



CHIME

Child Homelessness
Intercept Mapping
& Engagement

Social Capital 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 Social Capital Gear Executive Summary represents the fifth of six planned CHIME mappings.



From a broad perspective, social capital involves connections, networks, or relationships among people and the value that arises from them. Specifically for children, social capital encompasses mentoring and coaching programs; sports, arts, music, and STEM programs; before and after school programming and camps; and community networks. Children experiencing homelessness frequently lose their social capital supports when they are displaced from their homes with no coordinated help to replace them. **Social capital is critical for positive experiences and building on the strength and resilience of children.**

Critical Gaps.

- Across all age groups, there is no coordinated entry for children experiencing homelessness to find and access social capital programs. Despite the wealth of social capital resources in Boston, accompanied children experiencing homelessness are not prioritized or served with intentionality across the system.
- Social capital providers have little opportunity to come together as a community to consistently learn from each other and strengthen partnerships. Without these networks, warm handoffs become particularly difficult to make. Additionally, the lack of a comprehensive directory to facilitate referrals and improve community connections inhibits efforts to increase access to services for children experiencing homelessness.
- The lack of coordinated data-sharing capabilities results in families having to reshare their story with each provider they interact with, which risks re-traumatization and may reduce a family's willingness or interest to utilize other services.

Opportunities

- Many social capital programs and services are available to the Massachusetts community as a whole and in the City of Boston, in particular. For example, 826 Boston provides free programming (field trips, writing workshops, in-school Writers' Rooms, and more) to any interested student and the only limitation in accepting requests is program capacity.
- More than 50 individuals attended the CHIME Social Capital mapping in Boston and expressed an interest in intentionally serving more children in families experiencing homelessness and providing the necessary accommodations for those already in their programs. Throughout the mapping, the enthusiasm and commitment of the social capital partners was evident, and there was a clear interest in increasing awareness on family homelessness and barriers to services specific to children experiencing housing instability.

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

1. Build a cross-sector coalition including advocacy for collaborative, multi-year funding, policy change, and prevention efforts.
2. Enhance workforce development and support including employee wellness, retention, compensation, coaching/mentoring, and hiring people with lived experience of homelessness.

Balancing Child-Focused Service Needs with workforce development and support. While the focus of CHIME is on services for children experiencing homelessness, participants also acknowledged broader issues around supporting workforce readiness, retention, and wellness generally. A well-trained and supported staff working with children is critical to access and quality of services. CHIME is focused on the overall needs of children in families experiencing homelessness, some of which will overlap with these broader systemic issues.

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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 the 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. From the launch of CHIME through the March 2024 Social Capital mapping, more than 262 unique individuals attended the kickoff and/or one or more CHIME mappings.

The purpose of this report is to provide a summary of the fifth of six CHIME Mappings held in Boston, MA, at City Year Greater Boston Building on March 4th and 5th, 2024. Opened by CHIME Executive Committee member Mark Reeves, CEO of New England Community Services, and co-hosted by Annissa-Essaibi George, CEO of Big Sister Association of Greater Boston, the convening is part of an innovative exploration to develop collaborative systems of support for children 0-18 experiencing homelessness with a parent or legal guardian. Fifty-one state, municipal, and community leaders including 3 caregivers with their children who experienced 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 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.



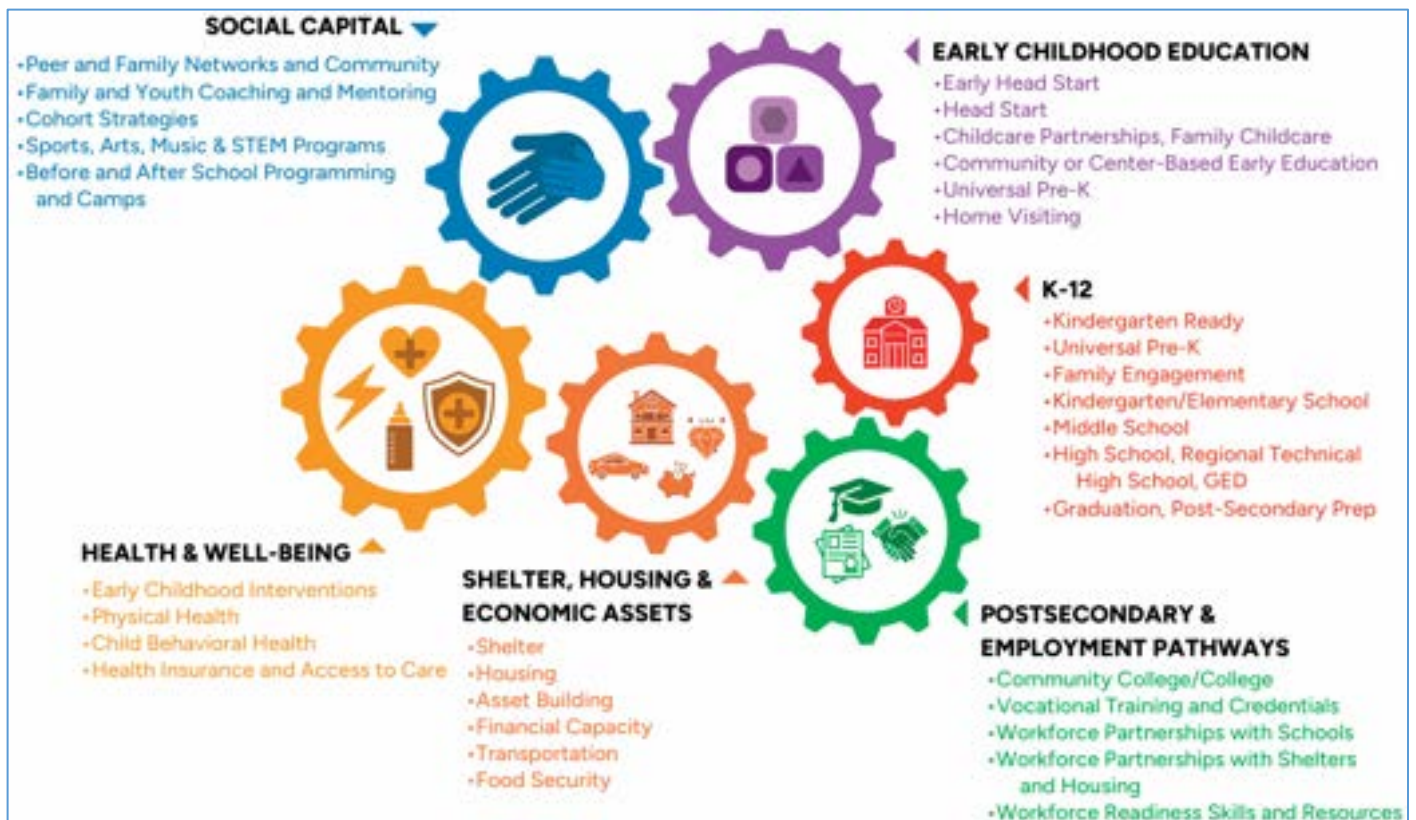
The 2Gen framework structures child and family services and support into six gears: Economic Assets (including shelter and housing), Early Childhood Education, K-12 Education, Health & Well-Being, Social Capital, and Post-Secondary and Employment Pathways. Using this multi-dimensional framework, CHIME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

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/>

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 organizing tool and 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?

At the time of the Social Capital mapping in March 2024, 20% of children were living in poverty and an estimated 7,600 children were 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: sharing housing due to loss of housing or economic hardship (i.e., doubled up); living in motels, trailer parks or campgrounds; living in emergency or transitional shelters; abandoned in hospitals; primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living

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

in cars, parks, public spaces, abandoned buildings, substandard housing, bus, or train stations; and migratory children who qualify as homeless because they are living in circumstances described above.

In fact, Boston ranked 4th in the country (currently ranked 2nd) for the rate of family homelessness at the time of the mapping, having experienced a 46% increase in family homelessness between 2007 and 2022.⁶⁷ Yet, this staggering increase in family homelessness does not account for the full scope of Bostonians falling into homelessness over the last two years due to the growing cost of living and worsening housing affordability crisis nor the growing number of migrant, immigrant, refugee, and asylum-seeking (MIRA) families entering the state who are also experiencing homelessness.

Between August 2022 and August 2023, Boston witnessed a 97% increase in the number of families in the EA system, which led to a state of emergency declaration by the governor in August 2023. The Governor ultimately called for a temporary shelter expansion to accommodate the need, increasing available units from 3,500 to 7,500, and the state is now in the process of removing temporary units as occupying families exit shelter.

Multiple systems are impacted by the increase in 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 Driver of Health that has a wide impact on children’s physical, mental, social, and academic health and well-being. Children who experience homelessness are also 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 two times more likely to not get enough food to eat (Burt, 1999).
- Are four times more likely to have a developmental delay and two times more likely to have a learning disability (Burt, 1999).
- Endorse disproportionately higher rates of self-injury and are three times more likely to have attempted suicide than housed youth (Perlman et al., 2014).
- Are at risk for higher rates of hospitalizations and poor child health (Sandel et al., 2018).
- Experience a mortality rate more than ten times that of youth in the general population (Auerswald et al., 2016).

National data from the Youth Risk Behavior Survey (YRBS)⁸ revealed that high school students experiencing homelessness regardless of living situation endorsed sexual assaults at twice the rate of their housed peers. Students experiencing homelessness were six times more likely to endorse being

⁶ <https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf>

⁷ <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>

⁸ The 2017 YRBS survey administration had two optional questions about homelessness, with 17 states responding to those optional questions. In 2019, 27 states, not including Massachusetts, responded to the optional questions. The 2021 questionnaire, for the first time, included one standard question about homelessness.

the victim of dating violence, more than four times more likely to report attempting suicide within the past 30 days and endorsed higher rates of misusing prescription medications compared to stably housed peers.

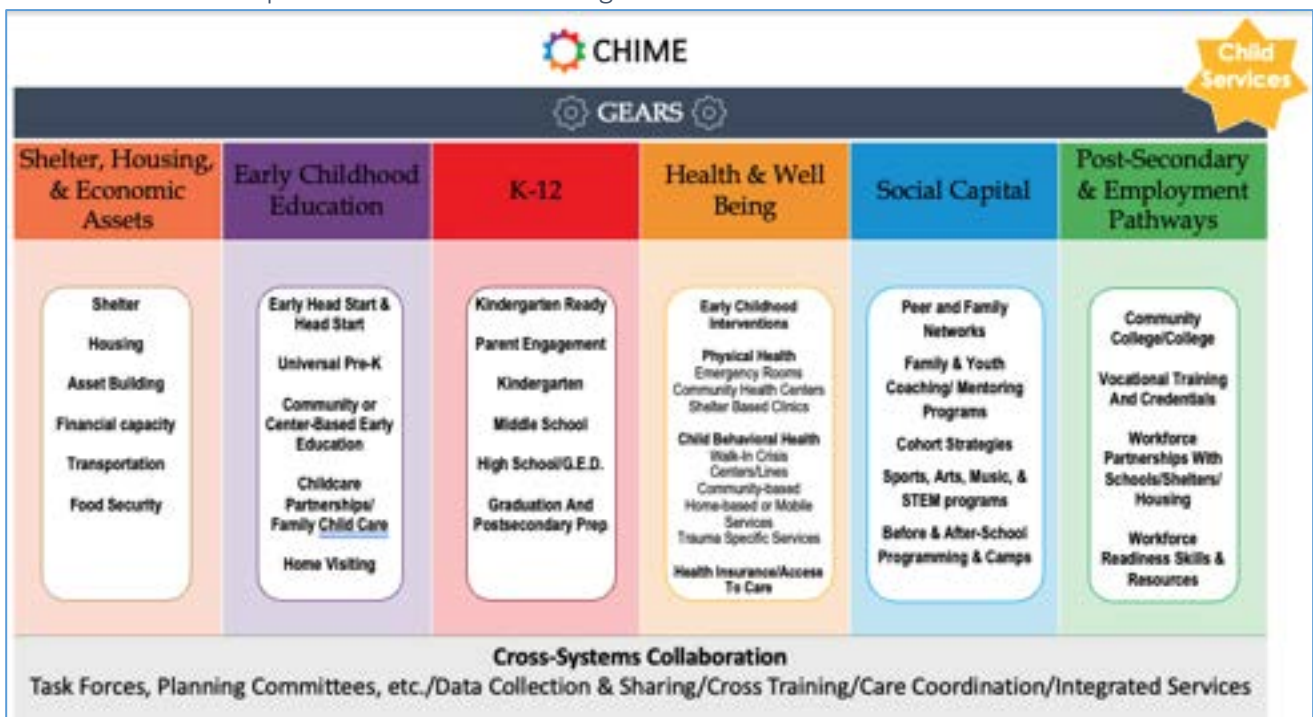
CHIME Goals

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 children experiencing homelessness
- Improve access and coordination of services
- Increase utilization of services.

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 are six Boston CHIME mappings (one mapping for each 2Gen gear) and there will be one summit that will encapsulate the work of all six gears.



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

- Shelter, Housing, & Economic Assets (September 15 & 16, 2022)
- Early Childhood Education (December 5 & 6, 2022)
- K-12 Education (March 30 & 31, 2023)
- Health & Well-Being (September 26 & 27, 2023)
- Social Capital (March 4 & 5, 2024)
- Post-Secondary & Employment Pathways (September 18 & 19, 2024)
- Cross-System Leadership Summit (Summer 2025)

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 is 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.

Identification	Screening	Planning and Accessing Care				Managing and Coordinating Care	Tracking Care
<p>Directories 211 Coming Home Children's Trust Boston After School & Beyond</p> <p>Department of Children and Families</p> <p>Boston Public Schools</p> <p>Early Intervention and Education Providers</p> <p>Shelters</p> <p>Housing Organizations</p>	<p>Resilience Screening Rosenberg Self-Esteem scale Sorenson Scale</p> <p>Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment</p> <p>Trauma Screening</p> <p>Social Drivers of Health Identified informally via relationship-based disclosures</p>	<p>New England Community Services YMCA of Greater Boston Schools on Wheels* Girls LEAP</p> <p>Big Sister of Greater Boston Jeremiah Program Friends of the Children Boston Children's Services of Roxbury†</p> <p>826 Boston Phillips Brook House Association</p> <p>Brookview** Boston After School & Beyond Boston Partners in Education</p> <p>Boston Scores Shelter Music Boston* Soccer without Borders</p> <p>Boston Public Health Commission Harvard Ed Portal EMPATH* † Union Capital</p> <p>Madison Park Development Corporation Boys & Girls Clubs of Boston Churches and Faith-based Institutions</p>	<p>K-12 Boston Public Schools Opportunity Youth</p> <p>Early Intervention and Education Providers ABCD</p> <p>Shelter FamilyAid 2Gen Navigators</p> <p>Legend Green = mentoring/tutoring Red = Before/After school programs Aqua = Sports/Art/Music/STEM Orange = Peer and Family/Cohort</p>				

Cross-Systems Collaboration

*Families experiencing homelessness prioritized
†EA shelters that offer social capital programs for their clients

East Boston Healthy Families Collaborative
Office of Child Advocate (OCA) Center for Child Wellness Workforce Assessment

DCF Regional Quarterly Provider Meetings
Family Engagement Network

CHIME Mapping Narrative

The following was information learned during the CHIME Mapping of the **Social Capital 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 Social Capital Gear including peer, family, & community networks, family & youth coaching and mentoring, cohort strategies, sports, arts, music, & STEM programs, before & after school programming and camps. This narrative may be used as a reference in reviewing the Social Capital Map.

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

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

General Description of CHIME Social Capital Mapping

On March 4th and 5th, 2024, the fifth of six CHIME Mappings was held in Boston, MA. Mark Reeves, CEO of New England Community Services, opened the event to welcome the participants which was co-hosted by Anissa-Essaibi George, CEO of Big Sister Association of Greater Boston. A total of 51 individuals attended, including 45 participants and 6 observers. Of the 45 participants, 42 were invited to complete the CHIME Community Self-Assessment Survey (see Appendix 5) and 31⁹ individuals did so prior to the mapping to share information about themselves and their organizations. People with lived experience were well represented in the Social Capital mapping, which was like most of the previous CHIME Mappings. In the Social Capital mapping, 9 (29%) participating respondents reported having experienced homelessness as a caregiver or child and 3 (10%) of the mapping participants had current lived experience as parents. Participants who completed the survey self-identified in the following current roles:

⁹ CHIME participants who attended a prior convening were not asked to repeat the survey. A total of 42 individuals who RSVP'd to the Social Capital event were invited to complete the CHIME Community Self-Assessment Survey.

Social Capital	10
K-12, GED, or Post-Secondary Education	7
Shelter, Housing, and Homelessness Services	4
Child Welfare	3
Behavioral Health and/or Medical Services	2
Other State or Local Government Agency	2
Childcare Partnerships	1

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, 61% of Social Capital mapping participants reported their organizations did currently collaborate with other stakeholders to meet the needs of accompanied children experiencing homelessness compared with 3% of Shelter, Housing, and Economic, 78% of Early Childhood Education, 71% of K-12, and 91% of Health & Well-being mapping participants.
- Regarding screening of accompanied children experiencing homelessness, 26% of Social Capital participants stated their organizations did use validated screening tools compared with 30% of Shelter, Housing, and Economic, 34% of Early Childhood Education, 33% of K-12, and 62% of Health & Well-being mapping participants.
- Finally, 39% of Social Capital mapping participants agreed that their organizations prioritized accompanied children experiencing homelessness for service(s) within their agencies compared to 60% of Shelter, Housing, and Economic, 68% of Early Childhood Education, 75% of K-12, and 52% of Health & Well-being participants. Of those Social Capital participants who prioritized their services, 10% endorsed that those services were specifically designed for children experiencing homelessness. It is important to reiterate, as indicated above, the pre-mapping survey represents agencies from across multiple systems including K-12, Health and Well-Being, and Shelters, Housing and Economic Assets.

Engaging Families with Lived Experience

The involvement of parents and caregivers as well as children in families with lived experience in CHIME is essential to fully understand gaps and opportunities in the various systems supporting them and their children. Families experiencing homelessness are the most challenging partners to involve in a day and a half event primarily because they must prioritize meeting their and their

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

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

Description of Current Resources

Cross-Systems Collaboration

There were no specific cross-system collaboration efforts for accompanied children experiencing homelessness; however, there may be overlap that can be leveraged with the efforts described below by organizations that engage with families on a city, regional and statewide level.

- [Boston Family Engagement Network \(BFEN\)](#): is a Boston-wide coalition of agencies (including FNC) focused on raising awareness about the importance of family engagement in the life of a young child. BFEN activities are available to all Boston families with children prenatal to age 8 at no cost, regardless of economic class, race or educational level.
- [East Boston Healthy Families Collaborative \(EBHFC\)](#): is comprised of local community organizations who are working together to promote child health and wellness in East Boston. The EBHFC Collaborative began in 2019 with a focus on access to food and healthy living. The group meets regularly to exchange resources, stay informed about available services, and enhance collaboration for families and children in their community especially those families facing unique needs.
- [Massachusetts Office of the Child Advocate \(OCA\)](#) is an independent executive branch agency that has oversight responsibilities to child services in all secretariats in MA. The OCA receives data and information from agencies that allows them to have a central role. The OCA Advisory Council meets yearly and includes twenty-three ex-officio members, including Secretaries and Commissioners from child-serving offices and agencies. The strategic plan and meeting minutes are available on the OCA website for public review and discernment. The OCA has conducted several research and pilot programs to show proof of concept in an idea to the legislature, and is often involved in bringing novel ideas to fruition and aligning them with stable funding.
 - In 2021, OCA and Commonwealth Medicine launched the [Center of Child Wellbeing and Trauma](#) (CCWT) which supports child-serving organizations and systems to become trauma-informed including training, technical assistance, professional learning opportunities, and more.
- **Massachusetts Department of Children and Families Regional Quarterly Provider Meetings** are held with providers from all five Massachusetts regions to support training, networking, and collaboration. The meeting goals are to support providers working together, share resources, and address challenging cases.

Opportunities in Social Capital

Cross-system

Participating parents expressed willingness to sign off on sharing their data with providers and departments across systems of care. This presents an opportunity to streamline services, reduce redundancy, and improve coordination across agencies, ultimately making the process more efficient and less burdensome for families.

Identification

There is no coordinated entry for children to find and access Social Capital programs. Thus, during the Social Capital mapping, several current referral pathways were identified as potential platforms to facilitate referrals for these positive experiences. These resource directories and referral groups included:

- **Directories**
 - Boston After School & Beyond: A publicly available directory to search for high-quality, free or low-cost [after school](#) and [summer](#) programs.
 - [Coming Home](#): Helps identify reentry services available to people returning from incarceration and their families across Greater Boston.
 - Mass 211: A 24/7, confidential statewide call-line that connects callers to information about critical health and human services available in their community. Not to be used for emergency purposes.
 - Children's Trust
- [Boston Public Schools Department of Opportunity Youth](#) (OY): Works with schools across the district to strategically address and mitigate barriers and their impacts on students with additional challenges including housing stability, severe illness, and more. Homeless Education Resource Network (HERN) is a working team within OY that focuses specifically on students and families experiencing homelessness per the McKinney-Vento Act.
 - For more information, please contact Gabriella Cruz, Project Manager at 857-544-4686 or gacruz@bostonpublicschools.org
- Department of Children and Families
- Early Intervention and Education Providers (e.g., early head start, head start, community or center-based early education, universal pre-k, childcare partnerships/family childcare, home visiting):
- EA shelter
- [Housing Navigator Massachusetts](#)

Screening

During the mapping, Social Capital programs noted that they largely engaged children and families through relationship-based informal screening allowing families to self-disclose social

drivers of health needs, including experiencing homelessness, as they build relationships with staff in their programs.

Other specific screening conducted by Social Capital programs at the mapping included:

- Trauma Screening by Big Sister Association of Greater Boston.
- Resilience Screening such as the Rosenberg Self-Esteem and Sorenson Scales by New England Community Services.
- Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment by the Department of Child and Families.

One participant noted when an individual goes to the hospital, they are asked to fill out a form asking, “how I might need help”. Having a form like this, with rephrased questions to collect necessary information on family's needs, could be an opportunity to ask questions about social drivers of health without being intrusive or damaging relationships.

Planning and Accessing Care

Many Social Capital programs and services are available to the Massachusetts community as a whole and in the City of Boston, in particular. Of the many programs discussed during the Social Capital mapping, **accompanied children experiencing homelessness** were often not served with intentionality or prioritization. Specifically, accompanied children experiencing homelessness were only served intentionally through **two** social capital programs associated with shelters and **two** programs not directly associated with a shelter provider. Those programs were:

- **Shelter-based Social Capital Programs**
 - [Brookview House](#) has programs designed to help school-age children (5.9 to 19 years old) recover from the trauma of homelessness and excel in school. Brookview provides daily after school and full day summer programs with customized academic, emotional, and behavioral support.
 - Brookview’s two after-school programs and summer camp program are open to all families, with priority given to families in EA shelter. The programs primarily serve children aged 6-12, and the only reason a child may be turned away is due to capacity limitations.
 - [Children’s Services of Roxbury](#) supports approximately 166 families annually. Child-specific social capital programs include after school and youth vocational programs.
- **Non-Shelter Based Social Capital Program**
 - [Shelter Music Boston](#), which started in 2018 in collaboration with the Boston Philharmonic (BPO), offers live classical music programs implemented in shelters, scattered sites, and other Boston-specific partners including Horizons for Homeless Children, Nurtury, Children’s Services of Roxbury, and ABCD. Shelter Music Boston partners with seven shelters, with plans to add an eighth shelter,

and three of which are dedicated to families. Professional musicians engage children and families in interactive music programming, including dance and movement, art and drawing activities, and rhythm with "boom whackers." Shelter Music Boston aspires to collaborate on the "lullaby project" in partnership with Carnegie-Mellon to support parent-child bonding.

- [School on Wheels Massachusetts \(SOWMA\)](#), who celebrated 20 years of providing services in 2024, wraps education around children who are experiencing homelessness and need support and/or supplies. In the last two years, SOW expanded into new partnerships with FamilyAid and Boston Public Schools to work with two hotels in Brighton and Dorchester, supporting newly arrived families. Boston SOW offers 3 programs:
 - Tools for Schools: provide grade-level backpacks filled with relevant school supplies for children across the state.
 - Tutoring: based on partnerships with homeless shelters to bring volunteers in who work with children one-on-one.
 - Keeping Connections: SOW also maintains connections with as many children as possible who have received tutoring services previously. At the time of the Social Capital mapping, SOW was working with 87 high school and college aged children to keep them on track with education.

The following descriptions of additional Social Capital programs are helpful in thinking about the landscape of services and how accompanied children experiencing homelessness may be supported or prioritized within these programs.

Mentoring/Tutoring

- [Big Sister Association of Greater Boston](#) serves 2,500 girls and women throughout Greater Boston annually. Big Sister is a national model for gender-sensitive mentoring for girls which can be replicated in other mentoring programs. Their vision is to create a mentor-rich community in which every girl has access to the individual nurturing, guidance, and support she needs to become a confident, competent, and caring adult.
- [826 Boston](#) is a nonprofit writing, tutoring, and publishing organization where students in grades K-12 and beyond can share their stories, amplify their voices, and develop as leaders in school and life. Services include after-school tutoring; field trips; creative writing workshops; in-school writers' rooms; college essay assistance; help for English language learners; in-depth publishing projects. Each of our free programs seeks to empower students to express their ideas effectively, creatively, confidently, and in their voices.
- [Friends of the Children - Boston](#) has two social capital related programs: Career Exploration and a Mentoring Initiative designed to amplify the voices of these resilient young individuals as they craft their narratives of hope. Friends of the Children - Boston

utilizes a trauma-informed, long-term mentoring model to build sustained and nurturing relationships and break the intergenerational cycle of trauma and poverty.

- [Phillips Brooks House Association \(BPHA\)](#) is comprised of several student-run, community-based programs. Across Boston and Cambridge, they offer several social capital related programs for children including Summer Urban Program (SUP), Boston Refugee Youth Enrichment Program, Chinatown Adventure Program, Chinatown Enrichment Program, and the Mission Hill Afterschool Program.
- [Jeremiah Program Boston](#) serves single moms and their children experiencing poverty in Boston, Massachusetts. Jeremiah Programs focuses on moms because they are a portal for the child to receive support. It serves 65 moms and 120 kids, currently at capacity.
- [YMCA of Greater Boston](#) offers a variety of education, sports, leadership, employment, arts, and mentorship programs. Based on available resources and sliding scale eligibility, the Y will not turn anyone away due to an inability to pay full fees.
- [Girls' LEAP](#) has two main programs: Self-Defense Program, a 22-hour (11 week) course which teaches girls they have a right to be safe and how to defend themselves emotionally and physically, and a Teen Mentor Program, which is a year-round employment and training program focused on developing teens' leadership skills. Girls' LEAP delivers programming to over 300 girls, those who identify as girls, and non-gender-conforming youth ages 8-18 in Greater Boston. Programs are delivered to youth in Boston including Dorchester, Roxbury, South Boston, Chinatown, Mission Hill, and Jamaica Plain.
- [New England Community Services \(NECS\)](#) is dedicated to empowering at-risk youth by offering affordable and accessible programs tailored to their unique needs. Social capital related program areas include education & skill development; emotional & mental health support to build resilience to overcome mental health obstacles; community engagement & leadership development through active involvement in communities through volunteering and civic initiatives; mentoring at risk kids.

Before/After School Programs

- [Boston After School & Beyond](#) facilitates a citywide network of quality summer and after-school programs. Boston After School & Beyond partners with programs to ensure that all Boston youth have access to engaging skills-focused after-school and summer programs. Their website (<https://bostonbeyond.org/>) has a program locator for K-12+ (up to 24-year-olds), where children and families can search by region in Boston, and filter by age and type of program (sports, STEM).
- [Boston Partners in Education \(BPIE\)](#) provides mentoring to Boston Public School students during school hours. BPIE receives referrals primarily from teachers and their programs address issues of access and inequity by offering mentoring support to any student in any subject and grade level.

Sports, Art, Music, & STEM Programs

- [Boston Scores](#) partners with Boston Public Schools to provide youth, grades K-12, with after-school soccer and enrichment programs. Youth participate in Scores activities 3-5 days per week. This includes 2 days of soccer practices, 2 days of enrichment classes, and one soccer game day in which teams are transported to nearby soccer fields to play other Scores teams.
- [Soccer Without Borders Massachusetts](#) offers free youth violence programming for Massachusetts newcomer and immigrant youth and soccer programming for marginalized youth through in-school, after-school, weekend, and summer programs. Soccer without Borders helps newcomer and immigrant youth to overcome barriers to participation in sport, to gain a sense of belonging, and to build social capital in their new community. Soccer without Borders primarily students in grades 6-12 but also has a summer camp for K-5th grade students.

Peer and Family/Cohort

- [Boston Public Health Commission \(BPHC\)](#) provides a variety of programming with the mission to promote the physical, social, and emotional health of Boston's teens to build a foundation for academic success, community leadership, and future health. For social capital specifically, BPHC oversees the Peer Leadership Institute and Youth development Network.
- [Harvard Ed Portal](#) offers a variety of free learning experiences and educational opportunities including mentors to enhance children and youth's connections and relationships in the community. Memberships are free for anyone living in Allston-Brighton (with proof of residency) or students and their families who attend the Gardner Pilot Academy.
- [Boys & Girls Clubs of Boston](#) operates several social capital programs that build community and belonging. Examples of their programs include the leadership program, life skills music & arts, sports, and technology. The Boys & Girls Club of Boston offers financial assistance using a sliding scale based on income and family size to ensure access for all children. Families can apply by submitting a Financial Aid Eligibility Form with supporting documents like tax returns or benefit statements.
- [Union Capital Boston \(UCB\)](#) rewards community engagement primarily among adults through its mobile app loyalty rewards program and has partnered with three high schools as a pilot for rewarding students. Students are rewarded for perfect attendance participation in clubs and programs as example reward categories. UCB is refining the student model and working on more developmentally appropriate ways to support quicker rewards. Union Capital Boston creates space for relationships and resources to be shared, to advance individual growth and advancement and create a more connected community across Greater Boston.

- [Madison Park Development Corporation \(MPDC\)](#) hosts several services for children in the Roxbury and Nubian Square areas. Specifically related to social capital, MPDC leads the Village in Progress (VIP) program, which in part provides positive experiences, leadership learning experiences, and leadership roles for children and youth
- Churches and Faith-based Organizations: Social capital programs may partner with churches to provide their services. For example, SOWMA has worked with two churches who provide community space where tutors can be brought in to provide educational support to students. Churches can also act as a natural means of creating social capital, particularly for newly arrived families who may not have nearby social supports but seek connections with others that have similar cultural backgrounds.

Managing, Coordinating, and Tracking Care

- **East Boston Alliance for Support, Treatment, Intervention, & Education (EASTIE) Coalition** is a diverse coalition working together to promote a healthy East Boston for all by reducing risk factors and building protective factors at the individual, family, community and societal levels. EASTIE offers a space for providers in the East Boston community to exchange resources and stay informed about available services. The website offers age-appropriate community options for children to participate in social capital programs including sports and arts.
- **Massachusetts Department of Children of Families** holds quarterly regional meetings with providers to communicate and coordinate care for children and families in their care. The meetings also enable providers to share resources with each other and their families and work through particularly challenging situations collaboratively.
- Participants shared the development of a specific training curriculum and/or creation of an "academy" to develop "super navigators" would be helpful to shelter and other case managers to learn about and access programs focused on children experiencing homelessness. Identifying the role of a "super navigator" in some formal way may help families efficiently navigate systems to get necessary services and reduce barriers.

Gaps in Social Capital

Cross-System

- Participating parents shared there is currently no option for them to allow their data to be shared across agencies. As a result, they are often asked to repeatedly provide the same information, which can be time-consuming, inefficient, and risk re-traumatization.

Identification

- There is a lack of universal questions about housing status.
- Staff are not trained to identify or ask about warning signs of homelessness or poverty.
- The process of identifying homelessness varies by agency (and sometimes within an agency) and there is no formal identification method in place, so social capital organizations rely primarily on relationship-building to lead to information sharing.
 - Participants felt that families seek their social capital programming for non-homeless specific supports, and it may be perceived as intrusive or insensitive to ask for housing status, which can hurt trust in the beginning. This becomes a question of “chicken or the egg” – what should come first in the social capital landscape?
- There is a lack of education/awareness on the definition of homelessness (i.e., Housing and Urban Development (HUD) vs. Department of Education (DOE) definitions), what qualifies as homeless under each definition, and what resources/supports become available after identifying under respective definition.
- Cultural differences impact if and/or how people identify as homeless (and what they consider to be homeless vs how the U.S. government defines it).
- Families are afraid of the stigma associated when identifying as homeless to a provider.
- Families are also fearful of family separation (i.e., DCF involvement) when identifying as homeless, even though having the experience of homelessness does not require DCF intervention in Massachusetts. Importantly, providers are also not always aware of that distinction.
 - Some staff, particularly in hospitals, are not aware of when 51A’s should be filed and often file them when they learn a family is homeless. This may further damage relations with the family and their overall trust in social service systems, and takes time away from DCF staff and other professionals who must get involved.
- Social capital organizations are generally not aware of what to do after they've learned a family in their program is homeless (e.g., who they contact, how they share information, etc.).
- Families that are undocumented may not share housing status or other personal information due to fear of being deported.

Screening

- There are no universal questions / screening processes regarding social drivers of health across social capital programs, especially for children.
- Families may hesitate to seek additional support due to concerns about stigma and their desire to be self-sufficient. Cultural factors can also contribute to this hesitation.
- There is no standard or platform for family data/information-sharing amongst social capital providers or between these providers and the various state departments

interacting with homeless families. Participants noted barriers to sharing screenings and other family data (i.e., HIPAA, recent security breaches at the state level, complex MA data-sharing laws).

- The lack of data-sharing capabilities across social capital providers as well as across service systems results in families having to reshare their story with each provider they interact with, which risks re-traumatization and may reduce a family's willingness or interest to utilize other services.
- Developing and implementing a data-sharing process may be difficult for smaller organizations who may not have the capacity to have responsibility for a family's subsequent services (i.e., must list all places family needs to agree to allow information to be shared, and then get family approval on each).

Planning and Accessing Care

- As there is no existing social capital "system" (i.e., city or state department focused on social capital) for children experiencing homelessness, families who are displaced often lose their social capital support entirely with no help to replace them. There are very few existing platforms that bring together social capital providers consistently to learn from each other and strengthen partnerships and none that specifically focus on accompanied children. Without these networks, warm handoffs become particularly difficult to make.
- Resource Directories (e.g., 211, Aunt Bertha, etc.) provide a platform to identify local resources but do not provide families with navigation support to ensure there is capacity, the child(ren) qualify/are eligible, address any logistical barriers (e.g., childcare, transportation, entry fees) and/or confirm it meets the child(ren)'s need(s). These directories also rely on providers to update their respective page information and providers often do not do so given limited capacity and competing demands.
- While some 2Gen navigator positions exist on an organizational level, there is no standard within any of the systems that interact with families and children experiencing homelessness to have a formalized navigator position that is fully publicly funded.
- High workforce turnover results in families losing established connections with their social worker(s) or other staff that work with them, therefore damaging trust. Often times, this trust must be rebuilt with the new staff member before a family is communicating openly again.
- The pool of available hires across the social capital system is limited, resulting in many agencies operating understaffed even when funding is available to hire more staff.
- Hiring individuals with lived experience has not been a priority across the system despite participants acknowledging the value in doing so and there is no resource list of agencies that do provide jobs for people with lived experience.
 - Only one attending agency was confirmed to include lived experience as a job description requirement but it was not specific to experiencing homelessness (Federation for Children with Special Needs)
- Not all schools proactively implement service support based on the McKinney-Vento Act.

- Transportation is often a barrier for families who want to engage in programming.
- Participants noted that shelters have very limited physical space and without support for on-site programming, access for families experiencing homelessness can be challenging.

Managing, Coordinating, and Tracking Care

- The lack of a comprehensive service directory paired with limited to no existing data-sharing systems creates a high level of difficulty for staff to facilitate warm handoffs and improve community connections.
- Universal consent forms may be helpful but are not a system fix because of challenges with obtaining signatures and with system partners not taking ownership of obtaining the signature.
- There is a need for intentionality in data collection and utilization at program- and individual-levels. Programs would benefit from data collection to show proof-of-concept and impact. Data collection and utilization at the individual-level would allow families to “opt in” to data sharing so they don’t have to tell their stories repeatedly.

Priorities for Change

Identified Priorities for Change

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

RANK	VOTES	PRIORITY
1*	22	Build a cross-sector coalition including advocacy for collaborative, multi-year funding, policy change, and upstream efforts.
2	19	Enhance workforce development and support, including employee wellness, retention, compensation, and mentorship/coaching.
3	16	Create a new rights tool kit to help educate parents to self-advocate.
4	10	Develop a sustainable contact directory of providers and partners (was combined with new rights toolkit above)
5	7	Increase cultural competency and language access services with inclusivity
6	5	Increase training opportunities for staff that is universally accessible among providers
6	5	Create a cohesive network of services that moves with a child and family.
7	3	Universal paperwork and information sharing
7	3	Hiring of people with experience, including a livable wage (was combined with workforce development)
8	2	Develop a shared understanding of what families need at all stages of their journey.

During the review of priority voting, participants decided to group priorities together that shared a similar theme. The following priorities were combined, and action planned together on Day 2:

RANK	TOTAL VOTES	PRIORITY
1	22	Build a cross-sector coalition including advocacy for collaborative, multi-year funding, policy change, and upstream efforts.
2 & 7	22	Enhance workforce development and support including employee wellness, retention, compensation, coaching/mentoring, and hiring people with lived experience of homelessness. <ul style="list-style-type: none"> • Enhance workforce development and support, including employee wellness, retention, compensation, and mentorship/coaching. • Hiring of people with experience, including a livable wage (was combined with workforce development)

	Workforce development for people with lived experience (how do we connect back to CHIME Social Capital working group 2?)		
Draft mission statement	“To raise community awareness of the value of social capital and advocate for increased funding, systems, and opportunities for children and families experiencing homelessness.” (maintain 2-Gen approach)	Draft Completed	
Identify other stakeholders of this work	<p>Identify who is and who is not currently at the table (faith-based, MassHealth, other organizations, etc.)</p> <p>Engage stakeholders to bring them to the table with shared understanding</p> <p>Determine how to best identify and engage parents with lived experience, and how to create paid opportunities</p>	Ongoing; have initial list of new stakeholders by final CHIME mapping (September)	<ul style="list-style-type: none"> - MassHealth <ul style="list-style-type: none"> o Sabrina Askari Doherty (MBPH) - Parents with lived experience <ul style="list-style-type: none"> o CPLAN - Landlords/developers <ul style="list-style-type: none"> o Urban Edge o New Lease o JP Neighborhood Development o EOHLC o HUD? o Mayor’s Office of Housing? o Attorneys - Community Health Centers - Group & Family Child Care Providers - Community Members/Neighbors
<p>Action Planning Participants: Pat Cameron, MA Family Ties; Franny Cano, Friends of the Children; Alison Carter Marlow, Jeremiah Program; Tara Diorio-Thomas, MA Dept. of Children and Families; Carrie Eldridge-Dickson, Shelter Music Boston; Annissa Essaibi-George, Big Sister Boston; Kedan Harris, Boston Public Schools; Nadine M. Jones Ruffin, Boston Public Health Commission; Erin McGrath, Boston Partners in Education; Muriel Mena, Soccer Without Borders; Karla Meza-McKennis, FamilyAid; Anjali Nath, Boston Public Health Commission; Kate Pace, ABCD; Mark Reeves, New England Community Services; Emily Suher, Boston After School & Beyond; Pilar Valentin, Soccer Without Borders</p>			

Priority Area #2:

Enhance workforce development and support including employee wellness, retention, compensation, coaching/mentoring, and hiring people with lived experience of homelessness.

Objective	Action Steps	When?	Who?
<p>Enhance employee wellness</p> <ul style="list-style-type: none"> - Increase access to EAPs, supervision, secondary trauma training - PTO & flexing time - Quiet/away time and space - Fun activity time and space - Barrier: navigating internal organization departments to make wellness support happen <p>*Connected with Objectives 2 and 3 (Enhance retention, Enhance compensation)</p>	<p>Create internal-to-organization staff survey to determine what works and what doesn't within agencies</p> <p>Survey organizations who have strong wellness to learn of best practices; see if they will take a lead to support others</p> <p>Other means of support to consider:</p> <ul style="list-style-type: none"> - Daycare (internal; subsidized) - Commitment to employer sponsored weekend/self-care program - Coaching for directors on self-care and shifting paradigms - More intentional praise (collecting "praise for bad days") - Allow flex during state of emergency - Cohorts <p>*Bigger picture convos around sector worker needs at all levels*</p>	<p>Deadlines to be determined</p>	<p>Office of the Child Advocate (for collective moving forward)</p> <p>Boston Public Schools Homeless Education Resource Network (HERN)</p>

<p>Enhance retention</p> <ul style="list-style-type: none"> - Barrier: Compensation & benefits – see objective 3 	<p>Identify organizations that have effective low cost/no cost wellness programming/ features (consider Harvard HR)</p> <p>Create call to action/position statement</p> <p>Other Retention ideas:</p> <ul style="list-style-type: none"> - Identify other compensation/financial support <ul style="list-style-type: none"> o Loan forgiveness - Weekly, individual personal development - Valued, respect, opportunities for leadership and growth - Incentives via benefits & opportunities - Intentional onboarding to increase retention - Greater staff support on logistics <ul style="list-style-type: none"> o Example: how do we remove barrier like not having a car? Concentrating caseloads by area if possible? Car sharing providers? Lyft/Uber? o Parking perks o Gas/tolls reimbursement o Maintenance 	<p>2024</p>	<ul style="list-style-type: none"> - Karen Blake-Robinson - Harvard - Mass EAP / “Mass4YOU” - Mass. Behavioral Health Line
<p>Enhance compensation</p> <ul style="list-style-type: none"> - Barrier: Possible that new staff cannot rely on structured pay increases at organizations due to current reality of funding 	<p>Increase paid internship opportunities</p> <p>Identify or create apprenticeship process: incorporating broad professional development skills (6 months)</p>		

<p>Enhance coaching/mentoring</p> <p>*Connected with Objective 4 (Enhance retention)</p>	<p>Establish training / technical assistance center</p> <ul style="list-style-type: none"> - Meet with past CHIME participants who worked on a similar action plan (on this objective and the others listed) <p>Structured year-long mentorship aside from supervision with specific strategies to avoid burnout</p> <p>Create process for better training for supervisors when they are first promoted</p> <p>Collect individual organization practices/commitments</p> <p>Establish cross-organization connections to build skills</p> <p>Identify mentors that have shared values</p> <ul style="list-style-type: none"> - Consider individuals who might want to work part-time after retirement - Capture institutional knowledge – keep long-time staff on part-time in mentoring capacity <p>Formal supervision matching process or “serving with me”</p> <p>Providing targeted support and constructive feedback to staff who are not experienced receiving it</p>		
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	<ul style="list-style-type: none"> - Supervision of the whole person/being heard 		
<p>Enhance hiring of people with lived experience and BIPOC men / other underrepresented populations</p>	<p>Revisit “essential functions” on job descriptions and required vs. preferred qualifications</p> <p>Advertising and supporting program participants to take jobs</p> <p>Look into effective apprenticeships, workforce development, and recruitment practices (i.e., marketing best practices)</p> <ul style="list-style-type: none"> - Identify organizations that already do workforce development 		<ul style="list-style-type: none"> - Project Workforce (Harvard): <ul style="list-style-type: none"> o Lead: Peter Q. Blaire o Harvard Grad School of Education - NECS - Nedgie Clerjuste - Shakeia Skinner - Priv. Industry - MASS Hire - ABCD - Skilled Through Alternative Routes (STAR) - Union Capital Boston
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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 children experiencing homelessness or which issues are important but cannot be addressed within a reasonable timeframe. Additional topics were raised that were either covered in previous CHIME mappings or would be covered in the upcoming CHIME mapping. During the Social Capital mapping, the following issues were placed in the Parking Lot:

- Unaccompanied youth
- Programs primarily focused on parents who are experiencing a potential housing crisis
- Vocational education pathways, which will be covered at the next CHIME mapping Post-Secondary and Employment Pathways
- Mental health services for school-aged youth, which was covered during the Health & Well-Being CHIME mapping.

Quick Wins

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

- Boston Public Schools Department of Opportunity Youth urged participating social capital organizations to connect with them directly if they are not already partnered. Several connections were facilitated to explore potential partnerships.
- Participants shared their excitement to leverage Boston After School & Beyond's aforementioned program locator and noted that adding a filter for children experiencing homelessness may be a quick win.

Other Considerations

After each CHIME mapping, the project team captures additional considerations that are raised by family participants with lived experience or the CHIME Executive Committee when asked for feedback based on their experience and expertise which are included in the respective report. There were no other considerations raised following the Social Capital mapping.

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

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

- Translate relevant CHIME materials and provide day-of interpretation services for participating families who are non-English speaking or prefer Spanish as their written language.
- During the mapping, ensure facilitation approaches are conducted through an antiracist and culturally and linguistically sustaining practice (CLSP) lens.
- Incorporate cultural humility into CHIME's values.
- Provide an opportunity to meet with a social worker prior to and/or following mapping sessions.
- Coordinate a pre-mapping discussion between the project manager with existing participating families and new participating families to build peer support.
- Make explicit mention of the priorities that families who participated in the mapping voted on with the larger group before finalizing the top priorities, to elevate the voices of those currently experiencing homelessness.

Afterword

Participating in the CHIME initiative and leading the Social Capital Mapping was a tremendous honor. We are deeply grateful to the over 50 individuals who convened in Boston's South End on March 4th and 5th, 2024, to engage in critical dialogue and collaborative problem-solving about the needs of children experiencing homelessness.

Over two days, participants gave voice to the profound impact of disrupted networks, isolation, and the often-invisible nature of social capital loss when children and families experience housing instability. While there is no shortage of passion or programming in Greater Boston, the mapping highlighted systemic challenges: the absence of coordinated entry for social capital services, limited inter-agency communication, and a general lack of prioritization for children experiencing homelessness. Perhaps most stark was the realization that few providers center this population despite the data showing the exacerbating effects of homelessness on childhood adversity.

And yet, amid these gaps, hope emerged. Our most promising asset is our collective enthusiasm, humility, and commitment displayed throughout the mapping. If each partner returns that energy to their organization, working to shift internal priorities and advocate externally, we can create the paradigm shift our children need. The impact of CHIME will not be measured by the map produced or even the votes cast on priority areas. It will be measured in the daily, often unseen efforts to implement change, especially when no one is watching.

So here is the challenge: picture a coach at a summer workout—not during a game, but in the quiet off-season, when only the most committed show up. The coach gathers the team and says, *“Championships aren't won in March—they're earned in the summer. The work you put in now, when the stands are empty and the cameras are off, will define who we become.”* This report serves as the foundational summer workout guide. The responsibility is ours to follow through—to build the systems, nurture the partnerships, and keep showing up for children experiencing homelessness.

Let's do our part. The children are counting on it.

Mark Reeves

CHIME Executive Committee, New England Community Services

Appendices

Appendix 1 CHIME Social Capital Mapping Participant List

Appendix 2 Social Capital 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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dshapiro@ymcaboston.org

Appendix 2

ABCD	Action for Boston Community Development
ACF	U.S. Administration for Children and Families
ASQ	Ages and Stages Questionnaire
BHA	Boston Housing Authority
BPHC	Boston Public Health Commission
BPS	Boston Public Schools
CCCB	Child Care Choices of Boston
CCR&R	Child Care Resource and Referral
CFCE	Coordinated Family and Community Engagement
CFV	City Funded Voucher
CHA	Community Housing Authorities (i.e., Boston Housing Authority)
CHIME	Child Homelessness Intercept Mapping and Engagement
COC	Continuum of Care
CPT	Common Planning Time
CRAFFT	Screening tool designed to identify substance use and related risks among adolescents aged 12-21
DCF	Massachusetts Department of Children and Families
DESE	Massachusetts Department of Elementary and Secondary Education
DMH	Massachusetts Department of Mental Health
DPH	Massachusetts Department of Public Health
DTA	Massachusetts Department of Transitional Assistance
EA	Emergency Assistance; State-funded shelter resources for families experiencing homelessness
ECE	Early Childhood Education
EEC	Massachusetts Department of Early Education and Care
EHIP	Early Homelessness Intervention Program
EHS	Early Head Start
EHV	Emergency Housing Voucher

EI	Early Intervention
EOE	Massachusetts Executive Office of Education
EOHHS	Massachusetts Executive Office of Health and Human Services
EOHLC	Executive Office of Housing and Livable Communities (formerly known as DHCD, Massachusetts Department of Housing and Community Development)
ESE/DESE	Massachusetts Department of Early and Secondary Education
FERPA	Family Educational Rights and Privacy Act
FMR	Fair Market Rent
FPL	Federal Poverty Line
HERN	Boston Public Schools Homeless Education Resource Network (within the Department of Opportunity Youth)
HIPAA	Health Insurance Portability and Accountability Act
Homeless Liaisons	Boston Public Schools staff that coordinate services to children/families experiencing homelessness
HS	Head Start
HUD	U.S. Department of Housing and Urban Development
IEP	Individualized Education Plan
IRS	Internal Revenue Service
JRI	Justice Reinvestment Initiative
MassHealth	Medicaid and other program administration; State's health insurance program for low-income children, families, elders, and persons with disabilities
MOH	City of Boston Mayor's Office of Housing (formerly Department of Neighborhood Development, DND)
MRVP	Massachusetts Rental Voucher Program
MTSS	Multi-Tiered Systems of Support
OHS	Office of Housing Stability (within the Mayor's Office of Housing)
OY	Department of Opportunity Youth
PSE	Policy, Systems, and Environmental
SEL	Social-Emotional Learning

SMI	State Median Income
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
SST	Student Support Teams
STRIVE	BPS Supporting Transitions to Reach Independence through Vocational Experiences
SY	School Year
TAFDC	Temporary Assistance for Families with Dependent Children
TANF	Temporary Assistance for Needy Families
TIC	Trauma-Informed Care
UDL	Universal Design for Learning
UPK	Universal Pre-K
WIC	Women, Infants, and Children Nutrition Program
YEA!	ABCD Youth Engagement Action!
YRBS	Youth Risk Behavior Survey



Appendix 3

SOCIAL CAPITAL MAPPING

March 4, 2024

Boston, MA

Day 1 Agenda

8:30 **Registration, Breakfast, and Networking**

9:00 **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

1:00 **Social Capital Panel**

2:00 **Establishing Priorities**

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

4:45 **Wrap Up**

- Review

5:00 **Adjourn**

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

There will be break for lunch at approximately 12:00.



SOCIAL CAPITAL MAPPING

March 5, 2024
Boston, MA

Day 2 Agenda

8:30 **Registration, Breakfast, and Networking**

9:00 **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.

Appendix 4

Resource Locations, Contact Information, and Hours. Formatted in alphabetical order (A-Z).

- **826 Boston**
 - Hours: 12:00 PM - 6:00 PM Monday through Friday, 10:00 AM - 4:00 PM Saturday
 - Contact Information: (617) 442-5400
 - Address: 3035 Washington St, Roxbury, MA 02119
 - Email: info@826boston.org

- **Action for Boston Community Development**
 - Address: 178 Tremont Street, Boston, MA 02111
 - Email: info@bostonabcd.org

- **Big Sister Association of Greater Boston**
 - Hours: 9:00 AM - 5:00 PM Monday through Friday
 - Contact Information: (617) 236-8060
 - Address: 20 Park Plz Ste 1420, Boston, MA 02116
 - Email: info@bigsister.org

- **Boston After School & Beyond**
 - Hours: 9:00 AM - 5:00 PM Monday through Friday
 - Contact Information: (617) 345-5322
 - Address: 89 South St Ste 601, Boston, MA 02111
 - Email: info@bostonbeyond.org

- **Boston Family Engagement Network**
 - Contact Information: (617) 474-1143
 - Address: 200 Bowdoin St, Dorchester, MA 02122
 - Email: info@bfen.org

- **Boston Partners in Education (BPIE)**
 - Hours: 9:00 AM - 5:00 PM Monday through Sunday
 - Contact Information: (617) 451-6145
 - Address: 192 South St Ste 600, Boston, MA 02111
 - Email: info@bostonpartners.org

- **Boston Public Health Commission (BPHC)**
 - Hours: 8:00 AM - 5:00 PM Monday through Friday
 - Contact Information: (617) 534-5395
 - Address: 1010 Massachusetts Ave, Boston, MA 02118

- Email: info@bphc.org

- **Boston Public Schools**
 - Address: 2300 Washington St, Roxbury, MA 02119
 - Email: info@bostonpublicschools.org
 - Homeless Education Resource Network: Gabriella Cruz, Project Manager – (857) 544-4686 or gcruz@bostonpublicschools.org

- **Boston School on Wheels (SOW)**
 - Hours: 9:00 AM - 5:00 PM Monday through Thursday, 9:00 AM - 3:00 PM Friday
 - Contact Information: (508) 587-9091
 - Address: 100 Laurel St Ste 121, East Bridgewater, MA 02333
 - Email: info@schoolonwheels.org

- **Brookview**
 - Contact Information: (617) 265-2965
 - Address: 2 Brookview St, Dorchester, MA 02124
 - Email: info@brookviewhouse.org

- **Children’s Services of Roxbury**
 - Hours: 7:30 AM - 6:00 PM Monday through Friday
 - Contact Information: (617) 445-6655
 - Address: 520 Dudley St, Roxbury, MA 02119
 - Email: info@csrox.org

- **East Boston Healthy Families Collaborative**
 - Address: 112 Paris St, East Boston, MA 02128
 - Email: info@ebhfc.org

- **Friends of the Children - Boston**
 - Hours: 10:00 AM - 7:00 PM Monday through Friday, 10:00 AM - 4:00 PM Saturday
 - Contact Information: (617) 983-3682
 - Address: 184 Dudley St Ste 100, Roxbury, MA 02119
 - Email: info@friendsboston.org

- **Girls’ LEAP**
 - Contact Information: (617) 496-502
 - Address: 224 Western Ave, Allston, MA 02134
 - Email: info@girlsleap.org

- **Harvard Ed Portal**
 - Contact Information: (617) 245-6549
 - Address: 130 Warren St, Boston, MA 02119
 - Email: info@edportal.harvard.edu

- **Jeremiah Program**
 - Hours: 7:30 AM - 5:30 PM Monday through Friday
 - Contact Information: (617) 541-3900
 - Address: 184 Dudley St Ste 200, Roxbury, MA 02119
 - Email: info@jeremiahprogram.org

- **Madison Park Development Corporation (MPDC)**
 - Hours: 9:00 AM - 5:00 PM Monday through Friday
 - Contact Information: (617) 748-2000
 - Address: 600 Washington St, Boston, MA 02111
 - Email: info@madison-park.org

- **Massachusetts Department of Children and Families (DCF)**
 - Hours: 8:45 AM - 5:00 PM Monday through Friday
 - Contact Information: (617) 979-8374
 - Address: One Ashburton Pl 5th Floor, Boston, MA 02108
 - Email: info@mass.gov

- **Massachusetts Office of the Child Advocate (OCA)**
 - Hours: 9:00 AM - 5:00 PM Monday through Friday
 - Contact Information: (617) 690-3907
 - Address: 1100 Washington St, Boston, MA 02124
 - Email: childadvocate@mass.gov

- **New England Community Services (NECS)**
 - Hours: 8:30 AM - 5:30 PM Monday through Friday
 - Phone: (617) 322-9556
 - Address: 891 Montello Street, Brockton, MA 02301
 - Email: info@necsinc.org

- **Soccer Without Borders**
 - Address: 282 Meridian St, Boston, MA 02128
 - Email: info@soccerwithoutborders.org

- **YMCA of Greater Boston**

- Phone: +1 857-260-6485
- Address: YMCA of Greater Boston
- Hours: Varies by location: [YMCA of Greater Boston Branches](#)
- Email: info@ymcaboston.org

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.31. (If yes) please list:

3. Identification

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

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

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

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

ASQ

Pediatric Symptom Checklist

CRAFFT

Other: Describe _____

4. Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Often little to no capacity

Outcomes for past families referred are less than ideal

Other (fill-in text box)

Parents/Caregivers with Lived Experience

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

1. Identification

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

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

2. Services

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

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

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

Instrucciones

Esta encuesta nos ayuda a aprender sobre la colaboración, servicios y actividades de nuestra comunidad para *niños acompañados con falta de vivienda* (es decir, niños de 0 a 18 años con falta de vivienda que tengan un padre o tutor legal). Le pedimos que, por favor, complete esta encuesta antes del taller CHIME (Child Homelessness Intercept Mapping and Engagement) sobre mapeo de procesos. Puede que usted también reciba esta encuesta de 6 y 12 meses después de asistir al taller de CHIME. ¡Le agradecemos su participación!

Durante la encuesta, le pediremos que comparta sus pensamientos sobre el estatus de los recursos en Boston para niños acompañados con falta de vivienda. Esta encuesta tomará aproximadamente 10-15 minutos en completarse.

Esta encuesta ayudará a guiar nuestros esfuerzos y mejorar los servicios para niños acompañados con falta de vivienda. En esta encuesta, la falta de vivienda se entiende como la “carencia de una residencia fija, regular, nocturna y adecuada”, incluyendo niños en la siguiente situación:

- compartiendo hogar debido a la pérdida de vivienda o dificultades económicas;
- viviendo en moteles, parques de casas móviles o campamentos;
- viviendo en refugios de emergencia o asistencia de alojamiento transitorio;
- abandonados en hospitales;
- residencia nocturna en un lugar público o privado no diseñado para, o utilizado habitualmente como, un alojamiento regular para seres humanos;
- viviendo en carros, parques, espacios públicos, edificios abandonados, vivienda inadecuada, estaciones de autobuses o trenes, o lugares similares;
- niños migrantes que califican como personas con falta de vivienda porque viven en circunstancias como las descritas anteriormente

Esperamos que las preguntas informen nuestro trabajo para mejorar los servicios para niños acompañados con falta de vivienda.

Su participación es voluntaria y confidencial. Las respuestas no se compartirán. Sus respuestas solo se reportarán de forma discreta para no identificar a ninguna persona o programa.

Agradecemos su participación. Por favor, haga clic en enviar para continuar.

Padres/Guardianes con Experiencia de Falta de Vivienda

Preguntas Demográficas

Su participación es voluntaria y confidencial. Las respuestas no se compartirán.

1. ¿Alguna vez ha tenido inestabilidad o falta de vivienda como padre/guardián o niño?

Si No

2. Actualmente, ¿tiene inestabilidad o falta de vivienda como padre/guardián?

Si No

Por favor complete las preguntas a continuación.

3. ¿Qué área o grupo mejor representa su posición actual? (seleccione uno)

- Servicios de refugio, vivienda, y falta de hogar
- Asociaciones de cuidado infantil, preescolar, *Early Head Start* o *Head Start*
- Escuelas de K-12, *GED*, orientación vocacional, o recibiendo servicios de trabajo social
- Servicios de salud conductual y/o medica
- Educación superior, empleo, o programa de capacitación
- Tutoría, entrenamiento, deportes, artes, y campamentos
- Sistema de bienestar infantil
- Sistema judicial
- Otra agencia gubernamental estatal o local
- Otro:

4. ¿Cuántos años de experiencia tiene en su área o posición actual?

5. Si está representando una organización de estado o gobierno/entidad municipal, ¿cuál es su función dentro de ella?

- Funcionario electo
- Administrador/gerente
- Administrador de casos/trabajador social
- Maestro
- Proveedor de cuidado médico/conductual (mental)
- Otro
- No aplica

6. Su género es:

- Hombre

- Mujer
- Transgénero: hombre a mujer
- Transgénero: mujer a hombre
- Transgénero: sin identificarse como hombre o mujer
- No binario
- Género fluido
- No estoy seguro/Cuestionando
- Prefiero no contestar
- Otro

Padres/Guardianes con Experiencia de Falta de Vivienda

Su participación es voluntaria y confidencial. Las respuestas no se compartirán.

1. Identificación

Por favor indique su nivel de acuerdo con las siguientes declaraciones en relación con sus hijos

	Totalmente en Desacuerdo	En Desacuerdo	Ni de Acuerdo ni en Desacuerdo	De Acuerdo	Totalmente de Acuerdo	No sé	No aplica
Desde el momento que se quedaron sin vivienda, su(s) hijo(s) fue(ron) evaluado(s) para determinar sus necesidades escolares.							
Desde el momento que se quedaron sin vivienda, su(s) hijo(s) de 0 a 5 años fue(ron) evaluado(s) para detectar problemas relacionados con el desarrollo.							
Desde el momento que se							

quedaron sin vivienda, su(s) hijo(s) fue(ron) evaluado(s) para determinar sus necesidades de salud mental.							
Desde el momento que se quedaron sin vivienda, su(s) hijo(s) fue(ron) evaluado(s) para determinar su interés en actividades extracurriculares , tutoría, deportes o artes.							
Desde el momento que se quedaron sin vivienda, su(s) hijo(s) fue(ron) evaluado(s) para determinar sus necesidades de empleo, capacitación o preparación universitaria.							
Desde el momento que se quedaron sin vivienda, su(s) hijo(s) fue(ron) evaluado(s) para determinar sus necesidades médicas.							
Desde el momento que se quedaron sin vivienda, su(s)							

hijo(s) fue(ron) evaluado(s) para determinar exposición e impacto de eventos traumáticos.							
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2. Servicios

Por favor indique su nivel de acuerdo con las siguientes declaraciones en relación con sus hijos

	Totalmente en Desacuerdo	En Desacuerdo	Ni de Acuerdo ni en Desacuerdo	De Acuerdo	Totalmente de Acuerdo	No sé	No aplica
Mi(s) hijo(s) ha(n) sido priorizado(s) para servicios por falta de vivienda.							
Me informaron sobre programas específicos para satisfacer las necesidades de mi(s) hijo(s) porque no tenían vivienda.							
El acceso a servicios y otros apoyos para mi(s) hijo(s) son mis prioridades en este momento.							
Los servicios proporcionados a mi(s) hijo(s) fueron culturalmente adaptados y							

diseñados para satisfacer las necesidades de la gente de color.							
Los servicios para los menores de edad fueron diseñados para las que se identifican como niñas							
Los servicios para los menores de edad fueron diseñados para los que se identifican como niños							
Los servicios para los menores de edad fueron diseñados para los que se identifican como niños transgénero o de género diverso							
Los proveedores hicieron buenas preguntas para ayudar en la remisión y entrega de servicios para mi(s) hijo(s).							
Estoy conectado con servicios de refugio, alojamiento, y financieros para apoyar a mi(s) hijo(s).							

<p>Estoy conectado/a con servicios de cuidado infantil, Pre-K y Head Start/ Early Head Start para apoyar la educación temprana de mi(s) hijo(s).</p>							
<p>Mi(s) hijo(s) está(n) conectado(s) con escuelas K-12, GED u otros servicios educativos.</p>							
<p>Mi(s) hijo(s) está(n) conectado(s) con servicios de salud mental y física, y otros servicios médicos para apoyar su salud y bienestar.</p>							
<p>Mi(s) hijo(s) recibe(n) servicios de enriquecimiento (por ejemplo, tutoría, entrenamiento, deportes, artes y campamentos).</p>							
<p>Mi(s) hijo(s) está(n) conectado(s) a servicios de preparación universitaria o educación de postsecundaria,</p>							

empleo y/o programas de capacitación.							
Los servicios que recibe(n) mi(s) hijo(s) se ofrecen en su lengua materna.							

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