# Section 1 – Family Supportive Housing Overview

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## Family Supportive Housing – Program Overview:

The Family Supportive Housing (FSH) program reduces the incidence and duration of child and family homelessness in Vermont by supporting homeless families with minor children to transition to, and sustain, stable housing through targeted provision of case management, service coordination and coordinated access to affordable housing.

Family Supportive Housing provides intensive, customized, case management services and service coordination to families experiencing homelessness who present with a higher degree of complexity and service need.

The Office of Economic Opportunity administers the Family Supportive Housing Program through partnerships with local community-based nonprofits contracted as "Family Supportive Housing Providers." These local Family Supportive Housing Providers support access to housing for families experiencing homelessness and support families in their housing by providing case management, housing support services and service coordination that will:

1. Address the root causes which led to the family becoming homeless.
2. Encourage positive, non-judgmental, trauma-informed communication and engagement.
3. Build resiliency in parents and children.
4. Increase financial empowerment.
5. Help the family remain stably housed.

The Family Supportive Housing Program has adopted the Practice Framework for Delivering Services to Families in Supportive Housing published in 2016 by the Center for the Study of Social Policy.

Program funding supports local FSH Service Coordinators who provide customized on-site case management; service coordination; financial empowerment coaching; life skills; tenant education; parent and child resiliency support; and support of addiction recovery. Service Coordinators align and coordinate these services with existing Agency of Human Services programs and initiatives such as Creative Workforce Solutions, Reach-Up, Family Services, the local Continuum of Care, local recovery centers and other key partners. Providers take a holistic, two-generation approach when providing Family Supportive Housing services.

Family Supportive Housing Providers form partnerships with local property owners to help participant families access affordable housing which is both key to family stability and central to program design.

Family Supportive Housing demonstration pilots were initially targeted to three high-need counties in state fiscal year (SFY) 2014 and subsequently expanded to serve families in two additional counties the following year. In SFY 2015, 91 formerly homeless families were served with 86% remaining stably housed at year end; in SFY 2016, 88 formerly homeless families were served with 90% remaining stably housed at year end. In SFY 2017, the program expanded to two additional sites and in SFY 2020 expanded again to now cover 10 out of 12 Agency of Human Services districts.

## FSH Funding Model:

FSH was initially developed and launched in state fiscal year 2014 with state general funds. In SFY 2017, the Agency of Human Services and Office of Economic Opportunity transitioned to a hybrid funding model in which FSH providers receive an annual "base" grant consisting of state general fund dollars augmented by a capitated case rate paid out of Medicaid funds. "Base" grants will support some minimum operational capacity and pay for critical FSH activities approved by the state program administrator (Vermont Office of Economic Opportunity) which are not yet approved by CMS.

## FSH Provider Qualifications:

Before an FSH provider is eligible to bill for housing services through Vermont's Medicaid-supported Family Supportive Housing program, all the following conditions must be met:

1. The provider must be a Vermont 501(c)(3) non-profit organization.
2. The provider must become enrolled with Medicaid.
3. The provider must have an executed Memorandum of Understanding (MOU) with an owner of affordable housing. This MOU must be approved by the Agency of Human Services. (*Refer to additional detail on suggested MOU elements for a Supportive Housing partnership*).
4. The provider must enter into a written agreement with the Vermont Office of Economic Opportunity detailing ongoing expectations on:
    a. Performance reporting on Family Supportive Housing, including quarterly outcomes reports and narrative reports.
    b. Required FSH Service Coordinator training and participation in the FSH Community of Practice
    c. Program and financial monitoring
    d. Additional reporting, including an accounting of grant fund expenditures

5. The FSH provider must be able to document their ability to provide adequate housing services according to the principles adopted by the program, including family-oriented supportive services in a homeless setting, in a beneficiary's home or in an office setting as needed. These services are customized to fit a family's needs and may be augmented to include: financial capability; life skills; parent and child resiliency; and support of addiction recovery. The provider must align and coordinate these services with existing Agency of Human Service programs and initiatives such as Creative Workforce Solutions, Reach-Up, Family Services, ADAP, the local homeless Continuua of Care, local recovery centers and other key partners. The provider will use a two-generational approach when providing Family Supportive Housing services.

## Applicable Medicaid Authority:

The FSH program will access Medicaid funds through the Targeted Case Management category of Vermont's Medicaid State Plan.

## FSH Program Threshold Eligibility:

To enroll in Family Supportive Housing, a family must meet all the following conditions:

1. The family has minor children.
2. The family is homeless according to the AHS/HUD definition of homelessness.
3. The parent(s) must want to participate in the program and be willing to engage with services offered.

## FSH Program Prioritization and Referrals:

Prioritization: Of families meeting the above threshold eligibility for Family Supportive Housing, prioritization will be given to families meeting one or more of the following criteria. Each criterion is weighted equally, and families meeting multiple criteria will be prioritized above families meeting only one:

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

Referrals:

Homeless families will primarily be identified by local Continuum of Care partners such as homeless shelters, domestic violence shelters, or homeless services agencies. Referrals may also come from DCF Family Services, DCF Reach Up program or DCF Economic Services Division. All families referred for Family Supportive Housing must come through the Coordinated Entry process. FSH Providers are expected to use Coordinated Entry to accept new families into the Family Supportive Housing program.

## Family Supportive Housing Service Design:

1. Participants served by FSH must be eligible for and enrolled in Medicaid for the FSH Provider to access Medicaid funding.
2. There is no cap for duration of services, and service may continue if it is determined by the family and the service provider to be appropriate. Program exit should only occur upon agreement between family and service coordinator. Please see "Supporting Families Exiting FSH" on page 9 for further guidance.
3. FSH Providers are expected to maintain a case load of 12-15 families per FSH Service Coordinator. The combination of Medicaid billing cap and state general fund grant preserves existing FSH Service Coordinator capacity when caseloads are maintained at the required level.

## FSH Housing Transition Services:

1. Conducting a tenant screening and housing assessment that identifies the participant family's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.
2. Developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant family's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
3. Assisting with the housing application process. Assisting with the housing search process.
4. Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.
5. Ensuring that the living environment is safe and ready for move-in.
6. Assisting in arranging for and supporting the details of the move.
7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized.

## FSH Housing and Tenancy Sustaining Services:

1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
2. Education and training on the role, rights and responsibilities of the tenant and landlord.
3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
4. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.

5. Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
6. Assistance with the housing recertification process.
7. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
8. Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

## Targeted Case Management:

**Case Management Definition:** Case management includes services that assist eligible individuals to gain access to needed medical, social, educational, and other services. Targeted case management is provided only to specific classes of individuals, in this case FSH eligible families. Case management does not include the underlying medical, social, educational and other services themselves.

**Components of case management:** Case management services are comprehensive and must include all the following: assessment of an eligible individual; development of a specific care plan; referral to services; and monitoring activities. The assistance provided to help eligible individuals obtain services includes:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services. These assessment activities include the following:

    a. Taking client history.
    b. Identifying the needs of the individual, and completing related documentation.
    c. Gathering information from other sources, such as family members, medical providers, social workers, and educators (if necessary) to form a complete assessment of the eligible individual.

2. Development (and periodic revision) of a specific care plan based on the information collected through the assessment, that includes the following:

    a. Specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual.
    b. Includes activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals.
    c. Identifies a course of action to respond to the assessed needs of the eligible individual.

3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that can provide needed services to address identified needs and achieve goals specified in the care plan.

4. Monitoring and follow-up activities, including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to help determine whether the following conditions are met:

    a. Services are being furnished in accordance with the individual's care plan.

    b. Services in the care plan are adequate.

    c. There are changes in the needs or status of the eligible individual. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Note:
Case management may include contacts with non-eligible individuals that are directly related to the identification of the eligible individual's needs and care, for the purposes of helping the eligible individual access services, identifying needs and supports to assist the eligible individual in obtaining services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.

## Supporting Families Exiting FSH:

Each family has a unique path through the FSH program, and all will exit at some point. The guidelines below (adapted from guidance used by the *Connecticut Intensive Supportive Housing for Families Program*) offer a shared approach we can take to stepping down service intensity and program exit. In all situations, it is important to take a person-centered approach and value the family's voice in the process. A decision and plan to step down services is agreed upon based on all of the following factors:

1. The client's desire/perception of readiness to step down.
2. FSD case is closed
3. The client is affordably housed. Indicators of affordable housing include:
    a. Has a Family Unification or Section 8 voucher;
    b. In a subsidized housing unit capping rent at 30% of income; OR
    c. Is paying full market rent or mortgage at a rate of 50% or less of monthly income and has a detailed monthly budget that shows this is sustainable.
4. The client is in good standing with landlord or mortgage holder. Indicators include:
    a. History of paying rent or mortgage on time;
    b. Family is proactive about communicating with landlord and independently addresses issues if they arise;
    c. Family constructively addressed conflict with other tenants if it arises; AND
    d. All utility and other high priority housing payments are currently being made on time.

5. Housing is safe. Indicators include:
    a. Good physical condition and passes any necessary inspections; AND
    b. Where domestic violence is an ongoing factor, location is unknown to abuser OR abuser access is restricted (incarcerated, RFA order in place, etc.)
6. The client is employed and/or receives adequate financial resources to meet their basic needs.
7. Family has shown growth in the financial knowledge and skills needed to support long term maintenance of affordable housing. Indicators include one or more:
    a. Consistent maintenance of a monthly budget
    b. Confidence in ability to achieve financial goals
    c. Has established savings in an FSH Family Savings Account
    d. Has shown progress since program enrollment as measured by the Financial Capability Scale
8. Family is engaging with adequate, applicable formal and informal supports as defined in service plan.
9. Service plan goals reveal progress and assessment outcomes support step-down in service intensity.

For a full guide to program exits, see Appendix C.