

DES MOINES/POLK COUNTY CONTINUUM OF CARE

MOVE-ON POLICY

Background:

Permanent Supportive Housing (PSH) is long-term HUD CoC-funded housing with supportive services for homeless persons with disabilities. The amount of rent paid for PSH is based on the household's income. Thus, the majority of a PSH project's HUD CoC funding is for monthly rental assistance. In the Des Moines/Polk County Continuum of Care (DSM/Polk CoC), the majority of PSH is targeted to persons experiencing chronic homelessness.

Because it is permanent housing, there are no time limits on a family or individual's length of stay. However, over time, some households no longer need the level of supportive services they did at the time they entered PSH. They continue to need the rental assistance, however, so they remain in PSH. This reality, coupled with the limited amount of PSH funds available from HUD for additional PSH units, has created a bottle neck in the DSM/Polk CoC's ability to move persons experiencing chronic homelessness into PSH.

Purpose:

The purpose of this policy is to free up the existing inventory of PSH for persons experiencing chronic homelessness by moving PSH households no longer needing intensive support services to other housing assistance programs in the community.

Policy:

All CoC-funded PSH projects in the DSM/Polk CoC shall regularly assess their residents' need for on-going supportive services. Those no longer needing the supportive services offered by the project shall be assisted in identifying and moving to other housing assistance programs in the community.

Procedure:

- 1.) Homeward in conjunction with CoC-funded PSH projects, shall develop:
 - a. A standardized tool to assess a household's ability to "move on" from PSH to another housing assistance program.
 - b. An individualized transition plan form for households moving on from PSH to another housing assistance program.
- 2.) DSM/Polk CoC, in conjunction with CoC-fund PSH projects and the Des Moines Municipal Housing Agency (DMMHA), shall develop protocols for transitioning eligible



households from PSH to Housing Choice Vouchers (HCV) per the Section 8 Housing Choice Voucher Program Administrative Plan, Chapter 4 – Section III.C. Selection Method, Preferences.

- 3.) Homeward, in conjunction with CoC-funded PSH projects and Centralized Intake Housing Navigator, shall identify and recruit owners of other housing assistance programs that eligible PSH households may transition to.
- 4.) For each household who has been in PSH for a minimum of three consecutive years, CoC-funded PSH projects shall assess the household's ongoing need for the services offered by the project.
- 5.) Households whose assessments conclude they can maintain stable housing without the services offered by the PSH project shall be referred to other permanent housing opportunities including, but not limited to, the DMMHA, HUD assisted multifamily or senior housing properties, Low Income Housing Tax Credit developments and State of Iowa Housing Trust Fund assisted properties.
- 6.) CoC-funded PSH projects shall develop an individualized transition plan for each household prior to the household's transition to another permanent housing opportunity.
 - a. The goal of the individualized transition plan should be to obtain successful outcome of housing stability for Move On participants
 - b. The transition plan should be voluntary, tenant driven, incorporate tenant choice, and utilize Strength-Based Participant-Centered case management, Critical Time Intervention (CTI) and Motivational Interviewing
- 7.) Each CoC-funded PSH program will honor a household's "right to return" which:
 - a. Allows a household to return within 90 days of exiting the PSH project if the household determines they cannot move on; or
 - b. Prioritizes the household for the next available PSH unit should:
 - i. The household, within 90 days of exiting the PSH project, determines they cannot move on and there are no available PSH units at that time; or
 - ii. The household is evicted, and it is determined the eviction was due to the lack of support services previously offered in PSH.