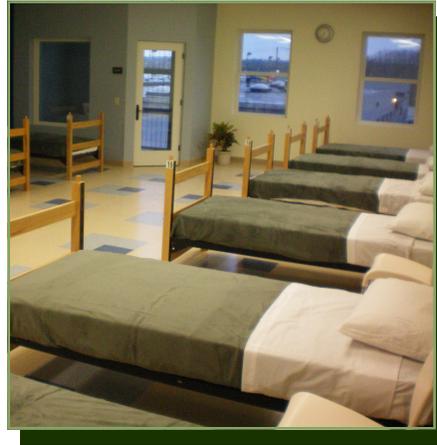


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# Homelessness in New Hampshire



July 1, 2013 – June 30, 2014

A Report by the Bureau of Homeless & Housing  
Services

Office of Human Services

NH Department of Health & Human Services

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# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9446 Fax: 603-271-4912 TDD Access: 1-800-735-2964

NICHOLAS A. TOUMPAS  
COMMISSIONER

January 20, 2015

Dear Friends:

As Commissioner of the New Hampshire Department of Health and Human Services (DHHS), I am pleased to join the Bureau of Homeless and Housing Services (BHHS) in providing you with the BHHS Annual Report for State Fiscal Year (SFY) 2014 from July 1, 2013, to June 30, 2014.

This report highlights the activities undertaken by state-funded homeless service providers in addressing the issue of homelessness in New Hampshire and reflects the ongoing need for services and housing for our homeless population. Major challenges continue to face the homeless service system in the state. The economy and persistent shortage of affordable housing continue to result in a higher demand on homeless shelters and the services they provide. In SFY'14, 4,760 persons were sheltered in state-funded programs. Included in this number were 689 families, including 902 children. The average length of stay decreased from 58 days to 54 days.

The trend of shelters operating at or above capacity during our coldest winter months continued in SFY'14, and we know that people are often sleeping outside in places not meant for human habitation. We are also seeing increases in persons experiencing long-term homelessness. Although a small segment of the homeless population, these people who are chronically homeless often have multiple co-occurring disorders and very complicated service needs.

The Department is continuing to build on initiatives undertaken as part of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act implementation to strengthen our homeless service system and improve the excellent work you all do every day. New strategies include implementation of a coordinated assessment system, addressing the complicated service needs of the chronically homeless, and increased emphasis on homeless prevention and shelter diversion strategies which have shown promising outcomes. We will continue our efforts with federal, state and community partners to serve this population and appreciate the work you do to support these efforts. Thank you.

If you would like a hard copy of the report, please contact Martha Young at 271-9196 or e-mail her at [myoung@dhhs.state.nh.us](mailto:myoung@dhhs.state.nh.us). It is also available on the New Hampshire Department of Health and Human Services website at [www.dhhs.state.nh.us](http://www.dhhs.state.nh.us).

Sincerely,

A handwritten signature in black ink that reads "Nicholas A. Toumpas".

Nicholas A. Toumpas  
Commissioner

# Table of Contents

Homelessness in New Hampshire SFY 2014	2
SFY 2014 New Hampshire Homeless Services Activities Summary	5
SFY 2014 Bureau of Homeless and Housing Services Funding Resources	6
Service Continuum	7
Continua of Care	7
Balance of State Continuum of Care	7
Local Service Delivery Areas	9
Manchester Continuum of Care	12
Greater Nashua Continuum of Care	13
Homeless Prevention and Intervention	16
New Hampshire Homeless Hotline	16
Promoting Access to Permanent Housing	17
Housing Security Guarantee Program	17
Homeless Housing and Access Revolving Loan Fund	17
Outreach and Intervention	18
Homeless Outreach/Intervention Prevention Program	18
Projects for Assistance in Transition from Homelessness	19
Homeless Shelter Services	22
Emergency Shelters	22
Specialty Shelters	22
Domestic Violence Shelters	22
Transitional Programs	22
US Department of Housing and Urban Development Transitional and Permanent Supportive Housing Programs	25
Transitional Housing for the Homeless	25
Permanent Supportive Housing	26
Permanent Housing Rapid Re-Housing	28
Housing Opportunities for Persons With AIDS	29
New Hampshire Homeless Management Information System	30
Acknowledgments	31
Contact Information	31
Service Provider List	32

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## Homelessness in New Hampshire SFY 2014

The New Hampshire (NH) Department of Health and Human Services, Bureau of Homeless and Housing Services (BHHS) developed this report to provide information and data on state and federally-funded homeless assistance programs funded through the NH BHHS, which includes all state-funded shelters and programs federally-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Housing and Urban Development (HUD). We are pleased that again this year both the Greater Nashua and Manchester Continuums of Care (CoCs) agreed to collaborate with us to contribute to this report, providing a more detailed and inclusive picture of the situation of homelessness in the state.

Annual statistics reported to BHHS by funded agencies, NH Homeless Management Information System (HMIS) data, as well as the annual one-day Point-In-Time (PIT) count, help us determine an accurate picture of homelessness in the state. The PIT count of homeless persons provides an indication of how many people are experiencing homelessness in NH “on any given day.” In 2014 the PIT count identified 2,210 homeless individuals across the state. Of that number, 1,241 were sheltered (nearly the same as 2013); 394 were unsheltered (down 11% from 2013); and 358 were families (which is a 14% decrease of families that were homeless in 2013).

In SFY '14, 4,760 persons received the critical service of emergency shelter, including 855 children. This represents a slight increase from SFY '13, most likely a result of the average length of shelter stay decreasing from 58 days to 54 days (see chart below). Those individuals and families provided shelter are among the state’s poorest, and often most vulnerable, citizens. The average income of persons entering a shelter was \$125.00 a month, and of those adults receiving shelter, 23% reported a physical disability and 33% reported a mental health disability (mental illness).

	SFY '09	SFY '10	SFY '11	SFY '12	SFY '13	SFY '14
<b>Total Persons Sheltered</b>	<b>4,956</b>	<b>4,681</b>	<b>4,942</b>	<b>4,825</b>	<b>4,732</b>	<b>4,760</b>
<b>Total Bed Nights Provided*</b>	<b>251,046</b>	<b>255,193</b>	<b>252,589</b>	<b>294,138</b>	<b>273,116</b>	<b>255,586</b>
<b>Average Length of Stay</b>	<b>51 days</b>	<b>55 days</b>	<b>51 days</b>	<b>61 days</b>	<b>58 days</b>	<b>54 days</b>
*Bed nights definition: the total number of nights of shelter provided to homeless persons.						

The trend of shelters operating at or above capacity during our coldest winter months continued in SFY '14, and we know that people are often sleeping outside in places not meant for human habitation. Chronically Homeless (CH) persons are persons experiencing long-term homelessness, and represent approximately 19% of the homeless in NH. Analysis of the 2014 PIT count data identified a concerning trend. Overall, the CH population in NH has increased by more than 55% over the last four years, from 99 in 2011, to 157 in 2014. This is in contrast to national data which indicates a 7% decrease in CH nationwide between 2012 and 2013, as reported by HUD in the 2013 Annual Homeless Assessment Report to Congress. Persons experiencing chronic (long-term) homelessness have been shown to be the most expensive to serve, and the costs extend beyond shelter to healthcare and

emergency services (more emergency room visits, longer hospital stays, more complicated medical needs, more police and ambulance calls, more time in jail for minor offenses, etc.).

The HUD Homeless Assistance Continuum of Care (CoC) Program provides opportunities for funding of Permanent Supportive Housing (PSH) and currently, among the three NH CoCs, there is an inventory of 838 units (including congregate living beds) of PSH dedicated to homeless persons with disabilities, but it is not enough to meet the current need. Utilizing the HUD established formula for calculating unmet housing need, a term used by HUD to identify the estimated number of PSH units required to adequately address the issue of homelessness in a given community, NH reported to HUD an unmet need for 543 additional units of PSH in 2014.

Although the CoC program is designed to assist homeless households move from homelessness to housing stability, it alone cannot meet the needs of homeless and extremely low income households (earning below \$24,116 annually). Housing Action NH reported in its 2014 NH Housing Profile a shortfall of 23,521 units of affordable housing for persons earning 30% or less of the Area Median Income. Twenty-nine percent (29%) of NH households are renters, with 68% severely cost burdened, paying half or more of their income on housing. The high cost of rental housing in NH impacts the ability of individuals and families to move from situations of homelessness to permanent housing, and to maintain housing stability. This is illustrated by the fact that 55% of those persons receiving shelter services in SFY' 14 had received shelter services previously.

In 2014 state-funded homeless prevention programs served more than 5,000 people, of which the vast majority, 83%, were families. Homeless prevention services include financial assistance such as short-term rental assistance or utility payments that will directly prevent a household from becoming homeless. Of those served, only 4% reported this was the first time they used this type of homeless prevention service, further illustrating the ongoing struggle of low income NH households to maintain housing.

The persistent shortage of affordable housing continues to put a high demand on shelters and other homeless services. Housing is considered affordable if it costs 30% or less of a household's gross income. Approximately 55,000 of NH renters pay more than 30% of their income for housing, with more than 50% of those paying more than 50% of income toward housing costs (NH Center for Public Policy, "Big Houses Small Households", presentation to NHHFA Policy Advisory Group 1/24/14). The median gross rent for a two-bedroom apartment in NH is \$1,108, and low income households routinely pay more than 50% of their income towards rent.

Recognizing the very real challenges posed by the shortage of affordable housing, BHHS is continuing to build on initiatives undertaken as part of the HEARTH Act implementation to strengthen our homeless service system and improve the excellent work service providers do every day to assist those they serve achieve housing stability. New strategies include work with partners to develop a coordinated assessment system to ensure all persons seeking homeless services will have equal access and be directed to the service that will best meet their needs. Increased emphasis on shelter diversion strategies will continue, along with new programs providing rapid re-housing of homeless households and homeless prevention. These include housing stability case management services, with a goal of ensuring the household maintains housing stability.

*When Jenna completed her service in the military she struggled to find work that utilized the skills she had gained. Eventually she found a position as an assembly line worker in Laconia. Shortly after she gave birth to her daughter, a blessing which also presented her with new challenges, Jenna could no longer afford to pay rent, childcare and all of the expenses that one incurs when raising a child. She became homeless. She needed help.*

*Jenna was referred to Leigh Campbell, the Resident Services Coordinator at Laconia Area Community Land Trust (LACLT). Leigh guided her through the Transitional Housing Program. "I still remember the day I signed a lease and got my keys, I was in tears I was so happy," Jenna reminisces. "My little one and I didn't have a bed or couch or any furniture, but we definitely had a roof over our heads. With the support of LACLT, I was able to provide these things with time, and with their help I created a home for my daughter and me."*



*Shortly after moving into her apartment, Jenna's job at the factory was outsourced, and she was laid off. She felt as if she was back to square one and was worried that she would have no place to live again. LACLT and Leigh continued to work with Jenna to help ensure that she and her daughter would have a roof over their heads. Jenna decided to go to college to gain knowledge and skills so that she could provide for her family with the hope of never being worried about having a place to call home again. She was accepted into the Nursing Program at Lakes Region Community College. Jenna is excelling in her school work and was recently inducted into the Phi Theta Kappa honor society for her outstanding GPA. She is scheduled to graduate in May of 2015 with an Associate's Degree in the Science of Nursing. She plans to continue work while pursuing her Bachelor's degree. This July Jenna successfully completed LACLT's Transitional Program and moved into LACLT's permanently affordable housing.*

*"I know that I would not be this successful if I did not have the help and guidance that I received from the organization. Leigh Campbell and the Land Trust gave me hope and a chance at a better life. I feel so blessed to have had their guidance," stated Jenna.*

*LACLT's Transitional Shelter Program for homeless families combines housing with aggressive case management. Families in transition participate in counseling with our Resident Services Coordinator to secure the skills and resources needed to achieve economic independence and to secure and maintain sufficient employment and permanent housing. Our transitional shelter families receive priority placement in our permanently affordable apartments.*

**SFY 2014 New Hampshire Homeless Services**  
**Activities Summary**  
**Service Totals**

***State-Funded Shelter Services***

4,760 Persons sheltered (Emergency and Transitional)  
Total includes 523 people sheltered in domestic violence shelters

**Of Persons Sheltered There Were**

3203 Single adults  
702 Adults in 656 families  
855 Children in families

**Including <sup>1</sup>**

1,300 Persons with known mental illness  
348 Persons with alcohol abuse  
349 Persons with other substance abuse  
65 Persons with dual diagnosis (mental health and substance abuse)  
114 Persons with a developmental disability  
890 Persons with a physical disability  
1,006 Victims of domestic violence  
305 Veterans  
22 Persons with HIV/AIDS  
840 Persons who are chronically homeless

***State-Funded Prevention Services***

5,016 Total persons served  
Total is comprised of 858 Single adults and 2,210 Adults and 1,948 Children making up 1738 families.

***Balance of State Continuum of Care***

2,658 Homeless Outreach/Intervention Program  
148 Transitional Housing persons served  
237 Permanent Housing persons served  
105 Shelter Plus Care Housing persons served

***Manchester Continuum of Care***

426 Total served (Outreach)  
340 Total served (Permanent Housing)  
210 Total served (Transitional Housing)  
4 Total served (Safe Haven)

***Greater Nashua Continuum of Care***

489 Total number served by homeless outreach program  
191 Transitional Housing persons served  
309 Permanent Housing persons served  
3 Shelter Plus Care Housing persons served  
60 HOPWA HIV/AIDS households served in the Greater Nashua Continuum of Care  
5 Safe Haven program participants served

***Other Program Types***

134 ESG Prevention persons served  
285 ESG Rapid Re-Housing persons served  
662 Housing Security Guarantee Program households assisted  
64 Homeless Housing and Access Revolving Loan Fund households assisted  
423 HOPWA HIV/AIDS households assisted (3/1/13 – 2/28/14, Balance of State & Manchester Continua)  
264 CoC: Rapid Re-Housing persons served  
1794 PATH clients served

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<sup>1</sup> These numbers represent self-report.

## SFY 2014 Bureau of Homeless and Housing Services Funding Resources

*The following outlines New Hampshire DHHS, BHHS funding sources. Amounts are approximate because many grants run either on a multi-year term or are on a different cycle than the state's fiscal year. For more detailed information about a particular funding source, please contact BHHS directly at 603-271-9196.*

### State of New Hampshire General Funds

Emergency Shelters, Domestic Violence Shelters, Homeless Prevention and Intervention Programs, Housing Security Guarantee Program, and Homeless Housing and Access Revolving Loan Fund

**Actual Expenditures: \$3,591,108.21**

### U.S. Department of Housing and Urban Development (HUD)

Emergency Shelters, Homeless Prevention and Intervention Programs, Homeless Outreach and Intervention Program (HOIP), Transitional and Supportive Housing Programs, Shelter + Care (S+C) Programs, Housing Opportunities for Persons With AIDS (HOPWA) Program, and the New Hampshire Homeless Management Information Systems (NH-HMIS) Database

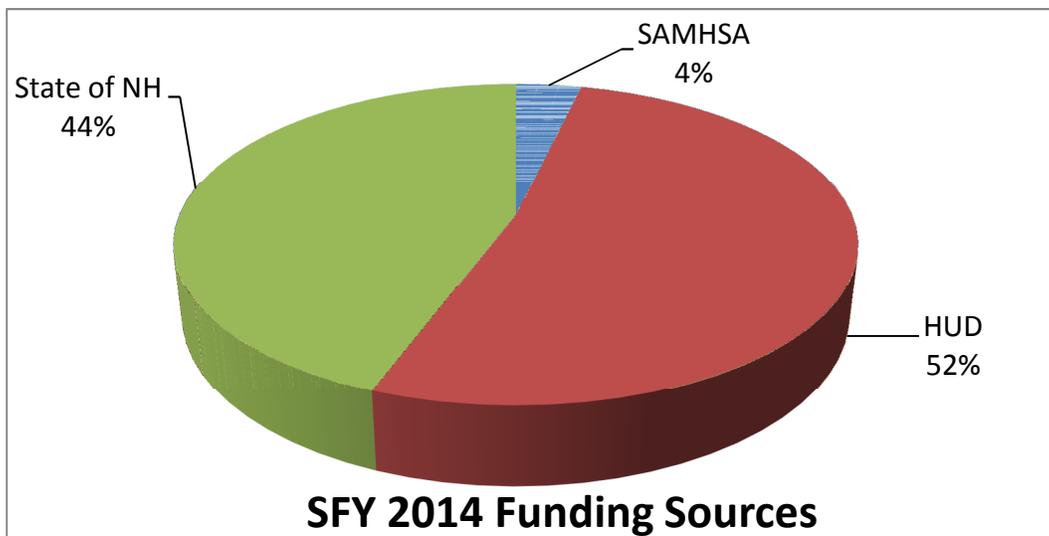
**Actual Expenditures: \$4,222,582.40**

### U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)

Projects for Assistance in Transition from Homelessness (PATH) Outreach Program

**Actual Expenditures: \$300,000.00**

**Actual Expenditures – SFY 2014  
\$8,113,690.61**



# Service Continuum

## Continua of Care

The State of New Hampshire strives to provide a comprehensive safety net of services to assist individuals and families who are homeless or at risk of becoming homeless. Services include a specialized information and referral line, emergency shelter, transitional and permanent housing, and various homeless prevention and intervention services across the state. These services constitute a Continuum of Care (CoC). CoCs are also the entities through which HUD funds Supportive Housing Programs (SHP). New Hampshire has three distinct CoCs, the Balance of State Continuum of Care (BoSCoC), Manchester Continuum of Care (MCoC), and Greater Nashua Continuum of Care (GNCoC).

### BoSCoC

**Mission** - The BHHS coordinates the activities of the BoSCoC. The mission of the BoSCoC is to provide a coordinated effort among Local Service Delivery Area members to effectively address homelessness and obstacles to affordable permanent housing for all citizens. Membership is open to all interested in ending homelessness and includes all projects funded through the BoSCoC process.

**Primary Responsibilities** - The BoSCoC is responsible for the planning, performance and implementation of federal and local goals of preventing and ending homelessness. The following overarching responsibilities are encompassed within the BoSCoC's operations through various subcommittees and the Executive Committee and are ultimately approved by the BoSCoC:

- developing annual goals and strategies to prevent and end homelessness;
- continually monitoring the implementation of the activities surrounding these goals and providing support and action as necessary;
- approving the goals for the current year, which are identified in the annual BoSCoC program Consolidated Application through the HUD Notice of Funding Availability;
- coordinating and collaborating with Emergency Solutions Grant recipient (BHHS) and sub recipients to evaluate project outcomes and performance;
- developing the annual BoSCoC Program Consolidated Application;
- implementing a statewide coordinated assessment and intake system; and
- establishing written standards for providing assistance (both with local funds and BoSCoC program assistance) that include:
  - policies and procedures for evaluating eligibility for assistance;
  - policies and procedures for determining and prioritizing eligible participants in transitional housing programs;
  - policies and procedures for determining and prioritizing eligible participants in rapid re-housing programs, including standards for rapid re-housing programs; and
  - policies and procedures for determining and prioritizing eligible participants in PSH programs.

**Executive Committee** - The BoSCoC's Executive Committee acts as the Board for the BoSCoC, develops overall goals and strategies for the BoSCoC, and acts on behalf of the BoSCoC. It is made up of seven members selected by the BoSCoC membership, and must include representation from BHHS and a homeless or formerly homeless individual. The Executive Committee conducts the following activities:

- leadership to leverage and prioritize the effective use of public/private resources;
- coordination of the BoSCoC's activities to further implementation efforts of the New Hampshire Plan to End Homelessness;
- prioritization of new and renewal projects funded through the US Department of Housing and Urban Development's CoC Program;
- oversight of the operation of the BoSCoC in accordance with HUD's CoC regulations;
- oversight of the BoSCoC's Homeless Management Information System; and
- oversight of BoSCoC planning in accordance with HUD's CoC regulations.

**Subcommittees** - There are six subcommittees of the BoSCoC. They are as follows:

- **HMIS Data Subcommittee** - This group provides statistical support to the BoSCoC. The support will include review of the Annual Homeless Assessment Report (AHAR), review of BoSCoC data from the statewide Point-in-Time survey, analysis of gaps in needs, census information, and review of data quality reports from the New Hampshire Homeless Management Information System (NH-HMIS). The Subcommittee will include representation from NH-HMIS, BHHS, and NH-HMIS users.
- **Housing Subcommittee** - This group meets six times a year to address current challenges, barriers and problems in homeless and housing opportunities. The group is staffed/supported by the BHHS and may include representation from any interested BoSCoC member.
- **Education Subcommittee** - This group addresses the issue of children's homelessness. They examine what already exists for services, what direction the BoSCoC should go in, and what steps the BoSCoC needs to go through to promote better services for homeless children in New Hampshire.
- **Chronic Homelessness Subcommittee** - This group addresses the issue of chronic homelessness and looks to identify chronically homeless (CH) people and identify effective solutions to serving this population and creating PSH.
- **Evaluation and Project Ranking Subcommittee** - This group creates processes for reviewing, scoring and ranking projects based on HUD's policy priorities and directions for the annual HUD CoC NOFA.

### **Events/Projects**

#### **Chronic Homelessness**

The number of CH individuals in NH increased from 121 to 187 from 2013 to 2014, according to the annual Point-in-Time counts. From 2010 – 2013, the total number of beds available to homeless persons has increased from 261 to 374 total beds available. During that same time frame, the percentage of total beds dedicated to CH individuals has gone down from 21% - 17%.

During the 2013 NOFA, many agencies made the commitment to prioritize housing CH individuals when they have an opening in PSH, in an effort to end chronic homelessness. In response to that commitment, the BoSCoC created the Chronic Homelessness Subcommittee, which is charged with developing new strategies and partnerships with local Public Housing Authorities and NH Housing, and is responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

### Coordinated Assessment

Coordinated Assessment is a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The BoSCoC has committed to having a statewide Coordinated Assessment program in place by July 1, 2015. A workgroup, made up of representatives from across the state, is meeting quarterly in an effort to achieve this goal.

Coordinated Access of the Greater Seacoast has been up and running for over a year, and is providing a great framework for the rest of the state to build on.

### *Contact Information*

Maureen Ryan, Co-Chair  
Bureau of Homeless and Housing Services  
NH Department of Health and Human Services  
Brown Building  
129 Pleasant Street  
Concord, NH 03301  
(603) 271-9197  
[maureen.u.ryan@dhhs.state.nh.us](mailto:maureen.u.ryan@dhhs.state.nh.us)

Martha Stone, Co-Chair  
Cross Roads House  
600 Lafayette Road  
Portsmouth, NH 03801  
(603) 436-2218, Ext. 110  
[Martha@crossroadshouse.org](mailto:Martha@crossroadshouse.org)

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### *Local Service Delivery Areas*



Due to the fact that the BoSCoC covers such a vast geographic region, Local Services Delivery Areas (LSDAs) have been developed to ensure the needs of each region are represented within the CoC. An LSDA consists of a group of service agencies and stakeholders in a specific geographic area within the state. The LSDA includes organizations, individuals and service provider agencies that regularly strategize and coordinate the delivery of services to people experiencing homelessness or at risk of becoming homeless. Other common terms synonymous with LSDA include local CoCs, local service consortiums, and coalitions. An LSDA uses a peer-to-peer support system as well as resource sharing with other LSDAs and the BoSCoC to develop strategies to increase local involvement. The following is a list of the LSDAs in New Hampshire, but does not preclude other LSDAs from forming in the future to meet local need: Belknap County; Carroll County-Tamworth; Cheshire County; Coos County-Berlin; Coos County-Lancaster; Grafton County-Littleton; Grafton County-Plymouth; Hillsborough County-West (no official LSDA but Southwestern Community Services assists with support and outreach); Merrimack County-Concord Coalition to End Homelessness; Greater Seacoast Area (includes Strafford County and 23 towns in Eastern Rockingham County); Rockingham County West-Derry; Sullivan County-Claremont; and Upper Valley- Lebanon.

This year we would like to feature the Concord Coalition to End Homelessness LSDA. Following is information about the Coalition and their activities.

The Concord Coalition to End Homelessness (CCEH) is engaged in bringing together all the stakeholders in the greater Concord community to work to eliminate the causes of homelessness, and there is great momentum in Concord to address this longstanding issue. In April of 2014, the City of Concord adopted Concord's Plan to End Homelessness. The Plan was the result of ten months of work by a Steering Committee appointed by the Mayor. Input was gathered from the community through focus groups, surveys, and public hearings. Funding to support the creation of the Plan was generously provided by the Granite United Way, the New Hampshire Charitable Foundation, the Rotary Club of Concord and the American Friends Service Committee.

The Plan sets out five broad goals:

*I. Increase access to healthy, safe environments for all homeless and precariously housed members of the Concord community.*

*II. Increase the number of quality, permanent, affordable rental units for very low income individuals and families.*

*III. Increase knowledge about homelessness in Concord, costs to the community, services available and future needs.*

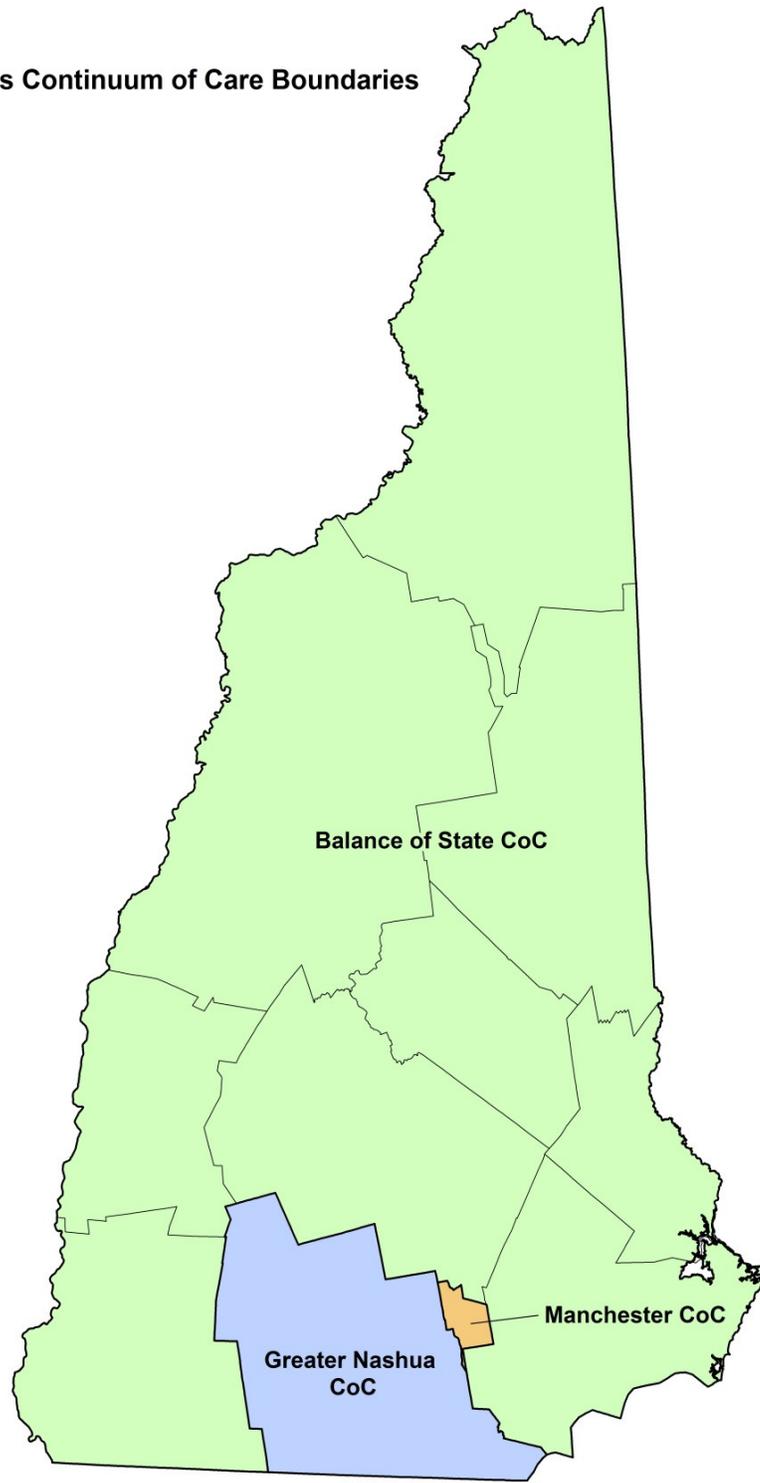
*IV. Increase public and private funding available for plan strategies.*

*V. Ensure broad representation and engagement of stakeholders in the implementation of the Plan to End Homelessness.*

Circumstances in Concord have created two immediate priorities in the Plan's implementation. First, Congregational Church and South Congregational Church, who have operated the Concord Cold Weather Shelters for 10 years, announced that they can no longer host the shelters after the 2014/15 winter. These shelters have a combined capacity of 62 beds. The strategy going forward is to reduce the need for the Cold Weather Shelters by using a Housing First approach to permanently house those chronically homeless individuals who stayed in the shelters most often, so that a much smaller emergency response will meet the need. CCEH is working with the Steering Committee to explore options.

The second priority is the creation of an expanded Resource Center. The Concord Homeless Resource Center has been operated by CCEH for six years in a small space graciously donated by South Congregational Church. The Resource Center serves approximately 500 individuals each year, providing a place to receive mail, make phone calls, use the internet, and work with a caseworker to access support services and housing assistance. CCEH is working with the Steering Committee to find a suitable location which can accommodate more services such as showers, laundry, and more space for other agencies to conduct intake and meet with guests.

**New Hampshire's Continuum of Care Boundaries**



## MCoC

**Mission** - The MCoC unites community efforts to prevent and end homelessness.

**Primary Responsibilities** - Established in 1995, the MCoC is an interagency organization that unites efforts in the community to prevent and end homelessness. The members of the MCoC work together to develop and implement a comprehensive plan for ending homelessness in the city. Key activities of the MCoC include:

- facilitating broad-based collaboration among service and housing providers, municipal entities, and local businesses;
- coordinating services and other efforts for the local homeless population;
- collecting and utilizing data to accurately measure program performance and to monitor local trends in homelessness;
- educating the community about issues facing homeless populations and raising awareness of programs available to the homeless or at-risk of homelessness;
- researching and identifying diverse resources to support community efforts to prevent and end homelessness; and
- collaborating with key resources like Housing Action NH to help define public policy on issues related to preventing and ending homelessness.

**Subcommittees** - There are five subcommittees of the MCoC. They are as follows:

- **Leadership Subcommittee** – provides oversight and leadership in the day-to-day affairs of the MCoC;
- **Data Collection Subcommittee** – conducts the Point-in-Time count of homelessness in Manchester and monitors performance measures set by the MCoC;
- **Homeless Liaison Subcommittee** – acts as the liaison between the MCoC and homeless persons in Manchester and conducts the homeless needs assessment;
- **Community Awareness Subcommittee** – educates and advocates the public on issues of homelessness, holds an annual public forum on homelessness, and organizes the annual Project Homeless Connect; and
- **Peer Review Subcommittee** – reviews and ranks new and renewal applications (for Manchester, NH) requesting McKinney-Vento Assistance funds authorized to the MCoC.

**Events/Projects** - As the key resource for homeless services in the City of Manchester, the MCoC takes the lead in a number of important initiatives for Manchester's homeless population. One major event is the Point-in-Time Count, held every January. They are also in the process of implementing a city-wide coordinated assessment system.

### Point-in-Time Count

Manchester's annual Point-in-Time Count provides a snapshot of the homeless population in the city. In addition to providing much needed data on the local level, these counts also help HUD track national trends in the homeless population. The count is conducted on one day during the last week in January and includes information on sheltered and unsheltered homeless populations. For more information about the annual Point-in-Time Count, please contact the MCoC at [info@mcoconh.org](mailto:info@mcoconh.org).

## Coordinated Assessment System

A coordinated assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services and refers individuals to the appropriate program. Coordination among service and care providers will help close service gaps, reduce barriers to service, and make the public more aware of the programs and services available in Manchester. According to HUD, a coordinated assessment system promotes consistent standards, avoids duplicative or unnecessary assistance, promotes strategic targeting of homeless assistance resources, and is easily accessible.

### **Contact Information**

Susan Howland, Chairperson  
Granite United Way  
22 Concord Street  
Manchester, NH 03101  
(603) 391-7927

Cathy Kuhn, PhD  
Families in Transition  
122 Market Street  
Manchester, NH 03101  
(603) 641-9441, Ext. 251

For more information about the MCoC, you can visit their website at [www.mcocnh.org](http://www.mcocnh.org) or you can e-mail the MCoC at [info@mcocnh.org](mailto:info@mcocnh.org). For the latest news and updates, like the MCoC on Facebook at [www.facebook.com/mcocnh](http://www.facebook.com/mcocnh), or follow the MCoC on Twitter at [www.twitter.com/mcocnh](http://www.twitter.com/mcocnh).

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### **Manchester Homeless Services Center**

Managed by three collaborating partners, Granite United Way, New Hampshire Catholic Charities and Helping Hands, the Manchester Homeless Services Center provides daytime on-site access to representatives from 23 agencies. Services include healthcare, mental health, employment skill building, veterans services and housing assistance. It also offers showers, laundry, mail drop and lunch daily. Open Monday through Friday, 7:30 a.m. to 3:30 p.m., the Center is a highly collaborative effort of the MCoC.

For more information, please contact:

Jake King  
Manchester Homeless Services Center  
140 Central Street  
Manchester, NH 03103  
(603) 232-0615



*Homelessness*

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## GNCoC

**Purpose** - The purpose of the GNCoC is to provide a coordinated and sustainable system of care to the homeless and those at risk of homelessness within the GNCoC service area.

**Mission** - The mission of the GNCoC is to coordinate community efforts to prevent and end homelessness within the GNCoC service area.

**Vision** - The ultimate vision for success held by the Greater Nashua CoC is one of an idealistic community where homelessness no longer exists. In this vision, there are adequate resources for each individual to access the goods and services he or she requires: an ample supply of safe, affordable, permanent housing and support services.

Made up of non-profit housing service providers, federal, state and city governments, hospitals, veterans, social service agencies, homeless and formerly homeless people, police, representatives from the financial community, private sector representatives, and religious institutions of several denominations, the GNCOC meets monthly to discuss ongoing strategies to ending homelessness in the community, and to share resources to meet specific goals.

### ***Standing Committees***

1. **Board:** responsible for routine and strategic planning of GNCOC activities, the review of membership and activities, and appointing additional committees, subcommittees or workgroups. The Board is also responsible for creating, approving and updating written policies as identified by the HEARTH Act on areas such as Code of Conduct, Board Selection, Centralized or Coordinated Assessment System, Written Standards for Providing CoC Assistance, HMIS Privacy, Security and Data Quality, and General CoC planning.
2. **HUD COC Funding Committee:** brings together the resources to write the GNCOC annual application to HUD. Each agency expecting to submit a project proposal shall provide representation to this committee.
3. **Data Gathering Committee:** oversees the annual Point-in-Time census of the homeless in the GNCOC geographic service area, responsible for gathering information for the Housing Inventory Chart, submitting data to HUD, liaison with NH-HMIS and ongoing data collection to help make strategic decisions for the GNCOC and/or its members. Each HUD-funded agency will have at least one representative on this committee. Responsibilities also include monitoring performance of HUD-funded CoC projects to adhere to HUD performance goals and generate the data necessary to complete the annual HUD CoC funding application, as well as coordinating with the ESG grantee to verify project performance and outcomes evaluation. Reports of poor performance are communicated to the Board for necessary action.
4. **Community Relations Committee:** serves as the public awareness/public relations arm of GNCOC. Has contact with local and regional news media, and makes presentations to general public as necessary. Maintains website, brochure and power point presentations.
5. **Ending Homelessness Committee:** prepares, modifies and promotes the Ending Homelessness Plan, monitors/evaluates efforts to meet the goals outlined in the Plan, and coordinates annual Project Homeless Connect.
6. **Employment Committee:** Shares and coordinates resources for employment services for homeless and at-risk persons. Coordinates annual Project Employment Connect

### ***Events/Projects***

The Department of Veterans Affairs and HUD work with the community through many of its funded programs that are specific for homeless and at-risk veterans. The VA Homeless Coordinator and the VA Transitional Housing (TH) Liaison attend GNCOC meetings on a regular basis. Harbor Homes, in partnership with the VA and New Hampshire Housing, created 21 units of VASH for CH veterans in Nashua, New Hampshire, which are currently all occupied. These units vary in size from one to three-bedroom apartments. Harbor Homes now provides TH and permanent housing (PH) to more than 100

homeless and low-income veteran households in Nashua, in addition to operating NH's largest Supportive Services for Veteran Families program, which provides rapid re-housing services to at-risk veteran households. The agency is the largest provider of veteran-specific housing in the state. Harbor Homes operates three homeless veterans' TH programs in Nashua, New Hampshire, as well as several others throughout the state, and working with member GNCoc agencies, the VA and other service providers has used VASH and TH to coordinate a CoC that has led to a dramatic decrease in area veteran homelessness since 2004.

Greater Nashua Mental Health Center at Community Council (GNMHC) Housing Program continues to provide supportive services, including coordination of benefits to a total of 162 individuals, 54 of whom are subsidized. Of those subsidized, four are PH participants funded through the 2013 CoC application bonus project. The total number the homeless outreach program served is 136 individuals who were homeless or at risk of being homeless this past year. Of those homeless served, 119 are still engaged in services.

The Front Door Agency, Inc. (formerly known as the Nashua Pastoral Care Center, Inc.) expanded its housing services in July of 2012 with its purchase of a six-unit property located on Shattuck Street in Nashua. This property fully complements the Front Door Agency's affordable housing services portfolio by now providing affordable, permanent housing to those in need with preference given to the families graduating from the agency's TH program. Last year, the TH program had 47 beds, including children.

Each year, the GNCoc offers Project Homeless Connect, a one-day event where individuals and families facing homelessness can receive information about services available in the community as provided by member agencies, as well as haircuts, clothing, health care services and take-away items such as hats and gloves, personal hygiene products, and snacks. Project Employment Connect, an offshoot of Homeless Connect, is an annual job fair including workshops on resume writing and other employment-related skills.

### ***Contact Information***

Ana Pancine, Chairperson  
Greater Nashua Continuum of Care  
Finance Specialist  
Harbor Homes  
Center  
45 High Street  
Nashua, NH 03060  
(603) 882-3616, Ext. 1134  
[a.pancine@harborhomes.org](mailto:a.pancine@harborhomes.org)

Abigail Alicea, Vice-Chairperson  
Greater Nashua Continuum of Care  
Housing Programs Manager  
Greater Nashua Mental Health  
  
100 W. Pearl Street  
Nashua, NH 03060  
(603) 598-7123, Ext. 3237  
[aliceaa@gnmhc.org](mailto:aliceaa@gnmhc.org)

## Homeless Prevention and Intervention

An array of statewide services falls under the Homeless Prevention/Intervention service spectrum which, together with the emergency shelter system, acts as a safety net for some of New Hampshire's most vulnerable citizens. Services are provided through six Community Action Agencies and other non-profit service providers across the state and offer interventions that have a direct and positive impact on individuals and families, preventing them from becoming displaced or assisting the displaced in moving on to permanent housing. Services are widely varied to meet the diverse needs of displaced individuals and families and often provide direct financial assistance to avoid eviction or foreclosure, pay overdue utilities when disconnection is impending, or assist with transportation so someone can continue to work or receive health care or other services. These programs are often the "last resource" for people encountering circumstances that will result in homelessness. Other Prevention/Intervention services include budget counseling or assistance with acquiring other necessary life skills and assistance accessing imperative services such as shelter or other human services.

A critical component in New Hampshire's continuum of homeless prevention and intervention services is the information and referral service provided by 2-1-1 NH.

### New Hampshire Homeless Hotline - 2-1-1 NH

For additional information on 2-1-1 NH, please go to [www.211NH.org](http://www.211NH.org). In State Fiscal Year 2014, 2-1-1 served 5,905 persons who were homeless or at risk of becoming homeless.

4288 Single Adults  
1617 Individuals making up 586 families  
2404 Persons who were homeless  
3501 Persons at risk of homelessness

## 2-1-1 NH

**From a Landline or Cell Phone in New Hampshire  
Dial: 2-1-1**

**From Out-of-State or From a Phone Line that Requires Dialing  
'9' First  
Dial: 1-866-444-4211 (toll free)**

*While providing outreach services for a client in Berlin, it was discovered that the woman was not actually homeless, but severely mentally ill. The woman believed that she was homeless, and continued to reach out to the outreach worker for assistance. Instead of turning her away, the outreach worker continued to build a relationship with this woman. She built a rapport, and developed enough trust that the woman accepted the help that was offered. Outreach collaborated with existing community resources to help this woman get the mental health treatment that she was asking for. Sometimes a caring, understanding, and listening attitude goes a long way! No matter what label we have - "homeless" - "mentally ill" - "substance user" - "outreach worker", we are all humans in need of love, respect, and compassion.*

## Promoting Access to Permanent Housing

Two unique intervention programs promote access to permanent housing, providing opportunities for low income individuals and families to secure safe, affordable housing in NH's low vacancy, high cost rental market. These programs may serve as both a landlord encouragement to rent to someone who may not have stable housing or credit history, and provide financial assistance in the form of an affordable loan or guarantee to the client. These programs can support homeless individuals and families to move quickly out of homelessness more than if they were to save up the funds (often first and last month's rent plus the security deposit) necessary to move into an apartment.

### Housing Security Guarantee Program (HSGP)

This is a non-cash voucher program that provides a guarantee for the security deposit to the landlord, while the tenant makes payments to the agency until the total amount of the guarantee is met. If a client defaults on their loan, the agency will make the payment to the landlord. When the client has paid back the deposit in full to the agency, the agency then transfers the security deposit to the landlord. There were 662 households that received an HSGP loan during the past year.

### Homeless Housing and Access Revolving Loan Fund (HHARLF)

This program provides loans for the first month of rent and/or security deposit for homeless individuals and families. HHARLF loans are available to individuals that may not qualify for other assistance programs due to exceeding income guidelines.

*I have been working with a chronically homeless single man in his early 50's for the past two years that I will call "Dave." Dave had lost his Section 8 Housing Voucher, in part due to his mental illness. Dave suffers from Paranoid Schizophrenia, and chose to self-medicate rather than receive help through the mental health agency. His drinking and aggressive behavior caused him to lose his housing, resulting in his voucher lapsing, and being banned from many businesses in the area. Dave had resorted to sleeping under porches, bridges, etc. He had become known in the area as 'Stinky 'Dave.'*

*When I first encountered Dave, he was dressed in three different layers of tattered clothes, hadn't bathed in weeks, and hadn't shaved in a year. The first few meetings didn't accomplish much as far as housing, but it did start to establish that trust that is needed when dealing with people who suffer from mental illness. The meetings went from five minutes talking about the weather, to ten minutes talking about the weather and the Red Sox, to finally 45 minutes talking about getting re-engaged with mental health and the weather. After two years of these sporadic meetings, he finally decided to get involved with mental health again, stop self-medicating, get back on prescription medication, get a rep payee, and get into housing. Dave received a HHARLF loan through TCCAP and managed to secure housing. Dave has even kept on track with his repayments and has shaved. He really does look like a new man and did most of the legwork on his own. However, I would also like to think that his progress is due to someone finally sitting down and listening to him and seeing and treating him as a person, and not as "Homeless Stinky "Dave." He is no longer experiencing homelessness and is getting the assistance he needs to better his life.*



*Homelessness*

## **Outreach and Intervention**

Homeless outreach programs are designed to meet people “where they are at” and assist them in connecting with imperative services and programs that will provide for basic needs such as shelter, food, clothing, as well as referrals and assistance in accessing services, including medical care, mental health care, and other human services. NH has two distinct outreach programs that work collaboratively to meet the needs of unsheltered homeless persons.



*Shirley and Steve – Belknap Homeless Camp*

### **Homeless Outreach/Intervention Prevention Program**

The HUD-funded Homeless Outreach/Intervention Prevention Program (HOIP) provides aggressive street outreach and intervention to unsheltered individuals and families who are living in places not meant for habitation, throughout the BOSCO and Southern Hillsborough County. In the past year, the number of homeless clients served by HOIP workers in the BoSCoC (excluding Manchester and Nashua) was 2,658. (The reporting of Manchester and Nashua contacts under HOIP is not consolidated through the DHHS.) Homeless Outreach works closely with many state and local programs/agencies including the McKinney Vento Homeless Education Liaisons, Homeless Veterans Coordinator, Projects for Assistance in Transition from Homelessness (PATH) outreach, the Bureau of Elderly and Adult Services (BEAS), city and town welfare administrators, among others. The primary purpose of HOIP is to obtain immediate and appropriate shelter for unsheltered homeless, with a secondary purpose of helping clients become self-sufficient by increasing their income.

**WORDS FROM AN OUTREACH WORKER** - *I have known over the years that one thing the clients have in common is that it is very difficult to allow others in and have faith in the assistance that we try to provide. This can be understood by the obstacles that have been presented to them in their individual journeys.*

*I have sat in on a few group sessions at the Salvation Army where a former group used art as a form of therapy and expression for the clients to connect with their emotions and feelings of helplessness. I also sat in on lunches with some of our homeless individuals at the same facility.*

*I happened to sit at the same table with the same individual at both the group and lunches every time. This person made very little eye contact with me and respectfully refused any interaction, eye contact or validation during these times. I learned through other agencies that this individual is battling severe alcoholism and is inconsistent with his attendance, as well as barriers he has in opening up to others.*

*Although I was having some difficulty in connecting with him at first, I reached out to his campsite with consistent visits. With each passing visit, I learned more and more about him, each time giving me a little more information about him. When he finally shared his full name with me, the name looked familiar.*

*I asked him if he was a certain person from the mid 80's who was a standout high school basketball player and gifted athlete. He immediately went from slouched shoulders to sitting upright, eye contact and a smile, accompanied by a "hell yes that was me." He became very engaging and started to talk about opposing players that went on to have successful college careers and his equally gifted brother. All the time he never made it about him but the experience that he had and wanting to share those moments.*

*The other people who were in the same situation as he is simultaneously said "and all this time we thought you were just making it up." He said over and over again "see, I told all of you." I continued to bring the past events in his life back to being about him, and he sat and listened and smiled and said that's right.*

*Despite this individual's obstacles, he shows that all is not lost and there is always hope. In my future visits he became more engaging and spoke about the other clients' needs for bug spray, socks, blankets, etc. and consistently never made it about him - very similar to several years ago when he was a standout high school athlete.*

*I continue to see him and he continues to decline shelter or services other than the occasional box of food and bug spray for himself. He lets me know how he stays clear of the trouble the other clients are getting into and wants to inform me that he can't help anybody "out here" if he is incarcerated. There is always hope . . .*

## **Projects for Assistance in Transition from Homelessness (PATH)**

PATH is funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services. These funds are contracted to community mental health and community action agencies. PATH outreach provides services to those experiencing homelessness and serious mental illness (SMI) or SMI and a co-occurring substance use disorder.

PATH workers assess for immediacy of needs and continue to work with individuals to enhance treatment and/or housing readiness while linking clients to vital supports such as shelter, health care, mental health treatment, financial assistance and ultimately housing.

During SFY '14, PATH service workers enrolled 1,794 unsheltered homeless to receive program services. Of these:

- 43% have a co-occurring substance use disorder;
- 4% reported living outdoors or in a short-term shelter for over one year; and
- 8% are veterans.

When asked the question, "What was your residence prior to enrollment in the program?" they responded:

- 35% emergency shelter;
- 21% place not meant for human habitation;
- 13% friend's house;
- 7% family's home;
- 5% hotel/motel;
- 2% psychiatric hospital/facility;
- 2% jail/prison; and
- 15% Other.

**PATH SUCCESS STORIES**

*Sue called the Outreach staff at CLM stating she was homeless and had been told that the CLM PATH staff could help her apply for Medicaid, as she suffered from Bipolar Disorder and PTSD, and needed mental health treatment. An appointment was scheduled for the following day. While meeting with Sue, she explained that she was temporarily living in her car, and due to homelessness, was having difficulty with getting her Medicaid paperwork completed and to the local DHHS office. Sue was forthcoming about her symptoms of mental illness, and how they were untreated and interfering with her ability to stay focused and complete her application. She stated her Medicaid had closed due to her unstable living situation, and not having access to her mail and had missed her redetermination date to keep her Medicaid open. She stated she already had SSI, but needed the Medicaid to pay for treatment.*

*While assisting Sue with the application she discussed growing up in a home that had a lot of instability and abuse, and discussed her mother having a mental illness and not being stable during much of Sue's childhood, and that her father was a "drunk" and often was not there for her or being a good role model. Sue stated "I never really had a chance of having any stability in my life, so after getting pregnant at an early age and then being in abusive relationships, and falling into drug abuse to self-medicate her symptoms, she ended up losing her children due to DCYF involvement." Sue stated she now had four years of sobriety and wanted to get mental health treatment, go back to school and college, eventually get off the "system" and have a somewhat normal life. An application for housing assistance was also completed during this meeting by the Outreach staff. When asked by the PATH Outreach Supervisor how she was referred to him, she stated "my father told me to do everything you told me to do and I would get the help I needed". When the PATH Supervisor asked who her father was, she gave the name of a former CLM Shelter Plus Care recipient who had been an Honorably Discharged Veteran, and had been a former CLM PATH client.*

*It should be noted that Sue's father sadly passed away one month after CLM PATH staff met with her. However, Sue's Medicaid is now open, she is getting her mental health needs met, has a 100% follow through with appointments at CLM, and will be moving into her own apartment within the week this story has been submitted.*

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*PATH SUCCESS STORY - Our peer support advocates: HEARTS, called stating they had a woman, Joy who was curled up under a desk crying incessantly, requesting my services as the outreach PATH worker. I went to meet her and she continued to cry as she shared her fears of being in a new area. She had taken a bus from New York to Nashua. I contacted the local shelter and was able to secure a bed for her.*

*Joy returned to our next appointment, complaining of pain in her side. She shared that she has had nine surgeries by the time she was 11 years old. Her father died when she was 11, therefore her mother put her in a group home where she ran away, living on the streets for a few days. She was raped at this time and witnessed someone being shot. She said she has never felt loved and describes having anxiety and depression. She has never been in counseling due to lack of trusting people.*

*We met several times, and as our relationship grew, so did her trust. At this time I set her up with Harbor Care Clinic, Vocational Rehabilitation and an intake at our mental health center. She was referred to a local hospital to address an untreated condition she had had for a few years.*

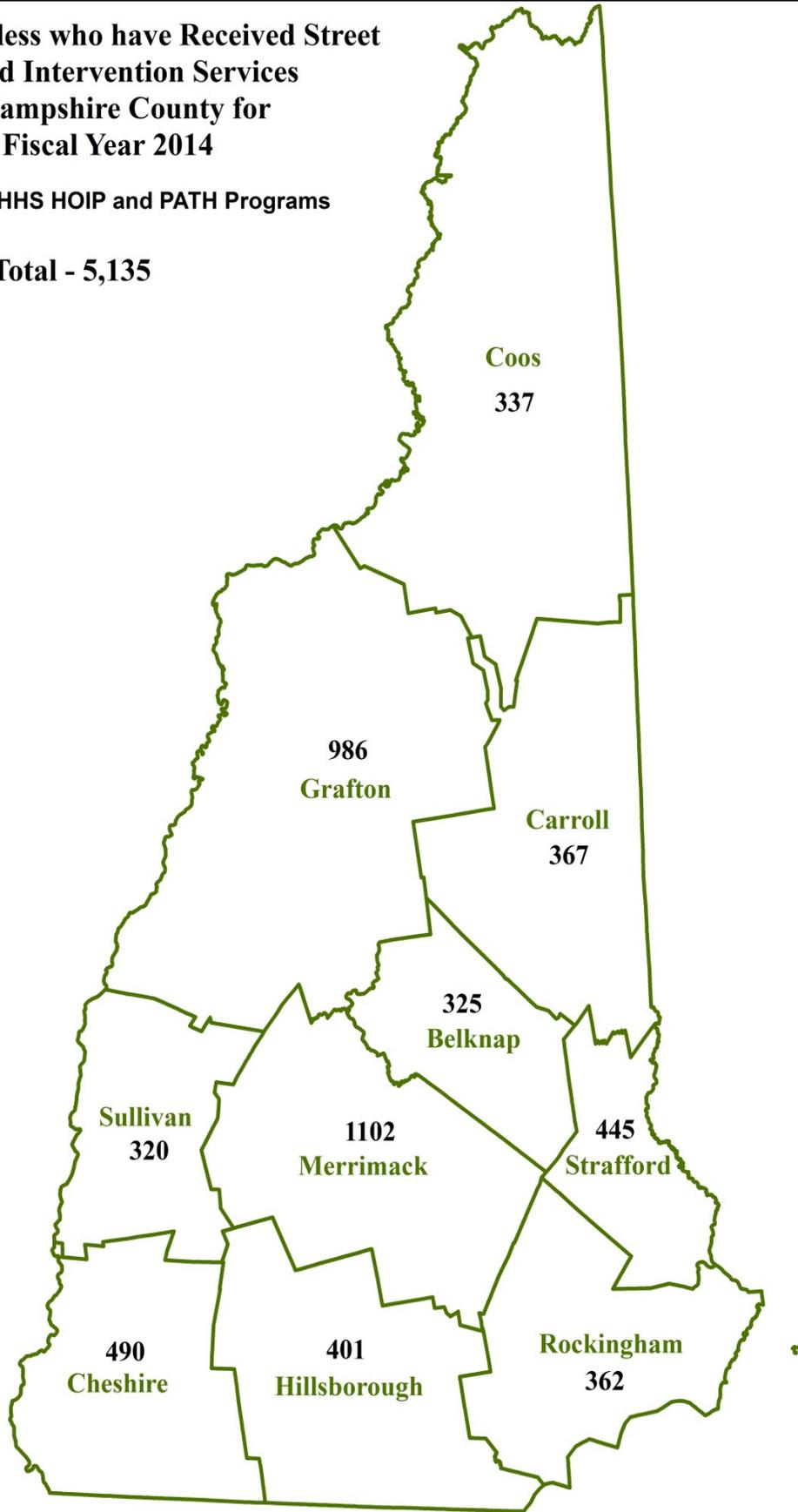
*After much reassurance, she followed through with her appointment with a therapist and fully engaged into treatment. She was prescribed medications to address her depression and anxiety. City Welfare assisted with filling the prescription. A case manager was assigned and assisted with getting her approved with entitlements, including Medicaid and SSDI.*

*A year later, Joy has her own apartment and a part-time job. I saw her today walking down a side walk. She was smiling and said "hello." I commented on how well she looks, she commented, "it's because of you guys." I reminded her that she deserved the credit by following through with the recommended services and that she did the work.*

**Unsheltered Homeless who have Received Street  
Outreach and Intervention Services  
by New Hampshire County for  
State Fiscal Year 2014**

**\*Funded by NH BHHS HOIP and PATH Programs**

**Total - 5,135**



## Homeless Shelter Services

The DHHS, BHHS provided funding to 44 programs that provided shelter to 4,760 homeless men, women and children in SFY '14. These shelter programs act as a safety net for individuals and families who have run out of options and would otherwise be without a place to sleep. They are a critical component of the local homeless CoC.

**Emergency Shelters** – These shelters serve approximately 520 people (individuals and families) on any given night across the state. The people served by emergency shelters are some of the most vulnerable citizens of our state who often have complex and challenging needs. Emergency shelters assist guests to cope with their challenges by providing for their basic needs. Many provide much more. Additional services include meals, assistance accessing mainstream resources and benefits, assistance accessing affordable housing, and/or comprehensive case management to assess needs and develop a plan to move forward, out of homelessness. Many shelters also have a transitional shelter component, whereby guests receive additional support around skill building ensuring they will be ready to maintain their new home once permanent housing is obtained.

**Specialty Shelters** – These programs provide emergency shelter to a specific subgroup of the homeless population. Services at these shelters are designed to meet the unique needs of those served. These programs have staff with training and expertise to address the needs of their guests. Nine specialty shelters in the state serve individuals in recovery from substance abuse (3), homeless youth (5), and pregnant women (1).

**Domestic Violence Shelters** – BHHS contracts with the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) to provide funding to 12 Domestic Violence Shelters statewide. NHCADSV is a statewide network of local crisis centers providing safe and empowering environments for victims and survivors of domestic and sexual violence. Victims fleeing domestic violence, predominately women and children, receive emergency and transitional shelter, as well as critical support services through these shelters. In SFY 2014, 523 individuals were sheltered at domestic violence shelters. Of those 523 individuals, 308 were adults and 215 were children.

**Transitional Programs** – These programs have specific admission requirements guests must meet in order to be admitted and that assist guests in developing the daily living skills needed to be successful in permanent housing. Transitional programs are designed for lengthier stays by guests in order to assist them in obtaining these skills. BHHS funds five such programs.

<b>PROGRAM TYPE</b>	<b>NUMBER OF SHELTERS</b>
<b>Emergency Shelters</b>	<b>17</b>
<b>Specialty Shelters</b>	<b>9</b>
<b>Domestic Violence Shelters</b>	<b>12</b>
<b>Transitional Programs</b>	<b>6</b>
<b>TOTAL</b>	<b>44</b>



*After a successful capital campaign raised 2 million dollars in less than 2 years, The Nashua Soup Kitchen and Shelter, Inc. broke ground on renovations in March of 2014 at its future site, 2 Quincy Street. The first full day of services at its new location was September 23, 2014.*



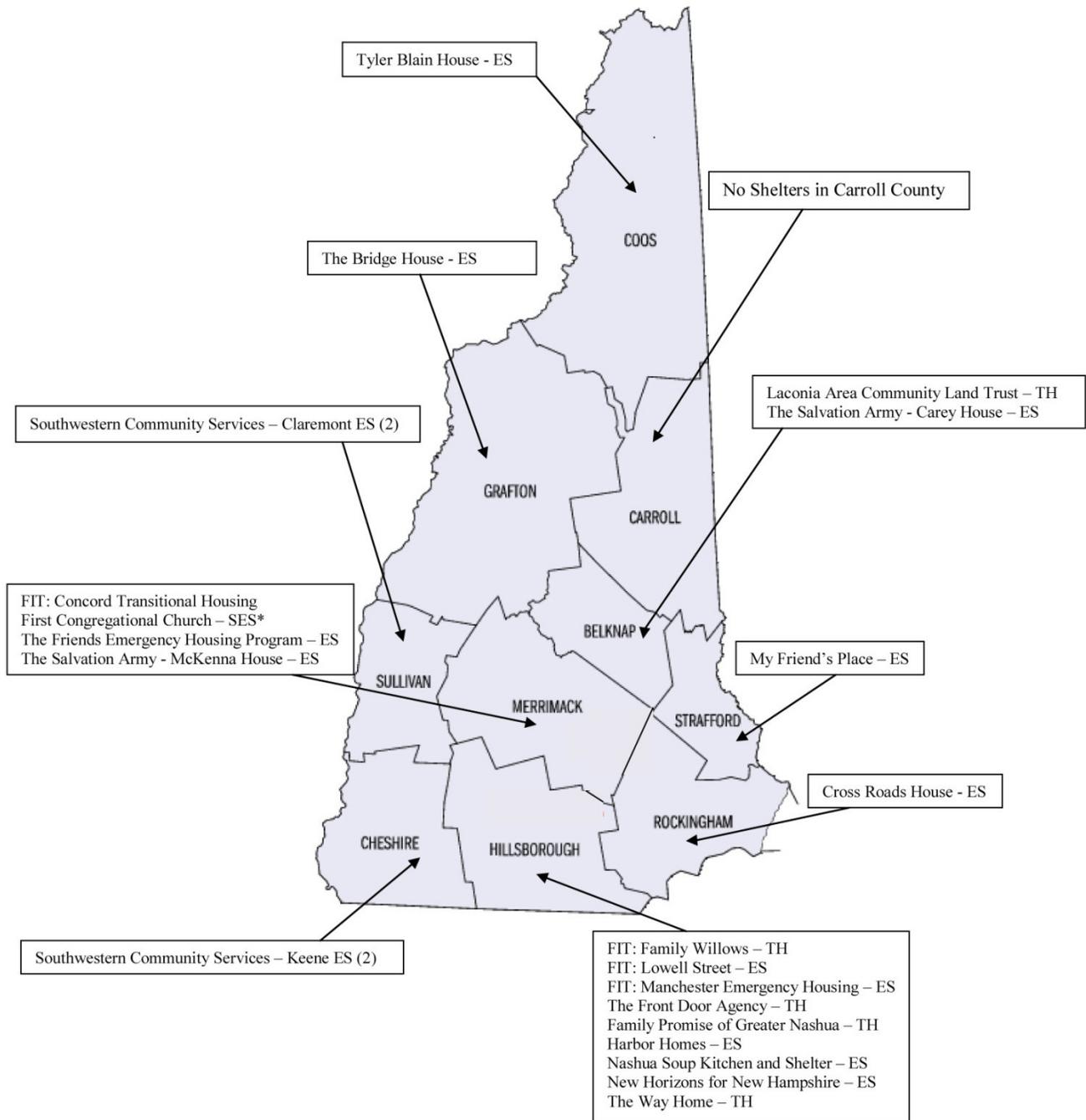
*Cross Roads House, Portsmouth, NH*



*The Friends Emergency Housing Program*



*Families in Transition not only provides a home for homeless families and individuals; they also provide programming for their participants. Shown is Maureen Beauregard, President of Families in Transition, engaging with one of the organization's youngest participants.*



**State Funded Emergency and Transitional Shelters**  
 Emergency Shelter – ES  
 Transitional Housing – TH  
 Seasonal Emergency Shelter – SES\*

*\*First Congregational Church is closing after the 2014 – 2015 season*

# US Department of Housing and Urban Development (HUD) Transitional and Permanent Supportive Housing Programs

HUD-funded CoC programs provide essential housing services within New Hampshire's homeless CoC. CoC programs provide much needed supports for homeless and disabled individuals and families who are unable to live independently. These programs are designed to provide comprehensive case management to meet the needs of the chronically homeless, persons with mental illness, co-occurring disorders, Acquired Brain Disorder (ABD), and other disabling conditions. Providers include Community Action Agencies, Community Mental Health Centers, and several non-profit organizations. Direct services include: rental assistance, housing, case management such as assistance with acquiring essential life skills, including activities of daily living, housing stability, counseling services and other supports that help ensure their housing placement is stabilized.

## Transitional Housing for the Homeless (TH)

TH is designed to be a bridge on the road to permanent housing (PH). For many homeless individuals and families, TH is a crucial step on their journey from homelessness to PH. TH provides temporary adequate housing along with individualized services to assisting participants in gaining necessary skills to acquire and successfully maintain PH. TH program staff assist participants in accessing health care, job readiness skills, and successful household management skills, including budgeting, credit repair and successful tenancy. The primary goal is to assist homeless individuals and families in transitioning to self-sufficiency and PH.

### BoSCoC TH Service Providers

Six TH programs administered by five agencies are funded through the BoSCoC. They serve the northern counties of Grafton, Carroll, Coos and Sullivan, as well as southern programs in the seacoast area, Cheshire County and Belknap-Merrimack Counties.

Northern Human Services  
145 High Street  
Littleton, NH 03561

Southwestern Community Services, Inc.  
PO Box 603, 63 Community Way  
Keene, NH 03431

My Friend's Place  
368 Washington Street  
Dover, NH 03820

Community Action Program  
Belknap-Merrimack Counties  
PO Box 1016  
2 Industrial Park Drive  
Concord, NH 03302-1016

### MCoC TH Service Providers

Helping Hands Outreach Ministries  
50 Lowell Street  
Manchester, NH 03101

Families in Transition  
122 Market Street  
Manchester, NH 03101

Child and Family Services of NH  
464 Chestnut Street  
Manchester, NH 03105

Liberty House  
75 West Baker Street  
Manchester, NH 03103

The Way Home  
214 Spruce Street  
Manchester, NH 03103

Harbor Homes, Inc.  
335 Somerville Street  
Manchester, NH 03103

Manchester Housing and  
Redevelopment Authority  
198 Hanover Street  
Manchester, NH 03104

Veterans Administration  
718 Smyth Road  
Manchester, NH 03104

Southern New Hampshire Services  
40 Pine Street  
Manchester, NH 03103

The Way Home  
214 Spruce Street  
Manchester, NH 03103

Harbor Homes  
335 Somerville Street  
Manchester, NH 03103

### **GNCOC TH Service Providers**

GNCOC agencies offer several permanent supportive and transitional housing programs funded through the annual CoC application, as well as various other funding streams. Transitional housing programs include:

Greater Nashua Council on Alcoholism  
Keystone Hall, 615 Amherst Street  
Nashua, NH 03063

Marguerite's Place  
87 Palm Street  
Nashua, NH 03060

Greater Nashua Interfaith Hospitality Network  
(Ann-Marie House)  
180 Lowell Road  
Hudson, NH 03051

The Front Door Agency  
7 Concord Street  
Nashua, NH 03060

Harbor Homes, Inc.  
45 High Street  
Nashua, NH 03060

A Place to Live Housing Program  
Greater Nashua Mental Health Center  
100 West Pearl Street  
Nashua, NH 03060

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## **Permanent Supportive Housing (PSH)**

HUD-funded PSH providers offer housing and supportive services to homeless individuals and families where a household member is disabled. Disabilities may include mental illness, chronic substance abuse, co-occurring disorders, or other physical disabilities including Acquired Brain Disorder. Residents of PSH programs benefit from facilitated access to health, mental health, and social support services offered by the programs and/or within the community. These HUD-supported programs include group homes and individual apartments within the community. The PH program formerly known as Shelter Plus Care (SPC) falls into this category of housing and funding through the CoC. SPC has traditionally provided a more flexible approach to housing using a Housing First Model and assisting individuals and families with a harm reduction plan provided to break down long-term housing barriers such as chronic substance abuse, budgeting, severe and persistent mental illnesses, as well as other PH-provided services within the CoC. These collaborative programs are:

**BoSCoC PH Service Providers**

Center for Life Management  
10 Tsienneto Road  
Derry, NH 03038

Families in Transition  
122 Market Street  
Manchester, NH 03101

Community Bridges  
2 Whitney Road  
Concord, NH 03301

The Housing Partnership  
1555 Islington Street  
Portsmouth, NH 03801

Genesis Behavioral Health  
111 Church Street  
Laconia, NH 03246

Community Partners (Behavioral Health &  
Dev. Serv. of Strafford County, Inc.)  
113 Crosby Road, Suite 1  
Dover, NH 03820

Seacoast Mental Health Center  
1145 Sagamore Avenue  
Portsmouth, NH 3801

Southwestern Community Services, Inc.  
63 Community Way  
Keene, NH 03431



*Permanent Housing Program - Claremont*

**MCoC PH Service Providers**

Helping Hands Outreach Ministries  
50 Lowell Street  
Manchester, NH 03101

Manchester Housing and  
Redevelopment Authority  
198 Hanover Street  
Manchester, NH 03104

Southern New Hampshire Services  
40 Pine Street  
Manchester, NH 03103

Harbor Homes  
335 Somerville Street  
Manchester, NH 03103

Families in Transition  
122 Market Street  
Manchester, NH 03101

Veterans Administration  
718 Smyth Road  
Manchester, NH 03104

The Way Home  
214 Spruce Street  
Manchester, NH 03103

**GNCOC PH Service Providers**

Harbor Homes  
45 High Street  
Nashua, NH 03060

MP Housing  
87 Palm Street  
Nashua, NH 03060

Greater Nashua Mental Health Center  
100 West Pearl Street  
Nashua, NH 03060

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**Permanent Housing Rapid Re-Housing (RRH)**

HUD has gathered evidence through the Homelessness Prevention and Rapid Re-Housing Programs funded by the American Recovery and Reinvestment Act of 2009 (ARRA), that the RRH model works well for stabilizing housing and maintenance of housing after assistance has ended. HUD has designed a CoC model for RRH to encourage the use of this successful approach going forward. Disability is not a requirement for RRH. New Hampshire's two CoC RRH projects are:

**BoSCoC RRH Service Providers**

Bureau of Behavioral Health via  
Harbor Homes  
145 High Street  
Nashua, NH 03060

Southwestern Community Services, Inc.  
63 Community Way  
Keene, NH 03431

## **Housing Opportunities for Persons With AIDS (HOPWA)**

HOPWA grants administered by BHHS and provided through the Merrimack Valley Assistance Program bring assistance and extensive support services to persons with HIV/AIDS and their families. The population served includes low and very low income, and those at risk of displacement or of becoming homeless. These projects emphasize stabilizing participants' current housing situations and, whenever possible, maintaining them in their homes where they prefer to reside. Housing solutions, case management, and supportive services are intertwined in maintaining and improving participants' independence, self-sufficiency, quality of life and personal dignity.

In the last reporting year, March 1, 2013 through February 28, 2014, these two programs:

- provided 27 households with tenant-based rent assistance, of which 100% maintained their permanent housing situation for at least one year;
- supported 134 households with short-term rent, mortgage or utility assistance; and
- provided 423 households with other supportive services.

### **GNCoC HOPWA**

Housing Opportunities for Persons with AIDS (HOPWA) grants administered by the City of Nashua and Harbor Homes (with supportive services delivered by the sponsor, Southern NH HIV/AIDS Task Force) provide support to individuals and families living with HIV/AIDS in Greater Nashua.

The City of Nashua grant provides tenant-based rental assistance and supportive services. In the last fiscal year, May 1, 2013 through April 30, 2014, this program:

- provided 35 households with tenant-based rental assistance and supportive services.

The Harbor Homes grant provides short-term rent, mortgage and/or utility assistance and supportive services. In the last fiscal year, October 1, 2013 – September 30, 2014, the program:

- provided short-term assistance to 25 households and supportive services to a total of 44 households.



*Homeless Camp*



## **New Hampshire Homeless Management Information System (NH-HMIS)**

A clear and accurate understanding of homelessness in New Hampshire is essential to eliminating homelessness and to achieving “permanent, sustainable and adequate housing for every resident in our state.”<sup>2</sup> The NH-HMIS project is a key tool in developing that understanding. Required by HUD through a Congressional mandate, the NH-HMIS project continues a multi-year collaborative partnership of the three CoCs serving the homeless population of New Hampshire. Currently, NH-HMIS has been implemented at 100% statewide for HUD-funded emergency shelters and transitional programs.

This year, Harbor Homes continued as the lead agency responsible for all NH-HMIS training and operations throughout New Hampshire. The NH-HMIS staff at Harbor Homes continues to focus on speed and accuracy for entering information into NH-HMIS and on building quality reports from NH-HMIS that can be used at national, state and local levels. Additional information about NH-HMIS can be accessed through <http://www.nh-hmis.org/>.

The NH-HMIS team prepared to support the new HUD Data Standard that was released in May of 2014. The NH-HMIS team redesigned all HMIS intake forms and continues to create customized training documents. The HMIS ServicePoint refresher training was held November 3-7, 2014, with a morning and afternoon session held each day at three locations: Nashua, Manchester, and three days in Concord for a total of ten sessions.

The Annual Homeless Assessment Report (AHAR) is provided to the US Congress to evaluate context and evolution of homelessness. Reports such as the AHAR have significant impact on the response of government, as well as the public at large, to the crisis of family and individual homelessness. This year, the NH-HMIS team submitted data to HUD for the 2014 Annual Homeless Assessment Report (AHAR) for all three CoCs, Greater Nashua, Manchester and the Balance of the State. The data is a 12-month estimate of sheltered homelessness report based on HMIS data on the use of homeless residential programs from October 1 through September 30.

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<sup>2</sup> New Hampshire’s Ten-Year Plan to End Homelessness, p.4: <http://www.hrsa.gov/homeless/statefiles/nh10.pdf>

## *Acknowledgments*

Stories, updates, photos and quotes appearing in this report are courtesy of: New Hampshire Housing, Southwestern Community Services, Families in Transition, Center for Life Management, Greater Nashua CoC, Greater Manchester CoC, Manchester Homeless Services Center, Community Action Partnership of Strafford County, Friends Emergency Housing Program, the Nashua Soup Kitchen and Shelter, Tri-County Community Action Program, Community Action Program Belknap-Merrimack Counties, Inc., Laconia Area Community Land Trust, Concord Coalition to End Homelessness, Greater Nashua Mental Health Center, Cross Roads House and the NH DHHS Division of Public Health Services.

This report was developed by staff of NH DHHS' Bureau of Homeless and Housing Services.



## *Contact Information*

Bureau of Homeless and Housing Services  
New Hampshire Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301  
Tele: 603-271-9196 or 1-800-852-3345 x 9196 (toll-free in-state)  
(NH Relay 7-1-1)  
<http://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>



*Belknap Homeless Camp*

# Service Provider List













Providers and Addresses	Homeless Shelter Services				Homeless Prevention/ Intervention		Special Needs Programs				
	Domestic Violence	Emergency Shelter	Transitional Program	Specialty Shelter	HSGP/ HHARLF	Prev./ Other	Outreach Intervention	Permanent Housing	Transitional Housing	Shelter + Care	PATH
<b>The Front Door Agency</b> 7 Concord Street Nashua, NH 03064 (603) 886-2866 (603) 886-9214 (fax) www.frontdooragency.org			X		X	X					
<b>Greater Nashua Council on Alcoholism</b> <b>•Keystone Hall</b> 615 Amherst Street Nashua, NH 03060 (603) 881-4848 (603) 598-3644 (fax) www.keystonehall.org				X							
<b>Family Promise of Greater Nashua</b> 180 Lowell Road Hudson, NH 03051-4907 (603) 883-7338 (603) 883-8335 (fax)			X								
<b>Greater Nashua Mental Health Center at Community Council</b> 7 Prospect Street Nashua, NH 03060 (603) 889-6147 (603) 882-2017 (fax) www.ccofnashua.org											X
<b>Harbor Homes, Inc.</b> 45 High Street Nashua, NH 03060 <b>Note: Also has Rapid Re-Housing</b> (603) 882-3616 (603) 595-7414 (fax) www.harborhomes.org		X						X			

Providers and Addresses	Homeless Shelter Services				Homeless Prevention/ Intervention		Special Needs Programs				
	Domestic Violence	Emergency Shelter	Transitional Program	Specialty Shelter	HSGP/ HHARLF	Prev./ Other	Outreach Intervention	Permanent Housing	Transitional Housing	Shelter + Care	PATH
<b>Helping Hands Outreach Center</b> 50 Lowell Street Manchester, NH 03101 (603) 623-8778 (603) 626-5811 (fax)				X							
<b>Marguerite's Place</b> 87 Palm Street Nashua, NH 03060-3828 (603) 598-1582 (603) 598-7574 (fax) www.margueritesplace.org									X		
<b>The Mental Health Center of Greater Manchester</b> 401 Cypress Street Manchester, NH 03103-3699 (603) 668-4111 (603) 669-1131 (fax) www.mhcgm.org											X
<b>Nashua Soup Kitchen and Shelter</b> PO Box 3116 Nashua, NH 03061-3116 (603) 889-7770 (603) 889-2347 (fax) www.nsk.org		X									
<b>New Hampshire Legal Assistance</b> 1361 Elm Street, Suite 307 Manchester, NH 03101 (603) 668-2900 or (800) 562-3174 (603) 625-1840 (fax) www.nhla.org						X					



Providers and Addresses	Homeless Shelter Services				Homeless Prevention/ Intervention		Special Needs Programs				
	Domestic Violence	Emergency Shelter	Transitional Program	Specialty Shelter	HSGP/ HHARLF	Prev./ Other	Outreach Intervention	Permanent Housing	Transitional Housing	Shelter + Care	PATH
<b>MERRIMACK COUNTY</b>											
<b>Community Action Program</b> <b>Belknap-Merrimack Counties, Inc.</b> <ul style="list-style-type: none"> <li>• <b>New Start Program</b></li> </ul> PO Box 1016 Concord, NH 03302-1016 (603) 225-3295 (603) 228-1898 (fax) www.bm-cap.org					X	X	X				
<b>Community Bridges</b> <ul style="list-style-type: none"> <li>• <b>Franklin Falls Farm</b></li> </ul> 70 Pembroke Road Concord, NH 03301 (603) 226-3212 (603) 223-9917 (fax)								X			
<b>Crisis Center of Central New Hampshire</b> PO Box 1344 Concord, NH 03302-1344 (603) 225-7376 (603) 225-2850 (fax) www.rdvcc.org	X										
<b>Families in Transition, Inc.</b> <ul style="list-style-type: none"> <li>• <b>Concord Transitional Housing</b></li> <li>• <b>Concord PHP</b></li> <li>• <b>Concord Community PH</b></li> <li>• <b>Concord Community Leasing II</b></li> </ul> Concord, NH (603) 641-9441 (603) 641-1244 (fax) www.fitnh.org			X					X X X			



Providers and Addresses	Homeless Shelter Services				Homeless Prevention/ Intervention		Special Needs Programs				
	Domestic Violence	Emergency Shelter	Transitional Program	Specialty Shelter	HSGP/ HHARLF	Prev./ Other	Outreach Intervention	Permanent Housing	Transitional Housing	Shelter + Care	PATH
<b>The Salvation Army</b> <b>•McKenna House</b> 100 South Fruit Street Concord, NH 03301 (603) 228-3505 (603) 224-7877 (fax)		X									
<b>ROCKINGHAM COUNTY</b>											
<b>AIDS Response Seacoast</b> 7 Junkins Avenue Portsmouth, NH 03801 (603) 433-5377 (603) 278-7994 (fax) www.aidsresponse.org						X					
<b>Center for Life Management</b> <b>•Beaver Lake Lodge</b> <b>•PH1</b> 10 Tsienneto Road Derry, NH 03038 (603) 434-1577 (603) 434-3101 (fax) www.centerforlifemanagement.org								X X		XXX	X
<b>Cross Roads House, Inc.</b> 600 Lafayette Road Portsmouth, NH 03801 (603) 436-2218 (603) 430-9217 (fax) www.crossroadshouse.org		X									
<b>New Generation, Inc.</b> 568 Portsmouth Avenue Greenland, NH 03840 (603) 436-4989 (603) 436-4989 (fax) www.newgennh.com				X							

Providers and Addresses	Homeless Shelter Services				Homeless Prevention/ Intervention		Special Needs Programs				
	Domestic Violence	Emergency Shelter	Transitional Program	Specialty Shelter	HSGP/ HHARLF	Prev./ Other	Outreach Intervention	Permanent Housing	Transitional Housing	Shelter + Care	PATH
<b>Rockingham Community Action</b> 4 Cutts Street, Suite 1A Portsmouth, NH 03801 (603) 431-2911 (603) 431-2916 (fax) www.rcaction.org					X	X					
<b>A Safe Place</b> 6 Greenleaf Woods, Suite 101 Portsmouth, NH 03801 (603) 436-4619 (603) 436-7951 (fax) www.asafeplacenh.org	X										
<b>Seacoast Mental Health Center</b> <b>• Springbrook Condominiums</b> 1145 Sagamore Avenue Portsmouth, NH 03801 (603) 431-6703 (603) 433-5078 (fax) www.seacoastmentalhealth.org								X			X
<b>STRAFFORD COUNTY</b>											
<b>The Housing Partnership</b> <b>• Rochester Family Housing</b> PO Box 466 Portsmouth, NH 03802 (603) 431-3620 (603) 431-3627 (fax) www.housingpartnership.org								X			
<b>Community Action Partnership of            Strafford County</b> PO Box 160 Dover, NH 03821-0160 (603) 749-1334 (603) 749-3718 (fax) www.straffcap.org					X	X	X				



