

# **Family Supportive Housing**

## **Provider Manual**

*Updated July 2023*

This manual is intended for Family Supportive Housing grantees, administrators and service coordinators who support families within the Vermont Family Supportive Housing program.

The manual provides information about the Family Supportive Housing program, Medicaid and General Fund reimbursement, reporting requirements, training, and documentation. The manual also includes tools and resources to assist grantees develop their Family Supportive Housing program.

## Section 1 – Family Supportive Housing Overview

### Section Contents

- Program Overview
- Funding Model
- Eligibility and Prioritization
- Overview of Services

### 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; and
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](#) (see Appendix A) 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 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. In SFY 2023 a shift was made from grant agreements to contracts with FSH Providers.

#### [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.
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 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 HireAbility Workforce Partners, Reach-Up, Family Services, VDH Division of Substance Use Programs (DSU), the local homeless Continuum 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 (Appendix B).
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 OR are currently experiencing a period of homelessness that has lasted for one year or more.
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 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 including 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. Assist with a referral to the CVOEO Rent Right Program designed to provide participants with the skills, materials, and confidence necessary to find and maintain stable housing.
3. Education and training on the role, rights and responsibilities of the tenant and landlord.
4. Coaching on how to develop and maintain key relationships with landlords/property managers.
5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse outcomes.
6. Support advocacy and connection with community resources to prevent eviction when housing is, or may become jeopardized.
7. Assist with the housing recertification process.
8. Coordinate 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.
9. Continue ongoing training on how to be a good tenant, compliance with lease agreement, as well as, supporting activities related to managing a household.

### 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 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 Housing Choice (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*

## Section 2 – Medicaid and General Fund Reimbursement

### Section Contents

- Medicaid Case Rate
- Services Ineligible for Medicaid Billing
- Provider Enrollment and Billing Procedures
- Allowable Activities by Funding Source

#### FSH Case Rate:

Effective October 2016, AHS began to draw down federal financial participation (FFP) through the Medicaid program for eligible FSH services. These are for Medicaid-eligible beneficiaries through the targeted case management service category under the Medicaid State Plan.

The current case rate of \$505 per member per month supports sustainable programs when paired with a base grant. FSH providers have an annual billing cap. OEO's monitoring will consist of onsite and desktop review of financial records, client records, and performance reports. All FSH providers will follow (see Appendix D), which include a documentation of household eligibility, services rendered, and family outcomes. (\$505 case rate effective 9.1.23)

#### Services And Activities Ineligible For Reimbursement As Case Management Services:

Medicaid reimbursement is not available as case management services or activities that do not comport with the definition of Medicaid case management. Nor is Medicaid reimbursement available as case management when any of the following conditions exist:

1. Provision of direct services are not eligible for Medicaid reimbursement.
2. Case management activities are an integral component of another covered Medicaid service.
3. The case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including, but not limited to, services under parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services, and foster care programs.
4. The activities are integral to the administration of foster care programs.
5. The activities, for which an individual may be eligible, are integral to the administration of another non-medical program, such as a guardianship, child welfare/child protective services, parole, probation, or special education program except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Act.

### FSH Provider Enrollment with Medicaid:

FSH Providers are required to enroll as a Vermont Medicaid Provider. In accordance with Section 6401 of the Affordable Care Act of 2010 (ACA). All enrolled and newly enrolling providers will be subject to federal screening requirements.

Gainwell Technologies is the fiscal agent for the Vermont Medicaid Program and processes provider enrollment applications. Green Mountain Care (VT Medicaid) enrollment & revalidation instructions can be found at:

<http://www.vtmedicaid.com/assets/provEnroll/GrnMtnCareEnrollInst.pdf>

FSH Providers that are currently enrolled as a Medicaid provider for another program will need to re-enroll as a Family Supportive Housing Provider and obtain a new provider identification number for FSH billing. The average processing time is 15-45 days. FSH Providers should notify OEO immediately if their FSH provider identification number changes.

### To Enroll, Re-enroll or Revalidate in Vermont Medicaid

In order to enroll, re-enroll or revalidate, please visit the [Provider Management Module](#).

To begin a new enrollment or to re-enroll, click Menu (the icon with three lines) on the top left-hand corner of the screen. Select Provider Enrollment and then New Enrollment.

At this time, there two options. The first option is to click start on the right-hand side and begin a new application. Start an Enrollment Pre-checklist to see everything needed prior to starting the enrollment application. To generate a pre-check list, answer these 5 questions first.

1. Enrollment Type
2. Provider Type
3. Specialty
4. Tax ID type
5. Medicare participation

Once complete, click start and provide an email and create a password. Click register in the right-hand corner.

**Registration**

Register below to be assigned a unique enrollment tracking number. Be sure to write down your password. An email confirmation will be sent with the tracking number. If you don't submit your enrollment right away, you can use this tracking number and password to resume your enrollment application later.

Required Fields (★)

★ Email  ★ Confirm Email

★ Password  ★ Confirm Password

Provider Reference

PREVIOUS REGISTER

A pop up will show a tracking number; this number will also be emailed. It is recommended to write this number down as a reference.

**REGISTRATION COMPLETE**

Your tracking number is **5801068581**.

An email will be generated and sent to your email address **mar\*\*\*\*\*@gainwelltechnologies.com** with further instructions.

You can now continue with your enrollment application.

OK

Now select the Enrollment Type, Provide type and the effective date. Once all of the information is entered on the screen, click save and continue. (Once saved this information cannot be changed).

- Enrollment Type: Select **Atypical** unless your organization has an existing National Provider Identifier (**NPI**)
- Provider Type: **T47** (FAMILY SUPPORTIVE HOUSING)

Next move to the second tab of the application which is specialties. Click the create new tab and complete all the information.

- Make Primary: Please select this box
- Specialty: S53-Family Supportive Housing
- Taxonomy: 251B00000X- Case Management
- Effective Date: this should match the effective day selected on the first tab.

Once that information is completed click SAVE.

New Specialty

Required Fields ( \* )

☒ Make Primary

\* Specialty

S53-Family Supportive Housing

\* Taxonomy

251B00000X - Case Management

\* Effective Date

07/05/2024

CANCEL

SAVE

Click SAVE and continue in the bottom right-hand corner.

At this point there are 11 remaining tabs to complete. On the following tabs click SAVE AND CONTINUE unless any Associations and/or Provider type (hospital affiliations/Practice affiliations) need to be added.

Family Supportive Housing Test

PROGRESS

1 General Information

2 Specialties

3 Service Location

4 Addresses

5 Organization

6 Associations

7 Credentials

8 Provider Type

9 Other

10 EFT

11 Disclosures

12 Attachments

13 Agreement / Submit

CANCEL

PREVIOUS

SAVE AND CONTINUE

## Things to Note:

Notification to revalidate should be received between 45 and 90 days prior to the expiration of the enrollment with all necessary information and next steps. Once this notification is received, visit the Provider Management Module homepage. Click Menu on the top Right-hand corner of the screen. Select Provider Enrollment and then Resume/Revalidate Enrollment.

Resources:

Provider Enrollment Manual: [Vermont Medicaid Provider Manual \(vtmedicaid.com\)](https://www.vtmedicaid.com/provider-enrollment-manual)

Monthly Webinar Trainings: [Vermont Medicaid Portal \(vtmedicaid.com\)](https://www.vtmedicaid.com/webinar-trainings)

For more information and instructions on using the Provider Management Module, please click [here](#).

If you are unable to complete the online application, contact the Gainwell Enrollment Department at [vtproviderenrollment@gainwelltechnologies.com](mailto:vtproviderenrollment@gainwelltechnologies.com) for assistance.

#### FSH Provider Billing:

The current FSH Provider Case Rate is set at \$505 Per Member Per Month with an annual cap per provider.

FSH Billing Code: **T2023**

FSH Diagnosis Code: **Z599**

The FSH Provider will submit one claim per family per month, utilizing the Medicaid beneficiary's Medicaid ID number. This ID number must be obtained from the family by the FSH service coordinator and filed with the case file.

Medicaid claims can be submitted on paper by completing the CMS 1500 Form for Medicaid Billing (Appendix E)

#### Allowable FSH Provider Activities Using Medicaid Funds:

1. FSH Housing Transition Services.
2. Targeted Case Management

#### Allowable FSH Activities Using General Funds:

1. Provision of direct services, including financial empowerment services
2. Tenancy Risk Pool / Housing Mitigation Funds
3. Limited assistance to families who are not currently enrolled in Medicaid (if approved by OEO)
4. Start-up costs (if approved by OEO)
5. Training (if approved by OEO)

Electronic claim filing facilitates faster claim processing and payment. FSH Providers can apply for a Transaction Services Account for electronic claims submission capabilities. The application and required forms can be found at <http://www.vtmedicaid.com/#/hipaaTools>. (see Appendix Q)



## Section 3 - Reporting, Monitoring, and Recordkeeping

### Section Contents

- Quarterly Reporting Requirements
- Monitoring Overview
- Recordkeeping Requirements

### FSH Quarterly Program Reporting:

In addition to billing and reporting required to process claims, local FSH Providers will submit quarterly FSH Performance Measurement Reports utilizing the Vermont Homeless Management Information System (HMIS) to the Office of Economic Opportunity. Providers will report on the “Family Supportive Housing Performance Measures”. Support for HMIS license and reporting will be provided by Institute for Community Alliance.

Providers will also submit to OEO semi-annual narrative reports indicating the number of households and persons enrolled, the number stably housed, an accounting of Family Supportive Housing expenditures, and outlining any local FSH developments, lessons learned, and relevant program or participant success stories.

Providers will submit quarterly and semi-annual program reports by electronic mail to [robert.petrini@vermont.gov](mailto:robert.petrini@vermont.gov) . Due dates for the reports are as follows:

QUARTER	REPORTING PERIOD	DUE DATE
1	July 1 to September 30	October 15
2*	October 1 to December 31	January 15
3	January 1 to March 31	April 15
4*	April 1 to June 30	July 15

\*Semi-annual program report due

See Appendix F for FSH Performance Measures.

### Monitoring Overview:

The information below is excerpted from the OEO Monitoring Plan Overview. For the full version, see Appendix G.

OEO monitors FSH Providers regularly to promote the delivery of excellent housing and intensive case management to services; to foster open and honest communication, collaboration, and a continuous improvement partnership between the Provider and the Office of Economic Opportunity (OEO); and to verify compliance with applicable regulations and program requirements. OEO monitoring consists of three types, described below.

**a. Desktop Monitoring**

Desktop Monitoring is ongoing and verifies that program activities are being carried out as required by the agreement (grant or contract). This monitoring includes a review of:

- 1) FSH performance measures via quarterly report
- 2) Adherence to case load minimums / maximums (determined via quarterly report)
- 3) Annual workplan submissions
- 4) Cash requests and financial expenditure reports
- 5) Medicaid enrollment & billing

**b. Site Visits**

Site visits are conversational and, in most cases, will not require examination of program records. They occur at least annually visits between triennial visits. The purposes of the visits are to foster open communication between OEO and Provider, celebrate strengths and successes, discuss and analyze performance data; and problem solve around needs that arise between triennial visits.

See Appendix H for Site Visit Tool.

**c. Triennial Onsite Programmatic Monitoring**

Triennial programmatic monitoring evaluates the Provider's service delivery, staff support and agreement compliance and involves review of program records including, but not limited to, case files, written policies and procedures, program files, personnel files, and financial documentation. Onsite monitoring also may include survey and/or interview of staff, partners, and participants.

See Appendix I for tools used during triennial monitoring.

**Recordkeeping and Documentation:**

The FSH Providers must have written policies and procedures in place to ensure requirements as outlined in the FSH agreement and this Provider Manual are met. FSH Providers recordkeeping requirements will provide sufficient documentation of eligibility and services provided.

See Appendix D for FSH Recordkeeping Requirements.

## Section 4 – Service Coordinator On-Boarding Guidance

### Section Contents

- On-Boarding Expectations
- FSH Staff Selection Check List
- FSH Provider On-Boarding Check List
- Staff Selection and On-Boarding Timeline
- Job Shadow
- Required Training
- Optional Tools to Support Providers
- Staff Selection Best Practices Checklist
- Staff Training Best Practices Checklist
- Supervision & Coaching Overview
- Supervision Best Practices Checklist
- Summary

### On-Boarding Expectations:

On-Boarding is more than just a one-day effort or even a one-year process. To ensure families participating in FSH derive the best possible benefit from services, providers are expected to invest in a structure of selecting, training, and coaching/supervising Service Coordinators to ensure they have the knowledge and skills to effectively practice the core competencies of their role - engagement, assessment, advocacy, tracking and adjusting and teaming.

This means hiring the right staff -- qualified and committed; compensating them well; providing on-going professional development; keeping their workloads manageable; and supporting them daily with effective supervision and encouraging self-care.

Practice expectations and outcomes should also be clear to all (staff, program management, family members) and all must be held accountable for the role they play in helping to achieve those outcomes.

The checklists in this document are designed to ensure Service Coordinators get off to the best possible start with Family Supportive Housing. They are also intended to ensure providers have what they need to identify, train and coach Service Coordinators in acquiring and developing core competencies necessary for FSH to have a positive impact on families and for staff to feel competent and supported at work.

## FSH Staff Selection Check List:

### Required Items:

- ☐ FSH Service Coordinator Job Description
- ☐ Interview Protocol
- ☐ Service Coordinator Core Competences

## FSH Provider On-Boarding Check List:

The following items must be reviewed with new Service Coordinators.

### New Hire Orientation

- ☐ On-Boarding Timeline
- ☐ Plan internal job shadows to understand the full scope of the agency's work (optional: unique to each provider)
- ☐ Introduction to OEO FSH Program Officer
- ☐ FSH OEO Agreement (grant or contract)
- ☐ FSH Policies and Procedures
- ☐ FSH Core Components: Housing Transition Services, Housing Stability, Case Management and Coordination
- ☐ FSH Eligibility Process, Prioritization, and Coordinated Entry
- ☐ Service Coordinator Core Competencies: Engagement, Assessment, Advocacy, Tracking/Adjusting and Teaming
- ☐ Homelessness Definitions
- ☐ Script/Standard Explanation of FSH
- ☐ Reporting Requirements
- ☐ Outcomes, Performance Measures and HMIS
- ☐ Home Visit Safety Protocols (unique to each provider)
- ☐ Supervision Expectations (unique to each provider) and Service Coordinator Professional Development Plan (sample is provided)
- ☐ Self-Care and Wellness Resources (unique to each provider)

### Training and Resources for Serving Families

- ☐ Plan for Existing Caseload Transition
- ☐ Practice Tools: *Welcome Home: Design and Practice Guidance for Supportive Housing for Families with Children*
- ☐ Expected Practice: *A Practice Framework for Delivering Services to Families in Supportive Housing, Strengthening Families Framework*

- ☐ Mandatory Training List (see *FSH Provider Manual* for full list of required trainings)
- ☐ External Job Shadow Expectations
- ☐ Family and Child Assessments (unique to each provider)
- ☐ FSH Financial Empowerment Guidance
  - *Your Money, Your Goals and Behind on Bills*
  - *FSH Financial Capability Orientation Guide*
- ☐ Family Savings Account Protocol (unique to each provider)

## Staff Selection and On-Boarding Timeline - OEO and Provider Responsibilities:

Responsible Party	Preparation	Orientation		Integration	Evaluation	Continuous Learning and Professional
	Hiring	First 30 Days	First 60 Days	90 Days	12 Months	18 Months
Provider	Update job description	Welcome	Supervisor Assesses Performance on Core Competencies and fills in	Check-in on Competency plan	Supervisor Assesses Performance on Core Competencies	Check-in on core competencies and planning
	Post position	Tech Set-up			Gather Family and Stakeholder Feedback	
		Assign work space				
	Set-up interview committee	Introduce to peers		Continue to Identify Training Opportunities	Conduct Staff Recognition	
		Explain Roles, Responsibilities and Expectations				
	Interview candidates using appropriate interview tools	Review grant agreement/provide overview of FSH, goals, history		Transition caseload		
		Set up meetings with housing and other community partners				
	Coaching and Supervision					
		Set up job shadow on-site				
		Local Training on Housing Resources				
		Set-up meetings with local stakeholders; bring to CoC Meeting				
		Assign self-paced on-line training modules	Complete On-line Training Modules			
OEO	Provide interview template and sample job description	Provide Template for Housing Training	Coordinate Job Shadow with FSH Provider	In-Person On-Boarding Site Visit	Provides Expectations and Indicators for Evaluation	
			Sets Expectations for Peer Job Shadow		Provides sample tools for family feedback	
					Obtains feedback from staff and providers on process and makes changes accordingly	
		Provide Policy Manual & Practice Tools	Welcome to Community of Practice; FSH facilitates communication loop for adminstrative and policy barriers		Collects training and selection data as part of the annual report	
				Helps to recognize staff at CoP meetings and in other forums		
		Share free and low-cost training information with providers regularly				

## Job Shadow:

### **Provider Responsibility: Internal Job Shadow**

- Existing Service Coordinator or supervisor provides the following:
  - A “tour” of the community to provide new Service Coordinators with introduction to community providers or partners they will work with frequently.
  - A discussion about job responsibilities, FSH philosophy and model, questions and answers regarding cases, common barriers, and solutions.
  - Shadowing the Service Coordinator with a client (if client approves).
  - Joint reflection of the day.

### **OEO Responsibility: External Job Shadow**

- OEO identifies FSH Service Coordinator or Supervisor available to host a new Service Coordinator.
- OEO plans the logistics of the day with the hosting agency and new Service Coordinator in collaboration with their supervisor.
- FSH host will set aside 2-3 hours for shadow.
- New Service Coordinator will plan for 2-3 hours of shadow plus up to 2 hours for driving each way.
- It is expected that the FSH host will at least touch on the following topics during their discussion with the new Service Coordinator:
  - Housing Transition Services
  - Housing Stability
  - Case Management and Coordination
  - Practice Tools
  - Partnerships

Since the new Service Coordinator will have already spent some time in the position in their own site the new Service Coordinator is expected to bring case scenarios or questions about common barriers and how they are overcome at the host site.

Other ideas for a shadow might include meetings with partner organizations, shadowing the host Service Coordinator with a client (if client approves), a tour of their workplace, and introductions to other services the hosting organization might offer besides FSH.

## Required Training:

FSH Providers, in the person of the FSH Service Coordinator, will participate in and complete the following trainings within the first 3 months of establishing a new FSH program or



employment of a new FSH Service Coordinator.

1. Mandated Reporter (Family Services): <https://goto.webcasts.com/starthere.jsp?ei=1087433>
2. Domestic Violence (AHS module):  
<https://www.ahsnet.ahs.state.vt.us/DVTraining/index.html>
3. Financial Empowerment: <https://dcf.vermont.gov/oeo/partners/trainings> (scroll down to Your Money Your Goals Toolkit videos)
4. Fundamentals in Trauma Informed Practice <http://training.vermontcwtp.org/>
  - Module 1 – Family Systems
  - Module 2 – Attachment
  - Module 5 – Core Competencies of Trauma Informed Practice
  - Module 6 – Adoption and Permanency – Loss, grief and trauma
  - Module 8 – Motivational Interviewing
  - Module 9 – Culturally Responsive Practice
  - Module 10 – Secondary Traumatic Stress
5. HIPAA Security and Privacy Training (Provided by FSH Provider).

In addition to the mandated trainings, FSH Service Coordinators are encouraged to participate in trainings offered by OEO or other community partners. Examples included: The Poverty and Opportunity Training Forum, HMIS trainings (for Service Coordinators who will be HMIS users), trainings offered by Corporation for Supportive Housing and recorded webinars at <https://dcf.vermont.gov/oeo/partners/trainings>.

Completed trainings will be logged and submitted annually at the end of the program year.

### Optional Tools to Support Providers:

Staff selection, training, and on-going supervision are essential for developing and improving staff competencies to support the program. Below is a set of best practices to guide providers in these areas.

### Staff Selection Best Practices Checklist:

- ☐ **There is someone accountable for recruiting and selecting relevant staff for the program or practice.**  
A specific person is responsible for coordinating the quality and timeliness of recruitment and selection processes for staff who will implement the program or practice. This person is able to execute the responsibilities related to his/her role in the selection process.
- ☐ **Job descriptions are in place for relevant staff that will implement the program or practice.**  
Job descriptions are:
  - Clear about expectations for the position.

- Aligned with the competencies required for the FSH program to be implemented competently.

☐ **Individuals accountable for selection understand the skills and abilities needed for relevant staff.**

Individuals accountable for selection:

- Know the knowledge, skills, and abilities related to the staff position.
- Accurately assess applicant knowledge, skills, and abilities.

☐ **Selection protocols are in place to assess competencies for Service Coordinators and other staff that carry out the program.** Selection protocol includes all of the following:

- An assessment of core skills needed for the position.
- Specific procedures (e.g., scenario, role play) for assessing individual ability to perform key skills.
- Specific procedures for assessing ability to receive and use feedback provided during the interview.
- A documented process for review of adherence to the interview protocol.
- Record of the ratings of individuals' responses.

☐ **Selection processes are regularly reviewed.** Selection processes are annually reviewed and revised as needed to improve the selection process. The annual review examines at least three of the following:

- Interview results (e.g. protocol adherence, applicant responses).
- Training data.
- Turnover data.
- Exit interview results.

Interview process protocol available in Appendix K.

Fixsen, D., Naoom, S., Blase, K., Friedman, R., & Wallace, F. (2005). *A Review and Synthesis of the Literature Related to Implementation of Programs and Practices*. Tampa, FL: National Implementation Research Network. Metz, A., & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero to Three (J)*, 32(4), 11-18.

## Staff Training Best Practices Checklist:

Training should support staff in acquiring the skills and information needed to carry out the FSH program. Training of staff provides knowledge related to the theory and underlying values of the FSH program and practice, opportunities to practice new skills to meet expectations, and feedback in a safe and supportive training environment.

☐ **There is someone accountable for the training of relevant staff for the program or practice.**

A specific person is responsible for coordinating quality and timeliness of training for staff supporting the program or practice. This person can execute the responsibilities related to his/her role in training.

- ☐ **Agency staff provides or secure skill-based training for relevant staff on the program or practice.**

Training is:

- Required and provided before staff begin to serve families in FSH.
- Provided by trainers who have a deep content knowledge of the FSH program and practice and who are effective trainers.
- Skill-based and includes opportunities for practice and feedback in a safe environment.
- Comprehensive including practice-specific and complementary skills (e.g. equity, diversity and inclusion).

- ☐ **Agency staff use training data for improvement.**

Training assessment data are collected and provided to supervisors in a timely manner to improve staff competency and other implementation drivers.

### Supervision & Coaching Overview:

Coaching is the responsibility of the supervisor and is a necessary component for promoting staff confidence and ensuring competence. Skillful coaching serves the following functions:

- *Ensures support for staff:* Staff often do their work alone or in silos and can feel isolated, particularly as they encounter challenges in their work. Coaching ensures that staff feel supported to do their work well and reduces isolation.
- *Ensures skills are used in practice:* New practices or ways of work can be challenging for staff to use. Without coaching, staff often fall back on 'business as usual,' using skills they are already comfortable with even if those skills are not aligned with the FSH program or practice. Coaching ensures that the fragile, uncomfortable new skills are actually used in practice.
- *Ensures practice is aligned with the FSH goals:* Coaching allows supervisors to understand what staff are doing and saying, and support their practice so that their work is aligned with the FSH program and practice as it was designed.

### Supervision Best Practices Checklist:

- ☐ **There is someone accountable for coaching/supervising Service Coordinators on the program and practice.**

A specific person is responsible for coordinating the quality and timeliness of supervising relevant staff supporting the program or practice.

- ☐ **Supervision/Coaching is provided to improve the competency of relevant staff for FSH.**

Coaching is provided at least monthly to Service Coordinators during supervision. Feedback to staff is based on direct observation and at least one other data source such as:

- Group or individual reflections.
- Product or document review.

- Interviews with key stakeholders.

☐ **Supervisors look for opportunities to observe and coach the extent to which the Service Coordinator:**

- Uses formal and informal techniques to understand the strengths, interests, goals, needs, risks, stressors, and underlying issues of family members.

☐ **Supervision Best Practices Checklist, cont.**

- Understands the findings from formal and informal information gathering within the culture and context of the child and family.
- Uses the family's perspective and input to develop an accurate picture of the family for planning and decision making.
- Regularly asks families about their experience, supervising and coaching the desired behaviors and skills, self-assessing individual practice.
- Ask Service Coordinators to reflect on their own interactions with family members and seek guidance and professional development in areas they believe they need to strengthen.

☐ **Supervisors look for opportunities to observe and coach the extent to which the Service Coordinator:**

- Identifies who forms the family's group of formal supporters.
- Identifies who forms the family's group of informal supports.
- Engages and supports these people in playing a role in helping families meet identified goals.
- Adheres to an established protocol for meetings.
- Has ongoing communication with family members and the people who support them.
- Documents results of communications, used in practice and service adjustments.

**Tips for Getting Feedback From Family Members**

- Conduct focus groups.
- Seek help from independent parties to observe and assess the quality of engagement.
- Interview families (supervisors).

☐ **Supervisors look for opportunities to observe and coach the extent to which the Service Coordinator:**

- Understands and monitors family status in the change process, identifies emergent needs and makes adjustments to plans.
- Addresses known risks to reduce/avert crises.
- Identifies unmet family needs and attends to them in planning efforts with all team members.
- Ensures safety plans are in place when needed.

See reflective and educational supervision self – assessment checklist in Appendix L.

### **Competency Development Plan**

See the *Service Coordinator Competency Development Plan* tool in Appendix N. This tool:

- Outlines and defines all the essential functions of a Service Coordinator.
- Is intended to help supervisors assess Service Coordinators' practice, essential skills, and gaps in knowledge.

Filling it out with the Service Coordinators or using it in conjunction with other supervision tools should help supervisors hone in on the skills necessary for Service Coordinators to be effective and identify areas where training and professional development may be needed.

The Competency Development Plan is based on the core competencies described in the practice profile in the FSH Provider Manual.

### **Summary:**

Support and coaching are necessary to ensure Service Coordinators can perform effectively, focus on self-care and continue to grow and learn in their role.

As a whole, the organization responsible for delivering supportive housing services is also responsible for building staff competencies and creating a supportive organizational environment through policies, procedures and technical capacities.<sup>1</sup>

### **Tools and Attachments:**

- Service Coordinator Job description – Appendix J
- FSH Staff Interview Package – Appendix K
- Reflective and Education Supervisor Self-Assessment – Appendix L

### **Learn more:**

- <https://implementation.fpg.unc.edu/> © 2018 NIRN – University of North Carolina at Chapel Hill <sup>1</sup>

<sup>1</sup> For more information about critical implementation success factors, go to the resources available through the National Implementation Research Network at <http://nirn.fpg.unc.edu/>

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## Section 5 – Financial Capability Guide

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### How to Use This Guide

This short guide serves as an orientation resource for existing staff, as well as for incoming staff and new Family Supportive Housing (FSH) sites. OEO suggests walking through it with new staff members within their first thirty days of hire.

### What is Financial Capability?

There are many definitions of financial capability which all include a degree of knowledge, skills, and self-efficacy to make the best financial decisions in one's life. Prosperity Now (formerly CFED) provides this succinct definition:

***Financial Capability:***

*Having financial knowledge, practicing financial skills and accessing financial products. These strategies provide on-ramps for families to get on the path toward saving and building assets.*

### What Are the Components of Our Approach?

The overall FSH program goal is to reduce the incidence and duration of homelessness through supports for families as they transition to and sustain permanent housing over time. The service coordination and case management components of the program serve to address the root causes of a family's homelessness, promote resiliency for parents and their children, and build financial capability.

OEO provides learning and coaching support to support the integration of financial capability services. Support is tailored to the needs of an FSH site and offered this through a mix of statewide, regional, on-site, and telephone training and technical assistance centering on the three aspects of financial capability:

**1) Financial Knowledge**

Examples include topics such as predatory lending, credit scores, and financial tech apps.

**2) Financial Skills**

Examples include goal setting, identifying key priorities, and budgeting and tracking

### 3) Financial Products

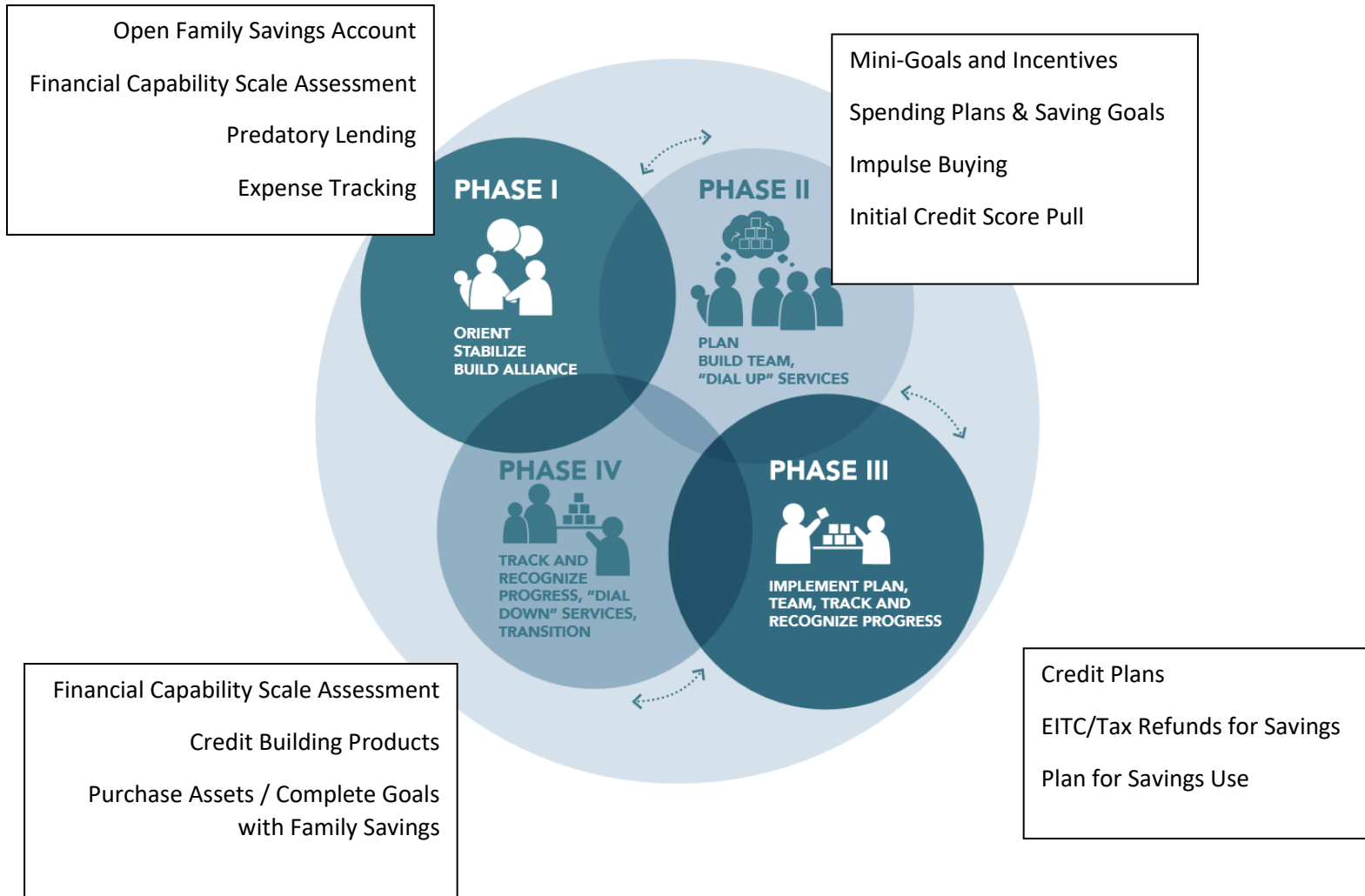
Examples include rent reporting, secured credit cards, and incentivized savings accounts.

#### Operating Guidelines

FSH Sites	OEO
<ul style="list-style-type: none"><li>• Engage and participate fully in the learning community (regionally, at statewide meetings, and in webinars)</li><li>• Work to identify and be proactive in sharing your and clients' learning needs to feel confident in the subject matter.</li><li>• Build the capacity of your organization and those of new team members by putting new knowledge, skills and tools into practice.</li><li>• Serve as a resource to other sites.</li><li>• Work together with local Financial Coaching program to identify and develop banking products/services suited to client needs</li><li>• Establish a partnership with a local financial institution</li><li>• Establish a partnership with a local financial education/coaching services provider for client referrals</li></ul>	<ul style="list-style-type: none"><li>• Provide training via statewide and regional workshops and webinars</li><li>• Work to address the learning needs identified.</li><li>• Be available throughout the year for one-on-one technical assistance and coaching calls, and to help orient new sites and team members.</li><li>• Connect and refer sites to one another to serve as ongoing community resources.</li><li>• Work together with site to identify and develop banking products/services suited to client needs</li><li>• Check in with each site monthly</li><li>• Provide implementation support for connecting and working with local partners</li></ul>

## Framework

The model below was adapted from [A Practice Framework for Delivering Services to Families in Supportive Housing](#). The four phases acknowledge that families have different needs at different points in time when looking at the “moving in” to “moving on” continuum. This framework serves as a way to identify the financial knowledge, skills and products that may be a good fit for families at each phase.





## Financial Capability Scale

The Center for Financial Security at the University of Wisconsin-Madison and the Annie E. Casey Foundation have developed the [Financial Capability Scale](#) as a tool to increase coordination across organizations and to support positive client impact. This short list of questions should be asked and recorded:

- At initial intake
- Annually in Quarter 4
- As families are transitioning out of services.

In addition to providing quantifiable pre and post evaluation measures, this tool can help prioritize where to start, and it should also be provided to any financial education providers as part of the referral process.

The assessment tool is included in Appendix L.

## Family Savings Accounts

### *Background*

The Family Savings Account is an incentivized savings account available to all families participating in FSH. As one low-income saver put it: “How do you learn to make financial plans for the future without actual money to plan with?” By linking saving to meeting goals, placing limits on early withdrawal, and providing incentives that encourage families to save regularly over an extended period of time, Family Savings Accounts are designed to help families develop new financial habits.<sup>2</sup>

OEO can support you with integrating savings into the rest of your work with families. Keep the following tips in mind when working with families who are new to saving:

1. Tie saving to a goal or goals.
2. Creating the habit of savings is more important than the amount saved.
3. The habit of saving is created by saving regularly.
4. It’s ok to save different amounts each time, but even better to start with a small amount that you absolutely know you can commit to, save that amount consistently, and build from there.
5. Figure out the starting amount by building a budget.
6. For new savers, orienting to saving weekly can work better than to monthly.
7. Savings builds faster when windfalls (such as incentives or tax refunds) are added to regular contributions.

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<sup>2</sup> *What Motivates Low Income Earners to Save Money?* Lenna Im and Camille Busette. Earn Research Institute, January 2011.

### *Who can participate?*

All families enrolled in the Family Supportive Housing program are eligible to participate during the time they are enrolled in the program. Opening a Family Savings Account and participating in the savings program is voluntary for families. To remain eligible for incentives and bonus funds throughout the savings program, families must only withdraw funds for the purpose of meeting financial goals agreed upon with the FSH coordinator. To encourage the habit of regular savings, withdrawals will be limited to once every six months. It is strongly recommended that families save for a year or more before making withdrawals to best support building the habit of regular saving.<sup>3</sup>

### *How does a family make contributions?*

Contributions can be any size. Contributions of \$10 or greater and periods of regular monthly savings will earn incentives and bonuses as described below.

Families should be able to make deposits in-person, by mail or online. Programs are encouraged to facilitate in-person deposits because it creates a stronger relationship between the financial institution and the family.

### *How will we help the account grow?*

Families can boost their savings through incentives and bonus funds. Families must keep savings accounts open a minimum of six months to qualify for incentives and bonuses. Families are eligible to receive up to \$850 during enrollment in the FSH program, as follows:

- **START SAVING BONUS:** Upon enrollment in the FSH program a Family Savings Account will automatically be opened for families with a deposit of \$60.
- **SAVE STEADY BONUS:** Families may earn an additional \$50 when they save every month for a six-month period while the account is open. This bonus may be earned twice, while the account is open. The amount of savings does not matter.
- **MATCHING FUNDS:** Families earn an incentive of \$30 for each month and a deposit of \$10 or more is made into the account.

### *What can families save for?*

At the onset, families must establish a savings plan in writing with their Service Coordinator. Goals may evolve over time and changes to the plan must be recorded.

### **Purposes for the Family Savings Accounts include, but are not limited to:**

- Emergency Savings for unexpected expenses (such as medical, car repair, etc)
- Savings to be used for credit building tools, such as secured credit cards and loans.
- Transportation/Car

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<sup>3</sup> *Accounting for the Role of Habit in Regular Savings, Caizilia Loibel, 7 May 2011.* This study of IDA program savings patterns finds that savings become “most regular between months 19 and 24”.

- Small Business/Self-Employment
- Post-Secondary Education or Job Training
- Employment-related goal (e.g., equipment, uniform, etc)
- Education/Enrichment Activities for Kids (e.g., costs to participate in school band or summer camp)
- Saving to settle debts that present a barrier to banking or credit building.
- Saving to increase use of financial products and services (checking accounts, IRAs, etc...)
- Other savings goals related to supporting family well-being.

**When a family is ready to use their funds:**

- Families can use savings (family & program funds) once every six months towards their savings plan; use of funds does not need to wait until graduation from FSH.
- The family must have completed financial training (through classroom or ongoing coaching) which includes goal setting, tracking spending, budgeting, banking, credit, and savings.
- Requests to use funds should be in writing and meet the stated purpose of the family savings plan.
- Any use of funds that includes program (incentive, bonus) funds must be made as vendor/third-party payments.
- If a family has graduated from FSH, the family has 90 days to use their funds.

*Research and resources*

- *What Motivates Low Income Earners to Save Money?* Lenna Im and Camille Busette. Earn Research Institute, January 2011.
- [Accounting for the Role of Habit in Regular Savings](#). Caizilia Loibel, 7 May 2011.
- Prosperity Now (Formerly CFED). <https://prosperitynow.org> . Good resource for learning more about savings models for low income families.

## Family Mini-Goals

Setting short term financial goals and taking steps to achieve those goals are important stages of progress. We support these by providing incentives (in the form of a gas or grocery card) when families meet their goals. Each family enrolled in FSH is eligible to earn up to \$150 in Family Mini Goal Incentives.

The following may be helpful in creating a menu of services to help families decide which mini goals they would like to work towards to earn their grocery or gas card incentives.

## Setting Goals

- ☐ Complete one or more goal action plans using the Goal Cards. If there are pieces to each main goal, complete one or more of those.

## Spending

- ☐ Identify monthly income that is really coming in (from jobs, 3SquaresVt, borrowed money, selling something you own, birthday gifts, bottle money, found money, etc.). More important to get a real amount than to know the sources.
- ☐ Have a weekly conversation about money with your Case Coordinator for an entire month.
- ☐ Review household bills, whether any are overdue, and/or create a simple calendar of when bills are due each month.
- ☐ Add income into the calendar. Can bills or income be rescheduled to make things easier?
- ☐ Create a plan to pay off overdue bills.
- ☐ Create a simple system for organizing bills using a multi-pocket envelope.
- ☐ Discuss household roles about money management – who is better at managing details? Who is most interested in handling the money? Who is feeling strongest about the identified goals?
- ☐ Make a list of household expenses to track.
- ☐ Create/think through a complete tracking plan.
- ☐ Track one expense (food, cigarettes, or soda, etc.) for a week.
- ☐ Track one expense (food, cigarettes, or soda, etc.) for a month.
- ☐ Track all expenses for a week.
- ☐ Track all expenses for a month.
- ☐ No money to track? Practice by tracking minutes used on your cell phone.
- ☐ Discuss Wants versus Needs and/or Must Pay versus Could Pays
- ☐ Define household Must Pay versus Could Pays
- ☐ Budget for a week
- ☐ Budget for a month

## Credit

- ☐ Send for your free credit report at [www.annualcreditreport.com](http://www.annualcreditreport.com)
- ☐ Review the credit report with the service coordinator (alternatively, obtain the report and review it with a credit coach and discuss what you learn with the case coordinator)
- ☐ Make a plan for adding positive, active credit to your report to increase your score over time.
- ☐ Get an approximate score via Credit Karma
- ☐ Discuss how your score might help you with your future goals.
- ☐ Use your budget to figure out how much you can afford to put towards debt.
- ☐ Make a list of debts owed using an Excel worksheet.
- ☐ Identify the most important debts to repay.
- ☐ Create an action plan to begin paying on one (non-collection) debt.
- ☐ Get a secured credit card or credit building loan.

## Banking

- ☐ Obtain and review your [ChexSystem report](#). This report will show you the information that a bank uses when deciding whether to let you open an account.
- ☐ Settle a debt that is preventing you from opening a banking account.
- ☐ Open a new checking account.
- ☐ Open a new savings account.
- ☐ Set up direct deposit to save money.
- ☐ Start putting away money for retirement with an IRA, myRA or employer provided 401K.
- ☐ If you have a checking account or debit card, use the check register to record spending and keep the account balanced for one month.
- ☐ Set up online banking and learn how to use bill pay features.