



MAKING OUR HOMELESS RESPONSE
SYSTEM WORK — **BETTER.**

SHAPING THE WAY HOME

A summary and reflection on the ideas, priorities, and lived experiences shared by our community to inform the 2027–2029 The Way Home Community Plan

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STAKEHOLDER GROUPS ENGAGED

Lived Experience of
Homelessness -
Youth Advisory Board
(YAB) and Consumer
Advisory Council (CAC)

Frontline Staff

Supervisors and Managers

Executive Leaders and
CEOs

CFTH Leadership

The Way Home Steering
Committee Members

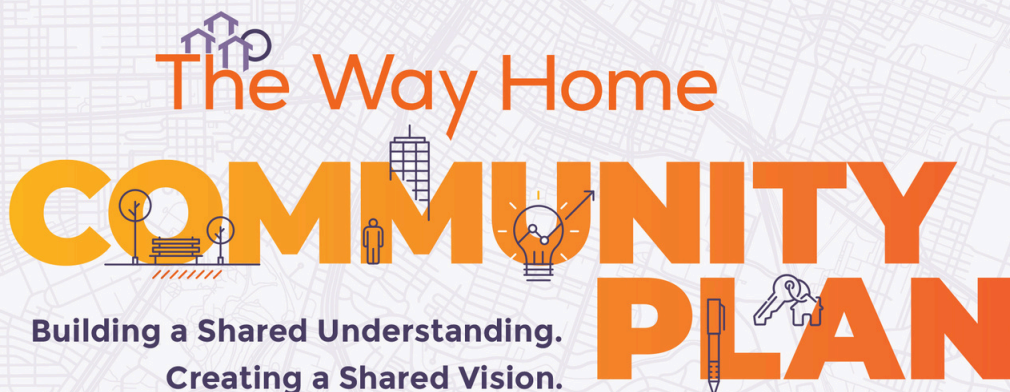
Local Government
Representatives

Special population
representatives, including
organizations serving
youth & young adults,
veterans, and survivors of
domestic violence

SHAPING THE WAY HOME

To inform development of the 2027–2029 The Way Home Community Plan, Coalition for the Homeless of Houston/Harris County (CFTH) conducted a series of stakeholder engagement sessions throughout June and July 2026. These conversations were designed to gather perspectives from individuals, organizations, and system partners who play a critical role in preventing and ending homelessness across the Greater Houston region.

The engagement process created opportunities for participants to share their experiences, identify challenges and opportunities within the homeless response system, and highlight priorities for the years ahead. Input collected through these sessions will help guide the strategic priorities, goals, and implementation strategies included in the 2027–2029 Community Plan.



METHODOLOGY

Engaging and learning from diverse stakeholder perspectives is a critical component of the community needs assessment process. Throughout this effort, stakeholders shared their experiences, perceptions, and aspirations for The Way Home, the Greater Houston region's homeless response system. Input was collected through multiple engagement methods designed to capture a broad range of perspectives and inform the development of the community plan, including:

1) TWO ONLINE SURVEYS	2) ENGAGEMENT SESSIONS
Two surveys were administered to gather stakeholder feedback throughout the planning process. The Phase 1 Survey was distributed to The Way Home's CoC Board (Steering Committee) and key stakeholders before the engagement sessions to help identify priorities and inform the focus group discussions. The Phase 2 Survey was launched system-wide during the focus group process to collect additional input and feedback from a broader audience.	Between June 3 and July 6, 2026, nine stakeholder engagement sessions were held to gather input on The Way Home. Sessions were conducted primarily in person across Houston, with one virtual session hosted on Zoom. More than 400 stakeholders were invited to participate, and representatives from over 110 unique entities, including service providers, government agencies, lived experience advisory groups, and community organizations, contributed to the process. Discussions focused on stakeholder perceptions of the system, its strengths, areas for improvement, and a shared vision for its future.

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PHASE 1 SURVEY

The Phase 1 survey was launched at the monthly Steering Committee meeting on May 14th and closed on May 22nd, 2026. There were a total of 21 respondents, comprising frontline providers, shelter, housing, CoC governance, local government, community organizations, funders, and lived-experience voices.

Both multiple-choice and open-ended questions were included in the survey for thorough discussion and feedback.

Key Findings:

- 52% of respondents identified permanent housing programs as the greatest strength of the current homeless response system, followed by strong data or shared measurement (33%).
- Not enough affordable housing (57%) and long wait times for housing or services (52%) were identified as the most significant gaps in the current homelessness response system.
- Finally, increasing housing supply (57%), strengthening behavioral health/substance use services (33%), and strengthening homelessness prevention (33%) were identified as the most urgent needs to address homelessness in the next 1-2 years.

Major areas identified from the open-ended questions mirrored the multiple-choice questions, including strong permanent housing and data systems as strengths of the system and increasing housing supply and supportive services as targeted system needs and solutions.

PHASE 2 SURVEY

The Phase 2 survey was launched on June 15th and closed on June 26th, 2026. A total of 56 stakeholders representing diverse roles across the local homeless response system responded. The survey used multiple-choice, ranking, and open-ended questions to gather feedback on the strengths, gaps, and priorities of the local homeless response system.

Key findings:

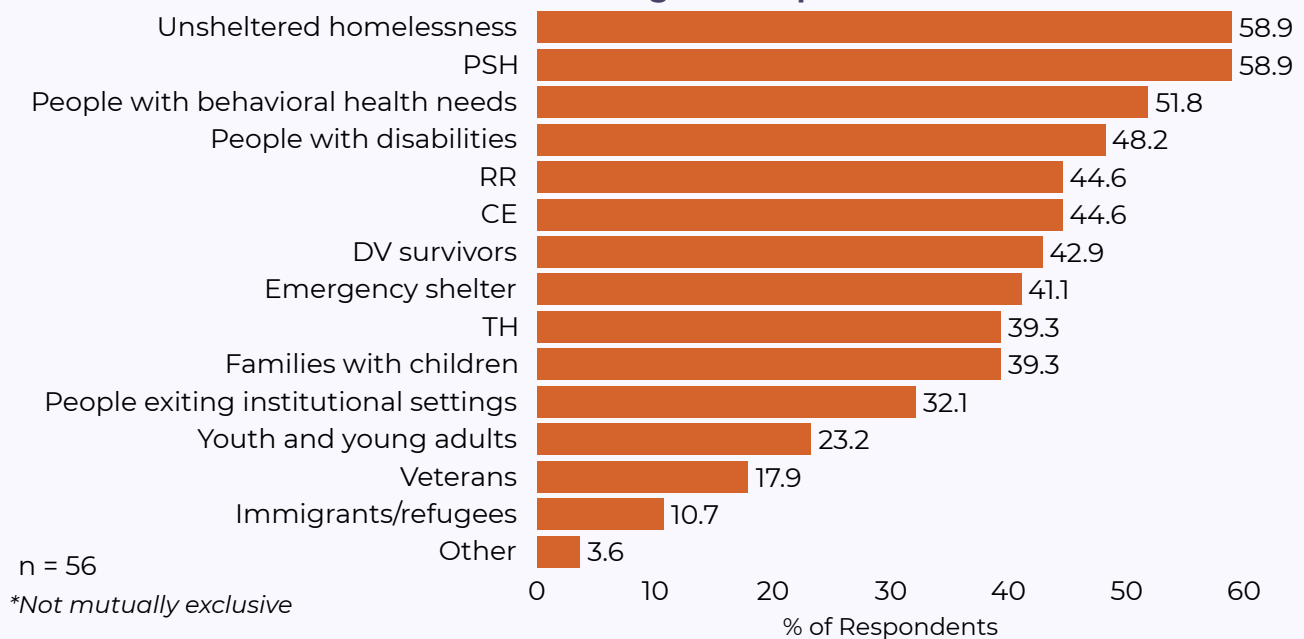
- Respondents identified collaboration, permanent supportive housing, and coordinated entry as key system strengths.
- Insufficient affordable housing, long waits for housing and services, and limited income, employment, and benefits support were identified as major system gaps.
- Increasing housing supply, strengthening homelessness prevention, and expanding behavioral health and substance use services emerged as the most urgent priorities, closely aligning with Phase 1 findings.
- Unstable employment, rising housing costs, and behavioral health needs were identified as major contributors to homelessness.
- Recommended improvements to strengthen collaboration included clearer communication, faster housing referrals, stronger cross-agency coordination, and better support before and after housing placement.

Open-ended question responses reinforced these findings and highlighted several additional priorities for the Community Plan. These included increasing access to healthcare, upstream homeless prevention, greater income and employment support, improved housing access and post-housing support, stronger system coordination within and with outside agencies, and support tailored to the needs of specific populations.

PHASE 2 SURVEY

98.2% of survey respondents reported working in, living in, or representing Harris County

Figure 1. Population and Service Areas



Respondents reflected diverse roles and service areas, most commonly serving people experiencing unsheltered homelessness, PSH programs, people with behavioral health needs, and people with disabilities. The largest role groups represented were frontline providers and case managers, people with current or past lived experience of homelessness, shelter, housing, or service program leaders, and local government or public agency partners.

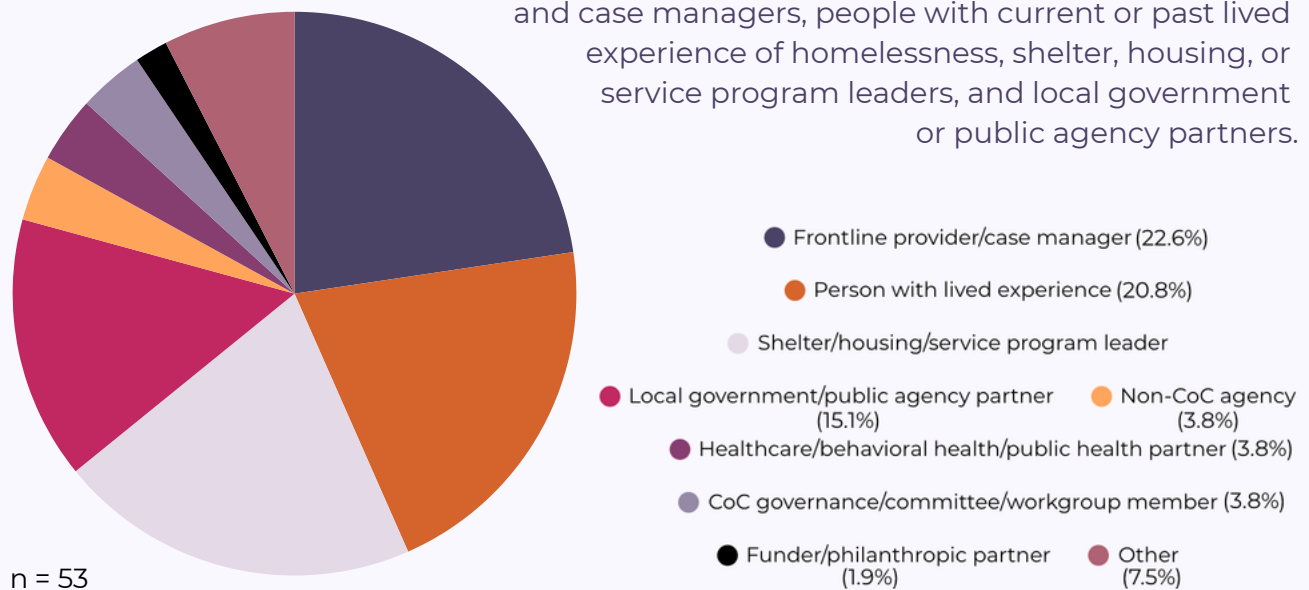
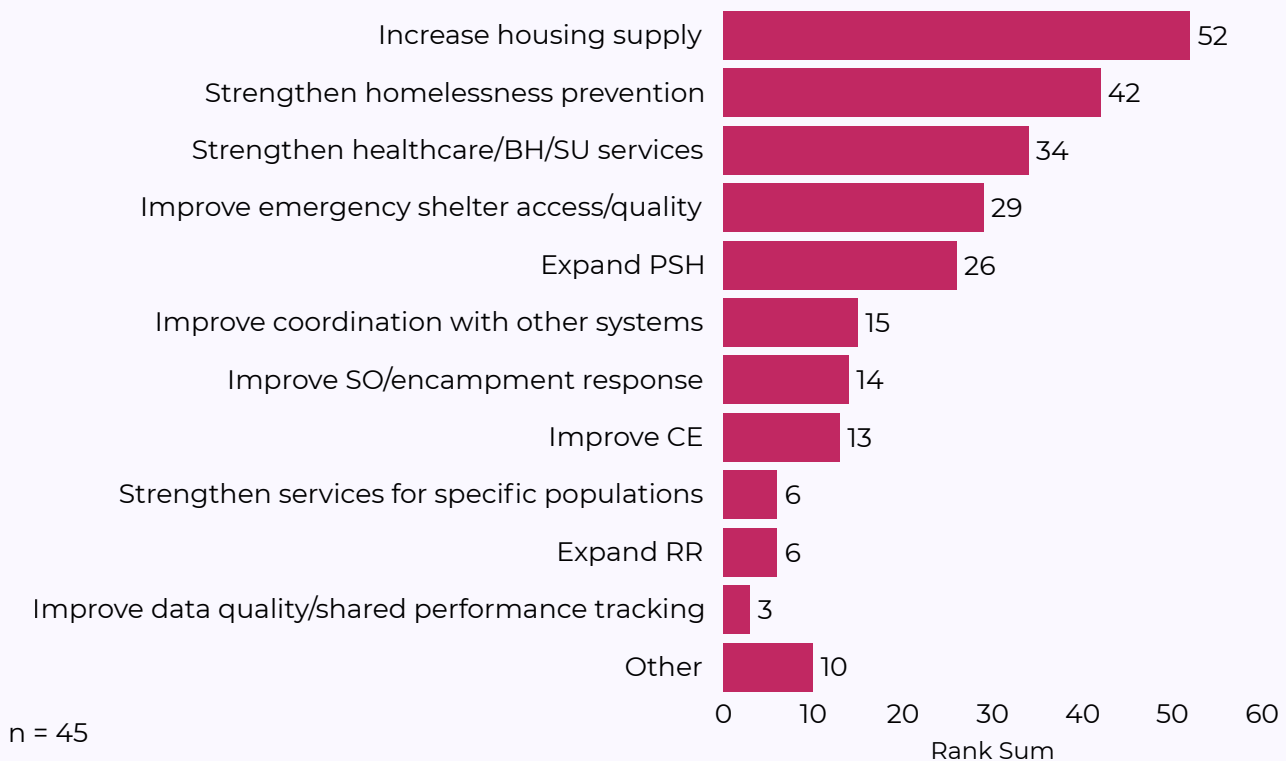


Figure 2. Respondents' Primary Role in the System

Permanent Supportive Housing (PSH), Rapid Re-Housing (RR), Coordinated Entry (CE), domestic violence (DV), Transitional Housing (TH), Continuum of Care (CoC)

PHASE 2 SURVEY

Figure 3. Most Urgent Needs to Address in the Next 1-2 Years



**Respondents ranked up to three priorities. Higher rank sum scores indicate greater urgency.*

When asked to rank the three most urgent needs that should be addressed in the next one to two years, respondents ranked increasing the housing supply highest, followed by strengthening homelessness prevention and expanding healthcare, behavioral health, and substance use services.

Similarly, the strategies most frequently identified as having the greatest potential impact on reducing homelessness in our community were increasing affordable housing, strengthening homelessness prevention, and expanding permanent supportive housing. These priorities closely mirror those identified in the Phase 1 survey.

MOST IMPACTFUL STRATEGIES TO REDUCE HOMELESSNESS

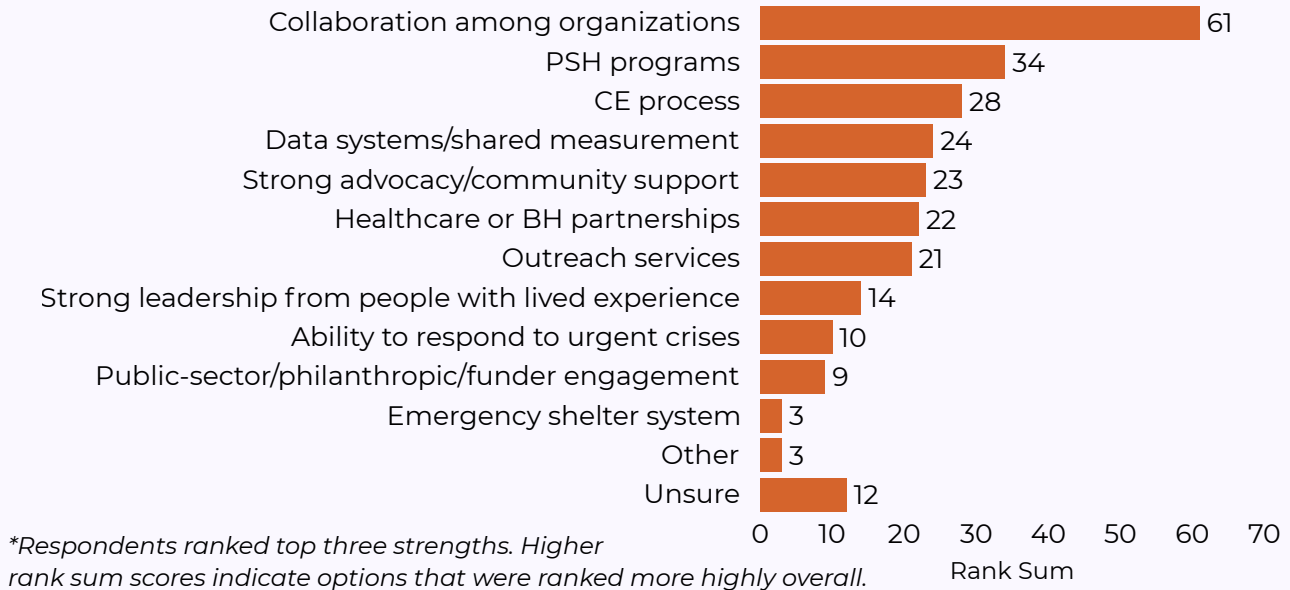
- Increase affordable housing
- Strengthen homeless prevention
- Increase PSH

Behavioral health (BH), substance use (SU)

PHASE 2 SURVEY

Figure 4. Greatest Strengths of Current Homeless Response System

n = 47



Respondents ranked collaboration among organizations as the greatest strength of the current homeless response system, followed by strong PSH programs and an effective CE process.

To build on these strengths and further improve collaboration between agencies, 68.6% of respondents recommended clearer communication around program eligibility and capacity, while 48.6% identified more opportunities for frontline staff to share implementation barriers. Shared case conferencing for complex cases and cross-agency training or regular provider learning collaboratives were each identified by 45.7% of respondents.

Within the CE pipeline, 63.9% recommended clearer communication about CE and prioritization criteria, and the same proportion called for better communication among access points, assessors, housing providers, and referral partners. More than half (55.6%) also identified faster referral-to-housing timelines as a priority.

TOP RECOMMENDATIONS TO IMPROVE COLLABORATION

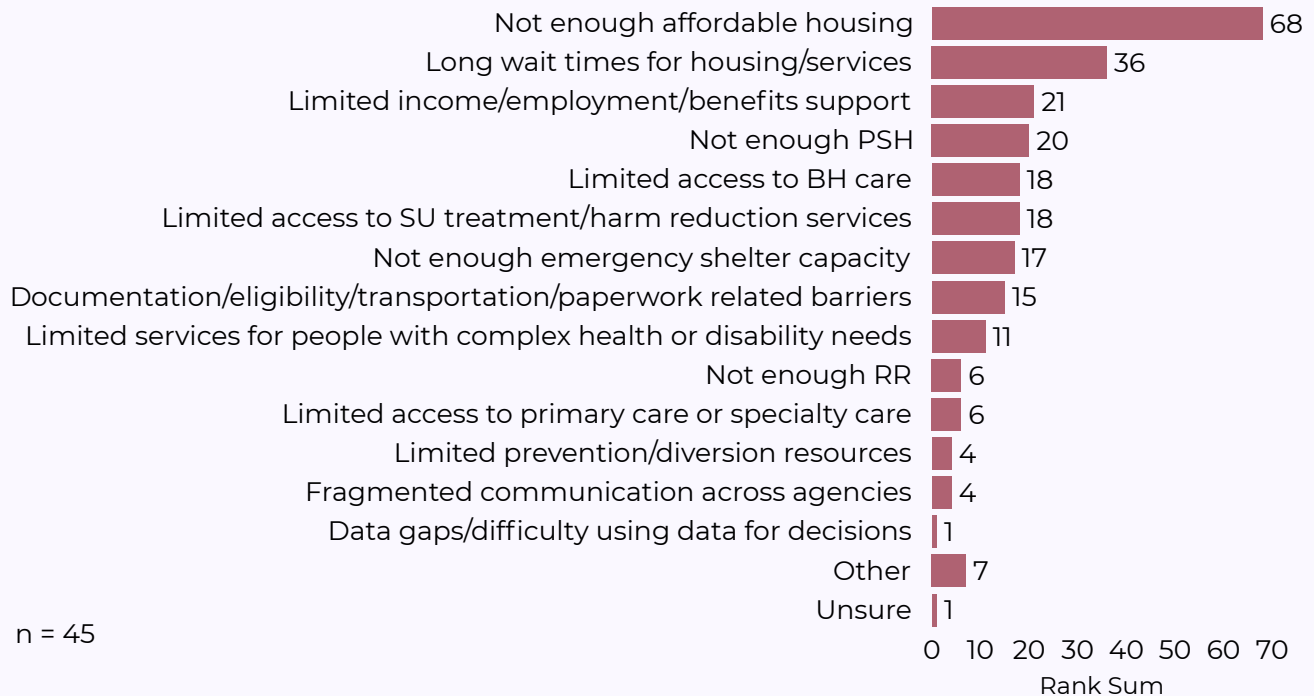
- Better communication about program eligibility and capacity
- More opportunities for frontline staff to share implementation barriers
- Shared case conferencing for complex cases
- Cross-agency staff training and regular provider learning collaboratives

TOP RECOMMENDATIONS TO IMPROVE CE

- Clearer communication about CE and prioritization criteria
- Better communication between access points, assessors, housing providers, and referral partners
- Faster referral-to-housing timelines

PHASE 2 SURVEY

Figure 5. Most Significant Gaps in Current Homeless Response System



Note: Respondents ranked top three gaps. Higher rank sum scores indicate options that were ranked more highly overall.

Additionally, respondents were asked to rank the three most significant gaps in the current homelessness response system. Consistent with the Phase 1 survey findings, not enough affordable housing was ranked as the greatest gap, followed by long wait times for housing or services. Limited income, employment, or benefits support was also identified as a significant system weak point.

When asked specifically about the current street outreach and the unsheltered response, respondents ranked limited ability to provide immediate shelter or housing options to clients, insufficient outreach coverage across geographic areas, and limited outreach staffing or capacity as the most significant gaps.

TOP GAPS IN STREET OUTREACH AND UNSHELTERED RESPONSE

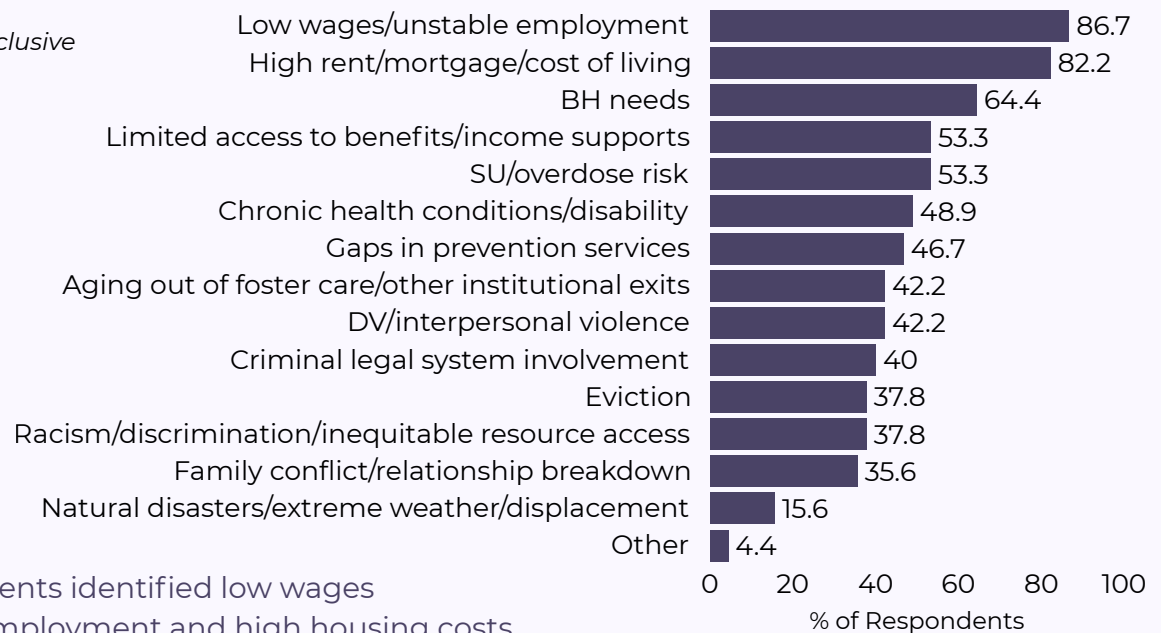
- Limited ability to provide immediate shelter or housing options
- Not enough outreach coverage across all geographic areas
- Limited outreach staffing or capacity

PHASE 2 SURVEY

n = 45

*Not mutually exclusive

Figure 6. Factors Contributing to Homelessness



Most respondents identified low wages or unstable employment and high housing costs or the overall cost of living as significant contributors to homelessness. Consistent with the urgent needs identified above, behavioral health needs were also commonly reported.

To reduce new entries into homelessness, respondents recommended eviction prevention or short-term rental assistance (78.1%), followed by targeted prevention for people at highest risk of homelessness (71.9%), problem-solving or diversion before shelter entry (71.9%), and employment or workforce supports (68.8%).

Loss of income or benefits was the most commonly identified reason people return to homelessness (77.4%), followed by behavioral health crises and substance use (74.2% each). To prevent these returns, respondents recommended assistance with utilities, furniture, transportation, and other basic household needs (78.1%), flexible rental assistance (75.0%), and earlier identification and re-engagement for individuals at risk of losing housing (71.9%).

TOP STRATEGIES TO REDUCE NEW ENTRIES INTO HOMELESSNESS

- Eviction prevention or short-term rental assistance
- Targeted prevention for people at highest risk of homelessness
- Problem-solving or diversion before shelter entry
- Employment or workforce supports

MOST COMMON REASONS PEOPLE RETURN TO HOMELESSNESS

- Loss of income or benefits
- Behavioral health crisis
- Substance use or relapse
- Rent increases or affordability challenges

TOP STRATEGIES TO PREVENT RETURNS TO HOMELESSNESS

- Help with utilities, furniture, transportation, or basic household needs
- Flexible rental assistance after move-in
- Earlier identification and rapid re-engagement when someone is at risk of losing housing

PHASE 2 SURVEY

TOP STRATEGIES FOR COORDINATING WITH...

FAITH-BASED AND NON-COC PARTNERS

- Establish referral guidance for organizations that encounter clients experiencing homelessness
- Build a directory of community-based resources and contact points
- Create pathways for faith-based or community organizations to support prevention, diversion, housing move-in, or stabilization

HEALTHCARE PARTNERS

- Stronger referral pathways and more shared care coordination between hospitals, clinics, and homeless service providers
- Better connection to benefits, insurance, and eligibility support
- Better discharge planning from hospitals and emergency departments
- Health system participation in housing stabilization or prevention efforts

BEHAVIORAL HEALTH, SUBSTANCE USE, AND RECOVERY PARTNERS

- More integrated care for people with co-occurring mental health, substance use, and housing needs
- Easier referral pathways to substance use treatment
- Better coordination between housing providers and treatment/recovery providers after move-in

Respondents identified several opportunities to strengthen coordination with partners. For faith-based and other non-CoC community organizations, the most frequently identified strategies were establishing referral guidance for organizations that encounter people experiencing homelessness, developing a directory of community-based resources and contact points, and creating pathways for these organizations to support prevention, diversion, housing move-in, or stabilization efforts (58.3% each).

Among healthcare partnerships, respondents most often recommended stronger referral pathways and greater shared care coordination between hospitals, clinics, and homeless service providers (72.2%), followed by better connections to benefits, insurance, and eligibility support (61.1%). Improved discharge planning from hospitals and emergency departments, and greater health system participation in housing stabilization and homelessness prevention efforts were identified by 58.3% each.

For behavioral health, substance use, and recovery partnerships, 61.1% identified more integrated care for people with co-occurring needs, easier referral pathways to substance use treatment, and better coordination between housing and treatment and recovery providers after move-in.

IDENTIFIED STRATEGIC THEMES

This section translates the feedback from the community planning sessions into eight consolidated strategic themes. Each theme identifies a core systemic friction (the underlying operational or policy breakdown) and grounds the strategy in real stakeholder experiences, highlighting the human impact, provider pain points, and frontline realities across the region.

1. Unified Communication & Collaborative Culture

- **Systemic Friction:** Deep organizational siloing, perceived competition among providers, and fragmented messaging undermine trust across the Continuum of Care (CoC).
- **Frontline Staff & Leadership:** Highlighted an ongoing "us vs. them" dynamic exists between service providers and administrative leadership.
 - Regional successes often overshadowed by poor internal alignment and limited external PR; stakeholders called for transparent, cross-agency channels to share best practices rather than competing for the same resource pool.
- **Lived Experience:** Navigating system entry points often feels opaque and overly complicated; participants emphasized the need for peer support specialists to guide intake, document readiness, and placement.

2. Public Navigation & Access

- **Systemic Friction:** Entry points remain opaque, convoluted, and difficult to navigate for both individuals experiencing homelessness and non-specialized referral partners.
- **Frontline Staff & Community Members:** Accessing shelter and housing often depends on "who you know" rather than a standardized, searchable system.
- **Lived Experience Group:** Navigating online directories and phone systems without direct guidance creates severe drop-off points; participants advocated for peer support specialists with experience navigating the housing system to guide through intake and placement.
- Outdated online resources, dead-end referrals, and unclear public-facing intake pathways create barriers to access.

IDENTIFIED STRATEGIC THEMES

3. System Design, Structural Access, & Individual Readiness

- **Systemic Friction:** Historic policies, rigid eligibility criteria, and administrative burdens create operational bottlenecks that restrict access for specific vulnerable subpopulations disproportionately.
- **Special Population Groups:** Standardized intake tools often fail to reflect individual readiness and specific barriers experienced by youth, veterans, non-English speakers, and individuals with physical or cognitive needs.
 - Emphasized lowering document thresholds and co-designing assessments to improve language access, cultural safety, and equitable entry.
- Documentation barriers, including obtaining IDs and birth certificates, slow housing placement.

4. Cross-System Coordination & Institutional Discharges

- **Systemic Friction:** Ineffective discharge planning from hospitals, psychiatric facilities, and correctional institutions offloads individuals directly into homelessness.
- **CEO Roundtable:** Raised significant concerns regarding "parking lot discharges," where individuals are released to shelters from medical or justice institutions without coordinated support, especially for those with complex medical needs.
- Emphasized the need for formal data-sharing agreements and cross-system accountability protocols.

5. Specialized Care Pathways & Permanent Supportive Housing (PSH)

- **Systemic Friction:** Bottlenecks in permanent supportive housing and a critical shortage of specialized beds for severe mental health, substance use, and aging populations.
- **Service Providers:** Reported severe burnout from managing high-acuity clients without adequate clinical support or medical respite facilities.
- Standard housing models often fail individuals with co-occurring disorders or complex behavioral health needs.

IDENTIFIED STRATEGIC THEMES

6. Economic Mobility, Workforce Integration, & Prevention

- **Systemic Friction:** Over-reliance on short-term rental subsidies without robust workforce development, living-wage employment pathways, or upstream diversion.
- Rapid re-housing can become a "cliff" rather than a bridge when clients cannot increase earned income before subsidies expire.
- Emphasized embedding employment specialists, vocational training, and flexible eviction diversion funds earlier in the intervention process.

7. Funding Diversification & Sustainability

- **Systemic Friction:** High vulnerability to fluctuations in federal grants (CoC/HUD) and a historical underutilization of private, philanthropic, and healthcare funding.
- **System Leaders:** Identified the need to move beyond traditional government funding streams to strengthen long-term sustainability.
- Highlighted opportunities to engage hospital systems through Medicaid managed care organizations and value-based care models, as well as corporate foundations and local municipalities to co-fund supportive services.

8. System Governance, Capacity, & Workforce Care

- **Systemic Friction:** High staff turnover, secondary traumatic stress, uncompetitive compensation, and unclear governance structures across provider agencies.
- Staff burnout emerged as a dominant theme across discussions.
- **Executives & Case Managers:** Identified low pay and high caseloads as drivers of chronic turnover, which destabilizes client relationships, and erodes institutional knowledge.
- Stakeholders called for CoC-wide wage standards, peer support networks, and transparent governance roles for lead agencies.

NEXT STEPS

The feedback captured through this engagement process will directly inform the development of the 2027–2029 The Way Home Community Plan. This report represents an important milestone in that process, reflecting the perspectives, priorities, and lived experiences shared by community members, service providers, system leaders, and partners across the region.

COMMUNITY PLAN TIMELINE



AUGUST 2026

Develop the first draft of the 2027–2029 The Way Home Community Plan using the findings presented in this report.

SEPTEMBER 2026

Publish the draft Community Plan online and open a public comment period to gather community feedback and recommendations.

OCTOBER 2026

Incorporate community feedback and complete final editing, formatting, and graphic design.

NOVEMBER 2026

Present the final Community Plan for review, approval, and adoption.

DECEMBER 2026

Officially launch and publicly release the 2027–2029 The Way Home Community Plan.

LOOKING AHEAD

Community engagement does not conclude with this report. As a living document, the 2027–2029 The Way Home Community Plan will continue to evolve through collaboration with community members, service providers, system leaders, and partners. Ongoing engagement will help ensure the plan remains responsive to emerging needs while supporting coordinated action across The Way Home system.

OPPORTUNITIES FOR FEEDBACK

Because successful implementation depends on the collective efforts of the community, it is essential that the final plan reflects the priorities, perspectives, and recommendations most consistently shared throughout the engagement process.

The draft Community Plan will be available for public review and comment throughout September 2026. Feedback received during this period will inform final revisions before publication.

To share feedback, questions, or recommendations, please contact:

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ACKNOWLEDGEMENTS

We extend our sincere appreciation to everyone who participated in the surveys, focus groups, listening sessions, and community conversations that informed this report. Your time, experiences, expertise, and willingness to share honest feedback have been invaluable in shaping the future direction of The Way Home. We also thank the organizations that generously hosted stakeholder engagement sessions and supported this planning effort:

**Harris County
Department of
Education –
Irvington and
Westview Locations**

**Ecclesia Houston –
Downtown**

**Coalition for the
Homeless of
Houston/Harris
County and Boxer
Property**

Special thanks to the University of Houston team for serving as an independent third-party partner throughout the engagement process. Their leadership and facilitation helped ensure that the findings presented in this report accurately reflect the voices, experiences, and priorities shared by the community.



The strength of The Way Home has always been its commitment to collaboration. This Community Plan is only the beginning. Its success will depend on our collective willingness to turn what we heard into meaningful action over the next three years.

APPENDIX

Table 1. Stakeholder Representation Summary Table

The following table summarizes the stakeholder groups engaged, the methods used to collect their input, and the themes most strongly reflected in their feedback.

Stakeholder Group	Primary Engagement Mechanisms Employed at Focus Groups	Associated Strategic Themes
Lived Experience Advisory Groups	Dedicated Focus Groups & Input Sessions	Theme 2 (Navigation), Theme 3 (Structural access), Theme 8 (Governance)
Special Population Providers	Targeted Subpopulation Listening Sessions	Theme 3 (System Design & Readiness), Theme 5 (Specialized Care)
Frontline Staff & Case Managers	Focus Groups & Virtual Feedback Sessions	Theme 2 (Access), Theme 5 (High-Acuity Care), Theme 8 (Workforce)
Supervisors & Managers	Operational Strategy Sessions	Theme 1 (Communication), Theme 5 (Care Pathways), Theme 8 (Retention)
CEO & Executive Leadership	CEO Roundtable	Theme 1 (Culture), Theme 4 (Institutional Discharges), Theme 7 (Funding)
CoC Board (Steering Committee) & System Leads	Strategic Planning Workshops	Theme 3 (Structural Access Policy), Theme 7 (Sustainability), Theme 8 (Governance)

APPENDIX

Table 2. Master Strategic Synthesis Matrix

This section serves as an operational summary, translating the qualitative insights into a structured action framework. It maps each strategic theme directly against its root causes, real-world client and provider impacts, and proposed strategic interventions, while clearly identifying the primary stakeholders accountable for execution. It acts as a bridge between high-level community feedback and concrete implementation planning for 2027–2029.

Strategic Theme	Systemic Friction / Root Cause	Real-World Client & Provider Impact	Primary Stakeholders
1. Unified Communication	Organizational siloing; fragmented messaging; lack of CoC-wide transparency	Misaligned priorities; public distrust; provider competition	Coalition for the Homeless (CFTH), Provider Network
2. Public Navigation & Access	Opaque access points; outdated directories; fragmented intake	Delayed shelter access; dead-end referrals; client frustration	Lived Experience Advisory Group, CFTH, 211, Direct Service Providers
3. System Design, Structural Access & Individual Readiness	Documentation and eligibility barriers; rigid assessments; structural access gaps	Disproportionate long-term homelessness among marginalized groups; extended wait times and persistent non-entry for individuals facing administrative or structural barriers	CoC Steering Committee, Housing Authorities, Special Population Workgroups, Lived Experience Advisory Group/Council

APPENDIX

Strategic Theme	Systemic Friction / Root Cause	Real-World Client & Provider Impact	Primary Stakeholders
4. Cross-System Coordination	Uncoordinated discharges across healthcare, justice, and care systems	"Parking lot discharges"; rapid re-entry to street homelessness	Health Systems, Criminal Justice, CFTH, Emergency Shelters
5. Specialized Care Pathways	Limited medical respite, behavioral health beds, and high-acuity PSH	Case manager burnout; high tenancy failure among complex clients	Behavioral Health Providers, Healthcare Partners, PSH Developers
6. Economic Mobility & Diversion	Subsidy "cliffs"; lack of workforce integration; late-stage intervention	Returns to homelessness post-subsidy; rising cost-of-living burden	Workforce Solutions, RRH Providers, Community Action Agencies
7. Funding Diversification	Over-dependence on federal HUD funding; underutilized philanthropic and healthcare capital	Financial instability during when grant cycles shift or expire	CFTH Board, Healthcare MCOs, Local Philanthropy
8. System Governance & Workforce Care	Staff and case manager burnout; low compensation with uncompetitive pay; unclear governance structures	High staff turnover; loss of institutional memory; inconsistent client care	Steering Committee, CFTH, Agency Executives, Lived Experience Board Representatives