



CHIME

Child Homelessness
Intercept Mapping
& Engagement

Shelter, Housing, & Economic Assets 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 accompanied children experiencing homelessness (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. The Shelter, Housing, and Economic Assets Gear Executive Summary represents the first of six planned CHIME mappings.



Critical Gaps. Other than U.S. Department of Education required efforts to ensure children’s attendance at schools, accompanied children experiencing homelessness needs are not assessed, addressed, coordinated, or prioritized at any point throughout the city’s emergency assistance systems (OHS, DHCD, DTA, emergency shelters). Additional critical service gaps noted were:



- No state-required assessments of children’s psychosocial, developmental, or physical health needs while living in EA family shelters which impedes understanding the needs of children in shelters.
- No state-required, child-focused case management services in EA family shelters leading to a lack of services – or connection to services – for children living in them.
- No state-required initial or ongoing collection of data on children’s needs other than demographics and schools while living in EA family shelters.
- Limited sharing of sheltered family information between and across state, municipal, and community providers which requires families to complete multiple applications and submit required documentation repeatedly.
- Within Shelter, Housing, & Economic Assets, only state/municipal-funded transportation supports prioritize their services for children experiencing homelessness. Outside of Shelter and Housing, the only other identified supports prioritizing services for children experiencing homelessness were early education vouchers and K-12 educational supports.
- Few current cross-sector collaborations between organizations to identify and address the service needs of accompanied children experiencing homelessness.

Opportunities. Current discussions among state agencies to streamline benefit application processes and share required documentation show promise for and commitment to improving access to services for families experiencing homelessness. Streamlining application processes and enhancing data sharing with families with lived experience and community stakeholder input has the potential to reduce re-traumatization and improve access to care for children experiencing homelessness. There are also efforts to use electronic or online submission portals which increase accessibility and reduce costs for families. Some emergency shelter agencies have independently utilized screening tools with children demonstrating innovation is possible to implement needs assessments. CHIME participants were enthusiastic about addressing gaps and opportunities in services to improve outcomes for children experiencing homelessness.

Priorities for Change. Based on the gaps and opportunities identified, participants determined and began Action Planning the following five Priorities for Change:

1. Streamline Policies and Procedure for Program Enrollment for Child-Focused Programs
2. Streamline Policies and Procedure for Program Enrollment to Shelter/Housing to Decrease Barriers
3. Integrate Wrap-Around Services for Families at the Start and All the Way Through
4. Create Space and Opportunity for People with Lived Experience (Including Youth) to be Validated and Supported by Paid, Trauma-Informed Inclusion in Decision- And Policy-Making Tables
5. Build Up General Family Navigator Positions to Help Families Move Through Continuum and Access Care (Including Development of Decision Tree/Triage Tool)

Balancing Child-Focused Service Needs with other Housing and Shelter Strategies. While the focus of CHIME is on children's services, participants in the Shelter, Housing and Economic Assets convening also identified gaps and opportunities in shelter, housing and benefits application processes that parents face. While some of those issues are raised here, CHIME does not address housing needs or processes which are naturally adult- and parent-centered. Housing needs are, however, a primary focus of concurrent planning by Boston's Special Commission to End Family Homelessness.

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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 Dana-Farber Cancer Institute and championed by 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 first of six CHIME Mappings held in Boston, MA, at the Bruce C. Bolling Municipal Building on September 15th & 16th, 2022. Championed by Judge Kathleen Coffey, the head of the Commonwealth's Homelessness Court, 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. Forty-two 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)¹ mapping workshops and the Aspen Institute's Two-Generation (2Gen) framework (Aspen Institute, 2021)². More than 20 years ago, Dr. Patty Griffin, as part of her work with the national Substance Abuse and Mental Health Services Administration's

¹ 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.

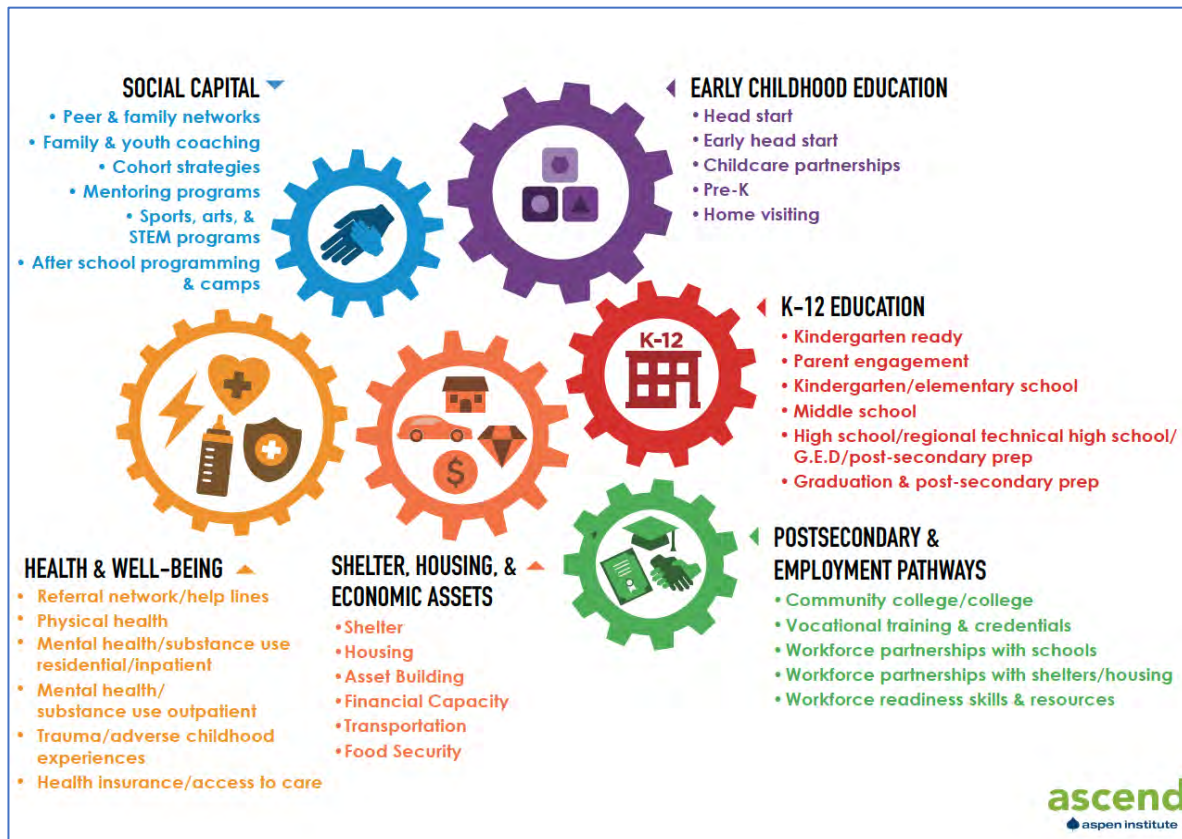
² <https://ascend-resources.aspeninstitute.org/resources/state-of-the-field-two-generation-approaches-to-family-well-being/>

GAINS Center for Behavioral Health and Justice Transformation³, 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 workshops⁴.

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.



³ <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

⁴ <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, 25% of children live in poverty and an estimated 6,000 children are experiencing homelessness. The Federal McKinney Vento Act⁵ by the U.S. Department of Education defines homeless children as those who “lack a fixed, regular and adequate nighttime residence,” including those: doubled up due to loss of housing or economic hardship; living in motels, trailer parks or campgrounds; living in emergency or transitional shelters; abandoned in hospitals; awaiting foster care placement; and, living in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations.

In fact, Boston ranks 4th in the country for rate of family homelessness. 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).

⁵<https://nche.ed.gov/mckinney-vento-definition/>

- Experience a mortality rate more than ten times that of youth in the general population (Auerswald et al., 2016).

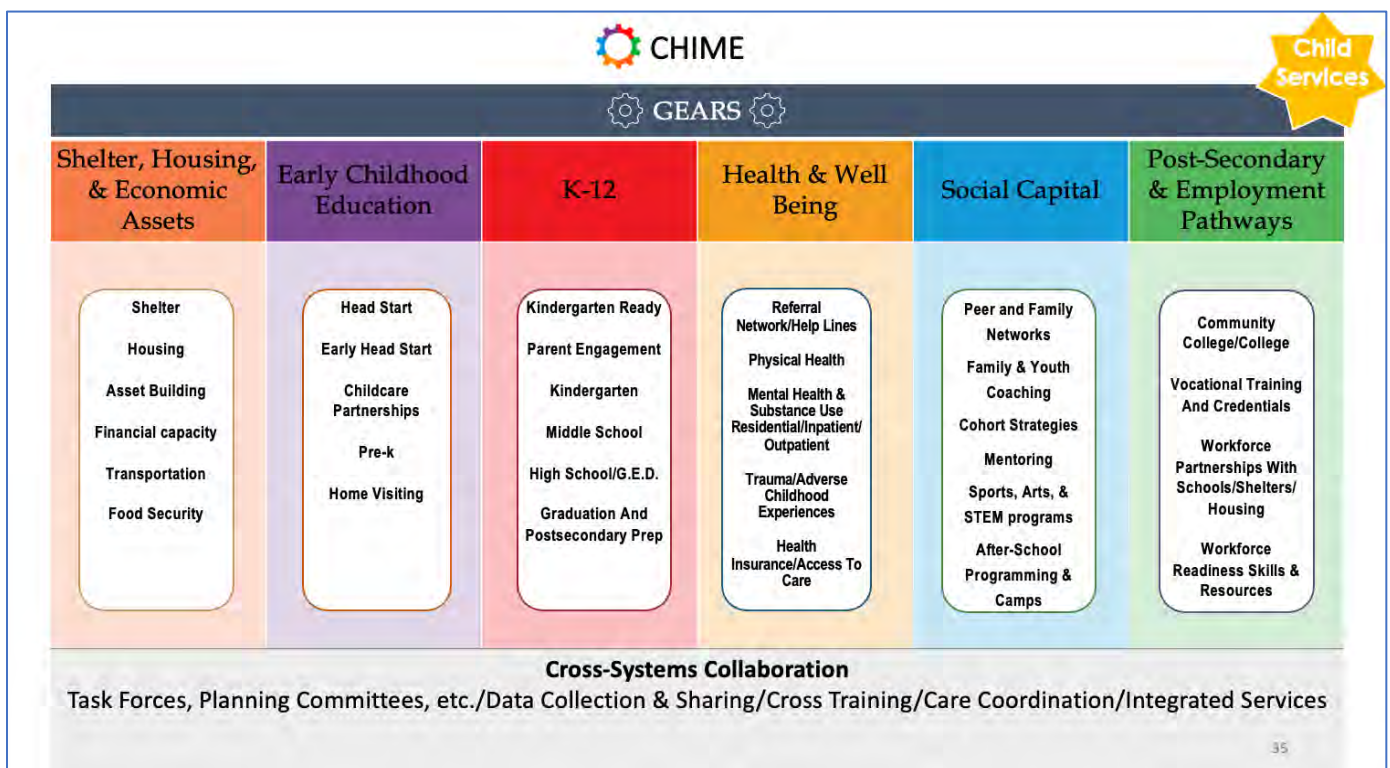
CHIME Goals

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

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.

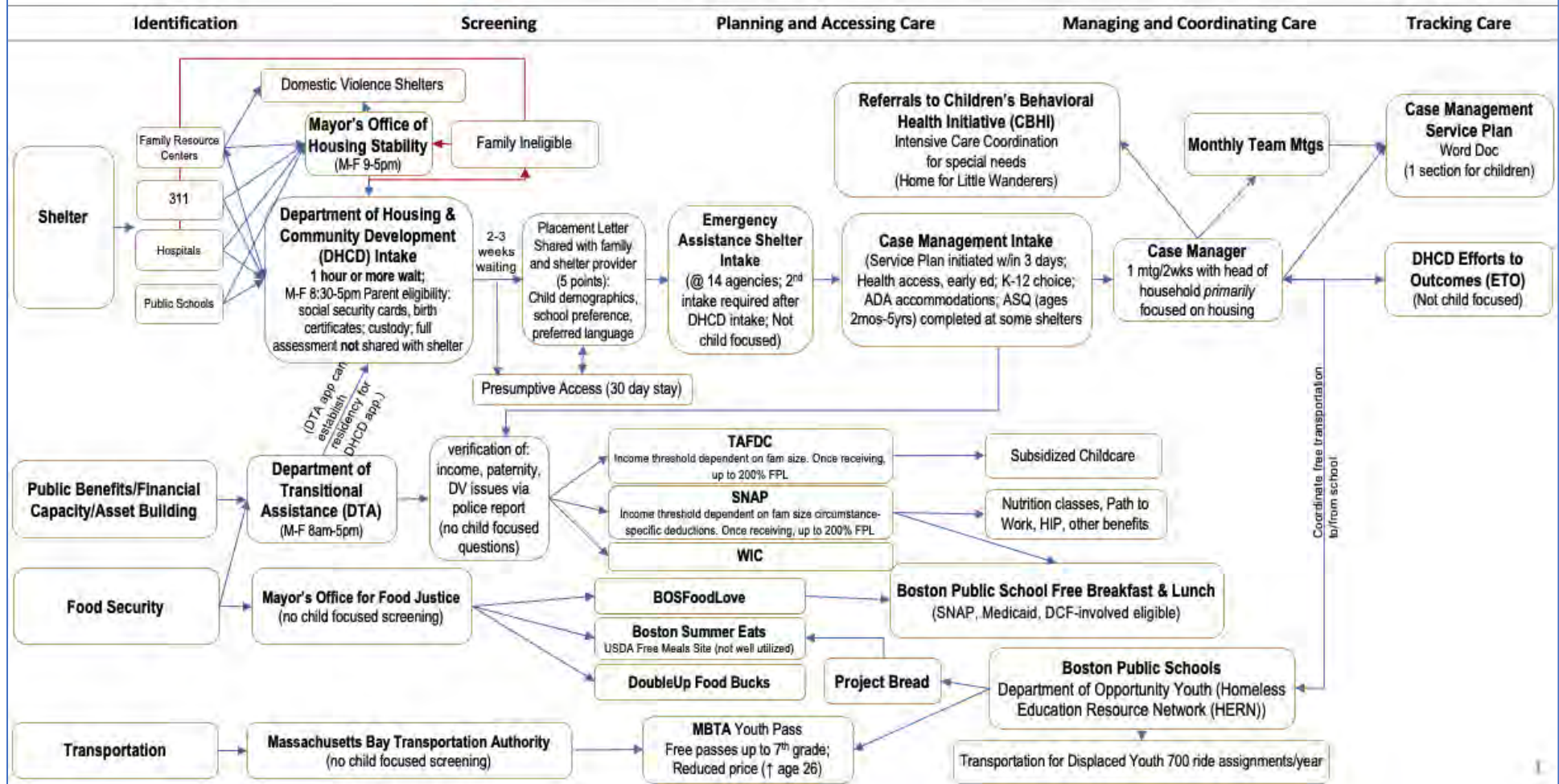


The Aspen Institute's 2Gen gears and their estimated CHIME mapping date:

- Shelter, Housing, & Economic Assets (September 2022)
- Early Childhood Education (December 2022)
- K-12 Education (March 2023)
- Health & Well-Being (June 2023)
- Social Capital (September 2023)
- Post-Secondary & Teen Employment Pathways (December 2023)
- Cross-System Leadership Summit (March 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 Mapping Narrative

The following was information learned during the CHIME Mapping of the **Shelter, Housing, and Economic Assets 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 Shelter, Housing, and Economic Assets Gear including shelter, housing, public benefits, food security, transportation, and financial assets. This narrative may be used as a reference in reviewing the Shelter, Housing, and Economic Assets Map.

The Gaps and Opportunities identified in this report are the result of input from workshop participants. These points reflect a variety of stakeholder 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 Shelter, Housing, and Economic Assets Mapping

On September 15th and 16th, 2022, the first CHIME Mapping was held in Boston, MA. The Honorable Judge Kathleen Coffey opened the mapping. A total of 42 individuals attended including 33 participants and 9 observers. Of the 33 participants, 30 individuals completed the CHIME Community Self-Assessment Survey (see Appendix 5) prior to the mapping to share information about themselves and their organizations. People with lived experience were well represented with at least 45% of participants reported ever experiencing homelessness as a caregiver or child. Participants who completed the survey self-identified in the following current roles:

People with Current Lived Experience	3
Shelter, Housing, and Homelessness Services	7
Childcare partnerships, pre-K, Early Head Start or Head Start	4
K-12 Schools, GED, or Education	2
Behavioral Health and/or Medical Services	1
Mentoring, Coaching, Sports, Arts, & Camps	3
Child Welfare System	1
Other State or Local Government Agency	6
Other	6

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, 97% of participants reported their organizations did not currently collaborate with other stakeholders to meet the needs of accompanied children experiencing homelessness.
- Regarding identification and screening of accompanied children experiencing homelessness, 70% of participants stated their organizations did not use any validated screening tools.
- Finally, 60% of participants agreed that their organizations prioritized accompanied children experiencing homelessness for service(s) within their agencies. Of those who prioritized their services, 80% endorsed that those services were specifically designed for children experiencing homelessness. It is important to re-iterate, as indicated above, the pre-mapping survey represents agencies from across multiple systems including K-12, early education, and transportation. Participants noted that services prioritizing children experiencing homelessness included certain school enrichment programs, early education vouchers, and mass transit passes. Hence, these prioritized services may be limited in scope and/or capacity.

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 stakeholders to involve primarily because they must prioritize meeting their and their child(ren)'s day to day needs while working towards securing stable housing, and 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 the Shelter, Housing, and Economic Assets CHIME Mapping sessions, 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.
- Preparation meetings held by the project manager with 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.
- Provide 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.
- Optional, individual post-mapping meetings with 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 Resources

Shelter

Families experiencing homelessness may be directed to the Department of Housing and Community Development (DHCD) from 311, Mayor's Office of Housing Stability (OHS) within the Mayor's Office of Housing (MOH), hospital emergency rooms, homeless liaisons at Boston Public Schools (BPS), Suffolk County Family Resource Center (FRC), and the police.

Families call 311 or the Mayor's OHS for assessment to determine needs, situation, and cause. OHS may also receive calls and emails first from 311, homeless liaisons at Boston Public Schools, hospitals (including Boston Children's Hospital (BCH) and Boston Medical Center (BMC)), Suffolk County Family Resource Center (FRC), the police, or other partners that identify families experiencing homelessness. If OHS believes the family is eligible, OHS will provide the family with DHCD contact information to contact DHCD independently (not joint call). If OHS believes the family is not eligible for Emergency Assistance (EA) or is eligible for another resource, OHS may connect the family to a domestic violence shelter (i.e., SafeLink). If not eligible for either, OHS will investigate other resources. OHS has on-site staff who can translate in Spanish and Haitian Creole; however, they also have other responsibilities which may limit availability. Spanish is more immediately available as many staff speak it. If family is initially screened by 311, 311 will note whether the family requires an interpreter. OHS can use an interpreter line if needed while on the call.

Suffolk County FRC has family navigator positions and the ability to call 311 or DHCD with family (joint call). During this process, FRC has family sign release form to facilitate conversation with DHCD, allowing FRC to be included in stream of communication after the call is completed to know whether family is eligible for EA or needs additional documentation. If family is ineligible, FRC will help family look into non-EA options.

For families who are homeless by the U.S. Department of Housing and Urban Development's (HUD) definition, DHCD does comprehensive (\cong 27 page) intake with the family to determine EA eligibility. DHCD screening is focused on shelter needs. Screening includes verifying relation of parent(s) to child(ren) and is done with presenting caregivers; caregivers must present social security card(s), birth certificates for children, and proof of custody.

For shelter location selection, in addition to shelter bed availability, other considerations for shelter selection include ADA and proximity to school district where child(ren) attend. When children need an ADA accommodation, families need medical documentation (e.g., a doctor's note). Other considerations may include proximity to medical facility. Mapping participants were unclear whether the DHCD homeless intake coordinator asks family if they need reasonable accommodation. If information is shared after DHCD intake, it may be too late as placement may already be approved. Even if the information is shared at intake, families may be placed at the next available shelter opening

as shelter units are often at max capacity, which can leave families displaced and/or without access to needed resources (such as public transportation) for medical or other appointments.

For in-person meetings, an “I Speak” card is utilized where family can point to the language they speak prior to calling the language line. DHCD uses a language line with 34 languages available. All documents are not currently translated into the representative languages of families seeking shelter.

Only caregiver(s) who have submitted proof of relation to child(ren) can complete documentation requests.

Families may call or come in-person (hybrid model) to DHCD. In-person staffing is limited to one staff at a time, so calls are encouraged. All DHCD offices in Boston are co-located with Department of Transitional Assistance (DTA) offices. DTA and DHCD have some shared access to an eligibility database containing select data on family income and other needed documentation/verification. DTA can occasionally help facilitate receiving and submitting documentation/verification to DHCD. DHCD has access to DTA’s database so any document a client has submitted to DTA can also be viewed by DHCD.

After completing the DHCD intake, families often wait between 2-3 weeks to learn about eligibility and potential shelter placement. Accompanied children are either living in unsuitable living conditions (i.e., cars) or are doubled up during this wait time. However, for a limited number of families, they may be placed into a shelter for up to 30 days through a process called presumptive access. These families are given 30 days to submit all necessary paperwork and documentation for ‘permanent’ placement as described below or they are kicked out of the shelter.

While waiting for placement, families may be required to fill out additional paperwork and submit other materials (pay stubs, asset verification, etc.) to DHCD. Submission of information was initially required via fax but, due to COVID, DHCD has become more flexible in the last year to accept photos of documents via text and/or email which is more convenient for families. During this wait time, most families do not have support from social worker or case manager to help support basic needs or tracking down required documentation which may be spread across multiple cities or states.

Importantly, single parents (usually mothers) fleeing domestic violence may have to choose between safety of children or receiving critical financial benefits as certain documentation (e.g., child support) is required for the latter. This information is then used by providers or state departments to communicate to the noncustodial parent regarding financial support, which in turn inadvertently gives the noncustodial parent information about where the parent is currently living.

There are 17 EA shelter providers in the Boston area (some with catchment across other communities) with a total of more than 800 EA shelter units that families can be placed in.

Current DHCD policies for child safety require that all eligible families with children over the age of 13 must be placed in a shelter unit that has separate bedrooms for each child over the age of 13. This

reduces the overall number of shelter options available to families with teenagers, further limiting opportunity for shelter placement.

There is currently no standardized screening process to understand the needs of children (0-18) in families experiencing homelessness inside the shelter system. Some shelter agencies screen children aged 2 months - 5 years using the Ages and Stages Questionnaire (ASQ) but the decision to screen and the required funding to supply any screening tool(s) is up to individual providers (i.e., not a state requirement). There is no standardized screening tool utilized for children by shelter agencies. Some providers have additional internal intake documents to determine other needed supports and services for children once a family is placed but that is dependent on resources and capacity and is unique to respective providers.

Due to DHCD contractual requirements and funding, shelter case managers primarily focus on housing needs and many families do not receive adequate support/guidance to get their children connected to needed supports and positive experiences (e.g., afterschool programs, sports, arts). Childcare, schooling, etc. is often an issue caregiver(s) attempt to navigate independently without much guidance. Even when resources are available, it is often left up to the family to get connected.

Service plans are initiated within 3 days of placement. DHCD requires shelter case managers to meet biweekly with caregiver(s), though some providers require more frequent meetings. These meetings are primarily focused on pathway to housing and not wraparound services given the limited time available. The new EA Scope of Services for fiscal year 2023 includes the addition of system navigators, which can be used for a variety of areas (e.g., education, employment) but not yet for children services. EA does not require providers to offer direct services to children. Providers may have their case managers ask questions about children (such as if they are attending school, if they need additional resources, etc.) but it is up to the parent's discretion to share information. There is little opportunity to talk with children as they are often in school during caregiver meeting times.

DHCD Scope of Services requires caseloads based on number of Head of Households (HOH) for families, not based on the number of individuals in families. Thus, case managers have to manage the dynamics of 30 families, or approximately 90 individuals, far beyond standard caseloads found in other state agencies.

Average length of stay is 18 months across the board though it can be dependent on type of shelter and status of family (undocumented families often stay longer). The goal is one year of shelter before transitioning to stable housing. COVID has reduced this average in general as more housing vouchers were released for homeless/doubled up families and DHCD intentionally depopulated congregate and co-shelters to reduce COVID transmissions.

- Scattered sites (individual apartments, often a unit among market rate units within a triple decker or apartment building) “scattered” across the city often have longer average length of stay (usually 2-3 years) as these shelters can feel more independent (no 24/7 staffing and not necessarily co-located in building other families) and families do not share their apartment with

another family. However, sites can be cut off from services and are often in high-crime neighborhoods.

- Co-shelters have the next longest average length of stay. These are often trauma-inducing for families as units are shared with another family, the sites are often in high-crime neighborhoods, and there is not room for co-located services.
- Congregate settings have a slightly lower length of stay than co-shelters. These sites are often less traumatic than co-shelters as families have their own units (with shared common areas) and are typically in safer neighborhoods.

Participants noted that the length of stay in the shelter system is particularly relevant to efforts focused on coordinating services for children because it may take time for parents to share information about their child(ren)'s needs. Regardless of length of stay, case managers are not required to have initial or ongoing touch points with child(ren). When case managers have specific requests from families for child(ren) specific services, there are no databases that allow child-specific referrals to be monitored or tracked, which results in tracking referrals via word documents.

Case managers do not have access to a coordinated resource document or database, which leaves case manager knowledge about available child resources unequal and distributed by word of mouth.

Housing

Due to time restraints, in-depth information on Prevention and Housing components of the Shelter, Housing, and Economic Assets Gear was not obtained. Further exploration will be done at future mappings. More specifically, exploration on these components will seek to understand other resources available to children in low-income families who are unstably housed. Exploration will focus on children's services, and not on the prevention to shelter to housing pathways such as obtaining housing vouchers or other rental assistance.

Public Benefits/ Financial Capacity/Asset Building

Families experiencing homelessness are referred to Department of Transitional Assistance (DTA) by a variety of sources.

Transitional Aid to Families with Dependent Children (TAFDC) is a cash assistance program for families with dependent children. It comes in form of bimonthly cash payments. The benefit comes with other supports to access services (shelter, day care, MassHealth coverage, referral to employment/training programs, and additional one-time payments).

For TAFDC, families can apply online, over the phone, or in-person at a DTA office. At DTA, documents can be translated if needed. Interpreters for phone calls are available in over 100 languages.

Once DTA receives the application, the applicant will be contacted for a phone interview. Following that interview, the applicant must submit certain verification documents for approval. Applicants are approved or denied within 30 days, and the decision will be mailed and posted on DTA Connect. They

are not emailed or texted at this time, but these options are being explored. DTA's local offices work with numerous community partners to find organizations that serve homeless families and will allow them to use the organization's address. When a family is in shelter, DTA knows about that and is then able to send all documentation to the shelter where they are staying.

- Eligibility: Families with children under 18 (including pregnant mothers due within 4 months) that have gross income under the TAFDC income limit. Income limit is dependent on family size, and varies on certain circumstances (for example, a teen parent living with their parent(s) has a higher income threshold). For all applicants, the income limit is far below the Federal Poverty Level (FPL).
- The payment amount has been raised three times since March 2020 but is still not adequate. Payment calculations are the same amount across the state regardless of cost of living, which has a heavier impact on Boston families.
- Over 6,600 families in Suffolk County access TAFDC, supporting over 16,800 people of which more than half are children (approximately 8,400 children).

For children experiencing homelessness, there are no specific questions during the screening process to help identify the specific needs for children experiencing homelessness with a family.

Food Security

Supplemental Nutrition Assistance Program (SNAP) (previously known as Food Stamps or EBT) is a federal program that provides financial assistance to low-income individuals and families that is used at participating stores to purchase food. The program is administered by the USDA Food and Nutrition Service (FNS) through its nationwide network of local FNS field offices. SNAP takes the form of a debit card that provides monthly cash for certain food items. It is provided to individuals and families who, in Massachusetts, live at under 200% of the FPL. This level is state-specific: better than overall federal level requirement which sits at 135% but not enough to adequately meet Boston's high cost of living, including food.

For SNAP, families can apply online, by phone, by mail, by fax, or in person at a DTA office. Families can submit initial application with as little as their name, address, and signature, but the more information supplied the faster an application is processed, and the less additional outreach is needed. If the applicant does not have an address, they are asked to go in-person to a DTA office or call the Project Bread Food Source Hotline. DTA will mail a decision approving or denying an applicant within 30 days. DTA will notify the applicant if additional information is needed. Required information includes social security number(s), income verification, proof of residency, and noncitizen status documentation (if applicable). Optional information which may increase eligibility includes proof of housing costs, utility costs, dependent care costs, medical costs (for household members over 60), and child support payments.

- Due to the current state of emergency around COVID, families do not have to provide documented proof of all expenses (i.e., rent) or income (i.e., Social Security Income) to receive certain benefits (i.e., SNAP). However, this will end when the emergency is declared over.

Some people can get expedited (emergency) SNAP within 7 days while application is processed. Emergency benefits are issued if applicant appears eligible and answers “yes” to one or more of the questions below. Emergency SNAP is typically issued for one month while applicant gathers other verification needed. If approved for emergency SNAP, applicant receives letter confirming amount and explaining what additional verifications are needed for ongoing benefits.

- Does your income and money in the bank add up to less than your monthly housing expenses?
- Is your monthly income less than \$150 and is your money in the bank \$100 or less?
- Are you a migrant worker and is your money in the bank less than \$100?

There are certain allowable deductions that are subtracted from the household’s gross monthly income. After eligibility is determined and applicant is approved, recipient must demonstrate being under 100% of the FPL after taking deductions⁶ into account. Deductions are based on individual circumstances and can include deductions for payments on utilities, insurance, rent, dependent care, and more.

- State-specific options on how to run SNAP benefits. In MA, there is less proof needed (for example, a family can share their rent expense with DTA without formal documentation and have it accounted for. In terms of income, only wages require physical proof submitted as unearned income like unemployment and SSI can be found on databases).
- Over 1 million children and families receive SNAP in MA, of which 341,000 are children.

If applicant is approved for SNAP, they are notified of benefit amount in an approval letter and are mailed an EBT card, usually within 3-5 days of their application (alternatively, can receive one at a local DTA office). If denied, the letter will explain why and include information on filing an appeal.

- SNAP recipients have access to additional benefits including:
 - SNAP Path to Work (free education and training opportunities)
 - Free nutrition education classes and related resources
 - Connects to other supports including utility discounts, free school meals, and discounted admissions to specified museums and cultural institutions
- Since 2020, SNAP payments have been at the maximum level for all recipients. This is anticipated to end in March 2023.
- When deductions for SNAP eligibility are being considered (i.e., when SNAP benefits are not being received at maximum payment by all recipients as determined by the state), there is an automatic deduction for families experiencing homelessness.

SNAP cannot be spent for all groceries and food. SNAP cannot be used to buy hot or prepared food. MA is looking into state option for Restaurant Meals Program (RMP), which would allow SNAP recipients access to using their benefit at participating restaurants to get hot food. One priority is targeting mobile restaurants (i.e., food trucks) to bring food directly to recipients.

⁶ Deductions are not applicable at the time of this report as all recipients receive maximum payment until Spring 2023.

SNAP recipients are also eligible for nutrition classes. Starting October 1st, 2022, YMCA Boston will be implementing agencies of the SNAP nutrition education. Implementing agencies are selected for a ten year contract, with contracts ending in 2022. Procurement went out this year and YMCA Boston was selected as a new partner. There are four altogether, and only one other offers services in Boston, the University of Massachusetts Extension Nutrition Program.

The **Mayor's Office of Food Justice (OFJ)** was not present during the mapping, but the following information was obtained afterwards about the program resources.

- **Boston Summer Eats:** Provides free breakfast and lunch to youth aged 18 and under by increasing the availability of non-traditional meal sites. No ID or registration is required to receive meals.
 - Meals are available throughout the day at varying times, based on location. Participating locations include YMCA community centers, Boston Housing Authority properties, Boston Centers for Youth and Families locations, Boston Public Schools, and community-based organizations.
- **BOSFoodLove:** Provides all children attending BPS with free breakfast and lunch, regardless of income. For students bringing their own lunch, they may still add a fruit, veggie, and milk at no charge.
- **DoubleUp Food Bucks:** SNAP incentive program that provides a 50% discount off fresh fruits and vegetables at participating stores with EBT card.
- **Healthy Incentives Program (HIP):** SNAP incentive program that provides a dollar-for-dollar match up to \$40, \$60, or \$80/month (dependent on household size) put directly back on EBT card if SNAP is used to buy produce.

Project Bread: Residents can receive connections and/or referrals to available food assistance programs for which they are eligible by calling the Project Bread FoodSource Hotline. Calls can be assisted in 180 languages and calling is free and confidential.

National School Lunch Program: Provides low-cost or free lunch to income-eligible children in participating schools. Eligibility includes students from households with incomes:

- At or below 130% of the FPL can receive a free lunch.
- Between 130 and 185% of the FPL can receive a reduced-price lunch (no more than \$40).
- Above 185% of the FPL can receive a low-cost, full-price lunch.

Boston Public School Free Breakfast & Lunch: provides free breakfast and lunch for income eligible children*

- Eligibility may be dependent on if child is involved in other programs or services (such as SNAP recipient, Medicaid, involvement with Department of Children and Families, etc.)

Within the food security area, there were no identified standard screening processes to understand the needs of children in families experiencing homelessness.

Transportation

Boston Public Schools (BPS): Boston Public Schools coordinates with shelter case managers for transportation needs of children experiencing homelessness through its Homeless Liaisons. A homeless liaison is a role that is assigned to a trained school staff member who already works with students and families in a capacity that allows for identification of homelessness.

Transportation requests for students experiencing homelessness can come from different sources. Requests for transportation needs are then made, usually from school-based homeless liaisons to the Department of Opportunity Youth; these requests are for students displaced outside the district owing to homelessness. Students experiencing homelessness, but residing within Boston, use the regular yellow bus service, except if an IEP stipulates door-to-door transportation, in which case transportation is arranged by the Department of Opportunity Youth. During the process of following up with families referred to the Department of Opportunity Youth, transportation arrangements can also get initiated when families are informed of the transportation rights of students experiencing homelessness.

Children identified by BPS as experiencing homelessness in the shelter system are provided transportation within 1 hour drive time to and from their home school. For students experiencing homelessness who are displaced outside the district, transportation must be comparable to what is being provided to their peers, including to and from different programs and activities, as well as extended school year summer programming and must meet state pupil transportation requirements.

Schools attempt to accommodate transportation for homeless children utilizing after school programs and other social capital opportunities. This may be difficult to arrange due to scheduling availability and limited funding, so accommodation is not typical.

The state is required by law to reimburse schools districts for transportation but not at 100%. The cost is shared between the district where the child is attending school and the district where the shelter is located. BPS provides transportation for roughly 700 students at any given time throughout the year and often for multiple years, with rates as high as \$750 per day per student.

Beginning in August 2019, all Boston Public School Students in grades 7 – 12 are eligible to receive a free Massachusetts Bay Transportation Authority (MBTA) M7 pass for school transportation. Families can opt in to request an M7 pass for a student who is in sixth grade if the preference is to use that pass instead of yellow bus service.

Student Pass Program and Student CharlieCards: For middle and high schools that participate in the Student Pass Program, MBTA offers attending students a Student CharlieCard (either an M7 Card or an S-card depending on the school; see below) for students in grades 7 – 12 (aged 12 – 18 years old). Homeschooled students can request a Student CharlieCard online.

Massachusetts Bay Transportation Authority (MBTA) Youth Pass Program: MBTA offers reduced price rail passes (CharlieCards) for low-income youth aged 12 - 25 who do not have a Student CharlieCard.

Cardholders may receive reduced fares on bus, subway, Commuter Rail, Express Bus, and ferry travel. Applications are available online or in-person. For in-person application in Boston, applicants must schedule an appointment at the City's Department of Youth Engagement and Employment office by calling or emailing the office.

M7 Cards: Participating schools include BPS public, charter, pilot, and innovation schools as well as non-BPS private, parochial, and out-of-district schools, Metropolitan Counsel for Educational Opportunity (METCO) students, and homeschooled students. BPS students must contact their school's office to learn more about getting an M7. Alternatively, they can contact BPS Transportation Department via phone or email. Out-of-District students can request their M7 through the BPS Support Portal.

M7 Cards are preloaded with monthly passes and paid by participating schools for the school year (as of September 8, 2022, M7 cards are available for use year-round until the end of the 2024-2025 school year; prior and after, M7 Cards function as S-cards in July and August and costs are not covered by schools). M7 Cards provide unlimited travel on all subway lines, Local or Express buses, and Commuter Rail Zones 1A, 1, and 2. M7 Cards can also be used to get 50% off the standard one-way fare or monthly passes for Commuter Rail Zones 3 – 10 and ferry printed on a CharlieTicket.

S-Cards: Ordered for free, students or parents can load value to them to ride at reduced one-way prices or purchase \$30 monthly or \$10 7-day Link Passes for unlimited travel on the subway and Local or Express buses.

Children aged 11 and under who are accompanied by a paying customer ride the MBTA for free (up to 2 children per customer allowed).

Relevant to parents/caregivers of children experiencing homelessness, MBTA does not allow for purchase orders (POs) to make purchases for group orders. Separate from school districts purchasing student passes (which does allow for POs), adult passes can only be purchased in bulk through Group Orders. School districts and other municipal agencies are generally required to make purchases using POs, per state procurement law, so this creates an additional barrier. For example, if a school wanted to purchase passes for parents/caregivers to come to a school event, school meeting or accompany their child to a weekend event at the school, the school would be unable to do so.

Opportunities in Shelter, Housing, and Economic Assets

- If DTA has received the documentation needed to verify an eligibility factor such as income or residency, DHCD can view that document and use it if/when it meets their standards for verification. Families and case managers can be educated to start with DTA application.

- DHCD started allowing documentation to be submitted through email and text rather than using fax which is costly, time consuming, and occasionally inaccessible. Though, families with current lived experience reported during CHIME not all experiencing this opportunity equally.
- DTA is currently building out and planning the launch of SNAP Restaurant Meals Program (RMP) where certain vulnerable populations including families experiencing homelessness can purchase any food (including hot food) from participating restaurants. One priority of this program is restaurants that can bring food to families directly (food trucks) to mitigate the “Final Mile”⁷.
- Several state agencies have started discussion and meetings around increased/improved data sharing.
- Co-locating services in innovative ways that meets the need of the community (example: co-locating free meal programs with vaccination sites during COVID).
- Creating communication channel(s) or shared platform where BPS can share critical deadlines regarding the school year with social workers.
- Leveraging technology as a solution to provide greater access to resources. For example, the MBTA Youth Pass is now available as an application on mobile devices.

Gaps in Shelter, Housing, and Economic Assets

Identification

- Doubled up families are not eligible for EA services and may not be eligible for other needed services as they do not meet the HUD definition of homeless.
- Connecting to DHCD for intake can be difficult for families. With limited staffing and hours for DHCD’s intake offices, the wait times can be hours long, both on call in and in-person (an hour on average but can be several hours) and families may not have capacity to wait and offices are not child friendly. In-person applications can be particularly challenging as there is only one DHCD staff at each office at a time.
- Other front-line agencies that may receive calls from families experiencing homelessness, like OHS, also have limited staff. As a result, due to high demand, families may need to either stay on a phone line for extended periods or call several times before reaching a housing coordinator.
- There is no or very limited weekend availability to access emergency shelter services for families experiencing homelessness. Lack of weekend availability to access shelters puts a burden on other agencies, such as hospitals (emergency rooms) and schools.
- Families and case managers are often unaware of the best “starting place” to look for shelter and/or other benefits like SNAP/TAFDC, thus the family and case manager may have to bounce between agencies (i.e., DTA to DHCD and vice versa) to fully understand the application requirements and collect needed documentation for eligibility.

⁷ The “Final Mile” denotes the challenge low-income populations face in transporting food from public resources (i.e., food pantries) to their residency.

- Families have been misinformed that if they call OHS afterhours or call several times, they will receive certain benefits or receive benefits such as shelter more quickly.
- There are few opportunities for case management support to facilitate navigation until placement is made and families often struggle with collecting necessary paperwork/documentation.
- Shelter placements can take several weeks after initial screening in which cases families must find another place to stay.
- Separated/unmarried parents cannot be placed in a shelter unit together with child(ren) unless they are both named on the child's birth certificate.
- There are limited shelters options for families with children over the age of 13.
- To accelerate securing a safe space for families, DHCD shelter placement is often dependent on what units are available at the time of intake. While the state provides transportation to and from shelter, the additional time for families further away from school increases the time children need to get to school (less sleep time and time with family) and potential to miss afterschool/family activities in their shelter neighborhood. When families have multiple children at different schools, this issue can be compounded.
- Communication between DHCD and families can lack transparency regarding ADA accommodations for children; shelter providers often go back to DHCD to change placement as it does not work for families who have children with ADA needs.
- Providing certain documentation (such as the name of the perpetrator of domestic violence) may put the child or caregiver at risk because the perpetrator may be outreached regarding child support which notifies the perpetrator of the parent and child's general location, leaving the caregiver to decide between critical housing and other benefits or the safety of themselves and their child.
- Child-focused benefits have different eligibility requirements based on percent (%) of poverty level or a cap on assets; these requirements are above the average in the state and/or country but are still not high enough given the cost of living in Boston (i.e., TAFDC, SNAP).

Screening

- There are no concerted and coordinated efforts to screen children for - or ask family members about - additional needed supports or services for children beyond the families' need for shelter/housing. Shelter providers do not have standard screening tools for children and there is no requirement for screening of child once in shelter.
- None of the city or state agencies (e.g., OHS, DTA, DHCD) share assessment information and each agency conduct their own screening process to determine eligibility.
- DHCD does not share completed intakes with EA shelters who are then required to complete their own intakes. Families must provide information to shelter providers after providing the same information to DHCD through their initial, comprehensive screening. Families may then need to provide additional information that they have previously shared to access other services.
- DHCD screening of children is limited to the school that a child attends school and if they have an ADA to identify the most suitable shelter placement.

- Documents provided by EA shelters may not be available in the language the family Head of Household (HOH) or other family members speak.
- Shelter placements in communities other than a family's place of origin may displace them from established social capital, transportation, medical, behavioral health, and other resources.
- Decisions on TAFDC applications are posted on DTA Connect and mailed to the applying family but are not emailed or texted. DTA noted this may be a barrier for families who do not use DTA Connect.

Planning and Accessing Care

- Case managers are not required to have touch points with child(ren). Case managers are required to meet with caregiver(s) on a biweekly basis and the discussion on housing needs can take entire meeting time.
- It can also be difficult for case managers to connect or meet with older children who are in school during the day when shelter case managers are available.
- While sheltered families may be told of nearby resources available for their children, they are not directly connected to them by case managers, thus leaving the family responsible for making and following through on the connection without guidance.
- If a child and parent live with a grandparent who is the household's official HOH, the child and parent may be excluded from certain benefits and services.
- Some benefits are not well broadcasted or promoted, making it difficult for families to learn about them (i.e., MBTA Youth Pass).
- While there are some programs (i.e., camps and educational programs) that are prioritized for children experiencing homelessness, limited funding, short application time frames, and needed paperwork, immunizations, identification, etc. often prohibits a child's participation.
- SNAP benefits have been given at max amount due to COVID, which may return to amount based on individual circumstances including deductions in March 2023. Once this occurs, many families will experience "Cliff Effect." Families will then have to meet with DTA as DTA needs to collect information regarding applicable deductions.
- While there are resources available to reduce food insecurity (i.e., food pantries), families often struggle with the "Final Mile" (getting food from a pantry to their home).
- Healthy Incentives Program (HIP) offers additional benefit for family to get fresh produce but does not compensate for high levels of inflation.

Managing, Coordinating, and Tracking Care

- Shelter case managers do not have standard knowledge base of available resources.
- For shelter case managers, there are no specific touch points in any data systems to track referrals, enrollments, and outcomes to other child resources.
- DHCD does not allow its required HMIS data system, ETO, to be modified by providers to track plans, goals, or results for children regarding their needs.
- Case manager workload is based on working with HOH, not based on family size, so there is limited capacity to work in a 2Gen model.

- In some cases, depending on both the amount and source of the minor's income, a child under 18's income may be added to a household's income. This may prohibit a family eligibility for certain financial assistance programs. The converse, a family may discourage a child from obtaining an employment, which is a longer-term protective factor for children.

Priorities for Change

Identified Priorities for Change

The group identified 12 priority areas, followed by a voting process where each participant voted for their top three priorities. The chart below shows the rank order by the number of votes and priority area of work.

During the discussion for Action Planning, the group decided to break the top ranked priority into two separate action plans and begin moving forward on both. After the first round of Action Planning on those priorities, the group decided not to action plan the 2nd top ranked priority, Sharing Information Across Systems, because the group noted state government agencies with representation from MassHealth, DTA, EEC, and DHCD among others developed a workgroup, which was currently addressing data sharing and navigating HIPAA issues. During the action planning process, the group requested to combine Create Space and Opportunities for Youth To Be Validated And Supported with the priority More People With Lived Experience Including Youth At Decision And Policy Making Tables (Paid)* into one action planning group. The group also asked to combine Build Up General Family Navigator Positions – Help Families Move Through Continuum and Access Care with Develop and Implement Decision Tree/Triage Tool+ for action planning.

RANK	VOTES	PRIORITY
1	17	STREAMLINE POLICIES AND PROCEDURE FOR PROGRAM ENROLLMENT TO SHELTER/HOUSING AND CHILD-FOCUSED PROGRAMS TO DECREASE BARRIERS (SEPARATED INTO TWO SEPARATE ACTION PLANS)
2	11	SHARING INFORMATION ACROSS SYSTEMS (VOTED NOT TO ACTION PLAN)
2	11	CREATE SPACE AND OPPORTUNITIES FOR YOUTH TO BE VALIDATED AND SUPPORTED*
3	7	INTEGRATE WRAP AROUND SERVICES FOR FAMILIES – AT START ALL THE WAY THROUGH
4	6	MORE PEOPLE WITH LIVED EXPERIENCE INCLUDING YOUTH AT DECISION AND POLICY MAKING TABLES (PAID)*
4	6	BUILD UP GENERAL FAMILY NAVIGATOR POSITIONS – HELP FAMILIES MOVE THROUGH CONTINUUM AND ACCESS CARE+
5	5	PROMOTE CLIENT-CENTERED DESIGN: 2GEN DESIGN
6	3	DEVELOP CLEAR PATHWAY FOR SURVIVING --> THRIVING

7	2	INCREASE ACCESS TO CBHI FOR KIDS EXPERIENCING HOMELESSNESS
7	2	DEVELOP CLEAR LOW BARRIER FRONT DOOR TO ALL HOUSING SERVICES (COORDINATED ENTRY/EXPAND ACCESS)
7	2	ENHANCE ENRICHMENT SERVICES FOR KIDS CO-LOCATED AT SHELTERS
8	1	DEVELOP AND IMPLEMENT DECISION TREE / TRIAGE TOOL ⁺

Final Priorities for Change

After discussion, the group finalized the following five priorities:

- 1) Streamline Policies and Procedure for Program Enrollment for Child-Focused Programs
- 2) Streamline Policies and Procedure for Program Enrollment to Shelter/Housing to Decrease Barriers
- 3) Integrate Wrap-Around Services for Families at the Start and All the Way Through
- 4) Create Space and Opportunity for People with Lived Experience (Including Youth) to be Validated and Supported by Paid, Trauma-Informed Inclusion in Decision- And Policy-Making Tables
- 5) Build Up General Family Navigator Positions to Help Families Move Through Continuum and Access Care (Including Development of Decision Tree/Triage Tool)

Community Action Plans

PRIORITY: MOVING FORWARD			
OBJECTIVE	ACTION STEPS	WHEN?	WHO?
Develop a Report Summarizing the Work of the CHIME Shelter, Housing, and Economic Assets Mapping	Send draft of Action Plans and Map to Mapping participants	September 30, 2022	Kathleen, Marisa, Masami
	Return feedback of Action Plans and Map	October 14, 2022	Mapping Participants
	Draft report, collect responses on outstanding questions, and update draft	October – December, 2022	Masami
	Send updated report draft to Executive Committee and collect feedback	January, 2023	Masami, Executive Committee
	Send final report draft to Mapping participants	February 10, 2023	Masami Mapping Participants
Decide where the leadership of moving the Shelter, Housing, and Economic Assets work and Action Plans will live moving forward	Discuss with CHIME Executive Committee	October – November, 2022	Executive Committee, Project Team
	Share plan at next CHIME mapping with Early Education participants	December 6, 2022	Kathleen
Consider how to integrate the Priorities and Action Plans developed at each mapping into the overall CHIME plan	Explore continuation of ongoing Action Teams to continue the Action Plans developed for the identified Priorities in each gear Determine how to support the Action Teams developed at each mapping with leadership and support	Ongoing at each Executive Committee Meeting	Executive Committee, Project Team

Consider how to coordinate/integrate CHIME with Special Commission on Family Homelessness work	Outline overlapping priorities Consider proposing a children’s focused subcommittee to the Special Commission	Ongoing at each Executive Committee Meeting and select Special Commission meetings	Masami Executive Committee
Implement mappings for each gear (draft maps and reports to follow)	Early Education K-12 Education Health and Well-being Post-Secondary & Employment Pathways Social Capital	December 5 th & 6 th , 2022 March 2023 June 2023 September 2023 December 2023	Masami, Kathleen, Executive Committee Gear Leads
Hold CHIME Summit	Bring together participants from each mapping for convening	March 2024	Masami, Kathleen, Executive Committee
Create Final CHIME Report	Integrate reports from each mapping and summit	September 2024	Masami, Kathleen, Executive Committee

PRIORITY #1a: Streamline Policies and Procedure for Program Enrollment for Child-Focused Programs

Planning group: Flossy Calderon, Action for Boston Community Development; Sheila Agosto, Horizons for Homeless Children; Kedan Harris, Boston Public Schools; Kara Beauchemin, Horizons for Homeless Children; Brian Marques, Boston Public Schools; Chidinma Nwaneri, Horizons for Homeless Children; Kamini Mason, FamilyAid; Shakeia Skinner, Horizons for Homeless Children; Yi-Chin Chen, Friends of the Children; Eugenia Soiles, MA Dept. of Early Education and Care; Marie Smith, Friends of the Children; Sarah Slautterback, MA Department of Education; Brandy Brooks, Higher Ground; Felicia Smith, Sojourner House; Gregg Ellenberg, Hildebrand Family Self-Help Center, Sarah Bartley, United Way; Raia Warfield, Home for Little Wanderers – Suffolk Family Resource Center

Objective	Action Steps	When?	Who?
Inventory applications to see what the commonalities and differences are.	Minimize the information requirement Absolute minimum instead of requiring such a large breadth of knowledge Streamlining the documentation/deadlines	December 2022 Send documents by September 23rd, 2022,	Flossy – Share Head start and CCB Requested Information, Eugenia Soiles, Kara (Horizons for Homeless Children), Yi-Chin Chen, Chris Smith
Improving Family Navigation Process: Empower Family Navigation Process	EEC: need to get a greater understanding of the current list, what current slots are available Create a centralized hub for childcare slots All available information must be provided and accessible to empower families to navigate system	December 2022	Jennifer Lewis (EEC); Eugenia can provide most info; DCF Providers
Create One-linked Application Across Agencies for Early Education and After School Programs	A cross departmental/cross system “barrier busting” force A wider breadth of available applications (i.e., different languages)	December 2022	ASK: Mayor’s Office of Early Education; Kristin McSwain’s office EEC, Head Start, DHCD, BPS, BPS UPK, Mayor’s Office for Early Education, Mass Commission of Superintendents and Mass Association of School Committees
Expand Language Availability of Applications		December 2022	

PRIORITY #1b: Streamline Policies and Procedure for Program Enrollment to Shelter/Housing to Decrease Barriers

Planning group: David Gleich, Boston Housing Authority; Fiona McGarry, FamilyAid ; Jim Greene, Boston Mayor’s Office of Housing; Mistral Olaverria, FamilyAid; Guissel Marroquin, Boston Mayor’s Office of Housing, Virginia Griffin, MA Department of Housing and Community Development; Dana Mendes, Boston Mayor’s Office of Human Services; Brittany Mangini, MA Department of Transitional Assistance; Nadine Jones-Ruffin, Boston Public Health Commission; Megan Nicholls, MA Department of Transitional Assistance; Kim Janey, EMPath; Sarah Porter, Victory Programs, Jillian Carrington, FamilyAid

Objective	Action Steps	When?	Who?
Align financial eligibility standards	<p>Advocate for legislative changes – match means-tested programs (Medicaid, SNAP, TAFDC, with DHCD eligibility)</p> <p>Align eligibility for EA with permanent housing solutions</p>		
Increase funding for vouchers for families to increase number of vouchers available and value of vouchers	<p>Data analysis of existing funding for EA shelters and voucher programs (MRVP, Section 8, CFV, EHV). What impact would additional funding do if allocated to EA vs. vouchers? Ideal to get numbers out in front of next legislature on level of investment for each and compare cost of sheltering someone vs. providing permanent housing.</p> <p>Change prioritization of vouchers</p> <p>Mirror MRVP with Section 8 eligibility to increase access?</p>		
Mitigate re-traumatization of families by expanding access to services for doubled-up families and reducing number of times families seeking/accessing EA share personal story	<p>Align definitions of homelessness (HUD and McKinney Vento) and Boston Residency</p> <p>Streamline sharing of information across various state departments (most notably DHCD and DTA) and service providers</p>		

PRIORITY #3: Integrate wrap-around services for families at the start and all the way through*

*Challenge in defining "at the start". What is the start? Many points of access.

Planning group: Not collected

Objective	Activities/Tasks	When?	Who?
Centralized view of families across programs/systems	Creating tools to help families manage their own services (--> House information)		Project was previously taken up by EOHHS/ICHH but no progress and providers identify a lack of transparency in the process.
Connecting with "navigator role" with wrap-around services	Building trust; Coaching; Accountability (family and staff); Understanding services and eligibility requirements		CBHI - intensive care coordination; EA System Navigator; Community health workers; DTA - client-facing portal expanding to include others
More co-located services/partnerships	Expand homeless liaisons at agencies (DTA has role); Making programs family friendly when in-person is required Increase virtual services to increase access for families		
Explore additional federal funding opportunities	Identify groups that have additional funding/programs e.g., SNAP --> reimbursement program - SNAP outreach partner program		

PRIORITY #4: Create space and opportunity for people with lived experience (including youth) to be validated and supported by paid, trauma-informed inclusion in decision- and policy-making tables

Planning group: Dana Mendes, Boston Mayor’s Office of Human Services; Eugenia Soiles, MA Department of Housing and Community Development; Guissel Marroquin, Boston Mayor’s Office of Housing; Virginia Griffin, MA Department of Housing and Community Development; Jillian Carrington, FamilyAid; Megan Nicholls, MA Department of Transitional Assistance; Fiona McGarry, FamilyAid

Objective	Activities/Tasks	When?	Who?
Increase funds to include families in policy making	Hold funders accountable (or make best practices) Fund niche communities to do the groundwork	Continuous	Community organizing groups
Offer incentives without impacting benefits	Talk to agencies directly Create list of people at agencies who can make decisions on this	Continuous	Benefits agencies (DTA, EEC, DHCD) Homes for Families
Task forces built through CHIME must include people with lived experience	BPHC has trainings on becoming trauma-informed Center on child well-being and trauma	November (for inclusion in next Gear mapping) and Ongoing	CHIME Executive Committee
Inventory boards/advisory committees to ensure people with lived experience are included	Advocacy groups do not necessarily speak for the community Create space for kids to engage and share their ideas and experience	Dec. 2023 (after last CHIME Mapping)	CHIME Project Team (ensure this is discussed and followed through at future mappings)
Create authentic feedback loops from people with lived experience to the communities they are representing			Service Providers; Benefits agencies; All of us
Opportunities for preparation and debrief	Commitment from organizations to provide support and coaching		

	Professional development (lived exp -> ed exp)		
Create space and opportunity for people with lived experience to provide leadership	<p>Create space for kids to engage and share their ideas and experience (\$\$)</p> <ul style="list-style-type: none"> - add into application process - on websites - general posters to share ways to connect 		

PRIORITY #5: Build up general family navigator positions to help families move through continuum and access care (including development of decision tree/triage tool)

Planning Group: Not collected

Objective	Activities/Tasks	When?	Who?
Develop Core Competencies	Identify PD opportunities Training as Generalist Quarterly/monthly meetings and trainings	Continued alignment with CHIME and Special Commission	BPS, FamilyAid, Heading Home to convene; Other providers State Roundtable People with lived experience Homeless Youth Network MOH (OHS)
Access to Resource Lists	Create and maintain information		Coalition of providers 311 BPHC App
Navigator Position	Funding position ID agencies doing it now Preventative measures		Providers create OHS; FRC; BPS; Metro Housing
Decision Tree	Development Checks off options for needs		Mass. Coalition for the Homeless (Kelly Turley) for convening providers
Coalition of Providers who are Family Navigator sites	Network of communication Monthly meeting of navigators to update resource list and share info		

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 or which issues are important but cannot be addressed within a reasonable timeframe. During the Shelter, Housing, and Economic Assets mapping, the following issues were placed in the Parking Lot:

- Modifying HIPAA legislation
- Creating a system with cultural humility and using an equity lens threaded throughout the process
- Improving children’s health through improving shelter conditions (i.e., access to common spaces such as kitchens, lead removal, and better pest management)
- Increased training on cultural sensitivity, trauma-informed care and general child and family safety, particularly for congregate shelter staff
- Re-envisioning housing in a radical way
- Developing trauma-informed coaching to empower caregiver(s) and build confidence to help drive success towards long-term goals and think beyond section 8 or other more immediate resources

Quick Wins

During the CHIME Mappings, participants may collaboratively problem solve to identify immediate or very short-term resolutions to issues raised. During the Shelter, Housing, and Economic Assets mapping, the following issues were offered as Quick Wins:

- Participants were previously not aware that the Family Resource Center had a few underutilized Navigator positions that could help families prior to being accepted and placed in the Shelter system. Participants exchanged contact information.
- Participants with lived experience expressed that the value “Cultural Humility” should be incorporated into future CHIME Mappings.

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:

1. Revise EA Scope of Services so that shelter case manager caseloads are based on number of individuals in families rather than the number of HOH's, and that priority is given to children's needs as well as adults.
2. Consider equitable wages for EA case managers like those that are provided through case managers contracted through the state's EOHHS secretariat.
3. Increase access to mental health screening services for caregiver(s) and child(ren) upon entering the shelter system and upon entering stabilization once housed.
4. Explore a tool or set of questions that can help agencies conduct a self-assessment into their awareness, identification, prioritization and/or connection to services for children experiencing homelessness.

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 the mapping sessions, the CHIME project team plans to make the following changes or additions to better prepare and accommodate families:

- Incorporate cultural humility into the CHIME values.
- Provide childcare for any child(ren) in a participating family when necessary.
- Provide an opportunity to meet with a social worker prior to and/or following mapping sessions.
- Coordinate a discussion between the project manager with existing participating families and new participating families to build peer support.

Afterword

A foundational goal of the 4-year Child Homelessness Intercept Mapping and Engagement (CHIME) project is discovery: Discovery of the profound life experiences of children who have experienced homelessness; discovery of the perceptions and mindsets of the people who create the systems seeking to solve this ages-old humanitarian and social challenge; and discovery of the gaps and opportunities that lie before us as concerned community members trying now, for the first time to focus the larger community on improving services for children caught up in one the most significant social ills of our time.

With CHIME's inaugural 2-day convening – the first of its kind in Boston and the first of six over the next several years – we have discovered other things as well: The drivers of accompanied children's homelessness – poverty, the high cost of and unavailability of housing, and inadequate shelter system services – have created not so much as gaps, but chasms in services for children.

While much has been discovered and articulated in this report from our September 2022 convening, we know there are significant areas of concern for children within the housing and economic assets milieu that require further investigation. Some of them include:

- 1) An understanding of the precipitating incidents that drive a child's family into homelessness and their long-term impact on children's healthy development
- 2) The trauma children may experience due to the lack of 24/7 access to the state's emergency shelters
- 3) Delays in accessing needed children's services due to overly complex, bureaucratic applications and lags in processing time
- 4) The impact of underlying food insecurity on children experiencing homelessness in shelters
- 5) The significant variability of Boston family shelters' locations to services, quality, on-site child-friendly spaces, and provision of navigational services
- 6) The lack of state standards for child-focused trauma-informed practices, child development services, and parenting support in state-funded shelters and supportive housing constructs

We hope these issues and others that make life healthy, safe, and appropriate for children will be uncovered and explored in subsequent convenings. As convenings continue and community leaders step forward to implement improvement plans, we anticipate that the needs of our most vulnerable children - and the best approaches to meet them - will come into sharp relief.

Larry Seamans
CHIME Executive Committee Chair

Appendices

Appendix 1 CHIME Shelter, Housing, and Economic Assets Mapping Participant List

Appendix 2 Shelter, Housing, and Economic Assets Acronym Glossary

Appendix 3 Day 1 and Day 2 Agendas

Appendix 4 Resource Locations, Contact Information, and Hours

Appendix 5 CHIME Community Self-Assessment

Appendix 1

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Appendix 2

ACE	Adverse Childhood Experience
ADA	American with Disabilities Act
ASQ	Ages and Stages Questionnaire
BCH	Boston Children’s Hospital
BMC	Boston Medical Center
BPS	Boston Public Schools
CHIME	Child Homelessness Intercept Mapping and Engagement
CORI	Criminal Offender Record Information
DHCD	Department Of Housing and Community Development
DTA	Department Of Transitional Assistance
EA	Emergency Assistance; state-funded shelter resources for families experiencing homelessness
FNS	United States Department of Agriculture Food and Nutrition Service
FRC	Family Resource Center
FPL	Federal Poverty Level
HERN	Homeless Education Resource Network within the Boston Public Schools’ Department of Opportunity Youth
HIP	Healthy Incentives Program
HOH	Head of Household
HUD	U.S. Department of Housing and Urban Development
IEP	Individualized Education Program
MBTA	Massachusetts Bay Transportation Authority
METCO	Metropolitan Counsel for Educational Opportunities
MOH	City Of Boston Mayor’s Office of Housing
OFJ	City of Boston Mayor’s Office of Food Justice
OHS	City Of Boston Office of Housing Stability within the Mayor’s Office of Housing
RMP	Restaurant Meals Program
SNAP	Supplemental Nutrition Assistance Program
SORI	Sexual Offender Registry Information
SSI	Social Security Income
TAFDC	Transitional Aid to Families with Dependent Children



SHELTER, HOUSING, AND ECONOMIC ASSETS MAPPING

September 15, 2022

Boston, MA

Day 1 Agenda

8:00 **Registration**

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.



SHELTER, HOUSING, AND ECONOMIC ASSETS MAPPING

September 16, 2022

Boston, MA

Day 2 Agenda

8:00 **Registration 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

BPS Transportation Department:

- Call Line Hours: 6 am – 7 pm Monday through Friday
- Call Line: 617-635-9520
- Office Hours: 8:30 am – 5 pm Monday through Friday
- Address: 2300 Washington Street, Roxbury, MA 02119
- Email Address: schoolbus@bostonpublicschools.org
- Support Portal: <https://bostonpublicschoolshelp.freshdesk.com/support/home>

Boston Department of Youth Engagement and Employment:

10 am – 6 pm Monday through Friday

- Call Line: 617-635-4202
- Email: youthline@boston.gov
- Address: 1483 Tremont Street, Boston, MA 02120.

Boston YMCA

8 am – 6 pm Monday through Friday, 9 am – 1 pm Saturday (Support Center call line hours)

- Phone appointments can be made on the Boston YMCA website at the following link. This page also lists all YMCA locations in Greater Boston: <https://ymcaboston.org/contact/>

Department of Housing and Community Development (DHCD)

9 am – 5 pm Monday through Friday (call line and in-person)

- Call Line: 617-573-1100
- Address (Main Office): 100 Cambridge St, Suite 300, Boston, MA 02114

Department of Transitional Assistance (DTA)

8:15 am – 4:45 pm Monday through Friday (call line and in-person)

- DTA assistance line: 877-382-2363
- DTA locations: https://www.mass.gov/orgs/department-of-transitional-assistance/locations?_page=1
- Online application for SNAP and TAFDC: <https://dtaconnect.eohhs.mass.gov>

Mayor's Office of Food Justice (OFJ):

9 am – 5 pm Monday through Friday (call line and in-person)

- Call Line: 617-635-3717
- Address: 1 City Hall Square Room 804, Boston, MA 02201
- **OFJ Summer Eats:** Meals are available throughout the day at varying times, based on location. To find meal locations, call Project Bread's FoodSource Hotline or text "food" or "comida" to 304-304

Office of Housing Stability (OHS)

9 am – 5 pm Monday through Friday (call line and in-person)

- Call Line: 617-635-4200
- Email: housingstability@boston.gov
- Address: 43 Hawkins Street, Boston, MA 02114

Project Bread FoodSource Hotline

8 am – 7 pm Monday through Friday, 10 am – 2 pm Saturday

- Hotline: 1-800-645-8333

Suffolk County Family Resource Center (FRC)

12 pm – 5 pm on Monday, 9:30 am – 7 pm on Tuesday, Wednesday and Thursday, 9:30 am – 5 pm Friday, 10 am – 1 pm every other Saturday (2nd and 4th Saturdays of each month)

- Call Line: 617-469-8501
- Address: 56 Dimock Street Lower Level, Roxbury, MA 02119

Appendix 5

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.

Demographics

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.3.1. (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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