

Homelessness in New Hampshire

July 1, 2014 - June 30, 2015

A Report by the Bureau of Homeless &
Housing Services

Office of Human Services

NH Department of Health & Human Services





Jeffrey A. Meyers
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 1-800-852-3345 Ext. 9208
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

February 29, 2016

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) 2015 from July 1, 2014, to June 30, 2015.

This report highlights the activities undertaken by state-funded homeless service providers in addressing the issue of homelessness in New Hampshire, reflecting the ongoing need for services and housing for our homeless population. In SFY '15, 4,301 persons were sheltered in State-funded programs, including 493 families and 767 children. Homeless prevention services assisted more than 4,200 people, of which 72% were families with children. Although we are seeing some promising trends, major challenges continue to face the homeless service system in the State. Most notable is the shortage of affordable housing for low income households.

The Department is continuing to develop and build on new strategies to both prevent homelessness and rapidly rehouse households that become homeless. A coordinated entry process is being implemented Statewide to ensure anyone seeking homeless assistance services is assessed in a consistent manner and has equal access to the type of service that will best meet their needs. Together with our federal partners at the Veterans Administration and the U.S. Department of Housing and Urban Development, New Hampshire continues to focus on eliminating homelessness among veterans and addressing the complicated service and housing needs of people experiencing long-term chronic homelessness. We will continue our efforts with federal, State and community partners to serve this population, and we 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. It is also available on the Department of Health and Human Services website at www.dhhs.state.nh.us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey A. Meyers".

Jeffrey A. Meyers
Commissioner

Table of Contents

SFY 2015 Bureau of Homeless and Housing Services Funding Resources	2
SFY 2015 New Hampshire State Funded Homeless Shelters & Housing Programs Service Totals	3
Homeless Shelter Services	7
Emergency Shelters	7
Specialty Shelters	7
Domestic Violence Shelters	7
Transitional Programs	7
State Funded Emergency and Transitional Shelters Map	8
Homeless Prevention and Intervention	10
New Hampshire Homeless Hotline	10
Promoting Access to Permanent Housing	11
Housing Security Guarantee Program	11
Homeless Housing and Access Revolving Loan Fund	11
US Department of Housing and Urban Development (HUD) Continuum of Care Programs	12
CoC Service Totals	13
Balance of State Continuum of Care	13
Local Service Delivery Areas	14
Manchester Continuum of Care	15
Greater Nashua Continuum of Care	16
Transitional Housing for the Homeless	17
Permanent Supportive Housing	17
Permanent Housing Rapid Re-Housing	17
Housing Opportunities for Persons With AIDS	19
Outreach and Intervention	20
Homeless Outreach/Intervention Prevention Program	20
Projects for Assistance in Transition from Homelessness	22
New Hampshire Homeless Management Information System	23
Acknowledgments	24
Contact Information	24
CoC Service Provider List	Appendix A
SFY 2015 New Hampshire Homeless Services Activities Summary	Appendix B
State Funded Service Provider List	Appendix C

SFY 2015 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: \$3,889,810.88

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

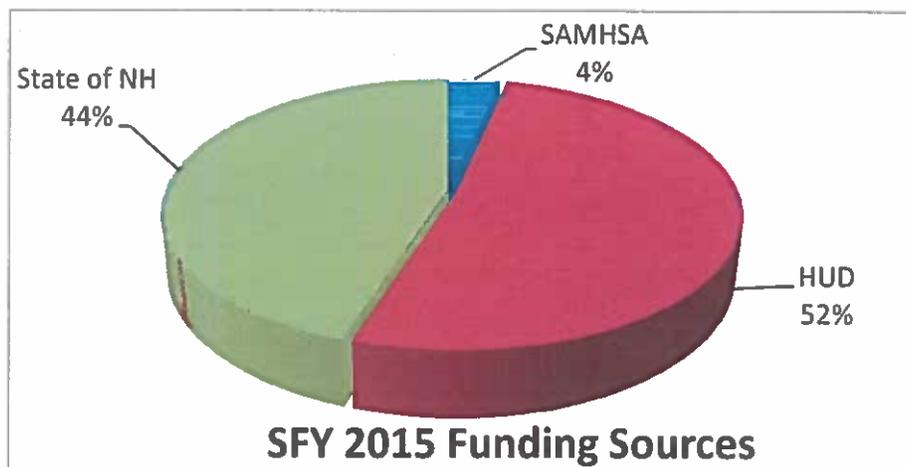
Actual Expenditures: \$4,459,354.66

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 2015
\$8,649,165.54**



SFY 2015 New Hampshire State Funded Homeless Shelters & Housing Programs Service Totals

A note on this year's data collection and compilation: *BHHS, making effective use of HMIS and database reporting tools, has improved upon de-duplication methods over those that were employed in past years. Clients who had shelter stays in multiple programs are now counted once which could partly attribute to the decrease in the total number of unique clients seen this year. Additionally, compared to previous years, the aggregate average length of stay has increased as a result of the improved de-duplication. BHHS strives to continually investigate and refine methods and techniques of data collection, compilation, and analysis in an effort to report quality information completely and accurately.*

	SFY '10	SFY '11	SFY '12	SFY '13	SFY '14	SFY '15
Total Persons Sheltered	4,681	4,942	4,825	4,732	4,760	4,301
Total Bed Nights Provided*	255,193	252,589	294,138	273,116	255,586	290,564
*Bed nights definition: the total number of nights of shelter provided to homeless persons.						

Historically, the average length of stay (LoS) was calculated by simply dividing the total bed-nights by the total number of clients served from the chart above. The data show a different picture however when the averages are done by program type:

- The average LoS in Emergency and Domestic Violence shelters was 52 days per client
- Clients in Transitional Housing programs stayed longer, an average of 129 days

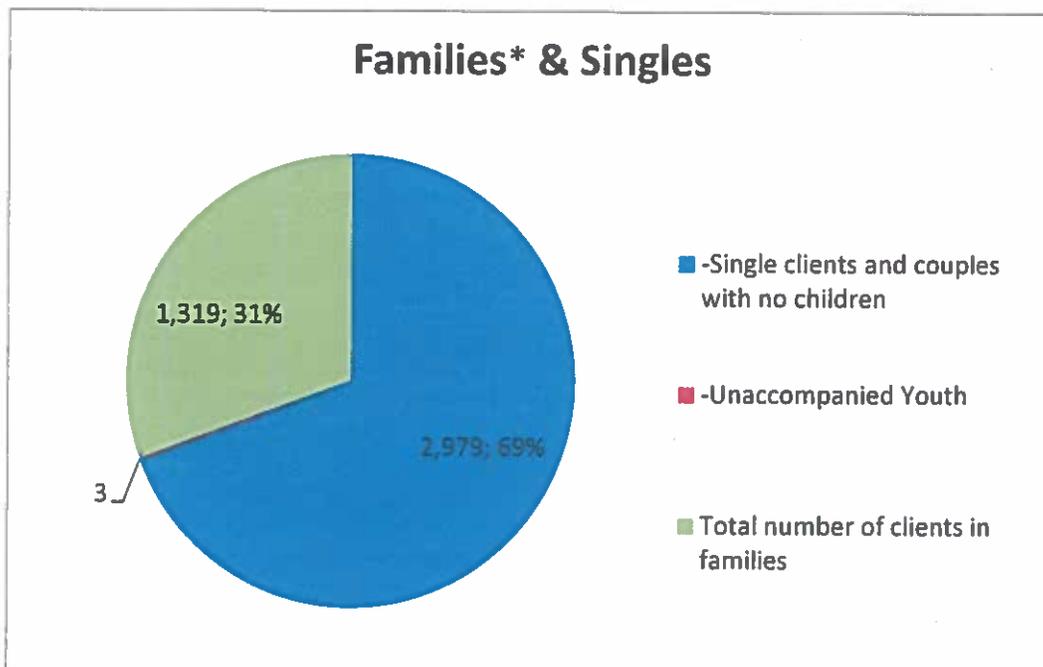
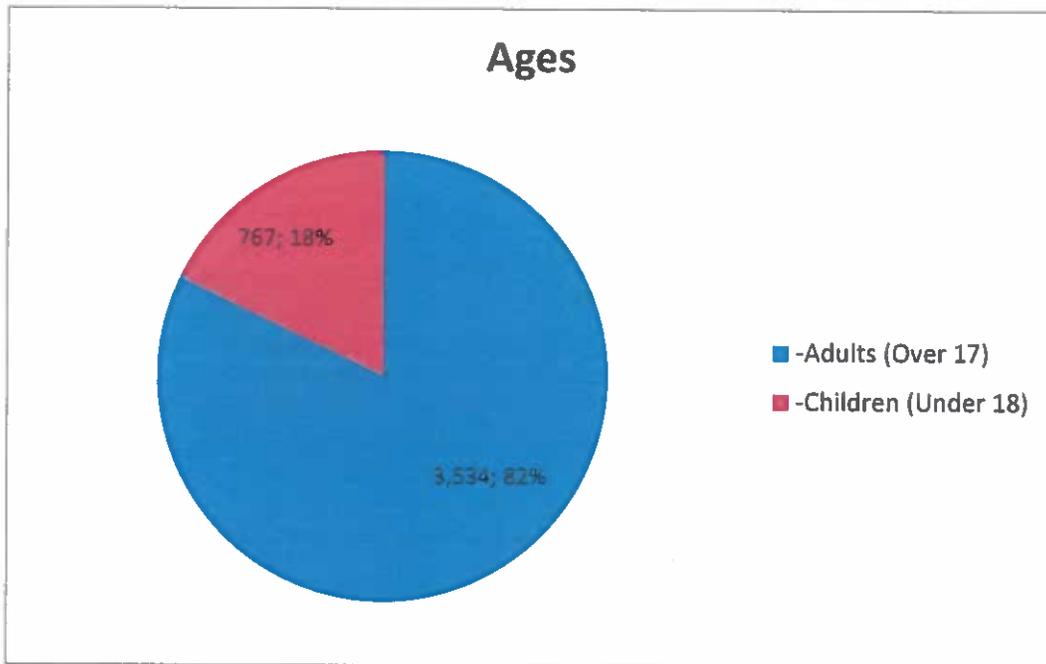
It's also important to note that these lengths of stay are arrived at by totaling clients' program stays over the course of the entire year. However some clients have multiple stays not only in different programs but more often returning to the same shelter throughout the year. Using HMIS, we are easily able to find the number of unique entry/exits and can determine the average LoS *per program visit* as opposed to per client:

- State funded ES and TH programs in HMIS* served 3,778 unique clients in SFY '15.
- 1,160 clients (about 30%) had multiple stays, either returning to the same program or showing up in a different program.
- There were 8,280 unique entry/exits over the time period, so the number of visits for an average client was at least 2. (8,280/3,778)
- Calculating average LoS based on the unique entry/exit count as opposed to the unique client count, the average is about 31 days. (254,727 bed-nights divided by 8,280 unique stays).

** For the safety of their clients, Domestic Violence shelters are not required to participate in HMIS and are therefore not included in these calculations.*

SFY 2015 New Hampshire State Funded Homeless Shelters & Housing Programs
Service Totals

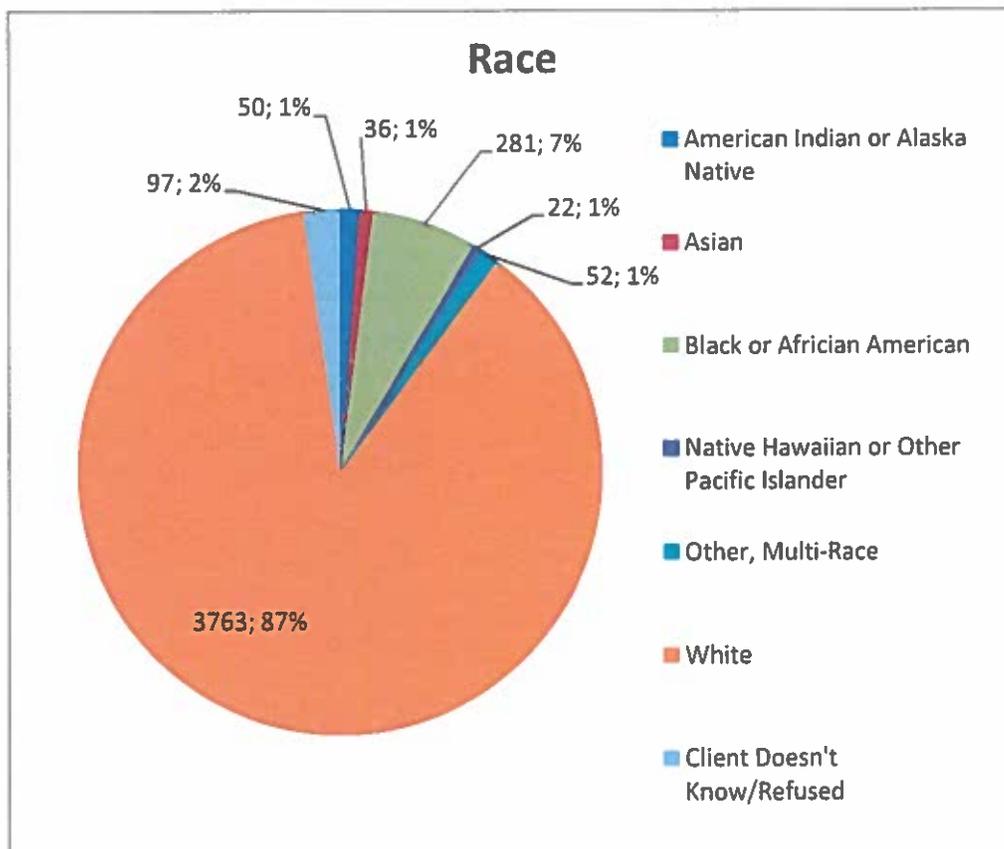
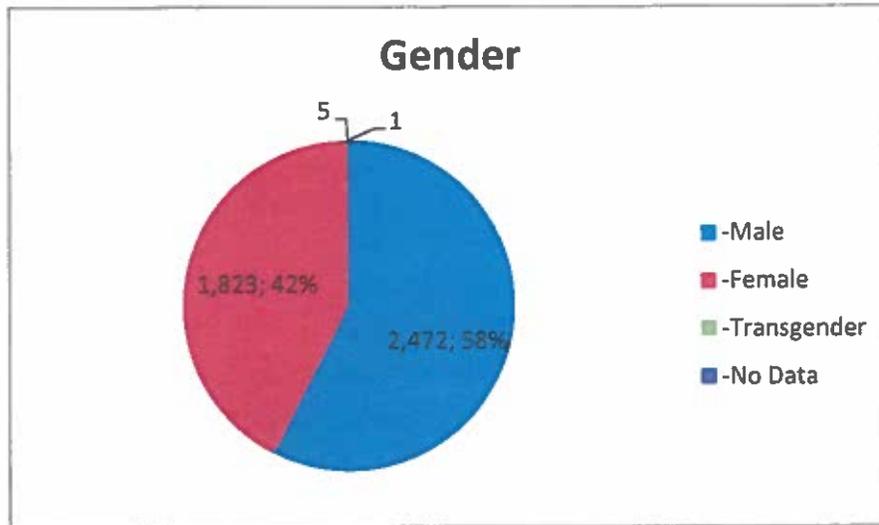
4,301 The unduplicated total number of clients who were served in Emergency Shelters, Transitional Housing Programs, or Domestic Violence Shelters



** 1,319 clients in 493 families*

SFY 2015 New Hampshire State Funded Homeless Shelters & Housing Programs Service Totals

4,301 The unduplicated total number of clients who were served in Emergency Shelters, Transitional Housing Programs, or Domestic Violence Shelters



SFY 2015 New Hampshire State Funded Homeless Shelters & Housing Programs
Service Totals

4,301 The unduplicated total number of clients who were served in Emergency Shelters, Transitional Housing Programs, or Domestic Violence Shelters

Of this total:

16% (698) were Chronically Homeless*

6% (256) were Veterans

25% (1083) were victims of Domestic Violence

24% (1021) had a known mental illness

5% (211) reported alcohol abuse

6% (278) reported some other substance abuse

7% (288) had a dual diagnosis (mental illness and substance abuse)

14% (591) had a physical disability

4% (182) had a developmental disability

Less than 1% (20) had HIV/AIDS

**HUD's updated definition of Chronic Homelessness which will go into effect January of 2016: To be considered chronically homeless, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months.*

Below is a thank you note from a Korean War Veteran, "Bill". His landlady saw an ad from The Bridge House in the paper offering assistance to Veterans and their families at the American Legion. She mentioned it to Bill who tended to be chronically in arrears. After attending, Bill was able to set up automatic payments for rent and utilities from his modest Social Security check. The Bridge House was able to help him get over the financial 'hump' by acquiring one month's rent from Vets Count, an Easter Seals program:

Cathy,

I was informed you were adamant that I spend no money in my response of thanks to you for your invaluable assistance in pulling my financial "submarine" out of a crash dive, onto an even keel, and a slow but steady surfacing into the fresh air of financial responsibility.

Feel free to use, in your own way, my story to help other veterans who have, through their own fault or through circumstances they had not foreseen, found themselves in similar trouble foundering on the rocks. Anonymity is not an issue for me: I left the US Army as a commissioned officer, i.e., one who swore a commissioning oath to accept responsibility eagerly, regardless of the work involved. At age 71 I'm now re-swearing that oath. Maybe I can help others.

Thank you again, so much. Bill

Homeless Shelter Services

The DHHS, BHHS provided funding to 45 programs that provided shelter to 4,301 homeless men, women and children in SFY '15. 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 care network.

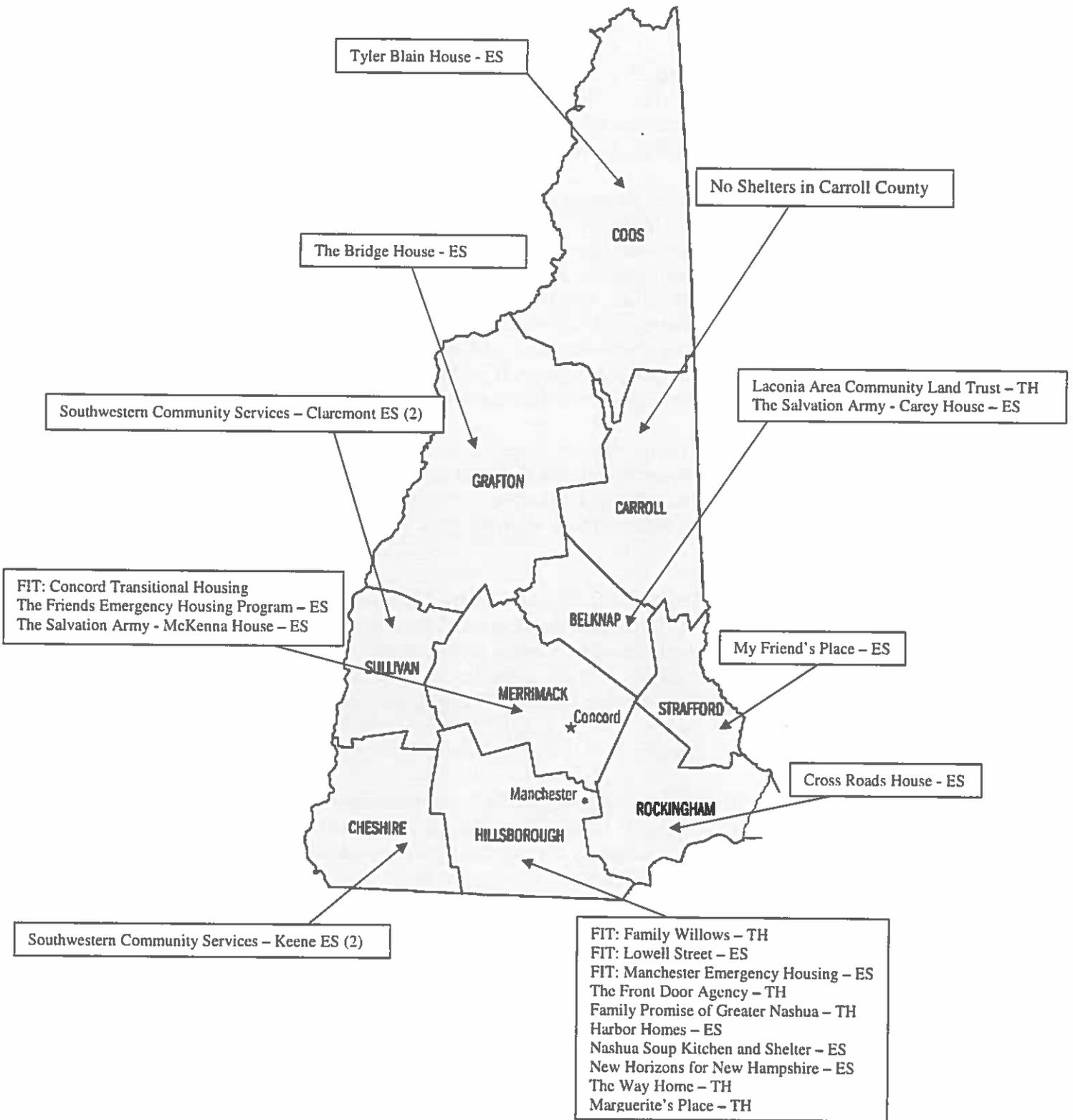
Emergency Shelters – These shelters serve approximately 540 people (individuals and families) on any given night across the state. The people served by emergency shelters are some of the most vulnerable citizens of our state who often have complex and challenging needs. Emergency shelters assist guests 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 2015, 516 individuals were sheltered at domestic violence shelters. Of those 516 individuals, 320 were adults and 196 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 7 such programs.

PROGRAM TYPE	NUMBER OF SHELTERS
Emergency Shelters	17
Specialty Shelters	9
Domestic Violence Shelters	12
Transitional Programs	7
TOTAL	45



State Funded Emergency and Transitional Shelters

Emergency Shelter - ES
Transitional Housing - TH



Growing up in Laconia, Erin knew at a young age that she wanted to be in the hospitality industry. After high school she went on to graduate from Johnson & Wales University in Rhode Island with an Associate's Degree in Hotel Management and a Bachelor's Degree in Hospitality Management. After working back in NH for a few years she accepted a job at a hotel in Connecticut. "Everything was going great," she remembers. Then her mother became sick.

Erin came home to Laconia to help with her mom and three younger siblings. What was supposed to be a short stay turned into more. She soon found herself a single mother working two jobs and living in one bedroom with her daughter in her family's 2-bedroom home leaving one of her siblings sleeping on the couch in the living room.

Working as a manager at a local restaurant made for difficult hours for child care. She took a second job and was still unable to make ends meet. Erin was left with little time to raise her daughter, she felt financially frustrated, and she couldn't continue to stay at her parents. Not being able to afford child care and rent, Erin wasn't sure where to go. Then she heard about Laconia Area Community Land Trust's (LACLT) Transitional Program. Erin soon entered LACLT's Transitional Program, which became her first real home with her daughter and helped her get back on her feet. She began working full-time for the catering company she had worked at as a teen, taking LACLT's Debt Triage Class, saving for a house through an IDA account, and rebuilding her credit. Her IDA account match is maxed out, but she still contributes to it to save for a down payment on a house she hopes to buy this fall. She recently had to buy a car. Erin and her mother teared up when told she didn't need a co-signer and qualified for the best interest rate, when three years ago she couldn't even get a credit card. Erin has worked hard to get where she is today and says she feels, "Like a completely different person." She states, "Without LACLT I'd still be working two jobs and paying other people to raise my daughter."

Erin is currently looking for that perfect house and has joined the LACLT Board of Directors. When asked why, this is what she said, "I decided to join the LACLT Board so I could finally give back to an organization that has given so much to me. It is my turn to assist those who are in the position I was in just a few short years ago."

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.

4,288 clients received services from state funded Prevention Programs.
The total is comprised of **1,190 Single adults and 1,565 Adults and 1,533 Children making up 1,042 families.**

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.

For additional information on 2-1-1 NH, please go to www.211NH.org. During State Fiscal Year 2015, 2-1-1 served 3,502 persons who were homeless or at risk of becoming homeless.

1,840 Single Adults
1,662 Individuals making up 546 families
3,122 Persons who were homeless
380 Persons at risk of homelessness



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)

Promoting Access to Permanent Housing

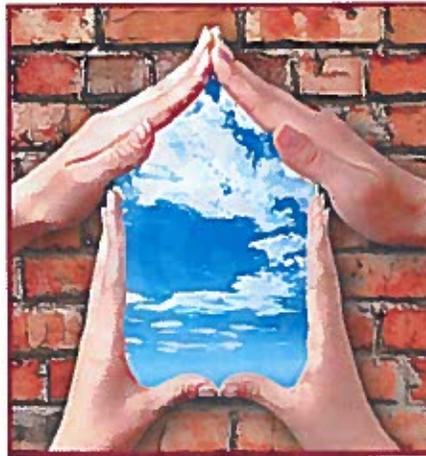
Two unique intervention programs promote access to permanent housing, providing opportunities for low income individuals and families to secure safe, affordable housing in NH's low vacancy, high cost rental market. These programs may serve as both a landlord encouragement to rent to someone who may not 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.

579 households received an HSGP loan during SFY 2015

Homeless Housing and Access Revolving Loan Fund (HHARLF)

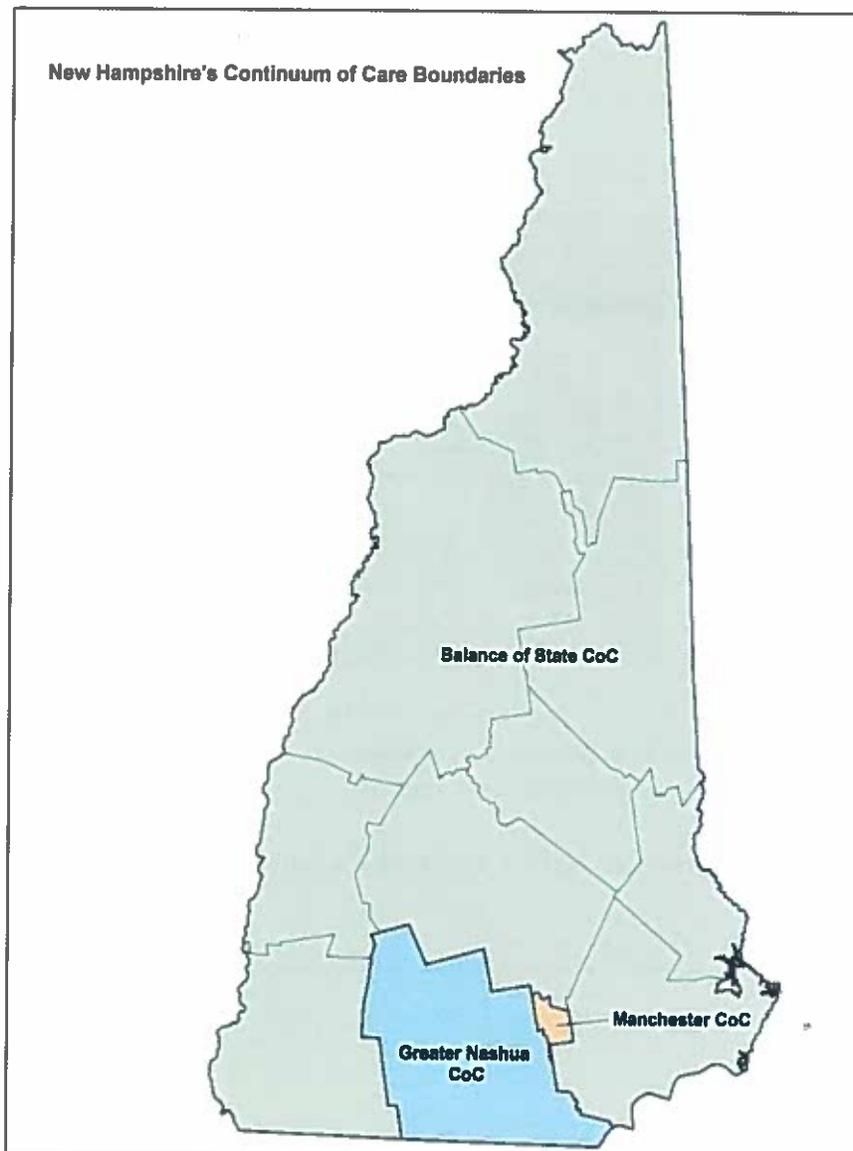


This program provides loans for the first month of rent and/or security deposit for homeless individuals and families. HHARLF loans are available to individuals that may not qualify for other assistance programs due to exceeding income guidelines.

67 households were assisted with a HHARLF loan during SFY 2015

US Department of Housing and Urban Development (HUD) Continuum of Care Programs

HUD-funded Continuum of Care (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. 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).



Continuum of Care, Housing Programs - Service Totals

Balance of State Continuum of Care

- 101 clients served in Transitional Housing**
- 246 clients served in Permanent Housing**
- 122 clients served in Shelter Plus Care Housing**
- 87 clients served in the CoC Rapid Re-Housing program**

Manchester Continuum of Care

- 346 clients served in Permanent Housing**
- 234 clients served in Transitional Housing**

Greater Nashua Continuum of Care

- 224 clients served in Permanent Housing**
- 82 clients served in the HOPWA program**

The three CoCs all have similar missions, visions, goals, and responsibilities with the aim of preventing and ending homelessness. Each CoC meets regularly to discuss ongoing strategies for ending homelessness in their communities, and to share resources to meet specific goals. All of the CoCs have active committees and subcommittees that include (but are not limited to):

- Executive and Leaderships committees
- Ranking and Funding sub-committees
- Data sub-committees
- Chronic Homeless and Ending Homelessness sub-committees
- Community Relations/Awareness sub-committees

CoC Projects/Highlights

Balance of State & BHHS – Coordinated Entry

The State of NH has implemented a preliminary Coordinated Entry system, with a goal of improving access to services for our homeless population, while improving communication between service providers in order to ensure the client's needs are being met in the most appropriate way. For this purpose, NH has 8 distinct regions, which are covered by the 3 Continuums of Care. Over the last 2 years each region has been tasked with developing a Coordinated Entry system that works for their community. After many months of talking and planning, the State of NH is ready to start putting Coordinated Entry into action. On July 1, 2015, the regions started piloting the system that they chose for their community. On August 1, 2015, providers started entering Coordinated Entry data into HMIS in order to track diversion and returns to homelessness. In partnership with a consultant from the Corporation for Supportive Housing, a workshop was held in October 2015 to start the process of

formalizing each regional system. Following the October workshop, regional workshops were held that included homeless services providers and municipal welfare administrators, and others as appropriate in order to work out specific details of how the process will work. A follow-up statewide workshop will be held in April 2016 in order to tie all of the regional systems together, and to formalize a process for prioritizing homeless services for clients based on who is the most vulnerable. Coordinated Entry in NH is a work in progress - one that requires communication and collaboration among all homeless services providers.

Local Service Delivery Areas within the Balance of State

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



In March 2015 the Greater Seacoast Coalition to End Homelessness worked with local hospitals to establish **Community Care Teams (CCTs)** for the region. CCTs are a particularly effective approach to serving a population for whom traditional models of service, support and care delivery has not been effective to meet their complex needs. CCTs seek to develop and implement service plans that move beyond addressing discrete urgent needs, integrating the assets of partners from multiple sectors to address the social determinants of a given person's health and wellness.

Currently CCTs are in place and operating in two of the Seacoast's local hospitals comprised of a wide range of service providers including representatives from Hospitals, Community Health Centers, Mental/Behavioral Health Services, Substance Use Services, Homeless Shelters, Soup Kitchens and Coordinated Entry. These CCTs seek to create a holistic and comprehensive plan that includes care coordination and customized treatment plans to address behavioral and/or chronic health conditions, as well as other important factors that may enable or constrain an individual's capacity to achieve their goals (e.g. housing, legal, domestic violence, children and family issues, etc.)

CCTs begin with a data driven approach to identifying highest need participants as indicated by their patterns of utilization of crisis/emergency services. CCTs meet face-to-face, weekly to review newly identified cases, create individualized plans of action, and to monitor progress and make any needed adjustments to active cases. A human services worker (Community Health Worker, Health Promotion Advocate, etc.) conducts the necessary outreach and engagement to initiate the plan. This can include active outreach or response to standing orders the next time a targeted individual presents for services. The CCT model helps to overcome typical barriers of communication between agencies, reduces the likelihood of client's "bouncing" between agencies, and provides a structure for conducting more thorough follow-ups to plans created among and between agencies.

CCTs operating in other communities across the country have experienced the following benefits and outcomes:

- When serving their most vulnerable and difficult and unstable clients, many agency providers who participate in CCTs were unaware of the frequency of their clients utilization of other services, or learned of them only in retrospect.

- CCTs report the significant reduction in frequency of crisis service utilization among identified individuals. For example, the CCT in Middletown, CT reported a 63% reduction in combined ED and IP hospital visits among the first 132 clients who had received the CCT intervention for at least six months.
 - CCT agencies report improved morale among staff members who come into high and frequent contact with the most vulnerable and symptomatic individuals in their community.
 - Agencies involved in CCTs report that their participation pays dividends far beyond the one hour spent weekly in case conference, enhancing the efficiency and quality of their services to their respective and common clients.
 - CCT agencies report that the cross-sector integration of services and resources (e.g. clinical care and housing) has been vital for addressing the complex needs, and affecting better outcomes for their most challenging clients.
-

Manchester – 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@mcoch.org.

Pictures from Families in Transition "ground breaking" event at their new resource center/emergency family shelter site



Maureen Beauregard, President of FIT



Governor Maggie Hassan

Greater Nashua – Harbor Homes continues to provide transitional and permanent housing (TH, PH) to more than 100 homeless and low-income veteran households in Nashua and Manchester. The agency is the largest provider of veteran-specific housing in the state. Harbor Homes operates three homeless veterans' TH programs in Nashua, and one TH program in Manchester.

For specific questions or further information on any of the CoCs, please contact:

Balance of State

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

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

MCoC

Mary Sliney, Chairperson
The Way Home
214 Spruce Street
Manchester, NH 03103
603-218-1421
Mary@THEWAYHOMENH.ORG

For more information about the MCoC, you can also visit their website at www.mcocnh.org or you can e-mail the MCoC at info@mcocnh.org.

Greater Nashua

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

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

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 assists 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.

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.

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.

There is a listing of these programs, by CoC, at the end of the report.



Katelyn came to the Front Door Agency's Transitional Housing program two years ago with her two-year-old daughter. She wanted to escape the abusive home she'd grown up in and give her daughter a chance at a better life. At the time, Katelyn was working two part-time jobs to try to make ends meet, although her dream was to become a dental hygienist. With support from our program, she was able to earn her degree in dental hygiene and is now pursuing a job in the field. She is living in Phase 3 (affordable housing with case management support) of our Transitional Housing program while completing her licensing requirements and job search.

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, 2014 through February 28, 2015, these two programs:

- **Provided 29 households** with tenant-based rent assistance, of which 100% maintained their permanent housing situation for at least one year;
- **Supported 151 households** with short-term rent, mortgage or utility assistance; and
- **Provided 447 households** with other supportive services.

Greater Nashua Continuum of Care (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.



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.

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 BoSCoC and Southern Hillsborough County. 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.

2,063 clients served by BoS HOIP workers during SFY 2015

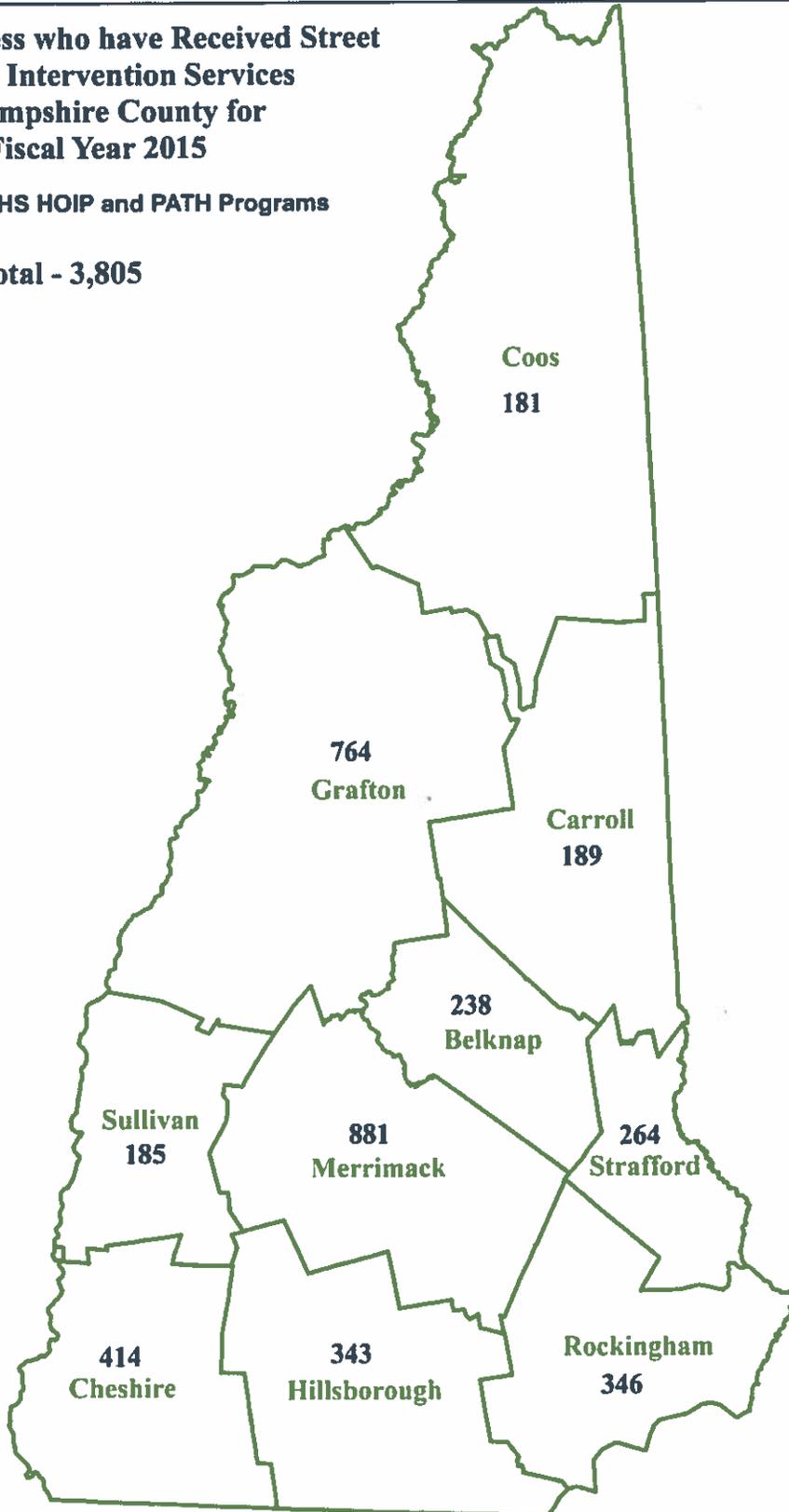


HOIP and PATH Outreach Workers

**Unsheltered Homeless who have Received Street
Outreach and Intervention Services
by New Hampshire County for
State Fiscal Year 2015**

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

Total - 3,805



Prepared by: Tylor Young
Geographic Information
Systems Analyst
tylor.young@dhs.state.nh.us



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 2015, **PATH service workers enrolled 1,563 unsheltered homeless** to receive program services. Of these:

- 45% have a co-occurring substance use disorder;**
- 10% 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:

- 26% emergency shelter;**
- 26% place not meant for human habitation;**
- 15% friend’s house;**
- 9% family’s home;**
- 4% hotel/motel;**
- 2% hospital;**
- 1% psychiatric hospital/facility;**
- 1% jail/prison;**
- 1% substance abuse treatment facility;**
- and 15% other**

The following is a story from an outreach worker in Belknap County

Some time ago I delivered brown-bag lunches to “John” and other homeless people around greater Laconia. After conversing with John (who is thinning out) he thanked me with great appreciation and a handshake, as he does every time, while looking me in the eyes.

I drove around making my rounds and awhile later I noticed a couple walking along on the sidewalk with the two bags I had given to John. I had never seen this couple before and they looked well groomed. I wanted to stop and ask them why and how they ended up with the lunches but I did not know them and didn’t want to cause any conflict. I went back to speak with John to see if there was someone else in need that I was unaware of but he was nowhere to be found.

When I returned to Laconia again I did not see the couple. I was worried that John was selling the lunches for alcohol, as others had done, but I did not want to offend John when I saw him. I could have been wrong.

On my most recent visit I met up with John. He asked if I had a minute because there was someone he wanted me to meet. He brought over the couple that I saw previously. This couple lost their apartment after the gentleman lost his job. They had met John at the soup kitchen. They told me that John helps them out as much as he can and looks out for them on the street. They said John had initially wanted them to reach out to me but they were too weary at the time. John puts others’ needs ahead of his own despite battling his own demons with alcoholism. He feels obligated to help without any thought going into it.



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.”² 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.

Harbor Homes has been going strong as the lead agency for 5 years. They are 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/>.

In 2015, the NH-HMIS team developed two new programs: Runaway and Homeless Youth (RHY) and Housing Opportunities for Persons with AIDS (HOPWA). These programs are now entering all HUD required data into HMIS.

The annual HMIS ServicePoint refresher training was held November 2-6, 2015, with one or two sessions held each day at three locations: Nashua, Manchester, and three days in Concord for a total of nine 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 2015 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.

² New Hampshire’s Ten-Year Plan to End Homelessness, p.4

Acknowledgments

Stories, updates, photos and quotes appearing in this report are courtesy of: The Bridge House, Laconia Area Community Land Trust, the Greater Seacoast Coalition to End Homelessness, Families in Transition, The Front Door Agency, HOIP and PATH Outreach.

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/homelessdata.htm>



Homeless camp in Concord

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

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

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

BoSCoC PH Service Providers

Center for Life Management
10 Tsienneto Road
Derry, NH 03038

Genesis Behavioral Health
111 Church Street
Laconia, NH 03246

Families in Transition
122 Market Street
Manchester, NH 03101

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

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

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

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

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

MP Housing
87 Palm Street
Nashua, NH 03060

SFY 2015 New Hampshire Homeless Services Activities Summary Service Totals

State-Funded Shelter Services

4,301 Persons sheltered (Emergency and Transitional)
Total includes 516 people sheltered in domestic violence shelters

Of Persons Sheltered There Were

2,979 Single adults
555 Adults in 493 families
764 Children in families

Including

1,021 Persons with known mental illness
211 Persons with alcohol abuse
278 Persons with other substance abuse
288 Persons with dual diagnosis (mental health and any substance abuse)
182 Persons with a developmental disability
591 Persons with a physical disability
1,083 Victims of domestic violence
256 Veterans
20 Persons with HIV/AIDS
698 Persons who are chronically homeless

52 Average Length of Stay in Emergency and DV Shelters (# of days)
129 Average Length of Stay in Transitional Housing Programs (# of days)

State-Funded Prevention Services

4,288 Total persons served
Total is comprised of 1,190 Single adults and 1,565 Adults and 1,533 Children making up 1,042 families.

Balance of State Continuum of Care

2,063 Homeless Outreach/Intervention Program
101 Transitional Housing persons served
246 Permanent Housing persons served
122 Shelter Plus Care Housing persons served
87 CoC: Rapid Re-Housing persons served

Manchester Continuum of Care

346 Total served (Permanent Housing)
234 Total served (Transitional Housing)

Greater Nashua Continuum of Care

224 Permanent Housing persons served
82 HOPWA HIV/AIDS persons served in the Greater Nashua Continuum of Care

Other Program Types

130 ESG Prevention persons served
292 ESG Rapid Re-Housing persons served
579 Housing Security Guarantee Program households assisted
67 Homeless Housing and Access Revolving Loan Fund households assisted
447 HOPWA HIV/AIDS households assisted (3/1/13 – 2/28/14, Balance of State & Manchester Continua)
1,563 PATH clients served



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		
The Front Door Agency 7 Concord Street Nashua, NH 03064 (603) 886-2866 (603) 886-9214 (fax) www.frontdooragency.org			X		X								
Family Promise of Greater Nashua 180 Lowell Road Hudson, NH 03051-4907 (603) 883-7338 (603) 883-8335 (fax)			X										
Greater Nashua Mental Health Center at Community Council 7 Prospect Street Nashua, NH 03060 (603) 889-6147 (603) 882-2017 (fax) www.ccofnashua.org											X		
Harbor Homes, Inc. 45 High Street Nashua, NH 03060 Note: Also has Rapid Re-Housing (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	HSGPI/ HHARLF	Prev./ Other	Outreach Intervention	Permanent Housing	Transitional Housing	Shelter + Care	PATH	
MERRIMACK COUNTY Community Action Program Belknap-Merrimack Counties, Inc. • New Start Program PO Box 1016 Concord, NH 03302-1016 (603) 225-3295 (603) 228-1898 (fax) www.bm-cap.org					X	X	X					
Crisis Center of Central New Hampshire PO Box 1344 Concord, NH 03302-1344 (603) 225-7376 (603) 225-2850 (fax) www.rdvcc.org	X											
Families in Transition, Inc. • Concord Transitional Housing • Concord PHP • Concord Community PH • Concord Community Leasing II Concord, NH (603) 641-9441 (603) 641-1244 (fax) www.fitnh.org			X					X X X				

