

Family Supportive Housing Program

Annual Report: State Fiscal Year 2020



VERMONT

DEPARTMENT FOR CHILDREN & FAMILIES
OFFICE OF ECONOMIC OPPORTUNITY

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Program Overview

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 involvement¹. 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 program² 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) administered funding supporting Family Supportive Housing at seven community-based providers in FY 2020:

- 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

These community-based service providers employed 10 FSH Service Coordinators, who 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

¹ *A Practice Framework for Delivering Services to Families in Supportive Housing*, <https://www.csh.org/wp-content/uploads/2013/11/Practice-Framework.pdf>.

² For more detail about program design and eligibility see the [Family Supportive Housing Provider Manual](#).

continue necessary support as appropriate. Each Service Coordinator maintains a caseload of 12 to 15 families.

The FSH program uses a Community of Practice model to support providers and improve practice. During the past year, the Community of Practice has supported service coordinators in their day to day work by providing a regular forum for case conferencing and exploring topics such as engagement and COVID-19 guidance. In addition, the FSH community helped to develop new program exit guidelines, programmatic monitoring tools and protocol, and a revision of the FSH performance measures during the program year.

SFY 2020 Results at a Glance³

Family Demographics

- Total Families enrolled during the SFY 2020 Year: **201**
- Total Adults enrolled during the year: **274**
- Total Children enrolled during the year: **289**
- Total Families exiting the program during the year: **68**
- Total Families active in the program at year end: **133**

Housing Stability

- 93% of active families who exited FSH, did so successfully into stable housing
- 76% of active families stably housed
- 77% of active families in good standing with landlord

Child Safety

- 86% of active families have children placed in-home
- 91% (264) of enrolled children are up to date with pediatric visits

Engagement

- 93% of active families participated regularly in case management
- 47% of active families received home visits every month in 2020⁴

Financial Empowerment

- 62% of active families increased their Financial Capability Score
- 52% of active families had savings at year end

³ All percentages in this report based on 133 families active at year end, unless otherwise stated.

⁴ Based on performance measure “# of families receiving home visits - minimum of one per month”

Analysis of 2020 Results

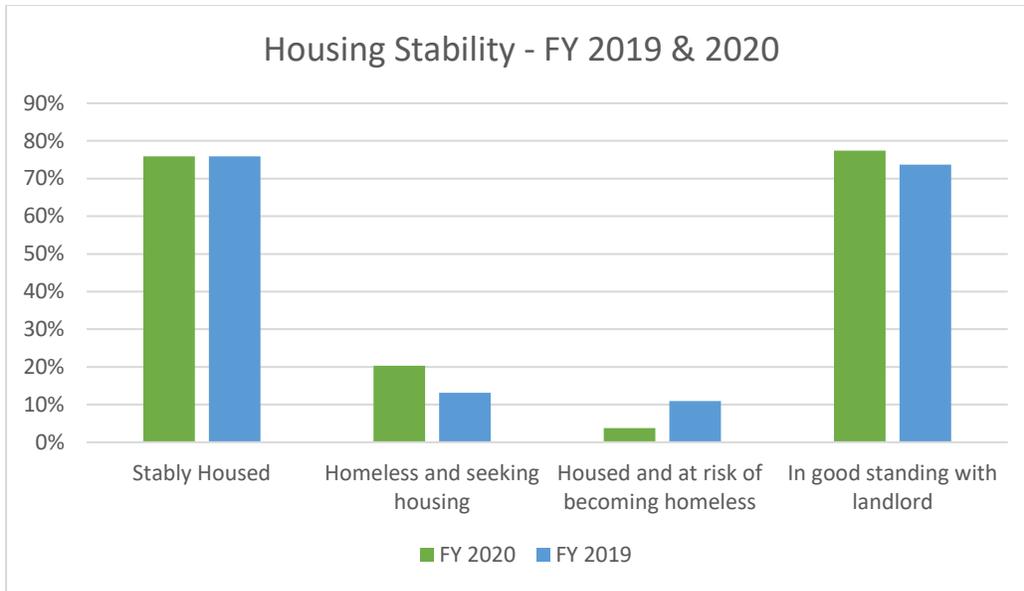
On March 13, 2020, Governor Phil Scott issued the “Stay Home, Stay Safe” order, ushering in a ten-week period in which in-person services at businesses and non-profits around the state were dramatically limited. The COVID-19 crisis became the defining event of State Fiscal Year 2020 for the Family Supportive Housing (FSH) program. FSH providers around the state pivoted to providing remote, phone-based services virtually overnight. Because the data used in this report is collected in the fourth quarter of SFY 2020, when the COVID crisis was at its peak, the results discussed below will, in many cases, be presented through the lens of this event. The Office of Economic Opportunity thanks all Family Supportive Housing staff for their extraordinary efforts to maintain critical services for families in this critical time.

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

Housing Stability

At the end of FY 2020, 76% (101) of active families were stably housed. 20% (27) of families were homeless and searching for housing, and 4% (5) of families were in housing but considered at risk of homelessness. 77% (103) of families were reported as being in good standing with landlords, a slight increase when compared with FY 2019.

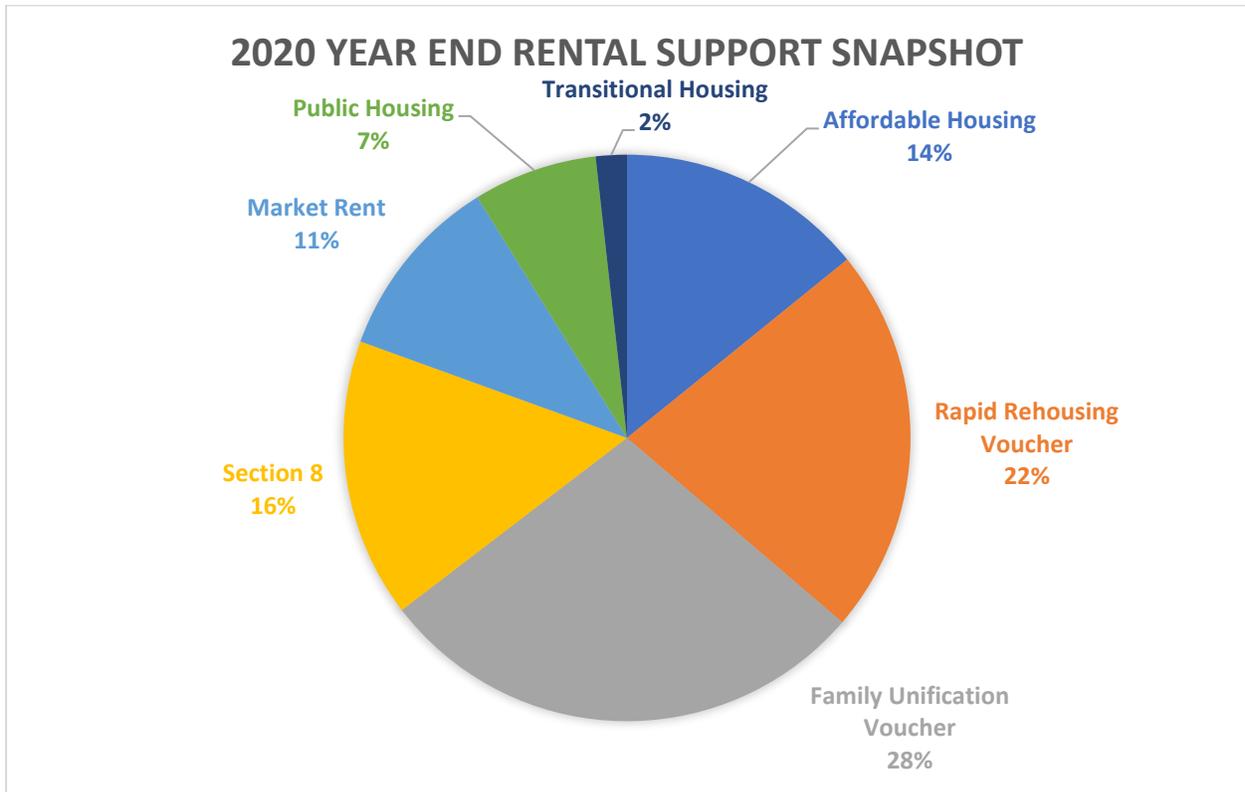


The number of stably housed families is comparable to FY 2019, while the number homeless rose notably compared with last year. COVID brought a sudden loss of income for many, complicating the task of finding resources to pay for housing. Also, given the restrictions on in-person contact, the logistics of securing rentals became far more challenging. For instance, landlords were not conducting in-person showings, apartment inspections ceased, and rental vouchers became temporarily unavailable as housing authorities suspended voucher cancellation during the crisis. Ever resourceful, FSH providers found workarounds to the limits on in-person showings. In some cases, landlords agreed to provide virtual tours of apartments via video calls. In others, landlords left a lockbox with keys and gave the FSH service coordinator the combination so they could meet families without the landlord present for a socially distanced tour. It should also be noted that moratorium placed on evictions during the COVID crisis likely supported housing stability for families as well. Without this protection, some families facing economic hardship may have faced eviction.

FSH providers use a wide range of financial supports to help families find and retain stable housing. 113 families⁵ active at the end of the fiscal year were matched with vouchers or housing units as follows: 28% (32) had a Family Unification Voucher (FUV); 14% (16) were housed in an affordable project-based and/or tax credit unit; 11% (12) were paying full market rent; 22% (25) had a CoC or HOP funded Rapid Rehousing Voucher; 16% (18) had a Section 8 Voucher; 7% (8) were housed in a project based unit

⁵ Total includes homeless families who have a voucher but are searching for housing.

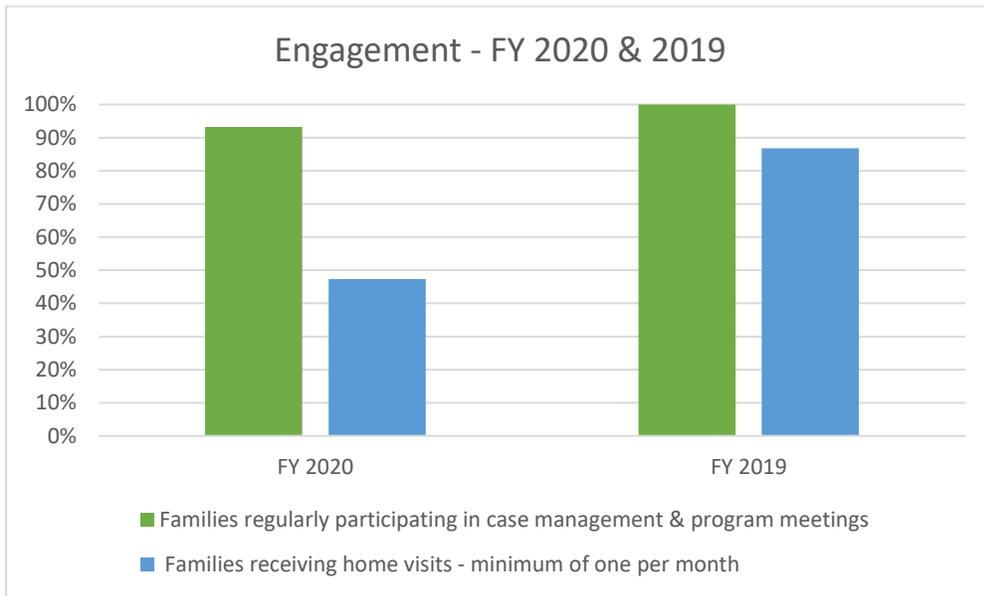
with a Public Housing Authority; and 2% (2) were housed in a transitional housing unit.



A high percentage of FSH participants are being matched with stable, permanent housing. FSH providers have effective partnerships with housing partners and local Continua of Care. FSH service providers are required to develop MOUs with their local housing agencies. Some key housing partners around the state include organizations such as the Vermont State Housing Authority, Downstreet Housing, Twin Pines Housing Trust and Shires Housing. Family Unification Vouchers have been a particularly important tool in housing families in the program.

Family Engagement

In Q4 2020, 47% (63) of active families received at least one in-home monthly visit, while 93% (124) participated regularly in case management and program meetings. 124 or 93% of active families engaged regularly with case management in FY 2020, while 137 or 100% of families did so in FY 2019.

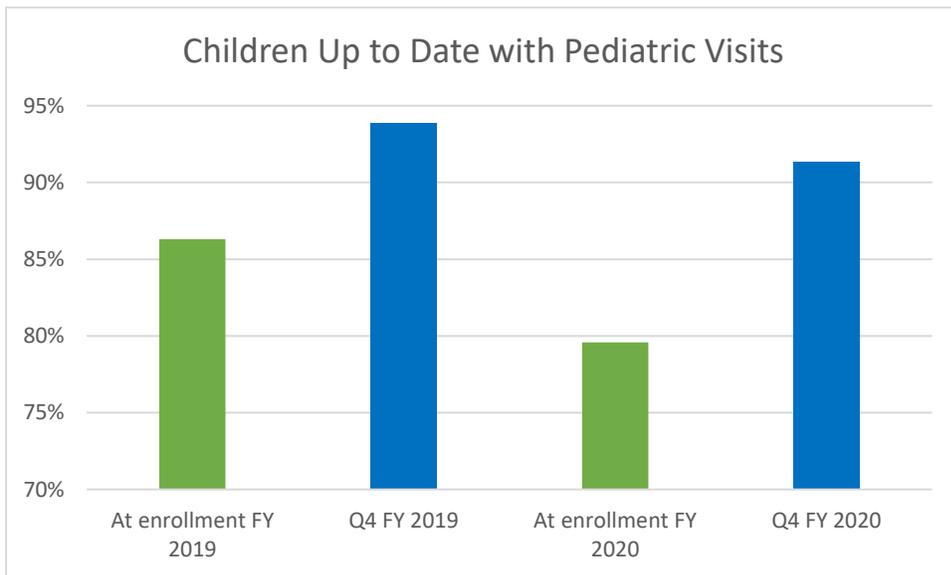
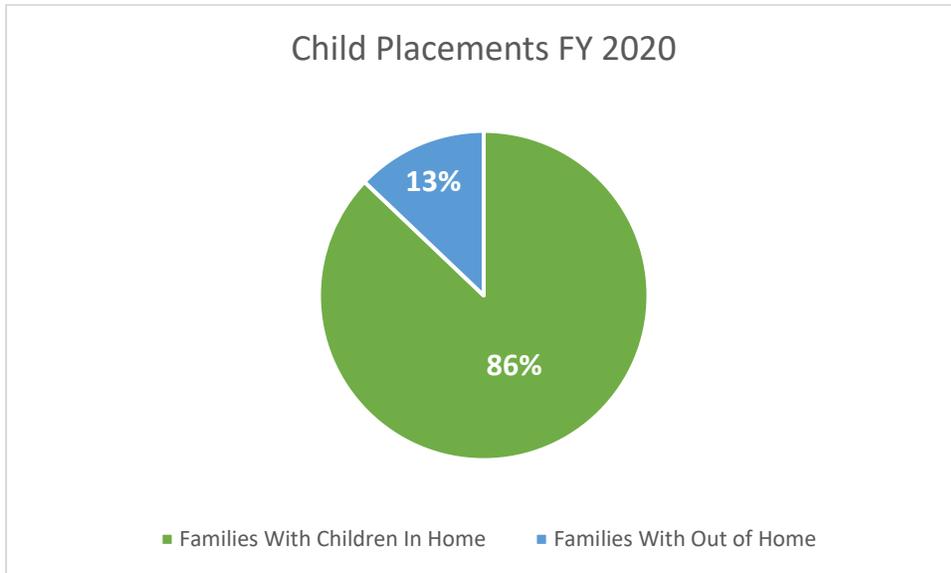


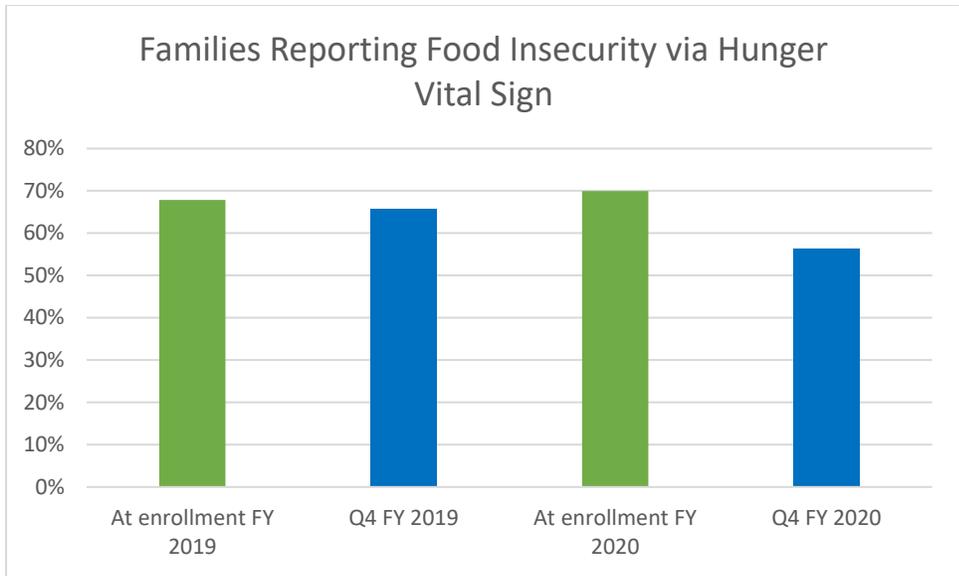
The steep drop in in-home visits compared with FY 2019 is explained by the contact restrictions put in place by the “Stay Home, Stay Safe” order. Many FSH providers dropped food and supplies for families during the COVID crisis, providing an opportunity for socially distanced contact through doors, in yards and in driveways. This accounts for the nearly half of participating families who did receive in-home services during this period. Because of COVID, all FSH providers moved to delivering most services via phone or video call during the final quarter of 2020. The high case management participation numbers, while a slight decline from last year, speak to the success of service coordinators in keeping families engaged with services during an unprecedented crisis. When in person meetings were not possible, FSH Service Coordinators compensated for this loss by checking in with families via phone on at least a weekly basis. This regular contact made them a consistent, predictable presence in family’s lives during an unprecedented and unpredictable time.

Child Safety

In FY 2020, 86% (115) of families had children placed in the home. 91% (264) of children were up to date with pediatric well visits at year end compared with 80% (230) at enrollment. 56% (75) of families reported experiencing food insecurity at the end of the year (Q4) compared with 70% (93) of the same families who reported food insecurity at

program enrollment. Our data showed a similar impact last year, but this year's decline in food insecurity was notably larger.





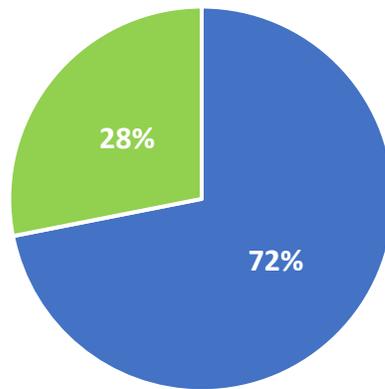
During the COVID crisis, FSH has provided critical multi-generation support for families enrolled in the program. The high rate of children up to date on pediatric visits speaks to work service coordinators do to keep families stabilized once they are housed. The increase in food security during the year can be attributed to a number of factors. Two service providers, Upper Valley Haven and NEKCA, run food shelves on site and kept this critical service running, with modifications for social distancing, during the COVID crisis. In addition, most FSH providers delivered food and supplies to families sheltering in place during the *Stay Home, Stay Safe* order. During the spring, the state organized emergency food distributions at schools and other public spaces. These distributions are likely another factor leading to the increase in food security shown in the FSH numbers.

Financial Wellness

In FY 2020, a total of 274 adults enrolled in FSH. 72% (197) of those adults were unemployed at enrollment and 28% (77) were employed at enrollment. Of the 197 adults who were unemployed at program entry 11% (22) had secured employment by year end. This represents a slight decrease compared with FY 2019.

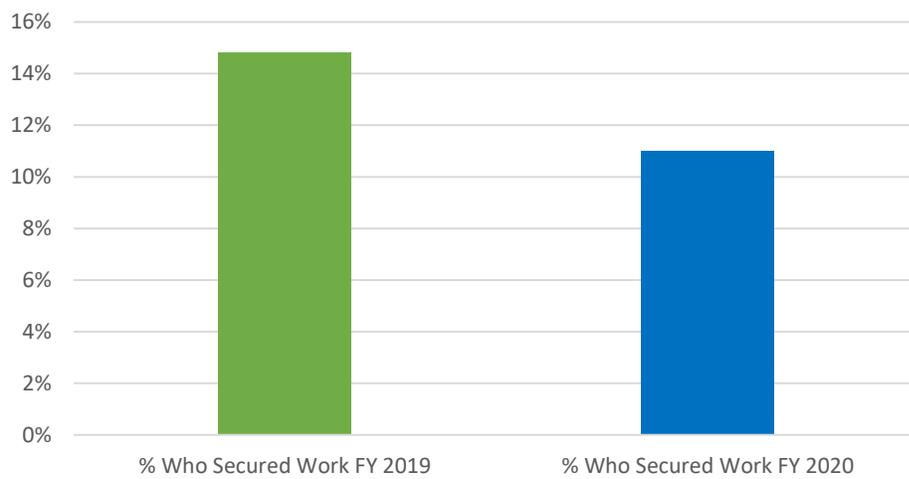
26% (35) of active families reported having savings at enrollment, but by year end that number had nearly doubled to 52% (69) of families. A comparable number of families increased savings in FY 2020 as did in 2019. 30% (40) of families reported increasing savings compared with 28% (39) of families last year.

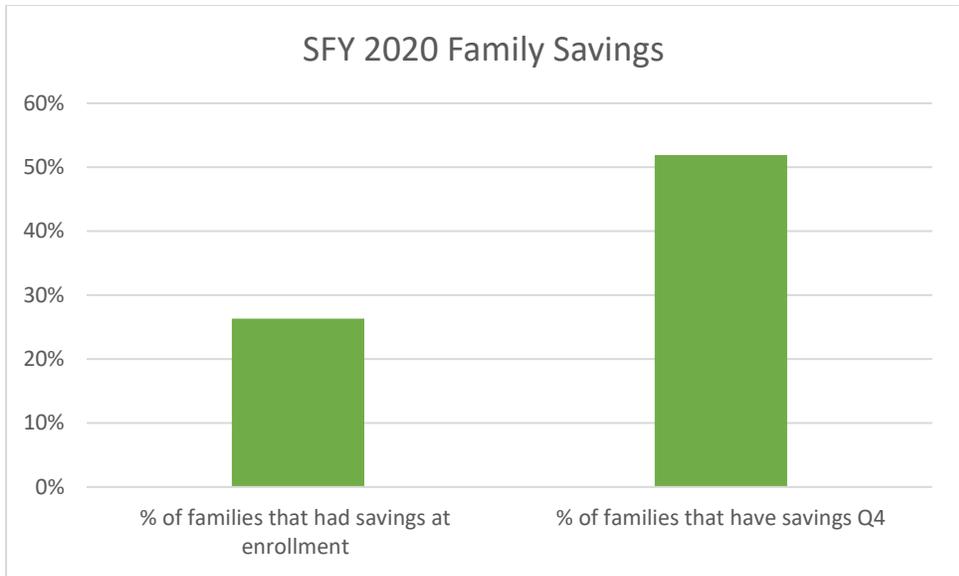
Employment Status at Enrollment FY 2020



■ Unemployed at Enrollment ■ Employed at Enrollment

Unemployed Adult Outcomes FY 2019 & 2020





The drop in the number of unemployed adults securing employment compared with FY 2019 may be the result of the impact of COVID on the job market in the spring of 2020. Training and technical assistance on employment supports remains a priority for Family Supportive Housing. FSH providers partner with workforce development programs to support client advancement in this area. Work to expand statewide and local collaboration in this area was temporarily put on pause due to the COVID crisis, but it remains critical and will resume in the year ahead.

The Year Ahead: FSH Expansion

The year ended with the program poised to significantly expand in SFY 2021 with new providers added in three Agency of Human Services (AHS) districts and service coordination capacity added at nearly every existing FSH site. New providers for SFY 2021 include the Springfield Area Parent Child Center, partnering with the Springfield Supported Housing Program and Pathways Vermont, partnering with Champlain Housing Trust in the St. Albans district. In addition, Northeast Kingdom Community Action will expand services into the Newport district.

Once the SFY 2021 expansion is complete, the FSH program will be served by a total of 19 Service Coordinator FTEs, close to doubling the program’s 2020 staffing capacity. The added staffing will allow the program to serve 228 – 285 families at any given time, significantly increasing the impact of FSH services and putting the program closer to

the goal of ending family homelessness in the AHS districts served. The addition of two new community based organizations to the FSH fold – one with expertise in child development and one with expertise in the housing first service model – enriches the base of knowledge and experience drawn on by the FSH Community of Practice. Though the COVID-19 pandemic remains with us and the year ahead is sure to bring significant challenges, the FSH program is well positioned to confront family homelessness with more resources than it has ever had.

Acknowledgements

The Vermont Office of Economic Opportunity thanks the FSH Service Coordinators who work every day to improve the lives of families in the program. Their service to families in this particularly challenging year is greatly appreciated. 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.