

**U.S. Interagency Council on Homelessness  
Federal Strategic Plan to Prevent and End Homelessness**

**External Stakeholder Input Report: Region 1 Community Stakeholder Input  
February 9, 2010 Boston, Massachusetts**

**Attending:**

Mark Alston-Follansbee, Somerville Homeless Coalition  
Susanne Beaton, The Paul and Phylliss Fireman Foundation  
Maureen Beauregard, Families in Transition  
Fred Berman, Cambridge Dept. of Human Service Programs  
Susan Bodington, Rhode Island housing  
Leah Bradley, Community Healthlink, Inc.  
Alexis Breiteneicher, Melville Trust  
Lydia Brewster, CT Coalition to End Homelessness  
Ellen Bruder Moore, CCBC  
Dennis Carman, United Way of Greater Plymouth County  
Wendy Coco, Corporation for Supportive Housing  
Norm Cole, Lynn Housing Authority & Neighborhood Development  
Steven Como, Soldier On  
Christina Connelly, City of New Bedford Office of Housing and Community Development  
Aimee Coolidge, Pine Street Inn  
Christie Corrigan, Journey Home  
Alison Cunningham, Columbus House, Inc  
John Downing, Soldier On  
Elizabeth Doyle, Department of Neighborhood Development  
Mary Doyle, Metropolitan Boston Housing Partnership  
Doreen Fadus, Mercy Medical Center  
Laurence Fitzmaurice, New England Center for Homeless Veterans  
Elaine Frawley, MA Dept. of Housing and Community Development  
Estella Fritzing, Community Action Committee of Cape Cod & Islands  
Charles Gagnon, South Middlesex Opportunity Council, Inc.  
Sarah Gallagher, Journey Home  
Douglas Gardner, City of Portland, Maine - Health & Human Services Department

Heidi Gold, South Middlesex Opportunity Council  
Larry Gottlieb, Eliot CHS  
Claire Goyer, Duffy Health Center  
Jim Greene, City of Boston Mayor's Office  
Thomas Gregory, City of Worcester  
Sue Heilman, Horizons for Homeless Children  
Mark Hinderlie, Hearth, Inc.  
Kevin Hurley, North Shore HOME Consortium  
Jean Johnson, House of Hope CDC  
Kate Kelly, Partnership for Strong Communities  
Cheryl Kennedy-Perez, MA DPH Substance Abuse Services  
Linda King, City of Lowell, MA  
Beth Kreuger, COTS  
Keith Kuenning, NHCEH  
Marcie Laden, Project Place  
Tom Lorello, Heading Home  
Julie Lowell, COTS  
Bob Mack, City of Nashua, NH  
Laura MacNeil, North Shore Community Action Programs, Inc.  
Emily Madison, Harbor Homes, Inc.  
Geraldine McCafferty, City of Springfield  
Melany Mondello, Shalom House  
Fred Morrison, consultant  
Michael Mulcahy, VT Dept of Education  
Coleman Nee, MA Dept of Veterans' Services  
Mary Nee, hopeFound  
Mark Nolan, The Non Profit Rental Housing Corporation  
Nancy Norman, Boston Public Health Commission  
James O'Connell, Boston Health Care for the Homeless Program  
Rick Presbrey, Housing Assistance Corp of Massachusetts  
Jerry Ray, Mental Health Association, Inc.  
David Rich, Fairfield 08  
Yesenia Rivera, The Connection, Inc.  
Kristin Ross-Sitcawich, Community Teamwork, Inc  
Cullen Ryan, Community Housing of Maine

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John Samaan, Boston Rescue Mission  
Milena Sangut, Western Connecticut Mental Health Network  
Gina Schaak, TAC  
Linda Schwartz, State of Connecticut Department of Veterans' Affairs  
Jonathan Sherwood, Victory Programs, Inc.  
Patrick Sullivan, City of New Bedford Office of Housing and Community Development  
Mark Swann, Preble Street  
Joyce Tavon, United Way of Greater Plymouth County

Tom Taylor, Harbor Homes, Inc.  
Scott Tibbitts, Maine State Housing Authority  
Kara Ullestad, North Shore Housing Action Group  
Kristin Unruh, Harvard Square Homeless Shelter  
Mary Walachy, Irene E. George A. Davis Foundation  
Patrick Walsh, MHSA  
Sheldon Wheeler, Maine OAMHS - DHHS  
Ali Wimer, Greater Bridgeport Area Continuum of Care and Ten Year Plan to End Homelessness  
Timothy Yaecker, MA Department of Housing and Community Development  
John Yazwinski, Father Bills & MainSpring

*We thank you for your participation and apologize to anyone inadvertently left off this list.  
We tried our best to read the handwriting of each person who signed in for the meeting.*

**USICH Staff**

Jennifer Ho and John O'Brien

**Facilitators**

Lisa Abby Berg and Samantha Tan; Graphic Artist: Kelvy Bird

**Meeting Summary**

Jennifer Ho welcomed the group and facilitated introductions. She then gave an overview of the U.S. Interagency Council on Homelessness and the framework for the Federal Strategic Plan to Prevent and End Homelessness. The Plan will serve as a roadmap for joint action by the 19 Council agencies to guide the development of programs and budget proposals towards a set of measurable targets to pursue over a five-year period. USICH is centering its Plan on the belief – the moral foundation – “no one should experience homelessness—no one should be without a safe, stable place to call home.” There are five areas of concentration: Preventing and ending homelessness among 1) families with children, 2) youth, 3) Veterans, and 4) adults experiencing chronic homelessness; as well as 5) in the context of state and local communities, mobilize community participation, forge partnerships, and align resources.

The Council affirmed six core values to be reflected in the Plan:

- Homelessness is unacceptable.
- There are no “homeless people,” but rather people who have lost their homes who deserve to be treated with dignity and respect.
- Homelessness is expensive; it is better to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- Homelessness can be prevented.
- There is strength in collaboration and USICH can make a difference.

The Plan's strategies will:

- identify and target to reach and match people with appropriate interventions;
- ensure access by people to needed programs, housing and services;
- retool crisis response to avert and shorten entry into homelessness;
- provide housing and supports;
- build opportunity such as jobs and education;

- enhance capacity in the service system to deliver quality; and
- document results.

Lisa Abby Berg and Samantha Tan introduced the World Café process, a conversational process that builds on previous conversations as people move between groups, cross-pollinate ideas, and discover new insights into the questions being discussed. Thank you to volunteers from Art of Hosting for their help to facilitate these conversations.

Small groups of three to five participants each discussed question one and recorded their key answers. After a short report-back session, the small groups were randomly re-mixed and the new groups discussed question two. The process was repeated for a discussion and recording of insights and answers to question three.

The questions for discussion:

1. What do we need to understand about the scope and causes of homelessness?
2. What should be the key goals and strategies of the plan that will take us toward that vision?
3. How can federal resources and practices be wisely aligned and cost-effectively applied to amplify our state/local work?

Before concluding the meeting, Jennifer outlined the next steps in the development of the Plan and attendees were thanked for their participation.

Following the meeting, the responses were categorized into themes. The percentage of comments for each theme is listed for each question followed by the text of every comment, listed alphabetically by theme. USICH has used our best efforts to ensure accuracy in capturing and categorizing comments.

**Question 1: What do we need to understand about the scope and causes of homelessness?**

17%	Impressions of Homelessness	Comments about the experience of homelessness itself.
8%	Causes – Myriad of Factors	Comments indicating there are numerous causes of homelessness, as opposed to one specific cause.
7%	Mainstream System Accountability	Comments on the responsibility of mainstream systems to address homelessness, and those that pertain to assessment and removal of barriers that drive people to homelessness or complicate access to solutions.
7%	System Design	Comments relating to the promotion of effective system practices or recommended ways of designing homeless systems or delivering homeless assistance.
6%	Causes – Economic	Comments stating that homelessness is caused by faltering local economies, a disconnect between income and housing costs, or lack of employment opportunities.
6%	Communication (external)	Comments highlighting the need for enhanced communication between Federal agencies and communities, concerted strategies to raise public awareness, the need to make information on programs widely available, and for coordinated messaging from agencies.

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6%	Costs of Homelessness	Comments about the long-term impacts of homelessness and the subsequent costs of homelessness to mainstream systems.
6%	Flexibility	Comments suggesting a need to maintain or enhance the flexibility and versatility of funding and programming for homeless services.
6%	Investment Target – Housing	Comments suggesting increased funding for housing solutions, including more affordable housing, housing vouchers, PSH, and other specialized housing models.
5%	Vision of Success/Indicators of Success	Comments regarding statements or goals pertaining to what a successful homeless system would look like.
4%	Causes – Family/Violence	Comments related to family instability, violence, and lack of support networks as a cause of homelessness.
3%	Coordinated Interagency Strategy	Comments that suggest a need for holistic and coordinated planning across Federal agencies and mainstream systems to better address homelessness.
3%	Investment Targets – General	General comments advocating more funding/resources for programs, communities, or subpopulations.
2%	Causes – Mental Health/Substance Abuse	Comments suggesting that mental health and substance abuse issues and lack of access to or availability of treatment of these issues contribute to homelessness.
2%	Causes – Systemic Factors	Comments suggesting that factors such as entrenched poverty or inadequate education to prepare for future self-sufficiency cause homelessness.
2%	Coordinated Federal Grants	Comments suggesting the need to pool funding, better coordinate funding applications and grant program regulations, or align grant restrictions across agencies.
2%	Investment Target – Prevention & Rapid Re-Housing	Comments advocating for increased funding for prevention and rapid re-housing models.
2%	Investment Target – Services	Comments indicating a need for increased funding for treatment services, early intervention, child-focused services, and life skills training for homeless people.
2%	Research	Comments suggesting areas where we need more research to inform strategy development of homeless assistance.
1%	Data Collection and Reporting	Comments advocating for consistent and streamlined data collection and reporting requirements across agencies, including issues with HMIS.

1%	Investment Target – Regional Coordination/Planning	Comments pertaining to support or increased funding for regional coordination efforts and planning at the regional/local level.
1%	Performance-based Funding	Comments promoting greater accountability for local programs and grantees, investment in performance, and the shifting of resources away from poorly performing strategies and programs.

**Question 1: What do we need to understand about the scope and causes of homelessness?**

Causes are poverty and unemployment.	Causes – economic
Disconnect between income and housing costs	Causes – economic
Financial instability—obstacle through job loss, health issue, relationship issue	Causes – economic
Generational poverty	Causes – economic
Imbalance in affordability across the state puts service/housing burdens on small cities.	Causes – economic
Lack of childcare—unable to get skills to earn enough	Causes – economic
Lack of employment for unskilled/uneducated	Causes – economic
Lack of housing affordable to very poor	Causes – economic
Lack of money although people with addiction and mental health issues could have money and still won’t end homelessness	Causes – economic
Must recognize connection between poverty and homelessness	Causes – economic
25% are victims of domestic violence—stress trigger of domestic violence breaks up families	Causes - family/violence
No support systems (family)	Causes - family/violence
One-third of all homeless families headed by teen mothers 13-19	Causes - family/violence
Sustainability—generation after generation in the same poverty cycle	Causes - family/violence
Trauma in childhood and/or adulthood skews your path toward homelessness	Causes - family/violence
Unraveling of so many family systems	Causes - family/violence
Violence—the affects of violence is the root cause of homelessness	Causes - family/violence
Drug addiction. Chronic mental illness; always a combination of trauma (history of domestic violence, abuse, etc.)	Causes – mental health/SA
Exclusion of people with substance abuse from SSI benefits creates homelessness.	Causes – mental health/SA
Mental health and substance abuse systems: we deal with as “are you sure you want treatment?”	Causes – mental health/SA
Causes: Lack of long-term support, mental illness, addiction/substance abuse disorders, PTSD, systemic: economy, Medicaid, etc.; medical/financial, holes in system, learned helplessness	Causes - myriad
Complexity of issues and causes grows every day. It is not just one thing.	Causes - myriad
Connections between homelessness and other social problems/milieus	Causes - myriad

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Consequences touch all ages. Scope is broad: whole person begins to unravel into isolation, depression and/or inappropriate behavior	Causes - myriad
Different populations	Causes - myriad
Every person has their own cause—not just one cause. There is no solution for all homelessness. Solutions need to address causes	Causes - myriad
Everyone’s story is different; staff must look at homeless as people	Causes - myriad
Mental health and domestic violence issues play a huge role in stability	Causes - myriad
Not just about money	Causes - myriad
Only takes 1-2 major emergencies...slippery slope	Causes - myriad
Scope and causes of homelessness vary widely.	Causes - myriad
Social support systems do not exist anymore. Wages don’t match cost of living, mental health system fails, welfare system fails	Causes - myriad
The scope is huge, complex, different, epic. Not simple answer or quick fixes. Not solved with sound bites.	Causes - myriad
It’s structural, not personal, i.e., don’t pit populations or systems against each other	Causes – systemic factors
Problem is poverty and healthcare needs. Systemic problems.	Causes – systemic factors
Result of other systems failing—lack of connectivity between systems	Causes – systemic factors
Breaking down stereotypes	Communication
Causes are misunderstood...need to move through biases and judgments	Communication
Homelessness is a misunderstood issue.	Communication
Homelessness is on the periphery of government. What matters is to bring it to people’s attention. When they see a person on the street, they should think of the failure of society.	Communication
Link to humanitarian understanding of homelessness	Communication
More public education regarding homelessness	Communication
The scope of homelessness is not publically known. We need more public awareness and awareness of what is out there.	Communication
The stigma that is associated with homelessness has to be addressed in order to help and build more housing	Communication
What matters to me? Ending it. It matters to me that it doesn’t matter to others (general population, legislature)	Communication
Federal level—resources are “stove pipe”/vertical. Need to create more horizontal solutions. Mixing of resources at a federal level.	Coordinated Federal Grants
Inflexible rules versus resources	Coordinated Federal Grants
Limitation on funding (CDBG and ESG) funds)	Coordinated Federal Grants
Simple solutions are made more complex by different rules	Coordinated Federal Grants
Breakdown the silos to share the resources across agencies, especially across public agencies to help even when someone is not at your door. One example is discharge planning across all sectors. homelessness	Coordinated Interagency Strategy
In effective system of community care. Unrealistic to work in silos. Support collaboration in the system.	Coordinated Interagency Strategy
Institutions (including corrections, hospitals) need functional, discharge planning systems.	Coordinated Interagency Strategy

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Saw loss of hope, where to begin? Few resources. Individuals—chronic or otherwise—restore dignity, sustainability. Causes--\$--how to manage it? Access to services that work. Lack of affordable housing at 15% AMI. Other providers (housing) PHAs need to be at the table. McKinney eligibility is “softer”. Faith-based perspective – solvable issues. It is the right thing to do. Poverty—difficult to end but homelessness can be solved. Work force development. Stakeholders may have to “reprioritize.” Listen to consumers. How do we bring in community partners? Healthcare—coordinate care: mental health/substance abuse/Primary care. Flexibility. Housing is an intervention! System is not focused well. How do we bring together housing, services, and funding?	Coordinated Interagency Strategy
Consequences: loss of national soul, health system is overburdened, demoralizing, personal impact by undermining ability to take care of self and debilitating physically and psychologically	Coordinated Interagency Strategy Costs of homelessness
Disruption/what it precipitates	Costs of homelessness
Elders: People must think differently about elder homelessness. It is a clinical issue. Homelessness accelerates the aging process and it is not necessary. Wasting resource. Public policy—possible to change. 1975/1980 not the homelessness as we understand today. Reduce public annual budget. Real estate implications.	Costs of homelessness
Impact on community—not using our resources wisely (both services and funding) impacts safety and health in the community	Costs of homelessness
Levels: Micro—fairly level human side; Macro—cost burden of homelessness	Costs of homelessness
Long-term and short-term effect on children	Costs of homelessness
Personal and economic impact. Homelessness doesn’t happen in a vacuum	Costs of homelessness
Short- and long-term impact: Individual chronically homeless with mental illness (or substance abuse) concern about veterans becoming homeless	Costs of homelessness
The impact of homelessness on children as it impeded their ability to thrive.	Costs of homelessness
One Client-One File: MA DHCD-HMIS	Data Collection and Reporting
Accountability all the way around and need for flexibility in servicing each individual/family	Flexibility
Allow systems and bureaucracy flexibility to respond to specific person-centered needs.	Flexibility
Can’t be one size fits all approach, must be individualized	Flexibility
Disconnect between programmatic guidelines and consumers needs/ability to access. Need more flexibility and practicality	Flexibility
Flexible funding programs	Flexibility
Individual causes/flexibility for individual issues	Flexibility
Inflexible rules around using federal resources. Let us decide how to use the resources. We get out knowledge from the source.	Flexibility
Inflexible rules versus resources	Flexibility
Locally based solutions	Flexibility
Looking at each person as an individual and developing a specific plan for them.	Flexibility
America’s New Outcasts are women and children	Impressions of homelessness
By allowing homelessness to continue, it diminishes the integrity of the government	Impressions of homelessness

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Can happen to anybody	Impressions of homelessness
Concern about the sense of shame people experience	Impressions of homelessness
Empathy	Impressions of homelessness
Epitome of a system failure	Impressions of homelessness
Growing groups (vets, families, elders, youth)	Impressions of homelessness
Heterogeneous population	Impressions of homelessness
Hidden face of some types of homelessness	Impressions of homelessness
Homelessness is unacceptable	Impressions of homelessness
Homelessness is unfair—everyone needs a home	Impressions of homelessness
Homelessness is unnecessary and inhumane, unethical, even immoral; it is counterproductive and not cost effective	Impressions of homelessness
Homelessness shows the worst part of every society...we take care of children, pets, elderly, but we don't feel we need to take care of those who are homeless since somehow they have failed.	Impressions of homelessness
Inability to move forward because of lack of options	Impressions of homelessness
Indicator of the failure of the system	Impressions of homelessness
It is inexcusable that we put up with this. It's a modern day problem.	Impressions of homelessness
Moral issue. In particular veteran's struggles/addictions in Iraq/Afghanistan, National Guard. The recession--\$ amounts to keep people in a house to restitution—economics don't make sense. Moral/economic	Impressions of homelessness
No moral outrage about it. Seems to have become more acceptable	Impressions of homelessness
One community—we all have responsibility	Impressions of homelessness
Problem is getting worse—that it will become the “new normal”	Impressions of homelessness
Sign of a failing of our society	Impressions of homelessness
Social justice aspect. Distributive justice.	Impressions of homelessness
Suffering: there is real suffering associated with it	Impressions of homelessness
The US is such a wealthy country yet we have so many homeless. Connecticut is the wealthiest, how can we have so many?	Impressions of homelessness
These are people not just a social trend, Need to reverse this.	Impressions of homelessness
We seem to punish our most vulnerable instead of helping them: people with disabilities, with mental illness.	Impressions of homelessness
What does it say about us, as individuals, as a society	Impressions of homelessness
Costs of housing development is out of reach. Takes too long to create	Investment target – housing
Extremely low-income housing development and/or more housing vouchers	Investment target – housing
Fund the proven strategies. Make resources available to states for implementation. Supportive housing – Housing First	Investment target – housing
In Connecticut, about 1000 chronically homeless. This should be manageable.	Investment target – housing
Why can't we figure this out to build enough housing?	Investment target – housing
It is about housing. Housing as platform for all clinical/social support, intervention	Investment target – housing
Lack of affordable housing stock and aging housing stock.	Investment target – housing
Lack of prevention resources to keep people from homelessness. Need more housing resources (Section 8, etc).	Investment target – housing



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<p>Not dealing with immediate consequences. If not prevented, escalation.          Housing plus supports equal wraparound. Failure to commit to affordable housing is the cause. Fundamental examination of affordable housing.          Saw loss of hope, where to begin? Few resources. Individuals—chronic or otherwise—restore dignity, sustainability. Causes--\$--how to manage it? Access to services that work. Lack of affordable housing at 15% AMI. Other providers (housing) PHAs need to be at the table. McKinney eligibility is “softer”. Faith-based perspective – solvable issues. It is the right thing to do. Poverty—difficult to end but homelessness can be solved. Work force development. Stakeholders may have to “reprioritize.” Listen to consumers. How do we bring in community partners? Healthcare—coordinate care: mental health/substance abuse/Primary care. Flexibility. Housing is an intervention! HPRP: but then what happens after 18 months of subsidy</p>	<p>Investment target – housing</p>
<p>Lack of prevention resources to keep people from homelessness. Need more housing resources (Section 8, etc).          Preventing families and individual from becoming homeless in the first place.</p>	<p>Investment target – housing</p>
<p>Prevention: Housing First</p>	<p>Investment target – prevention &amp; RR</p>
<p>Distribution of resources needs to be done at a grassroots level</p>	<p>Investment target – prevention &amp; RR</p>
<p>Regional networks with coordination</p>	<p>Investment target – prevention &amp; RR</p>
<p>Aligning services more comprehensively with families and individuals served.          Funding for services beyond insurance based services</p>	<p>Investment target – prevention &amp; RR</p>
<p>Prevention strategy: Ensure childcare.. Child has better start and less likely to become homeless. Reconnect federal mandate for childcare          Saw loss of hope, where to begin? Few resources. Individuals—chronic or otherwise—restore dignity, sustainability. Causes--\$--how to manage it? Access to services that work. Lack of affordable housing at 15% AMI. Other providers (housing) PHAs need to be at the table. McKinney eligibility is “softer”. Faith-based perspective – solvable issues. It is the right thing to do. Poverty—difficult to end but homelessness can be solved. Work force development. Stakeholders may have to “reprioritize.” Listen to consumers. How do we bring in community partners? Healthcare—coordinate care: mental health/substance abuse/Primary care. Flexibility. Housing is intervention!          Focusing of family, individual, youth, SMI, SA, etc</p>	<p>Investment target - regional coord/plng</p>
<p>More community development</p>	<p>Investment target - regional coord/plng</p>
<p>Poverty: Housing assistance, childcare education training job search strategies for success for Individual homeless are evident. We need to ramp up.          Take a deeper look at disenfranchised populations and identify the supports they need to get out of homelessness</p>	<p>Investment target – services</p>
<p>Accountability all the way around and need for flexibility in servicing each individual/family          Bureaucracy can get in the way of service delivery</p>	<p>Investment target – services</p>
	<p>Investment targets – general</p>
	<p>Investment targets – general</p>
	<p>Investment targets – general</p>
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	<p>Mainstream system accountability</p>
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Child welfare programs and system being defunded by states. Youth homelessness increasing as a result. Early intervention is a proven strategy. Demand support collaboration. Real partnership and linking of resource to ease access and utilization	Mainstream system accountability Mainstream system accountability
Exclusion of people with substance abuse from SSI benefits creates homelessness.	Mainstream system accountability
Exclusion: Hard to meet people where they are when they are not old enough for insurance benefits, not sick enough for insurance, not “homeless enough” forcing people into shelters.	Mainstream system accountability
Mental health and substance abuse systems: we deal with as “are you sure you want treatment?”	Mainstream system accountability
No integration of housing, childcare, employment	Mainstream system accountability
Public policies that create homelessness: Structure of TANF doesn’t support work and education. “Cliff effect” when losing benefits by working, can lose everything	Mainstream system accountability
Social support systems do not exist anymore. Wages don’t match cost of living, mental health system fails, welfare system fails	Mainstream system accountability
Systems/providers can get in own way of consolidating solutions	Mainstream system accountability
Fund the proven strategies. Make resources available to states for implementation. Supportive housing – Housing First	Performance-based funding
Solutions need to be focused, with accountability in implementation	Performance-based funding
For family homelessness it is less clear	Research
Need more basic research on men.	Research
We don’t know how to identify someone at risk until they are homeless	Research
What are the real numbers—the scope?	Research
Difficulty in providing shelter for families with older children (often families are split apart to different shelters)	System Design
Get to roots, not niche, boutique thinking	System Design
Housing First model works	System Design
Housing needs to be a part of broad clinical, even medical assessment	System Design
Human approach. Need to help people success and reconnect to support	System Design
Need to meet people “where they are”. Don’t make them come to you.	System Design
People are complex but solutions are not.	System Design
Services (case management, healthcare, etc) need to be presumptive eligibility models.	System Design
Shelter should be a basic resource for those who need it	System Design
Temporarily housing families outside of their communities is extremely disruptive to the children and the adults.	System Design
Watch for newly homeless groups (teens and elderly)	System Design
Category of homelessness is unacceptable, access to housing/treatment/healthcare	Vision of Success/Indicators of Success
Housing is a right	Vision of Success/Indicators of Success
Importance of giving people a second chance to help them to find their own	Vision of Success/Indicators of

gifts	Success
It is not impossible for all to have a good quality of life.	Vision of Success/Indicators of Success
Make it a priority	Vision of Success/Indicators of Success
Need to address problem in holistic way	Vision of Success/Indicators of Success
Skeptical that it can be ended. Can be better managed	Vision of Success/Indicators of Success
Stay committed to the mission	Vision of Success/Indicators of Success

**Question 2: What should be the key goals and strategies of the plan that will take us toward this vision?**

25%	Investment Target – Housing	Comments suggesting increased funding for housing solutions, including more affordable housing, housing vouchers, PSH, and other specialized housing models.
13%	System Design	Comments relating to the promotion of effective system practices or recommended ways of designing homeless systems or delivering homeless assistance.
8%	Flexibility	Comments suggesting a need to maintain or enhance the flexibility and versatility of funding and programming for homeless services.
8%	Investment Target – Prevention & Rapid Re-Housing	Comments advocating for increased funding for prevention and rapid re-housing models.
7%	Investment Target – Services	Comments indicating a need for increased funding for treatment services, early intervention, child-focused services, and life skills training for homeless people.
7%	Vision of Success/Indicators of Success	Comments regarding statements or goals pertaining to what a successful homeless system would look like.
6%	Investment Target – Education/ Employment	Comments suggesting a need for increased funding and resources for education and employment strategies for homeless people.
5%	Investment Targets – General	General comments advocating more funding/resources for programs, communities, or subpopulations.
5%	Mainstream System Accountability	Comments on the responsibility of mainstream systems to address homelessness, and those that pertain to assessment and removal of barriers that drive people to homelessness or complicate access to solutions.
5%	Performance-based Funding	Comments promoting greater accountability for local programs and grantees, investment in performance, and the shifting of resources away from poorly performing strategies and

programs.

3%	Investment Target – Regional Coordination/Planning	Comments pertaining to support or increased funding for regional coordination efforts and planning at the regional/local level.
2%	Communication (external)	Comments highlighting the need for enhanced communication between Federal agencies and communities, concerted strategies to raise public awareness, the need to make information on programs widely available, and for coordinated messaging from agencies.
2%	Coordinated Federal Grants	Comments suggesting the need to pool funding, better coordinate funding applications and grant program regulations, or align grant restrictions across agencies.
2%	Coordinated Interagency Strategy	Comments that suggest a need for holistic and coordinated planning across Federal agencies and mainstream systems to better address homelessness.
1%	Costs of Homelessness	Comments about the long-term impacts of homelessness and the subsequent costs of homelessness to mainstream systems.
1%	Data Collection and Reporting	Comments advocating for consistent and streamlined data collection and reporting requirements across agencies, including issues with HMIS.
1%	Miscellaneous	A comment that does not fit it any of the thematic codes.

**Question 2: What should be the key goals and strategies of the plan that will take us toward this vision?**

Less stigma attached to homelessness and more of an understanding from the general public.	Communication
Public education system prepares learners (children and adults) to transition to a sustainable role in the economy	Communication
Streamline and un-segment State and federal funds to establish a flexible network that addresses people’s housing and service needs in an integrated way	Coordinated Federal Grants
Streamline funding resources (single payer versus multilevel requests)	Coordinated Federal Grants
Federal plan to end homelessness must include full coordination of all resources at the federal level. i.e., mandate PHA and local communities (CoC) to coordinate	Coordinated Interagency Strategy
Universal access to healthcare services and integrated approach. Primary care that leads to and is coordinated with mental health and substance abuse services. Similarly for families: integrate housing, employment, education, services.	Coordinated Interagency Strategy
Awareness: Redefine scope of homelessness and cost to society. Highlight prisons, hospitals, etc.	Costs of homelessness
Data and outcomes	Data Collection and Reporting

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Accountability is important but the need for flexibility is key. Someone may need a short-term subsidy, someone may need one month rent, some may need a long-term subsidy. Create choices.	Flexibility
Communities, particularly rural, have flexible funds to use how they see fit to prevent homelessness in the first place	Flexibility
Federal funding flexibility at a local level for housing production/support services	Flexibility
Funding flexibility. Create options	Flexibility
Grants and/or contracts that purchase an evidence-based best practice bundle of service. Fewer contracts to get “the job” done. Broader, more flexible contracts and services.	Flexibility
Reduction of guidelines and rules around funding	Flexibility
Streamline and un-segment State and federal funds to establish a flexible network that addresses people’s housing and service needs in an integrated way	Flexibility
Access to work and income and education	Investment target – ed/emp
Create employment opportunities for all people, from those who need job placement assistance to those with chronic mental illness in need of supportive training and employment. Create opportunity to be productively engaged.	Investment target – ed/emp
Job training and employment. Robust training for new economy (with supports)	Investment target – ed/emp
Prioritize education, employment	Investment target – ed/emp
Workforce development. Develop and implement workforce development programs that result in sustainable living wages ie, TANF Report WEP vs Employment Training programs	Investment target – ed/emp
Affordable housing	Investment target – housing
Affordable housing developers and funds are part of the solution to solve homelessness by creating units for those below 15% of AMI	Investment target – housing
Affordable housing options for families and individuals	Investment target – housing
Create a variety of housing types to meet everyone’s need.	Investment target – housing
Dramatically increase the supply of affordable housing—flexible—with supports if needed (disabled), without supports if not needed.	Investment target – housing
Each community would have housing units available for homeless individuals and families that could be accessed immediately (no initial screening) (owner would not lose any money for vacancies)	Investment target – housing
Federal funding flexibility at a local level for housing production/support services	Investment target – housing
Flexible rental assistance/information and referral/short-term supports.	Investment target – housing
High school dormitories for at-risk youth	Investment target – housing
Housing for all including lower threshold with services	Investment target – housing
Housing tax credit linked to employment (reward for work)	Investment target – housing
Housing—more stock—more flexible mobile and project based subsidies	Investment target – housing
Increase the production of 150k new units of permanent supportive housing	Investment target – housing
Local/state/national housing goal should be production, preservation and rental vouchers (FAST if targeted)	Investment target – housing

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More affordable housing with services as needed: services, subsidies, capital development	Investment target – housing
More FUP vouchers for youth aging out of the system as well as families	Investment target – housing
More housing options: boarding houses, SRO, etc. Deinstitutionalization – Medicaid cuts	Investment target – housing
Overhaul and fully develop a meaningful, funded, affordable housing development program.	Investment target – housing
Permanent supportive Housing!!!	Investment target – housing
Reinvestment in affordable housing	Investment target – housing
Sustainability in housing; Link services to people in housing	Investment target – housing
Transitional housing as a priority	Investment target – housing
Make prevention of homelessness a priority with the proven strategies that work well-funded. T_____ Preservation Program—court mediation	Investment target – prevention & RR
Prevent individuals and families from becoming homeless: flexible resources to address the variety of need that are prevented; case management support; “raise the safety net”	Investment target – prevention & RR
Prevention is the priority	Investment target – prevention & RR
Prevention! Evidence Based Practices as well as room for social innovation	Investment target – prevention & RR
Prevention—flexible funds to keep people housed	Investment target – prevention & RR
Rapid re-housing dollars that are more easily accessed.	Investment target – prevention & RR
Triage: rapid rehousing	Investment target – prevention & RR
Create and fund infrastructure for multi-sector and/or regional coordination and networks	Investment target - regional coord/plng
Regional approach to ten-year-plans	Investment target - regional coord/plng
Resources (financial, etc.) to forming ten year plans/regional	Investment target - regional coord/plng
Expanded easily available individualized case management. Expand Medicaid funding for case management.	Investment target – services
Plenty of services for those with mental health and substance abuse issues	Investment target – services
Someone (case manager) goes through a needs assessment with each person	Investment target – services
Universal Childcare	Investment target – services
Universal healthcare	Investment target – services
Wrap-around on-demand services free of stigma	Investment target – services
Address disabled/special populations integration systems and funding—simplify	Investment targets – general
Adequate flexible, sustainable funding to meet mental, physical, employment needs of population	Investment targets – general
Enough funding to completely end homelessness	Investment targets – general
Provide incentives for moving forward; allocate resources where they are needed	Investment targets – general

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Foster care: Stop foster children from entering the shelter system as older teens or as adults. Discharging to shelters is unacceptable	Mainstream system accountability
Prioritizing housing stability across systems to everyone system is able to identify potential housing stability	Mainstream system accountability
Safety net in place for struggling families/individuals	Mainstream system accountability
Simplify the public benefits process—obtaining and retaining—glitches to obtain food stamps, SSI, etc.	Mainstream system accountability
Redistribution of wealth—tax fairness, union barriers	Misc
Data and outcomes	Performance-based funding
Grants and/or contracts that purchase an evidence-based best practice bundle of service. Fewer contracts to get “the job” done. Broader, more flexible contracts and services.	Performance-based funding
Incentivize innovation (Obama education plan)	Performance-based funding
Outcome based funding for housing solutions	Performance-based funding
Create universal points of entry. Have an “opportunity center” where there is employment and training, housing, mental heal, services, etc.	System Design
Each community has a one-stop resource service center with trained staff to match them to appropriate resources.	System Design
Housing First model for families? Chronic homeless?	System Design
Identify future need for older unaccompanied adults whose services needs are likely to include a much higher rate than current population.	System Design
Low threshold, on-demand, no-wrong-door access to prevention and re-housing services.	System Design
Maintain a prevention base model and integrate into every part of all strategies.	System Design
Prevention! Evidence Based Practices as well as room for social innovation	System Design
Prioritize most costly population and target resources accordingly	System Design
Simplify programming and minimize points of access	System Design
Someone (case manager) goes through a needs assessment with each person	System Design
Universal access to healthcare services and integrated approach. Primary care that leads to and is coordinated with mental health and substance abuse services. Similarly for families: integrate housing, employment, education, services.	System Design
A cultural change where prevention is the only option	Vision of Success/Indicators of Success
Homelessness is unacceptable. This is believed at the federal level (President, Congress, state, local)	Vision of Success/Indicators of Success
In 2015, no more emergency shelters because there is a clear collaborative efforts across all aspects of the community with a focus on prevention	Vision of Success/Indicators of Success
People with needs will have their needs met with affordable housing, healthcare and childcare, employment and education.	Vision of Success/Indicators of Success
Reframe shelter concept: end shelters and move toward short-term triage to direct appropriate shelter need to housing solution	Vision of Success/Indicators of Success
The change in the vision of the current administration has really changed...for real...homelessness is unacceptable	Vision of Success/Indicators of Success

**Question 3: How can federal resources and practices be wisely-aligned and cost-effectively applied to amplify our state/local work?**

16%	Coordinated Federal Grants	Comments suggesting the need to pool funding, better coordinate funding applications and grant program regulations, or align grant restrictions across agencies.
13%	Coordinated Interagency Strategy	Comments that suggest a need for holistic and coordinated planning across Federal agencies and mainstream systems to better address homelessness.
13%	Flexibility	Comments suggesting a need to maintain or enhance the flexibility and versatility of funding and programming for homeless services.
12%	Investment Target – Housing	Comments suggesting increased funding for housing solutions, including more affordable housing, housing vouchers, PSH, and other specialized housing models.
12%	Performance-based Funding	Comments promoting greater accountability for local programs and grantees, investment in performance, and the shifting of resources away from poorly performing strategies and programs.
9%	Investment Target – Regional Coordination/Planning	Comments pertaining to support or increased funding for regional coordination efforts and planning at the regional/local level.
6%	Mainstream System Accountability	Comments on the responsibility of mainstream systems to address homelessness, and those that pertain to assessment and removal of barriers that drive people to homelessness or complicate access to solutions.
4%	Data Collection and Reporting	Comments advocating for consistent and streamlined data collection and reporting requirements across agencies, including issues with HMIS.
3%	Definitions	Comments requesting consistent definitions and common requirements to document homelessness and other related terms.
3%	Investment Target – Education/ Employment	Comments suggesting a need for increased funding and resources for education and employment strategies for homeless people.
3%	Miscellaneous	A comment that does not fit it any of the thematic codes.
3%	System Design	Comments relating to the promotion of effective system practices or recommended ways of designing homeless systems or delivering homeless assistance.
1%	Investment Target – Services	Comments indicating a need for increased funding for treatment services, early intervention, child-focused services, and life skills training for homeless people.



1%	Investment Targets – General	General comments advocating more funding/resources for programs, communities, or subpopulations.
1%	Potential Revenue	Comments presenting ideas on new revenue sources that could be used to fund proposed interventions.

**Question 3: How can federal resources and practices be wisely-aligned and cost-effectively applied to amplify our state/local work?**

Align CoC and services funds (ie, THP-SAMHSA) on same cycle and same renewal with similar funding levels (eg, companion grant to CoC)	Coordinated Federal Grants
Align resources in “one-stop” fashion for both recipients of funds and service providers	Coordinated Federal Grants
Alignment of RFPs to allow leveraging across federal agencies	Coordinated Federal Grants
At federal level, bundle different funding pots: HUD/HHS/VA	Coordinated Federal Grants
Different pots of money for same providers and same sorts of programming	Coordinated Federal Grants
More coordination at the federal level around funding	Coordinated Federal Grants
More integration of federal resources	Coordinated Federal Grants
More interagency collaboration on funds: similar to VASH	Coordinated Federal Grants
Reduce and re-visit national competitions	Coordinated Federal Grants
Simplify	Coordinated Federal Grants
Ten year plans: Fund in block grant fashion—cross secretariat	Coordinated Federal Grants
“Silo busting” Federal and local agencies.	Coordinated Interagency Strategy
Align federal benefits with state benefits so people don’t lose one when they get the other	Coordinated Interagency Strategy
Change dynamics at federal level	Coordinated Interagency Strategy
Consistency of process and approach across administrations	Coordinated Interagency Strategy
Ensure homelessness is a focus in all relevant federal initiatives, ie, education reform, healthcare affordability	Coordinated Interagency Strategy
HHS and HUD should work together with VA, DOL, SAMHSA, etc. to combine funds so we don’t have to fit people’s needs and services into specific housing types	Coordinated Interagency Strategy
Improve federal alignment and coordination across and within the government agencies.	Coordinated Interagency Strategy
Silos at the federal levels	Coordinated Interagency Strategy
Streamline, simplify and deliver resources to support a state or regional plan to end and prevent homelessness	Coordinated Interagency Strategy
Data systems must be able to coordinate/communicate across multiple systems	Data Collection and Reporting
Make HMIS usable and a portal	Data Collection and Reporting
Streamline and simplify required reporting for grant management i.e., financial requests for HUD programs.	Data Collection and Reporting

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Allow regions to conform to national and political boundaries even if we are splitting HUD geocodes	Definitions
Need a consistent definition of homelessness across all federal programs	Definitions
Deregulate the service funding stream	Flexibility
Flexibility in funding and eligibility for funds	Flexibility
Flexible crisis intervention	Flexibility
Flexible funds at regional level that maximize the number of people housed in a given time period	Flexibility
Funding determined at a grass roots local level	Flexibility
Link Section 8 to income/asset-building tools and allow for greater flexibility in Section 8 to foster movement toward self-sufficiency	Flexibility
More flexible eligibility criteria.	Flexibility
No one size fits all—each community needs to design what works in that community	Flexibility
Support decisions at local level in response to homeless needs and priorities	Flexibility
Education innovation will give extra resources to address homeless issues if you reform system with outcome means the connection of fee dollars to outcomes	Investment target – ed/emp
Income/job not present in ending homeless strategy	Investment target – ed/emp
Consider time-limited subsidies	Investment target – housing
Fund housing markets/subsidies via a regional model	Investment target – housing
HUD and housing authorizes incentivize and mandate 10% set aside of Section 8s for the homeless	Investment target – housing
Invest in Section 8 (flexible rental assistance) in order to save on funds used for emergency and other services that are the result of lack of affordable housing	Investment target – housing
Link Section 8 to income/asset-building tools and allow for greater flexibility in Section 8 to foster movement toward self-sufficiency	Investment target – housing
Make housing an integral part of reintegration of veterans and make veterans services a shared responsibility with the community. 25% of homeless are veterans	Investment target – housing
More Section 8s with less tenet and project-based restrictions or incentivize states to not add additional restrictions	Investment target – housing
Targeting of housing subsidies to address households most need of housing stabilization	Investment target – housing
Align homeless CoCs and their programs with state/regional/local homeless planning and interventions	Investment target - regional coord/plng
Connect fed resources to ten-year plans. Use federal leverage to push local combination in meaningful way	Investment target - regional coord/plng
Empower local planning entity to control funding and monitoring of accountability. Entity must include local government and others in addition to providers (ten year plan model)	Investment target - regional coord/plng
Feds to reward state/municipalities that have identified plans.	Investment target - regional coord/plng
Ten year plans need to be funded to actually implement	Investment target - regional coord/plng

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TYP: resource coordination on regional level: Fund the concept	Investment target - regional coord/plng
Case management and housing has been shown in studies to improve health and save the overall system money for chronically homeless. Allow case management as a covered benefit for chronically homeless in all Medicaid/Medicare products and as a primary funded service in HCH grants. Need a new federal investment in local solutions, both housing and services	Investment target – services
Fix SSI: reform the industry in documenting eligibility. Even VA benefit eligibility system is more streamlined than SSI	Investment targets – general
Integration of primary care and other services.	Mainstream system accountability
Make VASH unable for homeless vets. Make access easier.	Mainstream system accountability
Medicare/Medicaid not aligned/integrated with housing strategies	Mainstream system accountability
“Fair share” for smaller communities. 100 homeless folks in LA is the same as 100 homeless folks in Nashua NH. Rural homeless in all states.	Misc
Rural America has not weighed in on solutions	Misc
Continuity and ownership and accountability of housing outcomes by any entity getting federal funding: corrections, substance abuse, mental health	Performance-based funding
Education innovation will give extra resources to address homeless issues if you reform system with outcome means the connection of fee dollars to outcomes	Performance-based funding
Encouraging innovation	Performance-based funding
Feds should drive message of outcomes expected and then fund those	Performance-based funding
Flexible funds at regional level that maximize the number of people housed in a given time period	Performance-based funding
Funding that is outcome-based, evidence-based and driven by local need	Performance-based funding
Incentivize regional funding/solutions	Performance-based funding
Reward programs that deliver desirable outcomes.	Performance-based funding
Federal agencies leveraging foundations	Potential revenue
OK to target resources to most costly consumers to those who are using most expensive resources	System Design
Triage: Housing Model as opposed to sheltering individuals and families	System Design