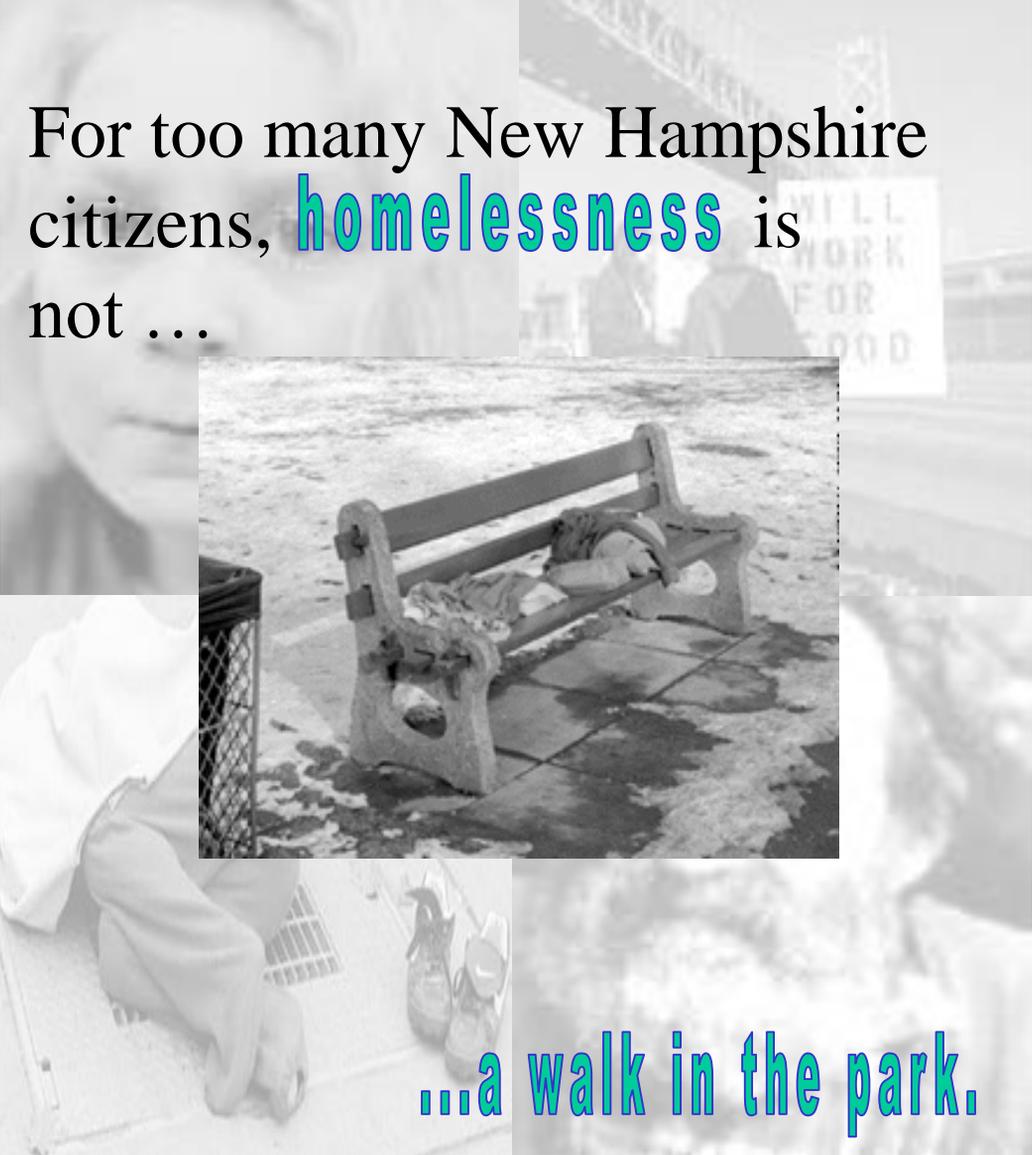


HOMELESSNESS IN NEW HAMPSHIRE

A Report by the Bureau of Homelessness & Housing Services

July 1, 2015 to June 30, 2016



For too many New Hampshire citizens, **homelessness** is not ...

...a walk in the park.

Office of Human Services
New Hampshire Department of Health and Human Services



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-9200 FAX: 603-271-4912 TDD ACCESS: RELAY NH 1-800-735-2964

JEFFREY A. MEYERS
COMMISSIONER

January 25, 2017

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) 2016, from July 1, 2015, to June 30, 2016.

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 2016, 4,013 persons were sheltered in state funded programs, 5,433 persons were served through state funded intervention programs and 1,777 were housed through federally funded Continuum of Care Housing programs statewide. Although we are seeing some promising trends, major challenges continue to face the homeless service system in the state, most notably the shortage of affordable housing.

BHHS is continuing to develop and build on new strategies to both prevent homelessness and rapidly rehouse persons experiencing homelessness. A coordinated entry process is being refined statewide that will prioritize available permanent housing units for the most vulnerable homeless clients. Together with our Federal partners, NH continues to focus on eliminating homelessness among veterans. Between January 2016 and August 2016, the number of veterans experiencing homelessness in New Hampshire was reduced from 123 to 21. BHHS has been an active member of the Governor's Interagency Council on Homelessness, leading the Ending Homelessness for People Living in Encampments Subcommittee.

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 Betsy O'Connor at 271-9196 or e-mail her at Betsy.O'Connor@dhhs.nh.gov. It will also be available on the Department of Health and Human Services website at www.dhhs.nh.gov.

Sincerely,

Jeffrey A. Meyers
Commissioner

Table of Contents

SFY 2016 Bureau of Homeless and Housing Services Funding Resources	2
SFY 2016 New Hampshire State Funded Homeless Shelters & Housing Programs Service Totals	3
Homeless Shelter Services	7
Emergency Shelters	
Specialty Shelters	
Domestic Violence Shelters	
Transitional Programs	
State Funded Emergency and Transitional Shelters Map	8
Homeless Prevention and Intervention	9
Housing Security Guarantee Program	
Homeless Housing and Access Revolving Loan Fund	
NH-211	10
Community Care Teams	11
HUD Continuum of Care Programs	12
CoC Service Totals	13
NH Continuums of Care	14
Balance of State	
Manchester	
Greater Nashua	
Housing	17
Transitional Housing	
Permanent Supportive Housing	
Permanent Housing Rapid Re-Housing	
HOPWA	18
Outreach and Intervention	19
PATH	21
New Hampshire Homeless Management Information System	22
Statistics Summary	23
Acknowledgments	24
Stories	25
Provider List	Appendix - A

SFY 2016 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: \$4,067,988.64

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

Emergency Shelters, Homeless Prevention and Intervention Programs, Homeless Outreach and Intervention Program (HOIP), Permanent and Transitional 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

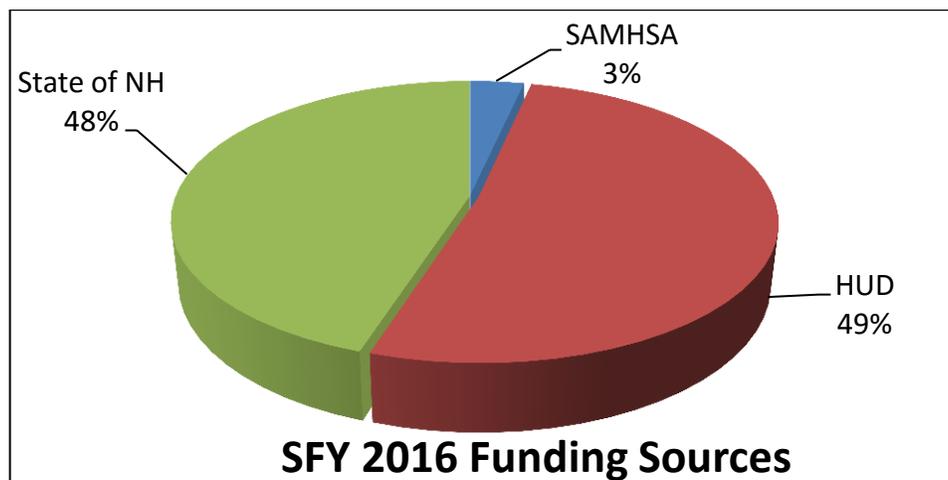
Actual Expenditures: \$4,220,943.03

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: \$277,606.00

**Actual Expenditures – SFY 2016
\$8,566,537.67**



SFY 2016 New Hampshire State Funded Homeless Shelters & Housing Programs Service Totals

A note on this year's data collection and compilation: *As we see the number of unsheltered homeless persons on the decrease, we also see an increase in the length of stay, confirming again that additional housing is much needed throughout the state. BHHS continues to monitor the ever improving quality of reported homeless data for all of NH, striving 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	SFY '16
Total Persons Sheltered	4,681	4,942	4,825	4,732	4,760	4,301	4,013
Total Bed Nights Provided*	255,193	252,589	294,138	273,116	255,586	290,564	311,855
*Bed Night's 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:

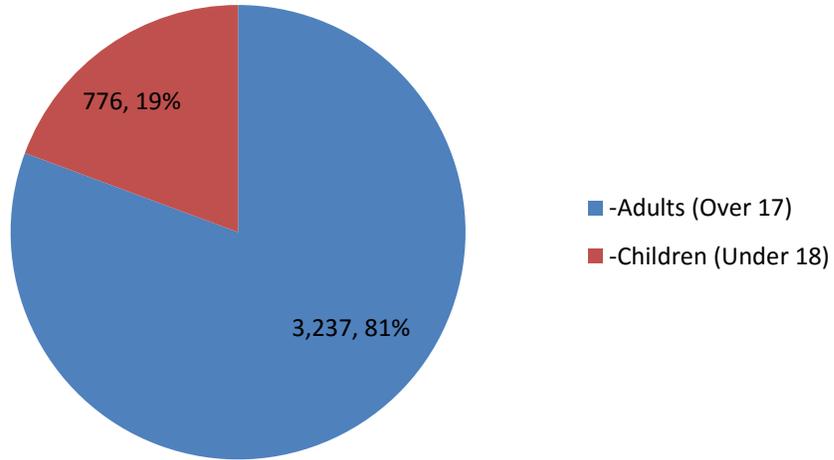
- The average LoS in Emergency and Domestic Violence shelters was 54 days per client
- Clients in Transitional Housing programs stayed longer, an average of 152 days

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:

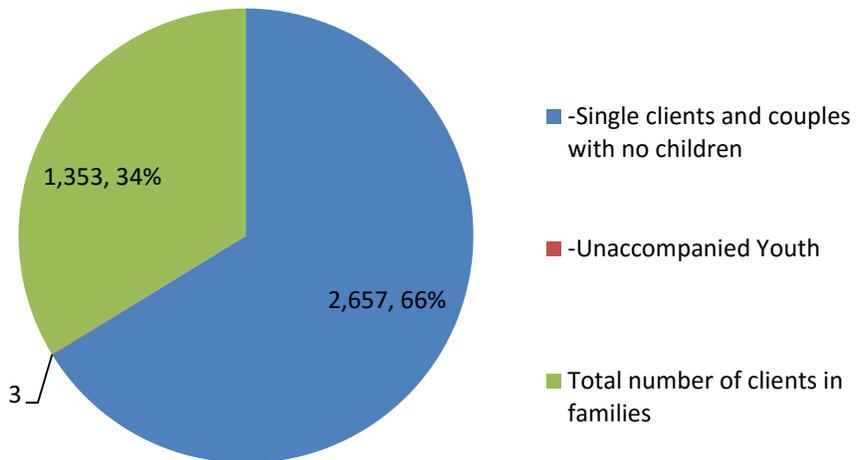
- State funded ES and TH programs in HMIS* served 4,013 unique clients in SFY '16.
- 967 clients (27.3%) had multiple stays, either returning to the same program or showing up in a different program.
- There were 7,000 unique entry/exits over the time period, so the number of visits for an average client was just under 2. (7,000/3,535)
- Calculating average LoS based on the unique entry/exit count as opposed to the unique client count, the average is about 41 days. (283,670 bed-nights divided by 7,000 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.*

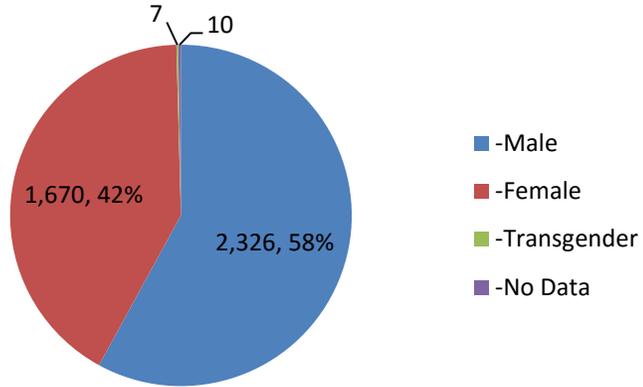
Ages



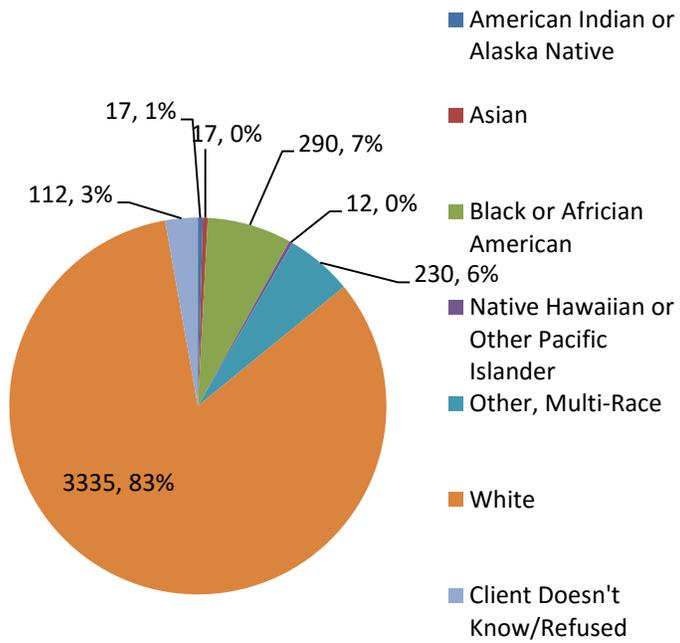
Families & Singles



Gender



Race



16% (623) were Chronically Homeless*
5% (202) were Veterans
25% (997) were victims of Domestic Violence

25% (996) had a known mental illness
9% (367) reported alcohol abuse
10% (437) reported some other substance abuse
1% (22) reported a dual diagnosis

16% (657) had a physical disability
4% (166) had a developmental disability
Less than 1% (8) had HIV/AIDS

**HUD's updated definition of Chronic Homelessness which went 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.*



Homeless Shelter Services

DHHS’s Bureau of Homeless and Housing Services provided funding to 43 programs that provided shelter to 4,013 homeless men, women and children in SFY ’16. 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 close to 700 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 help guests 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. Five specialty shelters in the state serve individuals in recovery from substance abuse (2), homeless youth (2), and pregnant women (1).

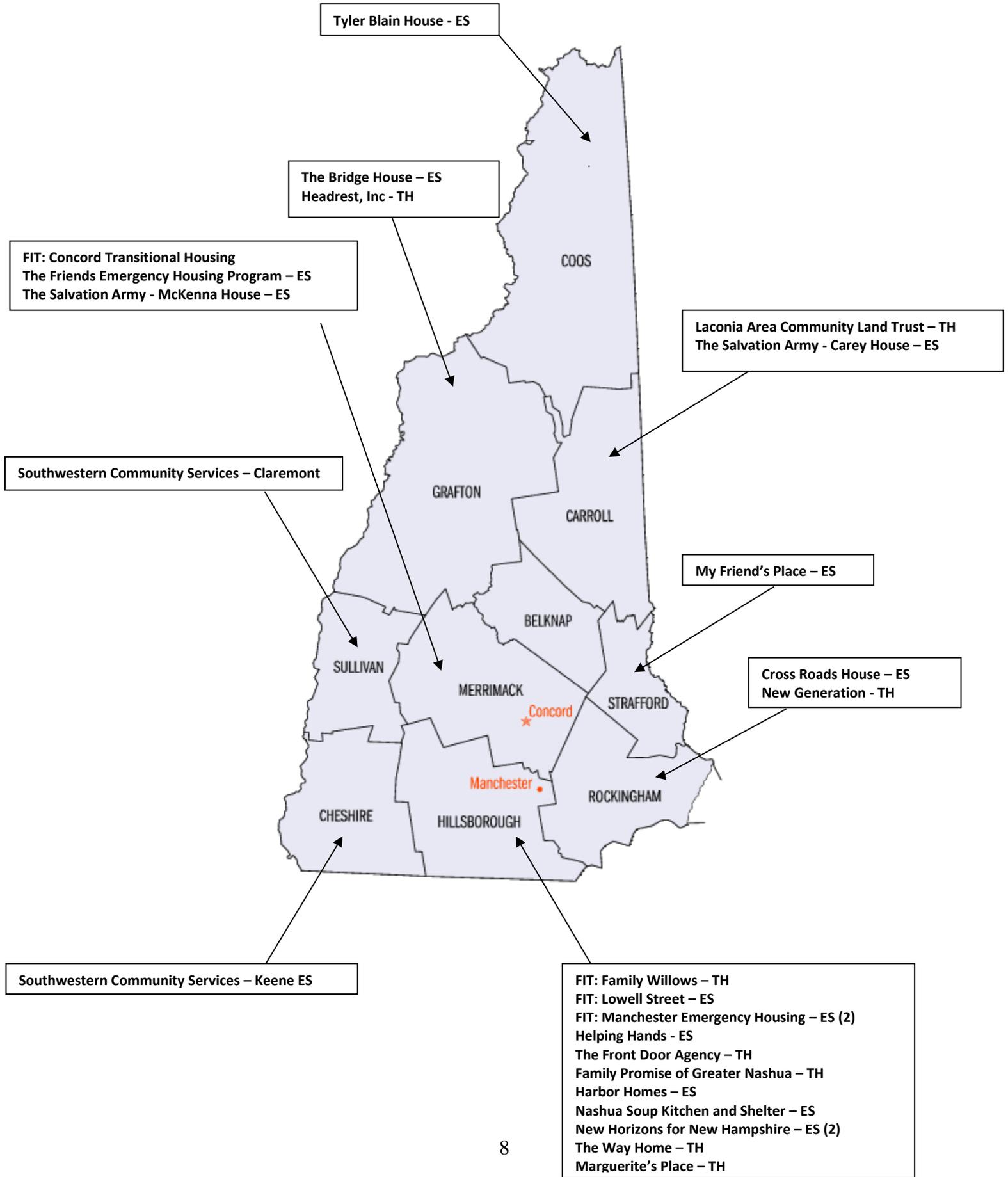
Domestic Violence Shelters – BHHS contracts with the New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) to provide funding to 12 Domestic Violence Shelters statewide. NHCADSV is a statewide network of local crisis centers providing safe and empowering environments for victims and survivors of domestic and sexual violence. Homeless victims of domestic violence, predominately women and children, receive emergency and transitional shelter as well as critical support services through these shelters. In SFY 2016, 478 individuals were sheltered at domestic violence shelters. Of those 478 individuals, 281 were adults and 197 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.

PROGRAM TYPE	NUMBER OF SHELTERS
Emergency Shelters	17
Specialty Shelters	5
Domestic Violence Shelters	12
Transitional Programs	9
TOTAL	43

State Funded Emergency and Transitional Shelters

Emergency Shelter – ES
Transitional Housing – TH



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 multiple 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, and are provided after all other community resources have been exhausted. 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.

5,433 clients received services from state funded Prevention/Intervention Programs.
1,637 single adults
3,766 persons in 1,078 families.

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.

532 households received an HSGP loan during SFY 2016

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.

125 households were assisted with a HHARLF loan during SFY 2016



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, an initiative of Granite United Way. During state Fiscal Year 2016, Information and Referral Specialists at 2-1-1 NH received 6097 calls regarding housing and homelessness, one of every six calls received for the year.

In addition, Granite United Way merged its 2-1-1 NH statewide information and referral line with their Asset Building Initiative, bringing together the two areas of their work that directly serve low- and moderate income individuals and families. This allows 2-1-1 to provide free income tax preparation through its VITA (Volunteer Income Tax Assistance) program, for example, to those who are working but unable to sustain permanent housing through their income, and save on the cost of commercial filing fees. Callers can use 2-1-1 NH to schedule their tax appointment and the Information & Referral Specialist can assist them by reviewing what tax documents they need to provide. The 2-1-1 NH & Asset Building Strategies department at Granite United Way also allows for more integrated referrals for comprehensive services to agencies that can provide financial education and other resources.

During State Fiscal Year 2016, 2-1-1 served 2,766 families/persons who were homeless or at risk of becoming homeless.

- 755 Single Adults**
- 457 Homeless families of as many as 8 people**
- 2,048 Persons who were homeless**
- 328 Persons at risk of homelessness**
- 20 Homeless unaccompanied youth under age 20**

For additional information on 2-1-1 NH, please visit www.211NH.org.

**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)**

Community Care Teams (CCTs)

Since March 2015 the Greater Seacoast Coalition to End Homelessness has 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 person's health and wellness.

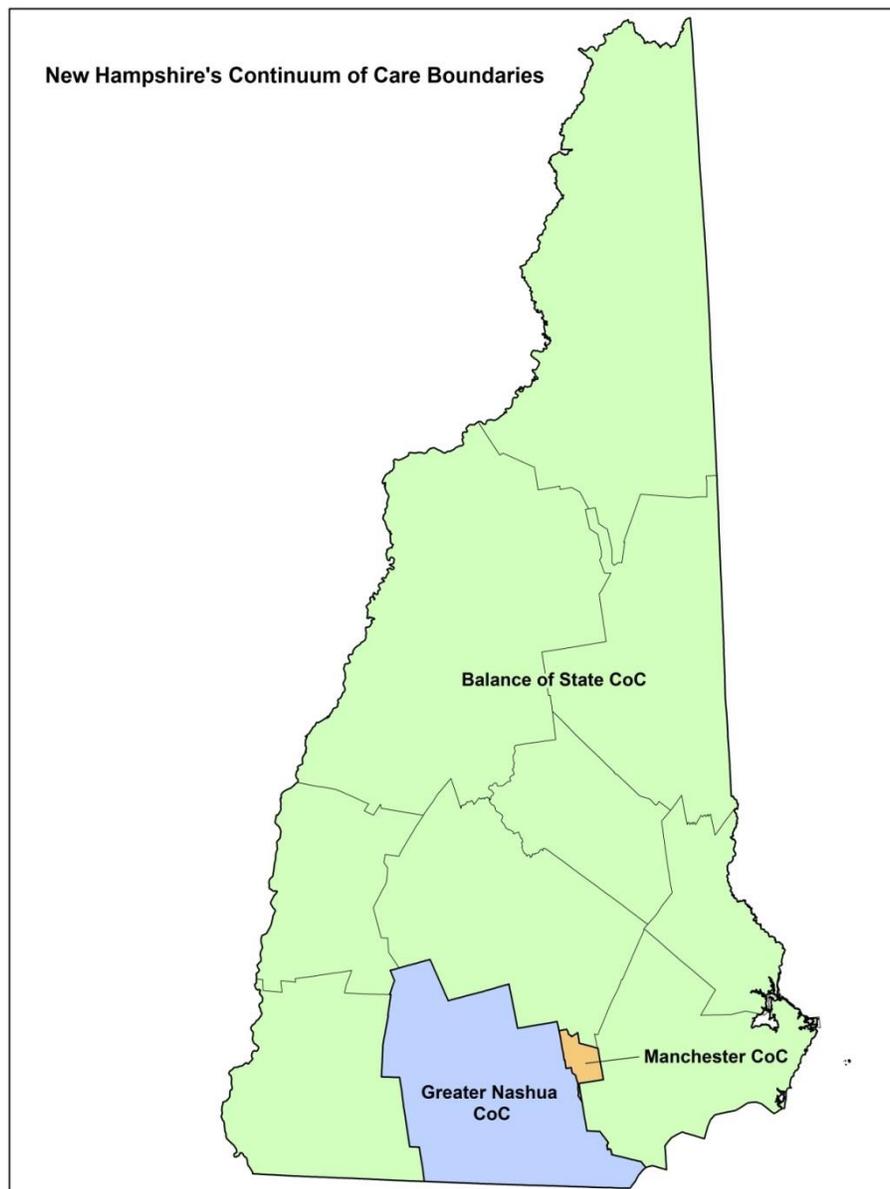
Currently two CCTs operate in the Seacoast region; one in Strafford County and one in eastern Rockingham County. Between the two CCTs, 44 separate organizations participate, some as members of both teams. Participating organizations include all four of the region's hospitals and a wide range of service providers including Community Health Centers, Mental/Behavioral Health Services, Substance Use Services, Homeless Shelters, Public Housing Authorities, Visiting Nurse Associations, Managed Care Organizations, Municipal Welfare and Coordinated Entry. The CCTs seek to create a holistic and comprehensive care plan that includes care coordination and customized 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.)

Each CCT meets monthly to review new and existing referrals and 58 individuals have been discussed since January 2016. Since their inception, the two CCTs have experienced the following benefits and outcomes:

- Significant reduction in the frequency of crisis service utilization among several individuals.
- Recognition of the Seacoast's CCTs as a starting place for the work of the Region 6 IDN's Care Transitions project.
- Connections to housing, treatment and services that would not have occurred, or would have taken much longer to put into place, for several individuals referred to the CCT.
- 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.

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

226	clients served in Transitional Housing
248	clients served in Permanent Housing
106	clients served in Shelter Plus Care Housing
43	clients served in the CoC Rapid Re-Housing program

Manchester Continuum of Care

257	clients served in Permanent Housing
381	clients served in Transitional Housing

Greater Nashua Continuum of Care

388	clients served in Permanent Housing
128	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

Continuums of Care

New Hampshire's 3 Continuum of Care (CoC) organizations work collaboratively with over 250 HUD, State and privately funded projects throughout the state in the attempt to end homelessness. Here are a few more details on some of the work that these groups are involved in.

Balance of State – BHHS has implemented a Coordinated Entry (CE) system, with a goal of prioritizing available housing to the most vulnerable, and streamlining entry into the homeless services system. Phase I of the Coordinated Entry system involved the development of regional systems. BHHS hired a consultant with the Corporation for Supportive Housing to assist each region with developing a system that was in alignment with HUD's expectations. The system requires all Coordinated Entry points to assess individuals and families entering the homeless service system in the same way, prioritizing need and practicing homeless prevention and shelter diversion when appropriate. Client level data is collected and entered in NH's Homeless Management Information System. The Coordinated Entry program will target the chronically homeless, newly homeless, and those in danger of becoming homeless, with a goal of moving them quickly into housing. 9 CE workers cover the BoS areas. It is anticipated they will serve 2000+ clients during the grant term. They meet with clients in the best location for the client, which may be the woods, an office, or community location, where they will build rapport and complete a thorough needs assessment. Coordinated Entry (CE) workers collaborate with the statewide CE system, NH2-1-1, local service agencies, and local welfare offices to locate and outreach to the most difficult to reach homeless. The CE workers are based out of Community Action Agencies that are connected with the CoC, and are involved in their Local Service Delivery Area (LSDA) groups, allowing them to stay informed of available housing options. The BoS Coordinated Entry Program is needed because it's participation in the statewide CE system (NH2-1-1) will allow CE workers to inform the system of the most vulnerable homeless, which allows for appropriate prioritization of available housing.

Next steps will include continued development & improvement for the CE system in assessing a client's vulnerability and prioritizing available HUD-funded Continuum of Care Permanent Supportive Housing for the most vulnerable homeless clients. The statewide Coordinated Entry workgroup, led by BHHS and comprised of members from the 3 Continuums of Care in NH, will continue to meet in the coming year to finalize NH's Coordinated Entry Manual, and to refine the process for prioritizing available housing based on a client's vulnerability. This ensures that homeless services funding will be allocated as effectively as possible while providing the appropriate level of services to clients experiencing homelessness.

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.

Manchester – For a number of years, the Manchester CoC (MCoC) has played an integral part in the Annual HUD Point-in-Time Count. The “PIT”, as it is referred to, provides a 24 hour snapshot of the homeless population in the entire state, compiled by county, city, town, and Continuum of Care (CoC). They have provided tremendously valuable assistance in creating the surveys, and compiling the results for all 3 CoC’s. 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 any of the 3 CoC’s listed below.

- **Homeless Assistance Line** – Manchester’s Coordinated Entry System
- **Child & Family Services - The Youth Resource Center** – Ages 12-22 eligibility for homeless youth services
- **FIT – Families in Transition** – A diverse array of housing and services options provided for individuals and families who face homelessness.

Greater Nashua – Harbor Homes continues to provide a large amount of Housing & Supportive Services for the Greater Nashua and Manchester areas.

The following New Hampshire non-profit agencies collaborate as members of the **Partnership for Successful Living**, creating an innovative network helping NH families and individuals solve many of life’s most challenging issues and gain sustainable independence.

- **Harbor Homes, Inc.** creates and provides quality residential and supportive services for individuals, and their families, with mental illness and/or experiencing homelessness. The agency also operates Greater Nashua’s only Healthcare for the Homeless clinic, [Harbor Care Health and Wellness Center](http://www.harborhomes.org). www.harborhomes.org
- **Healthy at Home, Inc.** strives to enhance the lives of people with illness or injury through a cooperative relationship with the community, professional medical+ providers, and organizations that serve people in need of healthcare. www.healthyathome.org
- **Keystone Hall**, also known as the Greater Nashua Council on Alcoholism, Inc., provides comprehensive substance use treatment and recovery services to individuals and families in a supportive environment while providing a strategic framework for substance use prevention in New Hampshire. www.keystonehall.org
- **Milford Regional Counseling Services, Inc.** provides access to professional mental health care, regardless of income or geographical obstacles. www.mrcs.org
- The **Southern NH HIV/AIDS Task Force, Inc.** increases the quality and availability of knowledge, services and resources in all matters relating to HIV infection and AIDS to the people in the Southern New Hampshire region, regardless of race, religion, ethnicity, disability, gender, age, or sexual orientation. www.aidstaskforcenh.org

- **The Institute at Welcoming Light, Inc.** provides affordable event planning, quality training, technical assistance and staff development to non-profit agencies, for-profit businesses, government agencies, and the community. www.wli.org
- **Veterans FIRST:** a combination of housing, employment and supportive services for veterans and their families.

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

Balance of State - BoS

Melissa Hatfield, 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
melissa.hatfield@dhhs.state.nh.gov

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

You can also visit their website at www.dhhs.nh.gov/dcbcs/bhhs.

Manchester – MCoC

Erin Kelly, Chairperson
 Child and Family Services
 464 Chestnut Street
 Manchester, NH 03105
 603-518-4268
kellye@cfsnh.org

Cathy Kuhn, Vice-Chairperson
 Families in Transition
 122 Market Street
 Manchester, NH 03101
 603-641-9441
ckuhn@fitnh.org

You can also visit their website at www.mcoconh.org or e-mail at info@mcoconh.org.

Greater Nashua - GNCOC

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

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

You can also visit their website at www.nashua-coc.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.



Pictured are three of Families In Transition's 19 Housing Properties which are located in Manchester, Concord, and Dover, NH



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 those 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, 2015 through February 28, 2016, these programs:

- **Provided 32 households** with tenant-based rental assistance.
- **Provided 135 households** with short-term rent, mortgage or utility assistance.
- **Provided 401 households** with supportive services (may also include households from above).

Greater Nashua Continuum of Care (GNCO) 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 reporting year, March 1, 2015 through February 28, 2016, these programs:

- **Provided 52 households** with tenant-based rental assistance.
- **Provided 23 households** with short-term rent, mortgage or utility assistance.
- **Provided 85 households** with supportive services (may also include households from above).

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.

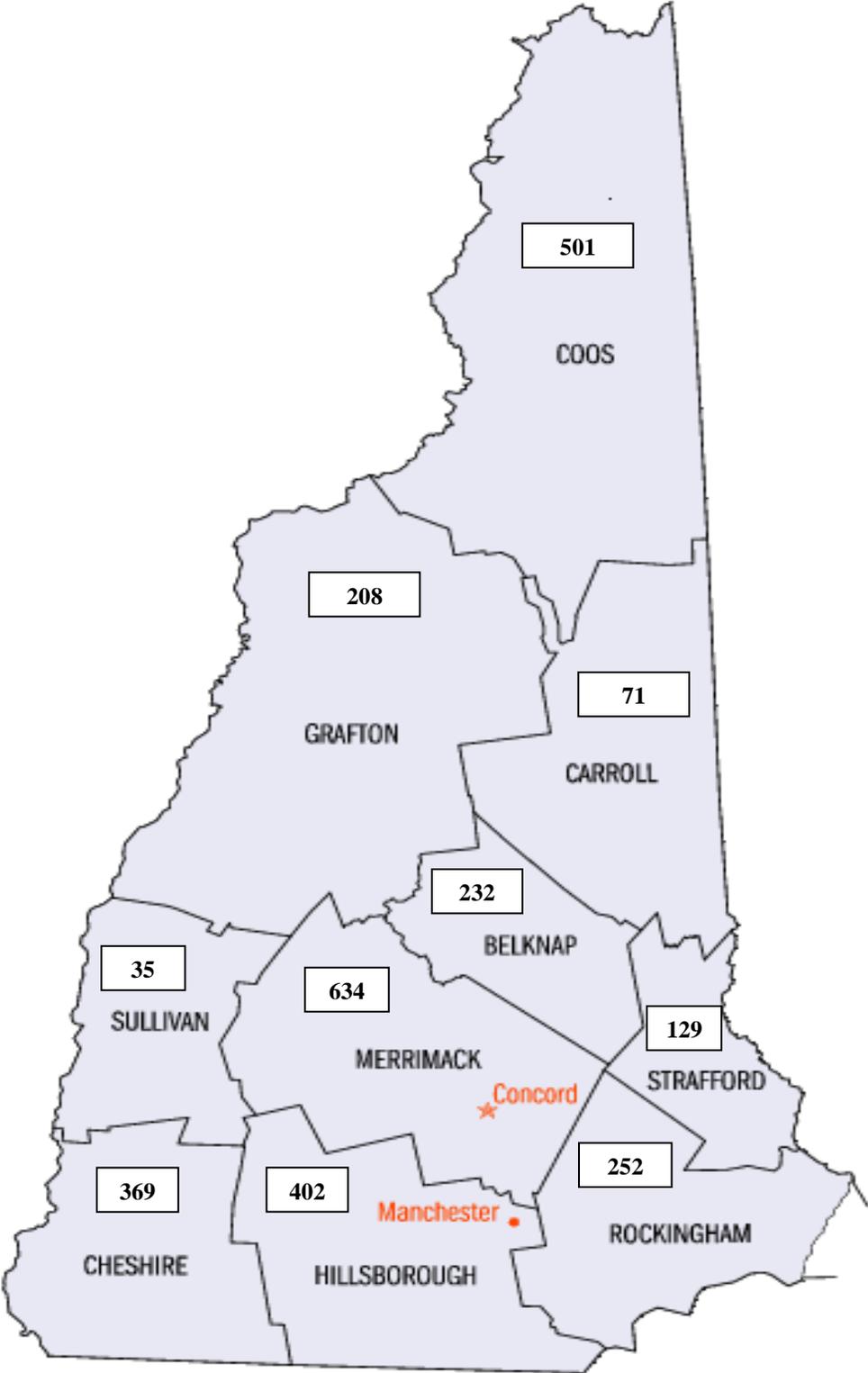
These programs provide aggressive street outreach and intervention to unsheltered individuals and families who are living in places not meant for habitation throughout the BoSCoC and Southern Hillsborough County. Homeless Outreach works closely with many state and local programs/agencies including the 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 is to obtain immediate and appropriate shelter for unsheltered homeless, with a secondary purpose of helping clients become self-sufficient by increasing their income.



2,833 clients served by The Balance of State HOIP & PATH Outreach workers during SFY 2016

- Belknap- 232
- Carroll – 71
- Cheshire – 369
- Coos – 501
- Grafton – 208
- Hillsborough – 402
- Merrimack – 634
- Rockingham – 252
- Strafford – 129
- Sullivan - 35

State Fiscal Year 2016 Street Outreach & Intervention Services by County:





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 2016, **PATH service workers enrolled 1,089 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:

- 24% emergency shelter;**
- 26% place not meant for human habitation;**
- 16% friend's house;**
- 11% family's home;**
- 4% hotel/motel;**
- 2% hospital;**
- 5% psychiatric hospital/facility;**
- 2% jail/prison;**
- 1% substance abuse treatment facility;**
- and 14% other**



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 6 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 2016, the NH-HMIS team developed one new program: Projects for Assistance in Transition from Homeless (PATH). This program is now entering all HUD required data into HMIS.

The annual HMIS ServicePoint refresher training was held October 3-7, 2016, with two sessions held each day at three locations: Nashua, Manchester, and three days in Concord for a total of nine sessions.

System Performance Measures (Sys PM) have been designed by HUD to review seven measures that contain multiple metrics that examine different parts of a community’s performance, based on the requirements first laid out in the 2009 HEARTH Act. The Act requires HUD to use data from the performance measures as part of its selection criteria for awarding grants under the CoC Program. HUD will use the federal fiscal year (October 1 to September 30) for its reporting periods. This year, the NH-HMIS team submitted data to HUD for the 2016 System Performance Measures (Sys PM) for all three CoCs, Greater Nashua, Manchester and the Balance of the State. HUD expects CoCs to calculate and use these system-level performance measures as the established selection criteria for awarding CoC Program projects and to evaluate system performance.

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 2016 Annual Homeless Assessment Report (AHAR) for all three CoCs, Greater Nashua, Manchester and the Balance of the State. Finalized useable AHAR data can be used locally to help improve the CoC’s understanding of their homeless services systems, their strategies, service gaps, lengths of stay, and demographic profile. 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

SFY 2016 New Hampshire Homeless Services

Activities Summary

Service Totals

State-Funded Shelter Services

4,013 Persons sheltered (Emergency and Transitional)

Total includes 478 people sheltered in domestic violence shelters

Of Persons Sheltered There Were

2,660 Single adults

566 Adults in 497 families

787 Children in families

Including

996 Persons with known mental illness

367 Persons with alcohol abuse

437 Persons with other substance abuse

22 Persons with dual diagnosis (mental health and any substance abuse)

166 Persons with a developmental disability

657 Persons with a physical disability

997 Victims of domestic violence

202 Veterans

8 Persons with HIV/AIDS

623 Persons who are chronically homeless

54 Average Length of Stay in Emergency and DV Shelters (# of days)

152 Average Length of Stay in Transitional Housing Programs (# of days)

State-Funded Prevention Services

5,433 Total persons served

Total is comprised of 1,637 Single adults and 3,766 persons making up 1,078 families.

Balance of State Continuum of Care

1,289 Coordinated Entry (formerly HOIP)

226 Transitional Housing persons served

248 Permanent Housing persons served

106 Shelter Plus Care Housing persons served

167 HOPWA households assisted in Balance of State & Manchester Continua

43 CoC: Rapid Re-Housing persons served

Manchester Continuum of Care

257 Total served (Permanent Housing)

381 Total served (Transitional Housing)

Greater Nashua Continuum of Care

388 Permanent Housing persons served

85 HOPWA HIV/AIDS households served in the Greater Nashua Continuum of Care

Other Program Types

247 ESG Prevention persons served

264 ESG Rapid Re-Housing persons served

532 Housing Security Guarantee Program households assisted

125 Homeless Housing and Access Revolving Loan Fund households assisted

1,089 PATH clients served

Acknowledgments

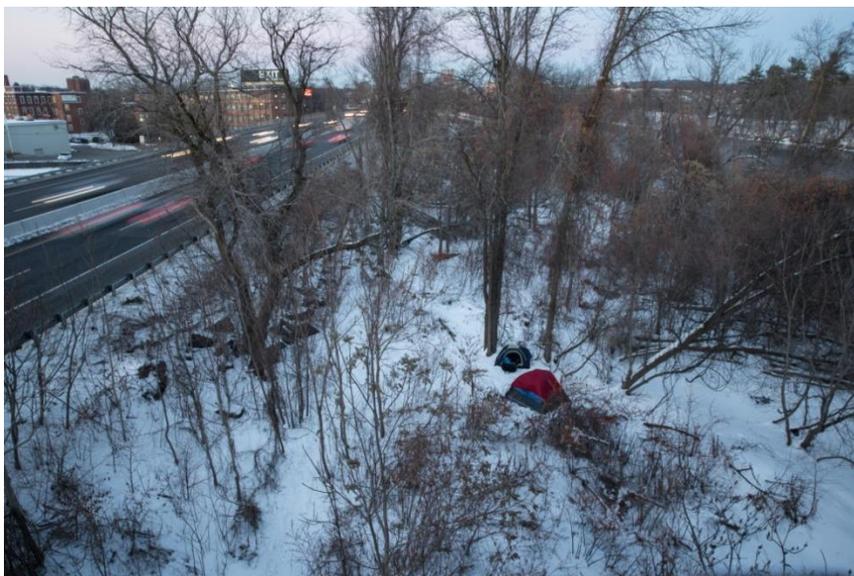
Stories, updates, photos and quotes appearing in this report are courtesy of: Cross Roads, Center for Life Management, The Bridge House, Laconia Area Community Land Trust, Greater Seacoast Coalition to End Homelessness, Families in Transition, The Front Door Agency, New Generation, Family Promise of Greater Nashua-Anne Marie House, HOIP and PATH Outreach, Harbor Homes Inc., New Hampshire Coalition Against Domestic and Sexual Violence, Nashua Soup Kitchen & Shelter, Greater Seacoast Coalition to End Homelessness.

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>



Homeless camp

S
T
O
R
I
E
S
●
S
T
O
R
I
E
S
●
T
O
R
I
E
S



Nate arrived at Cross Roads House at the end of March having just completed rehab. Now sober and receiving treatment for his depression, Nate was ready to move forward with his life. “I was very successful until my depression. It took a toll on me. It got bad. It took me to places I didn’t even know.”

While he was in rehab, Nate's 7 year old son and 4 year old daughter were removed from their mother’s custody and placed in foster care. Nate was singularly focused on regaining custody of his children. Nate worked with his Case Manager Theresa and many other community organizations and, after three months, his family was reunited. “I had nowhere to go and this place took me in and helped get my family back. I probably wouldn’t have my children if it wasn’t for this place.”

Nate is now a resident in the family transitional shelter program at Cross Roads House. He has a slew of weekly meetings with various community organizations that provide support for him and his children. “Anything that’s going to be good for my children or help my children, that’s what I’ve got to do - take care of my kids.”

Nate works as a painter part time in between meetings. “I can’t work as much as I’d like to. I’m on the bus three and a half hours a day [getting the kids to and from meetings]. I might work every day of the week, just for three or four hours at a time.”

Nate says that with community supports in place and the structure he has been able to provide during their stay at Cross Roads House, his children are adapting well. “I think my kids are doing pretty good, but they’ve been through a lot. They were in foster care for a year in different placements.”

Nate is very thankful for all the assistance that the staff at Cross Roads House provided for him. “Cross Roads has really helped me do what I need to do to get back on my feet - to get housing back, to reunify with my children - just get my life back to normalcy. They’re there every step for me. “

Nate is looking forward to finding permanent housing and settling into a routine with his children. He is grateful for all of the help he has received. “I don’t know what would have happened. It’s a miracle. I am truly grateful for this place.”

S
T
O
R
I
E
S
●
S
T
O
R
I
E
S
●
S
T
O
R
I
E
S

CENTER FOR LIFE MANAGEMENT



Jim was a chronically homeless individual living in a tent in Derry, NH. Jim had multiple medical issues due to working in the construction trade, and having experienced significant drug addiction and incarceration in his past. Jim had been working with CLM PATH staff on and off again for a 9 year period, but had left to live with his brother in Florida for a few years.

Upon returning to the Derry area, he contacted CLM PATH staff to get help with applying for Medicaid. However, he looked extremely frail and had lost over 90 pounds since last being seen by them. He stated he was suffering from pancreatitis, a hernia, hepatitis C, and insulin dependent diabetes. PATH staff assisted him with obtaining Medicaid and Social Security, while assisting him with obtaining a primary care physician and mental health treatment. PATH staff also advocated for him to obtain housing through CLM's housing programs. His doctor provided documentation of his disability being very severe, and requested he be housed as soon as possible due to not being able to keep his insulin cold while being homeless. He also informed Jim and the PATH staff that Jim was terminal, and he did not think Jim would last even a few months. He stated this knowing full well that Jim was an alcoholic and had no desire to stop drinking. He anticipated Jim dying within two months due to the severity of his illness and physical condition.

CLM housing staff was able to find a studio apartment with a landlord willing to take Jim in as a tenant even though he had a criminal history, poor credit, and poor landlord references. Jim was assisted with moving into the apartment and began receiving mental health services from CLM. This was in May of 2015. Jim was always very appreciative of the services provided to him, and thanked CLM staff every time they met with him.

Jim was diagnosed as terminal in May of 2015. He made it all the way through Christmas of 2015 which he spent with his son, who he had not seen in years. He passed away this past January. Jim always stated that having housing of his own allowed him to live much longer than he ever thought he would.



Following are stories from three of twelve member programs of the NH Coalition Against Domestic and Sexual Violence; the twelve programs operate confidential shelter and related services for victims of domestic and sexual violence.

Crisis Center of Central New Hampshire:

CCCNH had, what we consider, a successful shelter year. We were able to move 6 of our 11 families into permanent housing by empowering them to identify their own resources and connecting them to resources they felt they lacked. We moved 2 clients into supportive housing programs that were facing many challenges getting into housing prior to working with us. For one client, there were considerable language barrier issues that were inhibiting accurate communication between her and the other program.

For another client, we were able to connect her with in home supports that she truly felt she needed in order to be successful with her 3 children.

Additionally, we were successful in helping 2 clients move out of state to permanent housing. In one instance, we were able to connect a client with a ranch in another state to secure a job and housing on site, doing something she was passionate about in farming and ranching. For the other client, we were able to assist her to reconnect with family that offered safe housing for our client.

YWCA Crisis Service:

One of our recent shelter guests was selected as one of 32 from hundreds of applications to receive a grant to go back to school. She successfully completed the program to become a medical assistant and now has a job and an apartment of her own.

Support Center at Burch House:

A 25 year old single woman entered our Shelter in March. She was referred to the Burch house by Drug court. She grew up with an abusive controlling father. After leaving home she became involved with an abusive boyfriend who introduced her to heroin. The Burch House worked closely with her and Drug court. She attended D.V. & N.A. meetings. She got a job and went to counseling weekly. In Sept she rented her own apartment.

A 53 year old single woman was referred to the Burch House by her Therapist. She grew up in an abusive home where she was physically and sexually abused. She had 2 children in her first marriage to an abusive man. When the children were grown she married her 2nd husband who was from another country and extremely abusive. After escaping from a foreign country and the abuse she moved in with a cousin to start over. Not feeling well she went to the doctors. She was found to have Epstein bar disease and would never be able to walk without pain again. The living arrangement with her cousin became abusive. She entered the Burch house in March. She attended all D.V. meetings, continued with Therapy and applied for social security. She applied for subsidized and low income housing in VT as well as NH. She was awarded her social security and was accepted for housing in VT in Sept. and is now in permanent Housing.



THE BRIDGE HOUSE
Ending Homelessness



A commitment to ending homelessness...one family at a time.

December 1, 2016

Two of the children pictured below are from a family of six from Laconia. Having been evicted, the family stayed at the Bridge House for over two months awaiting an apartment which would enable their four kids re-enrollment in their school of origin – Laconia Elementary School. When the apartment did not materialize and the children faced missing school or enrolling in a different school, Bridge House paid for the family’s stay at a motel in proximity to the school until an apartment became available. The family moved into their three-bedroom apartment on September 20th. Not only did the kids never miss a day of school, they returned to the school “where everyone knows their name” – a good feeling for them and us. This assistance was available through the BH Homeless Prevention/Rapid Rehousing funds, which seeks to maintain families in their towns of origin.



Having good fun with some boxes and our imaginations!



Family Promise® of Greater Nashua at Anne-Marie House

Ending Homelessness One Family at a Time

When families come to Family Promise of Greater Nashua their lives are in crisis. Here are their stories.

I hit rock bottom after sleeping on floors, couches, and air mattress. After contacting NH 211, I was recommended to Anne Marie House. At one point, I thought there was no hope and I'd never have a home again. Since living here, I feel this was the greatest blessing for my family. There is guidance, structure, rules, encouragement, tons of resources (which helped me get a job), other families in the same position, and *hope*. I no longer have to struggle for food or worry about my daughter having a Christmas or a room to call her own. I am finally safe and able to help myself as well as my family. Other programs make living off the state a safe way to live with no help moving forward. Here they strive to help you become independent and move forward with your life. Thank you so much Anne Marie House for giving me and my family hope again. *–Kristin*



I came from your standard upper middle class neighborhood, raised with a strong sense of social responsibility and self-sufficiency. When I found myself homeless with my two-week old newborn baby boy, it was a huge undertaking to seek out and accept help from my community in contrast to how I was raised. During my six-month stay with Anne Marie House, I focused on my goals of employment, childcare and stable housing, which I completed around the time my son marked his six month "birthday." Now, just a few years later, I've finished my undergraduate degree from the University of Pittsburgh, advanced my career, gaining recognition for my various roles within the company, and am involved in my local community with the PTO and other organizations. *-Carrie*



Life Stories

“When I became pregnant I was scared, and all alone. I felt so confused and unsure of the way my life would be. I went to a home that helped me. They taught me how to change; they picked me up and let me in...they loved me and nurtured me.”

– Joyce, Former Resident

“A great big thanks to the New Gen folks for remembering my birthday after all these years, that really means a lot! As for Ruthie, I will NEVER FORGET the day I met her and how she chose me as one of the lucky ones to be a part of New Generation so many years ago. I will always be indebted to her and Toni Trotzer for being instrumental in guiding me during troubled times. So, please let her know that not only do I return the “Hello” but I would like to extend a “Thank you Ruthie!”

– Ursula, Former Resident

“Thanks to New Generation, I was able to prepare for the birth of my child within a safe and loving environment, and get back on my feet prepared for a new life. Seven years later I still benefit from the knowledge and friends I made at New Generation. Because of the relationship I built with one resident I was able to earn my college degree by swapping baby-sitting time and having her all-around support when times were tough. I am proud of what New Generation has helped me and many other women accomplish: to become positive, educated parents and role models for our children and productive members of our communities.”

– Amy, Former Resident

“New Generation takes in women who are expecting a child and teaches them all that they are willing to learn. New Generation is exactly what it sounds like – a new generation coming into this world. And if you want a second chance to make life better, this would be your opportunity.”

– Charity, Former Resident

“The shelter is a real home and the staff want to see all the residents succeed. It’s not just a room and board facility. Their onsite support and the connections they provided to other community resources were so beneficial.”

–Former Resident

APPENDIX - A

Provider <small>(select by city)</small>	Street Outreach/ Coordinated Assessment	Domestic Violence/ Safe Haven	Emergency Shelter	Transitional Shelter	Specialty Shelter	Homeless Prevention/ Intervention	Permanent Housing	Transitional Housing	PATH	HOPWA	SSVF	Other Services
Headrest, Inc. 14 Church St. Lebanon NH 03766 (663)448-4872 headrest.org								X				
Glipin House 145 High Street Littleton NH 03561 (603)444-3905 https://www.rehab.com/glipin-residence/								X				
211 New Hampshire PO Box 211 Manchester NH 3105 (603) 621-6893 www.211nh.org	X					X						
Families In Transition 122 Market Street Manchester NH 03101 (603)641-9441 www.fitnh.org			X				X	X				
New Hampshire Legal Assistance 1361 Elm Street, Suite 307 Manchester NH 3101 (603)668-2900 www.nhla.org												X
Southern NH Services(SNHS) 40 Pine St. Manchester NH 03103 (603)668-8010 http://www.snhhs.org/	X					X	X					
Bridge House 260 Highland Street Plymouth NH 03264 (603)536-7631 www.pembriidgehouse.org			X			X	X					
Cross Roads House 600 Lafayette Road Portsmouth NH 03801 (603)436-2218 www.crossroadshouse.org			X				X					
Housing Partnership 767 Islington Street Portsmouth NH 03802 (603)431-3620 http://www.housingpartnership.org/												X
Seacoast Mental Health Center 1145 Sagamore Avenue Portsmouth NH 03801 (603)431-6703 http://www.smhc-nh.org/	X								X			

APPENDIX - A

Provider <small>(select by city)</small>	Street Outreach/ Coordinated Assessment	Domestic Violence/ Safe Haven	Emergency Shelter	Transitional Shelter	Specialty Shelter	Homeless Prevention/ Intervention	Permanent Housing	Transitional Housing	PATH	HOPWA	SSVF	Other Services
Manchester Continuum of Care 122 Market Street Manchester NH 03103 https://mcoconh.org												
Child and Family Services of New Hampshire 464 Chestnut St. Manchester NH 03105 (800)640-6486 www.cfsnh.org	X		X		X							
Easter Seals 555 Auburn Street Manchester NH 03103 (603)623-8863 http://www.easterseals.com/nh						X	X					
Helping Hands Outreach Ministries (HHOC) 50 Lowell Street Manchester NH 03101 (603)623-8778 http://www.helpinghandsmanchesternh.com/			X					X				
Liberty House 75 West Baker Street Manchester NH 03103 (603)669-0761 http://libertyhousenh.org/								X				
Manchester Homeless Service Center 140 Central St Manchester NH 03103 (603)232-0615 https://www.facebook.com/manchesterhomeless/												X
Merrimack Valley Assistance Program(MVAP) 170 Lowell Street Manchester NH 03104 (603)226-0607-Concord (603)623-0710-Manchester mvap.org						X				X		
New Horizons for New Hampshire(NHFNH) 199 Manchester Street Manchester NH 03105-0691 (603)668-1877 www.newhorizonsfornh.org			X									
The Mental Health Center of Greater Manchester(MHCGM) 401 Cypress St Manchester NH 03103 (800)688-3544 http://www.mhcgm.org/	X								X			
The Way Home(TWH) 214 Spruce Street Manchester NH 03103 (603)627-3491 https://www.thewayhomeh.org/	X						X	X				

APPENDIX - A

Provider <small>(select by city)</small>	Street Outreach/ Coordinated Assessment	Domestic Violence/ Safe Haven	Emergency Shelter	Transitional Shelter	Specialty Shelter	Homeless Prevention/ Intervention	Permanent Housing	Transitional Housing	PATH	HOPWA	SSVF	Other Services
The Front Door Agency 7 Concord Street Nashua NH 03064 (603)886-2866 www.frontdooragency.org							X	X				
Veterans Inc. 69 Grove Street Worcester MA 01605 (800)482-2565 http://www.veteransinc.org/						X	X					