

# Continuum of Care Homeless Assistance Programs

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## Continuum of Care Exhibit 1

### 2004 Application Summary

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Continuum of Care (CoC) Name: Greater Nashua Continuum of Care

CoC Contact Person and Organization: Lisa Christie, Nashua Soup Kitchen & Shelter, Inc.

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#### Continuum of Care Geography

Using the Geographic Area Guide, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care.

Geographic Area Name	6-digit Code
Example: Syracuse	366376
Example: Onondaga County	369067

Geographic Area Name	6-digit Code
Nashua, City of	331026
½ of Hillsborough County: as shown below:	
Amherst, Town of (Hillsborough County)	339011
Brookline, Town of (Hillsborough County)	339011
Hollis, Town of (Hillsborough County)	339011
Hudson, Town of (Hillsborough County)	339011
Litchfield, Town of (Hillsborough County)	339011
Mason, Town of (Hillsborough County)	339011
Merrimack, Town of (Hillsborough County)	339011
Milford, Town of (Hillsborough County)	339011
Mont Vernon, Town of (Hillsborough County)	339011

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## Exhibit 1: Continuum of Care Narrative

### 1. Greater Nashua Continuum of Care's accomplishments.

#### Continued Growth in Network, Linkages and Capacity within the past 12 months

- The Greater Nashua Continuum of Care (GNCOC) held its first Homeless Planning Retreat in March 2004. Participants included local police personnel, social service agencies, and legislative representatives at the City and State level, concerned citizens, and business professionals.
- Increased use of the GNCOC website comprised of important notices, dates, reports, meeting minutes, legislation, fund-raisers, links and resources to ensure accessibility to all in the community. Links were added to GNCOC's website for online Mainstream Resource applications.

#### New Resource Development within the past 12 months

- Development of new permanent housing for homeless/low-income individuals and families by GNCOC organizations include 28 units of modified church property, 43 units of elderly affordable housing and a senior activity center, 20 units for chronically homeless veterans, two units for single women with children and 151 security deposit vouchers to assist families in obtaining permanent housing.
- Development of transitional housing for homeless individuals and families includes the purchase of a transitional home for 10 women in recovery.
- Commitment from nine churches to provide emergency shelter housing for homeless families.
- Increased services includes 179 units of supportive housing rental assistance and 214 units of utility assistance to 157 persons with HIV/AIDS in NH, short term rent, mortgage and utility assistance to 48 persons with HIV/AIDS in addition to \$10,000 in prevention funds from the State of New Hampshire Grant-in-Aid to assist families facing eviction or utility disconnections.

#### Policy Development within the past 12 months

- *"A Home for Everyone: A Plan for Ending Homelessness in Greater Nashua"* was completed and adopted by the GNCOC in June 2004. Members of the GNCOC began development of the plan in November of 2002. The goals of the plan are to prevent chronic homelessness/homelessness whenever possible, rapidly re-house people and to provide wrap-around services for homeless individuals and families.
- The Mayor's Task Force on Affordable Housing report was completed and unveiled in September 2003. The report outlines the housing issues facing the region with input from social service organizations, private developers, bankers, town managers, Chamber of Commerce officials, Department of Economic Development, and other business professionals.
- Over 20 groups have signed the Good Neighbor Agreement (GNA), created so that agencies, businesses, civic groups, nonprofits, and government can partner together in order to commit to the goal of ending homelessness within the time period identified on each individual GNA.
- United Way of Greater Nashua will reallocate 20% of its annual campaign general fund donations to the Affordable Housing Initiative, being that the most pressing issue in the greater Nashua area, as revealed from United Way's 2002 "Community Needs Assessment", is lack of affordable housing,

### 2. GNCOC's *planning process* for developing a Continuum of Care strategy.

#### a. The lead entity.

The Lead Entity of the GNCOC is the Executive Committee, as constituted by the GNCOC guidelines. This committee is made up of staff from nonprofit agencies, service providers, housing developers, faith-based organizations, businesses, government and homeless/formerly homeless individuals. This committee's responsibility is to lead the discussion, creation and development of strategies to eradicate homelessness (including chronic homelessness) within the Greater Nashua area. This committee also coordinates meetings and focus groups, disseminates information, manages other planning efforts for tracking progress on goal-action steps, coordinates legislative advocacy and public education efforts, and reports monthly at the general GNCOC meeting and on the [www.nashua-coc.org](http://www.nashua-coc.org) website. Annually, the GNCOC members elect a chairperson and vice chairperson. A recording secretary is appointed. Due to the growth and increased participation in the GNCOC, the Executive Committee is currently working on a complete revision of existing bylaws to be brought before the GNCOC in the Fall of 2004 for approval.

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b. **GREATER NASHUA'S** COC planning process.

The GNCOC has been meeting monthly for the last seven years and more often if necessary to address housing and other issues of housing for the chronically homeless/homeless population. This is to ensure collaboration and information resource sharing in order to provide comprehensive wrap-around services for homeless persons in moving towards greater independence. Many GNCOC members serve on volunteer boards and committees for groups such as the Nashua Chamber of Commerce, the two local Rotary Clubs, Exchange Clubs and Lions Clubs. A strong working relationship continues between the GNCOC and representatives from the banking community, presenting opportunities to host public forums to educate the business community on the needs of the homeless and how they can help. Also, the continuing relationship and collaboration with the Nashua Housing Authority (NHA) has resulted this year in a joint Shelter Plus Care proposal to provide housing for chronically homeless and homeless persons. The NHA Executive Director is on the Executive Committee, and participates fully in the ongoing planning process of the GNCOC.

The GNCOC planning structure consists of the following committees: Executive Committee (Lead Entity), Housing Needs and Data Committee, and Ending Homelessness Committee. Each committee establishes goals with a corresponding timetable and reports regularly to the full GNCOC membership.

The responsibility of the Executive Committee is to lead the discussion, creation and development of strategies to eradicate homelessness (including chronic homelessness) within the Greater Nashua area. This committee coordinates meetings, disseminates information, tracks progress on goal-action steps and coordinates legislative advocacy and public education efforts.

The Housing Needs and Data Committee tracks the various housing needs of chronically homeless and homeless individuals/families (as well as other subpopulations), advocates for affordable permanent housing, and compiles data for presentation to the full GNCOC membership and on the [www.nashua-coc.org](http://www.nashua-coc.org) website. The Housing Needs and Data Committee also conducts the "point in time" homeless count (this year from 12 noon, March 30 to 12 noon, March 31, 2004) and compiles and analyzes results to complete a GAPS analysis.

The Ending Homelessness Committee facilitated and monitored the creation of ***A Home for Everyone: A Plan for Ending Homelessness in Greater Nashua***, adopted by the GNCOC on June 23, 2004. This committee has the ongoing task of monitoring implementation of strategies outlined in this plan.

Among the tools and methods employed to do planning, and giving consideration to the municipal and state Consolidated Plans, the GNCOC uses subcommittees and working conferences, bringing together representatives from all the communities within our continuum to do brainstorming and SWOT analyses (Strengths, Weaknesses, Opportunities, and Threats). Participating in these working conferences and subcommittees are businesses, municipalities, agencies serving clients from the ten communities in the GNCOC catchment area, and clients representing the various subpopulations. These working sessions are led by practitioners trained in qualitative research methods and the results and findings are shared with the Continuum and incorporated in public presentations. This year again, the preparation for the second annual Ending Homelessness Conference included a substantial literature review, which has resulted in an on-line bibliography of resources, which can be found at [www.nashua-coc.org](http://www.nashua-coc.org). Quantitative analysis of economic and social factors has also been completed and has been used to document the level of local revenues needed to support general welfare. Data for both qualitative and quantitative analysis when not available from other sources is done by surveys and sampling. The information is gathered and analyzed, and is used by the various agencies in the GNCOC to help define budgets, revise objectives, and measure impact within the community.

GNCOC members regularly monitor the newspapers, TV media, federal and state legislatures to stay informed and target advocacy strategies. In the past year the GNCOC has worked with the two other continua in the State (Balance of State Continuum of Care and Manchester Continuum of Care) as well as additional groups to coordinate advocacy efforts. Members of the GNCOC also participated in the Mayor's Task Force on Affordable Housing. Two GNCOC Executive Committee members are on the New Hampshire Interagency Council on Homelessness (NHICH); one is the chairperson of that group. The NHICH also serves as the New Hampshire's Policy Academy on Chronic Homelessness and Policy Academy on Family Homelessness. The Policy Academies (made up of high-level policy makers including Office of the Governor, the Office of Homeless and Housing Services, Office of the Commissioner of Health and Human Services, state legislators, community and agency leaders, veterans) has developed an Action Plan to overcome barriers in accessing and maximizing mainstream resources for chronic homeless and other homeless persons and families. Through this association with the NHICH, ***A Home for Everyone: A Plan for Ending Homelessness in Greater Nashua*** is being used as the model for the statewide plan. ([www.nashua-coc.org](http://www.nashua-coc.org) – CoC Archives, 10 Year Plan)

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Last year, the GNCOC and the New Hampshire Policy Academy on Chronic Homelessness co-sponsored a statewide Conference to End Homelessness. This conference was held in Nashua, New Hampshire. Approximately 175 attendees throughout the State were present, representing local, state and federal policy makers, congressional representatives, NH Division of Health & Human Services, NH Housing Finance Authority, for profit and nonprofit agencies, homeless and formerly homeless individuals, members from NAMI (National Alliance for the Mentally Ill) NH, advocacy groups, faith-based organizations, and representatives from the Veterans Administration. From our neighboring state, the Commonwealth of Massachusetts, representatives from the Division of Health & Human Services, nonprofit agencies and Veterans Hospital were in attendance. There was a panel discussion by local city and nonprofit agency representatives addressing housing issues and possible models for New Hampshire. Keynote speakers were Philip Mangano, Director of the US Interagency Council on Homelessness, and Steve Berg, Vice President for Policy and Programs at the National Alliance to End Homelessness. That conference endorsed drafting the plan to end homelessness. As a result, the GNCOC has developed a close working relationship with John O'Brien, New England Interagency Council on Homelessness coordinator, who has attended the Policy Academy meetings. He has met with the Mayor of Nashua and has stimulated municipal involvement in the development of Nashua's plan to end homelessness.

This year, a second conference was held which featured six concurrent focus groups ranging from front-line providers to local policy makers. This conference had a predominately Greater Nashua area audience. The result was greater community awareness and a list of local strategies (a toolbox) entitled *A Hundred or So Things You Can Do to End Homelessness*. One concrete example is a healthcare worker attending the conference who shared her understanding that as a result of this conference she had an increased awareness on the issue of chronic homelessness/homelessness, how to identify homelessness within her job and specific tools to better serve the homeless in the healthcare setting. Law enforcement officers from six communities were excited to discover the many and varied community resources, and the ability to share experiences with the other attendees. This resulted in person-to-person connections and interaction between law enforcement personnel and homeless service providers.

Also out of this conference, came the development of *Good Neighbor Agreements* (GNA) between the GNCOC and community organizations, service providers of mainstream resources, municipalities, faith-based organizations, businesses, individuals, etc. These GNA serve a two-fold purpose; (1) they further the network of organizations deliberately working on ending homelessness and (2) identify specific, measurable, achievable, relevant, time-bound (SMART) measures that those organizations will accomplish over the life of the plan. *A Hundred or So Things You Can Do to End Homelessness* became the reference document for each individual GNA.

Strengths of the GNCOC are the close associations between the member entities, the web page ([www.nashua-coc.org](http://www.nashua-coc.org)), and a listserv that allows for rapid dissemination of information throughout the GNCOC membership in addressing the needs of the chronically homeless/homeless individuals and families, including proposed bills and actions from the NH State Legislature. The listserv, in conjunction with the web page, serves as the central communication avenue for all members of the GNCOC and are used extensively for sending minutes of meetings, reports, requesting specific information, distributing legislative materials, announcing fund raisers, and other various activities. For example, individuals throughout the US have made inquiries for information on replication of existing programs, such as our Safe Haven (the only one in the State of New Hampshire). The website has also strengthened the grant writing of our local nonprofits through the sharing of information as they identify and pursue additional mainstream resources for the clients we all serve. An e-mail distribution loop has been established for the NHICH and GNCOC.

In the upcoming year, the GNCOC will embark upon a multi-year strategic plan related to their rapid growth to define those factors the GNCOC can affect, to assess the various resources (human, physical, political, financial), and then how to best use those limited resources. This will help the GNCOC to function more effectively and efficiently in determining the most successful way to implement the community's 10-year plan to end homelessness. Proposals have been submitted to private foundations for assistance with consultative costs associated with development of this strategic plan.

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c. GNCOC planning meetings held since June, 2003.

Dates	Main Topics
06/02/03	Gaps Analysis Committee meeting - review status/quality of data collected from homeless count.
06/04/03	GNCOC meeting - report from Ending Homelessness Subcommittee. Ending Homelessness Committee and Executive Committee - brainstorming on ending homelessness.
06/06/03	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
06/09/03	Gaps Analysis Committee meeting - review status of agency reporting, quality of data and preliminary findings of homeless count. Regional Planning Committee attended by GNCOC members - update on Mainstream Resources
06/13/03	Gaps Analysis Committee meeting on first draft of submission.
06/16/03	Final Gaps Analysis Committee numbers disseminated to GNCOC membership.
06/18/03	Mayor's Task Force on Affordable Housing Meeting - evaluate housing needs in the Greater Nashua area and develop recommendations to increase affordable housing.
06/19/03	GNCOC NOFA Team - HUD NOFA Broadcast.
06/25/03	Special GNCOC meeting - purpose to present and prioritize all proposals for the 2003 NOFA application.
07/01/03	Mayor's Task Force on Affordable Housing meeting - evaluate housing needs.
07/02/03	Members of GNCOC participated in HMIS strategic planning meeting.
07/14-15/03	Members of GNCOC attend HMIS National Conference.
07/16-17/03	Member of GNCOC attended National Alliance to End Homelessness annual conference in Washington, D.C.
07/18/03	Mayor's Task Force on Affordable Housing meeting - develop recommendations to increase affordable housing.
07/22/03	Members of GNCOC participate in HMIS strategic planning meeting.
07/30/03	Mayor's Task Force on Affordable Housing meeting - housing needs
08/04/03	Mayor's Task Force on Affordable Housing meeting - evaluate housing need.
08/06/03	GNCOC meeting - National Alliance to End Homelessness Conference. GNCOC Ending Homelessness Committee meeting - assign portions of the 10-year Ending Homelessness Plan to members of this committee. Affordable Housing Task Force meeting - review application for MP Housing to create three permanent housing units.
08/14/03	Mayor's Task Force on Affordable Housing meeting - evaluate housing needs in the Greater Nashua area
08/15/03	Members of the GNCOC and New England Regional HMIS Group collaborate regarding HMIS projects.
08/18/03	Mayor's Task Force on Affordable Housing meeting - develop recommendations to increase affordable housing.
08/21/03	Mayor's Task Force on Affordable Housing meeting - evaluate housing needs
08/28/03	Members of GNCOC update Homeless Outreach Workers on HMIS project and strategize at the local level.
09/05/03	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH. Mayor's Task Force on Affordable Housing meeting - prepare draft report on housing needs.
09/09/03	GNCOC members attended New England Housing Conference in Nashua, NH.
09/10/03	GNCOC meeting to review overall progress of the Executive Committee, Ending Homelessness Committee and Mayor's Task Force.
09/10/03	GNCOC Ending Homelessness Committee meeting - formulate vision statement, goals and statement of the problem for the Ending Homelessness Plan.
09/17/03	Mayor's Task Force Committee - review draft on Mayor's Task Force on Affordable Housing Report. GNCOC Executive Committee meeting - define members, review mission, purpose and by-laws.
09/18/03	Mayor's Task Force on Affordable Housing meeting - review report on housing needs
10/01/03	GNCOC Ending Homelessness Committee meeting - discuss strategies to collect agency data into a housing resource guide. GNCOC meeting - progress on Ending Homelessness Plan.
10/03/03	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
10/06/03	Mayor's Task Force on Affordable Housing meeting - housing needs.
10/09/03	Members of GNCOC participated in HMIS strategic planning meeting.
10/21/03	Mayor's Task Force on Affordable Housing meeting - increasing affordable housing.

Dates	Main Topics
10/23-24/03	Members of GNCOC attended the Massachusetts Housing and Shelter Alliance Ending Homelessness Conference - obtaining and maintaining affordable housing.
10/24/03	Members of GNCOC and New England Regional HMIS Group collaborate regarding HMIS projects.
10/28/03	Mayor's Task Force meeting - review completion of the Mayor's Task Force on Affordable Housing Report.
10/29/03	GNCOC Executive Committee meeting - review of GNCOC guidelines, sharing of information and resources.
11/05/03	GNCOC meeting - Mayor's Task Force on Affordable Housing Report was distributed. GNCOC Ending Homelessness Committee meeting to define resources and discussion of development of a Memorandum of Agreement; Review of "wheel of responsibility"
11/07/03	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
11/19/03	Members of GNCOC attended Interagency Council on Homelessness meeting in Boston. GNCOC Ending Homelessness Committee meeting - review Ending Homelessness Plan.
11/26/03	GNCOC Executive Committee meeting - discussion of proposed revised by-laws.
12/03/03	GNCOC meeting - discussion of increase in permanent housing by two agencies. GNCOC Ending Homelessness Committee meeting - review goals increased participation in data gathering methods.
12/05/03	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
12/15/03	Members of GNCOC participate in discussion of HMIS project timeline and implementation.
12/17/03	GNCOC Ending Homelessness Committee meeting - review progress of the 10-year Ending Homelessness Plan.
12/19/03	Mayor's Task Force on Affordable Housing meeting - review of draft report on homelessness.
01/07/04	GNCOC meeting - "Home Before Winter: Homelessness in New Hampshire" movie shown for the first time to GNCOC. GNCOC Ending Homelessness Committee meeting - begin planning for a retreat in March to move the 10-year Ending Homelessness Plan forward.
01/09/04	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
01/20/04	GNCOC Gaps Analysis Committee - discussion of 2004 homeless count/methods/forms/participating agencies.
01/21/04	GNCOC Ending Homelessness Committee meeting - solidify specifics of the Ending Homelessness Retreat in March. Representatives of GNCOC attend the NH Coalition to End Homelessness Annual Meeting in Concord.
01/22/04	Mayor's Task Force on Affordable Housing meeting - review housing needs.
01/26/04	GNCOC representatives attended Balance of State CoC meeting - Winter Emergency Shelter beds.
01/27/04	Community Information Night sponsored by the Division of Public Health and Community Services.
01/30/04	Members of GNCOC and New England Regional HMIS Group collaborate regarding HMIS projects.
02/04/04	GNCOC meeting - update on Ending Homelessness Retreat planned for March. GNCOC Ending Homelessness Committee meeting - review of Good Neighbor Agreement to be presented at the retreat.
02/06/04	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
02/18/04	GNCOC Ending Homelessness Committee meeting - formulate list of Ending Homelessness Retreat facilitators, review of Good Neighbor Agreement.
02/20/04	Members of GNCOC and New England Regional HMIS Group collaborate regarding HMIS projects.
02/23/04	GNCOC representatives attended Balance of State CoC meeting - Policy Academy.
02/25/04	GNCOC Ending Homelessness Committee meeting - review list and handouts for Ending Homelessness Retreat.
03/03/04	Retreat/Working Session on Ending Homelessness in Nashua sponsored by Fannie Mae Foundation.
03/05/04	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
03/07/04	GNCOC meeting - review of draft 10-year Ending Homelessness Plan.
03/19/04	Members of GNCOC discuss HMIS project timeline with NH Office of Homeless and Housing Services.
03/22/04	GNCOC representatives attended Balance of State CoC meeting - discussed HMIS.
03/25/04	GNCOC Ending Homelessness Committee meeting - modify Good Neighbor Agreement.
03/26/04	Members of GNCOC and New England Regional HMIS Group collaborate regarding HMIS projects.
04/02/04	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH.
04/07/04	GNCOC meeting - a new proposal to provide <u>Healthcare for the Homeless</u> , a walk-in center. GNCOC Ending Homelessness Committee meeting - review latest draft for the 10-year Ending Homelessness Plan and Good

Dates	Main Topics
	Neighbor Agreement
04/20/04	GNCOC representatives attended Balance of State meeting - discussed point in time court.
04/21/04	GNCOC Ending Homelessness Committee meeting - further review draft for the 10-year Ending Homelessness Plan. Members of GNCOC and NH HMIS Advisory Group present drafts of agency and user agreement documents.
04/26-27/04	Member of GNCOC attended National Low Income Housing Coalition annual conference in Washington, D.C.
05/03/04	Members of GNCOC and New England Regional HMIS Group collaborate regarding HMIS projects.
05/05/04	GNCOC Ending Homelessness Committee meeting - discuss proposed Section 8 changes.
05/07/04	GNCOC representatives attended Coalition to End Homelessness meeting in Concord, NH. GNCOC Ending Homelessness Committee meeting - review changes to the Plan.
05/12/04	Members of GNCOC and NH HMIS Advisory Group review agency participation/barriers/common elements/revisions to Client Consent Form.
05/25/04	GNCOC representatives attended Balance of State meeting - discussed HMIS..
06/01/04	GNCOC Gaps Analysis Committee meeting - review results from 2004 homeless count and plan for 2005 count.
06/02/04	GNCOC Ending Homelessness Committee - review latest draft on 10-year Ending Homelessness Plan
06/03/04	2004 NOFA Team attended HUD Broadcast in Manchester, NH.
06/04/04	GNCOC representatives attended Coalition - Ending Homelessness meeting in Concord, NH.
06/08/04	GNCOC Executive Committee meeting to discuss 2004 NOFA.
06/09/04	GNCOC Ending Homelessness Committee meeting - review changes in the 10-year Ending Homelessness Plan. Members of GNCOC and NH HMIS Advisory Group present demo of new Service Point v3
06/10/04	Member of GNCOC attended Local Welfare as Homeless Prevention conference in Nashua, NH.
06/10/04	GNCOC members present on the role of Local Welfare Administrators in preventing homelessness at the New Hampshire Local Welfare Administrators' Association Conference. GNCOC NOFA Team meeting assign sections of the 2004 NOFA.
06/15/04	GNCOC representatives attended Balance of State meeting - discussed HMIS.
06/17/04	GNCOC NOFA Team meeting - review 2004 NOFA Exhibit 1.
06/23/04	GNCOC meeting to distribute and discuss completed 10-year Ending Homelessness Plan.
06/24/04	GNCOC NOFA Team meeting - review sections of 2004 NOFA Exhibit 1.
06/25/04	Members of GNCOC and New England Regional HMIS Group meeting at HUD field office in Manchester, NH.

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d. The specific names and types of organizations involved in GNCOC planning process.

Level of Participation: High = 75% or greater  
Moderate = 25% or greater

Specific Names of GNCOC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency In planning process)
State Agencies			
Community Service Council of New Hampshire – Steve Eckberg; Henry Vincent, Joseph L. Parks/staff	State of New Hampshire		High – regularly attends planning meetings and ad-hoc committees as needed, HMIS representative
Department of Health and Human Services/Division of Family Assistance – Sharon Face/Administrative Assistant.	State of NH		Moderate – occasionally attends planning meetings

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency In planning process)
Department of Health and Human Services – Sylvia Gale/staff	City of Nashua		Moderate – occasionally attends planning meetings
Pauline Boggis- Citizen/Granite State Office of Planning	State of New Hampshire		Moderate – occasionally attends planning meetings
Matt Leahy – Representative from Senator Judd Gregg's Office	NH		High – attends planning meetings as available; Data Committee
William Wrobelski – Representative from Senator John Sununu's Office	NH		Moderate – attends planning meetings as available
NH Division of Behavioral Health Services/Consumer Housing and Homeless – JoAnn Maynard; Martha Young/staff	State of NH		Moderate – occasionally attends planning meetings
US Department of Housing and Urban Development-Richard Hatin; Kathy Baumgardner; Charlene Brodeur	NEW ENGLAND		High – attends meetings when available; regular communication via phone and email, communication via telephone and e-mail
VA Medical Center – Bruce Bissett/Homeless Coordinator	NH		Moderate – attends planning meetings as available
Veterans Administration – Don Casey/Director	State of NH	VETS	Moderate – occasionally attends planning meetings
Local Government			
Community Development Block Grant/ Urban Programs – Paul Newman/Manager; Urban Programs; Klaas Nijhuis/Deputy Manager; Urban Programs; Linda Jeynes/ Administrative Assistant/Urban Programs	City of Nashua		High – member of Executive Committee; convenes, Vice Chairs and attends planning meetings; visitation to appropriate agencies as needed; member of Data, Ending Homelessness, NOFA Team and Ad Hoc Committees; prepares Minutes
City of Nashua/Department of Environmental Health – Heidi Peek/Deputy Health Officer	City of Nashua		Moderate – occasionally attends planning meetings
City of Nashua/Mayor's Office – Bernard A. Streeter/Mayor; Mark Sousa/staff	City of Nashua		Moderate – regularly attends planning meetings as necessary
City of Nashua/Community Development Division – Kathy Hersh/Division Director	City of Nashua		Moderate – occasionally attends planning meetings
Nashua Public Health Department – Karen Mills /PT Street Outreach Worker	City of Nashua		Moderate – occasionally attends planning meetings
Nashua Welfare Department – Stefan Russakow, Division Director/Health & Community Services Division; Robert Mack/Welfare Officer	City of Nashua		High – regularly attends planning meetings; member of Data, Ending Homelessness & NOFA team Committees



Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency In planning process)
Nashua Fire Marshal's Office – Mike Vaccaro/Fire Marshal	City of Nashua		Moderate – occasionally attends planning meetings
Nashua Transit – Anne Brockway/ Human Resources Director; Jennifer Reale/Mobility Manager	City of Nashua		Moderate – occasionally attends planning meetings
Other Towns			
Town of Amherst – Sharon Frydlo/Welfare Officer	Town of Amherst		Moderate – occasionally attends planning meetings; telephone/ website communication
Town of Brookline – Noreen Crooker/Welfare Office	Town of Brookline		Moderate – telephone and visitation
Town of Hollis – Cathy Hallsworth/Welfare Director-Administrative Assistant	Town of Hollis		High – regularly attends planning meetings
Town of Hudson – Kathy Wilson/ Welfare Administrator	Town of Hudson		Moderate – occasionally attends planning meetings; telephone communication
Town of Mason – Barbara Milkovits/Administrative Assistant	Town of Mason		Moderate – occasionally attends planning meetings; telephone communication
Town of Merrimack – Pat Murphy/Welfare Administrator	Town of Merrimack		Moderate – occasionally attends planning meetings; visitation to appropriate agency as needed
Town of Milford – Maria Brown/Welfare Director	Town of Milford		High- regularly attends planning meetings; member of Ending Homelessness and other Ad Hoc Committees
Public Housing Authorities (PHA's)			
Nashua Housing Authority – Grace Hicks-Grogan/Executive Director; Sandra Gagnon/Housing Director of Housing Management	City of Nashua		High – member of Executive Committee; regularly attends planning meetings; member of Ending Homelessness Committee
New Hampshire Housing Finance Authority – Bill Guinther	State of New Hampshire		Moderate – occasionally attends planning meetings
Nonprofit Organizations: (includes Faith-based organizations)			
Adult Learning Center – Diana Owen/Assistant Director	Greater Nashua		Moderate – occasionally attends planning meetings
Area Agency of Greater Nashua, Inc. – Beth Raymond/Associate Director; George Barrett/Service Coordinator	City of Nashua	Y	Moderate – occasionally attends planning meetings
Bridges – Dawn Reams/ Director; Tara Davis/Emergency Shelter Manager	Greater Nashua	DV	High – regularly attends planning meetings; member of Data Committee
Community Council of Nashua, Inc. – Susan Mead/Outreach Coordinator; Carol Furlong; Scott Brennan/ Staff	Greater Nashua	SMI, SA, Y, Vets, HIV/AIDS	High – member of Executive Committee; regularly attends planning meetings

Specific Names of GNCOC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency In planning process)
Corpus Christie Food Pantry – Kay Golden/Director**	Greater Nashua		Moderate – occasionally attends planning meetings
Girls Inc. – Cathy Duffy/Executive Director	Greater Nashua	Y	Moderate – occasionally attends planning meetings
Granite State Independent Living Foundation – Jennifer Gokey/ Benefits Specialist	State of NH		Moderate – occasionally attends planning meetings
Greater Nashua Dental Connection - Kim Anastasiou/Executive Director	Greater Nashua		Moderate – occasionally attends planning meetings; telephone communication
Greater Nashua Habitat for Humanity – David Darling/Community Coordinator	Greater Nashua		High – regularly attends planning meetings; member of Data and Ending Homelessness Committees
Greater Nashua Interfaith Hospitality Network, Inc. – Helen Gutekunst/ President; Laurie Skibba/ Coordinator; Bob Marks/Community Liaison	Greater Nashua		High – regularly attends planning meetings; member of Data and Ending Homelessness Committees
Half Moon Sober Festival – Mary Fisher/Board of Directors	Greater Nashua	SA	High – attends planning meetings; member of Ending Homelessness Committee
Harbor Homes, Inc. – Peter Kelleher/Executive Director; Mary Auer; Sue Bultma;, Laura Jackson; Miles Pendry/Staff	Greater Nashua	SMI, SA , Vets	High – member of Executive Committee; regularly attends planning meetings; member of Data, Ending Homelessness and NOFA Team Committees
Healthy at Home – Linda Carter/Executive Director	Greater Nashua	SMI, SA, Vets	Moderate – occasionally attends planning meetings
Home Health and Hospice – Lucy Saia/Clinical Director/Home Care Services	Nashua		Moderate – occasionally attends planning meetings
Keystone Hall – Peter Kelleher/ Executive Director; Sandra Hurd/Director of Administration; Karen Kelley/Clinical Director	Greater Nashua	DD, SA	High – member of Executive Committee; regularly attends planning meetings
Luann’s House of Hope – Luann Barrs/Director	Nashua		Moderate – occasionally attends planning meetings
Main Street Methodist Church – Mel Meyer**	Nashua		Moderate – occasionally attends planning meetings
Marguerite’s Place, Inc. – Sister Sharon/Executive Director; Ruth Morrissette/Director of Programs**	Greater Nashua	SA, DV	High – member of Executive Committee; regularly attends planning meetings; NOFA Team Committee
Merrimack River Medical Services – Matt Davis/Director	City of Nashua	SA	Moderate – occasionally attends planning meetings
Nashua Advocacy Group – Janet Kelly; David Cull; Laura Nault; Chaplain Michael Gashey/staff	Greater Nashua		High – member of Executive Committee; regularly attends planning meetings; member of Data Committee

Specific Names of GNCOC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency In planning process)
Nashua Area Health Center – Mariellen Durso/Executive Director; Michelle Solis; Shayana Owen; Jeanne Parks/staff	Greater Nashua		High – member of Executive Committee; regularly attends planning meetings
Nashua Foundation for Mental Health – Jody Stephens/Clinical Director	Greater Nashua	SMI, SA	Moderate – occasionally attends planning meetings
Nashua Pastoral Care Center – Maryse Wirbal/Executive Director; Betsy Portash; Cheryl Miller; Jennifer Spencer/staff**	Greater Nashua	DV, SA	High – member of Executive Committee; regularly attends planning meetings; NOFA team committee
Nashua School District – Betsy Korn/Director of Guidance Counseling	City of Nashua		Moderate – occasionally attends meetings when available
Nashua Soup Kitchen and Shelter – Lisa Christie/Executive Director; Eileen Brady; Donna Juskiewicz; Patti Hayes; Venus Davila/staff; Bob Keating/ Board Member	Greater Nashua		High – member of Executive Committee; Chair, GNCOC; regularly attends planning meetings; member of NOFA Team & Ending Homelessness Committees
Nashua Youth Council – Betsy Abrahms/ Executive Director	Greater Nashua	Y, SA	Moderate – occasionally attends planning meetings; telephone communication
Neighborhood Housing Services of Greater Nashua – Bridget Belton-Jette/Executive Director; Mary Febonio/Director/Home Ownership Program	Greater Nashua		High – member of Executive Committee; regularly attends planning meetings; Data Committee
Salvation Army – L. L'heureux, N. Randall/staff**	Greater Nashua		High – regularly attends planning meetings
St. John Neumann Church – Mary Moriarty/Community Liaison**	Greater Nashua		High – regularly attends planning meetings
SHARE (food cooperative) – Sister Sandra Morgan/Coordinator; Carolyn Momenee; Mariette Facques/staff**	Greater Nashua		High - regularly attends planning meetings
Souhegan High School – Josh May	City of Nashua		Moderate – occasionally attends meetings
Soul Purpose for Living – David Cull/President; Joseph L. Racine/ staff	Greater Nashua		High – member of Executive Committee; regularly attends planning meetings; member of Data and Ending Homelessness Committees
Southern NH HIV/AIDS Task Force – Wendy Furnari/Director of Client Services	Greater Nashua	HIV/AIDS	High– regularly attends planning meetings; member of Legislative Issues Committee
Southern New Hampshire Rescue Mission – David Blacksmith/ Executive Director**	Greater Nashua		High – regularly attends planning meetings
Southern NH Services, Inc. – Donnalee Lozeau/Program & Community Development Director; Tony Epaphras/Director Outreach-Case Management Project	Southern New Hampshire		High – member of Executive Committee; regularly attends planning meetings; member of NOFA Team and Ad Hoc Committees
Southern NH Integrated Care (I- Care) – Pat Gocklin; Lynne Weihrauch/staff	Greater Nashua		Moderate – occasionally attends planning meetings

Greater Nashua Continuum of Care  
Exhibit 1

Specific Names of GNCOC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency In planning process)
Business/Business Associations			
Merrimack County Saving Bank – Lori Piper/Vice President/Commercial Loan Officer; Nicole Ostergaard/ Commercial Loan Administrator	Greater Nashua		High – regularly attends planning meetings; member of NOFA Team and Ad Hoc Committees
Citizens Bank – Debbie Miller/Vice President	NH		Moderate – occasionally attends planning meetings
Sovereign Bank – Earl Ross/Vice President	NH		Moderate – occasionally attends planning meetings
United Way – Ray Peterson/Vice President Community Assessment and Investment	Greater Nashua		High – regularly attends planning meetings; member of Data & Ending Homelessness Committees
Homeless/Formerly Homeless Persons			
6 persons who wish to remain anonymous	Greater Nashua	SMI, SA	High – member of Executive Committee (Lead Entity); regularly attends monthly meetings
Other, e.g.: Hospital/Medical Funders, Law Enforcement			
Betty Winberg/Citizen/Parent	Greater Nashua	SMI (parent)	High – regularly attends planning meetings
Alphonse Hattenschwiler – Former Director/Community Services, City of Nashua, Citizen	Nashua – former Legislator		High – regularly attends planning meetings; member of Ending Homeless & Ad Hoc Committees
Lori Cardin – Board of Aldermen-City of Nashua/ Board of Directors-Nashua Children’s Home	Nashua		High – liaison between Board of Aldermen and GNCOC; attends planning meetings as available
Nashua Police Department – Sgt. John Fisher	City of Nashua		Moderate – occasionally attends planning meetings
Nashua Telegraph – Stephanie Hooper/Staff Reporter	NH		Moderate – attends planning meetings as available
NH Legal Assistance – Christine Lavalle, Esq./Staff Attorney; Heather Schulze; Joe Webster/staff	NH		Moderate – attends planning meetings as available
St. Joseph Hospital – Robert Demers/Vice President **	Greater Nashua		High – regularly attends planning meetings
Southern NH Medical Center – Ellen O’Shea/Access Team Member	Greater Nashua		Moderate – attends planning meetings as available

\* Subpopulation Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), HIV/AIDS, Domestic Violence (DV), Veterans (VETS), and Youth (Y).

\*\*Faith-Based Organization

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## Chronic Homelessness Strategy/Goals

### 3. GNCOC's community's CoC *goals* and *system* under development

#### a. Chronic Homelessness Strategy/Goals

##### (1) Past Performance:

- (a) GNCOC has taken the following specific actions over the past year (July 2003 – July 2004) towards ending chronic homelessness:
- Homeless outreach tracking the incidence of chronic homelessness among the unsheltered population in order to provide a clearer picture of the problem within the community
  - An Ending Homelessness Subcommittee was formed in November 2002 and has met monthly. Work has included a strengths, weaknesses, opportunities and threats analysis on the community, agencies, clients and the system as they related to ending chronic homelessness and homelessness. The end product was a ten-year plan to end chronic homelessness in our region
  - Finished and adopted in June 2004, **A HOME FOR EVERYONE: A Plan for Ending Homelessness in Greater Nashua**, which includes strategies for helping to end chronic homelessness
  - Successfully brought 20 units online for chronically homeless veterans
  - Developed 5 units of scattered-site permanent supported housing for chronically homeless persons utilizing Section 811, Affordable Housing Trust Fund and Economic Development Initiative
  - Created 16 beds based on the Oxford House model for people in recovery (8 are designated for use by chronically homeless persons)
  - The Current Chair of the GNCOC again participated in the National Alliance to End Homelessness Conference to bring back additional strategies and best practices to combat chronic homelessness
  - Southern New Hampshire Services (the county Community Action Program) created and made available *The Help Book* to assist case managers and service providers in identifying all resources available (including Mainstream Resources) to assist the chronically homeless
  - National Alliance for Mentally Ill – New Hampshire was again funded to serve the under-served, mentally ill Hispanic population, some of whom are chronically homeless
  - Chronically homeless persons and service providers from our community were featured in a State of New Hampshire documentary on homelessness titled *Home Before Winter*. This hour long film was shown in various forums and public venues at the GNCOC and throughout the State to increase awareness on the issue of chronic homelessness
  - Three GNCOC members (one is currently chair of GNCOC and one the chair of the New Hampshire Policy Academy) attended the Policy Academy Training on Family Homelessness in Miami, FL in January 2004.
  - New Hampshire is one of the few states that have participated in both the Policy Academy on Chronic Homelessness and the Policy Academy on Family Homelessness.
  - New Hampshire Policy Academy is also the NH Interagency Council on Homelessness (NHICH).
- (b) Impact of these actions on the chronically homeless:  
GNCOC's belief since inception is "housing first"; that is, the primary key to solving homelessness is having an adequate supply of suitable housing, which in the case of the chronically homeless includes combining that with appropriate supportive services. Shelter beds are not the answer in the long term. GNCOC's initiatives have focused on increasing the supply of transitional and supportive housing, believing that, although not the only factor in reducing our communities homeless population, those additional housing units have resulted in the first, and rather dramatic drop in the number of homeless people in our community for the first time in four years. Last year's (2003) point-in-time count identified a total 836 homeless population. That population had been growing on average 100 persons per year for the past three years. This year's point-in-time count identified 606 homeless people, a drop of 230 people. In 2003, we had 360 people who were identified as chronically homeless, this year that count dropped by 24 to 336.

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(c) Remaining obstacles:

- Lack of affordable housing and supportive service resources. The housing-specific obstacles are many including (1) the continuing loss of existing SROs (29 units this year) due to market pressures and the barriers to building new SROs and other multi-family housing; (2) continued low housing vacancy rates (significantly less than 5%); (3) rents in Nashua continue to be among the highest in the State of New Hampshire; (4) a high demand for public subsidies; (5) uncertainty of existing housing subsidies. Landlords can be choosy about who they rent to and may well choose not to deal with Section 8 certificates; (6) lack of sufficient housing development subsidies to reduce debt service; and (7) cost of land is prohibitive for the building of new affordable, low-income housing units, which could free up other housing units for the homeless and chronically homeless.
- Lack of sufficient levels of available treatment programs and actual cuts in substance abuse programs prevent people from moving upwardly through this homelessness ladder. Substance abuse, for example, tends to play a major factor for many chronically homeless people; yet, over the past five years there has been an 80% loss of substance abuse treatment beds in NH. Resource constraints on treatment and mental health services for dually diagnosed also prevent chronically homeless persons from achieving stable housing. The same may be said for the supports for the developmentally disabled – that trend might add them to those categorized as chronically homeless.
- Specific needs for the chronically homeless population differ from the “other homeless” population. In order to understand those differences, it is necessary to work with the chronically homeless population via outreach intervention and supportive service providers and to engage and help them connect to the GNCOC’s service systems in addition to achieving permanent supportive housing.
- Inadequate funding forces agencies to either run in deficit or cut services, as costs continue to increase. This puts programs and agencies at risk, and homeless providers are not able to provide adequate services to the chronic and other homeless in this area.
- Jobs that do not pay living wages prevent many chronically homeless individuals from attaining self-sufficiency. New Hampshire has the lowest minimum wage in New England. This geographic area (the southern tier of the State) continues to experience a decline in well paying manufacturing jobs, which are being replaced by low-wage jobs in the service sector, without benefits, making housing affordability a serious issue for low-wage earners. Learning meaningful, marketable job skills and earning marketable wages are tools necessary to remain independent and maintain long-term housing. Access to training, higher education and supportive services is critical for chronically homeless persons in order to obtain economic viability.

(2) Current Chronic Homelessness Strategy:

The GNCOC has worked to address key aspects of the problem of chronic homelessness. The following outline some of those aspects and actions taken to address them.

The GNCOC Ending Homelessness Committee, meeting monthly since November 2002, finalized a 10-year plan for ending homelessness, entitled “***A HOME FOR EVERYONE: A Plan For Ending Homelessness in Greater Nashua***”, which was adopted in late June 2004 by the GNCOC. A portion of this plan addresses the current issues of chronic homelessness.

Below is a brief summary of the evidence of GNCOC’s continuing work towards achieving the goals defined in the 10-year plan for ending homelessness. This plan has the ultimate goal of ending both chronic and other homelessness.

- Good Neighbor Agreements (GNA) have been established between the GNCOC member agencies and other entities (especially those providing services to chronically homeless persons and others who would not otherwise be normally connected to the mission of preventing or ending homelessness). The GNA specifically defines commitments and responsibilities for each agency/entity that meet the objectives of ending chronic homelessness.
- Annual chronic homeless/homeless conferences are being held to create awareness of chronic homelessness in the community, among service providers and other interested entities. Another objective is to have agencies buy into the 10 year plan for ending homelessness, and to provide training opportunities for service provider staff.
- Within the GNCOC geographic area the annual homeless census conducted over the evening of March 30, 2004 discovered 336 chronically homeless persons, of which 85 were sheltered and 251 were not sheltered on that given night. The GNCOC inventory includes 45 shelter beds for individuals and 98 transitional housing beds for individuals.

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This plan has the following strategies:

**1. Educate Mainstream Resource and other Service Providers regarding the differences between chronic homelessness and other broader homeless populations, and increase the services available to chronically homeless persons**

It is widely acknowledged in the GNCOC that chronically homeless persons face numerous barriers to the receipt of mainstream resources, some of which result from the condition of homelessness itself. For example, lack of a fixed address in order to receive benefits or letters with appointments for redetermination of benefits, lack of documents that are required to apply for and receive benefits, etc. In addition, the structure and operation of mainstream programs themselves create additional barriers to servicing chronically homeless individuals. Regulations may restrict eligibility for certain programs; for instance, chronically homeless adults do not qualify for TANF (Temporary Assistance to Needy Families) and only pregnant women or children qualify for the SCHIP program. Of the Mainstream Programs identified by Congress, only Medicaid is authorized to pay for inpatient services. All programs include restrictions on offering certain services; none of the programs offer the entire group of core and supportive services necessary to prevent and end homelessness among people with serious health and behavioral health disorders.

Chronically homeless people with serious mental illness and/or co-occurring substance abuse disorders require a broad range of housing, health, and mental health care, substance abuse treatment and social services, all of which are typically provided by separate agencies with separate streams of funding. The burden of coordination cannot fall on the chronically homeless individual whose disability may prevent him/her from navigating the system unaided.

Increased awareness of the difference between chronic homelessness and other homelessness for Mainstream Resources and other service providers creates the need for further staff education and training to support improved delivery of services to the chronically homeless population. One case in point, through ongoing efforts by the GNCOC to educate the community regarding the definition of chronically homeless population, one local healthcare provider noted a threefold increase in the identification of chronically homeless persons population receiving services at their facility.

GNCOC's experience with its two homeless conferences had a greater effect than to just bring the community together around ending homelessness. As a result of our conferences, front line care providers and agency staff have begun an awareness of the differences in situation and needs of the chronically homeless as opposed to the other homeless population. Ongoing retreats, conferences, Continuum of Care meetings, collaboration with the Policy Academy on Chronic Homelessness as well as homeless/formerly homeless people provides the education needed to fully understand and meet the needs of this population. Additionally, bringing the Homeless Management Information System (HMIS) software online will provide another tool for educating service providers and housing providers and notifying them of changes or updates to Mainstream Resources for the chronically homeless population.

**2. Assist Mainstream Resource Service Providers in quantifying number of chronically homeless persons seeking services in the GNCOC catchment's area**

The GNCOC push for comprehensive data on the chronically homeless population in the catchment area has generated increased collaboration in service provision and tracking for the chronically homeless population, the GNCOC involves Mainstream Resource Providers in its activities in collecting data. While the Housing Needs & Data Committee has been reaching out to entities that may have contact with chronically homeless individuals, it has educated a great deal of those entities and provided a template to track those identified as chronically homeless. Forms that were sent out for point-in-time count of homeless and chronically homeless households may be used to track unique agencies contact and service provision for chronically homeless individuals, as well as track planned services/resources for that population. Additionally, with the development of HMIS statewide, Mainstream Resource Providers will have a consistent tool for tracking and monitoring progress throughout the system providing services and resources to the chronically homeless population, not only in the GNCOC catchment area, but across the State of New Hampshire.

**3. Prevent chronic homelessness whenever possible**

The greatest challenge to prevent homelessness for those who may become chronically homeless is keeping them connected to specific services designed to meet their particular needs. High on that list are substance abuse, mental health, and other disabilities, recognizing that dual diagnosis is the greatest challenge for the service providers. The most economical and humane strategy for addressing chronic homelessness for those at imminent risk is to prevent it in the first place. First, to make sure these individuals have proper supports while housed and, second is to advocate with property management to address behaviors that result in eviction, while remaining focused on developing and preserving an adequate supply of permanent supportive housing.

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**(3) Future Goals:**

The following are specific future-oriented goals, and specific action steps to be undertaken over the next 18 months in carrying out a strategy to end **chronic** homelessness in the Greater Nashua area.

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/ Organization ("Who" is responsible for accomplishing it)	Target Dates (Mo/Yr will be accomplished)
Goal 1: Preserve existing single adult housing (SRO's) for chronically homeless individuals	1) Participate in Consolidated Plan development re: changes to the Land Use Codes/Zoning Regulations, program policies, and consolidated Plan 2) Coordinate meeting with nonprofit and public entities to purchase existing, private SROs	1) GNCOC Affordable Housing Trust Fund/ Economic Development Initiative Committee  2) GNCOC Executive Committee	1) 06/05  2) 10/05
Goal 2: Increase access treatment for chronic homeless persons with primary care substance abuse and mental health issues, including dual diagnosis	1) Meet with Mainstream and community service providers in support of ELSHI (Ending Long-Term Homelessness Services Initiatives) 2) Establish draft policy for prioritizing chronically homeless population to access services 3) Create fact sheet identifying specific needs for this population which may be different from other homeless people 4) Meet with State Legislators to advocate for new treatment dollars at state and federal level 5) Establish a health care walk-in clinic for the chronically homeless/homeless to provide basic medical care, screenings, substance abuse care, referrals to oral health, mental health, specialty care. Staff will travel to area shelters, transitional housing locations, safe haven, Gathering Place to provide on-site health care services. 6) Develop annual conferences and retreats to educate communities as to need, recidivism, and reduction of fear of stigma	1) GNCOC Ending Homelessness Committee  2) GNCOC Ending Homelessness Committee  3) GNCOC Ending Homelessness Committee  4) GNCOC Ad Hoc Committee  5) Healthy at Home, Inc.  6) GNCOC Ad Hoc Committee	1) 12/05  2) 10/05  3) 12/05  4) 12/05  5) 12/05  6) 12/05
Goal 3: Work towards the licensing of a substance abuse treatment center to serve chronically homeless	1) Complete licensing process by securing resources to renovate the building to meet requirements 2) Hire qualified personnel for treatment center	1) Keystone Hall  2) Keystone Hall	1) 12/05  2) 12/05
Goal 4: Improve access to mainstream services for	1) Create a quality assurance communications system to enhance	1) Community Services Council of New Hampshire	1) 12/05



multilingual chronically homeless	resource for chronically homeless population. HMIS will complement this system 2) Utilize the HMIS software to regularly educate, alert, and notify homeless service providers and housing providers regarding changes or updates to Mainstream service resources to increase access by chronically homeless individuals	2) Community Services Council of New Hampshire	2) 09/04
Goal 5: Increase collaboration with other New Hampshire continua to access inter/intra funding sources for chronic homelessness	1) Create a web-based e-mail loop 2) Develop a fact sheet of available funding resources with the other NH continua  3) Coordinate a meeting with the Department of Labor and other involved groups	1) Harbor Homes, Inc. 2) GNCOC Executive Committee, Balance of State Continuum of Care, Manchester Continuum of Care 3) GNCOC Executive Committee	1) 01/05 2) 12/05  3) 12/04

(4) Coordination:

In June 2004, the GNCOC adopted a ten-year plan to end homelessness in the Greater Nashua area. That plan coordinates activities and allocates resources for both chronic and other homelessness. The GNCOC is creating awareness of the plan, and getting the local governments of the city and towns in its catchment area to adopt the plan through the Good Neighbor Agreements (GNA) which detail what individual agencies, organizations, city and towns will do as their part in the coordinated effort to end chronic homelessness/homelessness.

b. **Other Homelessness Goals**

(1) The GNCOC has experienced the following **accomplishments** over the past year in addressing the community's other homelessness goals:

- Held its first Homeless Planning Retreat in March 2004. Participants included local police personnel, social service agencies, legislative representatives at the City and State level, concerned citizens, and business professionals.
- *"A Home for Everyone: A Plan for Ending Homelessness in Greater Nashua"* was completed and adopted by the GNCOC in June 2004. Members of the GNCOC began development of the plan in November of 2002. The goals of the plan are to prevent homelessness whenever possible, rapidly re-house people, and to provide wrap-around services for homeless individuals and families.
- Development of new permanent housing for homeless/low income individuals and families by GNCOC organizations include 28 units of modified church property, 43 units of elderly affordable housing and a senior activity center, two units for single women with children.
- Development of transitional housing for homeless individuals and families includes the purchase of a transitional home for 10 women in recovery.
- Commitment from nine churches to provide emergency shelter housing for homeless families.
- Increased services includes 179 units of supportive housing rental assistance and 214 units of utility assistance to 157 persons with HIV/AIDS in NH, short term rent, mortgage and utility assistance to 48 persons with HIV/AIDS.
- Over 20 groups have signed the Good Neighbor Agreement (GNA), created by the GNCOC so that agencies, businesses, civic groups, nonprofits, and government can partner together in order to commit to the goal of ending homelessness within a specified time period.
- United Way of Greater Nashua will reallocate 20% of its annual campaign general fund donations to the Affordable Housing Initiative, being that the most pressing issue in the greater Nashua area, as revealed from United Way's 2002 "Community Needs Assessment", is lack of affordable housing.

(2) The following are **goals and specific action steps** to be undertaken in carrying out a strategy to end homelessness in the Greater Nashua area.

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 1: Increase stock of housing units	1) Develop 2 units of permanent affordable housing for single mothers with children 2) Build 43 units of elderly housing which will free existing housing units for the homeless 3) Develop 28 units of family rental housing on abandoned church/rectory site 4) Increase affordable housing unit development to 30 units annually by creating an organized strategy of resource allocation 5) Propose zoning changes that provide opportunities for the development of new units of affordable housing, such as Rezoning, Inclusionary Zoning, Affordable Housing Density Bonuses, Tax Credits, and other incentives	1) MP Housing, Inc.  2) Southern NH Services, Inc.  3) Neighborhood Housing Services of Greater Nashua  4) Urban Programs Department  5) GNCOC Ad Hoc Committee	1) 06/05  2) 12/05  3) 11/04  4) 01/06  5) 01/09
Goal 2: Decrease the number of incidents of homelessness resulting from evictions by 3% annually	1) Create a Homelessness Prevention Toolkit to be delivered along with eviction notices, to include: Homelessness Helpline contact information, contact numbers for City Welfare, Crisis Map, and other Emergency Assistance 2) Coordinate meeting with policymakers regarding the development of a local legal aid office to provide pro bono client representation for landlord/tenant issues	1) GNCOC Executive Committee  2) NH Interagency Council for the Homeless	1) 01/08  2) 12/04
Goal 3: Increase availability and utilization of mainstream resources by homeless persons	1) Inventory greater Nashua agencies, faith-based organizations, and municipalities that offer prevention/intervention services 2) Provide English Speakers of Other Languages (ESOL) education and/or translation services to homeless and at risk families and individuals 3) Expand public and alternative transportation for homeless persons and persons at risk by adding additional routes and exploring alternative means of travel 4) Utilize the HMIS software to regularly educate, alert, and notify homeless service providers and	1) Greater Nashua Info-Bank  2) Nashua Area School System  3) Regional Planning Commission  4) Community Services Council of New Hampshire	1) 01/05  2) 01/06  3) 01/07  4) 09/04

	housing providers regarding changes or updates to Mainstream service resources		
Goal 4: To effect changes in public policy that drive people into homelessness.	1) Develop white paper on living wage campaign 2) Increase involvement in the local and state legislative process by attending and testifying at hearings regarding topics relevant to chronically homeless population	1) GNCOC Executive Committee 2) Nashua Soup Kitchen & Shelter, Inc.	1) 06/05 2) 06/05
Goal 5: Continue to develop and expand employment opportunities, increasing the number of homeless persons gaining, and maintaining employment	1) Increase awareness of Harbor Homes, Inc. Employment Services Program through five agency in-service trainings 2) Continue with "Operation Brightside" a city-wide beautification summer program 3) Continue with job training programs including workforce development programs 4) Continue with Employment and Education Program 5) Develop a Workforce Housing Coalition in Greater Nashua	1) Harbor Homes, Inc.  2) Harbor Homes, Inc.  3) Southern NH Services, Inc.  4) Nashua Soup Kitchen & Shelter, Inc. 5) United Way of Greater Nashua, State Workforce Housing Council	1) 06/05  2) 06/05  3) 06/05  4) 06/05  5) 03/05

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## Discharge Planning Policy Narrative

The Department of Health and Human Services, State of New Hampshire, in collaboration with the three New Hampshire Continua (Balance of State, Manchester, and the Greater Nashua Continuum of Care) has developed a Discharge Planning Policy for persons leaving publicly funded institutions and systems of care. The prioritized need was to first work on developing a Discharge Plan for state institutions since these institutions account for a significant number of persons discharged each year that may or may not have a home. On June 6, 2004, the Governor of New Hampshire completed review and approved the Discharge Planning Policy, as stated below.

The Executive Committee of the GNCOC has adopted the Statewide Discharge Policies of the State of New Hampshire, Department of Health & Human Services, Division of Behavioral Health, Office of Homeless Housing and Services for use in the greater Nashua catchment area, and will communicate and enforce with local entities, including shelters, hospitals and public safety. In the upcoming year the GNCOC plans to implement a local discharge oversight subcommittee, and using information already gathered by outreach workers, track actual discharges. That information will be made available to the general membership and the GNCOC will alert institutions when a discharge does not meet policy, and will implement training for those institutions as required.

### STATEWIDE HOMELESS PREVENTION DISCHARGE COORDINATION POLICY

#### AS ADOPTED BY THE GREATER NASHUA CONTINUUM OF CARE

WHEREAS, the current homeless population in New Hampshire includes the chronically long-term homeless including individuals with substance abuse disorders, the mentally ill, battered women and children, adolescent runaways, the recently unemployed, the elderly, families, and the recently incarcerated;

WHEREAS, it is contrary to sound public policy that such persons be discharged from in-patient facilities in New Hampshire to a state of homelessness; and

WHEREAS, 42 USC 11362 requires governmental entities seeking federal grants under the McKinney Act for homelessness to develop and implement a homeless prevention discharge coordination policy; and

WHEREAS, all publicly funded institutions or systems of care in New Hampshire (such as health care facilities, foster care or other youth facilities or correction programs and institutions) should make every effort through active case management discharge planning to identify and offer community resources and services to locate suitable housing and other types of after-care treatment for such persons and to document such measures including any competent refusal of treatment and/or aid with placement; and

NOW, THEREFORE, it is the policy that all such publicly funded institutions or systems of care in New Hampshire shall develop and implement such homeless prevention discharge coordination policies and protocols for the discharge of persons in their custody or care to prevent such discharge from immediately resulting in homelessness to the maximum extent practicable and where appropriate within six months of the adoption of this policy and to make such policies and protocols available for public inspection.

Form HUD 40076 CoC-D

## Unexecuted Grants Awarded Prior to the 2003 Continuum of Care Competition

NOT APPLICABLE. THERE ARE NO UNEXECUTED GRANTS IN THE GREATER NASHUA CONTINUUM OF CARE AREA.

Project Number	Applicant Name	Project Name	Grant Amount
None			
		Total	

Form HUD 40076 CoC-E

## Exhibit 1: Continuum of Care Service Activity Chart

### Fundamental Components in CoC system

Component: *Prevention*

Services in place:

#### Advocacy:

**Child & Family Services, Inc.** – Advocacy and support for families at risk of child abuse/neglect. Provide respite care, referrals to childcare, and provider training to prevent homelessness. Case management for ages 7-17.

**Community Council of Nashua, NH,** – Outreach/case managers provide advocacy to MI and those at risk of becoming homeless by assisting individuals and families to Welfare Departments, food pantries and other potential financial assistance, assuring the necessary information is gathered. Operates supervised Visitation Center to provide opportunity to address visitation needs of displaced parents.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides Hispanic advocacy, referrals and assistance with benefits to get and maintain housing. Advocacy and education, funded entirely with private donations, regarding systemic problems that drive people into homelessness. Provides referrals to mainstream resources for income and housing.

**New Hampshire Legal Assistance** – Advocate for individuals to maintain housing status and prevent evictions.

**School Systems in the communities of Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua** – Serve as referral point for families in need of prevention support to deter runaway youth and at risk for becoming homeless. Children are fed on a daily basis, physical and mental health is provided as well as counseling.

**Southern NH HIV/AIDS Task Force** – Staff are in the community 20 hours per week meeting with individuals at high risk of acquiring HIV. Provides educational presentations for schools and businesses surrounding HIV prevention.

**Southern New Hampshire Services, Inc.** – Advocacy for those at risk of becoming homeless at local, state, regional and national levels to prevent homelessness. This year SNHS is participating in the National march in DC *“No Room for Poverty”*. SNHS is represented on two housing advocacy organizations: the Mayor’s Housing Taskforce and the NH Workforce Housing Council.

**The Youth Council** – Counseling and advocacy, and group work with children and teens-at-risk from drugs and violence to promote residential and social stability in attempt to reduce the runaway teen from being homeless.

### Rental/Utilities Assistance:

**New Hampshire Department of Health and Human Services** – Provide emergency assistance with rent, security deposits, utility disconnects, and food stamps.

**Municipal Welfare Departments (Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua)** – Provide emergency financial aid for rent vouchers, utilities, food, medication, and transportation in accordance with State of New Hampshire RSA 165.

**Harbor Homes, Inc.** – Provides first month and/or security deposit through Maple Arms Shelter to families at risk for becoming chronically homeless.

**Marguerite's Place, Inc.** – Provides security deposits, rental assistance with repayment plans to single mothers with children, interface with agencies for help with substance abuse and counseling, allow children to continue in the daycare program.

**Milford SHARE** – Provides emergency rental vouchers and security deposits for those at risk of becoming chronically homeless.

**Nashua Pastoral Care Center, Inc.** – Provides emergency assistance for back rent, utilities, fuel security deposit loans and utility shut-offs to prevent chronic homelessness/homelessness.

**Nashua Soup Kitchen & Shelter, Inc.** – Emergency financial assistance for back rent, security deposits and utility shut-offs to prevent chronic homelessness and homelessness.

**Neighborhood Housing Services of Greater Nashua, Inc.** – Provides foreclosure prevention and delinquency counseling and education as part of Homebuyer Education seminars, and offers a 3:1 IDA Program for low-income homebuyers. All services provided in English and Spanish.

**Southern NH HIV/AIDS Task Force** – Provides rental, mortgage, and utility assistance to help maintain permanent residence to individuals and families faced with HIV/AIDS.

**Southern New Hampshire Services, Inc.** – Provides funds for short term emergency energy situations to families who have utility arrearages, have received eviction notices or utility termination notices and are at imminent risk of becoming homeless; allows very low income elderly to live independently in affordable housing through the operation of 152 units of Sec. 202 supportive elderly housing in the City of Nashua; provides 40 units of subsidized housing for women at Mary's House.

**St. John Neumann Outreach** – Provides emergency rent vouchers, utilities, medication vouchers to help prevent homelessness. Fuel assistance is also offered.

### Services planned:

**Bridges (formerly Rape and Assault Support Services)** – Planning a diversity project with cultural composition, expand the shelter capacity, and hold mother/child groups in Spanish.

**Harbor Homes, Inc., Gathering Place (Homeless/mentally ill consumer run drop-in center)** – Plan to offer crisis intervention, more group activities, skill building, increased volunteer activities.

**Nashua Pastoral Care Center, Inc.** – To continue to provide extensive case management to ensure the ultimate goals of self-sufficiency. To continue to provide direct assistance with back rent, utility assistance, and fuel assistance by expanding available funding sources.

**Southern New Hampshire Services, Inc.** – Through a United Way Venture Grant, is in the planning and implementation stage of developing a Community Economic Development and Resource Center which would provide economic opportunities for minorities with a special emphasis on underserved low-income populations. SNHS was recently awarded a grant to operate the Nashua Academy, a community based, year long intensive and comprehensive program of punishment and rehabilitation under which offenders are required to undertake life skills activities relating to their self-improvement plan as a condition of continued strict probation.

### How persons access/receive assistance:

**CoC Community Crisis Service Guide and Map** – Illustrates locations, phone numbers, services offered by provider agencies for chronically homeless/homeless individuals. Distributed to all CoC agencies, local churches, hospitals, missions, social clubs and other potential "points of entry" to break cycle of homelessness.

Persons access and receive assistance through self-referral, agency referral, ACCESS Team referral, court referral, local police departments, Homeless Outreach program, CoC Community Crisis Service Guide and Map, NH State Homeless Helpline, shelters, and transitional housing programs.

Visit the **Nashua Pastoral Care Center, Inc.**, complete an application, prepare a budget, meet with a case technician, and assistance is given directly to the third party. For Transitional Housing, a series of interviews and tasks are completed prior to acceptance into this life-altering program.

**Bridges (formerly Rape and Assault Support Services)** assists persons through referrals, crisis line, local police departments, and court referrals. AmeriCorps members accompany clients to court and provide support.

**Harbor Homes, Inc., Gathering Place** – Oldest consumer-driven drop in center in the State of New Hampshire, clients receive referrals, food and connections to mainstream services.

**Southern NH HIV/AIDS Task Force** – Staff are in the community 20 hours per week meeting with individuals at high risk of acquiring HIV. HIV positive individuals complete an intake process with case manager, referrals as needed.

**Southern New Hampshire Services, Inc.** – The Outreach worker uses a checklist to identify the needed services and refer the clients to the appropriate services provider within the CoC.

Component: *Outreach*

Outreach in place:

*These programs, by their design, predominantly target chronically homeless people unless otherwise noted.*

Veterans:

**1) For homeless persons living on the streets:**

**Continuum of Care Community Crisis Guide and Map** – Maps, left in areas where homeless persons living on the streets might pick them up, indicating shelter locations, phone numbers, clothing and other services offered to assist them. This map is prepared and updated by Urban Programs Department and Harbor Homes, Inc. in collaboration with GNCOOC provider agencies.

**Community Council of Nashua, Inc.** – Street canvassing under bridges, in the woods, in alleys, for homeless individuals who are veterans.

**Harbor Homes, Inc.** – Street canvassing, emergency shelter and transitional housing for homeless/chronically homeless veterans.

**Harbor Homes, Inc.** - Awarded a VA Per Diem Grant in September 2003 to provide transitional housing to 20 chronically homeless/homeless veterans. Program is now in 'full swing.'

**Nashua Soup Kitchen & Shelter, Inc.** – Street canvassing, emergency shelter provided for homeless/chronically homeless individuals and families.

**Police Departments and Hospital Emergency Teams (St. Joseph Hospital and Southern NH Medical Center)** – Outreach to persons living on the streets, emergency transportation, and referrals to emergency shelters.

**St. Joseph Hospital Mission Integration** – Offers prescription medicine/financial assistance.

**Southern New Hampshire Services, Inc.** – Engages unsheltered homeless veterans through street canvassing, under bridges, in the woods, in alleys, and links to appropriate services; transportation to VA Hospital in Manchester, coordinates with State of NH Veteran Services Coordinator

**2) For other homeless persons:**

**Department of Welfare/City** – Provides emergency financial aid for rent vouchers, utilities and food.

**Police Departments and Hospital Emergency Teams (St. Joseph Hospital and Southern NH Medical Center)** – Outreach to shelters and emergency transportation.

**St. Joseph Hospital Mission Integration** – Offers prescription medicine/financial assistance.

Seriously Mentally III:

**1) For homeless persons living on the streets:**

**All agencies** – Outreach to local police and fire departments in **Nashua** and the 9 communities in the Continuum of Care catchment area (**Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon**) to serve homeless and chronically homeless individuals and families.

**Community Council of Nashua, Inc., Southern New Hampshire Services, Inc., and City Welfare Department** – Outreach to places not meant for residential use (the woods, under bridges, alleys, dumpsters, garages, motels).

**Harbor Homes Gathering Place (consumer-operated social club)** - Peer-to-peer word of mouth in a non-clinical environment for persons who are chronically homeless or homeless.

**Nashua Soup Kitchen & Shelter, Inc.** – Street outreach/case management and referral, emergency shelter, food kitchen.

**Southern New Hampshire Services, Inc.** – Engages unsheltered homeless mentally ill persons through street canvassing, under bridges, in the woods, in alleys, and links them to appropriate services.

2) **For other homeless persons:**

**All agencies** – Outreach to local police and fire departments in **Nashua** and the 9 communities in the Continuum of Care catchment area (**Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon**) to serve homeless and chronically homeless individuals and families.

**Harbor Homes, Inc. Emergency Shelter** – Outreach to substance abuse treatment facilities, local shelters, emergency rooms and psychiatric units at local hospitals, the **New Hampshire State Hospital**, and all agencies serving chronically homeless and homeless persons and families.

**Harbor Homes, Inc. Gathering Place (consumer-operated social club)** - Peer-to-peer word of mouth in a non-clinical environment for persons who are chronically homeless or homeless.

**Nashua Pastoral Care Center, Inc.** – Assists with prescriptions, food, bus tickets, and referrals for this population.

**Nashua Soup Kitchen & Shelter, Inc.** – Case management and referral, emergency shelter, food kitchen.

**Substance Abuse:**

1) **For homeless persons living on the streets:**

**All Agencies** – Outreach to local police and fire departments in **Nashua** and the 9 communities in the Continuum of Care catchment area (**Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon**) to assist homeless and chronically homeless individuals and families.

Collaboration between **Keystone Hall** and **Community Council of Nashua, Inc.** to provide link to detox and the local **Community Council of Nashua, Inc., Southern New Hampshire Services, Inc., and City Welfare Department** – Outreach to places not meant to serve as a residence use--the woods, under bridges, garages, alleys, in dumpsters) for persons who are homeless or chronically homeless.

**Harbor Homes, Inc. Emergency Shelter** – Outreach and referral to substance abuse treatment facilities, local shelters, emergency rooms and psychiatric units at local hospitals, the **New Hampshire State Hospital** and all agencies serving chronic homeless and homeless persons and families.

Link to detox through **Keystone Hall** from the **Addiction Service Providers Network**.

**Southern NH Medical Center and St. Joseph's Hospital** – Offer outreach to their emergency rooms and units with chemically dependent patients for homeless and chronically homeless persons.

**Southern New Hampshire Services, Inc.** – Engages unsheltered homeless individuals with substance abuse problems through street canvassing, under bridges, in the woods, in alleys, and links them to appropriate services.

2) **For other homeless persons:**

**All Agencies** – Outreach to local police and fire departments in **Nashua** and the 9 communities in the Continuum of Care catchment area (**Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon**) to assist homeless and chronically homeless individuals and families.

Collaboration between **Keystone Hall** and **Community Council of Nashua, Inc.** to provide link to detox and the local Link to detox through **Keystone Hall** from the **Addiction Service Providers Network**.

**Marguerite's Place, Inc.** – Accepts women and children from **Odyssey House** into transitional housing, works closely with and refers individuals to **Odyssey House, Keystone Hall, and Birchwood Counseling Center**.

**Nashua Pastoral Care Center, Inc.** – Accepts women and children from **Odyssey House** into transitional housing, works closely with paying costs to detox facility **Marathon House** with **Keystone Hall** and **Northeast Counseling Services**.

**Southern NH Medical Center and St. Joseph's Hospital** – Offer outreach to their emergency rooms and units with chemically dependent patients for homeless and chronically homeless persons.

**HIV/AIDS:**

1) **For homeless persons living on the streets:**

**Community Council of Nashua, Inc.** – Provides outreach and therapy with referrals to **Southern NH HIV/AIDS Task Force**. Participates on the planning committee for the I-CARE Grant and serves on the Advisory Committee.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides referral for at-risk food kitchen patrons to **Southern NH HIV/AIDS Task Force** and **Nashua Public Health Department**.

**Southern New Hampshire HIV/AIDS Task Force** – Has staff in the community 20 hours per week meeting with individuals at high risk of acquiring HIV, targeted outreach to Hispanic populations, MSM (men who have sex with men), and youth  
**Southern New Hampshire HIV/AIDS Task Force** – Works with **Nashua Public Health Department's** outreach van to identify homeless with HIV and or provide HIV test if persons are at high risk for HIV.

**Southern New Hampshire Services, Inc.** – Engages unsheltered homeless individuals with HIV/AIDS through street canvassing, under bridges, in the woods, in alleys, and links them to appropriate services. Coordinates with the Nashua Board of Health.

2) For other homeless persons:

**Community Council of Nashua, Inc.** – Provides outreach and therapy with referrals to **Southern NH HIV/AIDS Task Force**. Participates on the planning committee for the I CARE Grant and serves on the Advisory Committee.

**Harbor Homes, Inc.** – Provides residential housing and support services to those living with HIV/AIDS.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides referral for at-risk emergency shelter residents and food kitchen patrons to **Southern NH HIV/AIDS Task Force** and **Nashua Public Health Department**.

**Southern New Hampshire HIV/AIDS Task Force** – Has staff in the community 20 hours per week meeting with individuals at high risk of acquiring HIV, targeted outreach to Hispanic populations, MSM (men who have sex with men), and youth. Linkages with shelters, word of mouth, liaison with CoC, area welfare departments.

Domestic Violence:

1) For homeless persons living on the streets:

**Bridges (formerly Nashua Rape and Assault Support Services)** – Outreach to local hospitals, police departments, and schools; additional facility in Milford to serve the Greater Souhegan Valley (a rural area 20-30 miles west of Nashua).

**Nashua Soup Kitchen & Shelter, Inc.** – Provides referral to **Bridges** for individuals in a domestic violence situation seeking emergency shelter.

**Southern New Hampshire Services, Inc.** – Engages unsheltered domestic violence victims through street canvassing, under bridges, in the woods, in alleys, and links them to appropriate services. Member of the **Domestic Violence Coordinating Council of Greater Nashua**.

2) For other homeless persons:

**Bridges (formerly Nashua Rape and Assault Support Services)** – Outreach to the Hispanic community, local hospitals, police departments, and schools; additional facility in Milford to serve the Greater Souhegan Valley (a rural area 20-30 miles west of Nashua). AmeriCorps volunteers advocate to local court systems, collaborate with the **Division of Children, Youth and Families (DCYF)**.

**Bridges** – Collaborated with State officials and developed a standardized protocol for handling sexual assault victims.

**Domestic Violence Coordinating Council of Milford, NH** has joined the **Domestic Violence Coordinating Council of Greater Nashua**.

**Community Council of Nashua, Inc.** – Assessment and brief treatment for victims; individual and group therapy; court referrals for Batterers Program; Supervised Visitation Program.

**Marguerite's Place, Inc.** – Collaborates with DCYF, responds to police and courts for placement; meets regularly with staff of homeless shelters to notify them of openings.

**Nashua Pastoral Care Center, Inc.** – Accepts referrals from **Bridges Safe Shelter** into transitional housing, works closely with **Northeast Counseling Services** to provide therapeutic groups, provides security deposits to women and children living in safe shelters, and works very closely with DCYF.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides referral to **Bridges** for individuals in a domestic violence situation seeking emergency shelter.

Youth:

1) For homeless persons living on the streets:

Teen outreach through **Nashua School** system and **Nashua Area Health Center** regarding domestic violence and identification of 'at-risk' youth in local schools and **School Suspension Center** providing transitional and supportive services.

**Southern NH Services, Inc.** – Engages unsheltered homeless youth through street canvassing, under bridges, in the woods, in alleys, and links them to appropriate services. Collaborates with **Child and Family Services, Inc.**, focusing on runaway youth living on the streets.



2) For other homeless persons:

Community Council of Nashua, Inc. – Individual and group therapy for children and adolescents through Young Adult Program.

DCYF, USDA, WIC, local School Districts, Adult Learning Center, The Youth Council, Community Council, UNH Cooperative Extension, Catholic Charities, City Health & Community Services Division, Junior Women’s League, Big Brother/Big Sister of Greater Nashua, Boys and Girls Club of Greater Nashua, Child and Family Services, Inc., Girls, Inc., Neighborhood Health Center, Catholic Charities, CHINS Diversion Program, Nashua Children’s Home – Outreach and educational services through teen centers and clinics, group meetings, Mayor’s Task Force on Youth, network with Oasis (a teen and ‘aging out’ coalition) and collaborate with one another to best serve the youth and their individual needs.

Leadership training at **Nashua Housing Authority** targeting the Hispanic youth population.

Teen outreach through **Nashua School** system and **Nashua Area Health Center** regarding domestic violence and identification of ‘at-risk’ youth in local schools and **School Suspension Center** providing transitional and supportive services.

**Southern NH HIV/AIDS Task Force** – Targets youth at risk for acquiring HIV through street and community outreach.

**Southern NH Services, Inc.** – Collaborates with **Child and Family Services**, focusing on runaway youth. Provides program specific outreach to involve homeless youth in its Head Start, Child Care, WIC and Commodity Supplemental Food programs.

Outreach planned:

Veterans:

1) For homeless persons living on the streets:

Community Council of Nashua, Inc. – Activities focusing on educating other area service providers and the general community as to what services are currently available for homeless and chronically homeless veterans living on the streets.

Harbor Homes, Inc. – Plans to seek funding for transportation (to hospitals, etc.) and case management services.

2) For other homeless persons:

Community Council of Nashua, Inc. – Activities focusing on educating other area service providers and the general community as to what services are currently available for homeless and chronically homeless veterans.

Harbor Homes, Inc. – Plans to seek funding for transportation (to hospitals, etc.) and case management services.

Harbor Homes, Inc. – Has been awarded a Capital Grant by the Veterans Administration to house up to 20 chronically homeless/homeless veterans and their families.

Seriously Mentally Ill:

1) For homeless persons living on the streets:

Harbor Homes, Inc. – Plans to seek funding for transportation (to hospitals, etc.) and case management services.

2) For other homeless persons:

Harbor Homes, Inc. – Plans to seek funding for transportation (to hospitals, etc.) and case management services.

Substance Abuse:

1) For homeless persons living on the streets:

Harbor Homes, Inc., Marguerite’s Place, Inc., Community Council of Nashua, Inc., and Nashua Foundation for Mental Health - Outreach to clients with dual diagnosis planned through collaborative relationships between these organizations.

2) For other homeless persons:

Harbor Homes, Inc., Marguerite’s Place, Community Council of Nashua, Inc., and Nashua Foundation for Mental Health - Outreach to clients with dual diagnosis planned through collaborative relationships between these organizations.

Healthy at Home, Inc. - Seeking ‘Healthcare for the Homeless’ funding for a walk-in clinic providing basic medical care, screenings, substance abuse care, referrals to oral health, mental health, specialty. Project in collaboration with **Nashua**

Area Health Care Center, Division of Public Health & Community Services, St. Joseph's Hospital, Southern NH Medical Center and Greater Nashua Dental Connection.

Nashua Pastoral Care Center, Inc. – Plan to institute more training in order to understand this population better.

#### Domestic Violence:

1) For homeless persons living on the streets:

Harbor Homes, Inc. – Plans to institute more training in order to understand this population better.

2) For other homeless persons:

Harbor Homes, Inc. – Plans to institute more training in order to understand this population better.

Nashua Pastoral Care Center, Inc. – Plan to work more closely with local domestic violence shelters and programs to educate the community more on the issues facing families coping with domestic violence. Continue to provide transitional housing for women fleeing from domestic violence.

#### Youth:

1) For homeless persons living on the streets:

Harbor Homes, Inc. – Plans to focus on greater staff training in order to better understand the needs of this population.

2) For other homeless persons:

Harbor Homes, Inc. – Plans to focus on greater staff training in order to better understand the needs of this population.

#### Component: Supportive Services

##### Services in place:

#### Advocacy:

**Marguerite's Place, Inc.** – Advocacy for homeless women with children, referrals to supplemental resources, employment opportunities, and landlords/permanent housing opportunities.

**Nashua Pastoral Care Center, Inc.** – Advocacy for homeless women with children, referrals to supplemental resources, employment opportunities, and landlords/permanent housing opportunities.

Also provide information on the legal rights of tenants.

**Southern NH HIV/AIDS Task Force** – Advocacy and support for chronically homeless/homeless individuals and families living with HIV/AIDS and those at high risk for acquiring HIV, to help maintain housing and health care.

**Southern NH HIV/AIDS Task Force** – Chronically homeless/homeless individuals are connected with information, housing opportunities, testing and services as appropriate.

#### Employment:

**Community Council of Nashua, NH, Inc** – Provides job coaching to persons with MI. Assists with development of resumes and job opportunities.

**Girls, Inc.** – Advocacy, daycare, and job skills training to give female youths the confidence to secure employment and residential stability.

**Harbor Homes, Inc. Employment Services Program** – Provides training and paid employment (resume and experience-building) to persons with a mental illness in maintenance, landscaping, snow plowing, office cleaning, Signs In a Second (client employment project featuring sign making and engraving), and Operation Brightside (a 6-week summer beautification project funded by Anheuser-Busch, coordinated through the Mayor's Office and Nashua Parks and Recreation Department). Assignments are determined by the Mayor's Office and coordinated with the Nashua Parks and Recreation Dept.

**Marguerite's Place, Inc.** – Assistance with career exploration, resume writing, interviewing skills, transportation to job interviews. Referrals to employment support counselors. Provide childcare services for women who are job searching, interviewing, and obtaining employment.

**Nashua Pastoral Care Center, Inc.** – Mandates higher education and/or job skill training to single mothers with children participating in the Transitional Housing Program. It also provides a professional women's clothing closet, transportation assistance for interviews and employment. Maintains a resource center and works closely with **New Hampshire Employment Security**.

**Nashua Soup Kitchen & Shelter, Inc.** – Resume preparation, job search, assistance in obtaining birth certificates and photo identification cards, Citybus tickets for job interviews and job search, coordination of car donation program with Subaru of Nashua, assistance with education planning and implementation, and referrals to mainstream resources such as TANF, NH Employment Program, Veteran's Administration, and Job Corps.

**NH Employment Security** – Offers job match, recruitment, vocational resources, and programs to promote financial and residential stability.

**The PLUS Company** – Vocational rehabilitation for the disabled.

**Southern New Hampshire Services, Inc.** – Operate a variety of mainstream workforce development programs; collaborate with homeless service providers to involve the homeless in mainstream employment resources such as Welfare to Work, WIA Dislocated Workers program, WIA Adult Disadvantaged and Disadvantaged Worker Program, the NH Employment Program (in partnership with the NH Division of Employment Security), and the Food Stamp Employment Program.

**Veteran's Administration Compensative work Therapy Program** – Targets homeless veterans who are substance abusers and/or chronically unemployed. Assists in locating permanent housing, providing substance abuse counseling, and vocational training and placement.

### Food Pantry/Clothing:

**Catholic Charities** – Provides a food pantry to assist chronically homeless, homeless and low-income individuals through the Corpus Christi food pantry.

**Harbor Homes, Inc. Emergency Shelter** – Food pantry for shelter guests and persons living on the street seeking shelter; provide blankets to chronically homeless/homeless in winter time when the shelter is full and there is no place to go.

**Harbor Home, Inc. Gathering Place (consumer-operated social club)** – Provides nutritious meals 7 days a week, 365 days of the year, food at holidays; annual Thanksgiving Day dinner. Also has clothing.

**Harbor Homes, Inc. Allids Street** – Created a donation-driven food pantry, connected with area businesses, personal individuals of the community.

**Milford SHARE (collaboration of all church denominations in the communities of Amherst, Brookline, Milford and Mont Vernon)** – Run by volunteers, SHARE maintains a large food pantry and provides clothing to help chronically homeless/homeless individuals/families, low income, or those at risk of homelessness. The churches also hold fund-raising activities throughout the year.

**Nashua Pastoral Care Center, Inc.** – Provides a food pantry to assist chronically homeless/homeless individuals.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides two daily meals to those in need, monthly nonperishable food bags to individuals and families, daily perishable (fresh fruits, vegetables and bakery products) foods to individuals and families, holiday food baskets twice a year, and bedding supplies for individuals and families living in the community.

**St. John Neumann Outreach** – Maintain a food pantry to help chronically homeless/homeless individuals/ families.

**The Salvation Army** – Provides a food pantry, emergency assistance, clothing, and furniture. Christmas program and church services to promote social and residential stability.

**Southern NH HIV/AIDS Task Force** – Provides a food pantry and holiday baskets for individuals and families living with HIV/Aids.

**Southern New Hampshire Services, Inc.** – Operates the Emergency Assistance Food Program which allows for the delivery of government surplus food items to food pantries and soup kitchens in the Nashua Continuum of Care area. Operates the Women, Infants and Children Nutrition Program, the Commodity Surplus Food Program.

**Tolles St. Mission** – Provides food and clothing to chronically homeless/homeless individuals and families.

**The Upper Room Ministries** – Provides food and clothing to the homeless.

### Case Management:

**Community Council of Nashua, NH, Inc., Homeless Support/Outreach Services** – Provides outreach case management, support and emergency evaluation.

**Harbor Homes, Inc.** – Provides case management to chronic homeless and homeless individuals and families to assist them in achieving self-sufficiency. Individualized Goal Plans are developed to identify need areas (permanent housing, employment, self-help).

**Keystone Hall** – Provides case management to individuals with alcohol and/or substance abuse.

**Marguerite's Place, Inc.** – Provides intensive case management to the families in transitional housing program to assist in achievement of permanent housing and self-sufficiency. Case Management is provided to families in the Aftercare program to maintain permanent housing and self-sufficiency.

**Nashua Pastoral Care Center, Inc.** – Provides extensive case management to single mothers with children in the Transitional Housing Program. It also provides case management to all families in need through its Prevention and Intervention of Homelessness and CARE Programs.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides individualized case management to emergency shelter guests, transitional housing residents, and homeless families that are living in motel rooms paid by **City Welfare Department**, focusing on employment, permanent housing, and referrals to mainstream resources, physical and mental health services, and substance abuse services.

**Municipal Welfare Departments (Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua)** – Provides linkage and referral to alternative resources not provided by municipal welfare and supplemental resources to general assistance provided by municipal welfare.

**New Hampshire Department of Health and Human Services** – Provides delivery and management of mainstream resources such as TANF, DCYF, food stamps and Medicaid.

**Southern NH HIV/AIDS Task Force** – Provides extensive case management and support to individuals living with HIV/AIDS.

**Southern New Hampshire Services, Inc.** – Provides case management services within the context of outreach to the unsheltered homeless, and families who are at risk of becoming homeless including fuel assistance recipients, Head Start families and participants in Child Health Care Support Program, and residents of Mary's House, a permanent housing facility for homeless women.

### Life Skills:

**Bridges** – Crisis intervention to victims of domestic violence, rape, child sexual assault, and elder abuse. Confidential emergency shelter available.

**Child and Family Services, Inc.** – Education and other asset building for families at risk of child abuse/neglect. Volunteer parents and social workers model and teach parenting skills, provide respite care, referrals to childcare, and provider training. Case management for ages 7-17.

**Community Council of Nashua, NH, Inc** – Child Impact program, teaches parenting skills to newly divorced parents in order to ensure a healthier environment.

**Harbor Homes, Inc.** – Offers life skills to chronic homeless and homeless individuals and families to assist them in achieving self-sufficiency. Individualized Goal Plans are developed to identify need areas (permanent housing, employment, and self-help). Provides counseling, budget planning, ADL skill development, medication education and crisis intervention.

**Hillsborough County Family Intervention Program** – Provides educational support and assistance to at-risk families.

**Local churches and religious community** – Spiritual counseling and family-oriented skill building.

**Marguerite's Place, Inc.** – Provides intensive case management for the families and residents and those in the aftercare program, life skills referral to alcohol and drug abuse programs and mental health agencies. In addition, Marguerite's Place provides financial assistance for education and transportation, and assists with employment advocacy. Marguerite's Place also provides direct daycare to 25 children on a daily basis.

**Nashua Pastoral Care Center, Inc.** – Provides hand-on teaching model and financial literacy program.

**New Hampshire Catholic Charities** – Provides counseling to individuals, couples, and families, as well as community and parish outreach.

**Southern NH HIV/AIDS Task Force** – Budget planning, counseling, self-advocacy skill building.

**Southern New Hampshire Services, Inc.** – Provides life skills training for women residing at Mary's House, a permanent housing facility for homeless women. Life skills training focuses on areas such as job search and interviewing, budgeting, nutrition, hygiene and personal care, and literacy skills. Child Health Care Support Program provides training in the acquisition of parenting skills, the strengthening of parent-child relationships, budgeting, home management, communication skills, pre-vocational skill development, and supervised visitation.

**Info-Bank Nashua** – Provides information about services and agencies in greater Nashua.

### Alcohol and Drug Abuse Treatment:

**Access Team (Southern NH Medical Center)** – Emergency outreach and response to serious mental health or suicide situations and psychiatric emergencies.

**Greater Nashua Council on Alcoholism, Inc.** – Provides crisis care, social detoxification, outpatient counseling, transitional living, and sobriety maintenance to people with drug and alcohol addictions.

**Harbor Homes, Inc., Keystone Hall, and Marguerite's Place, Inc.** – Collaborative housing and supportive services to dual-diagnosed clients.

**Keystone Hall** – Offers treatment for individuals with alcohol and drug abuse.

**New Hampshire Department of Health and Human Services** – Provides delivery and management of mainstream resources such as TANF, DCYF, food stamps and Medicaid.

**Southern NH HIV/AIDS Task Force** – Offers counseling services and linkage to other programs such as detox and methadone treatment.

**Southern New Hampshire Services, Inc. - Info-Bank Nashua** – Provides information about services and agencies in greater Nashua

**Veteran's Administration** – Provides outreach, medical, counseling, and advocacy for homeless veterans.

### Mental Health Treatment:

**Access Team (Southern NH Medical Center)** – Emergency outreach and response to serious mental health or suicide situations and psychiatric emergencies.

**Community Council of Nashua, NH, Inc** – Promotes stable mental health, services for children and youth at risk, develops a Crisis Plan for each client, 24-hour Crisis line for psychiatric evaluation. Outreach to homeless or at risk of homelessness who are mentally ill.

**Harbor Homes, Inc.** – Provides housing and support services in group homes and individual apartments/condominiums for adults (and their families) who have a mental illness. Also provides emergency shelter for individuals and families with psychiatric and physical difficulties.

**Marguerite's Place, Inc.** – Collaborates with **Milford Regional Counseling Services** and the **YMCA** to provide therapeutic services to youth in the program.

**Nashua Pastoral Care Center, Inc.** – Provides assistance with prescriptions, medication bridge program, and is a referring agency to the **Greater Nashua Dental Connection, Inc.**

**New Hampshire Department of Health and Human Services** – Provides delivery and management of mainstream resources such as TANF, DCYF, food stamps and Medicaid.

**Southern NH HIV/AIDS Task Force** – Mental health counseling services for individuals and families living with HIV/AIDS.

**Southern New Hampshire Medical Center** – Emergency response to serious mental health challenges (e.g., suicidal situations, psychiatric emergencies within the medical center or by telephone.

**Southern New Hampshire Services, Inc. - Info-Bank Nashua** – Provides information about services and agencies in greater Nashua.

**The Gathering Place (Harbor Homes, Inc.)** – Member-operated social club for the mentally ill and homeless in greater Nashua. Free meals nightly.

**Veteran's Administration** – Provides outreach, medical, counseling, and advocacy for homeless veterans.

### AIDS-related Treatment:

**Access Team (Southern NH Medical Center)** – Emergency outreach and response to serious mental health or suicide situations and psychiatric emergencies.

**Community Services of Nashua, Inc.** – HIV/AIDS testing and outreach and referral.

**Harbor Homes, Inc.** – Provides supportive services and referrals to mainstream services to persons with HIV/AIDS.

**New Hampshire Department of Health and Human Services** – Provides delivery and management of mainstream resources such as TANF, DCYF, food stamps and Medicaid.

**Southern NH HIV/AIDS Task Force** – Information, education and supportive services to individuals and families faced with AIDS or HIV, including case management, client advocacy, nutritional counseling, respite care, peer support, housing support and **HOPWA (Housing Opportunities for People with AIDS)**.

**Southern New Hampshire Services, Inc. - Info-Bank Nashua** - Provide information about services and agencies in greater Nashua.

### Education:

**Adult Learning Center** – GED tutoring, ESL, and numerous other programs focused on educational and vocational skill building. Onsite daycare available.

**Area Agency for Developmental Services of Greater Nashua** – Provide services, education, and advocacy for families and individuals with development disabilities.

**Nashua Pastoral Care Center, Inc.**- Mandates post secondary education and/or job skill training programs to its transitional housing program participants, with the goal ultimately being self-sufficiency. Financial Literacy education is also provided.

**Child and Family Services, Inc.** – Education and support for families at risk of child abuse/neglect. Volunteer parents and social workers model and teach parenting skills, provide respite care, referrals to childcare, and provider training. Case management for ages 7-17.

**Harbor Homes, Inc.** – Provides vocational training for formerly homeless and persons with mental illness through its Employment Services Program.

**Hillsborough County Family Intervention Program** – Provides family support and assistance.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides funding for textbooks, registration fees, and classes for individuals who are homeless or chronically homeless.

**Nashua Pastoral Care Center, Inc.** – Mandated component of the Transitional Housing Program. Also offer Financial Literacy Training.

**Southern NH HIV/AIDS Task Force** – Provides prevention education to schools and community groups as well as outreach to youth at risk, MSM (men who have sex with men) and the Latina community.

**Southern NH Integrated Care, Southern NH HIV/AIDS Task Force, Harbor Homes, Inc., NH Minority Health Coalition, St. Joseph's Family Medical Center, Infectious Disease Associates, Southern NH Medical Center, Welcoming Light, Inc., Bristol-Myers Squibb, Keystone Hall, Nashua Area Health Center, City of Nashua Community Services and Dartmouth Hitchcock Medical Center** – Group of individuals/agencies which meets monthly to coordinate a continuum of primary health care services for people with HIV infection in Hillsborough County. Purpose is to educate and establish long-term care for persons with HIV/AIDS.

**Southern New Hampshire Services, Inc. - Info-Bank Nashua** - Provides information about services and agencies in greater Nashua.

**The Telegraph** – City newspaper with coverage over Southern New Hampshire, provides news coverage on the homeless problems that exist and the lack of affordable housing in this area.

**Veteran's Administration** – Provides outreach, medical, counseling, and advocacy for homeless veterans.

#### Child Care:

**Greater Nashua Child Care Center** – Childcare for children ages 13 months to 6 years. Accepts Title XX.

**Greater Nashua Dental Connection** – Dental clinic for low income and uninsured children.

**Hillsborough County Family Intervention Program** – Provides family support and assistance.

**Marguerite's Place, Inc.** – Transitional services for mothers and their children. Case management, supported housing, and daycare provided onsite.

**Nashua Area Health Center** – Primary health care, family planning and reproductive health services, pre- and post-natal health care, family/teen drop-in program.

**Nashua Crisis Pregnancy Center** – Counseling and support for women having difficult pregnancy. Donated baby clothes and furniture items sometimes available.

**New Hampshire Department of Health and Human Services** – Provides delivery and management of mainstream resources such as TANF, DCYF, food stamps and Medicaid.

**Southern NH HIV/AIDS Task Force** – Respite care services for families living with AIDS.

**Southern New Hampshire Services, Inc.** – Operates the Head Start Program and a childcare center.

**Info-Bank Nashua** – Information regarding available services and agencies in greater Nashua.

**The Youth Council** – Counseling for children and families. Group work for children and teens at risk for drugs and violence.

#### Transportation:

**Harbor Homes, Inc.** - Provides transportation, as necessary, through its Emergency Shelter and MIMS providers, to shelter guests for medical appointments, seeking employment, and to other entitlement benefits.

**Hillsborough County Family Intervention Program** – Provides family support and assistance.

**Marguerite's Place, Inc.** – Provides transportation to shelters and other supportive services.

**Nashua Pastoral Care Center, Inc.** – Provides assistance with bus tickets, cabs, etc.

**Nashua Transit System** – Provides fixed route transportation around the Nashua area, Para transit service, works with TANF to provide access to jobs and planning toward independent transportation, and travel training in English and Spanish.

**Nashua Soup Kitchen & Shelter, Inc.** – Provides bus tickets to homeless and at-risk for homelessness adults for job search, job interviews, and appointments at mainstream resource agencies.

**Southern NH HIV/AIDS Task Force** – Provides transportation to medical appointments for individuals with HIV/AIDS.  
**Southern New Hampshire Services, Inc.** – Provides bus transportation and taxi vouchers to get to emergency shelters.  
**Veteran's Administration** – Provides outreach, medical, counseling, and advocacy for homeless veterans.

#### Physical Health Treatment:

**Community Services (City of Nashua)** – Child Health Clinic for proactive and early intervention on medical issues. Public Health offers HIV/AIDS testing and outreach. Referral/Information about childcare options in the area to facilitate vocational pursuit to prevent homelessness.

**Greater Nashua Dental Connection, Inc.** – Provides dental/oral care to families on Medicaid and/or who do not have any insurance and are 200% below poverty level.

**Nashua Area Health Center** – Provides prenatal care and low-cost health care.

**Nashua Pastoral Care Center, Inc.** – Provides assistance with prescriptions, medication bridge program, and is a referring agency to the **Greater Nashua Dental Connection, Inc.**

**New Hampshire Department of Health and Human Services** – Provides delivery and management of mainstream resources such as TANF, DCYF, food stamps and Medicaid.

**Southern NH HIV/AIDS Task Force** – Linkage with **Dartmouth Hitchcock I CARE Clinic** for all medical needs of people living with HIV/AIDS.

**Southern New Hampshire Services, Inc. - Info-Bank Nashua-** Provide information about services and agencies in greater Nashua.

**Veteran's Administration** – Provides outreach, medical, counseling, and advocacy for chronically homeless/homeless veterans.

#### Support Groups – Individuals and Families:

**Area Agency for Developmental Services of Greater Nashua** – Provides limited homeless prevention assistance to families who have a family member who has a developmental disability.

**Big Brother and Big Sister of Greater Nashua** – Screening and matching of adults with children to provide friendship, guidance, support, and stability to at-risk youth.

**Boys and Girls Club of Greater Nashua** – Provides a safe, stable social environment for boys and girls to encourage and strengthen family and social skills.

**Bridges (formerly Rape and Assault Support Services)** – Provides 24-hour crisis line, advocacy, education through schools, businesses and non-profit groups such as **Boys & Girls Club**, support groups, referrals, shelter, crisis intervention, outreach to Hispanic victims, teen clinics. Additional office in Milford.

**Harbor Homes, Inc., Marguerite's Place, Inc., Nashua Soup Kitchen & Shelter, Inc., Nashua Pastoral Care Center, Inc., and Neighborhood Housing Services of Greater Nashua, Inc.** – Community Partners in **NH Statewide IDA Collaborative**, providing homeless and at-risk for homelessness individuals and families a 3:1 match of savings for home buyership. Yearly requirements of program include 8 hours Financial Fitness Training and 4 hours Home Ownership Training.

**Keystone Hall, Inc.** – Provides a Transitional Living Center, crisis intervention, alcohol and drug counseling.

**Milford Regional Counseling Services, Inc.** – Provide low-income, affordable counseling services to rural Milford and surrounding areas.

**Nashua Area Health Center** – Provides family planning and teen counseling.

**Southern NH HIV/AIDS Task Force** – Provides peer support groups for various sub-populations living with HIV/AIDS provide a safe environment for sharing coping skills.

**Southern New Hampshire Services, Inc.** – Provides regular residential support group meetings at Mary's House, a permanent housing facility for homeless women consisting of 40 SRO apartment units.

#### Other Available Services:

**Nashua Children's Home** – Housing for at-risk youth, school and comprehensive services.

**Harbor Homes, Inc./Donation Department** – Provide donated furniture and some appliances (i.e. air conditioners, TV's, and housewares) to GNCOC agencies.

**Bridges** – Crisis intervention, advocacy at court, hospitals, police departments.

**Community Council of Nashua, Inc** – Sign language and services provided for persons who are deaf; bilingual staff on-site.

**Harbor Homes, Inc. Maple Arms Emergency Shelter** – Offers food, case management, counseling, job search (including resume assistance), social security and state welfare documentations assistance, employment services through access to community services for health, mental health, substance abuse. Maintains a food pantry for shelter guests and 'street people.' In the winter when the Shelter is full, clean blankets are placed in a barrel on the porch for anyone to help himself or herself.

**Marguerite's Place, Inc.** – Provide housing placement for single women with children.

**Milford SHARE (Collaboration of all denomination of churches in Milford, Brookline, Amherst, and Mont Vernon)** – Emergency rental vouchers and security deposits, food pantry, and clothing.

**Nashua Pastoral Care Center, Inc.** – Food pantry, clothing closet for women, referrals to mainstream resources, housing placement through transitional housing and security deposit vouchers. Collaborates with **The Youth Council** to provide therapeutic services to youth in program.

**Nashua Soup Kitchen & Shelter, Inc.** - Provides meals, food pantry, advocacy, support and other services. Open daily from 6:00 a.m. – 6:00 p.m. during the week and for meals on the weekends.

**Neighborhood Housing Services of Greater Nashua, Inc.** – Provides referral and coordination of support services for tenants and area residents. All services provided in English and Spanish.

**Social Security Administration** – Information and aid with Federal Social Security programs.

**Southern NH Medical Center** – Hospital, acute care, trauma center.

**Southern New Hampshire Services, Inc.** – Financial assistance programs, Personal Emergency Response systems, RSVP, NH Reads/Americorps, Accompanied Transportation Services, HOME Single family Rehab. program, Translation/Interpretation Services.

**Info-Bank Nashua** - Provides information about services and agencies in greater Nashua.

**St. John Neumann Church Outreach/Merrimack** – Medication vouchers and food pantry.

**St. Joseph Hospital** – Hospital, acute care, and trauma center.

**The Salvation Army** – Food pantry, emergency assistance, clothing, and furniture. Christmas program and church services.

**Tolles St. Mission** – Food pantry, clothing, furniture, church services, and support.

**Upper Room Compassionate Ministries** – Clothing, hygiene products, and food pantry.

**Veteran's Administration** – Provides outreach, medical, counseling, and advocacy for homeless vets.

#### Services planned:

**GNCOC** – The web page ([www.nashua-coc.org](http://www.nashua-coc.org)) will continue to post and expand information about supportive services in order to increase awareness and improve access to services. The web page is kept updated by Harbor Homes, Inc.

**Harbor Homes, Inc.** – Will work with the statewide HMIS project to develop tracking information, which will eliminate duplication of services.

**Harbor Homes, Inc.** – Will provide assistance with gaining access to healthcare.

**Harbor Homes, Inc. Emergency Shelter** – Continued collaboration with **Community Council of Nashua** (area mental health center) to implement MIMS (Mental Illness Management Services) as appropriate.

**Harbor Homes, Inc. Maple Arms Emergency Shelter** – Plans to seek other funding for transportation services for homeless and chronically homeless persons and families.

**Harbor Homes, Inc. Maple Arms Emergency Shelter** – Will seek funding for telephone services to facilitate communication between shelter clients and potential landlords and employers.

**Inter-faith Hospitality Network** – Plans to provide 14 beds of shelter for families with case management.

**Marguerite's Place, Inc.** – Will provide daycare services for homeless women to enable them to continue with education/training culminating in employment.

**Marguerite's Place, Inc.** – Plans to expand participation in the IDA (Individual Development Account) program of the State and assist 1-3 individuals to reach their goal of homeownership within the next twelve months.

**Marguerite's Place, Inc.** – MP Housing plans on matching monies received in tax credits from CDFA (Community Development Finance Authority) to develop two or more units of permanent affordable housing each year for the next two years.

**Neighborhood Housing Services of Greater Nashua, Inc.** – Plans to add at least eight permanent affordable housing units in the coming year.

**Southern New Hampshire Rescue Mission** – Plans to provide food and clothing to chronically homeless/homeless individuals/families.

**Southern New Hampshire Rescue Mission** – Plans to provide 25-40 winter overflow single male shelter beds with intensive case management.



**Southern New Hampshire Services, Inc.** – Plans to implement an additional elderly housing project in partnership with the **Nashua Senior Activity Center** and the **City of Nashua**.

**United Way of Greater Nashua** – The web page of United Way ([www.unitedwaynashua.org](http://www.unitedwaynashua.org)) will contain services offered by the agencies within the GNCOC.

**Veteran's Administration Compensative work Therapy Program** – awaiting notification of award. This will target chronically homeless/homeless veterans who are substance abusers and/or chronically unemployed. Assists in locating permanent housing, providing substance abuse counseling, and vocational training and placement.

**How homeless persons access/receive assistance:**

Persons access and receive assistance through **self-referral, agency referral, case managers/staff at shelters, transitional housing programs, and permanent supportive housing programs, ACCESS Team referral, Homeless Outreach Program, crisis may, New Hampshire State Homeless Helpline, hospital referral, police referral, hospitals. Community Council of Nashua** provides service linkage for consumers to necessary assistance.

**Harbor Homes, Inc. Emergency Shelter, Safe Haven, and Gathering Place** coordinate with other agencies to help clients gain access to necessary resources such as affordable housing programs, savings programs, employment, and personal needs.

**Marguerite's Place, Inc.** staff will continue to work with residents in accessing the IDA program with the State (participation began in May 2002). Will continue to access funds for daycare, education, and transportation. The residents of Marguerite's Place will meet with the individual case managers on a daily basis to ascertain success in receiving this assistance.

**Nashua Pastoral Care Center, Inc.**, offers several programs for those facing homelessness: Transitional Housing for single mothers with children; administers the Housing Security Guarantee Program which provides security deposit loans to income eligible families with no interest assessed; provides rental guarantee vouchers to provide incentive to landlords to rent to a homeless family, vouchers guarantee the landlord three months worth of fair market rent if they rent to this population; provides intervention with rent arrearages, utility disconnections, home heating fuel.

**Southern NH HIV/AIDS Task Force** assists with rental and utility assistance while helping clients connect with affordable housing programs.

**Southern New Hampshire Services, Inc.** – Through aggressive Street Outreach, helps the unsheltered homeless receive services within the Nashua CoC.

Exhibit 1: Continuum of Care Housing Activity Chart

Fundamental Components in CoC System - Housing Inventory Chart											
<i>EMERGENCY SHELTER</i>											
Provider	Facility		Geo Code			2004 Year Round			2004		
Name	Name	HMIS	X	Target	Population	Family Units	Family Beds	Individual Beds	Year-Round	All Seasonal	Beds Overflow/Voucher
				A	B						
<b>Current Inventory</b>											
NSKS	Ash/Kinsley	P-9/04	339011	M		5	14	16	30	4	
GNCA	Keystone Hall	P-9/05		SMF				16	16		
HH	Maple Arms	P-9/05		M		4	15	12	27	6	
HH	Allds St.	P-9/04		SMF				1	1		
Bridges	Shelter	P-9/04		FC	DV	5	10		10		
				<b>SUBTOTAL</b>		14	39	45	84	10	
<b>Under Development</b>											
GNIHN	Family Shelter	P-3/06		FC		4	14		14		
SNH Rescue Mission	Chestnut Street Facility	P-3/06		SM				25	25		
				<b>SUBTOTAL</b>			14	25	39		

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<b>TRANSITIONAL HOUSING</b>											
<b>Provider</b>	<b>Facility</b>		<b>Geo Code</b>								
<b>Name</b>	<b>Name</b>	<b>HMIS</b>	<b>X</b>	<b>Target</b>	<b>Population</b>	<b>2004 Year Round</b>	<b>Units</b>	<b>Beds</b>	<b>2004</b>	<b>All</b>	<b>Beds</b>
				<b>A</b>	<b>B</b>	<b>Family Units</b>	<b>Family Beds</b>	<b>Individual Beds</b>	<b>Total Beds</b>	<b>Seasonal</b>	<b>Overflow/Voucher</b>
<b>Current Inventory</b>											
Bridges	Transitional	P-9/05	339011	FC	DV	1	2		2		
GNCA	Keystone Hall	P-9/05		SMF				12	12		
HHI	Vets Trans	P-9/04		SMF	VET			20	20		
HHI	PH3/SHS	P-9/04		SMF				5	5		
Marguerite's Place	Marguerite's	P-9/04		FC		10	27		27		
NPCC	Caroline's	P-3/05		FC		4	11		11		
NPCC	Concord St.	P-3/05		FC		1	4		4		
NPCC	Norwell House	P-3/05		FC		8	22		22		
NPCC	Victory House	P-3/05		FC		5	17		17		
NSKS	Chestnut/Kinsley	P-9/04		FC		3	12		12		
Soul Purpose	Hope House	P-9/05		SM				11	11		
Soul Purpose	Faith House	P-9/05		SF				10	10		
SNHS	Mary's House	P-3/05		SF				40	40		
				<b>SUBTOTAL</b>		32	95	98	193		

<b>Under Development</b>											
HHI	Vets Housing	P-9/04		SMF	VET			20	20		
				<b>SUBTOTAL</b>				20	20		



## Exhibit 1: Continuum of Care Housing Gaps Analysis Chart

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
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### Individuals

Beds	Emergency Shelter	45	25	25
	Transitional Housing	98	20	20
	Permanent Supportive Housing	186	0	165
	Total	329	45	210

### Persons in Families With Children

Beds	Emergency Shelter	39	14	14
	Transitional Housing	95	0	60
	Permanent Supportive Housing	102	6	45
	Total	236	20	119

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## Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Example:</b>	<b>75 (A)</b>	<b>125 (A)</b>	<b>105 (N)</b>	<b>305</b>
1. Homeless Individuals	45(N)	98(N)	210(N)	353
2. Homeless Families with Children	13(N)	32(N)	34(N)	79
2a. Persons in Homeless Families with Children	39(N)	95(N)	119(N)	253
<b>Total (lines 1 + 2a)</b>	<b>84(N)</b>	<b>193(N)</b>	<b>329(N)</b>	<b>606</b>
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	85(N)		251(N)	336
2. Severely Mentally Ill	37(N)		87(N)	124
3. Chronic Substance Abuse	47(N)		53(N)	100
4. Veterans	9(N)		100(N)	109
5. Persons with HIV/AIDS	2(N)		11(N)	13
6. Victims of Domestic Violence	65(N)		40(N)	105
7. Youth (Under 18 years of age)	61(N)		92(N)	153

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## Exhibit 1: Continuum of Care Information Collection Methods

### 1. Housing Activity Chart.

(a) GNCOC's **methods for conducting an annual update** of the emergency, transitional housing and permanent supportive current housing inventory in place and under development

The annual inventory update of existing and planned emergency, transitional and permanent supportive housing is done concurrently with the annual census. Forms submitted to the various agencies include lines for reporting the number of existing and planned beds by category: individual or family, emergency, transitional or permanent supportive housing. This data is put into an Excel spreadsheet, and agencies are called to confirm when the information reported is unclear. The information gathering, inputting and follow-up is conducted by the City of Nashua's Urban Program Department, but a number of agencies guide the process, and provide oversight through the GNCOC Data Gathering Committee. This year they included: Nashua Welfare Department, Nashua Soup Kitchen and Shelter, Inc., Greater Nashua Interfaith Hospitality Network, Bridges, Southern NH Services, Inc., and Harbor Homes, Inc.

GNCOC's definition of emergency shelter and transitional housing:

*Emergency Shelter:* A privately and/or publicly funded, community-supported site where individuals or households who for economic reasons or other crisis situations find themselves without a home can spend the night for a short period until a more permanent place to live can be found. (Average length of stay: single adults – 3-4 months; families – 8-9 months.)

*Transitional Housing:* A privately and/or publicly funded community-supported site that provides housing and programmed supportive services for a period of up to two years to individuals and households who have suffered economic or other crisis. Transitional housing program goals are to prepare these individuals and households through the development of human, social and financial assets to live independently and integrate into community life.

(b) GNCOC's **plans for conducting an inventory** for HUD's 2005 CoC competition

The Data Gathering Committee is already planning to conduct next year's homeless point-in-time count, to gather information about the subpopulations, and the available beds within the community. This committee plans to use the same process, forms and to contact not only the same list of providers and agencies as in the past two years, but any new agencies that it may become aware of over the year. A street count will be provided by the two agencies that have been responsible for taking this count in the past. These agencies have staffed homeless outreach programs. The GNCOC Data Gathering Committee is regularly updating the contact list with new agencies providing services and names of responsible individuals within those organizations. The 2005 Count will be Noon on Wednesday, January 25 to Noon on Thursday, January 26, 2005.

### 2. Housing Gaps Analysis Chart.

Basis for the community's determination as to the amount of unmet need for emergency shelter, transitional housing and permanent supportive housing for the homeless:

There is consensus in the community that "housing first" is the solution for homelessness – shelters are a band-aid only necessary when homelessness cannot be avoided. GNCOC members and agencies/entities believe that transitional housing serves the purpose of getting those with special disadvantages ready for stable permanent housing. While the GNCOC plans for a limited additional capacity for family emergency shelter beds, the focus is on other resources to building capacity in transitional housing (for those not yet ready for permanent housing) and permanent housing and permanent supportive housing. The unmet need numbers presented in the Gaps Analysis Chart reflect that philosophy, but also include a case by case analysis of each homeless individual or household as to where in the continuum their needs are best met. The unmet need is defined as the difference between existing beds and total number of homeless (and by subpopulation) from the 2004 homeless census. For example, in this year's  
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gaps analysis the committee found 210 unsheltered homeless individuals. Plans are in the works for 45 units of shelter and transitional housing, leaving a need for 165 additional beds. The best place for those individuals and considering the size of the chronic homeless population, per the community's "housing first approach" is that those 165 needed beds are created in permanent supportive housing.

## Part 1 and 2 Homeless Population and Subpopulations Chart.

### (a) GNCOC's methods for completing Part 1 and 2 for the 2004 CoC competition

The first step in GNCOC's process of data collection was to identify a specific point-in-time to count the number of homeless in the Greater Nashua area. GNCOC chose a point-in-time of noon, March 30, 2004 to noon, March 31, 2004. This date was consistent with the other two continua in the State of New Hampshire (Balance of State Continuum of Care and Manchester Continuum of Care) In an effort to avoid duplication of counts. The Data Gathering Committee identified agencies in the GNCOC catchment area that serve homeless persons and/or were likely to encounter homeless persons. Such agencies included all police departments, hospitals, local welfare departments, schools, health and mental health providers, substance abuse treatment providers, housing providers for homeless persons and families, and other local nonprofit service providers plus other agencies that provide basic necessities to chronically homeless, homeless, and low income individuals and families. Although some of the area contact agencies do not provide direct service (i.e. housing), because they often provide referrals to homeless programs, the Data Gathering Committee has long been aware that they are often the primary contact for chronic homeless/homeless individuals or families.

A detailed survey form, along with a cover letter providing an explanation and instructions for completing the forms, was mailed to the identified agencies one-week prior to the March 31, 2004 homeless count in order to: (1) gather data necessary to complete the HUD "point-in-time" Gaps Analysis Chart, the Population and Subpopulation Chart, and Housing Activity Chart as accurately as possible, and (2) differentiate between homeless persons counted through the use of unique identifiers in order to avoid having the same homeless person being counted twice. Most agencies were already aware of the purpose and method of the homeless count; those that were unfamiliar were invited to call key contacts from the GNCOC Housing Needs & Data Committee. Several calls were received.

The GNCOC Data Gathering Committee count can be traced to documented data in order to address possible duplication. This was achieved by requesting the following categories of information: the first two letters of individual's/household's last name, number of adult males, adult females and children, subpopulation, and whether shelter was provided.

Determination of whether a household or individual could be categorized as chronically homeless was made by the responding agencies, and reported back to the GNCOC Data Gathering Committee. Instructions provided with the census form gave HUD's definitions for both chronically homeless and homeless. Data was collected and reported on turn-aways (those that could not be accommodated in the shelter system) by the shelter providers. Street counts were conducted by experienced outreach workers in agencies which routinely go out to seek the homeless in places not meant for human habitation. Representatives from those agencies also work on the Data Gathering Committee.

Follow-up calls were placed between April 5 and April 7 after a review of the returned requests. Follow-up calls were made to those agencies from which no response was received or incomplete data. All data was collected, reviewed, verified and analyzed for duplication by June 1, 2004.

### (b) Community's plans for **conducting data collection** for completing the "sheltered" portion of Part 1 and 2 at least biennially, starting with a 2005 CoC competition one day, point-in-time study in the last week of January 2005.

GNCOC has an established and well-functioning Data Gathering Committee comprised of homeless service providers, welfare officer, and other City administration staff that takes on the task of a homeless census every year. This committee has scheduled the next census for the last week in January 2005 (noon January 25 to noon January 26). The instruments for gathering information about the GNCOC communities' homeless at a specific point in time have been standardized. An expansive contact list of reporting agencies within this catchment area has been developed.

Contact is made annually by pre- and post-census telephone calls and the letter that accompanies the homeless census form. The sheltered portion of the census is the information that is received about those individuals/families in local shelters and transitional housing programs including Maple Arms of Harbor Homes, Inc., Nashua Soup Kitchen and Shelter, Inc., Bridges (Domestic Violence Shelters), Nashua Advocacy Group, Greater Nashua Interfaith Hospitality Network, Keystone Hall (Substance Abuse) Marguerite's Place, Inc. and Nashua Pastoral Care Center. Inc. Note that those agencies also report the turn-aways (unsheltered). Data reported conforms to all elements of the GNCOC Homeless Population and Subpopulations Chart. Form HUD 40076 CoC-I

(c) GNCOC's plans for conducting data collection for completing the "unsheltered" portion of Part 1 and 2 at least biannually starting with the 2005 CoC competition based upon a one day, point-in-time study, preferably in the last week of January 2005.

The same process that is in place to take the annual census of the sheltered homeless (to be carried out on noon January 25, 2005 to noon January 26, 2005) will also be used to collect data and count the unsheltered and get information about the various subpopulations. The list of contacted agencies is broad, and includes all municipal welfare officers, health and mental health providers, food pantries, community action program (one of the two agencies with street homeless outreach), housing providers, the Gathering Place (largest consumer-operated social club in the State of New Hampshire) and others where the chronically homeless/homeless are likely to request services and support.

(d) Describe any changes in the number of persons reported in the "chronic homeless," "sheltered," and "unsheltered" sections of Part 2 from 2003 to 2004.

The following table describes compares the changes in numbers of sheltered, unsheltered and chronically homeless:

Description	No, 2003	% of 2003 THP	No, 2004	% of 2004 THP	Change, No
Point in time night	30-May-03		30-Mar-04		
Total Homeless, Sheltered	206	25%	277	46%	71
Total Homeless, Unsheltered	630	75%	329	54%	-301
Chronically Homeless, Sheltered	133	16%	85	14%	-48
Chronically Homeless, Unsheltered	227	27%	251	41%	24
Total Chronically Homeless	360	43%	336	55%	-24
Total Homeless Population (THP)	836		606		-230

The total point-in-time number of homeless counted in 2004 decreased by 230 people and as result a substantially greater portion of our homeless were sheltered; correspondingly, a smaller percentage were unsheltered. According to the homeless census, the chronically homeless population reduced by 24 people or about 7%. In both years about 15% of the total homeless population were the sheltered chronic homeless, but a substantially larger percentage (41% vs. 27% of the total homeless population) of the chronically homeless were unsheltered during the 2004 point-in-time count.



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## Continuum of Care: Exhibit 1 Homeless Management Information System (HMIS)

### a. Brief narrative on GNCOC strategy to implement an HMIS

The New Hampshire Homeless Management Information System (HMIS) Project is a statewide effort of all three Continua of Care (CoCs) serving the homeless individuals and families of New Hampshire. The three CoCs are the Greater Nashua Continuum of Care, Balance of State Continuum of Care, and the Manchester Continuum of Care. In 2002 each of New Hampshire's three CoCs first applied for funding through the HUD SuperNOFA for this SHP Supportive Services Only project to share the costs of funding. The goal of the three Continua is to implement a statewide HMIS with the Community Services Council of New Hampshire as the project sponsor, the State of New Hampshire, Division of Behavioral Health as the Applicant. The HMIS project will enable homeless service providers to collect uniform information about clients over time, and will satisfy HUD's goal of producing unduplicated client counts at the CoC level.

New Hampshire has chosen to implement ServicePoint™ software as its HMIS. This software will be provided to all HUD and State-funded homeless service agencies. The ServicePoint™ software is an internet application and will be accessed via web browser and Internet connection from each individual service provider. The project sponsor, Community Services Council of New Hampshire (CSCNH) will manage: interaction with the software vendor; acquisition of system and user licenses; system administration; end user training and implementation; data integrity and reporting oversight issues.

The HMIS project budget includes software licenses, internet connectivity, computer hardware for participating agencies, personnel for project management, training, and system technical-support. The project costs will be shared by the three NH CoCs in proportion to their Pro Rata Needs Share as follows: Balance of State CoC – 59.9%; Manchester CoC – 31.6%; Greater Nashua CoC – 8.5%.

In June 2004, the Greater Nashua Continuum of Care (GNCOC) adopted its Ten Year Plan to End Homelessness, "*A Home for Everyone: A Plan for Ending Homelessness in Greater Nashua*". The Greater Nashua Plan is modeled on the four-step model proposed by the National Alliance to End Homelessness. In this paradigm, the first step is to "Plan for Outcomes – to collect data and establish a planning process that focuses on the outcome of ending homelessness." The NH HMIS, which GNCOC is supporting and helping to implement will be a valuable tool used to facilitate this data collection aspect of the Plan. Further, HMIS will provide for increased ease of reporting requirements and provide valuable ad-hoc reports to help in assessing Plan progress.

### Progress to Date

As of the date of this renewal application, the NH HMIS project has accomplished significant project milestones. An initial delay in project start-up was experienced due to contract delays with the State of New Hampshire.

The project team has moved forward aggressively and thus far accomplished:

- Signed contract with Bowman Systems and purchased ServicePoint software for HMIS.
- Created "training" ServicePoint site for project team to work with to explore ServicePoint's features.
- Received three day ServicePoint System Administrator training from Bowman trainer at our site.
- Convened HMIS Advisory Group comprised of 10 members representing all three New Hampshire CoCs, New Hampshire Office of Homeless and Housing Services, HMIS Project Team. Advisory Group provides user and agency management input into the many policy and technical details of HMIS Project.
- Actively participated with all three New Hampshire CoCs and Local Service Delivery Area Groups to provide regular and consistent information to all participants about HMIS project status and goals.
- Registered internet domain name [www.nh-hmis.org](http://www.nh-hmis.org) for project website to provide regularly updated information to all New Hampshire HMIS participants and interested parties. Website to be active by July 2004.
- Scheduled a presentation on HMIS project with the NH Interagency Council on Homelessness in July 2004.

- Presented drafts of NH ServicePoint User Manual, Participating Agency Agreement, User Agreement – Roles and Responsibilities, and Client Consent forms to HMIS Advisory Group for review and input.
- Participated in all New England Regional HMIS Group meetings which are attended by HMIS Project teams from ME, NH, VT, MA, CT, RI, HUD Manchester NH Field Office representatives, and National and Regional HUD Technical Assistance contractors, and Bowman Internet Systems representatives.
- Worked proactively with NH Coalition Against Domestic and Sexual Violence and others to try and identify solutions to heightened concerns about client data security that constitute significant barriers to participation in HMIS.
- Visited numerous Emergency shelters to learn about current client intake and management practices in order to inform and guide the HMIS implementation process.
- Participated in one-day homeless counts with outreach workers “on the street” to learn actual processes and procedures in place as used by outreach workers to inform and guide the HMIS implementation process.
- Collected client intake and consent forms from many New Hampshire homeless service providers to assist in developing common procedures statewide to the maximum extent possible.
- Collected existing client intake forms to compare data elements currently collected with data elements proposed in HUD HMIS Data and Technical Standards.

The NH HMIS Project team, through its participation in CoC meetings, site visits, and the HMIS Advisory Group, has worked to identify barriers to HMIS participation. The majority of emergency shelter, transitional housing, and permanent supportive housing has been aware of the development of the HMIS project and view participation as a positive opportunity to upgrade their in-house information systems and streamline reporting needs that their various funders require. Special circumstances are present where clients in emergency and other housing may be victims of domestic violence. Naturally, these projects/agencies have heightened concern for the security of client information. The NH HMIS Project team has worked closely with the NH Coalition, with HUD TA resources and other regional HMIS implementers to identify possible solutions to this barrier to participation. There are definitive statutory barriers to participation in some instances, as HUD is aware, and while this issue continues to exist, the NH HMIS project team continues to work with all parties toward viable solutions. The goal is to provide the most comprehensive, unduplicated count of homeless individuals and families being served in New Hampshire as possible.

### Project Milestones / Schedule

	Projected Schedule
1. Hire HMIS Project staff	√ Completed – February 2004
2. Negotiate, finalize and sign contract with BIS for ServicePoint	√ Completed – March 2004
3. Install ServicePoint Training web site	√ Completed – March 2004
4. Designate and startup of HMIS Advisory Group	√ Completed – April 2004
5. Intensive experimentation / learning on test site by HMIS Staff	√ Completed – May 2004 & ongoing
6. ServicePoint System Administrator Training	√ Completed May 2004
7. Develop drafts of policies, procedures and memorandums of understanding for review by Advisory Group	√ Completed – April 2004
8. Deploy PC Hardware to participating HMIS sites	Started July 2004 - ongoing
9. Create <a href="http://www.nh-hmis.org">www.nh-hmis.org</a> website to facilitate information sharing	August 2004
10. End user training at Phase One implementation sites	August 2004
11. ServicePoint goes live – ready for data collection	September 2004
12. Begin data collection with Phase 1 sites	September 2004
13. Training and data collection begin for Phase 2 sites.	March 2005
14. Integration of prior data for sample sites for quality assurance testing of HMIS generated APR and prior manually generated APR	March 2005
15. Training and data collection begin for Phase 3 sites	September 2005
16. Ongoing operational testing	Ongoing
17. Ongoing end user training	Ongoing
18. Ongoing technical support	Ongoing

b. Please check one of the following which best reflects the status of your CoC in having a Continuum-wide HMIS:

The CoC has not yet considered implementing an HMIS.

The CoC has been meeting and is considering implementing an HMIS.

The CoC has decided to implement an HMIS and is selecting needed software and hardware.

The CoC has implemented a Continuum-wide HMIS.

The CoC has implemented, but is seeking to update or change its current HMIS.

The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.

c. If your CoC has already implemented or is seeking to update or expand its HMIS system, identify in the table below how many of the Current Inventory in 2004 beds listed on your Housing Gaps Analysis chart are included in the CoC's HMIS and are currently providing data on clients into the system. For each Current Inventory in 2004 Housing Activity category, indicate the number of beds that are providing client level data into the HMIS and the percent of coverage for that category.

**Current Inventory in 2004  
Beds/Percentage Providing Client Data into HMIS**

	Individuals	Families
--	-------------	----------

Emergency Shelter	____ / 0%*	____ / 0%*
Transitional Housing	____ / 0%*	____ / 0%*
Permanent Supportive Housing	____ / 0%*	____ / 0%*

\* NOTE: New Hampshire's HMIS scheduled for data collection to begin September 1, 2004 so currently no client level data is being entered.

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**Exhibit 1: Continuum of Care Priorities**

a. GNCOC's methods for determining satisfactory performance and effectively addressing the need for which the program was designed were accomplished in two ways: externally (the Executive Committee of the GNCOC) and internally (self evaluation of the program by the agency itself).

1. Satisfactory Performance - internal

- Monitoring a client's progress in the program through an Individual Service Plan (ISP). The local community mental health center and the client in conjunction with multiple agencies, including the residential provider, develop this plan. The ISP includes clinical, mental health, and other services;
- Resident/client input with staff and case management through resident or other meetings, communication with a client's family. A Consumer Satisfaction Survey (CSS) is conducted every other year by impartial individuals (usually college interns) with clients to evaluate where they live and the services they receive;
- Annual reviews are performed by regulatory bodies such as independent auditors, the NH Division of Alcohol and Drug Abuse Prevention and Recovery, Housing & Urban Development, NH Division of Mental Health &

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Developmental Services, City of Nashua, and United Way of Greater Nashua. These evaluations consist of quantifiable housing, support groups, numbers served, source of referral, number of units of service, etc.;

- Reduction in hospitalization of the mentally ill population; New Hampshire Hospital performs census recidivism tracking to and from the hospital as well as other institutions; and diminished recidivism rates in the court system. The courts notify the community mental health center, the residential provider, and other appropriate agencies which can be an indication of the effectiveness of the program;
- Internal controls (i.e. intake, assessment, progress notes, referrals) which are reviewed on a monthly basis by Supervisor, Client Services, and Program Manager.

*Effectively addressing the need for which the program was designed - external*

Effectiveness of the project was determined by Annual Progress Reports (APR), waiting lists, connection to mainstream resources, leveraging, and movement through the continuum towards permanent housing and employment of the individuals.

On July 14, 2004 a special meeting of the full GNCOC would be held to rank these renewal proposals. In preparation for that meeting, the Executive Committee (ranking committee) met to review and make recommendation. The GNCOC NOFA Team designed a "Project Performance Review Guide" based upon HUD key points such as type of project and target population served, accessing mainstreaming resources, quality of project plan and outcome measures, demonstration of successful past performance. A copy of this Project Performance Review Guide was given in advance to all agencies/entities submitting proposals with a request that they present to this committee a 2-page narrative of their program along with their most recent Annual Progress Report (APR). After lengthy review and discussion, this committee made their recommendation based on the following:

- A 2-page narrative describing the population served, type of project and target population served, clients' access to mainstream resources, quality of project plan and outcome measures, demonstration of successful past performance;
  - The latest APR to measure and track project outcomes through increase in skills, income and self-sufficiency.
- b. Demonstration of how the following new project proposed for funding will fill a gap in the GNCOC system

**Priority 1 (Bonus Project): "NHA Shelter Plus Care", Nashua Housing Authority – Applicant, Harbor Homes, Inc. – Sponsor**

Only one new project was proposed for funding this year: a Shelter Plus Care Sponsor-based Proposal developed to provide permanent housing in connection with supportive services to the chronically homeless/homeless individuals with a co-occurring condition such as serious mental illness, chronic substance abuse issues, HIV/AIDS or related diseases. The goal of this program is to increase housing stability, increase skills, and/or income and obtain greater self-sufficiency.

Due to excessive rental rates in the Nashua area and the cap of preliminary pro rata share for the GNCOC, this proposal will serve three individuals, two of whom will be 'chronically homeless' and the third 'other homeless'.

In addition to receiving rental assistance, program participants will be coordinated with needed mainstream services based upon individual need. If an individual is not already connected to the community mental health system through private or local mental health centers, they will be assisted in gaining access to services such as case management, psychiatric care, group and individual counseling, vocational rehabilitation and crisis management. Program participants will also receive Mental Illness Management Services (MIMS) through which face-to-face intervention is provided to assist individuals to understand how symptoms related to their mental illness and/or substance abuse disorder impact their thoughts and behaviors, and to exercise and advance skills to help the individual with completion of their goals outlined in their treatment plan. Clients will be encouraged to

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move toward self-sufficiency through interventions such as medication education, symptom management, assisting clients in the development of activities of daily living such as house cleaning and organizing, budgeting, food shopping, daily hygiene, laundry and cooking as well as communication and interpersonal skills for development.

Both the Applicant (Nashua Housing Authority - NHA) and the Sponsor (Harbor Homes, Inc. - HHI) have a long history of success in working with this target population. Nashua Housing Authority is a recognized leader in providing decent, safe and sanitary housing, receiving consistent high ranking for the Public Housing Assessment and Section 8 Management Assessment, currently maintaining 662 apartments and 790 Section 8/rental assistance vouchers. As of September 2003, NHA was serving approximately 2,105 individuals and families. Harbor Homes, Inc., serving the chronically homeless/homeless and/or serious mentally ill, has grown from one small group home program in 1980 to an agency providing residential and supportive services to over 325 persons through its 19 residential programs and six supportive service programs. The spirit and philosophy of HHI is to seek long-term solutions in addressing homelessness and assisting individuals in achieving their housing and employment goals.

Both NHA and HHI work collaboratively with other service providers and area organizations to ensure that appropriate services are received by their residents and clients.

These three new units will assist in filling a gap in the Nashua area as there will be three less chronically homeless/homeless individuals on the streets searching for shelter.

c. Demonstrate how the project selection and priority placement processes were conducted **fairly and impartially**.

(1) Open solicitation efforts for projects

Shortly after the 2004 NOFA was issued by the Department of Housing and Urban Development (HUD), an e-mail from GNCOC website was sent out to the entire membership explaining the NOFA and inviting anyone to submit a proposal (new or renewal) to GNCOC, indicating where information could be received either on the HUD website or at a GNCOC NOFA Team member's office. A notice was placed in the local newspaper announcing and inviting proposals. At a GNCOC General Meeting, members were invited to submit proposals, were informed of HUD's process, Nashua's pro rata share dollars, funding priorities, renewals burden, and strategies.

(2) Identify the objective rating measures applied to the projects and demonstrate that participants on the review panel or committee are unbiased. The ranking committee is GNCOC's Executive Committee. This committee held a special meeting for the purpose of reviewing all proposals to be submitted to HUD and to make recommendation to the full GNCOC membership.

The GNCOC NOFA Team designed a "Project Performance Review Guide" based upon HUD key points such as type of project and target population served, accessing mainstreaming resources, quality of project plan and outcome measures, demonstration of successful past performance. A copy of this Project Performance Review Guide was given in advance to all agencies/entities submitting proposals with a request that they submit to this committee a 2-page narrative of their program along with their most recent Annual Progress Report (APR). There were 9 renewal proposals and one new Shelter Plus Care project submitted. The renewals were assessed using the methods described above. Other handouts included an agenda, overview of HUD's scoring of NOFA, and HUD's rating and point evaluation. Only one eligible (i.e. permanent housing) application was submitted for the Bonus funding. After review and discussion of the Bonus Project proposal, a motion was made, seconded, and unanimously approved to recommend this new project proposal as number one in the priority ranking.

Nine renewal projects were presented, reviewed and discussed by the committee. Program managers were available to answer any questions or to clarify any concerns regarding their programs. The Executive Committee's recommendation was based upon the following: number of clients served, number of clients involved in mainstream resources, duplication, leveraging, and HUD's priorities and challenges and any information as described above regarding effectiveness and performance. A ballot vote was taken on this ranking committee's recommendation for prioritizing. The Clerk of GNCOC recorded minutes at this meeting.

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(3) Explain the voting system used.

On July 14, 2004, a Special GNCOC meeting was held for the sole purpose of prioritizing proposals. Copies of the 2-page narratives of all proposals to be presented were distributed; all program managers were present for questions. Per the GNCOC By Laws, the Chairperson stated that there would be two votes per agency and one vote per individual not representing an agency. A sign in sheet indicated who was present. The Chairperson and the Clerk verified all eligible voters. As there was only one project vying for the Bonus project, after review of the 2-page narrative, a question and answer period, a motion was made to accept the Shelter Plus Care proposal to be the Number 1 Priority Bonus proposal; unanimously approved. The Chairperson then announced that there were nine (9) renewal proposal projects being presented, each requesting one [1] year funding, and spoke of the Executive Committee's recommendation. Time was allotted for everyone to read the 2-page narratives and to have a question and answer period. Ballots were distributed to the eligible voters by the Clerk and an individual not associated with any of the renewals. The ballots listed all proposals in alphabetical order with a column noting the Executive Committee's recommendation. After discussion was completed, thirty-four ballots were distributed. A committee of three impartial persons (a bank vice president, a City employee from the Urban Programs Department, and an executive from United Way of Greater Nashua – none having any direct connection with the presented proposals) counted the votes in the presence of all. The Chairperson announced that the results would be presented at the completion of count and would be posted on the GNCOC website should anyone have to leave the meeting. Two ballots had to be discarded due to improper completion. After the count, everyone remaining at the meeting was notified of the ranking outcome.

(4) There were no written complaints concerning the process during the last 12 months.

### Exhibit 1: Continuum of Care: Project Priorities Chart

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP New	SHP renew	S+C new	S+C renew	SRO new
Nashua Housing Authority	Harbor Homes, Inc. NHA Shelter Plus Care	1	\$ 159,408	5			SRA		
Harbor Homes, Inc.	Harbor Homes, Inc. Safe Haven & Permanent Housing III	2	\$ 862,121	1		PH			
Greater Nashua Council on Alcoholism, Inc. (GNCA)	Keystone Hall Transitional Living Center	3	\$ 60,083	1		TH			
State of New Hampshire	Harbor Homes, Inc. Permanent Housing II	4	\$ 195,285	1		PH			
Marguerite's Place, Inc.	Marguerite's Place, Inc. Transitional Housing for Homeless Women and Children	5	\$ 58,481	1		TH			
Harbor Homes, Inc.	Harbor Homes, Inc. Permanent Housing IV	6	\$ 100,929	1		PH			
Harbor Homes, Inc.	Harbor Homes, Inc. Permanent Housing V in Collaboration with Keystone Hall and Marguerite's Place, Inc.	7	\$ 166,667	1		PH			
Southern New Hampshire Services, Inc.	Southern New Hampshire Services, Inc. Homeless Outreach Initiative	8	\$ 32,273	1		SSO			

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP New	SHP renew	S+C new	S+C renew	SRO new
Harbor Homes, Inc.	Nashua Soup Kitchen & Shelter, Inc. Employment Advocacy Program	9	\$ 59,546	1		SSO			
NH Division of Behavioral Health	Community Services Council of New Hampshire NH Statewide Homeless Management Information System Project (HMIS)	10	\$ 12,779	1		HMIS			
			<b>**Total Requested Amount:</b>						
			\$1,707,572						

\*\*The Requested Project Amount must not exceed the amount entered in the project budget in Exhibits 2, 3, and 4. If the project budget exceeds the amount shown on the priority list, the project budget will be reduced to the amount shown on the priority list.

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**Exhibit 1: Continuum of Care Supplemental Resources**

**Enrollment and Participation in Mainstream Programs**

(1) GNCOC systematically helps homeless persons identify, apply for and follow-up to receive benefit under the following mainstream programs:

- SSI     SSDI     TANF     Medicaid     Food Stamps  
 SCHIP     WIA     Veterans Health Care

(2) These policies are currently in place in GNCOC to help clients secure these mainstream benefits for which they are eligible.

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.)

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**Exhibit 1. CoC Project Performance - Housing and Services**

1. Permanent Housing.

**A. Housing**

- a. The number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a). 60
- b. The number of participants who did **not leave** the project(s) during the operating year. 113
- c. Of those who **exited**, the number that stayed longer than **6 months** in the permanent housing (from APR Question 12(a). 23
- d. Of those who did **not leave**, the number that stayed longer than **6 months** in the permanent housing? 66
- e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), the percentage that stayed longer than 6 months (both those who left and those who stayed) was  
(c+d divided by a+b x 100 = e) 51.4%.

2. Transitional Housing.

- a. The total number of participants who left transitional housing project(s) during the operating year. (Including all persons who left, including those who left to an unknown destination.)was 35
- b. The number of participants who left transitional housing project(s) and **moved to permanent housing** was 25
- c. Of the number of participants who left transitional housing, the percentage moved to permanent housing was (b divided by a x 100 = c) 71%

**B. Supportive Services**

Continuum of Care Participation in Mainstream Programs and Employment Chart.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
140	a. SSI	51	36.4%
140	b. SSDI	8	6%
140	c. Social Security	2	1.4%
140	d. General Public Assistance	3	2.1%
140	e. TANF	14	10%
140	f. SCHIP	27	19.2%
140	g. Veterans Benefits	0	0%
140	h. Employment Income	82	59%
140	i. Unemployment Benefits	1	.71%
140	j. Veterans Health Care	0	0%
140	k. Medicaid	24	17%
140	l. Food Stamps	43	31%
140	m. Other (specify) <b>(child support)</b>	9	6.4%
140	n. No Financial Resources	12	9%

\*One SSO renewal project was not included as the grantee stated they were not required to track these sources of income on the APR

\*The most recent APR was used for renewal projects and tracking of Veterans Benefits and SCHIP were not required until recently



**Exhibit 1: Continuum of Care Use of Other Resources Chart**

1 Other Resources	2 Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	3 Specific Project Name	4 \$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
<b>CDBG</b>	<p>Transitional Housing for Homeless Women with Children</p> <p>Permanent Housing for Homeless Women with Children</p> <p>Program support for food, shelter, and case management for Homeless Individuals and Families</p> <p>Orphanage, Transitional Housing for those aging out of system</p> <p>Supportive Housing for Homeless Individuals</p> <p>To provide capital acquisition support for a project to house homeless</p> <p>Inpatient residential treatment of Homeless persons seeking recovery from addictive disorders</p> <p>Supportive Housing for Homeless individuals</p>	<p>Nashua Pastoral Care Center</p> <p>M. P. Housing, Inc.</p> <p>Nashua Soup Kitchen and Shelter</p> <p>Nashua Children's Home</p> <p>Area Agency of Greater Nashua</p> <p>Harbor Homes, Inc. 811 Project</p> <p>Keystone Hall</p> <p>The PLUS Co.</p>	<p>\$ 69,000.00</p> <p>\$ 24,500.00</p> <p>\$ 88,350.00</p> <p>\$ 89,000.00</p> <p>\$ 18,500.00</p> <p>\$ 80,000.00</p> <p>\$ 50,000.00</p> <p>\$ 50,000.00</p> <p>\$ 40,000.00</p>
<b>HOME</b>	Transitional Housing for those aging out of system	Nashua Children's Home	\$100,000.00
<b>Housing Choice Vouchers</b> (only if "priority" is given to homeless)	<p>NHHFA (New Hampshire Housing Finance Authority) Housing Choice Voucher Administrative Plan gives preference to Homeless Individuals.</p> <p>Homeless is defined using the HUD definition, specifically those who lack a fixed, regular and adequate nighttime residence.</p>	Households with vouchers given homeless preference within the Greater Nashua CoC catchment area.	570 Households (Vouchers)
<b>Public Housing</b> (only if units are dedicated to homeless)	40 SRO units of Section 8 subsidized permanent supportive housing for homeless women	Mary's House	40 units

1 Other Resources	2 Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	3 Specific Project Name	4 \$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
<b>Mental Health Block Grant</b>	Support for Homeless Shelter	Harbor Homes, Inc. Emergency Shelter	\$ 60,000.00
	Support for Homeless Shelter FEMA Grant for food for Homeless Shelter	Harbor Homes, Inc. Emergency Shelter Harbor Homes, Inc. Emergency Shelter	\$ 20,000.00 \$ 5,000.00
	<b>Substance Abuse Block Grant</b>	PATH funding for Homeless outreach	Community Council of Nashua
<b>Social Services Block Grant</b>	Child Care Development and Daycare fees for children in Homeless families	Nashua Adult Learning Center	\$ 62,000.00
<b>Welfare-to-Work</b>	Job Training and Job Placement for Homeless persons	Southern New Hampshire Services	\$80,000.00
<b>State-Funded Programs</b>	State Funded Homeless Outreach	Community Council of Nashua	\$350,406.00
	State Funded funding – shelter for individuals and families	Harbor Homes, Inc. Maple Arms Shelter	\$160,000.00
	Grant-in-aid for transitional housing program for women and children	Nashua Pastoral Care Center	\$ 35,000.00
	State ESG Grant for Homeless Shelter operations	Nashua Soup Kitchen and Shelter	\$100,000.00
	CDFA tax credits to purchase permanent housing units for homeless women with children	MP Housing	\$200,000.00
<b>City/County Funded Programs</b>	Security Deposit Loan Assistance for homeless individuals	Nashua Pastoral Care	\$ 20,000.00
	Transitional Housing for Homeless women with children	Nashua Pastoral Care Center	\$ 33,500.00
	Shelter costs (hotel rooms) for homeless individuals/families awaiting shelter beds	Town of Milford Welfare	\$ 19,430.00
	Shelter costs (hotel rooms) for homeless individuals/families awaiting shelter beds	Nashua City Welfare	\$ 92,827.00
	Shelter costs for homeless individuals/families	Harbor Homes, Inc. Maple Arms Shelter	\$ 42,000.00

1 Other Resources	2 Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	3 Specific Project Name	4 \$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
<b>Other: Federal</b>	Rental assistance for homeless individuals with HIV/AIDS  HOPWA funding for rent support for people with HIV/AIDS  HUD 811 Capital Advance to provide homeless housing  Fema grant (2 years) – food – Emergency shelter and Gathering Place	HIV/AIDS Task Force  HIV/AIDS Task Force  Harbor Homes, Inc. 811 Project  Harbor Homes, Inc. Maple Alms Emergency Shelter	\$ 2,149.00  \$298,038.00  \$436,400.00  \$ 21,000.00
<b>Private</b>	United Way-Safe Haven for battered and abused women and their children  United Way- Emergency Shelter and supports to homeless individuals and families  United Way – The Gathering Place – social and resource center for homeless/chronically homeless  United Way- Housing and support services to homeless single women  Transitional Housing for those aging out of system	BRIDGES  Harbor Homes, Inc. Emergency Shelter  Harbor Homes, Inc.  Mary's House  Nashua Children's Home	\$ 12,000.00  \$ 55,000.00  \$ 23,000.00  \$ 16,000.00  \$135,000.00
<b>Foundations</b> (Identify by name)	Multiple foundations- Transitional Housing for Homeless families  Cogswell Benevolent Trust – repointing of Maple Street Alms Emergency Shelter brick structure  NH Charitable Foundation – kitchen appliances	Nashua Pastoral Care Center  Harbor Homes, Inc. Maple Arms Shelter  Harbor Homes, Inc. Maple Arms Shelter	\$ 35,200.00  \$ 20,000.00  \$ 1,000.00

Exhibit 1: Continuum of Care - Response to HUD Policy Priority For Removal of Regulatory Barriers To Affordable Housing ( <i>up to 2 points</i> )America's Affordable Communities Initiative	U.S. Department of Housing and Urban Development	OMB approval no. 2510-0013 (exp. 01/01/2006)
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## Questionnaire for HUD’s Initiative on Removal of Regulatory Barriers

### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties.

[Collectively, Jurisdiction]

Jurisdiction: City of Nashua, NH	1	2
<p>1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. If no, skip to question # 4. Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; under Planning Department; Contact: Roger Houston, Planning/Zoning Director, Tel. 603-589-3090</p>	<input type="checkbox"/> No	X Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	X No	<input type="checkbox"/> Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes. Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; under City Clerk Dept. – Ordinances; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010</p>	<input type="checkbox"/> No	X Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards? Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; under City Clerk Dept – Ordinances; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010</p>	X Yes	<input type="checkbox"/> No
<p>5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may enter yes.</p>	X No	<input type="checkbox"/> Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<p>7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing? <b>Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; under City Clerk Dept. – Ordinances; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010</b></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "<i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i>" (<a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a>)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p> <p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability. <b>Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; under City Clerk Dept. – Ordinances – International Code Council; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010</b></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production? <b>Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; under City Clerk Dept. – Ordinances – International Code Council; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010</b></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing? <b>Reference: <a href="http://www.gonashua.com">www.gonashua.com</a>; Mayor Streeter's Office – Mayor's Task Force on Housing, Tel. 603-589-3260</b></p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

the number of additional market rate units.)		
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?	X No	<input type="checkbox"/> Yes
16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	X No	<input type="checkbox"/> Yes
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval? Reference: <a href="http://www.gonashua.com">www.gonashua.com</a> ; City Clerk Dept. – Ordinances, Section 16-122 Nashua Reused Ordinance; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010	<input type="checkbox"/> No	X Yes
18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing? Reference: <a href="http://www.gonashua.com">www.gonashua.com</a> ; City Clerk Dept. – Ordinances, NRO 16-162; Contact: Paul Bergeron, City Clerk, Tel., 603-589-3010	<input type="checkbox"/> No	X Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	X No	<input type="checkbox"/> Yes
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	<input type="checkbox"/> Yes	X No
<b>Total Points:</b>	<b>10</b>	<b>9</b>

**Part B. State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A**

Not Applicable as GNCOC responded to Part A.	<b>1</b>	<b>2</b>
1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If no, skip to question # 4	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable	<input type="checkbox"/> No	<input type="checkbox"/> Yes



housing?		
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Does your state have specific enabling legislation for local impact fees? If no skip to question #9.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. If yes to the question #7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development ( <i>nexus</i> ) and a method for fee calculation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification?  Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: " <i>Smart Codes in Your Community: A Guide to Building Rehabilitation Codes</i> " ( <a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a> )	<input type="checkbox"/> No	<input type="checkbox"/> Yes
12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly list these changes.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states' "Consolidated Plan submitted to HUD?" If yes, briefly list these major regulatory reforms.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative	<input type="checkbox"/> No	<input type="checkbox"/> Yes

procedures? If yes, briefly list these actions.		
<b>Total Points:</b>		

Form HUD 27300

## Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	Harbor Homes, Inc. NHA Shelter Plus Care Project	Home Health Services	Healthy At Home	\$ 15,000
		Intervention, rehabilitation, drug and alcohol counseling	Keystone Hall	\$ 15,000
		Food, employment advocacy, meals, personal care items, holiday food bags, gifts	Nashua Soup Kitchen & Shelter, Inc.	\$ 15,000
		Case management, food and nutrition services, mental health/substance abuse counseling	Southern NH HIV/AIDS Task Force	\$ 27,157
		Case management, crisis management, psychiatric services, individual counseling	Community Council of Nashua, NH	\$ 15,000
2	Harbor Homes, Inc. Safe Haven & Permanent Housing III	Food, employment advocacy, meals, personal care items, holiday food bags, gifts	Nashua Soup Kitchen & Shelter, Inc.	\$ 10,000
		Intervention, rehabilitation and transitional living	Keystone Hall	\$ 24,969
		Cash – Clients rent	Harbor Homes, Inc.	\$ 86,000
		Cash – Production Revenue	Harbor Homes, Inc.	\$ 95,000
		Cash – Public Support	Harbor Homes, Inc.	\$ 600
		Cash - Medicaid	Harbor Homes, Inc.	\$ 5,000
		Services - Household furniture & appliances, clothing, food, volunteer time, social activities & holiday gifts	Harbor Homes, Inc.	\$ 7,910
Food, fuel assistance, security deposits, case management	Nashua Pastoral Care Center, Inc.	\$ 5,000		
3	Keystone Hall Transitional Living Center	Treatment and prevention services	NH Division of Alcohol and Drug Abuse Prevention and Recovery	\$511,037
		Treatment and prevention services	State of NH Dept. of Health and Human Services Div. of Behavioral Health	\$ 80,000
		Meals	New Hampshire Catholic Charities, Inc.	\$ 8,000
4	Harbor Homes, Inc. Permanent Housing II	Food, employment advocacy, meals, personal care items, holiday food bags, gifts	Nashua Soup Kitchen & Shelter, Inc.	\$ 5,000
		Intervention, rehabilitation and transitional living	Keystone Hall	\$ 8,000
		Cash – Clients rent	Harbor Homes, Inc.	\$ 29,000
		Cash – Public Support Donations	Harbor Homes, Inc.	\$ 3,000
		Cash – Medicaid	Harbor Homes, Inc.	\$150,000
Services - Household furniture & appliances, clothing, food, volunteer time, social activities & holiday gifts	Harbor Homes, Inc.	\$ 7,910		
5	Marguerite's Place, Inc. Transitional Housing for Homeless Women and Children	Program support	Anheuser Busch Foundation	\$ 10,000
		Program support	BAE EmployeeCommunity	\$ 22,450
		Program support	Fidelity Trust	\$ 500
		Program support	Lucia Calandra Revocable Trust	\$ 25,000

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
		Fundraising efforts	Marguerite's Place, Inc.	\$ 50,000
		Program support	Religious groups	\$ 5,000
		Residential fees	Residents of Marguerite's Place, Inc.	\$ 25,000
		Program support	United Way Program Award	\$ 23,000
6	Harbor Homes, Inc. Permanent Housing IV	Food, fuel assistance, security deposits, case management	Nashua Pastoral Care Center, Inc.	\$ 5,000
		Intervention, rehabilitation, transitional living	Keystone Hall	\$ 6,000
		Food, employment advocacy, meals	Nashua Soup Kitchen & Shelter, Inc.	\$ 2,500
		Cash – client fees (rents)	Harbor Homes, Inc.	\$ 29,046
		Cash – Medicaid	Harbor Homes, Inc.	\$ 97,334
		Cash – Public support	Harbor Homes, Inc.	\$ 1,500
		Services – Volunteer time, household furniture & appliances, clothing, food, social activities & holiday gifts	Harbor Homes, Inc.	\$ 7,910
7	Harbor Homes, Inc. Permanent Housing V in collaboration with Keystone Hall and Marguerite's Place, Inc.	Food, fuel assistance, security deposits, case management	Nashua Pastoral Care Center, Inc.	\$ 5,000
		Intervention, rehabilitation, transitional living	Keystone Hall	\$ 6,000
		Food, employment advocacy, meals	Nashua Soup Kitchen & Shelter, Inc.	\$ 2,500
		Cash – client fees (rents)	Harbor Homes, Inc.	\$ 26,300
		Cash – Medicaid	Harbor Homes, Inc.	\$ 10,378
		Cash – Public support	Harbor Homes, Inc.	\$ 1,500
		Services – Household furniture & appliances, clothing, food, volunteer time, social activities & holiday gifts	Harbor Homes, Inc.	\$ 7,910
8	Southern New Hampshire Services, Inc. Homeless Outreach Initiative	Cash	Southern New Hampshire Services, Inc.	\$ 20,000
9	Nashua Soup Kitchen & Shelter, Inc. Employment Advocacy Program	Housing & case management	Marguerite's Place, Inc.	\$ 6,000
		Housing & case management	Nashua Pastoral Care Center, Inc.	\$ 20,000
		Housing & case management	Keystone Hall	\$ 8,000
		Housing & case management	Southern NH Services, Inc.	\$ 45,000
		Automobiles (6-10 used cars)	Donated by local dealer to NSK&S	\$ 10,000
		12 voice mailboxes	U.S. Cellular	\$ 4,320
10	Community Services Council of New Hampshire NH Statewide Homeless Management Information System Project (HMIS)	In-kind Agency Management	Comm. Svcs. Council of NH	\$ 8,147
		In-kind web development	Comm. Svcs. Council of NH	\$ 1,000
		In-kind facilities costs	Comm. Svcs. Council of NH	\$ 5,385
		In-kind NH HelpLine I&R database for inclusion in ServicePoint HMIS	Comm. Svcs. Council of NH	
			Greater Nashua CoC is 8.5% of project	\$ 1,866
TOTAL				\$1,623,129



Form HUD-40076 CoC-P