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Program Summary

The Family Supportive Housing (FSH) Program provides intensive case management and service coordination to homeless families with children, following evidence-based practice for housing families with complex needs and multiple systems involvement. 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 FSH program is a key component of ending family homelessness in Vermont by strengthening and supporting families with complex needs, increasing housing stability and reinforcing accountability.

The Department for Children and Families (DCF) Office of Economic Opportunity (OEO) administers funding which supports Family Supportive Housing at seven community-based providers who employed 13 FSH Service Coordinators in SFY 2019. 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 recovery and treatment. FSH Service Coordinators align and coordinate services with existing Agency of Human Services programs and initiatives. FSH Service Coordinators support enrolled families for a duration of time that is appropriate for each family, usually at least two years, and have the flexibility to exit families and/or continue necessary support as appropriate.

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 that work with the Family Supportive Housing program report increased confidence in renting to families that may not otherwise qualify for housing. Supportive services 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, and

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 an 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. Over the course of SFY 2019, the Family Supportive Housing program served a total of 210 families which included 484 individuals, of which 238 were children under the age of 6; 42% of families (58) had an open case with DCF at enrollment.

In SFY 2019, 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
- Family Center of Washington County in Barre
- Sunrise Family Resource Center in Bennington

Family Supportive Housing follows the national design and practice guidance\(^1\) from the Center for the Study of Social Policy and the Corporation for Supportive Housing, which includes the *Strengthening Families Protective Factors Framework*\(^2\). *Strengthening Families* helps families and communities build protective factors that mitigate risk and promotive factors that enhance families’ well-being. The tools and approaches FSH Service Coordinators use in their work with families are philosophically grounded in these resources.

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\(^1\) Welcome Home: Design and Practice Guidance for Supportive Housing for Families with Children.  

\(^2\) https://cssp.org/our-work/project/strengthening-families/
Strengthening Families Protective Factors

- Parental Resilience
- Social and Emotional Competence of Children
- Social Connections
- Concrete Support in Times of Need
- Knowledge of Parenting and Child Development
**SFY 2019 Highlights**

Over the course of SFY 2019, the Family Supportive Housing program served 210 families with 290 adults and 238 children under six years old. At the end of SFY 2019, 137 families were active and enrolled in FSH. Seventy-six percent (104) of these families were stably housed and 15% (20) had access to a housing voucher and were searching for housing.

Families enrolled in the FSH program experienced homelessness for less time overall than in SFY 2018. In SFY 2019 families were homeless, on average, 6.3 months (190 days) prior to being housed (in a leased unit) through the FSH program, down from nearly 7 months in SFY 2018.

FSH Service Coordinators partnered with local housing providers, Family Services Division, Economic Services Division (Reach Up), community mental health agencies, 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.

Since SFY 2014, the FSH program has used a Community of Practice model to support providers and improve practice. This past year, the Community of Practice focused on deepening skills and knowledge to address co-occurring substance use and mental health in families. Sessions included practice of mindfulness techniques to use in work with families and for service coordinator self-care.

*For me, a takeaway from the Community of Practice has been the consensus among FSH providers regarding topics like difficulty with engagement, hesitance from clients (and from ourselves) to discuss finances, and an acknowledgment of the complexities of the housing world. To know that I’m not the only FSH provider experiencing these and other challenges has not only been reassuring, but has helped me understand that these issues can be seen as more “universal,” and may require an increased amount of energy and focus in the work we do with families.*

- FSH Service Coordinator
Service Coordinator turnover has been a consistent challenge for the FSH program and impacts the relationship of families with their FSH provider. In SFY 2019, OEO engaged a consultant to assess service coordinator onboarding practices and develop statewide standards and tools. Final guidance (adopted May 2019) provides a more structured approach to onboarding that aims to reduce turnover and ultimately bolster family engagement over the long term.

In SFY 2019 OEO and DCF-Family Services Division (DCF) conducted a data study to better understand the level and type of child welfare cases among FSH families. The data study included 305 families served by Family Supportive Housing in SFY 2017, 2018 and 2019 and looked at history of DCF involvement before enrollment during and after enrollment in Family Supportive Housing. The study suggested that there are positive child welfare impacts when families are in Family Supportive Housing. OEO, DCF leadership and the Family Services Division are exploring ways to strengthen cooperation in serving families with child welfare involvement and to ensure that the program is reaching the families best served by the program.

FSH Service Coordinators continued to integrate financial capability into their work with families in SFY 2019. For the fourth year, the Champlain Valley of Economic Opportunity’s Financial Futures program provided training and technical assistance to Family Supportive Housing. This year’s topics included utilization of family savings accounts, exploration of common credit myths and misconceptions, access to banking and dealing with debt.

**Results**

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

- Housing stability, including program exits
- Community connections
- Reach Up status
- Employment, job training and education
- Financial empowerment
- Child safety
- Adult and child health and wellness

Since SFY 2014 (inception), the Family Supportive Housing program has doubled in size and currently has the capacity to serve a maximum of 147 families at any given time. The FSH program operated in seven AHS districts in SFY 2019 and, as of the end of the fiscal year, was serving 137 families, made up of 493 individuals. Within these families 41% (201) were adults, 59% (292) were children. Over the course of SFY 2019, FSH enrolled 228 children under 6.
The caseload of a full-time Family Supportive Housing Service Coordinator is 12 – 15 families. Families stay in the program long-term by design but do eventually exit when they are stably housed and connected with needed supports such as counseling, Head Start and home health visits. The length of time a family is enrolled in the FSH program depends on the needs of the family, although most families are in the program for two or more years.

**Housing Stability**

At the end of SFY 2019, 76% (104) of active FSH families were stably housed (i.e., families who are in housing and not at risk of losing their housing), compared with 72% (94) families active at the end of SFY 2018 who were stably housed.

Housing instability showed a continued decline in SFY 2019. In 2019 14% of families active at year end reported homelessness versus 21% in SFY 2017. Likewise, in SFY 2019 11% of families active at year end were at risk of becoming homeless versus 15% of the same group in SFY 2017.
The median time families were homeless prior to being housed through the FSH program decreased from nearly 7 months in SFY 2018, to 6.3 months in SFY 2019. In SFY 2018, OEO staff collaborated with Family Services Division, Economic Services Division and the Vermont State Housing Authority to implement a new Family Unification Program process which improved access to Family Unification Program vouchers for families enrolled in the FSH program. Improved access to these vouchers and full statewide implementation of the Coordinated Entry system may be contributing factors to this positive trend.
Community Connections

The Family Supportive Housing program is committed to helping families build and strengthen a natural network of support with family and community members to bolster family resilience long-term. Among families active at the end of SFY 2019, 86% (118) had connections to other provider organizations, self-help groups, coalitions, and advocacy groups, and 37% (51) families were involved in neighborhood community development efforts. Likewise, the number of families with a community engagement plan in place grew from just 7% (9) in SFY 2018 to 28% (39) in SFY 2019. In SFY 2019, OEO provided clarifying guidance on these performance measures, and some of the changes between years may reflect more accurate reporting. In other cases, FSH providers made conscious efforts to improve efforts to connect families to community activities.

![Community Connections Results SFY 2018 - 2019](image)

Reach Up, Employment, Job Training and Education

In SFY 2019, 45% (95) of families reported that they were enrolled in Reach Up. Among families active at the end of SFY 2019, 45% (62) families were enrolled and in good standing with Reach Up. FSH Service Coordinators can help families to connect to Reach Up, if needed, and engage successfully in the program. Thirty-two percent of adults (67) who were enrolled in FSH in SFY 2019, entered with other sources of income such as Social Security, Social Security Disability Benefits or Veterans Benefits.
In SFY 2019, 215 adults entered the program unemployed. Among adults active at the end of SFY 2019, 16% (32) had secured part-time or full-time employment. In addition, 14% (28) of adults active at the end of SFY 2019 were engaged in a job training or education program.

![Employment and Job Training SFY 2018-2019](chart)

**Financial Empowerment**

FSH Service Coordinators continued to work with clients on financial empowerment in SFY 2019. To ensure families maximize their employment earnings and sustain the progress they have made toward stability while in FSH, service coordinators focus on building family capacity to budget, save, set financial goals and build confidence with money.

Seventy-six percent (104) of families active at the end of SFY 2019 had created and used a personal budget, and 38% (52) of the same group had begun paying down debt on a schedule. Among families active at the end of SFY 2019 only 27% (37) had savings at enrollment; at the end of SFY 2019 nearly 50% (68) of active FSH families were saving a portion of their income.

The Financial Capability Scale (FCS), administered to each family at enrollment and again at year end, gives a snapshot of functioning in a range of financial areas including goal setting, emergency savings and budgeting. The percentage of families reporting an increase in Financial Capability Scale has increased steadily since SFY 2017.
Family Supportive Housing continues to intentionally focus on ways that supportive housing can encourage family reunification and child safety. Among families active at the end of SFY 2019, 42% (58) families reported involvement with DCF’s Family Services Division at enrollment compared with 46% (63) at year end. In SFY 2019, 84% (115) of families active at year end had children at home while 16% (22) of families in the same group had children
placed out of the home. Nine percent (13) of FSH families active at year end had lost custody of a child during their time in the program.

FSH is committed to strengthening the relationship between Family Supportive Housing providers and DCF’s Family Services Division and has identified various cross-training opportunities to help improve this partnership.

Client Success Story

After a year and a half of DCF involvement and custody challenges, a client learned that her oldest daughter will be returning to her custody. My client hit a lot of bumps through the whole ordeal, but in the last six months I’ve seen her make a 180-degree flip in her attitude on life. She’s starting to branch out and reconnect to family members and old friends and has made the decision to continue her college education. She’s become so much more self-aware of the reasons why her children went into custody in the first place and is taking steps to address those reasons. She’s described herself as a totally new person and I would have to agree with her.

-FSH Service Coordinator
Adult and Child Health and Wellness

Child health and development can be compromised when kids grow up in the uncertainty and stress of homelessness. As such, one of the primary goals of the FSH program is to connect children with services that provide practical supports and interventions that reduce stress and mitigate the negative impact of early childhood trauma.

Participation in the Family Supportive Housing program increased the likelihood of children receiving primary care healthcare and connecting with mental health services. Among children active in FSH at the end of SFY 2019, 86% (252) were up to date with well child pediatric visits at recommended intervals and 19% (55) were receiving mental health treatment. By year end, 94% (274) were up to date with well child pediatric visits and 22% (65) were receiving mental health services.

Connecting and following through with treatment can be very challenging for families living in unstable and unsafe conditions. In SFY 2019, 33% (66) of adults active in the FSH program at year end reported that they were in recovery and 43% (87) were receiving mental health services. Of all adults active at the end of SFY 2019, 25% (51) were receiving substance use treatment services and 70% (141) reported that they maintained sobriety.
Rental Support

In SFY 2019, FSH providers began reporting on sources of rental assistance to better understand how families in the program achieve affordable housing. Of the 137 families active at the end of SFY 2019, 91% (124) were leased up or seeking housing with an active voucher. Those 124 families were matched with housing units or vouchers as follows: 26% (32) had a Family Unification Voucher (FUV); 19% (23) were housed in an affordable project-based and/or tax credit unit; 17% (21) were paying full market rent; 14% (17) had a CoC or HOP funded Rapid Rehousing Voucher; 13% (16) had a Section 8 Voucher; 6% (8) were housed in a project based unit with a Public Housing Authority; 4% (5) had a Vermont Rental Subsidy Voucher; and 2% (2) were housed in a transitional housing unit.

It is clear that a high percentage of FSH participants are being matched with stable, permanent housing and that FSH providers have effective partnerships with housing partners and local Continua of Care. Family Unification Vouchers have been a particularly important tool in housing families in the program. Improved collaboration between Vermont State Housing Authority and DCF resulting from the new referral process enacted in SFY 2018 is a significant contributing factor to the FSH program’s success in matching participants with Family Unification Vouchers.
Acknowledgments

The Vermont Office of Economic Opportunity thanks the FSH Service Coordinators who work every day to improve the lives of families in the 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.

Thank you also to the FSH Advisory Group which meets annually to review results, identify opportunities to deepen partnerships between Family Supportive Housing providers, and to collaborate on the expansion of the FSH Program. The Advisory Group consists of representatives from the Vermont Housing and Conservation Board, Vermont State Housing Authority, DCF-Family Services Division, DCF-Economic Services Division, DCF-Children’s Integrated Services, Department of Mental Health and Vermont Department of Health.

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