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Vermont Office of Economic Opportunity
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FAMILY SUPPORTIVE HOUSING PROGRAM ANNUAL REPORT

FISCAL YEAR ENDING JUNE 30, 2014

The Vermont State Office of Economic Opportunity, Family Supportive Housing grant funds are used to reduce the incidence and duration of homelessness. This report of the first 12-months of coordinated efforts by community-based agencies in three Agency of Human Services' districts, highlight strengths, opportunities, aspirations and results.

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Executive Summary

WHO WE ARE AND HOW MUCH ARE WE DOING?

The Family Supportive Housing Demonstration (FSH) Project was implemented in the first year by the Winston Prouty Center for Child Development; the Homeless Prevention Center (formerly known as Rutland County Housing Coalition); and the Committee on Temporary Shelter and HowardCenter partnership. The Agency of Human Services, Department for Children and Families developed the project to reduce child homelessness in Vermont. FSH helps families who are homeless move into affordable housing and provides up to 24 months of case management and service coordination during a family's transition to permanent housing.

The Vermont Office of Economic Opportunity (OEO) provided oversight and technical assistance to the three grantees. The Champlain Valley Office of Economic Opportunity provided financial empowerment training and technical assistance to the pilots. Lynn Management Consulting contracts with OEO to support evaluation activities.

Each grantee hired one or more service coordinators. These service coordinators worked directly with the family. The number of families each service coordinator worked with ranged from 8 to the maximum of 15. The needs of families vary and affect the type of services coordinated. In the first year, the number of families receiving services and housing was expected to range from 60 to 75.

- 48 families enrolled in year one and received a variety of services based on their needs.
- 36 of these 48 families were also placed in permanent housing.
- 12 of the 48 were not yet placed in permanent housing but receiving services.

Families had been homeless for an average of 141 days prior to moving into permanent housing.

The recruitment and referral process overall was effective in finding some of the most vulnerable families. The characteristics of families enrolled in the program include:

- 88 children and 60 adults.
- 85% (41/48) of families are participating in the Reach Up program.
- 35% (17/48) of families have an open case with the Department for Children and Families, Family Services.
- 32 % (19/60) of adults entered FSH in recovery of substance abuse treatment. The number of adults reporting active substance use or seeking treatment will be collected in year two.
- 75% (45/60) of adults entered FSH unemployed and 25 % (15/60) of adults entered employed.

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HOW WELL ARE WE DOING IT?

Most families (90 -91%) participated in regular case management at 3, 6 and 12 months. Families could enroll at any point in the 12-month period. Of the 36 families in the program, 34 reached the 3-month enrollment interval, 21 reached the 6-month and one reached 1-year¹. Two of the 36 families had not yet reached their 3-month enrollment interval.

STRENGTHS

- Housing Stability² -
 - 76% (26/34) remained stably housed at 3-months
 - 86 % (18/21) remained stably housed at 6-months and
 - It should be noted that the definition of stably housed is general. For example, one family may be in the same permanent housing while another may move into a new house during the interval but at the time of the report, they are in a house.
- Tenant Responsibility- In permanent housing:
 - 68% (23/34) of families were current with rent at 3-months
 - 81%(17/21) of families were current with rent at 6-months
 - 56% (19/34) of families had no breach of lease at 3-months
 - 76% (16/21) of families had no breach of lease at 6- months
- Tenant Engagement – Case Management:
 - 91% (31/34) of families regularly participated in case management and program meetings at 3-months
 - 90% (19/21) of families regularly participated in case management and program meetings at 6-months
- Family Health and Wellness – Sobriety:
 - 64% (9/14) of adults in recovery maintained their sobriety at 3-months
 - 88% (7/8) of adults in recovery maintained their sobriety at 6-months
 - We will collect active substance use and being referred to treatment or recovery in year two.
- Employment – for adults entering the program employed:
 - 67% (10/15) of adults remained employed at 3-months
 - 88% (7/8) of adults remained employed at 6-months.

¹ Families may be counted more than one time reaching the 3-month enrollment in one reporting period and the 6-month interval in the subsequent reporting period.

² One additional family has successfully reached the 1-year interval in the program but is not included in the strengths above because of the small statistical sample size.

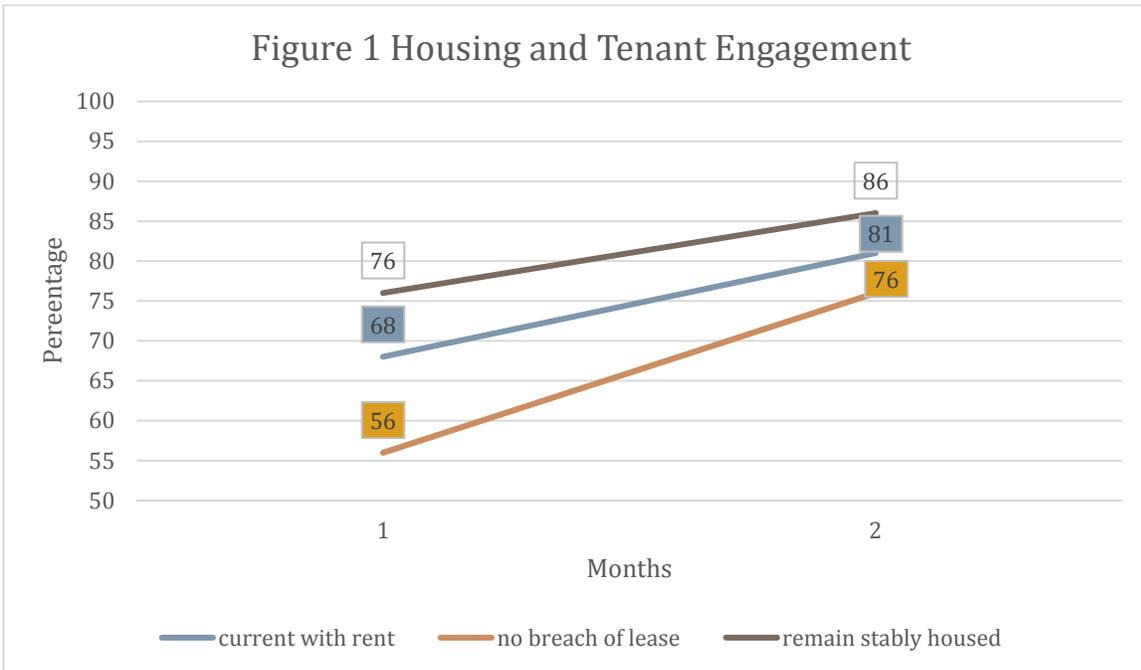
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OPPORTUNITIES TO IMPROVE

- Enrollment – 80% (48/60) of families enrolled during the first year.
- Housing Stability – 75% (36/48) of families had permanent housing while 25% (12/48) of families are seeking housing.
- Financial Empowerment – Steps were taken towards saving³.
- Resolution of Open Cases – 6% (1/17) of open cases were resolved while 16/17 remained open.
- Family Health and Wellness- approximately 57% of children had up-to-date well child visits at recommended intervals while 43% of children did not have up-to-date well-child visits.
- Employment – 20% of adults who entered the program unemployed were employed at 3-months.

IS ANYONE BETTER OFF?

Families that have permanent housing, showed a change in housing stability indicators from the 3-month to 6-month intervals in the program. For example, Figure 1 shows 76% of families reached their 6-month post-enrollment interval with no breach of lease compared to 56 % of families that reached their 3-month post-enrollment interval with no breach of lease.



Families are receiving intensive case management. For example, adults in recovery maintaining sobriety improved for those that reached the 6-month interval in the program: 88% maintained sobriety at 6-months compared to 64% at 3-months. This was the case for adults that entered the program employed

³ Steps to pay off debt, review credit and be ready to save occurred later in the first year.

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and remained employed: 88% of the adults remained employed at 6-months compared to 67% at 3-months.

An indicator that intensive case management is working came out of the interviews with participants for the six-month evaluation. Generally the interviewed participants said compared to other case management services, the FSH program service coordinators were helpful and supportive. They could describe how it was different and better than prior experiences with case management services.

Grantees have increased collaboration with local partners. The partners work together to address challenges facing families in the program such as placing families in permanent housing.

The partnership between the State and the four FSH grantees which included the Champlain Valley Office of Economic Opportunity has also benefited. The partnership used a collaborative problem solving process to maximize resources and support grantees with common challenges. The monthly Community of Practice sessions are the venue for this type of work. An example of how the partnership discovered and addressed the problem of finding affordable, safe housing is detailed in the full report, recorded at the September 26, 2014 Community of Practice in-person all-day meeting.

LOOKING AHEAD

The FSH Program partners will continue to build on the strengths of what works and share this with the two new grantees in the Hartford and St. Johnsbury, Agency of Human Services (AHS) districts. Tools to share include the interview questions when a family applies to the program; the application forms; and outreach materials. Other steps underway to help grantees improve outcomes for families are:

1. Champlain Valley Office of Economic Opportunity has set up an internet site to share financial resources and will meet on-site to train new grantees and provide technical assistance regarding the financial assistance program to all grantees.
2. The quarterly report on indicators will be revised. The current report does not capture some critical information about all the work that may be occurring. For example, families become engaged, find housing and may leave the program or come back into the program after leaving for a while. Tracking retention and the nuances of family engagement add context to the outcomes. The quarterly report did not capture people coming into the program who are actively using substances or start using substances in the first year but will be added for the second year of the project. Adding questions to the narrative to capture the reasons an indicator may be lagging is another change. This includes challenges for families unable to locate housing because of the market.
3. Explore ideas such as bundling subsidy and establishing housing production set-aside targets through forums such as the Joint Committee on Tax Credits and Vermont Council on Homelessness to create housing stock that is affordable and accessible to participant families.

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ACKNOWLEDGEMENTS

We extend our deep appreciation to the FSH directors and service coordinators and their partners for participating in the evaluation process. We also want to acknowledge the Champlain Valley Office of Economic Opportunity for their training and technical assistance efforts related to the financial empowerment efforts with families. State funds allocated to the OEO for fiscal year ending June 30, 2014 supported the first year of the Family Supportive Housing Program and this annual evaluation.



DESCRIPTION OF FAMILY SUPPORTIVE HOUSING PROGRAM SERVICES

Description of Family Supportive Housing Program Services

TRAINING, MEETINGS AND COMMUNITY OF PRACTICE

The Family Supportive Housing demonstration pilots agreed to face-to-face and web-based training offered by the State Office of Economic Opportunity. The service coordinators attended training sessions. FSH leadership/management staff and local housing partners were invited as well. Initially there were quarterly calls which evolved to monthly Community of Practice calls for the purpose of sharing experiences, learning and creating solutions to challenges. The calls also included guest experts on subjects like promising practices on services for homeless families, substance abuse services, and trauma informed practices. Champlain Valley Office of Economic Opportunity participated in the monthly Community of Practice calls, sharing updates or offering technical assistance on the financial stability and empowerment efforts. Evaluation of the program was a standing agenda item for the Community of Practice calls to develop questions and data collection methods, reflect on the results, and discuss actions to continuously improve the program.

EFFICACY OF LOCAL PARTNERHIPS

Local partnerships between FSH grantees and housing and other services providers was established formally with a Memoranda of Understanding or Agreement (MOU or MOA). These agreements laid out the roles at multiple levels between: the families and services coordinators; local housing and service providers; and the state and community partners. The intent of creating and implementing agreements was to clarify roles, identify available housing for families enrolled in FSH, establish program rules and resolve disputes between partners.

CUSTOMIZED CASE MANAGEMENT AND SERVICE COORDINATION

Each FSH grantee hired qualified and experienced professionals providing: customized on-site case management; service coordination; financial empowerment; life skills; tenant education; parent and child resiliency; and support for addiction recovery.

Interviews with the five service coordinators revealed what a typical day was like providing these services. There has been a shift as the family's duration in the program increased and the relationship with the service coordinator developed trust. Newly enrolled families may show anxiety and a lack of trust based on their experiences with prior case managers. Once enrolled in Family Supportive Housing, families start focusing on strengths, venting frustration and asking questions because the relationship and trust is established with the FSH service coordinator.

Service coordinators fill their day with check-in visits with the families. The frequency was individualized meeting once or twice a week from 45 minutes to 2 hours in length. The discussion focused on basic needs at first and getting the resources or services needed for immediate and long-term solutions. The service coordinator may remind the family about the goals in their formal plan, checking to see if there were any

DESCRIPTION OF FAMILY SUPPORTIVE HOUSING PROGRAM SERVICES

barriers to resolve. This type of support helped support the family to problem solve and overcome obstacles and challenges.

After check-ins with families and focusing on case management, the service coordinator spent the rest of the day on service coordination. There were follow up calls to connect with Reach Up and Family Services or housing providers to share relevant information. With the family's consent, the service coordinator called agencies to make referrals to substance abuse services including recovery supports.

During a typical day I interweave case management and service coordination. There is a balance between the two roles and you cannot have one without the other. The reality is as a case manager you cannot do it all and the service coordination helps.

Case notes, data entry and reporting were other tasks in a typical day.

Service coordinators spent significant time helping families in crisis. For example, there may be a problem with paying rent. Transportation was an issue so a service coordinator transported the family to appointments and meetings. One estimate was 20 % of the time was taken by getting the family to therapy, doctors' appointments, the store or food shelves. While transporting the family, the family talked about various things with the service coordinator. Case management was accomplished by spending a lot of the time listening to the family member. The service coordinator may have set up a special time to discuss the issue outside of transporting time to better support the family member in finding a resolution to a problem or concern.

Occasionally there is frustration and a client (family member) may yell using the service coordinator as "sounding board". Because other programs may dictate, meddle or be punitive, in the eyes of families, the Family Supportive Housing program is different. The service coordinator supports them to work on what they need to work on in the moment, to have an easier time with the system and to move towards greater stability.

Service coordinators were asked how much time they spend on the various tasks. Case management took the most time ranging from 50% to 100% of the time. Service coordination ranged from 5% to 50% of the time. One service coordinator, a licensed therapist, reported 50% of her time is clinical work.

EVALUATION COMBINING QUALITATIVE AND QUANTITATIVE

This report covers the first year of the program starting July 1, 2013 and ending June 30, 2014. During phase 1, a 6-month evaluation report was issued that included interviews with participants. This qualitative data suggested that participants understood the difference in case management that was provided by the service coordinators compared to other case management services. The service coordinators were interviewed individually by Lynn Management Consulting, allowing them to reflect on the strengths, opportunities and hopes for the program and their role. The combination of the qualitative data helped understand outcome measures (see Recommendations and Appendix B sections of this report).

Interviews with Service Coordinators

METHOD

The SOAR (Strengths, Opportunities, Aspirations, and Results) framework is a method to open dialogue among partners and to think strategically (see Figure 2, <http://www.soar-strategy.com/>). It framed the questions to FSH service coordinators.

Figure 2 Components of SOAR Approach to Appreciative Inquiry



One reason to use this process is that individuals in a partnership reflect on what is going really well (strengths) and how to make a difference in the future (e.g., the hopes or aspirations of the program and partnerships). This framework shifts the dialogue from a focus on threats or challenges to new strategies or enhanced strategies to reach the shared goals. The goals (e.g. results) for families in the program that can receive services for up to 2-years includes: safe, permanent and affordable housing; family health and

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wellness; resiliency to maintain stability and address difficulties that may come up; and financial empowerment.

Lynn Management Consulting interviewed the five service coordinators/case managers individually. The grant agreement that describes the supportive services and the service coordinator role, was referenced so that each individual had the same information to base their responses. The questions included:

1. Background
 - a. When did you start as the service coordinator/case manager?
 - b. Were you able to complete the additional training which included Reach Up Strengths-Based, Mandated Reporter, Domestic Violence, Financial Empowerment, and Co-occurring Disorders?
2. Delivery of services
 - a. What is your current caseload?
 - b. What is the frequency of services provided in the home or agreed upon location?
 - c. What is the frequency of visits?
 - d. What has been your experience with client engagement?
 - e. What has been your experience with financial empowerment and asset building?
3. Effective partnerships
 - a. Describe your connection to local housing review team?
 - b. Describe your connection to Family Services?
 - c. Describe your connection to Reach Up?
 - d. Describe your connection to recovery services?
 - e. Describe your connection to Creative Workforce Solutions?
4. SOAR
 - a. Describe a typical day over the last month.
 - b. What is the greatest strength in your role as service coordinator/case manager?
 - c. What is the greatest strength in the Family Supportive Housing Program?
 - d. What are new opportunities in your role and/or the program?
 - e. What would you like the future to look like in 2015 in your role and/or the program?
 - f. What are the measurable results that will tell us we succeeded in the vision of the future you described?

The grant agreement states that the service coordinator/case manager provides: customized on-site case management; service coordination; financial empowerment; life skills; tenant education; parent and child resiliency; and support of additional recovery. One definition of service coordination is that it supports the adults and the children in the household to get the services they need to achieve the desired goals. Case management on the other hand, is “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes,” (Case Management Society of America, <http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx>). In this report,

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service coordinator means the professional providing both case management and service coordination for the FSH grantee. Client refers to the family, adult or child, or other household member. Statements by the service coordinators appear in light gray/blue shaded text.

STRENGTHS

Background

There are two service coordinators working for Winston Prouty Center. One started later in the project in May 2014 while the other has worked since August 2013. The two service coordinators working for Homeless Prevention Center, both started in July 2013. The Committee on Temporary Shelter has a slightly different structure, hiring a counselor from the HowardCenter to be the service coordinator/case manager. She started in July 2013. The FSH grantees were responsible under the grant agreement to recruit, hire, train and supervise an experienced professional for the position which had the primary role of providing supportive services to each household in the program.

Delivery of Services

FSH service coordinators also completing additional training to support their work with families. With the exception of the newly hired person the training requirements were met. The newly hired service coordinator at Winston Prouty Center said she had been trained and had prior work experience in the training content areas, except for the Financial Empowerment training.

The average case load for service coordinators as of June 214 was approximately 11. The target caseload was 12 -15. Three service coordinators of the five met this target having 13 or 14 cases each.

The service coordinators said each met with the families at least once a week and that the frequency was dependent on the family's wants and needs. Some families required more visits up to twice or even three times a week. A family may need twice a week check-ins at the beginning to find housing. This frequency decreased to once a week when the family and service coordinator mutually agreed to this. Families could set the pace for instance in one case the family asked for a check-in every two weeks because of their busy schedules. Check-ins were conducted either in-person or by phone and at varying times to accommodate the family that may have requested night check-in vs daytime. The length of time for the check-in also varied depending on the need from one half-hour up to two hours.

Services were delivered in the setting preferred by the client (adult family member). Generally services were in the home of the family. Exceptions included meeting in community settings like parks or during lunchtime near or at the place the person worked. In other situations the adult family member may have been looking for housing. For example, the service coordinator met them in the friend's home or the shelter the family stayed at while looking for permanent housing. One service coordinator described a hybrid check-in model that was flexible and depended on the task or reason for the check-in. Sometimes it was easier to meet at the FSH office to do job searches vs. meeting in the home where there may be no computer or internet service.

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Client engagement, uses a strengths-based approach, coaching, motivational interview techniques and goal setting. One service coordinator said she used the following open-ended questions with clients:

1. What are three things you want in life or need?
2. What does that mean to you?
3. How are we going to do that?

The Reach Up Strength-Based training was viewed as helpful to many of the service coordinators, which had recently taken place in the spring. One service coordinator said her formal education covered this approach but she felt it helped her reflect on her work and apply other techniques. Another said the strengths-based approach builds confidence in the client. The adults she worked with may have never heard praise or encouragement before. Motivational interviewing mentioned by one service coordinator, helped with the change and the thought process for those she worked with in the program. She and her clients talked about the little steps instead of getting stressed about the long-term goal.

The service coordinators felt a positive connection with their local housing review team, too. Reach Up connections had improved over time. The collaboration was dependent on the Reach- Up case manager and the development of the partnership with each Reach-Up case manager. Connections with local substance abuse services or twelve-step programs were also seen as positive, even if there was a wait time to get a client into services who is in recovery or seeking treatment.

Summary of Strengths

- For clients, having all the connections provided by the service coordinator is a benefit. It is easier because a program (supportive services) comes with them, making them feel better about taking what seems like a risk to them (e.g., job training, education, saving, etc.).
- The strengths-based approach works because the families are in crisis and they know they can depend on the FSH service coordinator but not in an enabling way. They use FSH program for resources they need.
- The FSH Program is not punitive. The service coordinator is still there for them if the safety net falls.
- Frequency of visits matters at first. FSH is more than housing and gets at the root causes of homelessness.
- The relationship and trust between the service coordinator and the client is a strength and allows the client to come to the service coordinator for help.
- It is a strength to have a clinician as a service coordinator and case manager in one because of the patterns of behavior and relationship to trauma, substance abuse, and mental illness among families experiencing homelessness.

OPPORTUNITIES

Service coordinators saw new opportunities in the following areas: length of time to place families into stable, affordable housing; enhanced service coordination with the Department for Children and Families

INTERVIEWS WITH SERVICE COORDINATORS

(DCF), Family Services case managers; ways to support financial work and; reducing wait times for substance abuse treatment and recovery services and mental health services. One service coordinator described the typical first four months for family as a slow process, intentionally building trust with the family and dealing with anxiety the family members feel. Counseling and putting out fires were the primary conduit for goal setting. Parents are stressed. This is heightened once the family moves into the home because things come up to remind them why the family was homeless. Meeting the parent where he or she is at by filling basic and emotional needs during the search for the home and the transition to a new home came first.

Financial Empowerment Opportunities

Financial empowerment work was intended to be flexible for the households to prepare for the future and maintain stability during tough times. The service coordinators helped with financial education and coaching to support the family goals to:

1. Manage credit and debt
2. Save and plan
3. Use mainstream banking and
4. Access tax credits.

Although the service coordinators recognized the value for the clients they work with, it was viewed as a better goal for year two in the program given the stress and transitional factors during the first 3- to 6-months in the program. Regardless of when the family was ready or says they are ready, it is difficult to change behavior in this area. Some clients said they wanted to do it but felt unable to do it, which one service coordinator speculated may have led to feelings of shame. The other reason, another service coordinator thought it was hard is that there is not enough money in the household budget to achieve the goal of saving and planning or using banks. Most have rent and debt to pay down first. There was no other source of income to work on these financial goals. Changing thought patterns over time and with support was an important part towards starting to work on the financial empowerment goals.

Another contributing factor to the budget goal setting suggested by a service coordinator, was tracking Reach Up funds. The financial classes some FSH participants attended were helpful. One service coordinator said her client suggested the classes become an independent study with a booklet. In her case it would help because of child care issues. It is hard to find care for children outside of the daily hours of child care operations.

Another service coordinator explained most clients are just trying to budget to pay rent. There is nothing left to save after paying back others or when job income decreased. Even with the \$150 dollars towards rent in the first year of the FSH program, there was a deficit because there were not sufficient and consistent income to pay for the needs of the household. Attaining a voucher for housing may not raise the household budget enough either.

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Champlain Valley Office of Economic Opportunity has talked with grantees about these issues stressing that savings is a very high level skill to work towards. The financial empowerment work is much broader and it starts more basic taking steps towards saving.

The reality of families in FSH was seen by one service coordinator as hard enough to find and keep a permanent home. In one very challenging housing process, the family was housed at six and half months into the program. Once in housing the trauma of losing housing came back, neutralizing them to take other steps in achieving financial goals. It was overwhelming to have a tight budget to pay for basic needs. The discussion about finances starts early and cautiously because it can be one more stressor in the family's life.

Service Coordination with DCF – Family Services

Part of the referral process, was to identify if a family worked with DCF Family Services. Sometimes the community partner making the referral had this information and at other times this was self-reported by the family. Service coordinators wondered if the family believed it was not relevant because there was one person to deal with each thing (e.g., homelessness, custody of a child, etc.). From the point when the FSH service coordinators were aware of DCF Family Services involvement, they routinely communicated by telephone or e-mail with the DCF Family Services case manager. The DCF Family Services case managers varied in responding back to the FSH service coordinators, possibly depending on the number and complexity of their cases.

One service coordinator talked with her clients about parent education and parent stress. More than one service coordinator described the fine line with building trust with parents and collaborating with Family Services case managers. Parents know that if there was a safety issue then the FSH service coordinator must report it. Some parents disclosed to their service coordinator, their feelings of mistrust with the State because of past experiences. Regardless of the factors of stress and mistrust, the FSH service coordinator helped each parent take responsibility and prep for meetings with the Family Services case manager. This included having questions ready and describing the challenges they face.

The main concern service coordinators had was attaining the plans for families they were sharing with DCF programs. More than one FSH service coordinator said they shared the FSH plan but they did not get a copy of the DCF Family Services plan. Service coordinators received some Family Services plans when they asked for it and at other times they did not get this information. There was inconsistent practice across regions and within regions by DCF case managers, according to the FSH service coordinators. The secondary Memorandum of Agreement between FSH and regional DCF Family Services and Reach Up should have included how sharing of information would be implemented. FSH grantees also have a release form to share information. In the end, meetings seemed the best way to communicate between all parties (DCF case manager, FSH service coordinator and the family) about the plan and any progress or barriers.

One service coordinator said she attended meetings with the family with open Family Services cases outside of the meetings with the Family Services case manager. For example, she attended the IEP (Individualized Education Plan) meetings at the school. She added that her role was blurred between

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providing direct services and coordinating services. She helped with chore charts and life skills on personal hygiene that was part of the Family Services Plan and not part of the FSH plan.

Substance Abuse and Mental Health Treatment Services

The service coordinators helped adults in the FSH program who were in recovery or using substances access the substance abuse treatment programs, with contacting the programs in their behalf. They believed the response was faster if they contacted the recovery center and made referrals for the adult with their consent. The service coordinator made the first appointment, found out if they preferred a male or female as a counselor and acted as the liaison to help set clear expectation of services.

One service coordinator said she was part of the team for many clients receiving after care or care plans. She communicated at team meetings about supporting the client but was not part of the treatment plan (e.g., providing counseling).

Another service coordinator had mixed experiences coordinating with treatment/recovery and mental health service providers in the area. Some clients in FSH waited for services and needed immediate help. There had been some progress getting folks into treatment sooner with the help of a pilot with Reach-Up that had a staff on board that screened for treatment.

There was often a wait list for mental health treatment. It remains a challenge to find private therapists to take on new patients and difficult to get someone into in-patient care.

To their partners, the FSH service coordinator was seen as having a primary focus in housing and supporting the family to connect with counselors and get other medical appointments. One service coordinator reinforced with the family and partners that she was not a counselor. She was concerned because of the intensity of the work with the family that others would see her as a counselor versus service coordinator.

Innovation Strategies from FSH Service Coordinators

- Share or integrate goals and plans between FSH and Family Services.
- Balance the intensity of clients across case managers.
- Create more understanding with rental property owners to accept FSH households (e.g., first dibs).
- Explore the fine line a service coordinator has advocating for the family while collaborating with the partners (e.g., DCF Family Services and landlords).
- Clarify eligibility and prioritization of families including how the criteria works to enroll families with children up to age 10 years old and who meet a broader definition of homelessness⁴.
- Reduce the caseloads of FSH service coordinators because they are working with all members of the household (not just one or two adults but the services for the children in the household as well).

⁴ Agreements with the State ending June 30, 2014 allowed 25% of families to be eligible if certain conditions were met and prioritizations were for multiple shelter or state-funded hotels, open Family Services cases and families with a child under the age of six.

INTERVIEWS WITH SERVICE COORDINATORS

- Increase case management support from other providers. For example work together on a child's behavior to prevent the child from damaging the house the family moved into.
- Increase family independence through building coping strategies and resiliency skills.
- Decrease wait times for services to substance abuse and mental health services.
- Apply a clinical approach to service coordination: doing both helps see the full picture, patterns and can help create team for treatment plan.

THE FUTURE - ASPIRATIONS

Aspirations, hopes and ambitions of achieving something together can be powerful. Service coordinators were asked to think about what their role and the FSH program would look like in the future. The themes that came up addressed the concerns that were raised earlier in the interview. For example, one service coordinator reflected on a training on the root causes of poverty and homelessness she attended. She planned to use this to see the patterns that families get into because of trauma and support a change to get out of the pattern. Motivational interviewing skills, which is a collaborative guide to elicit and strengthen change

(<http://www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf>) would help. Screening adults for the appropriate treatment, parent and family function were other strategies to support the family so they could change the patterns that they fell into under stress. The strengths-based training was also viewed as relevant to the conversation with families about financial empowerment and asset building.

People would have less push back about financial goals in the future. A year from now for folks that have been in for two years, there would be awesome stories.

One hope was that families could leave the program with a voucher for rental housing (whatever they are eligible to receive). The families in the program cannot afford to pay for rent and other basic needs without some type of financial assistance. An "automatic voucher", set aside for FSH participants to access after leaving the program was suggested by a service coordinator to support families after the 24 months of the program services ended.

The transition out of FSH was discussed by more than one service coordinator. It would be important for the FSH service coordinator to continue to work with families for 6-months after exiting services, to support the change.

Families are still dependent on the system. They do not need to be put into another organization in the system but to remain stable enough working towards not needing the system and having one less organization in their life.

Some families will be okay and not need more services after 24 months while others will need longer supportive services. A few may always need supportive services. It will be hard on the community and the family to transition a caseload. The recommendation for the future is to individualize the duration in FSH

INTERVIEWS WITH SERVICE COORDINATORS

based on the ability of the family to sustain housing and continue to work towards goals and stability in the other areas of their life (housing, employment, health, family, child safety, and financial).

One other issue is the amount of time and effort to enroll a family into the program. One service provider spent a lot of time and effort upfront. The families may continue to take steps but stay with family and friends instead of enrolling and making a formal agreement to FSH services. This service coordinator said there were three families in June that were part of her caseload but not officially enrolled. She hoped the Community of Practice calls may clarify what other grantees are finding the average family looks like before going into the FSH program. The grantee reported two families met criteria, enrolled, and later the grantee initiated an exit strategy due to lack of engagement (e.g., not routinely meeting for case management services). A transition schedule was a strategy she thought would help move the family successfully into FSH and include all agencies involved with the family.

MEASURING RESULTS

The service coordinators recommended new ways to measure if the families' hopes or aspirations were achieved. They suggested the following methods or questions moving forward:

- Employment –
 - Do the FSH participants feel better about themselves?
 - Is there an increase in income or another way to measure stability?
- Family stability- Is there a regular routine like day care, school, healthy family function and coping with stressors?
- Housing –
 - Is the rent on time?
 - Do they live in the same apartment?
 - Did they move to a better apartment for the family's needs?
- Self-Sufficiency – related to indicators measured
 - How does the Self-Sufficiency Outcome Matrix help define self-sufficiency mean? Please see Appendix C for sample.
 - What are we saying self- sufficiency looks like in two years? One client told her service coordinator it was being able to pay for things and not need state assistance to support their family by themselves.
 - Should we measure the number of crisis calls from families over time? This may indicate the family learned how to handle situations and require less coaching by the service coordinator.
- Health-
 - Is sobriety maintained? This is currently being tracked in the quarterly reports.
 - How long do clients in the program seeking mental health services receive it?
 - How long do the services last?
- Financial Empowerment- Are FSH households keeping up with housing or utility payment plans?

INTERVIEWS WITH SERVICE COORDINATORS

By the end of the 24 months in the program we want to know if families are able to stay in a permanent home and to deal with the stressors after the service coordinator transitions services. This is the focus of next year's annual evaluation.



Recommendations

The *first recommendation* is to retain families for as long as they need the services over the 24-month program. Critical to the success of each family is the individualized coordinated services and case management. The reason the program was designed to provide support for up to 24 months was to allow enough time for the family to achieve stability. The initial relationship with the service coordinator builds trust over time to help the family think about what they need, what their goals are and how they can get there. Ultimately the family chooses the duration of services.

This rationale for this recommendation comes from the fourth quarter data. Figure 1 shows the 6-month percentages are greater than the 3-month percentages for the housing and tenant engagement indicators⁵.

A *second recommendation* is to share enrollment tools with the new sites coming into the project in year two. The rationale for this came out of the interviews with service coordinators. Service coordinators reported partners are referring to the Family Supportive Housing in every region. Each program has interview processes to determine the readiness to engage a family in the program. These questions will help the newest pilots in St. Johnsbury and Hartford ramp up quickly in identify families that are eligible and ready to act.

A *third recommendation* is to promote sharing of plans between FSH and Family Services and exploring how to integrate plans. Service Coordinators said that even though communication has improved over time, generally plans are not shared. Integration takes it a step further, whereby one plan with shared goals exists for the family.

The *fourth recommendation* is to connect families to more housing opportunities. Grantees reported challenges in finding affordable housing throughout the year. The partnership between the State and the four FSH grantees used a collaborative problem solving process to maximize resources and support grantees with this type of common challenge. The process is conducted through the monthly Community of Practice sessions. During the September 26, 2014 Community of Practice in-person meeting, the partnership discovered and addressed the problem of finding affordable, safe housing. The questions and responses that guided the problem solving discussion are as follows:

1. The first step was to define the problem. What are some primary housing challenges encountered by families and providers in the FSH program?
 - We do not have funding or housing and this is a hard concept for families. (communication)
 - Section 8 wait list is closed. (subsidy)
 - In Brattleboro, securing housing within two months is a miracle. More likely three to nine months even when the family has a subsidy. (market)

⁵ There were 34 housed families reaching the 3-month enrollment, 21 housed families reaching the 6-month enrollment. One family reached the one-year enrollment having stable housing, current with rent and no breach of lease.

RECOMMENDATIONS

- Rents often seem to be set just out of reach for subsidy which may be intentional. (market)
 - There is nowhere to put families into affordable housing and landlords are getting choosier. (market)
 - Landlords requiring first, last, deposit and credit checks. (market)
 - In private market you can only afford a 1-bedroom, not big enough for families. (market)
 - Landlords are not aware of program. (communication)
 - Tenant history is a huge part - multiple evictions. (tenant behavior/history)
 - Evictions for non-payment or substance use; lack of rental history; credit; and references are the primary issues keeping people from getting into housing. (tenant behavior/history)
 - Lack of affordable family rental; Rutland rents often \$1,100 to \$1,600 for a 3 bedroom. (market)
2. The second step was to recognize the strengths of what was working. What has already worked in the first year to overcome these challenges?
- Tenacity - appealing denials, negotiating rents, following up on all challenges. Example of two families in shelter with section 8 vouchers - finding housing on the last day - getting landlords to lower rents below payment standards – apartments failing first Housing Quality Standards - getting landlords to make improvements so units pass.
 - Working with private landlords and Windsor Housing Trust to build the relationship; hours of communication explaining what they do and not telling them we have the risk pool has worked out well.
 - Understanding that landlords have been burned and FSH is yet another program making promises to them.
 - Champlain Housing Trust dedicating units for the program at a reduced rate (2-bedrooms at \$900/mo.).
 - Master lease with household paying \$150/mo. in year one and \$450/mo. in year two. Transition may be hard.
 - Working with Housing Trust of Rutland County.
 - Landlords knowing someone is working with the tenants and that there is accountability; the landlord knowing they can reach out to FSH as an unbiased agency. It does not relieve them of their landlord responsibilities.
 - Talking individually to landlords during negotiations to persuade or be part of creating lease addendum.
3. The next step was to define the types of housing needed for families. What bedroom configurations and rents are needed for the families you're working with?
- 3 Bedroom units were mentioned most.
 - Ideally, target rents of \$200-\$400. Families would go above traditional 30% of income metric for the stability.

RECOMMENDATIONS

What other housing or subsidy models could/should be pursued?

- WPC felt lower subsidy or master-leasing is preferable with less reliability on deep subsidy.
- COTS supported master-leasing concept.
- BHA felt two years may not be adequate for all families; suggested exploring permanent Supportive Housing option with on-site resident advisor to advise, teach and train; minimum support as a longer term model.

4. The final step in the collaborative problem solving process was to define other strategies that could/should be pursued.
 - Get more information to landlords so they know what's in it for them. Maybe use the Rutland brochure. In Brattleboro there is a luncheon of landlords; November housing conference; rental property owners association.
 - Engaging in discussions around creation and prioritization of affordable family housing in venues such as the Committee on Tax Credits; Council on Homelessness; Consolidated Plan Citizen Participation survey; and more.

The *fifth recommendation* is to clarify the eligibility and prioritization of families to the program. The grant agreement with the State set the following requirements:

To be considered eligible for FSH:

1. The applicant must be a homeless family* with minor children who are staying in a local emergency shelter, domestic violence shelter, or state-funded motel; and
2. The parent(s) must want to participate in the program, agree to engage with services offered, set goals, and actively work towards them.

*Up to 25% of the families served by a local FSH Demonstration Project do not have to be 'homeless' as long as they meet *all* the following conditions:

The family:

- Has minor children in the household;
- Has income at or below 30% of the median income for the area;
- Will likely be homeless within 14 days unless they get supports through FSH;
- Will likely be able to secure affordable or subsidized housing through the FSH;
- Has had at least one documentable episode of homelessness in the past 24 months; and
- All partners agree to this model and reflect it in the MOU.

Priority will be given to families who meet one or more of the following criteria:

1. Families have had multiple shelter stays or multiple state-funded motel stays.

RECOMMENDATIONS

2. Families have open cases with DCF's Family Services Division.
3. Families with a child under the age of six.

One region wrote in their June 30, 2014 narrative:

Many families were referred whose children are older than six but could have benefitted greatly from the Family Supportive Housing Program.

These families may have met eligibility criteria but did not receive prioritization because there were other families with children under age six. Discussion with all regions on how each is using the criteria to prioritize families with older children (but still minors) is a practical next step.

Evaluation Plan Moving Forward

An evaluation plan for year two will build from what was learned in year one. For example, we want to know if there are improvement to service coordination. There are also components of the program not measured yet. These components include the Community of Practice model and training and technical assistance and gathering information from the partners about the effectiveness of the project.

The evaluation will examine the multiple levels of partnerships as a basic criteria: service coordinator to family (e.g., case management and service coordination); grantee to local partner (e.g. Reach Up, Family Services, Housing Review Teams, Recovery Services, and Creative Workforce); grantee to grantee (e.g., Community of Practice); grantee to state (e.g. training and technical assistance). There will also be changes to the quarterly report to capture gaps in the data collection, in order to recommend a statewide roll out of the program that leads to the following outcomes:

- Increased housing stability;
- Increased tenant responsibility and engagement;
- Increased family stability and self-sufficiency;
- Increased financial stability;
- Increased child safety;
- Improved family health and wellness and
- Employment as appropriate.



CONTACT INFORMATION

Contact Information

The Family Supportive Housing grantees have many informal partners in their communities. This table is a list of the formal partners under the local Memorandum of Understanding agreements.

Grantee	Memorandum of Understanding Partners
<p>Julia Paradiso, LICSW Program Director Committee On Temporary Shelter 95 North Street Burlington, VT 05402 Telephone: (802)864-7402</p> <p>Lori-ann Christie, LCMHC Family Supportive Housing Clinician HowardCenter Child, Youth and Family Services Telephone: (802)488-6630</p>	<p>HowardCenter Child, Youth and Family Services Telephone: (802)488-6630</p> <p>Champlain Housing Trust 88 King Street Burlington, VT 05401 Telephone: (802)862-6244</p>
<p>Deborah Hall, Director Kami Dayton and Ashley Greenfield, Service Coordinators Homeless Prevention Center (formerly Rutland County Housing Coalition) 56 Howe Street, Patch Place Building A – Box 7 Rutland, VT 05701 802-775-9286</p>	<p>Housing Trust of Rutland County 13 Center Street, 2nd Floor Rutland, Vermont 05701 Telephone: (802)775-3139</p> <p>Rutland County Women’s Network and Shelter P. O. Box 313 Rutland, Vermont 05702 Telephone: (802)775.6788</p> <p>People’s United Bank 77 Woodstock Ave Rutland, VT Telephone: (802) 773-3311</p> <p>Rutland Turning Point 141 State Street Rutland, VT 05701 Telephone: (802) 773-6010</p> <p>Heritage Family Credit Union 30 Allen Street Rutland, VT 05701 Telephone (802) 775-4930</p> <p>Vermont Department of Health DCF Family Services and Economic Services 300 Asa Bloomer State Office Building Rutland, VT 05701</p>

CONTACT INFORMATION

Grantee	Memorandum of Understanding Partners
<p>Chloe Learey, Executive Director Emily Clever and Crystal Blamy, Service Coordinators Winston Prouty Center 20 Winston Prouty Way Brattleboro, VT 05301 Telephone: (802) 257-7852</p>	<p>Christina Hart, Executive Director Brattleboro Housing Authority 224 Melrose St Brattleboro, VT 05301 Telephone: (802) 254-6071</p> <p>Windham and Windsor Housing Trust 68 Birge St Brattleboro, VT 05301 (802) 254-4604</p> <p>Joshua Davis, Executive Director Morningside Shelter 81 Royal Road Brattleboro, VT 05301 (802)257-0066</p>
<p>Jim White and Gillian Franks Champlain Valley Office of Economic Opportunity P.O. Box 1603 Burlington, VT 05401 Telephone (802)862-2771</p>	<p>Not Applicable</p>

State of Vermont Contact

Paul Dragon, Chief Administrator
Sarah Phillips, Community Services
Office of Economic Opportunity
Department for Children and Families
Physical Address: 1000 River Street, IBM, Building 967, Essex Jct., VT
Mailing Address: 103 South Main Street, Waterbury, VT 05671-1801
Office: (802) 871-3398
www.dcf.vermont.gov/oeo

Evaluation Consultant

Lynn Management Consulting
86 Maple Drive, Huntington, VT 05462
Tel 802-434-6089
www.planchange.net



Appendix A – Web Resources

Department for Children and Families-

Vermont Office of Economic Opportunity, Family Supportive Housing,
<http://dcf.vermont.gov/oeo>

Family Services, <http://dcf.vermont.gov/fsd>

Economic Services, Reach Up, <http://dcf.vermont.gov/esd>

Strengthening Families Framework – Center for the Study of Social Policy,
<http://www.cssp.org/reform/strengthening-families>

The Thin Book of SOAR Building Strength-Base Strategy,
<http://www.soar-strategy.com/>

APPENDIX B – INDICATORS AND OUTCOMES 4TH QUARTER

Appendix B – Indicators and Outcomes 4th Quarter

DATE OF REPORT		As of June 31, 2014			
TOTAL # OF FAMILIES ENROLLED		48			
# of families who have reached each post-enrollment interval (Program to date)		3 months	6 months	12 months	24 months
		34	21	1	
HOUSING STABILITY					
Median # of days participant families are homeless (shelter or motel) prior to being housed through the program		141			
# of families placed in permanent housing YTD		36			
#/% of families remaining stably housed at 3, 6, 12 and 24 months post-enrollment		3 months	6 months	12 months	24 months
		#	26	18	1
% of families remaining stably housed at 3, 6, 12 and 24 months post-enrollment		76%	86%	100%	
TENANT RESPONSIBILITY/ENGAGEMENT					
#/% of families current with rent at 3, 6, 12 and 24 months (VIA LANDLORD)		3 months	6 months	12 months	24 months
		#	23	17	1
% of families current with rent at 3, 6, 12 and 24 months (VIA LANDLORD)		<u>68%</u>	<u>81%</u>	<u>100%</u>	
#/% of families with no breach of lease at 3, 6, 12 and 24 months (VIA LANDLORD)		3 months	6 months	12 months	24 months
		#	19	16	1
% of families with no breach of lease at 3, 6, 12 and 24 months (VIA LANDLORD)		56%	76%	100%	
#/% of families regularly participating in case management and program meetings at 3, 6, 12 and 24 months		3 months	6 months	12 months	24 months
		#	31	19	1
% of families regularly participating in case management and program meetings at 3, 6, 12 and 24 months		91%	90%	100%	
FAMILY STABILITY & SELF-SUFFICIENCY					

APPENDIX B – INDICATORS AND OUTCOMES 4TH QUARTER

# of families on the Reach Up program		41			
#/% who successfully graduated Reach Up within 24 months	#				
	%				0%
FINANCIAL EMPOWERMENT					
# /%of families that reduce debt at 12 and 24 months				12 months	24 months
	#			0	
	%			0%	
#/% of families who improve credit score at 12 and 24 months				12 months	24 months
	#			0	
	%			0%	
#/% of families who increase savings at 12 and 24 months				12 months	24 months
	#			0	
	%			0%	
CHILD SAFETY					
# of families with an open case with Family Services	#	17			
# whose case is favorably resolved within 12 months	#			1	
% whose case is favorably resolved within 12 months	%			6%	
# of families who have lost custody of a child	#	5			
# of families reunified within 12 months	#			0	
% of families reunified within 12 months	%			0%	
FAMILY HEALTH & WELLNESS					
# of children enrolled	#	88			
# who are up-to-date with well child pediatric visits at recommended intervals	#	50			
% who are up-to-date with well child pediatric visits at recommended intervals	%	56.82%			

APPENDIX B – INDICATORS AND OUTCOMES 4TH QUARTER

total # of participants in recovery	#	19			
		3 months	6 months	12 months	24 months
of those in recovery, the # who have reached the post-enrollment interval	#	14	8	0	
# of those in recovery who maintained their sobriety at 3, 6, 9, 12 and 24 months	#	9	7	0	
% of those in recovery who maintained their sobriety at 3, 6, 9, 12 and 24 months	%	64%	88%		
EMPLOYMENT					
# of adults who entered program unemployed	#	45			
		3 months	6 months	12 months	24 months
of those who entered unemployed, # who have reached the post-enrollment interval	#	30	21	1	
# of those adults who secured employment	#	6	0	0	
% of those adults who secured employment	%	20%	0%	0%	
# of adults who entered the program employed	#	15			
		3 months	6 months	12 months	24 months
of those who entered employed, # who have reached the post-enrollment interval	#	15	8	0	
# of those adults who remain employed	#	10	7	0	
% of those adults who remain employed	%	67%	88%		

APPENDIX C – HOMELESS PREVENTION CENTER SELF-SUFFICIENCY OUTCOME MATRIX (SSOM)

Appendix C – Homeless Prevention Center Self-Sufficiency Outcome Matrix (SSOM)

