Family Supportive Housing Program Annual Report: State Fiscal Year 2017





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Program Summary

The Family Supportive Housing (FSH) Program provides intensive case management and service coordination to homeless families with children. The program's goal is to reduce the incidence and duration of homelessness through supports for families as they transition to and sustain permanent housing over time. Service coordination and case management focus on the root causes of a family's homelessness; promote resiliency for parents and their children; and help households build financial capability. FSH staff take a holistic, two-generation approach using non-judgmental, positive, and trauma-informed communication and engagement in their support of families.

The Office of Economic Opportunity administers funding which supports Family Supportive Housing at seven community-based providers who employed nine FSH Service Coordinators in SFY 2017. Service Coordinators provided customized home-based case management; financial empowerment coaching; life skills support and referrals; tenant education; parent and child resiliency support; and support of addiction recovery. FSH Service Coordinators align and coordinate these services with existing Agency of Human Services programs and initiatives.

Safe, stable, affordable housing is key to family stability. Family Supportive Housing providers form partnerships with local affordable housing providers and private landlords to help participant families access housing. Housing partners report confidence in renting to families that may not otherwise qualify for apartments due to home-based FSH Service Coordinator support for families. FSH Service Coordinators help families to be good tenants and neighbors, as well as build other life skills.

Families are eligible for Family Supportive Housing with the following criteria:

- 1. Families with minor children (under 18)
- 2. Families who are homeless according to the AHS/HUD definition of homelessness
- 3. The parent(s) must want to participate in the program, agree to engage with services offered, set goals, and actively work towards them.

Prioritization is given to families meeting one or more of the following criteria:

- 1. Families that have had multiple episodes of homelessness.
- 2. Families that are open for services (or have active case) with the Family Services Division of DCF.
- 3. Families with at least one child under the age of six.

Each criterion is weighted equally, and families meeting multiple criteria are prioritized above families meeting only one.

Each Service Coordinator maintains a caseload of 12 to 15 families. In SFY 2017, a total of 147 families were enrolled in the FSH program; 84% (124) had children under the age of 6 and 35% (52) had an open case with DCF at enrollment.

In SFY 2017, Family Supportive Housing served seven Agency of Human Services districts through the following providers:

- Winston Prouty Center in Brattleboro
- Committee on Temporary Shelter (COTS) & Howard Center in Burlington
- Homeless Prevention Center in Rutland
- Upper Valley Haven in Hartford
- Northeast Kingdom Community Action (NEKCA) in St. Johnsbury

New sites in SFY 2017 were:

- Family Center of Washington County in Barre
- Sunrise Family Resource Center in Bennington

As a result of the Family Supportive Housing, there are five fewer homeless families in Central Vermont. Having services helps stabilize these families which improves their chances of success in the housing community. Successful families bring value to their communities; every positive outcome is uplifting to the community as a whole!

- Amy Dupuis, Downstreet Housing Community



SFY 2017 Highlights

As of June 30, 2017, seven Family Supportive Housing programs enrolled a total of 147 families, an increase of 67% compared to the same period last year. FSH Service Coordinators partnered with local housing providers, Family Services, Reach Up, mental health and substance abuse treatment and recovery providers, and others to coordinate services to meet the families' needs. Each family worked with a single FSH Service Coordinator, whose role was to customize case management and coordinate services based on the family's individualized needs and goals. In SFY 2017, families enrolled in the FSH program experienced homelessness for approximately 3.5 (103 days) months prior to enrollment.

In SFY 2017, Family Supportive Housing served 147 families with 191 adults and 248 children. At the end of SFY 2017, 112 families were still enrolled in FSH. Ninety-two of these families (82%) were stably housed. Seventeen families exited the program in SFY 2017. Among families' exiting, 71% (12) moved on successfully. Of families participating in FSH, 34% (43) were involved with the Family Services Division and only 5% (7) lost custody of a child during enrollment in FSH.

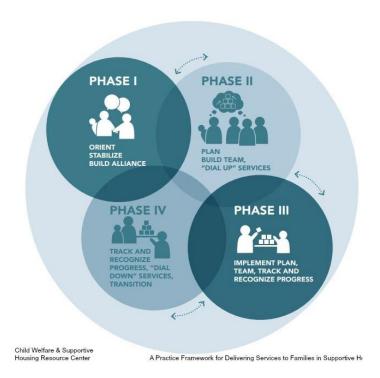
"I did not think I was going to be able to get out of the situation I was in so I could get my children back. I could not afford an apartment on my own working part-time, so I thought I was stuck. It was hard to look at my kids when I visited them feeling like I was failing them. The Family Supportive Housing Program and the Homeless Prevention Center gave me a place to live so I could get away from a really bad person while I looked for my own place. With their help and support I now have a beautiful apartment of my own where I can afford the rent and I have my children back. It is nice knowing that I have someone who helps me, I have never really had that before."

- Family Supportive Housing Participant in Rutland

Beginning in SFY 2017, and consistent with CMS' Housing-Related Services Informational Bulletin, FSH began utilizing Medicaid funds to reimburse Targeted Case Management services for Medicaid-enrolled beneficiaries in the FSH program. This federal financial participation allowed FSH to expand to two serving additional service areas in the SFY 2017 (Agency of Human Services Barre and Bennington Districts).

Although the initial Family Supportive Housing demonstration pilot in SFY 2014 limited the term of enrollment for families to 24 months, effective SFY 2017, duration of services is no longer capped at 24 months, and may continue when determined by the family and the Service Coordinator to be appropriate.

In addition, in SFY 2017 the FSH program adopted the **Strengthening Families** <u>framework</u> from the Center for the Study of Social Policy and incorporated national program guidance from the **Child Welfare** and Supportive Housing Resource <u>Center.</u> This program guidance provides supplemental tools and resources specifically designed for supported housing programs serving families involved in the child welfare system. The national guidance incorporates the Strengthening Families framework into a supported housing model and has given the Vermont Family Supportive Housing program new guideposts based on research.



In SFY 2017, OEO hired a Family Supportive Housing Program Officer to support the expansion of the FSH program through Medicaid funding. With added capacity, FSH has started work to refine core training for FSH coordinators, strengthen performance management, support Medicaid enrollment and billing, and deepen relationships with AHS partners.

Family Supportive Housing continues to use a Community of Practice model to support providers and improve practice. FSH staff, and occasionally partners, gather regularly for training, technical assistance and peer support. Topics in SFY 2017 included Strengthening Families framework, trauma-informed care, benefits coordination, car purchase/repair, domestic violence, food insecurity, care coordination, credit building and repair, and more. In SFY 2017, the Champlain Valley Office of Economic Opportunity (CVOEO) continued to provide technical assistance and support to FSH providers on integrating financial capability; CVOEO published a Financial Capability Orientation Guide for FSH community members.

"We worked on strengthening relationships with local Family Services and Reach Up staff, as well as local early child supports with cross training opportunities and collaborative initiatives. For example, several FSH families had lost WIC benefits due to not meeting mandatory WIC requirements for reasons such as lack of transportation, lack of internet and computer access, and not understanding requirements. We also had struggled to incorporate nutrition and wellness in the FSH program. We now collaborate with the Department of Health to allow us to incorporate nutrition lesson plans into FSH home visits and count the plans towards the WIC requirements for those receiving benefits."

-FSH Service Coordinator

Family Supportive Housing continues to pursue stronger ties to affordable housing for enrolled families through stronger memorandum of understanding with affordable housing providers and improved access to the Family Unification Program (FUP), which provides housing vouchers to prevent family separation due to homelessness, a shared o objective FUP and FSH.

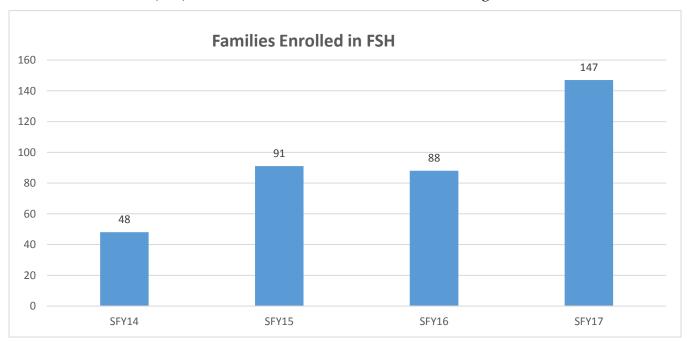
Results

In addition to family demographics and number of families served, the FSH program measures performance in several key areas including:

- Reasons families exit the program
- Housing stability
- Family engagement
- Community connections
- Reach Up status, employment, job training and education
- Financial empowerment
- Child safety
- Adult and child health and wellness

Demographics

In SFY 2017, 147 families were enrolled in the FSH program which included 191 adults and 248 children. 71% (177) of the children enrolled were under the age of 6.

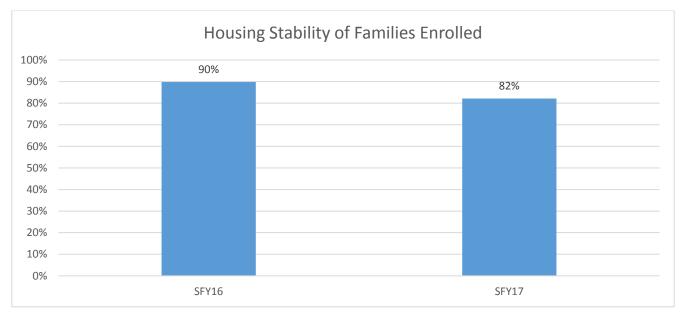


Exits

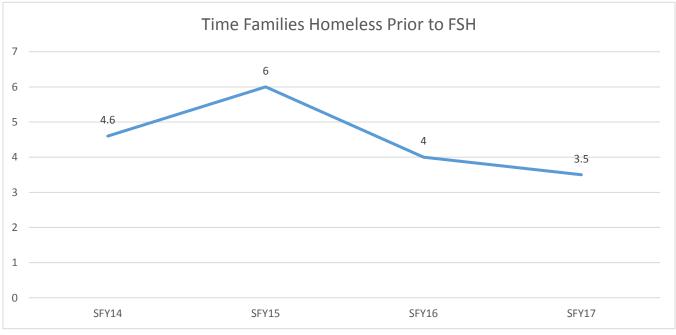
In SFY 2017, 12% (17) of families exited the program. Of those who left the program, 71% (12) moved on successfully and were stably housed.

Housing Stability

At the end of SFY 2017, 82% (92) of active FSH families were stably housed. This represents a decrease in housing stability compared to previous years, which is attributed to the addition of the two new FSH sites which started enrolling new families in quarters 3 and 4 of SFY 2017. Families newly enrolled in FSH are homeless, and FSH Service Coordinators support housing placement and transition.

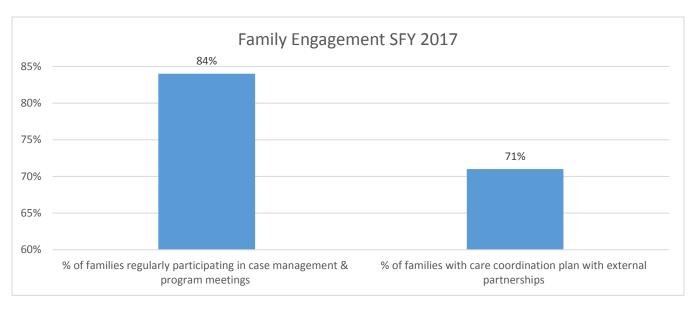


The median time families were homeless prior to being housed through the FSH program decreased from 6 months in SFY 2015 to approximately 3.5 months in SFY 2017. This was identified as a major area needing improvement by the evaluation of the FSH program results of SFY 2015. Improvement is credited to concerted effort to build stronger relationships with housing partners.



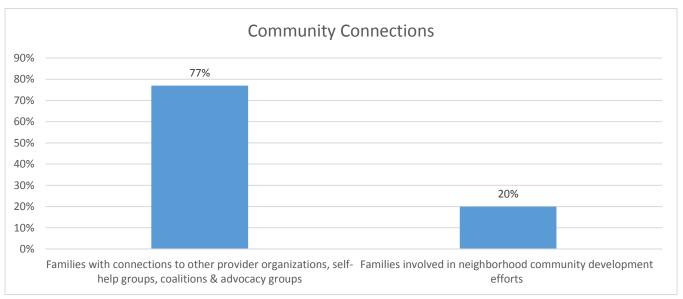
Family Engagement

In SFY 2017, 84% (123) families maintained regular program participation and engagement with Service Coordinators. Family Supportive Housing also began to track the number of families with care coordination plans to help identify opportunities to strengthen connections with local and statewide partners. In SFY 2017, 71% (105) families had care coordination plans that included FSH and external partners.



Community Connections

Building a network of support with family members and professionals, as needed, is one of the keys to stability for families participating in FSH. In SFY 2017, FSH began measuring these supports and networks. In the 4th quarter of SFY 2017, 77% (99) families had connections to other provider organizations, self-help groups, coalitions and advocacy groups and 20% (25) were involved in neighborhood community development efforts.



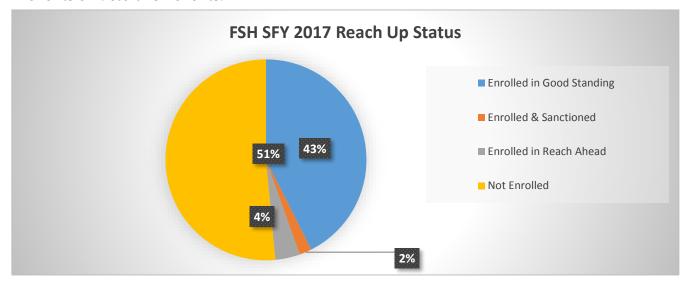
Reach Up Status, Employment, Job Training and Education

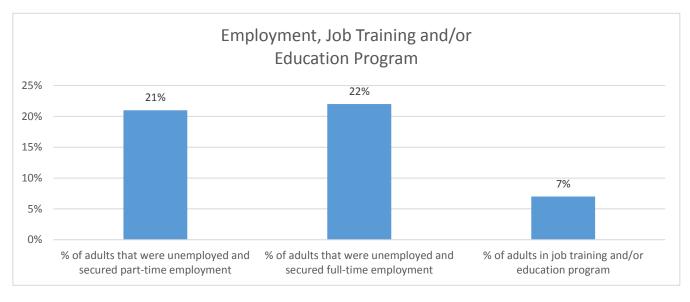
At the time of their enrollment with FSH, 58% (85) families were enrolled in Reach Up. At the end of SFY 2017, 43% (55) families were enrolled in Reach Up and in good standing. FSH Service Coordinators help families to connect to Reach Up, if needed, and engage successfully in the program.

Supporting adults in connecting with employment, job training and/or education programs is important role of FSH Service Coordinators. In SFY 2017, 77% (148) of the 191 adults in FSH, entered the program unemployed. At the end of SFY 2017, 34% (64) had



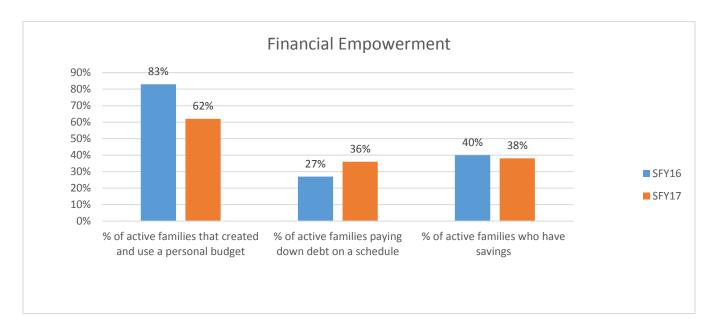
secured part-time or full-time employment. It is important to note that 25% (48) of families in FSH, entered with other source of income such as Social Security, Social Security Disability Benefits or Veterans Benefits.





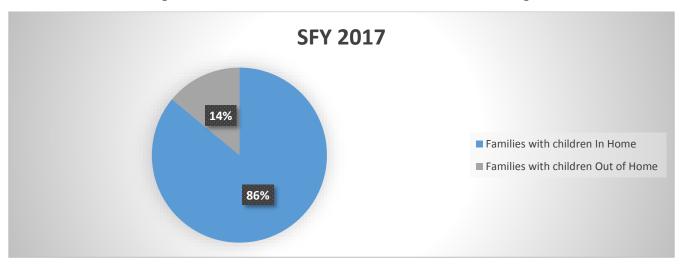
Financial Empowerment

In SFY 2017, FSH Service Coordinators reported that 62% (79) participating families created and used a budget, 36% (46) families were paying down debt on a schedule, and 38% (48) families had savings at the end of SFY 2017. FSH families often engage in higher level financial goals (e.g., paying down debt, saving) after a year or more in the program. The addition of two new FSH sites (e.g., newly enrolled families) is seen in the change between years. In SFY 2017, FSH also began tracking increased savings for participating families and 26% (33) reported an increase in savings.



Child safety

Strong collaborations between district Family Services offices and FSH Service Coordinators are needed to support participating families with child welfare involvement. At the end of SFY 2017, 34% (43) families were involved with DCF's Family Services Division; 86% (110) families had children placed in home and 14% (18) families had children placed out of home.



Adult and child health and wellness

Connecting families with services that provide concrete supports, interventions to reduce stress, mitigate trauma histories and provide for optimal child and youth development is a primary goal of the FSH program. In SFY 2017, 99% (246) of children participating in FSH were up to date with well child pediatric visits at recommended intervals. At the end of 2017, 25% (47) adults were receiving substance use disorder treatment services and 36% (69) were receiving mental health services. In addition, 28% (54) reported that they were in recovery and 60% (114) maintained sobriety.

Acknowledgments

On behalf of the Vermont Office of Economic Opportunity, we thank the Family Supportive Housing Service Coordinators who work every day to improve the lives of families in the Family Supportive Program and would like to acknowledge the Champlain Valley Office of Economic Opportunity for providing FSH Service Coordinators technical assistance as it relates to financial empowerment.