewed. The new tool proposed here—the *Life After Supportive Housing (LASH)* Readiness Self-Assessment Tool and Action Plan—is an adaptation of the self-assessment portion of the Orange County tool.

The LASH tool is a simple tenant-centered self-assessment and service planning tool written in first-person, strengths-based language. It can be offered to tenants at regular service planning meetings (e.g., quarterly or semiannually) and used in conjunction with the primary service plan. This tool asks tenants, if interested, to score themselves in six primary areas (rent payment, utility bills, income, community living, community services/support, and housing stability) on a simple 3-point scale. The 3-point scale allows tenants to easily assess and track their readiness to move on from PSH. Tenants also have the option to add other areas that they would like to work on to get ready to move on. There is a *comments* section under each primary area where tenants can indicate if that area does not apply to them or provide additional context, such as the reason for their score. In line with evidence from this report, *natural supports* and *engagement in addiction services* were also added to the original version’s Community Services domain.

After the simple scoring section, there is a Personal Action Plan that the tenant is encouraged to complete in collaboration with their provider. This action plan prompts tenants to identify what they need to improve their readiness score, who can help them and how, and when they would like to receive this help. Using this information, the tenant identifies one or more action(s) that they can take before the next self-assessment to improve their score. They then record this action statement in their Personal Action Plan. There is also a prompt at the end of the plan — “If any of the actions involve supportive housing staff, review the action(s) with that staff member to enlist their help. If they agree to help you, ask them to initial next to the action to indicate their commitment to help you” — to promote provider accountability in helping tenants get ready to move on.

The LASH tool is provided in the Appendix of this report. It may be publicly produced and used with attribution to the tool’s author, Dr. Emmy Tiderington.

Conclusion

Findings summarized in this report make clear that readiness to move on from PSH is not solely an individual attribute, but rather the result of interactions among individual, programmatic, and structural factors. Tenants’ individual efforts to “get ready” to move on contribute to successful exits, but so too do program-level elements like program turnover, and system-level factors such as local housing affordability conditions.

The evidence-based recommendations and LASH Self-Assessment Tool presented here are designed to standardize readiness assessment practices while preserving tenant voice, autonomy, and choice. When implemented together—alongside policies that address provider capacity and regional housing constraints—readiness tools can help PSH programs equitably identify and support tenants who are ready to transition to independent housing.

Ultimately, improving readiness assessment practices is not just a matter of efficiency—it is a matter of equity and dignity. Centering tenants’ expertise in their own readiness process ensures that decisions about “moving on” are grounded in collaboration, fairness, and respect for individual goals and circumstances.

Acknowledgements

The author of this report would like to thank the research team members, participants, and steering committee members from the studies summarized here. Research reported in this publication, with the exception of the tenant focus groups, was supported by the National Alliance to End Homelessness. The predictor study was also supported by the National Institute on Minority Health and Health Disparities of the National Institutes of Health (NIH) under award number R01MD015261. The content of this report is solely the responsibility of the authors and does not necessarily represent the official views of the funders or the state agencies contributing data.

References

- CT BOS CoC. (2022, May 25). *Using the Supportive Housing Assessment and Acuity Index* [video]. YouTube. <https://www.youtube.com/watch?v=YrziEAOG2iw>
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.
- Indiana Housing & Community Development Authority. (2023). *Moving On Plan*.
<https://www.in.gov/ihcda/files/CoC-Moving-On-Plan.doc>
- Livingstone K. R. , & Herman, D. B. (2017). Moving on from permanent supportive housing: Facilitating factors and barriers among people with histories of homelessness. *Families in Society*, 98(2), 103-11.
- Manning, R. M., & Greenwood, R. M. (2019). Recovery in homelessness: The influence of choice and mastery on physical health, psychiatric problems, alcohol and drug use, and community integration. *Psychiatric Rehabilitation Journal*, 42(2), 147-157.
<https://doi.org/10.1037/prj0000350>
- Orange County HMIS (2024, January). *Moving On Assessment*. <https://ochmis.org/wp-content/uploads/2024/01/Moving-On-Assessment.pdf>
- Peng, Y., Hahn, R. A., Finnie, R. K., Cobb, J., Williams, S. P., Fielding, J. E., ... & Fullilove, M. T. (2020). Permanent supportive housing with housing first to reduce homelessness and promote health among homeless populations with disability: a community guide systematic review. *Journal of Public Health Management and Practice*, 26(5), 404-411.
- Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBIM Evidence Synthesis*, 18(10), 2119–2126.
<https://doi.org/10.11124/JBIES-20-00167>

Texas Balance of State Coordinated Entry – Permanent Supportive Housing (PSH) Programs.

(2023). *Move On Assessment for Emergency Housing Vouchers* [Spreadsheet].

<https://www.thn.org/wp-content/uploads/2023/01/Updated-Moving-On-Assessment-PSH.xlsx>

Tiderington, E. (2021). “I achieved being an adult”: A qualitative exploration of voluntary transitions from permanent supportive housing. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(1), 9-22. <https://doi.org/10.1007/s10488-020-01036-z>

Tiderington, E., Palatucci, J.S., Cole, E., & Cantor, J. (2026). *Investigating predictors of successful exits from Permanent Supportive Housing* [Final report]. National Alliance to End Homelessness.

Assessment Sources

Advancing Connecticut Together. (2022). *AIDS Connecticut acuity index*. <https://act.ct.org/pdf/careservices/gata/acuity-index-2022-fillable.pdf>

Arizona Balance of State Continuum of Care. (2021). *Addendum to Arizona Balance of State Continuum of Care coordinated entry policy: Moving on strategies (August 2021)*. <https://housing.az.gov/sites/default/files/documents/files/Moving%20On%20Strategies%20Coordinated%20Entry%20Addendum%20Final%208.16.2021.pdf>

Branca, N. (2012). *NYC Moving On Initiative*. <https://shnny.org/images/uploads/Nicole-Branca-2012.pdf>

Community Shelter Board. (2019). *Annual PSH resident service needs & move up assessment*. <https://www.csb.org/cdn/file-Annual-PSH-Resident-Service-Needs-Move-Up-Assessment-v1121819.pdf>

Connecticut Department of Housing, & Connecticut Department of Mental Health. (2019). *State of Connecticut “Moving On” Initiative policy and procedure guide*. <https://www.ctbos.org/wp-content/uploads/2021/03/CT-DOH-Moving-On-Policy-and-Procedure-Guide-2019-12.2019-FINAL.pdf>

Corporation for Supportive Housing. (2015). *New York City Moving On Initiative 2015 household assessment*. <https://www.csh.org/wp-content/uploads/2016/05/NYC-Moving-On-2015-Assessment.pdf>

Corporation for Supportive Housing. (2018). *CSH Moving On program profile: New York, NY*. https://www.csh.org/wp-content/uploads/2018/07/MovingOn_ProgramProfile_NY.pdf

Corporation for Supportive Housing. (n.d.). *Returning Home Ohio tenant status evaluation form*. <https://www.csh.org/wp-content/uploads/2016/05/Ohio-Moving-on-Assessment.pdf>

Help Hope Home. (2021). *Southern Nevada moving on initiative policies & procedures*. <https://helphopehome.org/wp-content/uploads/2021/07/9-Moving-On-Initiative-PP-Draft-06.30.2021.pdf>

Homeless Action Network of Detroit. (2023). *Detroit moving up eligibility and assessment form*. <https://static1.squarespace.com/static/5344557fe4b0323896c3c519/t/63e3e2f3ad733d0f95976346/1675879156655/Detroit+MU+Eligibility+and+Assessment+FORM+FILL+Rev.+02-06-23.pdf>

Housing Action Illinois. (2017). *CHA Moving On pilot: Application and assessment*. https://housingactionil.org/downloads/conference2017/MovingOnAssessment_CSH.pdf

Housing Innovations. (n.d.). *Move on from PSH assessment*. <https://arlingtonva.s3.amazonaws.com/wp-content/uploads/sites/33/2020/08/Move-On-from-PSH-Assessment.docx>

Indiana Housing & Community Development Authority. (2023). *Moving on plan*. <https://www.in.gov/ihcda/program-partners/coc-permanent-supportive-housingrapid-rehousing-programs/>

Kentucky Housing Corporation. (2017). *Kentucky Housing Corporation moving on pilot: 2017 application and assessment*. <https://www.kyhousing.org/Programs/Documents/KHC%20Housing%20Readiness%20Assessment.pdf>

Miami-Dade Continuum of Care. (2020). *Miami-Dade CoC moving up application and assessment*. <https://www.homelesstrust.org/resources-homeless/library/providers/forms/moving-up-assessment.pdf>

Monarch Housing Associates. (2017). *SRAP moving on assessment*. <https://monarchhousing.org/wp-content/uploads/2017/01/SRAPMovingOnAssessment.pdf>

Monarch Housing Associates. (2017). *State Rental Assistance Program: Moving on initiative*. <https://monarchhousing.org/wp-content/uploads/2017/01/MovingOn.pdf>

New Jersey Department of Children and Families. (n.d.). *New Jersey keeping families together program manual*. <https://www.nj.gov/dcf/documents/KFT-Program-Manual.pdf>

Orange County Homeless Management Information System. (2024). *Moving on assessment tool*. <https://ochmis.org/wp-content/uploads/2024/01/Moving-On-Assessment.pdf>

Partners Ending Homelessness. (2020). *Moving on tool kit*.
<https://letsendhomelessness.org/wp-content/uploads/2020/01/Background-Movingon-tool-Kit.docx>

Partners Ending Homelessness. (2022). *Supportive housing tool kit training*.
<https://letsendhomelessness.org/supportive-housing-assessment/>

Perez et al. (2019). *Moving On Initiative second annual report*.
https://www.urban.org/sites/default/files/publication/101410/moving_on_initiative_second_annual_report_1.pdf

River Valleys Continuum of Care. (n.d.). *Move up voucher program*.
<https://www.rivervalleyscoc.org/moving-up.html>

Rockland County Continuum of Care. (2019). *Rockland County: Continuum of care written standards*. <https://caresny.org/wp-content/uploads/2019/09/Rockland-CoC-Written-Standards-2019-.pdf>

Texas Balance of State Coordinated Entry. (2022). *Move on assessment for emergency housing vouchers*. <https://www.thn.org/wp-content/uploads/2022/04/FINAL-PSH-Moving-On-Assessment-EHV.xlsx>

Texas Balance of State Coordinated Entry. (2023). *Move on assessment for emergency housing vouchers*. <https://www.thn.org/wp-content/uploads/2023/01/Updated-Moving-On-Assessment-PSH.xlsx>

Ulster County Continuum of Care. (2021). *Ulster County continuum of care written standards*.
<https://caresny.org/wp-content/uploads/2022/04/2022-UCCOC-Written-Standards.pdf>

UNITY of Greater New Orleans. (2023). *“Moving On” participant eligibility assessment*.
https://unitygno.org/wp-content/uploads/2023/06/Moving_On_Participant_Eligibility_Assessment.pdf

LIFE AFTER SUPPORTIVE HOUSING (LASH) READINESS SELF-ASSESSMENT TOOL & ACTION PLAN

Is living in a home *without* supportive housing services a goal for you, now or sometime in the future?

YES

NO

If YES, when would you ideally like to move to a home without supportive housing services? _____

People are typically successful when leaving supportive housing services if they score high in the areas below. If moving on from services is a goal for you now or sometime in the future, complete the **LIFE AFTER SUPPORTIVE HOUSING READINESS SELF-ASSESSMENT** below and self-assess your “readiness for life after supportive housing”. Then, work with your provider to create your own personal action plan for improving your readiness score.

If an area does not apply to you or you want to provide a reason for your score, you can note this information in the *Comments* section. You can also add other areas that you would like to work on before leaving supportive housing in the *Other* section at the end of the tool. And remember – any progress toward life after supportive housing counts as progress, whether it’s a big or small step, taken at a fast or slow pace. It’s up to you!

	1	2	3	SCORE
Rent Payment	I have paid rent on time less than 6 times in the last 12 months	I have paid rent on time 6-11 times in the last 12 months	I have paid rent on time every month in the last 12 months (or my portion of the rent is \$0)	

Comments: _____

	1	2	3	SCORE
Utility Bills	I have paid my utility bills on time less than 6 times in the last 12 months	I have paid my utility bills on time 6-11 times in the last 12 months	I have paid all of my utility bills on time every month in the last 12 months (or utilities are included in my rent)	

Comments: _____

	1	2	3	SCORE
Income	I have not had any income through employment or benefits for the past 12 months	I have had unstable income through employment or benefits for the past 12 months	I have had stable income through employment or benefits for the past 12 months	

Comments: _____

Permission is granted for reproduction of this file, with attribution to the author, Dr. Emmy Tiderington (2026).

The LASH tool is adapted from the Orange County HMIS Moving On Assessment (2024, January), available at <https://ochmis.org/wp-content/uploads/2024/01/Moving-On-Assessment.pdf>

	1	2	3	SCORE
Community Living	I have had more than 2 police visits or landlord complaints in the past 12 months	I have had 1-2 police visits or landlord complaints in the past 12 months	I have not had any police visits or landlord complaints in the past 12 months	

Comments: _____

	1	2	3	SCORE
Community Services/Support	I am not connected with any community services (primary care, mental health, addiction services) or natural supports (friends, family, other supports), and I still need PSH services	I am connected with some community services (primary care, mental health, addiction services) or natural supports (friends, family, other supports), but I still need to connect with others, and I still need PSH services	I am connected with all of the services (primary care, mental health, addiction services) and natural supports (friends, family, other supports), that I need in the community, and I no longer need PSH services	

Comments: _____

	1	2	3	SCORE
Housing Stability	I am not confident that I can maintain stable housing	I am somewhat confident that I can maintain stable housing	I am very confident that I can maintain stable housing	

Comments: _____

	1	2	3	SCORE
OTHER:				

Comments: _____

TOTAL SCORE (out of 18+)

Permission is granted for reproduction of this file, with attribution to the author, Dr. Emmy Tiderington (2026).
 The LASH tool is adapted from the Orange County HMIS Moving On Assessment (2024, January), available at <https://ochmis.org/wp-content/uploads/2024/01/Moving-On-Assessment.pdf>

PERSONAL ACTION PLAN

WHAT would help me to improve my total score? [EXAMPLES: I need a monthly reminder to pay rent. I need additional income to be able to make rent. I need a savings account and budgeting assistance to help me save money for rent every month.]

WHO can help me to improve my score? [EXAMPLES: friend, supportive housing staff, family, doctor, myself]

HOW can these individuals or organizations help me to improve my score?

WHEN would I like to receive this help?

Using the information above, work with your provider to develop **one or more action(s)** that you can take **before the next self-assessment** to improve your score.

[EXAMPLES: I will ask my case manager to help me look for a job this month so I can make additional income. I will ask my friend to remind me when the rent is due every month, so I remember to pay rent on time. I will ask the bank teller to help me open a savings account, so I can save money for utilities. I will connect myself to a primary health care provider by calling this week to make an appointment for an annual physical.]

ACTION 1: _____

ACTION 2: _____

ACTION 3: _____

If any of the actions involve supportive housing staff, review the action(s) with that staff member to enlist their help. If they agree to help you, ask them to initial next to the action to indicate their commitment to help you.

Permission is granted for reproduction of this file, with attribution to the author, Dr. Emmy Tiderington (2026).

The LASH tool is adapted from the Orange County HMIS Moving On Assessment (2024, January), available at <https://ochmis.org/wp-content/uploads/2024/01/Moving-On-Assessment.pdf>