CHIME
Child Homelessness Intercept Mapping & Engagement

Early Childhood Education Report

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EXECUTIVE SUMMARY

Child Homelessness Intercept Mapping and Engagement (CHIME) began when a consortium of Boston community leaders came together to draw attention to the needs of <u>accompanied children experiencing homelessness</u> (i.e., children 0-18 experiencing homelessness with a parent or legal guardian). CHIME, funded by Dana-Farber Cancer Institute, is an interactive community strategy highlighting cross-system collaboration among state and municipal executive offices and departments, community leaders, front line staff, and people with lived experience to improve services for accompanied children experiencing homelessness. Horizons for Homeless Children led the community convening efforts and informed the preparation and facilitation of the Early Childhood Education mapping. The Early Childhood Education Gear Executive Summary represents the second of six planned CHIME mappings.

Critical Gaps. In Boston, early childhood education suffers from a dramatic lack of capacity with an estimated 76% of children 0-2 not having access to formal early education[1]. Children experiencing homelessness are disproportionately impacted when resources are stretched beyond capacity. The CHIME Early Childhood Education report will focus specifically on gaps and resources for children experiencing homelessness but the larger context of the early childhood sector places further emphasis on the challenges faced by these children and their families. Critical gaps identified during the CHIME mapping include:

- No state-required McKinney-Vento Coordinator for early childhood education resulting in limited care coordination among systems or understanding of systemic problems experienced by children experiencing homelessness.

- Lengthy waitlists for subsidized childcare in combination with the underutilization of funding certain sources results in children experiencing homelessness not having timely access to early childhood education - a significant protective factor.

- No state-required screening of children's psychosocial, developmental, or physical health needs and strengths or system-wide infrastructure to support provision of resources post-screening, which impedes understanding the needs of children and the facilitation to necessary interventions for children experiencing homelessness.

- For homeless children who are experiencing multiple stressors and the teachers and staff who support them on a daily basis, there are minimal classroom supports for the social-emotional health of children, staff, and teachers.

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[1] https://www.tbf.org/-/media/tbf/reports-and-covers/2023/boa_early-ed-and-care-report-20230503

- Lack of shared databases to coordinate care within early childhood education or among cross-sector partners.

Opportunities.

- Participation by the Massachusetts Department of Early Education and Care Commissioner and City of Boston Office of Early Childhood Director in the CHIME mapping and beyond demonstrated their commitment to help address gaps in early childhood education for children experiencing homelessness.

- Throughout the mapping, the enthusiasm and commitment of the early childhood partners was evident. Participants were ready to plan for child-focused action and committed to moving plans forward.

- Underutilized funding opportunities to increase capacity of early childhood education for accompanied children experiencing homelessness and subsequently advocate for increased funding.

- Existing strong coalitions with ongoing advocacy efforts for early childhood education across the state. Early childhood education providers and advocates including Neighborhood Villages, Jewish Family and Children's Services, Mayor's Office of Early Childhood, Horizons for Homeless Children, and Department of Early Education and Care leadership are lifting up the foundational challenges for early childhood education in Massachusetts.

Priorities for Change. Based on the gaps and opportunities identified, participants determined and began Action Planning the following three Priorities for Change:
1. Create a coordinated and integrated system for supporting individual and community social/emotional health throughout the organization (children, families, staff).
2. Allow automatic eligibility for early childcare voucher upon entry into shelters or identified as doubled-up and create clearinghouse for available early childcare spots and connect to those spots.
3. Create universal resource and imbed review with families at all entry points such as shelter orientation process, school registration, early education, and McKinney-Vento communications, etc.

Balancing Child-Focused Service Needs with general funding, capacity, and staffing needs. While the focus of CHIME is on services for children experiencing homelessness, participants also acknowledged the broader issues within early childhood education including the impact of COVID (i.e., providers closing) resulting in even less access to early childhood

education for families as well as the lack of access to <u>quality</u> services. While some of those issues are raised here, CHIME is focused on the needs of children experiencing homelessness, some of which will overlap with these broader systemic issues.

Table of Contents

INTRODUCTION

In 2021, a consortium of Boston community leaders came together to draw attention to the needs of accompanied children experiencing homelessness (i.e., children 0-18 experiencing homelessness with a parent or legal guardian). With funding from the Dana-Farber Cancer Institute and championed by former Massachusetts First Lady Lauren Baker, the Child Homelessness Intercept Mapping and Engagement (CHIME) project kicked off in June 2022 at Boston College with more than 80 state, city, academic, and community leaders.

The purpose of this report is to provide a summary of the second of six CHIME Mappings held in Boston, MA, at The Salvation Army Ray & Joan Kroc Corps Community Center on December 5th & 6th, 2022. Led by Horizons for Homeless Children and championed by Amy Kershaw, Department of Early Education and Care Commissioner and Kristin McSwain, Office of Early Childhood Director and Senior Advisor to the Mayor, the convening is part of an innovative exploration to develop collaborative systems of support for children 0-18 experiencing homelessness with a parent or legal guardian. Fifty-seven key state, municipal, and community leaders – and caregivers currently experiencing homelessness participated in the convening. This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the mapping;
- A summary of the information gathered at the mapping;
- A map as developed by the group;
- A description of resources;
- Identified gaps and opportunities;
- Priorities and action planning matrices as developed by the group; and
- Observations, comments, and recommendations to help Boston achieve its goals.

Background

CHIME was developed by Kathleen Kemp, Ph.D. and Patricia A. Griffin, Ph.D. It is a systems level intervention and Policy, Systems, and Environmental (PSE) Change approach designed to improve access to services and positive experiences for accompanied children experiencing homelessness. PSE Change approaches aim to sustain long-lasting, equitable changes within communities to provide all residents with opportunities for improved health and safety. CHIME provides an organizational framework to identify and address the critical issues impacting accompanied children experiencing homelessness through a PSE Change lens.

CHIME leverages the experience and research behind two evidence-informed practices: the Sequential Intercept Model (Munetz & Griffin, 2006)[2] mapping workshops and the Aspen

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[2] The Sequential Intercept Model (SIM) is a framework and tool to facilitate cross-systems collaboration developed by Drs. Mark Munetz and Patty Griffin and implemented by Policy Research Associates, Inc.

Institute's Two-Generation (2Gen) framework (Aspen Institute, 2021)[3]. More than 20 years ago, Dr. Patty Griffin, as part of her work with the national Substance Abuse and Mental Health Services Administration's GAINS Center for Behavioral Health and Justice Transformation[4], developed the mapping workshops as a systems level, interactive intervention to help community stakeholders identify service and policy gaps and opportunities to address the needs of their target population. Policy Research Associates, Inc. expanded, formalized, and widely disseminated the mapping workshops[5].

The Aspen Institute 2Gen approach focuses on the whole family to understand the multiple dimensions required to facilitate pathways to success.

The 2Gen framework structures child and family services and support into six gears: Economic Assets (including shelter and housing), Early Childhood Education, K-12 Education, Health & Well-Being, Social Capital, and Post-Secondary and Employment Pathways. Using this multi-dimensional framework, CHIME identifies practices, services, and policies in each 2Gen gear that affect accompanied children and their caregivers experiencing homelessness.

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[3] https://ascend-resources.aspeninstitute.org/resources/state-of-the-field-two-generation-approaches-to-family-well-being/
[4] https://www.samhsa.gov/criminal-juvenile-justice/sim-overview
[5] https://www.prainc.com/wp-content/uploads/2017/08/FFS-SIM-508.pdf
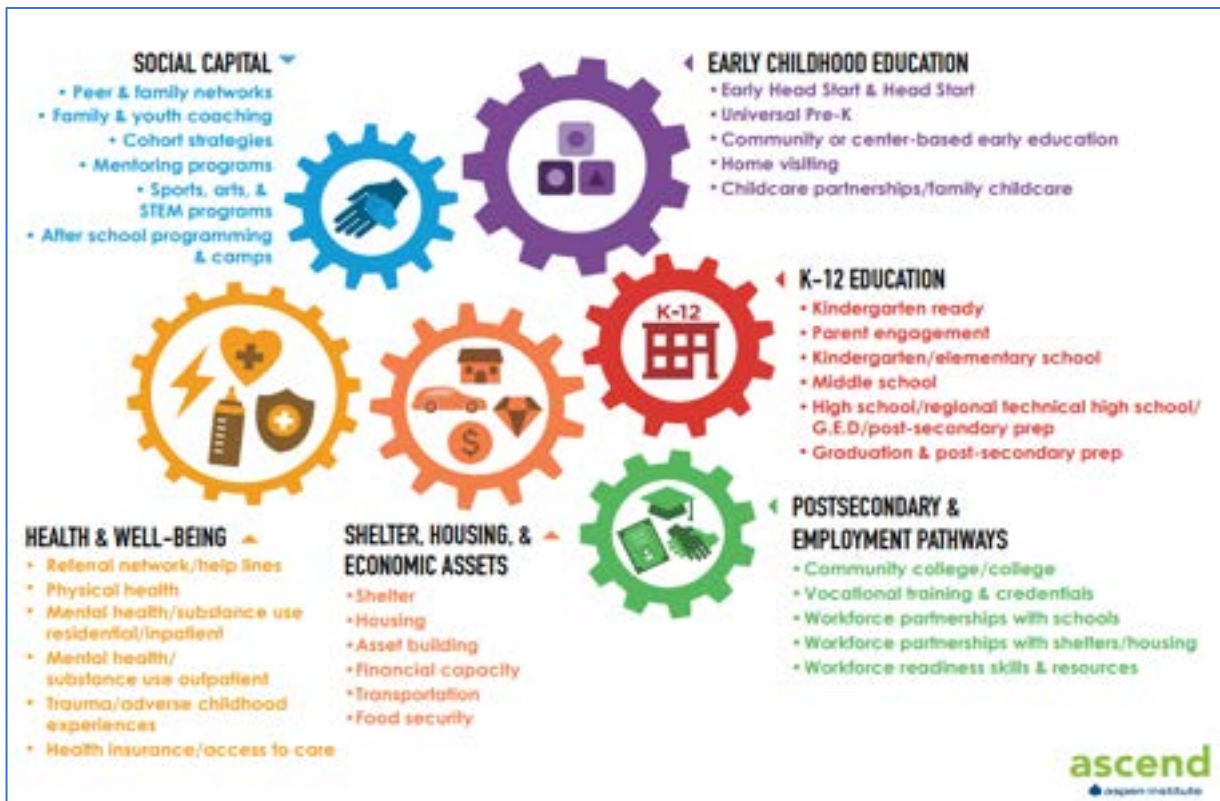
CHIME is an interactive community strategy to assess current resources and plan for action-oriented problem solving and improving services for accompanied children experiencing homelessness. During the mapping process, facilitators, community leaders, front line staff, and people with lived experience collaborate to achieve **three primary objectives**:

1) Map the local systems serving accompanied children experiencing homelessness including resources, gaps, and opportunities.
2) Develop priorities based on community input and gain agreement from CHIME participants on the priorities to action plan.
3) Develop action plans to make measurable improvements on coordination of services for homeless children and families.

Why Focus on Accompanied Children Experiencing Homelessness?

Today in Boston, 30% of children live in poverty and an estimated 6,000 children are experiencing homelessness, of which roughly half are children under 6. The Federal McKinney-Vento Act[6] by the U.S. Department of Education defines homeless children as those who "lack a fixed, regular and adequate nighttime residence," including those: sharing housing due to loss of housing or economic hardship (i.e., doubled up); living in motels, trailer parks or campgrounds; living in emergency or transitional shelters; abandoned in hospitals; primary nighttime residence

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[6]https://nche.ed.gov/mckinney-vento-definition/

that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations; and migratory children who qualify as homeless because they are living in circumstances described above.

In fact, Boston ranks 4th in the country for the rate of family homelessness and experienced a 46% increase in family homelessness between 2007 and 2022.[7] After Massachusetts changed its emergency shelter eligibility policy for homeless families in 2012 that included the addition of a new criterion to document homelessness - staying in a location "not meant for human habitation" - a Boston Children's Hospital study revealed 65% of kids who presented to the emergency department had no medical complaint but identified homelessness as the primary reason for presentation (Stewart et al., 2018). Homelessness is a preventable Social Determinant of Health that has a wide impact on children's physical, mental, social, and academic health and well-being. Children who experience homelessness are:

- Two times more likely to not get enough food to eat (Burt, 1999).
- More likely to experience each of the 11 ACEs with 68.1% reporting four or more ACEs compared to only 16.3% who reported no homelessness in childhood (Radcliff et al., 2019).

It is, therefore, not surprising that children who experience homelessness:

- Are four times more likely to have a developmental delay and two times more likely to have a learning disability (Burt, 1999).
- Endorse disproportionately higher rates of self-injury and are three times more likely to have attempted suicide than housed youth (Perlman et al., 2014).
- Are at risk for higher rates of hospitalizations and poor child health (Sandel et al., 2018).
- Experience a mortality rate more than ten times that of youth in the general population (Auerswald et al., 2016).

CHIME Goals

At each CHIME mapping, the facilitators, community leaders, front line staff, and caregivers with lived experience will identify current community-based services and positive experiences available for accompanied children experiencing homelessness, gaps in access to those services as well as the array of services available, and gather consensus on priorities the community identifies aimed at achieving three overall goals:
- Increase program capacity or prioritization of accompanied homeless children
- Improve access and coordination of services
- Increase utilization of services for accompanied homeless children

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[7] https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf

A key element of CHIME is the collaborative process. Meaningful cross-system collaboration is required to establish and coordinate effective and efficient services for accompanied children experiencing homelessness. This makes the composition of the group extremely important. While some workshops involve advertising to an entire provider community, it is essential in CHIME mappings that the organizers gather a group that represents key decision makers and varied levels of staff from the relevant provider systems.

In total, there will be six Boston CHIME mappings (one mapping for each 2Gen gear) and one summit that will encapsulate the work of all six gears.
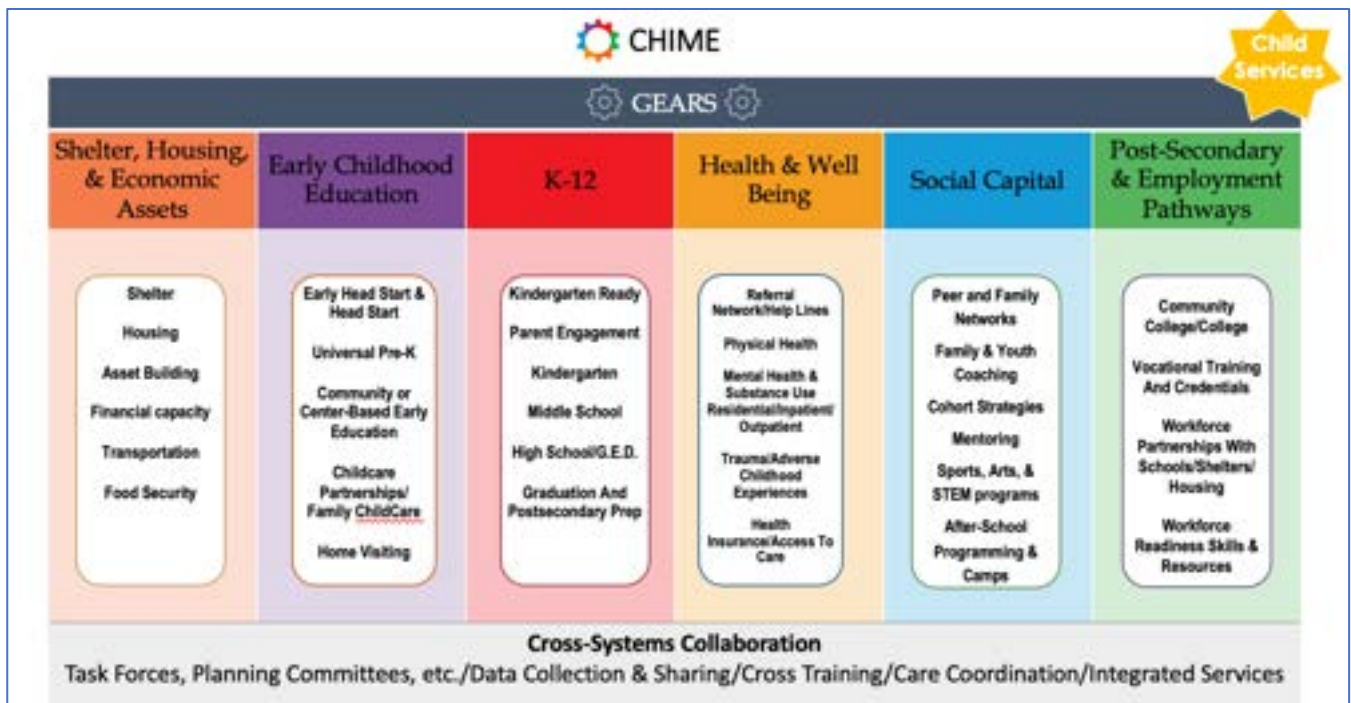
The Aspen Institute's 2Gen gears and their actual or estimated CHIME mapping date:

- Shelter, Housing, & Economic Assets (September 15 & 16, 2022)
- Early Childhood Education (December 5 & 6, 2022)
- K-12 Education (March 30 & 31, 2023)
- Health & Well-Being (September 2023)
- Social Capital (January 2024)
- Post-Secondary & Teen Employment Pathways (May 2024)
- Cross-System Leadership Summit (November 2024)

The centerpiece of CHIME is the development of a systems map. As part of the mapping activity, the facilitators work with the CHIME participants to identify resources and gaps. This process is important since the landscape of services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by

planners to establish greater opportunities for improving outcomes for accompanied children experiencing homelessness by addressing the gaps and building on existing resources.

One critical component of CHIME is gaining consensus among participants about priorities for change and beginning to create action plans to move the priorities forward. As part of the mapping activity, the facilitators work with the CHIME participants to identify and subsequently vote on potential priorities for change to start action planning. The final priorities receiving the most votes are then worked on by smaller groups of participants determined on a volunteer basis. Given the focus CHIME puts on cross-sector collaboration, action plans may build upon themselves at future mappings as more leaders are brought into the project. Subsequent reports will show the development of existing plans and the addition of new plans, leading to a selection of master action plans and final report to be shared at the Summit in 2024.

CHIME Early Childhood Education

DRAFT 1.23.23

Identification	Screening	Planning and Accessing Care	Managing and Coordinating Care	Tracking Care

Information Call Center/Online Portal
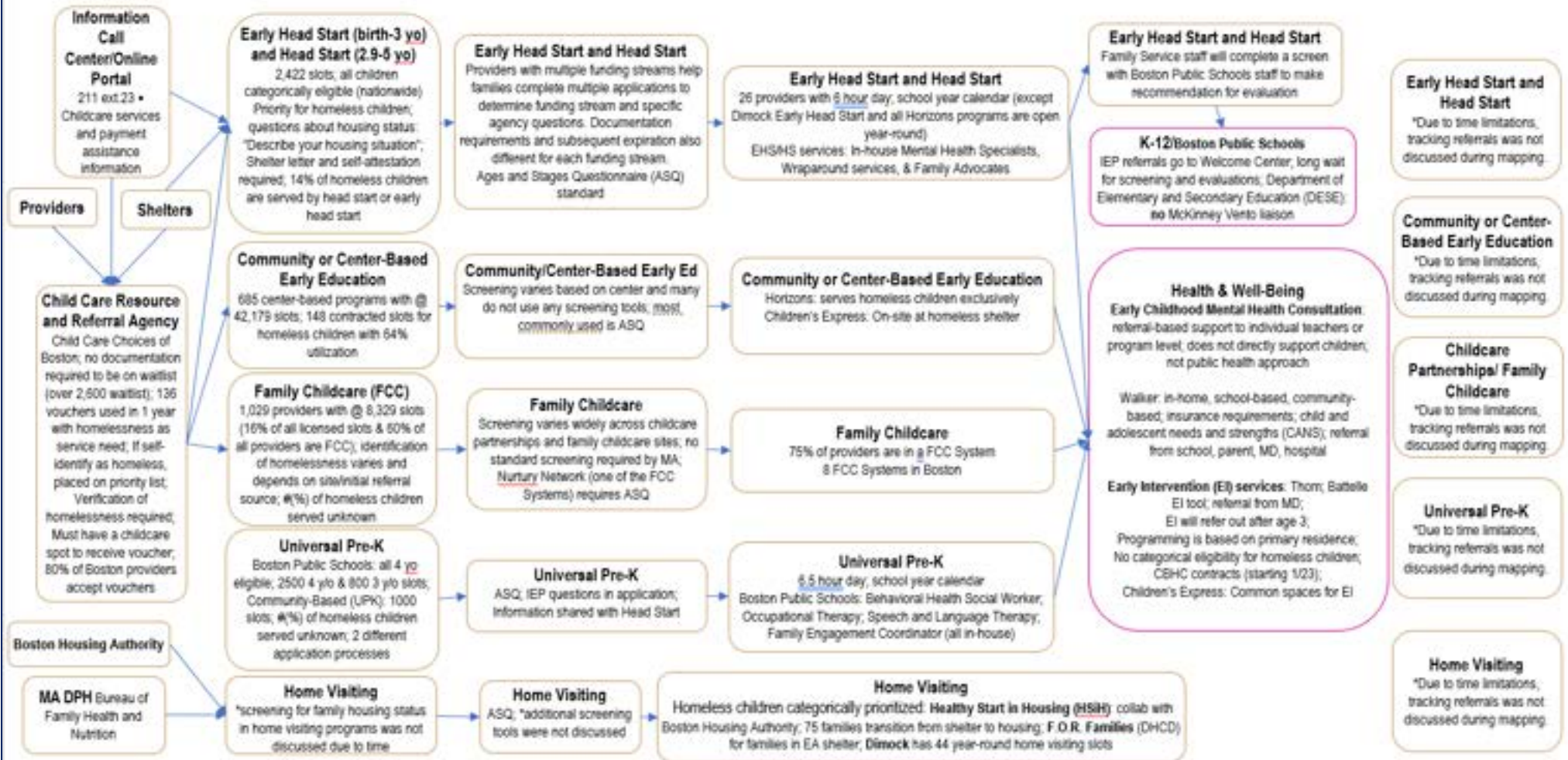211 ext.23 • Childcare services and payment assistance information

Providers

Shelters

Child Care Resource and Referral Agency
Child Care Choices of Boston; no documentation required to be on waitlist (over 2,600 waitlist); 136 vouchers used in 1 year with homelessness as service need; If self-identify as homeless, placed on priority list; Verification of homelessness required; Must have a childcare spot to receive voucher; 80% of Boston providers accept vouchers

Boston Housing Authority

MA DPH Bureau of Family Health and Nutrition

Early Head Start (birth-3 yo) and Head Start (2.9-5 yo)
2,422 slots; all children categorically eligible (nationwide) Priority for homeless children; questions about housing status: "Describe your housing situation"; Shelter letter and self-attestation required; 14% of homeless children are served by head start or early head start

Early Head Start and Head Start
Providers with multiple funding streams help families complete multiple applications to determine funding stream and specific agency questions. Documentation requirements and subsequent expiration also different for each funding stream. Ages and Stages Questionnaire (ASQ) standard

Early Head Start and Head Start
26 providers with 6 hour day; school year calendar (except Dimock Early Head Start and all Horizons programs are open year-round) EHS/HS services: In-house Mental Health Specialists, Wraparound services, & Family Advocates

Early Head Start and Head Start
Family Service staff will complete a screen with Boston Public Schools staff to make recommendation for evaluation

Early Head Start and Head Start
*Due to time limitations, tracking referrals was not discussed during mapping.

Community or Center-Based Early Education
685 center-based programs with @ 42,179 slots; 148 contracted slots for homeless children with 64% utilization

Community/Center-Based Early Ed
Screening varies based on center and many do not use any screening tools; most commonly used is ASQ

Community or Center-Based Early Education
Horizons: serves homeless children exclusively Children's Express: On-site at homeless shelter

Community or Center-Based Early Education
*Due to time limitations, tracking referrals was not discussed during mapping.

K-12/Boston Public Schools
IEP referrals go to Welcome Center; long wait for screening and evaluations; Department of Elementary and Secondary Education (DESE); no McKinney Vento liaison

Health & Well-Being
Early Childhood Mental Health Consultation: referral-based support to individual teachers or program level; does not directly support children; not public health approach

Walker: in-home, school-based, community-based; insurance requirements; child and adolescent needs and strengths (CANS); referral from school, parent, MD, hospital

Early Intervention (EI) services: Thom; Battelle EI tool; referral from MD; EI will refer out after age 3; Programming is based on primary residence; No categorical eligibility for homeless children; CBHC contracts (starting 1/23); Children's Express: Common spaces for EI

Family Childcare (FCC)
1,029 providers with @ 8,329 slots (16% of all licensed slots & 60% of all providers are FCC); identification of homelessness varies and depends on site/initial referral source; #(%) of homeless children served unknown

Family Childcare
Screening varies widely across childcare partnerships and family childcare sites; no standard screening required by MA; Nurtury Network (one of the FCC Systems) requires ASQ

Family Childcare
75% of providers are in a FCC System 8 FCC Systems in Boston

Childcare Partnership/ Family Childcare
*Due to time limitations, tracking referrals was not discussed during mapping.

Universal Pre-K
Boston Public Schools: all 4 yo eligible; 2500 4 y/o & 800 3 y/o slots; Community-Based (UPK): 1000 slots; #(%) of homeless children served unknown; 2 different application processes

Universal Pre-K
ASQ; IEP questions in application; Information shared with Head Start

Universal Pre-K
6.5 hour day; school year calendar Boston Public Schools: Behavioral Health Social Worker; Occupational Therapy; Speech and Language Therapy; Family Engagement Coordinator (all in-house)

Universal Pre-K
*Due to time limitations, tracking referrals was not discussed during mapping.

Home Visiting
*screening for family housing status in home visiting programs was not discussed due to time

Home Visiting
ASQ; *additional screening tools were not discussed

Home Visiting
Homeless children categorically prioritized: Healthy Start in Housing (HSiH) collab with Boston Housing Authority; 75 families transition from shelter to housing; F.O.R. Families (DHCD) for families in EA shelter; Dimock has 44 year-round home visiting slots

Home Visiting
*Due to time limitations, tracking referrals was not discussed during mapping.

CHIME Mapping Narrative

The following was information learned during the CHIME Mapping of the **Early Childhood Education (ECE) Gear**. In this mapping, participants were guided by facilitators to identify gaps in services, resources, and opportunities at each of five distinct process points:

- Identification of accompanied children experiencing homelessness
- Screening of accompanied children experiencing homelessness
- Planning and accessing care to meet the needs of children experiencing homelessness
- Managing and Coordinating care across systems
- Tracking care coordination and engagement

This narrative provides a description of local activities as well as gaps and opportunities identified in the areas covered by the ECE Gear including Early Head Start, Head Start, universal pre-kindergarten (UPK), community or center-based early childhood education, family childcare/childcare partnerships, & home visiting. This narrative may be used as a reference in reviewing the ECE Map.

The Gaps and Opportunities identified in this report are the result of input from workshop participants. These points reflect a variety of partner opinions and are, therefore, subjective rather than a majority consensus.

The Priorities and Action Plans identified in the report are the respective result of votes from each of the participants, and plans developed by the participants.

General Description of CHIME Early Childhood Education Mapping

On December 5th and 6th, 2022, the second of six CHIME Mappings was held in Boston, MA. Kate Barrand, Horizons for Homeless Children, Amy Kershaw, Department of Early Education and Care Commissioner and Kristin McSwain, Office of Early Childhood Director and Senior Advisor to the Mayor opened the mapping. A total of 57 individuals attended including 48 participants and 9 observers. Of the 48 participants, 41 were invited to complete the CHIME Community Self-Assessment Survey (see Appendix 7) and 30[8] did so prior to the mapping to share information about themselves and their organizations. People with lived experience were well represented with 8 (17%) participants reported ever experiencing homelessness as a caregiver or child and 4 (8%) participants in the mapping having current lived experience. Participants who completed the survey self-identified in the following current roles:

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[8] CHIME participants who attended a prior convening were not asked to repeat the survey. A total of 41 individuals who RSVP'd to the Early Childhood Education event were invited to complete the CHIME Community Self-Assessment Survey.

People with Current Lived Experience	1
Shelter, Housing, and Homelessness Services	1
Early Head Start or Head Start, Universal Pre-K, family childcare/childcare partnerships, home visiting	17
Behavioral Health and/or Medical Services	4
Mentoring, Coaching, Sports, Arts, & Camps	2
Post-Secondary Education, employment, or training program	1
Other State or Local Government Agency	4
Other	2

Pre-Mapping Survey Findings

Prior to the CHIME mapping, participants also answered questions about collaboration and coordination; identification and screening; and services for children experiencing homelessness in the Boston area.

- Regarding collaboration and coordination of services, 78% of ECE participants reported their organizations did currently collaborate with other stakeholders to meet the needs of accompanied children experiencing homelessness compared with 3% of Shelter, Housing, and Economic participants.
- Regarding identification and screening of accompanied children experiencing homelessness, 52% of participants stated their organizations did not use any validated screening tools.
- Finally, 68% of ECE participants agreed that their organizations prioritized accompanied children experiencing homelessness for service(s) within their agencies compared to 60% of Shelter, Housing, and Economic participants. Of those who prioritized their services, 60% endorsed that those services were specifically designed for children experiencing homelessness. It is important to reiterate, as indicated above, the pre-mapping survey represents agencies from across multiple systems including K-12, Health and Well-Being, and Shelters, Housing and Economic Assets. Participants noted that services prioritizing children experiencing homelessness extended beyond ECE to include housing assistance, case management, and essentials such as food, clothing, etc.

Engaging Families with Lived Experience

The involvement of parents and caregivers in families with lived experience in CHIME is essential to fully understand gaps and opportunities in the various systems supporting them and their children. Families experiencing homelessness are the most challenging partners to involve primarily because they must prioritize meeting their and their child(ren)'s day to day needs while

working towards securing stable housing, but also because it can be triggering or otherwise trauma-inducing to ask families to share their personal perspective on a system that has not adequately supported them. The CHIME project team has taken several trauma-informed steps to ensure people with lived experience have an opportunity to participate in each CHIME Mapping session, including:

- Providing compensation for their time in the form of Amazon gift cards and cash for each day attended, to allow for most flexibility of spending.
- Holding preparation meetings between the project manager and families and their case managers in advance of their participation, to meet each other personally, discuss the project and the mapping process, and define clear expectations and roles.
- Providing any necessary accommodations for parents or caregivers and their children prior to and/or on the day-of mapping sessions, including ensuring their case managers are in attendance when possible and providing a separate, nearby space for children and parents to sit and play at. Materials such as coloring books, snacks and juice, and other supplies are provided at the space.
- Holding individual post-mapping meetings between the project manager and families and their case managers in the week following the sessions to collect additional insight that they may not have felt comfortable sharing at the in-person event, and feedback on improvements the project team can make to best engage, prepare, and accommodate families.

Description of Current Resources

Department of Early Education and Care

The Department of Early Education and Care (EEC) is part of the Executive Office of Education. EEC licenses approximately 9,000 child-care programs, residential facilities, and foster care/adoption placement agencies and supports an average of 55,000 children from low-income or at-risk families to attend a high-quality family or group child-care program.

The EEC contracts with early education providers to offer early education vouchers and prioritize early education slots specifically for families experiencing homelessness. The last bid for these contracted slots was in 2009. Data suggests that the current contracted slots are at 64% annual utilization. The EEC will conduct a new bidding process in 2023 to redistribute the contracted slots. During the mapping, the EEC shared they had an upcoming public comment process regarding early education slots for families experiencing homelessness as well as other funding streams and hoped to have new regulations out in late December 2022 that offer dignity and respect in facilitating access to childcare financial system. Only 2% (n=284) of all children accessing a Boston-based ECE slot received financial aid due to status of homelessness despite an estimated 10% (n=2,700) of all children eligible for ECE experiencing homelessness in Boston.

The EEC increased the daily reimbursement rate for ECE providers by 10% for FY 2022. Despite the increase, providers noted the rates for reimbursement for subsidized early education and care remain too low to cover the variety of costs associated with early childhood education (e.g., teacher salaries, classroom materials, etc.). For providers who have access to multiple funding streams, this results in being deliberate about how many slots they utilize within a given funding stream and when they are utilized to maximize the reach of children supported, which participants noted has created a placement process that is funding-centered and not family-centered.

Child Care Resource and Referral Agency

A Child Care Resource and Referral (CCR&R), funded by the EEC, serves as a resource hub for families, child-care professionals, and communities to find child care and authorizes vouchers for access to subsidized child care. In Boston, Child Care Choices of Boston (CCCB) is the contracted provider of this service. CCCB maintains a waitlist for access to an early education subsidy. Families can be placed on the waitlist via telephone, online portal, or 211 without any documentation requirements. Historically, the total waitlist for subsidized child care is long (often more than 2,000 children) and families can be waiting months or years for financial support. For reference, the waitlist dated back to October 2021 at the time of the Mapping. Families experiencing homelessness (according to the McKinney-Vento definition) are given priority status if the family self-identifies as experiencing homelessness during the initial phone call. Income-eligible vouchers issued are portable and can be used at any provider accepting these vouchers, but contracted slots are only accessible at the designated provider, which is particularly relevant to families experiencing homelessness who may move to new shelters or longer-term housing while their child is in ECE.

Once a family is selected from the waitlist to receive a single authorization voucher or access to a contracted slot, CCCB sends a letter via the postal service. The family must call CCCB within 15 days to set up an appointment to complete an application and verify their income and service eligibility for child-care financial assistance, or they may be removed from the waitlist. There are no options for e-mail, phone call, or text due to organizational capacity restraints (i.e., limited staffing) which is particularly challenging for families with no regular address.

If a family has been on the waitlist for over a year, they will be mailed a renewal letter via the postal service asking for confirmation that they wish to remain on the waitlist. If a family does not respond, they will be removed from the waitlist. A family may be placed back on the waitlist if they call 211 or CCCB within 30 days of the removal with their original application date. A family will be placed back on the waitlist with a new application date if they call after 30 days of removal. Families on the waitlist can update their record, view waitlist status, and see notification history on EEC's Self Service Waitlist Application Tool.

Current policy states that the family must find an open child-care slot at a provider willing and able to accept the voucher before it is issued. Approximately 83% of Boston childcare providers and 56% of providers across MA accept vouchers (K. Graceffa, personal communication, May 2023). CCCB helps families identify available options in the city by providing a list of providers with open child-care slots. However, CCCB is not able to provide navigation services to help families connect with or tour these organizations to determine appropriate placement. When a family identifies a slot, the family must then submit valid photo identification and proof of legal residency in Massachusetts as well as verification of homelessness (e.g., letter from shelter). If the family has a school-aged child and is not in shelter but otherwise meets the McKinney-Vento definition, CCCB will ask the child's school to fill out an approval form as confirmation. If the family does not have a school-aged child, there is not a standard set of questions to inquire about their housing situation; CCCB has a form that defines McKinney-Vento, and the final determination will be left to the staff member following a conversation between the parties.

Child-care providers can only retroactively bill for 3 weeks from the time a voucher is issued, so most providers require that the family has the voucher at the time of acceptance and will not hold a child-care slot due to potential loss of payment. Participants noted this uncoordinated process further complicates the pathway for families to receive ECE as it is unclear which step to take first; a mother with lived experience shared that when she was navigating the ECE system, she did not know what to do (what the process was). Some providers can fill the payment gap with alternative funding sources (e.g., private fundraising, local, state, and federal grants) but many providers do not have capacity to get additional funding.

CCCB then authorizes a voucher for child care. As noted earlier, vouchers allow for family movement (geographically) and can travel with the family to a new child-care facility if needed.

Early Head Start and Head Start

Early Head Start and Head Start are federally funded programs that promote access to receive quality early education services for children ages 0-2.9 and 3-5 (or until they can enter kindergarten), respectively, in low-income families. Early Heath Start and Head Start programs are offered in Center-Based Child Care, Family Child Care, and home visiting settings. Head Start and Early Head Start services provide comprehensive services to support children's physical, social, emotional, nutritional, and dental health. Typically, Early Head Start is open year-round 8:30am-2:30pm and Head Start is open on the traditional school year schedule 8:30am-2:30pm unless providers have additional funding through grants or fundraising to support a longer day or year-round services (e.g., Horizons for Homeless Children).

Early Head Start and Head Start services are coordinated by local lead agencies as determined by a bidding process held by the federal government. In Boston, Action for Boston Community

Development (ABCD) and the Dimock Center are the federally contracted agencies where families initiate the application process and are registered for Early Head Start and Head Start services. There are 19 Boston-based locations offering Early Head Start and Head Start programming, and 22 locations in Suffolk County (2,184 Head Start slots and 590 Early Head Start slots total).

Children in families that meet McKinney-Vento are automatically eligible for Early Head Start and Head Start services and receive categorical priority within both programs. Both ABCD and The Dimock Center have Enrollment Specialist positions that help families navigate the complicated application process that may require completing multiple applications to determine which funding source the child is eligible to access. Since federal funding for early childhood education follows the McKinney-Vento definition of homelessness and families may be unaware they meet this definition, ABCD and The Dimock Center have separately developed questions to inquire about a family's housing status during the application process. If a family is engaged in a formal shelter or program already, the shelter or program could also provide a letter about the housing situation to support the application. If a family claims they are staying at a specific address, another option is the leaseholder or owner of that home/apartment can be asked questions to help determine if the family has a fixed and adequate regular residence at the address. Both ABCD and The Dimock Center has translation services available for 5 languages on- and off-site.

For families who are doubled-up, they often call an ABCD location or the central intake number requesting services. ABCD and The Dimock Center can meet the family in the community at a location convenient to them and identify their needs. During the mapping, providers noted that most doubled up families do not know their children are eligible to be prioritized for ECE services. ABCD and The Dimock Center try to be a centralized resource to help families navigate the multiple applications but both agencies acknowledged there is no designated central agency to serve this function.

Federally funded slots require a different application and documentation process than the aforementioned Massachusetts EEC-funded income-eligible single authorization vouchers or homeless contracted slots process. The applications and documentation are also maintained in separate virtual portals, which forces providers to upload multiple applications to multiple portals. Providers noted this duplication of efforts as a barrier to efficiently supporting families.

Participants noted the process of obtaining funding and finding an open ECE slot was not trauma-informed or culturally sensitive for any family and especially families experiencing homelessness. Families participating in the mapping noted that the extensive documentation required and the need to share their story repeatedly risked re-traumatization for their children and made them feel they had to prove they are worthy of receiving support.

The Dimock Center: Head Start program (102 slots, school-year schedule), Early Head Start center-based program (124 slots, year-round), and Early Head Start Home Visiting program (44 slots, year-round).
ABCD: See Appendix 6.

Universal Pre-K

The Boston Universal Pre-K (UPK) program is offered by Boston Public Schools (BPS), community-based providers, and family childcare providers (starting in SY 2023-2024) for 3- and 4-year-olds. Regardless of location, UPK is a 6.5-hour school day for 180 days per year. UPK enrollment requires a different application process from Early Head Start or Head Start, which parents are frequently unaware about. Participants noted that documentation requirements also differ for Boston UPK applications compared to Early Head Start or Head Start (see Appendix 5). Knowledge about the UPK application process is spread primarily by word of mouth, so information about the application process requires social capital. UPK programs also have geographic boundaries which increase the difficulty in determining options especially for families without a physical address.

Families must be aware of their status of homelessness as well as the UPK registration window to initiate the application process early on and ensure priority access for their child(ren). Given limited capacity, participants noted families experiencing homeless and seeking UPK should come in as early as possible (preferably January) to receive priority status to receive a seat in UPK. Most families are unaware of the need to register this early, which is a particular problem for families experiencing homelessness who have lesser social capital or community connections than housed families.

BPS UPK: 800 slots for 3-year-olds (K0) and 2,500 slots for 4 year-olds (K1).
Community-Based/Family Childcare Providers UPK: 1,000 slots for 4-year-olds.

Community or Center-Based Early Education

In the Metro Boston area[9], there are 685 center-based ECE programs with a total of 42,179 slots[10] as of January 2023 (see Appendix 4 for Tables). Center-based ECE programs offer several types of early education and care including out-of-school time programs that operate before/after school or during the summer, center-based care for infants, toddlers, preschool, or UPK/Kindergarten age children, and Early Head Start and Head Start programs (described above).

In Boston, there are two center-based providers who provide services either exclusively for children experiencing homelessness and/or in connection with a shelter: Horizons for Homeless

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[9] The Metro Boston areas includes near-by communities like Chelsea and Quincy.
[10] This number includes after-school care for children K-12.

Children and The Dimock Center. Horizons is also the only early childhood-focused organization in the Commonwealth that focuses advocacy efforts exclusively on the needs of children and families experiencing homelessness.

Regarding screening practices, both Horizons for Homeless Children and Children's Express reported using the Teaching Strategies Gold, which is completed over time, and the Ages and Stages Questionnaire (ASQ). While the ASQ is a formal developmental screening tool, staff at Horizons and other participating agencies noted it does not adequately capture the needs of the child thus leaving screeners without a clear pathway to provide interventions. This, in combination with the lack of system-wide infrastructure to act on screening results, has led providers to instead use the ASQ as a general family engagement tool. There are no state requirements for required screening tools or practices. Additionally, specific protocols for using screening data to make referrals vary by site and there are no specific rules across agencies on how to utilize the information once collected.

Family Child Care

Within the Metro Boston area, there are 1,029 licensed providers with 8,329 slots as of January 2023 (see Appendix 4 for Tables). Family child care (FCC) providers largely operate independently and, therefore, there is no mechanism to fully understand the extent or types of screening tools used, services provided, or other referral processes used across FCC providers as a whole or for children experiencing homelessness specifically.

Massachusetts FCC providers have the option to participate in an FCC System. FCC Systems contract with FCC providers who wish to take advantage of resources and supports such as training, technical assistance and consultation, monitoring, and referrals to health and social services for children in their care. FCC Systems vary in their requirements and the level of support and resources they offer to providers. The EEC does not require any monthly reporting of services provided by the FCC Systems. According to mapping participants, 75% of FCC providers belong to an FCC System. The following are FCC Systems that have Boston-based FCC providers engaged in their Systems:

- Boston Chinatown Neighborhood Center
- Catholic Charitable Bureau of Boston
- Children's Services of Roxbury
- Neighborhood Development Corp of Jamaica Plain
- Nurtury, Inc.
- Project Hope
- Child Development and Education
- Family Daycare, Inc.
- Bethel Child Care

Home Visiting Programs

Massachusetts Home Visiting Initiative (MHVI) provides evidence-based home visiting services to families across the state through local service agencies for pregnant and parenting families of young children. It is part of the national Maternal, Infant, and Early Childhood Home Visiting Program funded by Health Resources and Services Administration (HRSA). The MHVI is open to all families and is managed by 22 contracts statewide and offers 24 home visiting models of care. In Boston, eight agencies serve Boston and/or the surrounding areas (see: https://www.mass.gov/massachusetts-home-visiting-initiative-mhvi/locations).

As of early 2022, MA Department of Public Health (DPH) found that approximately 10% of MHVI participants meet the Health Resources and Services Administration (HRSA) definition of homelessness, which is consistent with McKinney-Vento. MHVI services include parent's and the child's health, positive parenting, child development, school readiness and injury prevention. Home visits can occur in shelters or the community and generally start with weekly visits to move to monthly visits over time.

There are a couple of MHVI programs that prioritize families experiencing homeless or recently transitioned to permanent housing:

Healthy Baby Healthy Child (HBHC): a collaboration with the Boston Housing Authority and has space for up to 75 families transitioning from shelter to housing. Families who are Boston residents with a child between the ages of birth to 5 can receive free, confidential services including home visits.

Healthy Start in Housing (HSiH): a collaborative initiative of the Boston Public Health Commission and the Boston Housing Authority that helps housing insecure, high risk pregnant and parenting families, with a child under the age of 5 who has a complex medical condition requiring specialty care, to secure and retain housing.

The goals of HSiH are to improved birth outcomes and improved health and wellbeing of women and families. Key strategies include the provision of housing as well as intensive case management aimed housing retention and participant engagement in services and interventions that contribute to participate achievement of their self-identified goals.

F.O.R. Families (Follow-Up Outreach Referral): a program funded jointly by DHCD and the Bureau of Family Health and Nutrition in the Massachusetts Department of Public Health for families living in an Emergency Assistance (EA) shelter. The Home Visitors conduct family assessments and make referrals for additional services.

FIRST (Families In Recovery SupporT) Steps Together: a program funded by DPH that is able to provide flexible, community based and virtual services for families in recovery. Mapping participants reported working with many families experiencing homelessness, but the program does not designate families experiencing homelessness as a priority population.

Outside of HVMI programs, The Dimock Center has 44 slots of Early Head Start home-based services that follow the [federal requirements and standards](#) of the home-based option.

Additional Information about Related Areas of Interest: Topics outside of early childhood education including Early Intervention and Individualized Education Plans were not covered in detail during the current convening and will be discussed at future mappings including the K-12 Education and Health & Well-being CHIME mappings.

Early Intervention (EI):
- Referrals for EI can come from a variety of sources to help determined child is currently in need of or may soon need developmental intervention (e.g., a primary care physician).
- COVID has increased the need for EI across the board; participants noted most children born within the last three years would be determined eligible for the service. This creates a greater strain on the EI provider system as each referred child must be seen for an in-person assessment often conducted by several staff.

Individualized Education Plan (IEP):
- Any child with Boston residency can visit the Boston Public Schools' Welcome Center to determine if they qualify for an IEP evaluation. If the child is not yet in Kindergarten, the BPS will assign a "dummy" school to begin the process.

Opportunities In Early Childhood Education

- There are minimal barriers for families with documented citizenship to be placed on waitlist for an early education voucher (i.e., must provide an unexpired, valid ID and verify status as homelessness based on McKinney-Vento definition).
- There is priority status for families who are categorized as homeless on the waitlist.
- There are multiple ways families can be placed on the waitlist for subsidized child care (calling the office of the closest HS lead agency, contacting 211, or using the online portal).
- In the past, the EEC had a system in place that allowed for earlier billing from providers back to initial enrollment versus early education voucher receipt, which could theoretically be done again for these vouchers, allowing for expedited reimbursement, and therefore giving the providers the ability to hold early education spaces for children experiencing homelessness.

- Reimbursement of early education vouchers to providers could be based on a flat capacity rate (i.e., the number of total slots and not the number of slots that are currently being used).
- Income-eligible vouchers are portable and travel with the child that is utilizing it.
- The EEC aims to spend down all available dollars to support children on the early education waitlists, so that the case can be made for additional funding. Procurement is happening now, with new contracts to be released in January 2024.
  o As new contracts are developed, there is opportunity to consider how the state can best support FCC Systems to be trained more effectively and provide them with funding that can be used to offer or connect to additional supports for children.
- At the time of the Mapping, EEC shared it was releasing new regulations over the next month regarding facilitating access to child care following a December public comment process in which providers, families, and other partners could provide feedback. As of May 2023, the extensive feedback process was wrapping up.
- Co-locating high quality services including day care[11], clinicians, and other wraparound supports at EA shelters to increase ease of access to these services for homeless children.
- At the time of the Mapping, it was shared that a multi-year roadmap looking to increase community-level service delivery of behavioral health supports was being developed and implementation would begin in January 2023. As of May 2023, implementation on the Massachusetts Behavioral Health Roadmap had begun and the EEC had held several convenings with Horizons and other providers to provide additional insight.

Gaps In Early Childhood Education

Identification
- Waitlists for subsidized child care:
  o There are very lengthy waitlists for subsidized child care. Even if a child receives priority status via homeless designation, it may take several months or longer to be approved for and access subsidized child care.
  o Families experiencing homelessness must self-identify and verify their status as homeless to have their child placed on the waitlist with homeless designation and may not be aware of this (otherwise they are placed at the end of the waitlist, which includes families who have stable housing). There are not a standard set of questions asked regarding housing status.
  o Families are often unaware they are homeless under the McKinney-Vento definition (i.e., doubled up), thus may not be aware they are eligible to be granted priority status for subsidized child care.

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[11] Children experiencing homelessness are more likely to face developmental delays and other learning delays, thus co-located day care at EA shelters should be specialized, of the highest quality, and implemented in safe and spacious shelter(s).

- Current policy states that the family must find an open child-care slot at a provider able and willing to accept the voucher before it is issued (roughly 86% of Boston child care providers), which is often difficult due to limited slots.
- Child Care Resource and Referral Networks (CCR&Rs) help identify available child-care slots and share the list with parents, but there is no navigation process to assist families in connecting or visiting with the identified organizations to determine an appropriate placement.
- Once a family identifies a child-care slot, they complete the application requirements including submitting required documentation (see Appendix 5) for the voucher which can be difficult for families to access and further delays receipt of the voucher, risking the identified child-care slot.
- Although providers may hold the identified slot for a family, providers can only bill for up to 3 weeks from the time the family receives the final voucher. Thus, providers are often unwilling to hold a slot due to large gaps in receipt of the voucher.
- Families on the waitlist for extended periods of time may not be aware of the need to resubmit documentation deemed expired. Failure to resubmit the necessary documents risks loss of subsidy.
- Each provider has a limited number of government funding sources that may include homeless contract slots, Income-Eligible voucher and/or contracted space, Head Start, and/or Early Head Start. Children are granted access to early education slots by being fitted into one of these funding streams by providers, thus the process of funding a child-care slot is not child-centered.
- Available and accessible child-care slots are particularly limited for children experiencing homelessness since not all ECE subsidies are portable (only income-eligible vouchers), and only 56% of all providers across the state accept vouchers.
- Only 2% (n=284) of all children accessing a Boston-based ECE slot received financial aid due to status of homelessness despite an estimated 10% (n=2,700) of all children eligible for ECE experiencing homelessness in Boston.
- EEC homeless contracted slots have not been re-procured since 2009 despite there being a mismatch between current awarded slots and providers who actively utilize them, resulting in only 64% of funding set aside for homeless contracted slots being utilized in Boston. (see Opportunities section for information on next procurement).
- Because not all available slots/funding set aside for homeless children are utilized, the EEC cannot request additional funding even though current funding, if used at the maximum, would not be enough to support all the families on the waitlist.
    o While additional funding is necessary to support more children, there are not enough slots to serve all children on the waitlist, a supply limitation that most profoundly impacts infants and toddlers; roughly 5,161 formal education and care seats are located in Boston compared to over 21,000 children aged 0-2 living in the city[1].

- Undocumented families do not meet eligibility to receive a voucher for subsidized child care.
- Despite a 10% increase in reimbursement rates over the past year by the EEC, rates for reimbursement to providers for subsidized early education and care remain too low to cover the variety of associated costs (e.g., teacher salaries, classroom materials, etc.), an issue that is particularly acute for infants and toddlers.

Universal Pre-K
- Universal Pre-K (UPK) is not well advertised thus families may not be aware of what UPK is, the benefits, or how to effectively access it. Families are often not aware of the need of registering for UPK as early as possible to ensure their child can receive access to the service. Even if they are aware of the best timing, they often wait until it is too late as they are navigating getting support to meet other more urgent needs.
- There is no McKinney-Vento coordinator for the early education space. Thus, there is no full understanding of the capacity required to ensure all children experiencing homelessness needing early education can receive it (the scope cannot easily be determined; current estimates are based on local microstudies that are several years old or older).

Family Child Care (FCC) Providers
- Compared to other child-care providers, FCCs often have limited resources when it comes to centralized, coordinated funded programs.
- Most FCCs do not have adequate access to professional development and training opportunities focused on effectively serving children and/or connecting them to other resources.
- As they are individual entities, FCCs vary vastly in terms of what they provide to children experiencing homelessness relative to additional supports.
- FCCs who agreed to become part of a collaborative FCC System may not understand that they remain individual entities and are able to share information about their work without approval from their FCC System.

Screening
- There is no standard, state-required screening tool to evaluate a child's psychosocial or developmental needs prior to or once enrolled in child care.
- There is also no infrastructure or training to help support the implementation of screening tool results.
- There is no standard service pathway, referral system, or centralized set of resources that providers can utilize to refer children and families after screening. Organizations using screening tools do not necessarily take follow-up action on issues they identify.

- While the Ages and Stages Questionnaire (ASQ)[12] is the most common developmental screening tool used across early education providers in attendance, it is not required thus is not used by all providers. The ASQ was also identified by participating families as feeling invasive, and questions did not seem child-focused. Other participants noted that while it can be helpful in engaging families, it is too broad an instrument and is not focused on supporting the child. Therefore, during home visits, parents are asked questions about their child(ren) but providers are not required to make direct observations of child(ren) and their behavior.
- There is not a universal application across the multiple funding sources in early education and most early education providers have two or more funding sources, each requiring different documentation.
- There is no set process to share client information across different providers. Families may have to complete several similar intake applications to access all needed early education services, thus having to repeat information they have previously shared.

Planning and Accessing Care
- Many FCCs and center-based providers work independently and may not have knowledge or staffing they need to help refer children to necessary early intervention or wraparound services.
- There are limited early education and care classrooms (i.e., Head Start, Early Head Start, and UPK) that provide extended hours for childcare. Most parents need childcare during typical business hours (8am – 5pm), 5 days a week, year-round to ensure they can work full-time and meet with other service providers to receive necessary supports.
- There is not a standard or equitable process in transitioning early childcare services a family's child(ren) receives when life circumstances change.

Early Intervention
While Early Intervention (EI) is a component of Health & Well-Being in the 2Gen model, EI is a critical resource for children under three and discussions focused on EI were initiated in the Early Childhood Education Mapping. Further exploration on EI will be done at future mappings, including the Health & Well-Being Mapping. Gaps identified at the ECE Mapping include:
- There is no categorical eligibility for homeless children receiving EI despite data reflecting an at-risk population in need of services.
- EI is not well advertised thus families may not be aware of what EI is or the benefits of their child receiving EI.

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[12] At the Mapping, the ASQ was acknowledged and used by early education providers as a family engagement tool rather than a screening tool given its aforementioned limitations.

- EI is increasingly important due to developmental delays stemming from COVID restrictions (i.e., lack of in-person interaction) but capacity of providers is not increasing to meet the need.
- Requesting an assessment for EI services was identified as a time-consuming burden on inquiring families, as the process may take numerous phone calls for an initial screening, adding another layer of complexity for families navigating multiple services.
- The process of assessment when undergoing screening for EI services is a "human process" (i.e., the assessment is subjective in nature and ultimately determination of the need of a developmental intervention is up to the one giving the assessment).
- EI services are reviewed on an annual basis and may be discontinued if a child is deemed "on track" based on conducted evaluations.

Boston Public Schools Individualized Education Plans (IEP)
IEPs were not discussed in detail during the ECE mapping. Discussions focused on IEPs will be held during the K-12 Mapping in March 2023. Gaps identified at the ECE Mapping include:
- The process to be screened for an IEP can take a long time.
    - One participant noted they've had at least one child age out of EHS and go to HS for a year before being evaluated.
- Once an IEP screening is completed, the child must undergo a subjective evaluation to determine need, which may not accurately capture the concerns a parent has of their child.

Managing and Coordinating Care
- Early Childhood Mental Health Consultation (ECMHC) is a reactive crisis-management approach that is done on an individual/classroom level, thus does not adequately support children or those working with children and does not reach all early childhood programs.
- EI programming timeline is based on primary residency (i.e., a catchment area), so children that move may have to restart program.
- Forgetting to update documents that determine eligibility for vouchers may result in loss of a voucher (e.g., forgetting to change address upon moving).

Tracking Care
Information on Gaps in this section was unable to be captured in detail during the Mapping. At least one participant noted there was a lack of databases to communicate referrals and track care.

Priorities for Change

Identified Priorities for Change

On Day 1, the group identified the following 12 priority areas. The chart below shows the rank order by the number of votes and priority area of work.

RANK	VOTES	PRIORITY
1	20	Embed early childhood mental health consultants in every early childhood program
2	17	Allow automatic eligibility for early childcare voucher upon entry into shelters or identified as doubled-up
3	15	Create system for trauma-informed support for staff
4	10	Increase awareness and supports for all available programs and services upon entry to shelter particularly early intervention and individualized education program
5	8	Clearinghouse for available early childcare spots and connect to those spots
6	6	Create priorities-based contracts (flexible priority populations) to increase utilization and meet needs in the moment
6	6	Expand early childcare hours to working hours all year – especially for children/families experiencing homelessness
7	5	Streamline policies and procedures for eligibility
8	3	Develop McKinney-Vento coordinator position for early childhood space
8	3	Create a system for wraparound services children involved in early childcare
9	2	Increase site-based bundled funding for children experiencing homelessness
10	1	Streamline documentation process and repository for families

Final Priorities for Change

At the beginning of Day 2, the group reviewed the original priorities and voting on Day 1. Participants decided that three priorities (noted below with asterisks) shared a common theme and were combined with the first priority for the purposes of Action Planning:

RANK	VOTES	PRIORITY
1	20	Support promotion, prevention, and intervention of mental health among children, parent, educator, and staff in every early childhood program*
2	17	Allow automatic eligibility for early childcare voucher upon entry into shelters or identified as doubled-up and create clearinghouse for available early childcare spots and connect to those spots
3	15	*Create system of trauma-informed support for staff**
4	10	Create universal resource and imbed review with families at all entry points such as shelter orientation process, school registration, early education, and McKinney-Vento communications, etc.
5	8	Clearinghouse for available early childcare spots and connect to those spots
6	6	Create priorities-based contracts (flexible priority populations) to increase utilization and meet needs in the moment
6	6	Expand early childcare hours to working hours all year – especially for children/families experiencing homelessness
7	5	Streamline policies and procedures for eligibility
8	3	Develop McKinney-Vento coordinator position for early childhood space
8	3	*Create a system for wraparound services for children involved in early childcare**
9	2	Increase site-based bundled funding for children experiencing homelessness
10	1	Streamline documentation process and repository for families

After discussion, the group finalized the following three priorities:

1) Create a coordinated and integrated system for supporting individual and community social/emotional health throughout the organization (children, families, staff).

2) Allow automatic eligibility for voucher upon entry into shelter or identified as doubled up and create clearinghouse for available early childcare spots and connection to spots.

3) Create and integrate universal resource for families at multiple entry points (e.g., entry to shelter, school registration, hospitals, etc.).

PRIORITY #1:
Create a coordinated and integrated system for supporting individual and community social/emotional health throughout the organization (children, families, staff).

Objective	Action Steps	When?	Who?
Create menu of services and identify scale of the need	Define context and extent of issues through data Articulate a "menu" of items, services, human resources that are needed Review recommendations from Neighborhood Villages Pilot program Convene listening sessions Address and coordinate needs assessment	February 2023	- Maura Letourneau - Sarah Muncey/NV/Claire McNally - EEC Mental Health Consultant - Teresa Harris, Kemberlie Grant - Boston Public Schools - Anne Douglass (UMass Boston) - Center on the Developing Child (Harvard University) - CHIME Team - Child Trends (The Aspen Institute) - Full Frame Initiative - Strategies for Children
Embed key staff on site and create culture shift	Research effective models with focus on ages 0 - 3 Coaching, mentoring of relationship building & switching/transitioning to "humbling" Create effective document	January 2023	- Lisa McElaney - Maura Letourneau - Deborah Stolbach
Support shift from "behavior issue" to "attachment model"	Review of existing models (North Carolina, Connecticut, etc.) inclusive of peer support and cultural competence		- Lisa McElaney - Early Intervention - EEC Mental Health Consultant

Create evaluation plan for measurement of outcomes	Collect existing data Partner with universities		- Brendan Fogarty - UMass/Northeastern (Anne Douglass; Kim Lucas)
Confirm funding streams	Flex Pool – EEC? Create funding model for "The Menu"		- Brendan Fogarty - Thara Fuller - Haji Shearer - Lynne Sheridan
Build capacity of professionals	Funding for BIPOC mental health Funding for pipeline of teachers Funding for wage increases and time for training/reflection		- Haji Shearer - Ayesha Cammaerts / Boston Children's Hospital - Lisa McElaney - Lynne Sheridan

Action Planning Participants: Brendan Fogarty, Horizons for Homeless Children; Thara Fuller, JFK Family Services Center; Kemberlie Grant, Horizons for Homeless Children; Teresa Harris, Horizons for Homeless Children; Maura Letourneau, Children's Express; Melissa Marlowe, MA Dept. of Public Health, Lisa McElaney, Jewish Family and Children's Services; Claire McNally, Ellis Early Learning; Sarah Muncey, Neighborhood Villages; Jayd Rodriguez, Horizons for Homeless Children; Lynne Sheridan, The Dimock Center; Haji Shearer, MA Dept. of Early Education and Care; Deborah Stolbach, Horizons for Homeless Children; Randi Walsh, Nurtury Boston

<table>
<tr><td colspan="4">PRIORITY #2:
Allow automatic eligibility for voucher upon entry into shelter or identified as doubled up and create clearinghouse for available early childcare spots and connection to spots.</td></tr>
<tr><th>Objective</th><th>Action Steps</th><th>When?</th><th>Who?</th></tr>
<tr>
<td>Simplify referral process to expedite access to childcare subsidy (and verification documents)</td>
<td>Identify process for families not in formal shelter (McKinney-Vento: Affidavit? Letter/verification from service provider?)

Coordinate with state agencies (EEC, DHCD) to improve referral and approval process (i.e., shelter letter for auto-issue of voucher, even if provisional)</td>
<td>Dependent</td>
<td>- EEC, CCR&R
- MEMA/Whoever runs 211 (United Way?)</td>
</tr>
<tr>
<td>Increase awareness of definitions like McKinney-Vento and overall referral process for early education (shelter staff, families)</td>
<td>Identify the appropriate place for "one stop shop" re: resources, subsidies, referral processes

Create visual map to explain the process: one pager (informed by focus groups w/parents; take into account all types of consumers)

Bring BPS to the table re: inventory of slots & availability of UPK and Pre-K slots

Determine the best way to ascertain capacity of child care slots routinely</td>
<td></td>
<td>- BPS
- BHA
- DHCD
- EEC
- CCR&Rs
- Families</td>
</tr>
<tr><td colspan="4">Action Planning Participants: Foluke Babalola, Horizons for Homeless Children; Kara Beauchemin, Horizons for Homeless Children, David Bessette, MA Dept. of Children and Families, Kaiti Coffin, United South End Settlements; Kelly Graceffa, Action for Boston Community Development; Nadine Jones-Ruffin, Boston Public Health Commission, Amy Kershaw, MA Dept. of Early Education and Care; Tyreese Nicolas, MA Dept. of Early Education and Care; Kate Pace, Action for Boston Community Development; Kathryn Ratey, Suffolk County Family Resource Center; Eugenia Soiles, MA Dept. of Early Education and Care; Lorraine Ward, MA Dept. of Transitional Assistance</td></tr>
</table>

PRIORITY #3:
Create and integrate universal resource for families at multiple entry points (e.g., entry to shelter, school registration, hospitals, etc.).

Objective	Action Steps	When?	Who?
Inventory available resources and supports	Pull from existing repositories (Aunt Bertha / findhelp.org, shelter lists) Survey and probe experts, providers, and families Break down by referral vs. Self-referral Identifying resources post-stabilization	Continuous	Task Force (see below)
Create task force to "own" creation/distributors of resource inventory	Identify stakeholders Developing a charter (including identifying roles; means of communication and frequency) Create and launch a training system Create and identify location and owner of resource	1 Year	- Families - United Way - DHCD - Community Organizations - Boston Public Schools - Boston Children's Hospital - Horizons for Homeless Children - ABCD - JBS - DTA - Mayor's Office of Early Childhood - Safelink - Organizations serving immigrant populations

			- Family childcare provider - City Councilor Erin Murphy
Integrate resource sharing into <u>shelter</u> orientation	Create <u>print</u> master list of resources (include in orientation paperwork) Create online repository of resources (or utilize existing repositories - Aunt Bertha / findhelp.org)	Continuous	- DHCD
Integrate resource sharing into <u>school registration</u> processes	Meet with Welcome Services and Superintendent's office Establish timeline for completion – for Summer 2023 launch or when it's done	6 months – 1 year	- Boston Public Schools: Denise Snyder, Ana Tavares
Integrate resource sharing into <u>hospital visits</u>	Ensure housing status is documented at every visit	6 months – 1 year	- Boston Children's Hospital (Ayesha Cammaerts) - Mary O'Donnell (MGH/Spaulding)
Integrate resource sharing into post-shelter processes		Continuous	- Boston Housing Authority
Create communication campaign	- Develop marketing materials - Create volunteer pool of folks to answer phone line - Create mayoral challenge / endorsement		- Local TV and radio
Action Planning Participants: Jillian Carrington, FamilyAid; Tricia Chapple, Boys and Girls Clubs of Dorchester; Renee Da Silva, St. Mary's Center for Women and Children; Brian Marques, Boston Public Schools; Mary O'Donnell, Mass General Hospital IHP; Monica Roberts, City Year Greater Boston; Heiry Romero, Action for Boston Community Development; Larry Seamans, FamilyAid; Shakeia Skinner, Horizons for Homeless Children; Fatima Villarreal, Horizons for Homeless Children			

Parking Lot

The CHIME Mappings cannot address all problems facing accompanied children experiencing homelessness. The Parking Lot is used to record issues which are not specific to accompanied children experiencing homelessness and/or issues that are important but cannot be addressed within a reasonable timeframe. During the Early Childhood Education mapping, the following issues were placed in the Parking Lot:

- Increase the number of early child-care slots
- Increase early child-care workforce and frontline staff support

Quick Wins

During the CHIME Mappings, there can also be issues raised that have a quick resolution such as a connection between agencies or people unfamiliar with each other but looking for a particular resource one or the other can offer. During the Early Childhood Education mapping, the following issues were offered as Quick Wins:

- Process for obtaining an early education voucher and identifying a child-care provider with an available slot can theoretically happen simultaneously to ensure the respective slot is granted to the child receiving the voucher.

Other Considerations

Below are additional considerations that were raised by people with lived experience or the CHIME Executive Committee when asked for feedback based on their experience and expertise. The considerations were not raised directly as priorities during the mapping but show promise in addressing some of the system gaps identified:

- All MA child care financial assistance for children experiencing homelessness as defined by McKinney-Vento should include an add-on rate for providers to ensure eligible children are receiving the same additional resources for wrap-around services. While one benefit of vouchers is that they are portable and can move with a child, they currently do not include this add-on rate, and homeless contracts (which do include this) are very limited in supply.

The CHIME project team also recognizes the importance of refining our own processes and incorporating feedback from people with lived experience into future CHIME events.

Based on feedback from family participants with lived experience and other stakeholders at this and past mapping sessions, the CHIME project team plans to add or otherwise maintain the following changes to better prepare and accommodate families:

- Incorporate cultural humility into the CHIME values
- Provide an opportunity to meet with a social worker prior to and/or following mapping sessions.
- Coordinate a pre-Mapping discussion between the project manager with existing participating families and new participating families to build peer support.
- Make explicit mention of the priorities that families who participated in the mapping voted on with the larger group before finalizing the top priorities, to elevate the voices of those currently experiencing homelessness.

Afterword

Family homelessness is the largely invisible health crisis in our country today. Periods of housing instability and homelessness are traumatic for adults but deeply harmful to children with lasting long-term impacts which have been well documented. Children experiencing homelessness are four times as likely to have developmental delays, twice as likely to have learning disabilities, and twice as likely to repeat a grade, most often due to frequent absences and moves to new schools (Buckner, J.C., Bassuk, E.L., Weinreb, L.F., and Brooks, M.G.). If children experiencing homelessness do not get the appropriate interventions, including access to high quality childcare, early intervention, and mental health services, they will inevitably be prone to homelessness in their adulthood. At Horizons we see this trend among our existing parent base. Boston must address the issue of family homelessness aggressively in the coming years if it truly wants to earn the reputation of being a 'family centric city' espoused by Mayor Wu.

We must begin by stepping away from the limitations of point-in-time surveys so often used to establish the scope of the issue in Boston. These counts ignore the majority of homeless children in our community that live neither in shelter nor in plain view—they stay doubled up along with their families with family, friends, or even perfect strangers. Such doubled-up homelessness is associated with numerous risk factors for children and their parents. Homelessness must be identified as a spectrum rather than a single type of experience centered around Emergency Assistance shelters. Once properly defined, Boston must proactively engage families living in all forms of homelessness and triage families according to their children's needs. Families with school-age children can plug into existing structures inside the BPS Opportunity Youth Office. Families with very young children have no such standard option for accessing resources and ensuring their children receive trauma-informed services. The City of Boston will need to partner with participants in this CHIME mapping to ensure that resources like mental health services and access to financial assistance are woven into the fabric of the state's shelter system and early education providers.

Since this mapping exercise was completed, Horizons for Homeless Children has begun setting the groundwork for working groups that would pursue specific deliverables on Action Plans 1 and 2. A crucial next step is to unlock resources to establish a dedicated project coordinator for this work. This project manager would help guide working groups through to fulfilling their goals:

- Mental Health Working Group (MHWG) around mental health resources for young children, their families, and educators in the city of Boston. The MHWG will engage early education providers, mental health care practitioners, state and city agencies, community nonprofits, and families with lived experience navigating complex systems of care.
- Shelter-to-Early Care Working Group (SECWG) to bring together advocates, providers, city officials, and stakeholders in state government to develop strategies

to better pair families entering into shelter first with childcare vouchers and secondarily with other resources that are critical to helping them meet their basic needs.

Kate Barrand
CHIME Executive Committee, Horizons for Homeless Children

Appendices

Appendix 1   CHIME Early Childhood Education Mapping Participant List

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Appendix 2   Early Childhood Education Acronym Glossary

Appendix 3   Day 1 and Day 2 Agendas

Appendix 4   Early Education and Care Providers and Seats

Appendix 5   Early Education and Care Documentation and Eligibility Requirements

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Appendix 6   Action for Boston Community Development Head Start and Early Head Start Locations

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Appendix 7   CHIME Pre-Mapping Community Self-Assessment

Appendix 1

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Appendix 2

ABCD	Action for Boston Community Development
ACE	Adverse Childhood Experience
ACF	U.S. Administration for Children and Families
ASQ	Ages and Stages Questionnaire
BHA	Boston Housing Authority
BPHC	Boston Public Health Commission
BPS	Boston Public Schools
BRC	Background Record Check
CACFP	Child and Adult Care Food Program
CCCB	Child Care Choices of Boston
CCDBG	Child Care Development Block Grant Act
CCFA	Child Care Financial Assistance
CCRR/CCR&R	Child Care Resource and Referral Agency
CFCE	Coordinated Family and Community Engagement Network
CHIME	Child Homelessness Intercept Mapping and Engagement
DCF	Mass. Department of Children and Families
DHCD	Mass. Department of Housing and Community Development
DMH	Mass. Department of Mental Health
Dosage	The length of time in a day and week that a child is served
DPH	Mass. Department of Public Health
DTA	Mass. Department of Transitional Assistance
EA	Emergency Assistance; State-funded shelter resources for families experiencing homelessness
ECE	Early Childhood Education
ECMHC	Early Childhood Mental Health Consultation
EEC	Mass. Department of Early Education and Care
EHS	Early Head Start
EI	Early Intervention
EOE	Mass. Executive Office of Education
ESE/DESE	Mass. Department of Early and Secondary Education
FCC	Family Child Care

FIRST	Families in Recovery Support
F.O.R. Families	Follow-Up Outreach Referral
FPL	Federal Poverty Line
HBHC	Health Baby Healthy Child
HRSA	Health Resources and Services Administration
HS	Head Start
HSiH	Healthy Start in Housing
IEP	Individualized Education Plan
MassHealth	Medicaid and other program administration; State's health insurance program for low-income children, families, elders, and persons with disabilities
MHVI	Massachusetts Home Visiting Initiative
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
PD	Professional Development
PSE	Policy, Systems, and Environmental
Private Pay	Families that pay list price without subsidy
School-Age Care	Care for children 5-12 years for after weekday school
SEL	Social-Emotional Learning
SMI	State Median Income
SNAP	Supplemental Nutrition Assistance Program
SY	School Year
Subsidized Seat	Childcare slots that are funded by subsidies
TAFDC	Temporary Assistance for Families with Dependent Children
UPK	Universal Pre-Kindergarten
WIC	Women, Infants, and Children Nutrition Program

Appendix 3

EARLY CHILDHOOD EDUCATION MAPPING

December 5, 2022
Boston, MA

Day 1 Agenda

8:00   **Registration, Breakfast, and Networking**

8:30   **Opening**
- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks

CHIME
- The Basis of Cross-Systems Mapping
- The Ascend Model
- Five Key Areas for Interception

Cross-Systems Mapping
- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities
- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up
- Review

4:30   **Adjourn**

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

EARLY CHILDHOOD EDUCATION MAPPING

December 6, 2022
Boston, MA

Day 2 Agenda

8:00 **Registration, Breakfast, and Networking**

8:30 **Opening**
- Remarks
- Preview of the Day

Review
- Day 1 Accomplishments
- Boston's Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

12:30 **Adjourn**

There will be a 15 minute break mid-morning.

There will be lunch available at approximately noon.

Appendix 4

Licensed Providers			
Region	GSA	FCC	Residential
Western	391	757	57
Central	512	1,052	64
Northeast	675	1,162	55
Southeast	583	864	92
Metro Boston	685	1,029	68
Statewide	2,846	4,864	336

Licensed Capacity			
Region	GSA*	FCC	Residential
Western	22,801	6,020	1,000
Central	35,348	8,387	908
Northeast	49,856	9,384	1,155
Southeast	37,892	6,906	1,697
Metro Boston	42,179	8,329	920
Statewide	188,076	39,026	5,680

Early Education and Care Seats by Provider Type
[Boston, December 2017 & June 2022]

Provider Type	Number of Providers		Number of Seats (%)	
	2017-2018	2021-2022	2017-2018	2021-2022
CHILDCARE PROVIDERS (0 to 5 years)	757	642	15,991 (62%)	15,071 (62%)
Centers	186	184	11,516 (72%)	11,359 (75%)
Family Child Care	571	458	4,475 (28%)	3,712 (25%)
SCHOOL PROVIDERS	110	105	9,950 (38%)	9,205 (38%)
Public School	85	88	8,095 (81%)	7,374 (80%)
BPS School	76	78	7,040 (87%)	6,252 (85%)
Charter School	9	10	1,055 (13%)	1,122 (15%)
Non-Public School	25	17	1,855 (19%)	1,831 (20%)
Independent School	6	5	336 (18.1%)	533 (29.1%)
Nonprofit Organization	3	0	8 (0.4%)	0
Parochial School	16	12	1,511 (81.5%)	1,298 (70.9%)
Boston	867	747	25,941	24,276

Source: MA Department of Early Education and Care, 2017, 2022 & MA Department of Elementary and Secondary Education, 2017, 2022; OEC/BOA Analysis, 2023.

Appendix 5

Vouchers and Programs	Documentation Required	Eligibility requirements
Income-Eligible Vouchers	• Income: Household income must be at or below 50% of state median income • Activity: Adult household members must be working, looking for a job (for up to 26 weeks), or enrolled in school for at least 20 hours/week for part-time care and 30 hours/week for full-time care; retired and older than 65; or have a diagnosed and documented disability or special need	• Proof of citizenship and/or immigration status for each child needing a voucher • Proof of relationship to child(ren) • Proof of identity (original, unexpired photo ID) for each parent • Proof of income • Verification of Special Needs form (if applicable) • For families whose activity is full/part time education or training: written statement from College/University Office of Registrar administration *Additional documentation may be required depending on family situation
Early Head Start	• Programs available before child is born until they turn 3 • Must meet federal income requirements* • Must live in designated locations of the childcare center *May be eligible if receiving public assistance or other	• Birth Record for the child being enrolled • Proof of address (lease agreement or utility bill) • Proof of Family Income (paystubs, tax forms, SNAP, TANF, or SSI award letter) • Photo Identification of parent or guardian
Head Start	• Child must be 2.9 to 5 years old • Must meet federal income requirements* • Must live in designated locations of the childcare center *May be eligible if receiving public assistance or other benefits	• Birth Record for the child being enrolled • Proof of address (lease agreement or utility bill) • Proof of Family Income (paystubs, tax forms, SNAP, TANF, or SSI award letter) • Photo Identification of parent or guardian

Universal Pre-Kindergarten (K0 and K1)	- A resident of Boston - Child must be 3 (K0) or 4 (K1) years old as of September 1 of the school year they are enrolling - Apply for UPK at Boston Public Schools (BPS) - Apply for UPK at Community-Based Providers for 2023-2024 - Apply for UPK at Family Child Care Providers for 2023-24	- Two documents verifying the child's proof of address - One document verifying the child's age

Appendix 6

Action for Boston Community Development (ABCD): Head Start & Early Head Start Slots Breakdown	
All Programs	2136
Boston Head Start	**1714**
ABCD Only	1482
Partners Only	232
Boston Early Head Start	**422**
ABCD Only	312
Partners Only	110

ABCD Head Start & Early Head Start Boston Locations	
Location	Address
Bradshaw Head Start & Children's Services	64 Bradshaw Street, Dorchester, MA 02124
Brighton Head Start & Children's Services - Western	478 Western Ave, Brighton, MA 02135
Dorchester Head Start & Children's Services	198 Geneva Ave (1st Floor), Dorchester, MA 02121
Dorchester Head Start & Children's Services	198 Geneva Ave (Lower and 2nd Floor), Dorchester, MA 02121
East Boston Head Start & Children's Services - Condor	130 Condor Street, East Boston, MA 02128
East Boston Head Start & Children's Services - Lexington	80 Lexington Street, East Boston, MA 02128
Harrison Ave Head Start & Children's Services	595 Harrison Ave, Boston, MA 02118
Hyde Park Head Start & Children's Services	695 Truman Parkway, Hyde Park, MA 02136
Jamaica Plain Head Start & Children's Services	315 Centre Street (Rear), Jamaica Plain, MA 02130
Mattapan Head Start & Children's Services	535 River Street, Mattapan, MA 02126
Parker Hill Head Start & Children's Services	716 Parker Street, Roxbury, MA 02120
Roslindale Head Start & Children's Services	19 Corinth Street, Roslindale, MA 02131
Roxbury Head Start & Children's Services	30-32 Raynor Circle, Roxbury, MA 02120
Savin Street Head Start & Children's Services	82 Savin Street, Roxbury, MA 02119
South Boston Head Start & Children's Services - Old Colony	125 Mercer Street, South Boston, MA 02127
South Boston Head Start & Children's Services - West Broadway	424 West Broadway, South Boston, MA 02127
Walnut Grove Head Start & Children's Services	22 Elm Hill Ave, Dorchester, MA 02121

Appendix 7

CHIME Community Self-Assessment

(Pre-mapping)

This survey will help us learn about our community's collaboration, services, and activities for accompanied children experiencing homelessness (i.e., children 0-18 experiencing homelessness with a parent or legal guardian). We ask that you please complete this survey before the CHIME (Child Homelessness Intercept Mapping and Engagement) workshop. We will send this survey out again 3 months and 12 months after each CHIME mapping.

By completing this survey, you will share your thoughts on the state of Boston's resources for accompanied children experiencing homelessness. This survey will take less than 10 minutes to complete.

This survey will help guide our efforts to improve services for accompanied children experiencing homelessness. For this survey, homelessness is defined as those accompanied children who "lack a fixed, regular and adequate nighttime residence," including those:

- sharing housing due to loss of housing or economic hardship;
- living in motels, trailer parks or campgrounds;
- living in emergency or transitional shelters;
- abandoned in hospitals;
- primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- migratory children who qualify as homeless because they are living in circumstances described above

We hope the questions will inform our group discussion to improve services for accompanied children experiencing homelessness.

Your participation is voluntary and confidential. No one person's answers will be shared. Your responses will only be reported in a combined format so as not to identify any one person or program.

We appreciate your participation. Please click submit to continue.

<u>Demographics</u>

We would like to gather responses from leaders, staff, and people with lived experience to inform the CHIME Mappings. The questions below ask about your lived experience. Your participation is voluntary. Your responses will be kept confidential.

1. Have you ever had lived experience with housing instability or homelessness as parent /caregiver or child?

    Yes/No

    1.1: (If Yes) Are you currently experiencing housing instability or homelessness as a parent/caregiver?

        Yes/No (if Yes, skip to Parents/Caregivers with Lived Experience section)

2. What field or group best represents your current role? (select one)

    Shelter, Housing, and Homelessness Services
    Childcare partnerships, pre-K, Early Head Start or Head Start
    K-12 Schools, GED, or Education
    Behavioral Health and/or Medical Services
    Post-secondary education, employment, or training program
    Mentoring, Coaching, Sports, Arts, & Camps
    Child Welfare System
    Court System
    Other State or Local Government Agency
    Other: Describe_____

3. How many years of experience do you have in your field? (numeric open ended)

4. If you are representing an organization/state or city government entity/ what is your role within it?
    A. Elected official
    B. Administrator/Manager
    C. Case manager/social worker (if yes, also complete CM-specific questions)
    D. Teacher
    E. Healthcare provider (behavioral health or medical)
    F. Other: Describe_____

2. Collaboration and Coordination

Please indicate your level of agreement with the statements below as they relate to services for children in families experiencing homelessness. (Strongly Disagree to Strongly Agree)

A	There is cross-system recognition that children of families experiencing homelessness would benefit from services that promote positive experiences.
B	Agencies share resources and staff to support initiatives focused on children of families experiencing homelessness.
C	Stakeholders engage in frequent communication on issues facing children of families experiencing homelessness, including opportunities, challenges, and oversight of existing initiatives.
D	Parents/caregivers with lived experience of homelessness are engaged as stakeholders on collaborations, such as committees, task forces, and advisory boards.
E	Agencies working with children of families experiencing homelessness engage in cross-system education and training to improve collaboration and coordination and understanding of different organization priorities, philosophies, and mandates.
F	Agencies working with children of families experiencing homelessness share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement.
G	Agencies working with children experiencing homelessness engage in cross system training on understanding trauma and adverse childhood experiences as well as its impact on children.
H	Agencies working with children experiencing homelessness engage in cross system training on understanding child development and mental health in order to best target service needs of children.

I. Current collaborations:

I.1. My organization currently collaborates with other stakeholders (agencies/programs/services) to meet the needs of accompanied children experiencing homelessness. (Yes/No; if no, skip I.2)

I.2. What other groups of stakeholders do you collaborate with to meet the needs of accompanied children experiencing homelessness? (check all that apply)

Shelter, Housing and Homelessness Services
Childcare partnerships, pre-K, Early Head Start or Head Start
K-12 Schools, GED, or Education
Behavioral Health and/or Medical Services
Post-secondary education, employment, or training program
Mentoring, Coaching, Sports, Arts, & Camps
Child Welfare System

Court System
Other State or Local Government Agency
Other: Describe

I.3. Do you as an individual participate in any coordinating groups, committees, or task forces to meet the needs of accompanied children experiencing homelessness? (Yes/No)

I.31. (If yes) please list:

3. Identification

Please indicate your level of agreement with the statements below as they relate to your organization. (Strongly Disagree to Strongly Agree)

A	Beginning at the earliest points of contact with our organization, children are being screened for homelessness or being at risk for homelessness.
B	Beginning at the earliest points of contact with our organization, children experiencing homelessness are being screened for educational needs.
C	Beginning at the earliest points of contact with our organization, children experiencing homelessness are being screened for mental/behavioral health needs.
D	Beginning at the earliest points of contact with our organization, children experiencing homelessness are being screened for medical needs.
E	Beginning at the earliest points of contact with our organization, children experiencing homelessness are being screened for engagement in afterschool, mentoring, sports, or arts activities.
F	Beginning at the earliest points of contact with our organization, children experiencing homelessness are being screened for exposure to traumatic events (including adverse childhood experiences) and the potential impact on functioning.
G	Beginning at the earliest points of contact with our organization, children experiencing homelessness are being screened for developmental delays.

H. Does your organization use any validated screening tools with children under the age of 18? (Yes/no; if no, skip H.1.)

> H.1. (if yes) Please select the tools your organization currently uses from the following list.

> > ASQ
> > Pediatric Symptom Checklist
> CRAFFT
> > Other: Describe_____

4. Services

Please indicate your level of agreement with the statements below as they relate to your organization. (Strongly Disagree to Strongly Agree)

A	Our organization prioritizes slots for our programs/services/supports for accompanied children experiencing homelessness.
B	Our organization has specific programs designed to meet the needs of accompanied children experiencing homelessness.

C	Our organization has programs with adequate capacity for accompanied children experiencing homelessness
D	Access to housing, early education, positive experiences, services, transportation, and/or other supports for accompanied children experiencing homelessness are significant priorities for my organization.
E	There is easy and consistent access to services for accompanied homeless children in our organization.
F	The services and programs provided accompanied children experiencing homelessness by my organization are culturally sensitive and designed to meet the needs of children of color and various sexual orientations.
G	Our organization offers programs for accompanied children experiencing homelessness in our clients' primary language.
H	Our organization offers gender-neutral services and programs for accompanied children experiencing homelessness who may identify as LGBTQ or transgender.
I	Our organization offers gender-specific services and programs for accompanied children experiencing homelessness who identify as girls.
J	Our organization offers gender-specific services and programs for accompanied children experiencing homelessness who identify as boys.
K	Emergency assistance, shelter, housing, educational, medical, mental/behavioral health, and other providers share information on accompanied children experiencing homelessness, to the extent permitted by law, to assist effective delivery of services and programs to children facing homelessness.

J. Does your organization prioritize any services for accompanied children experiencing homelessness? (Yes/No; if no, skip K)

      J.1. (If yes) In which of the following categories does your organization prioritize services:

            Shelter, Housing, and Homelessness Services
            Childcare partnerships, pre-K, Early Head Start or Head Start
            K-12 Schools, GED, or Education
            Mental/Behavioral Health and/or Medical Services
            Post-secondary education, employment, or training program
            Mentoring, Coaching, Sports, Arts, & Camps
            Child Welfare System
            Court System
            Other State or Local Government Agency
            Other: Describe

K. Are those services specifically designed for accompanied children experiencing homelessness? (Yes/No; if no, skip K.1 and K.2)

    K.1. (If yes) In which of the following categories does your organization provide services under:

            Shelter, Housing and Homelessness Services

Childcare partnerships, pre-K, Early Head Start or Head Start
K-12 Schools, GED, or Education
Mental/Behavioral Health and/or Medical Services
Post-secondary education, employment, or training program
Mentoring, Coaching, Sports, Arts, & Camps
Child Welfare System
Court System
Other State or Local Government Agency
Other: Describe

K.2. (for each checked off) Please describe the services

If yes to question 3.C. (CM/SW) in Demographics also ask:

L.1: I am aware of and connected to an adequate number of shelter, housing, and financial support services to effectively support homeless children and their families outside of what my organization offers. (Yes/No)

L.2: I am aware of and connected to an adequate number of childcare, Pre-K, Head Start/Early Head Start services to effectively support the early education of homeless children outside of what my organization offers. (Yes/No)

L.3: I am aware of and connected to an adequate number of K-12 schools, GED, or other education services to effectively support the grade school education of homeless children outside of what my organization offers. (Yes/No)

L.4: I am aware of and connected to an adequate number of mental/behavioral and physical health and other medical services to effectively support the health and well-being of homeless children outside of what my organization offers. (Yes/No)

L.5: I am aware of and connected to an adequate number of enrichment services (i.e., mentoring, coaching, sports, arts, and camps) to support the social capital of homeless children outside of what my organization offers. (Yes/No)

L.6: I am aware of and connected to an adequate number of post-secondary education, employment, and training program services to support the employment pathways of homeless children (aged 16+) outside of what my organization offers. (Yes/No)

M: Are there any services for homeless children you are aware of but do not utilize? (Yes/no; if no, skip M.1).

M.1. If Yes, please select all that apply.

Often little to no capacity
Outcomes for past families referred are less than ideal
Other (fill-in text box)

Parents/Caregivers with Lived Experience

Your participation is voluntary and confidential. No one person's answers will be shared.

1. Identification

Please indicate your level of agreement with the statements below as they relate to your children. (Strongly Disagree to Strongly Agree)

A	Beginning at the first points of being homeless, your child(ren) was screened for school needs.
	Beginning at the first points of being homeless, your child(ren) aged 0-5 was screened for issues related to development.
B	Beginning at the first points of being homeless, your school age or teen child(ren) was screened for mental health needs.
C	Beginning at the first points of being homeless, your child(ren) or teen was screened for interest in afterschool, mentoring, sports, or arts activities.
D	Beginning at the first points of being homeless, your teen child(ren) was screened for employment, training, or college prep needs.
E	Beginning at the first points of being homeless, your child(ren) was screened for medical needs.
F	Beginning at the first points of being homeless, your school age or teen child(ren) was screened for exposure to traumatic events and its impact.

2. Services

Please indicate your level of agreement with the statements below as they relate to your children.

A	My child(ren) has been prioritized for services because they were homeless.
B	I was told about specific programs to meet the needs of my child(ren) because they were homeless.
C	Access to services and other supports for my child(ren) are priorities for me right now.
D	The services provided to my child(ren) were culturally sensitive and designed to meet the needs of people of color.
E	Services for my child(ren) were designed for children identifying as girls.
F	Services for my child(ren) were designed for children identifying as boys.
G	Services for my child(ren) were designed for children identifying as transgender or non-binary.
H	Providers asked good questions to aid in the referral and delivery of services for my child(ren).
I	I am connected to shelter, housing, and financial support services to help support my child(ren).

J	I am connected to childcare, Pre-K, and Head Start/Early Head Start services to help support the early education of my child(ren).
K	My child(ren) is connected to K-12 schools, GED or other education services.
L	My child(ren) is connected to mental and physical health and other medical services to help support their health and well-being.
M	My child(ren) is connected to and receives enrichment services (i.e., mentoring, coaching, sports, arts, and camps).
N	My child(ren) is connected to college prep or post-secondary education, employment, and/or training program services.
O	The services my child(ren) receive are offered in their primary language.

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