Family Supportive Housing

Data Manual

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Introduction

The goal of Family Supportive Housing is to improve the lives of vulnerable families who have experienced homelessness. Local Family Supportive Housing providers across Vermont support access to housing by providing case management, housing support services and service coordination that:

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; and
5. Help families remain stably housed.

Family Supportive Housing began as a pilot project led by an interdisciplinary Advisory Committee made up of representatives from across the Agency of Human Services (AHS) and non-profit community partners. The Advisory Committee used research from similar family supportive housing initiatives to develop a set of metrics or performance measures to help them figure out whether FSH achieved positive outcomes for families. These metrics were also useful to communicate about the new model, share results, and build support for the program.

Many years after the start of the program, FSH still uses many of the same metrics for similar reasons**.** This guide pulls together all the data FSH providers are collecting to understand program performance in one place, with more context and additional clarification.

How to Use the Data Manual

This manual should serve as a reference guide and assist providers to 1) collect consistent data, 2) enhance continuous quality improvement efforts, and 3) report and communicate objective information about FSH. This manual is also intended to help providers understand data in the context of the intended outcomes and serve as a training tool for new staff.

Use the manual to help create a snapshot of how families in your FSH program are functioning. Service teams can review the data at regular intervals to better understand how families are doing and where greater attention may be needed. Look for bright spots. Where are families doing really well? Use bright spots to highlight achievements of families

and share promising practice approaches that are contributing to success with colleagues.

Why Collect Data?

Helping a family become stably housed is multi-faceted and depends upon many variables in and outside the control of a service provider. Further, unlike many programs, FSH seeks to make an impact on family functioning. It is multi-generational approach to offer concrete supports and improve well-being – this takes time.

Collecting data can help providers, staff and families identify progress, even when it is slow and nonlinear. By collecting and reviewing data regularly, providers can engage in continuous quality improvement efforts to strengthen or adjust practice approaches when needed. At a programmatic and systems level, the data can be used to inform OEO and related departments that changes on a broader scale may be needed to ensure the FSH approach is helping families the way it was intended.

Overview of Performance Measures

Performance Measurement is generally defined as regular measurement of outcomes and results, which generate reliable data on the effectiveness and efficiency of programs. The performance measures described in this document are aligned with FSH core outcomes across four broad goals: **Housing Stability, Child Health and Safety, Financial Well-being, and Adult Health and Wellness**.

Performance measurement data include **outputs**, **outcomes**, and **indicators.** These three types of data serve different purposes but work together to give providers a full picture of their program. These data are collected at various points along a family's time with FSH, often at enrollment, every quarter, and at the end of the year. This helps measure how FSH services may be contributing to changes in a family.

We measure **outputs** continuously by providing **a count of the number of families served**. Outputs are important to understand the scope of the work and support practical programmatic functions like budgeting, staffing and managing caseload size. However, we need to look deeper at **indicators** and **outcomes** to help us understand whether the program is achieving its goals.

FSH **outcomes** fall under four overarching domains or goal areas defined below:

- **Housing Stability -** having a secure and reliable place to live, free from the constant threat of eviction or relocation, and with the ability to choose where and when to move[1].
- **Child Health and Safety** - encompasses the measures taken to protect children from harm and promote their physical, emotional, and social well-being, encompassing prevention, early intervention, and ongoing support[2].
- **Financial Well-Being -** having financial security and financial freedom of choice, control over finances, and the ability to meet financial goals[3]
- **Adult Health and Wellness** - includes physical, mental, and social health, and opportunities to create meaningful futures. Encompasses basic needs, like food, housing, education, employment, and income, as well as social and emotional needs, like sense of purpose, safety, belonging and social connection, and life satisfaction.[4]

Indicators help measure change or progress toward our desired goal/outcome over time. FSH has identified indicators to help measure progress toward each FSH outcome and/or answer a programmatic question. For example, to figure out whether FSH is improving **Housing Stability**, providers are working to achieve the outcome of reducing the incidence and duration of family homelessness. One way to measure if this outcome has been achieved, is to track each family's *"housing status"* to see how it changes over time. To understand the impact of FSH on **Child Health and Safety**, one outcome providers track is whether kids are up to date with their wellness exams; and to understand whether families are improving their **Financial Well-being**, providers are asked to track families' savings and whether they have improved their Finacial Capability score, and so on.

Data collection helps assess program effectiveness, guide continuous improvement, and report on the impact of public funding. By tracking metrics outlined in this manual, FSH providers ensure families achieve housing stability and improved well-being while providing valuable feedback for ongoing program development.

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[1] https://www.urban.org/sites/default/files/publication/103472/why-housing-matters-for-upward-mobility-evidence-and-indicators-for-practitioners-and-policymakers.

[2] Google AI. (2025). March 18, 2025

[3] https://www.consumerfinance.gov/consumer-tools/financial-well-being/about/#:~:text=We%20learned%20that%20financial%20well,to%20absorb%20a%20financial%20shock

[4] https://www.rwjf.org/en/insights/blog/2019/07/global-approaches-to-well-being-what-we-are-learning.html

Goals, Outcomes and Indicators Table

The table below offers an "at-a-glance" view of each **outcome** by domain**,** and the **indicators** used to measure performance, or progress toward each outcome.

Numbering: Each **domain** is labeled numerically from one-four. Each **outcome** is also numbered below the domain. Each indicator is numbered along with the number of the domain it falls under, and the outcome to which it applies. For example, under the first domain, Housing Stability, there are four outcomes. Under the third outcome, "FSH families retain housing that is affordable and sustainable" there are four indicators. The first, indicator, "number of days stably housed" is labeled 1.3.1 - the first number, farthest to the left is the domain number (1), the second number is the outcome number (3), and the last number is for the indicator (1).

Outcome	Indicator
Domain 1: Housing Stability: Having a secure and reliable place to live, free from the constant threat of eviction or relocation, and with the ability to choose where and when to move	
1. FSH reduces the incidence and duration of family homelessness	(1.1.1) Housing status
	(1.1.2) Total number of days homeless
2. FSH quickly helps families experiencing homelessness become stabilized in permanent housing	(1.2.1) Number of days homeless from enrollment to housed
3. FSH families retain housing that is affordable and sustainable	(1.3.1) Number of days stably housed
	(1.3.2) Form of rental assistance
	(1.3.3) Up to date with rent payments
	(1.3.4) Standing with landlord
	(1.4.1) Successful exits

Families exit FSH with stable housing or an alternatively successful result	(1.4.2) Unsuccessful exits
	(1.4.3) Length of time in FSH among those with successful exits
	(1.4.4) Length of time in FSH among those with unsuccessful exits

Outcome	Indicator
Domain 2: Child Health and Safety: The measures taken to protect children from harm and promote their physical, emotional, and social well-being, encompassing prevention, early intervention, and ongoing support.	
1. FSH services are associated with positive child welfare outcomes	(2.1.1) Family Services Division (FSD) case status
2. Children taking part in FSH receive needed health supports	(2.2.1) Pediatric primary care (2.2.2) Children entering the program with mental health services (2.2.3) Children receiving mental health services currently
3. Families taking part in FSH can access and enroll childcare	(2.3.1) Total number of families with children under six (2.3.2) Number of children enrolled in childcare (2.3.2) Number of families who maintained childcare placement during the fiscal year.
4. Children participating in FSH are not hungry or food insecure	(2.4.1) Hunger Vital Signs

Outcome	Indicator
Domain 3: Financial Well-Being: Having financial security and financial freedom of choice, control over finances, and the ability to meet financial goals	
1. Participation in FSH improves employment outcomes.	(3.1.1) Employment status
	(3.1.2) Income sources
	(3.1.3) Participation in job training or education
	(3.1.4) Reach-Up status
2. Participation in FSH improves financial capability. Adults learn new skills and develop positive habits around managing money.	(3.2.1) Saving
	(3.2.2) Engaging in budgeting
	(3.2.3) Paying down debt
	(3.2.4) Banking at federally insured institutions
	(3.2.5) Financial Empowerment Score

Outcome	Indicator
Domain 4: Adult Health and Wellness: Includes physical, mental, and social health, and opportunities to create meaningful futures. Encompasses basic needs, like food, housing, education, employment, and income, as well as social and emotional needs, like sense of purpose, safety, belonging and social connection, and life satisfaction.	
1. FSH participants use support services outside of the FSH program, including those for mental health and substance misuse supports when needed.	(4.1.1) Total number of adults with known substance misuse or substance use disorder (SUD) (4.1.2) Total number of adults with substance misuse/SUD currently receiving treatment and/or in recovery

	(4.1.3) Total number of adults receiving mental health services (4.1.4) Total number of adults taking part in services outside of FSH
2. Adults enrolled in FSH build social connections	(4.2.1) Social Supports Score
3. Adults enrolled in FSH regularly engage with the FSH program	(4.3.1) Regularly taking part in case management and program meetings
	(4.3.2) Families receiving home visits

Performance Measures, Timeframes, and Instructions for Reporting

This section provides more detailed information about the indicators that fall under each outcome, what data is to be collected, and when each should be reported. Each section is organized by domain; each table is labeled with an outcome and includes all the indicators related to that outcome. Tables also include specific instructions about how to collect and calculate each measure. Detailed definitions are offered to guide responses and ensure providers are reporting consistently despite varying circumstances. Data sources are suggested for each indicator. Sources include families, landlords, and large data sets like the Homeless Management Information System (HMIS).

Reporting Dates

Data is entered at enrollment and each quarter. Some items are only requested once per year. Data for quarterly reports (also known as status updates), should be entered on or before the last day of each quarter - 9/30, 12/31, 3/31, and 6/30. Please note, if the FSH program utilizes the CoC HMIS system to report FSH data, the date of the quarterly report must match these exactly in order to report correctly.

Domain 1. Housing Stability

This set of performance measures provides an overview of the work providers do to help FSH participants become stably housed and report progress on the following outcomes:

(1) FSH reduces the incidence and duration of family homelessness
(2) FSH quickly helps families experiencing homelessness become stabilized in permanent housing
(3) FSH families retain housing made affordable to them with sustainable rental assistance
(4) Families exit from FSH with stable housing or an alternatively successful result

Outcome 1.1 FSH reduces the incidence and duration of family homelessness		
Indicator	**Data Collection**	**Data Source**
(1.1.1) Housing Status	Quarterly	HMIS, Family self-report
(1.1.2) Total length of homelessness	Quarterly	HMIS and self-report

Instructions:

(1.1.1) At the end of each **quarter**, please report the status of each family enrolled in FSH from the options provided below:

- **Stably housed,** defined as leased up in safe, affordable housing; making progress with service plan goals that relate directly to housing and engaging with pertinent service providers; not at risk of homelessness; AND based on known conditions, family can be expected to retain housing.
- **Homeless,** defined as meeting the AHS/HUD Homelessness Definition (See Appendix B, FSH Provider Manual)
- **At Risk,** defined as meeting the HUD "At-Risk of Homelessness" **criteria**

(1.1.2) Use HMIS data to measure the family's most recent period of homelessness, starting before FSH program entry. After data has been calculated for each family, find the MEDIAN number of days and report that to OEO. This is auto calculated by HMIS

Outcome 1.2: FSH quickly helps families experiencing homelessness become stabilized in permanent housing		
Indicator	**Data Collection**	**Data Source**
(1.2.1) Length of homelessness from program enrollment until lease-up	Quarterly	HMIS, self-report, lease agreement
Instructions: (1.2.1) For each family enrolled in the program, calculate the number of days they have been homeless from program enrollment until successfully leased up in stable housing. After all the number of days homeless have been calculated for each family, find the **MEDIAN** number of days all families have spent homeless prior to being housed and report that number to OEO.		

Outcome 1.3: **FSH families retain housing that is affordable and sustainable**		
Indicator	**Data Collection**	**Data Source**
(1.3.1) Number of days stably housed in a unit with a lease	Quarterly	Family/case notes
(1.3.2) Rent payments	Quarterly	Family, landlord
(1.3.3) Standing with landlord	Quarterly	Family, landlord
(1.3.4) Rental assistance	Quarterly	Family / case notes
Instructions: Every **quarter**, please report: (1.3.1) The **total number of days since the family moved into stable housing.** After data has been calculated for each family, find the MEDIAN number of days for all families and report that to OEO. (1.3.2) Report “yes” if the family is up to date with rent (does not owe back rent) in their current housing.		

Outcome 1.3: FSH families retain housing that is affordable and sustainable		
Indicator	**Data Collection**	**Data Source**
(1.3.3) The **number of families in good standing with their landlord**. "Good-standing" means there are no lease violations and/or if back rent is owed but there is a plan in place to address it, and their housing is not in jeopardy. (1.3.4) Report the **forms of rental / housing assistance** families have used to obtain housing. Please report a form of assistance provided on this list below or "other"		

(1.3.4) Forms of Rental Assistance List

Type	**Additional Information**
Affordable Housing	A housing unit developed via a low-Income Housing Tax Credit (LIHTC) and made available to low-income households on an affordable basis.
CoC-funded Rapid Rehousing (RRH) Subsidy	Medium term rental assistance (up to 24 months) administered by a Public Housing Authority or another organization part of the Continuum of Care (CoC).
Housing Choice or Section 8 Voucher (HCV)	A rental subsidy made available through Public Housing Authorities to help low-income people rent market rate apartments. Rent does not exceed 30% of their income. HCV rental subsidies are permanent. Tenants may remain in their unit for as long as they are income eligible.
Housing Opportunity Grant Program (HOP) Rapid Rehousing (RRH) Subsidy	Medium term rental assistance (up to 24 months) administered by OEO.
None	Paying full rent in a market rate apartment or housing

Type	Additional Information
Family Unification Program (FUP) Voucher	A rental subsidy made available through a collaboration with the Department of Children and Families (DCF) and Public Housing Authorities (BHA and VSHA) to help people rent market rate apartments. Rent does not exceed 30% of their income. FUP rental subsidies are permanent. Tenants may remain in their unit for as long as they are income eligible.
Public Housing	Public housing comes in all sizes and types, from scattered single-family houses to high rise apartments. Public Housing is administered by a local Public Housing Authority and made available to low-income households on an affordable basis.
Transitional Housing	A non-permanent housing placement, where there is **usually not a formal lease agreement.** This could include transitional residential programs with social services.
Vermont Rental Subsidy	Up to 12 months of rental assistance with case management services administered by the DCF Economic Services Division.

Outcome 1.4: Families exit from FSH with stable housing or an alternatively successful result		
Indicator	**Data Collection**	**Data Source**
(1.4.1) FSH Exit: Successful	Quarterly	Family/Case notes
(1.4.2) FSH Exit: Unsuccessful	Quarterly	Family/Case notes

Outcome 1.4: Families exit from FSH with stable housing or an alternatively successful result		
(1.4.3) Length of time in FSH-**Successful** Exits	Quarterly	Family/Case notes/HMIS
(1.4.4) Length of time in FSH-**Unsuccessful** Exit	Quarterly	Family/Case notes/HMIS

Instructions

(1.4.1) At the end of each **quarter**, report the number of families who have exited FSH successfully. Please count families as "successful" if **any** of the following conditions are true:

- **They no longer need services**; this means the family is leased up in stable housing; is not experiencing homelessness or are at risk of homelessness; the household actively manages service needs on their own; there are no remaining child safety concerns (if applicable); AND the household perceives the exit as successful
- **They are working with another service provide**r; this means the family is actively engaged with another provider who can support the high priority goals named in the family's service plan, including support with maintaining stable housing
- **They moved away**; this means they are living outside of the FSH provider's service district for the long term.
- **Other**. A successful exit not otherwise fitting a category above that meets the family's need for stable housing, meets one or more high priority goals outlined in the service plan and is viewed by family as successful. OR A family has not returned regular contact attempts and can be considered stable based on known conditions prior to exit

Additional Reporting Guidance: If a household is exiting to a stable housing situation that is expected to continue or lead to permanent housing, then it can be considered a successful exit.

Do not include families who may be temporarily staying or couch surfing in another district but are searching for housing in the provider's service district and plan to live in the provider's service district.

Instructions:

Outcome 1.4: Families exit from FSH with stable housing or an alternatively successful result
1.4.2 At the end of each **quarter**, report the number of families who have exited FSH unsuccessfully. Please count families as "unsuccessful" if **any** of the following conditions are true: • Family **exits without stable housing** • Family loses program eligibility due to **termination of parental rights** • Family has **not returned regular contact** attempts and can be considered unstable based on known conditions prior to exit • **Other factors** not listed above that would make it reasonable to consider the exit unsuccessful.
Instructions 1.4.1 At the end of each **quarter:** For families who exit **successfully**, please calculate the total length of time families spent in the program prior to exit; Calculate the MEDIAN length of time in the program for all families in this category and report the MEDIAN to OEO. 1.4.2 For families who exit FSH **unsuccessfully**, please calculate the total length of time families spent in the program prior to exit; Calculate the MEDIAN length of time in the program for all families in this category and report the MEDIAN to OEO

Domain 2. Child Health and Safety

The wellness of children in the household is key overall family health and stability. This set of indicators help us to know if we are achieving the following goals:

(1) FSH services are associated with positive child welfare outcomes
(2) Children taking part in FSH receive needed health supports
(3) Families taking part in FSH can access and enroll in childcare
(4) Children taking part in FSH are not hungry or food insecure

Outcome 2.1: FSH services are associated with positive child welfare outcomes		
Indicator	**Data Collection**	**Source**
(2.1.1) FSD Case Status	Enrollment, quarterly	HMIS, and/or self-report, Verify with FSD

Instructions:

At <u>enrollment</u>, please report:

2.1.1 **Number of families with an open FSD case.** Include in this measure all families open for services with the DCF Family Services Division (FSD) at the time of program enrollment. This measure is meant to capture all forms of involvement, including family support, open investigations, assessments, and conditional custody cases.

2.1.1 **Number of families with child(ren) currently placed OUT OF HOME:** include in this measure any family with one or more children placed outside of the home because of involvement with DCF Family Services Division (FSD). Families should continue to be reported in this measure until all children with a reunification plan are living in the home.

At the end of each quarter, please report:

2.1.1 **Number of families with an open FSD case:** include in this measure all families open for services with the DCF Family Services Division as of the end of the current reporting quarter. This measure is meant to capture all forms of involvement including, family support, assessment, investigation, and conditional custody cases.

2.1.1 **Number of families with child/ren currently placed OUT OF HOME after enrollment in FSH:** include in this measure any family who lost custody of one or more children because of involvement with FSD **after** enrollment during the current reporting quarter. Please note, families in this category will also be counted in the measure above.

2.1.1 **Number of families with a child placed out of home at enrollment who had a child returned to the family's custody (reunified) this quarter:** include in this measure any family with one or more children placed out of home at program enrollment who had one or more children returned to the home during

Outcome 2.1: FSH services are associated with positive child welfare outcomes

the current reporting quarter. A family does not have to have had all children returned to the home to be counted under this measure. This measure is intended to capture *new* returns of children to the household

At the end of fourth quarter of the fiscal year, please report:

2.1.1 **Number of families with a child placed out of home by FSD at enrollment who had a child returned to the family's custody this fiscal year:** include in this measure any family with one or more children placed out of home at program enrollment who had one or more children returned to the home during the current fiscal year. A family does not have to have had all children returned to the home to be counted under this measure.

Outcome 2.2: Children taking part in FSH receive needed health supports

Indicator	Data Collection	Data Source
(2.2.1) Pediatric primary care	Enrollment, quarterly	Self-report
(2.2.2) Mental health services	Enrollment, quarterly	Self-report

Instructions:

At enrollment, please report:

(2.2.1) Number of children who are up to date with well child pediatric visits at recommended intervals.

(2.2.2) The number of children receiving mental health treatment, include in this measure all children receiving services from a licensed mental health professional, such as a therapist.

At the end of each quarter, please report:

(2.2.1) Number/and percent of children who are up to date with well child pediatric visits at recommended intervals.

(2.2.2) The number of children receiving mental health services from a licensed mental health professional, such as a therapist.

Outcome 2.3: Families taking part in FSH can access and enroll in childcare		
Indicator	**Data Collection**	**Data Source**
(2.3.1) Number of families with children under six	Quarterly	Family or HMIS
(2.3.2) Number of children enrolled in childcare	Enrollment, quarterly	Family, case notes
(2.3.3) Number of families who maintained childcare placement during the fiscal year	Annually	Family, case notes

Instructions:

At the end of each quarter, please report:

(2.3.1) **The total number of families with children under six:** This measure is used as a **denominator** for the childcare measures below.

At enrollment, please report:

(2.3.2) **Number of families with children enrolled in a licensed or registered childcare program.** Include in this measure families with one or more children enrolled in a licensed / registered childcare. A family does not need to have all eligible children enrolled in a childcare program to count in this measure.

At the end of each quarter, please report:

(2.3.2) **The number of families who enrolled their children in a licensed or registered childcare program during the quarter.** The purpose of this measure is to track new enrollments in childcare. Please include families who enrolled one or more children in a childcare program during the current reporting quarter. Please **also include** families who may have had a child in childcare at enrollment and have since enrolled additional children in childcare.

At the end of the fiscal year, please report:

(2.3.3) **The number of families** who have maintained placement in a licensed / registered childcare for one or more children since they were enrolled. Please note families who changed childcare providers may be counted in this measure if

Outcome 2.3: Families taking part in FSH can access and enroll in childcare
the childcare gap was brief and did not cause a significant life disruption (such as loss or work).

Outcome 2.4: Children taking part in FSH are not hungry or food insecure		
Indicator	**Data Collection**	**Data Source**
(2.4.1) Hunger Vital Signs	Enrollment, fourth quarter	Hunger Vital Signs screening tool
Instructions **At enrollment, please report:** The number and percentage of families where child(ren) reported "often true" or "sometimes true" on hunger vital signs screening This measure screens at enrollment for food insecurity using the Hunger Vital Sign tool. **At the end of the fiscal year (fourth quarter), please report:** The number of and percentage of families where child(ren) reporting "often true" or "sometimes true" on hunger vital signs screening annual at Q4**:** This measure screens at year end for food insecurity using the Hunger Vital Sign tool.		

Domain 3. Financial Wellness

Earning and managing money is essential for supporting long term housing success. This section helps service providers understand whether families are making progress toward the following outcomes:

(1) Participation in FSH improves employment outcomes
(2) Participation in FSH improves financial capability. Adults learn new skills and develop positive habits around managing money.

Outcome 3.1: Participation in FSH improves employment outcomes		
Indicators	**Data Collection**	**Data Source**
(3.1.1) Employment status	Enrollment, quarterly	Family
(3.1.2) Maintained continuous employment	Annually	Family, case notes

Outcome 3.1: Participation in FSH improves employment outcomes		
(3.1.3) Income sources	Enrollment, quarterly	Family, case notes
(3.1.4) Participation in job training or education	Quarterly	Family, case notes
(3.1.5) Reach-Up status	Enrollment, quarterly	Family, case notes

Instructions:

At enrollment, report the following:

(3.1.1) Number of adults who entered FSH **without employment or unemployed**: Report here any adult living in the household without earned income at program enrollment.

(3.1.1) Number of adults who entered FSH **with employment**: Report here any adult living in the household who has earned income at program enrollment.

At the end of each quarter, please report:

(3.1.1) Number of **unemployed adults who secured employment**: Report here any adult in the household who was unemployed at the beginning of the reporting quarter but has since obtained any amount of employment by the end of the quarter.

(3.1.1) Number of **employed adults who lost employment**: Report here any adult in the household who had been employed at the beginning of the reporting quarter but was no longer employed at the end of the reporting quarter.

At the end of the fiscal year, please report:

(3.1.2) Number of adults **who maintained employment** for six or more months: Report here any adult active at the end of the fiscal year who maintained any level of employment continuously for a period of six or more months during the fiscal year.

At enrollment, please report:

(3.1.3) Number of families that enter with **income from sources other than employment.** Common examples of this include SSI, SSDI, and Reach-Up.

Outcome 3.1: Participation in FSH improves employment outcomes

At the end of each quarter, please report:

(3.1.3)) Number of **unemployed adults who secured income from sources other than employment**: Report here any adult in the household who was unemployed at the beginning of the reporting quarter and had obtained other income by the end of the reporting quarter.

(3.1.4) Number of **unemployed adults who entered a job training program and/or educational program**: Report here any adult in the household who was unemployed at the beginning of the reporting quarter and has entered a job training or education by the end of the reporting quarter

Common examples of a job training or education program include:

- Tech center vocational training and certification programs
- Higher education degree programs
- Community college training and certification programs
- Professional internships
- Apprenticeship programs

(3.1.4) Number of **employed adults who entered a job training and/or educational program**: Report here any adult in the household who was employed at the beginning of the reporting quarter and had entered a job training or education by the end of the reporting quarter. See above for examples of job training or education programs.

At enrollment, please report:

(3.1.5) The total number of families on the Reach-up Program: Report here any family receiving Reach Up benefits at program enrollment, including families on the Reach Ahead and Post Secondary Education (PSE).

At the end of each quarter, please report:

(3.1.5) The total number of families enrolled in the Reach Up Program. Please include in this measure families who may have been in the program at enrollment as well as families who just joined in the current reporting quarter.

(3.1.5) The total number of families **not enrolled in Reach Up** at end of the reporting quarter

Outcome 3.2: Participation in FSH improves financial capability. Adults learn new skills and develop positive habits around managing money.		
Indicators	**Data Collection**	**Data Source**
(3.2.1) Saving	Enrollment, quarterly	Family, case notes
(3.2.2) Engaging in budgeting	Quarterly	Family, case notes
(3.2.3) Paying down debt	Quarterly	Family, case notes
(3.2.4) Banking at federally insured institutions	Enrollment, quarterly	Family, case notes
(3.2.5) Financial Empowerment Score	Enrollment, end of fiscal year	Family, case notes

Instructions:

At enrollment, please report:

(3.2.1) **The number of families with savings**: Report here any family with any amount of savings at program enrollment. Savings does not have to be held in a banking account to qualify for this measure but money should be set aside to meet future expenses.

At the end of each quarter, please report:

(3.2.1) **The number of families who have savings**: Report here any family with any amount of savings as of the end of the current reporting quarter.

(3.2.1) **The number of families who increased savings during the quarter:** Report here any family who increases savings by any amount during the reporting quarter. The family should have more in savings at end of quarter than at start of quarter.

(3.2.2) **Number of families who currently use a personal budget to manage finances**: Report here any family that has created at least one budget during the current reporting quarter. This measure is intended to capture families that are using a budget as a tool to manage their household finances, with the aim of bolstering financial capability and meeting goals that are important to the household. Do not count budgets that are created by housing case managers solely for the purposes of determining housing affordability.

Outcome 3.2: Participation in FSH improves financial capability. Adults learn new skills and develop positive habits around managing money.

Note: Budgets can take many forms and there is no one right template. For ideas about how to support clients with budgeting, check out Your Money, Your Goals - a resource published by the CFPB.

(3.2.3) **Number and percentage of families who are currently paying down debt**: Report here any family paying any amount towards a debt at the end of the current reporting quarter.

Please note paying down debt is not always the right choice for very low-income households. See Vermont Legal Aid's "Debt and Debt Collection" page for more info on helping clients decide which kinds of debts are productive to pay down. Vermont law provides recipients of public benefits with protections from consumer debt collection.

At enrollment, please report:

(3.2.4) **Number families that use federally insured banking services**: Report here any family with any amount of money held in at least one FDIC or NCUA insured account at program enrollment.

At the end of each quarter, please report:

(3.2.4) **Number of families that currently use federally insured banking services**. Report here any family with any amount of money held in at least one FDIC or NCUA insured account at the end of the current reporting quarter.

At enrollment, please report:

(3.2.5) The **average Financial Capability Score** of families at enrollment.

At the end of the fiscal year, please report:

(3.2.5) The **average current Financial Capability Score**: This measure calculates the average financial capability score for all active families as the end of the fiscal year.

(3.2.5) **Number and percentage of families with increased Financial Capability Score:** This measure reports the number of families active at year

Outcome 3.2: Participation in FSH improves financial capability. Adults learn new skills and develop positive habits around managing money.
end whose **financial capability score is higher than it was at program enrollment.**

Domain 4. Adult Health and Wellness

The Adult Health and Wellness Domain includes physical, mental, and social health, and opportunities to create meaningful futures. Encompasses basic needs, like food, housing, education, employment, and income, as well as social and emotional needs, like sense of purpose, safety, belonging and social connection, and life satisfaction.

The wellness of adults in the household is key overall family health and stability. This section of the report provides an overview of adult wellbeing in the areas of substance misuse, mental health and social engagement. It also looks at engagement with the FSH program itself and outside supports.

(1) FSH participants use support services outside of the FSH program, including those for mental health and substance misuse supports when needed
(2) Adults enrolled in FSH regularly engage with the FSH program
(3) Adults enrolled in FSH build social connections

Outcome 4.1: FSH participants use support services outside of the FSH program, including those for mental health and substance misuse supports when needed		
Indicator	**Data Collection**	**Data Source**
(4.1.1) Total number of adults with known substance misuse /substance use disorder (SUD)	Enrollment, quarterly	Self-report or HMIS
(4.1.2) Total number of adults with substance misuse/SUD currently in treatment and/or recovery	Enrollment, quarterly	Self-report/case notes/community partner

Outcome 4.1: FSH participants use support services outside of the FSH program, including those for mental health and substance misuse supports when needed		
(4.1.3) Total number of adults receiving mental health services	Enrollment, quarterly	Family/case notes/community partners
(4.1.4) The number and percentage of families actively engaging with service providers outside of FSH	Enrollment, quarterly	Family/case notes/community partners

Instructions

At **enrollment,** please report:

(4.1.1) T**he number of adults with known substance misuse or substance use disorder** (SUD) **as reported to staff or in HMIS**.

For the purposes of the FSH report **substance misuse or substance use disorder (SUD)** is considered behavior that meets one or more of the DSM 5 Criteria For Addiction and is viewed by the participant as a problem (i.e., interferes with their functioning in a way they would like to change). **Please note:** This measure is **not** intended to capture suspected or unverified substance misuse.

At the end of each **quarter** please report:

(4.1.1) **The number of adults whose substance misuse/SUD becomes known during the quarter.** Please use this category to track substance misuse or SUD (as defined above) **disclosed during the reporting quarter**. This measure is intended to capture substance misuse/SUD that becomes known *after* program enrollment. It is meant to correct for suspected underreporting of misuse at enrollment when there is not yet a relationship with the service coordinator.

At **enrollment** and at the end of each **quarter,** please report:

(4.1.2) **Number of adults with substance misuse receiving treatment and/or in recovery.** Measures adults with disclosed substance misuse who relate to treatment. **Treatment** can mean any structured activity that is designed to meet the participant's wellness goals around substance misuse (in-patient treatment, out-

Outcome 4.1: FSH participants use support services outside of the FSH program, including those for mental health and substance misuse supports when needed
patient treatment or therapy, 12-step programs, medications for use disorders, recovery coaching, etc.)
(4.1.3) **The number and percentage of adults currently receiving mental health services.** This includes inpatient or outpatient mental health services in a clinical setting.
(4.1.4) **The number of families actively engaging with service providers outside of FSH.** Ideally, these supports should be linked to goals defined in the family's service plan.

Outcome 4.2: Adults enrolled in FSH regularly engage with the FSH program		
Indicator	**Data Collection**	**Data Source**
(4.2.1) Regularly taking part in case management and program meetings	Quarterly	Case notes
(4.2.2) Families receiving home visits	Quarterly	Case notes

Instructions

At the end of every **quarter,** please report:

(4.2.1) The number of families **regularly taking part in case management** and program meetings**.** Please use the following list of characteristics to determine whether family participation can be defined as "regular" for the purposes of this measure:

- Makes the majority of scheduled appointments
- When there are cancellations, household is proactive about rescheduling
- Household works proactively on aspects of service plan goals they are responsible for (i.e., they are doing the work, not the service coordinator)

Outcome 4.2: Adults enrolled in FSH regularly engage with the FSH program
• Household is engaging at intervals appropriate for their needs and stage in the program (monthly contact at minimum) (4.2.2) **The number of families receiving home visits** (please note the FSH minimum is one per month). Please count the number of families who have received **at least one home visit** every month of the reporting quarter.

Outcome 4.3: Adults enrolled in FSH build social connections		
Indicator	**Data Collection**	**Data Source**
(4.3.1) Social Supports Score	Enrollment, annually	Social support questions, please Appendix
Instructions At **enrollment,** please report: The **MEDIAN** social supports score for all families (HMIS auto-calculates) At the **end of the fiscal year,** please report: **The number of families who increased their social supports score at the end of the year.** To get this number, calculate the number of families who have a higher Social Supports Score at the end of quarter four than they did on earlier assessment OR at program enrollment.		

Additional Resources

2025 Revised Budget Sheet.Performance Measures .xlsx

AHS/Vermont Definition of Homelessness

HUD At-Risk of Homelessness Criteria

For providers who use CoC HMIS:

FSH Resources from the Institute for Community Alliances (ICA)

FSH Intake and Status Update/Quarterly Report Forms (ICA)

Appendix

FSH Social Support Scale

Adapted from Protective Factors Survey, 2nd Edition (PFS-2)
Available: https://friendsnrc.org/wp-content/uploads/PFS-2-User-Manual.pdf

Instructions: Administer the Social Support Scale to families at program entry and the end of the fiscal year (Quarter 4). Use only with families who enrolled in FSH on or after July 1, 2020.

Survey Item	Not at all like my life	Not much like my life	Something like my life	Quite a lot like my life	Just like my life
1. I have people who believe in me.					
2. I have someone in my life who gives me advice, even when it is hard to hear.					
3. When I am trying to work on achieving a goal, I have friends who will support me.					
4. When I need someone to look after my kids on short notice, I can					

Survey Item	Not at all like my life	Not much like my life	Something like my life	Quite a lot like my life	Just like my life
find someone I trust.					
5. I have people I trust to ask for advice about (circle all that apply):					
A. Money/Bills/Budgeting		B. Relationships and/or My Love Life		C. Food/Nutrition E.	
D. Stress, Anxiety, and/or Depression		E. Parenting/My Kids		F. None of the above	

Scoring Instructions:

1. Write the numeric response for each item using the chart below to create individual item scores in the box to the right of the corresponding item.

2. Add the score for each item to calculate the total score.

3. Divide the total score by the number of items answered (if more than two items were answered) to calculate the mean subscale score.

Social Supports Item	**Score**
1. I have people who believe in me. A = 0 B = 1 C = 2 D = 3 E = 4	
2. I have someone in my life who gives me advice, even when it's hard to hear. A = 0 B = 1 C = 2 D = 3 E = 4	
3. When I am trying to work on achieving a goal, I have friends who will support me. A = 0 B = 1 C = 2 D = 3 E = 4	
4. When I need someone to look after my kids on short notice, I can find someone I trust. A = 0 B = 1 C = 2 D = 3 E = 4	
5. I have people I trust to ask for advice about…: None of the above = 0 1 box checked = 1 2 boxes checked = 2 3 boxes checked = 3 4 or more boxes checked = 4	
Total Score	
Mean SS Score (Total score, divided by 5)	