

Exhibit 1: Continuum of Care

2005 Application Summary

Continuum of Care (CoC) Name: GREATER NASHUA CONTINUUM OF CARE

CoC Contact Person and Organization: Klaas Nijhuis, Urban Programs

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Continuum of Care Geography

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

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

Geographic Area Name	6-digit Code
½ of Hillsborough County (continuation) as shown below:	
Mont Vernon, Town of (Hillsborough County)	339011

Exhibit 1: Continuum of Care Narrative

1. Greater Nashua Continuum of Care (GNCOC) *planning process*

a. The lead entity.

The Lead Entity of the GNCOC is the Executive Committee, as constituted by the GNCOC bylaws. This committee is made up of elected officers (chair, vice chair, clerk) and 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, and to create and develop strategies to eradicate homelessness (including chronic homelessness) within the Greater Nashua area. The committee is responsible for creating, modifying and implementing the rules of governance for the GNCOC and as such has continued working on a complete revision of existing bylaws to match the evolution of the GNCOC. 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 website. In October 2004, the GNCOC members elected new officers: chair, vice chair and clerk.

b. Greater Nashua's COC planning process.

The bulk of the GNCOC's activities over the past two years have been the development and adoption of Greater Nashua's Ten Year Plan for Ending Homelessness. With this plan in place and with an awareness of available resources and a systematic evaluation process being followed, progress can be measured, successes judged, and direction modified as required. Authority for plan monitoring and implementation has been delegated to the GNCOC Ending Homelessness Committee. That committee regularly reviews the Plan and reports back to the general membership.

Among the tools and methods employed to do planning, and giving consideration to the municipal and state Consolidated Plans, the GNCOC makes use of subcommittees and working conferences, bringing together representatives from all the communities within GNCOC 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. Practitioners trained in qualitative research methods lead these working sessions; results and findings of which are shared with the Continuum and incorporated in public presentations. The preparation for the Ending Homelessness Conference held in 2004 included a substantial literature review, which has resulted in an on-line bibliography of resources, which can be found at 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 legislation 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.

The GNCOC has been meeting monthly for the last eight years, more often if necessary; to address housing and other issues impacting 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, local Rotary Clubs, Exchange Clubs and Lions Club. 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. Related to the participation in the GNCOC, the Nashua Area Health Center now has enhanced ability in identifying acute and chronic homelessness among the population it serves. This has resulted in improving collaboration between the Nashua Area Health Center and various community programs assisting the homeless population in the Greater Nashua area. The meeting structure of the GNCOC has been reorganized to align with the activities defined in the Ten Year Plan for Ending Homelessness.

The planning structure consists of the following committees: Executive (Lead Entity), Super NOFA, Housing Needs and Data Gathering, Legislative Issues, Community Relations and Ending Homelessness. Ad hoc committees are created as necessary. Each committee establishes goals with a corresponding timetable and reports regularly to the full GNCOC membership. The delineation of responsibilities into this committee structure ensures one well-coordinated process with no duplicative efforts.

The Executive Committee: responsible for the routine and strategic planning for the GNCOC, the review of membership activities, and other administrative functions that include coordinating meetings, disseminating information, tracking progress on goal-action steps and coordinating legislative advocacy and public education efforts. This committee facilitates the discussion on developing strategies to eradicate homelessness (including chronic homelessness) within the Greater Nashua area, aligning with the Ten Year Plan to End Homelessness and the City and State Consolidated Plans.

Super NOFA Committee: responsible for coordinating efforts in completing Exhibit I of the annual submission to HUD and information sharing for project specific Exhibit II submissions. Each agency submitting a project proposal provides representation to this committee along with other GNCOC members from various committees.

Housing Needs and Data Gathering Committee: performs the annual and ongoing point-in-time census of the chronically homeless and other homeless, sheltered and unsheltered, in the GNCOC geographic service area. Ongoing data collection and analysis (including quarterly

homeless counts) help to make strategic decisions, including identifying gaps for the GNCOC catchment area. Data collected through this committee shall be used in conjunction with data compiled through HMIS to help determine effectiveness of strategies and future needs.

Legislative Issues Committee: monitors public policy under consideration, updates members at the GNCOC meetings or on the website at www.nashua-coc.org regarding pertinent legislation pending, and serves as liaison to inform legislators of issues relevant to the GNCOC.

Community Relations Committee: serves as the public awareness/public relations' arm of GNCOC. This committee has regular contact with local and regional news media, and makes presentations to the general public as necessary.

Ending Homelessness Committee: prepared, and now monitors, evaluates, and promotes the ten-year plan entitled *A Home for Everyone: A Plan for Ending Homelessness in Greater Nashua* (adopted by the GNCOC on June 23, 2004). This committee, through plan activities, engages the community to increase awareness and build support to meet the goals.

Ad Hoc Committees: The GNCOC, from time to time, may ask for the formation of committees to address specific opportunities or problems.

A continuing strength of the GNCOC is the close association between its member entities. The tools for this are the GNCOC web page (www.nashua-coc.org), and a listserv that allows for rapid dissemination of information throughout the membership in addressing the needs of the chronically homeless/homeless individuals and families, including proposed bills and actions from the New Hampshire State Legislature. The listserv, in conjunction with the web page, serves as the central communication avenue for all members of the GNCOC and is used extensively for sending minutes of meetings, reports, requesting specific information, distributing legislative materials, announcing fund raisers, and other various activities. The website has 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.

c. GNCOC planning meetings held since June, 2004

Dates	Committee	Main Topic
6/2/2004	Greater Nashua CoC (GNCOC)	2004 NOFA; Healthcare for Homeless Proposal
6/2/2004	Ending Homelessness Comm. (EH)	10 Year Homelessness Plan for Greater Nashua
6/9/2004	EH Committee	Homeless Plan final draft
6/9/2004	HMIS Advisory Committee	HMIS policies, procedures implementation
6/14/2004	GNCOC at State ICH Committee	10 year plan, Section 8, discharge policy
6/17/2004	Super NOFA Committee	2004 NOFA application
6/23/2004	GNCOC	Homeless Plan; NOFA 2004 application
6/25/2004	HMIS Committee	HMIS Technical Assistance Workshop
6/30/2004	Executive Committee	2004 NOFA application – strategy, process
7/1/2004	Super NOFA Committee	HUD NOFA Broadcast
7/6/2004	Executive Committee	2004 NOFA application, guidelines

Dates	Committee	Main Topic
7/8/2004	Super NOFA Committee	2004 NOFA application-finalizing
7/12/2004	GNCOC at State ICH Committee	HMIS, Head Start, Section 8, ELSHI
7/13/2004	Executive Committee	Voting process for prioritization
7/14/2004	GNCOC	Projects presentation, voting/ranking for 2004 NOFA
7/15/2004	Super NOFA Committee	Submission of 2004 NOFA application
8/4/2004	EH Committee	Plan for unveiling Ending Homelessness Plan; Good Neighbor Agreements (GNA)
9/8/2004	GNCOC	Section 8 funding issues; HMIS
9/8/2004	EH Committee	Finalized Homelessness Plan unveiling
9/13/2004	GNCOC at State ICH Committee	Section 8, HMIS, 10 year plan
9/17/2004	EH Committee/Community Relations Committee	Ending Homelessness Plan public unveiling
9/21/2004	Shelter/Outreach Workers	Emergency winter shelter beds
9/30/2004	Executive Committee	Proposed slate of officers; voting procedure
10/4/2004	GNCOC at State ICH Com	Samaritan Initiative, Section 8, 10 year plan
10/6/2004	GNCOC	Ending Homelessness Plan; proposed slate of officers
10/6/2004	EH Committee/Community Relations Committee	Homeless Plan; increase GNA participation
10/12/2004	Shelter/Outreach Workers	Emergency winter shelter beds
10/19/2004	HMIS Advisory Committee	Policies, procedures, implementation
10/27/2004	Executive Committee	Planning, strategizing, guidelines
11/3/2004	GNCOC	Healthcare for Homeless proposal
11/3/2004	EH Committee/Community Relations	Public awareness campaign; emergency overflow winter shelter beds
11/8/2004	GNCOC at State ICH Committee	ICH 10 year plan – GNCOC participation
11/9/2004	Balance of State CoC (BOSCOC)	GNCOC liaison represented at meeting
11/16/2004	Shelter/Outreach Workers	Emergency winter shelter beds
11/17/2004	Executive Committee	GNCOC Operational Guidelines
11/17/2004	GNCA, Inc.-Keystone Hall/The Youth Council	Governor's Forum on Alcohol & Drug Abuse Regional Meeting, Nashua
12/1/2004	GNCOC	Emergency winter shelter plan; HMIS
12/1/2004	EH Committee	Executable elements-Homelessness Plan
12/8/2004	Executive Committee	Ending Homelessness Plan goals reviewed
12/8/2004	Shelter/Outreach Workers	Emergency winter shelter beds
12/8/2004	Housing Needs/Data Committee	Point-in-time count planning session
12/13/2004	GNCOC at State ICH Committee	Barriers to Affordable Housing, 10 year plan
12/14/2004	BOSCOC, Concord, NH	GNCOC represented at meeting
12/15/2004	Executive Committee	Ending homelessness goals; guidelines
1/5/2005	GNCOC	Logic Model power point presentation
1/5/2005	EH Committee	Ending Homelessness Plan implementation
1/5/2005	Housing Needs/Data Committee	Point-in-time count preparation
1/10/2005	HMIS	GNCOC Agency administration training
1/10/2005	GNCOC at State ICH Committee	10 year plan, Section 8, Regional Colloquy
1/12/2005	Executive Committee	HMIS, federal funding cuts
1/18/2005	BOSCOC/ Concord, NH	GNCOC represented at meeting
1/19/2005	HMIS Advisory Committee	Procedures implementation; emergency shelters
1/26/2005	Executive Committee	HMIS; guidelines; ending homelessness strategies
1/26/2005	Shelter/Outreach Workers	Emergency winter shelter beds

Dates	Committee	Main Topic
1/27/2005	EH Committee	HMIS; Consolidated Plan/City of Nashua
2/2/2005	GNCOC	Info Bank presentation; HMIS presentation
2/2/2005	EH Committee	Homelessness Plan; role of business community
2/8/2005	BOSCOC, Concord, NH	GNCOC represented at meeting
2/9/2005	Housing Needs/Data Committee	Review point-in-time data
2/14/2005	GNCOC at State ICH Committee	10 year plan, State Outreach Conference
2/15/2005	HMIS Advisory Committee	Demo of NH-HMIS Web site
2/16/2005	Executive Committee	Logic Model training
2/23/2005	Executive Committee	Support for Legal Assistance Office in Nashua
2/23/2005	Shelter/Outreach Workers	Wraparound services for chronically homeless/other homeless
2/24/2005	EH Committee	-"Strengthening America's Communities Initiative" impact on region; seeking support for CDBG funding
3/2/2005	GNCOC-	Ending Homelessness Plan progress; strategizing
3/14/2005	GNCOC at State ICH Committee	10 year plan progress, Section 8, Colloquy report
3/15/2005	Super NOFA Committee	TAC Logic Model Broadcast
3/16/2005	Executive Committee	Met HUD representatives to discuss past NOFA process
3/16/2005	HMIS Advisory Committee	Policies, procedures implementation; emergency shelters
3/17/2005	HMIS	Overview of Nashua Welfare Office
3/22/2005	Super NOFA Committee	Debriefing teleconference with HUD Washington, DC
3/30/2005	Executive Committee	Strategizing goals
3/31/2005	EH Committee-	Legal Assistance office proposed for Nashua; Town of Merrimack GNA presentation to selectmen
3/31/2005	Shelter Provider/ Outreach Workers	Wrap-around services for chronically homeless/other homeless
4/5/2005	Housing Needs/Data Committee	Review data for NOFA; plan for quarterly data collection
4/6/2005	GNCOC	NOFA; HMIS; funding opportunities
4/7/2005	Super NOFA Committee/GNCOC	HUD Logic Model Broadcast
4/11/2005	GNCOC at State ICH	10 year plan progress, Section 8
4/12/2005	GNCOC members	Met with Town of Merrimack officials re: GNA
4/12/2005	Housing Needs/Data Committee	Review data for NOFA; logistics of first quarterly data collection, worked on Exhibit 1 narrative
4/13/2005	Super NOFA Committee/GNCOC	Attended HUD Broadcast-Logic Model
4/13/2005	Housing Needs/Data Committee	Plan for quarterly data collection
4/18/2005	GNCOC-	HMIS User Training
4/20/2005	Executive Committee	NOFA strategizing/planning/process
4/26/2005	NOFA Committee/GNCOC	Attended HUD Logic Model Broadcast
4/27/2005	Housing Needs/Data Committee	Quarterly Homeless Census
5/4/2005	GNCOC	NOFA update; quarterly data collection
5/10/2005	EH Committee	Data collection/homeless
5/17/2005	HMIS Advisory Committee	Policies, procedures implementation;
5/18/2005	Executive Committee	Project presentations, ranking recommendation
5/18/2005	2005 Super NOFA Committee	Continuing work on Exhibit I
5/25/2005	GNCOC (Special Meeting)	NOFA project ranking
5/26/2005	Super NOFA Committee	Finalizing Exhibit I
6/3/2005	NH Coalition for Homeless	Public regional meeting in Nashua

d. Local and State elected official involvement.

THE GNCOC is fortunate to have local aldermen and state representatives participate in GNCOC general meetings, and have their support in the work and focus of the GNCOC. They also assist with specific initiatives and the undertakings of member agencies. Information flow between the State House and the GNCOC is made possible through the GNCOC's website and through close individual contact on issues related to homelessness, people with disabilities, mental health issues and affordable housing. Representative David Smith from Ward 3, a ward where issues relating to housing affordability have been playing out with great drama, directly through his participation with the GNCOC, has become aware of and demonstrated his support for the latest undertaking by Neighborhood Housing Services. Representative Joan Schulze of Nashua facilitated the signing on of one of our first Good Neighbor Agreements to the Plan to End Homelessness. She has been chairing a study committee looking at housing issues for the disabled and through her association with the GNCOC has been able to tap into providers knowledgeable in that area. Her recent assignment to a study committee on issues of homelessness has made for a beneficial connection between the State House and GNCOC. A targeted mailing after the last general election sent to all elected officials within our catchment area has resulted in a marked increase in awareness, participation and collaboration. Additionally, a substantial number of GNCOC member organizations have elected officials serving as board members and volunteers.

Through GNCOC's representation and leadership at the State Interagency Council on Homelessness, there is close interaction with governor's staff person Caroline McCarley, Special Assistant for Policy, and others from the various departments in the administration. State Senator Sylvia Larsen also sits on the Council.

Each U.S. Senator and Representative has designated staff as point of contact and has a seat at the GNCOC table. This has led to the immediate response to issues of concern pertinent to the GNCOC at the federal level.

This year, the GNCOC was intimately involved in formulating the City of Nashua Consolidated Plan for CDBG and HOME funds. GNCOC members participated with elected officials, city staff, and other interested citizens and social service agencies in focus groups that helped define community priorities for HUD funding. That involvement continued with testimony offered at meetings of the Human Affairs Committee of the Board of Aldermen convened to deliberate HUD funding awards, including strategic projects identified in GNCOC's Ten Year Plan for Ending Homelessness and the Consolidated Plan.

Many member agencies interact with local, state and federal officials in an effort to communicate, educate and advocate on behalf of their clients. Opportunities often present for meetings, discussions, forums and open houses. One such opportunity occurred this year when Senator Sununu came to a small forum to introduce the new HUD field director for New Hampshire and to review issues surrounding affordable housing, housing for the elderly and the status of the Section 8 Program. Fellow agencies were invited to participate in the dialogue; more than a dozen agencies were in attendance.

e. Names and types of organizations involved in the GNCOC planning process.

Level of Participation: High = 80 - 100%
 Medium = 40% - 80%
 Low = Less than 40%

Specific Names of GNCOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
State Agencies				
Community Service Council of New Hampshire – Henry Vincent, HMIS Administrator, Linda Newell/HMIS Program Coordinator	State of New Hampshire		High – attends planning meetings, on NOFA Committee, HMIS representative	100
NH Division of Behavioral Health Services/Office of Homelessness, Housing & Transportation Services - Patrick Herlihy, Director, JoAnn Maynard, Program Planning & Review Specialist; Martha Young/Assistant Director	State of New Hampshire		High – occasionally attends planning meetings, subcommittee meetings, strong communication and collaboration via phone and e-mail	85
US Department of Housing and Urban Development- Richard Hatin, CPD Program Manager, Charlene Brodeur, CPD Financial Analyst, Samantha Graves, CPD Representative	New Hampshire		High – attends meetings as available; regular communication via phone and email	85
Matt Leahy – Representative from Senator Judd Gregg’s Office	New Hampshire		Medium – attends meetings as available; regular communication via phone and e-mail	70
Jennifer Warren – Aide to Congressman Charlie Bass	New Hampshire		Medium– attends meetings as available, regular communication via phone and e-mail	70
VA Medical Center – Jack Campbell, Homeless Coordinator	New Hampshire		Medium – attends planning meetings as available, communication via phone and e-mail	50
Members of State Legislature: Rep. David Smith, Rep. Joan Schulze	New Hampshire and Nashua area		Medium – participates in planning meetings, coordinate access with General Court, cross collaboration on disability issues	40
Local Government				
City of Nashua – Bernard A. Streeter/Mayor, Lori Cardin, Ward 7 Alderman, Chair/Human Affairs Committee of Board of Aldermen	City of Nashua		Medium – attends meetings as available, communication via phone and e-mail	60

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
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 –Executive Committee; current Chair GNCOOC; attends planning meetings; visitation to appropriate agencies/towns as needed; Housing Needs & Data Gathering Committee, Ending Homelessness Committee, NOFA Committee, HMIS Committee, Ad Hoc Committees; prepares minutes	100
City of Nashua/Community Development Division – Kathy Hersh/Division Director	City of Nashua		Medium – attends planning meetings when available	60
Nashua Transit – Jennifer Reale/Office Manager, Kristi Gilette/Mobility Manager	Nashua, Merrimack, Hudson		Medium – attends meetings when available, Ad Hoc (reduced fares)	40
2Nashua Welfare Department – Stefan Russakow, Division Director/Health & Community Services Division; Robert Mack/ Welfare Officer	City of Nashua		High –Executive Committee, regularly attends planning meetings; Housing Needs & Data Gathering Committee, Ending Homelessness Committee/ Chair, NOFA Committee	100
Other Towns				
Town of Amherst – Sharon Frydlo/Welfare Director	Amherst		Medium – telephone and website communication, participation in point-in-time information gathering	40
Town of Brookline – Noreen Crooker/ Welfare Administrator	Brookline		Medium – telephone and website communication, participation in point-in-time information gathering	40
Town of Hollis – Cathy Hollsworth/Welfare Director-Administrative Assistant	Hollis		Medium – attends planning meetings as available, Town signed on to Good Neighbor Agreement, participation through phone and e-mail, participated in point-in-time information gathering	60
Town of Hudson – Kathy Wilson/Welfare Administrator	Hudson		Medium - telephone and website communication, participation in point-in-time information gathering	40

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
Town of Mason – Barbara Milkovits/Administrative Assistant	Mason		Medium - telephone and website communication, participation in point-in-time information gathering	40
Town of Merrimack, Pat Murphy/Welfare Administrator	Merrimack		High – Signed on to Good Neighbor Agreement, telephone and website communication, participation in point-in-time information gathering	80
Town of Milford – Maria Brown/Welfare Director	Milford		High- regularly attends planning meetings; Ending Homelessness Committee and Ad Hoc Committees	100
Public Housing Authorities (PHA)				
Nashua Housing Authority – Grace Hicks-Grogan/ Executive Director; Sandra Gagnon/Housing Director of Housing Management	City of Nashua		High –Executive Committee; regularly attends planning meetings; Ending Homelessness Committee	100
Nonprofit Organizations				
Bridges – Dawn Reams/ Director; Tara Davis/ Emergency Shelter Manager, Agnes Han	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua	DV	High – regularly attends planning meetings; Housing Needs & Data Gathering Committee	95
Community Council of Nashua, Inc. – Susan Mead/Outreach Coordinator; Scott Brennan/Staff	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua	SMI, Y	High – regularly attends planning meetings, Housing Needs & Data Gathering Committee	100
GNCA, Inc./Keystone Hall – Peter Kelleher/ Executive Director; Sandra Hurd/Director of Administration	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack	DD, SA	High –Executive Committee; regularly attends planning meetings, NOFA Committee	100

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
	Milford Mont Vernon Nashua			
Greater Nashua Habitat for Humanity – David Darling/Community Coordinator	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua		High – attends planning meetings, participates in sub-committees as appropriate	95
Harbor Homes, Inc. – Peter Kelleher/Executive Director; Mary Auer; Danielle Hilske; Kathy Treggiari, Miles Pendry/Staff	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua	SMI, SA	High –Executive Committee; regularly attends planning meetings; Housing Needs & Data Gathering Committee, Ending Homelessness Committee, State ICH Committee/Chair, NOFA Committee, HMIS Advisory Committee	100
Healthy at Home – Linda Carter/Administrator	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua	SMI, SA	Medium – occasionally attends planning meetings	45
Nashua Advocacy Group –David Cull; Laura Nault	Greater Nashua area		High –Executive Committee; regularly attends planning meetings; Housing Needs & Data Gathering Committee	100
Nashua Area Health Center – Mariellen Durso/Site Manager; Michelle Solis; Shayana Owen/ staff	Greater Nashua area		High –Executive Committee; regularly attends planning meetings, serves on subcommittees as appropriate	100
Nashua Pastoral Care Center, Inc. – Maryse Wirbal/Chief Executive Director, Jennifer Spencer, Yvette Martin/staff	Greater Nashua	DV, SA	High –Executive Committee; regularly attends planning meetings	100

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
Nashua School District – Betsy Korn/Director of Guidance Counseling	City of Nashua		Medium –attends meetings when available	45
Nashua Soup Kitchen and Shelter, Inc. – Lisa Christie/Executive Director; Eileen Brady; Donna Juskiewicz; Patti Hayes; Venus Davila/staff; Bob Keating/ Board Member	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua		High –Executive Committee; Past Chair/GNCOOC; regularly attends planning meetings; State ICH Committee, NOFA Committee, Legislative Issues Committee & Ending Homelessness Committee	100
Neighborhood Housing Services of Greater Nashua – Bridget Belton-Jette/Executive Director; Mary Febonio/ Director/ Home Ownership Program	Greater Nashua area		High –Executive Committee; regularly attends planning meetings; Housing Needs & Data Gathering Committee	100
Soul Purpose for Living – David Cull /Executive Director	Greater Nashua area		High –Executive Committee; regularly attends planning meetings; Housing Needs & Data Gathering Committee and Ending Homelessness Committee	100
Southern NH HIV/AIDS Task Force – Wendy Furnari/Director of Client Services, Kolin Melendy	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack Milford Mont Vernon Nashua	HIV/AIDS	High - attends planning meetings; Legislative Issues Committee	100
Southern NH Services, Inc. – Donnalee Lozeau/Program & Community Development Director; Tony Epaphras/ Director Outreach-Case Management Project	All of Southern New Hampshire		High –Executive Committee; regularly attends planning meetings; NOFA Team and Ad Hoc Committees	100
Faith-Based Organizations				
Greater Nashua Interfaith Hospitality Network, Inc. – Linda Jaynes/President, Helen Gutekunst/ Past President; Laurie Skibba/ Coordinator; Bob Marks/ Community Liaison	Amherst Brookline Hollis, Hudson Litchfield Mason		High – attends planning meetings, Ad Hoc Committees	95

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
	Merrimack Milford Mont Vernon Nashua			
Marguerite's Place, Inc. – Ruth Morrisette/Executive Director	Greater Nashua area	SA, DV	High –Executive Committee; regularly attends planning meetings; NOFA Committee	100
MP Housing, Inc. – Sister Sharon Walsh, Executive Director	Greater Nashua area	SA, DV	High –Executive Committee; regularly attends planning meetings, serves on subcommittees	100
SHARE (food cooperative) – Sister Sandra Morgan/ Coordinator; Carolyn Momenee, Mariette Facques/staff	Nashua, Milford, Brookline, Hollis, Mason Merrimack		Medium– attends planning meetings as available, communication through website and Welfare Director of Town of Milford	75
St. John Neumann Church – Mary Moriarty/Community Liaison	Nashua, Milford, Brookline, Hollis, Mason Merrimack		High – regularly attends planning meetings	95
Salvation Army – L. L'heureux, N. Randall/ staff	Greater Nashua area		Medium – occasionally attends planning meetings	50
Southern New Hampshire Rescue Mission – David Blacksmith/ Executive Director	Greater Nashua area		Medium – attends planning meetings as available	50
Corpus Christie Food Pantry – Kay Golden/Director, Joan Koliss	Greater Nashua area		Medium – occasionally attends planning meetings	45
St. Joseph Hospital – Robert Demers/Vice President	Greater Nashua area		Medium - attends planning meetings as available	75
Business/Business Associations				
Merrimack County Saving Bank – Lori Piper/Vice President/ Commercial Loan Officer; Nicole Ostergaard/ Commercial Loan Administrator	Greater Nashua area		High – regularly attends planning meetings; NOFA Team and Ad Hoc Committees	95
United Way – Ray Peterson/ Vice President, Community Assessment and Investment	Amherst Brookline Hollis, Hudson Litchfield Mason Merrimack		High – regularly attends planning meetings; Housing Needs & Data Gathering Committee, Ending Homelessness Committee, and NOFA Team	95

Specific Names of GNCOOC Organizations/Persons	Geographic Area Represented	Sub Populations Represented, if any*	Level of Participation (activity and frequency In planning process)	%
	Milford Mont Vernon Nashua			
Homeless/Formerly Homeless Persons				
6 persons who wish to remain anonymous	Greater Nashua area	SMI, SA	High –Executive Committee; Ending Homelessness Committee, regularly attends monthly meetings	80
Other, e.g.: Hospital/Medical, Funders, Private Citizens, Law Enforcement				
Betty Winberg/Citizen/ Parent	Nashua	SMI (parent)	High – regularly attends planning meetings	80
Alphonse Hattenschwiller – Former Director/ Community Services, City of Nashua, Citizen	Nashua, – former Legislator		High – regularly attends planning meetings; member of Ending Homeless Committee & Ad Hoc Committees	95

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

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Exhibit 1: Continuum of Care Goals and System

1. GNCOOC's community goals, strategy, and progress

a. Chronic Homelessness Goals/Strategy

(1) Past Performance

Individuals Chart

Number of Chronic Homeless Individuals	
Year	Point in time count
2004	336
2005	166

Beds Chart

Number of permanent beds for housing the chronically homeless			
Year	Permanent beds as of Jan	Permanent beds net change	End of year TOTAL
2004	186	0	186
2005	186		

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(a) GNCOOC has taken the following specific actions over the past year (July 2004 – May 2005) towards ending chronic homelessness:

- Ending Homelessness Committee, formed in November 2002, meets 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 HOME FOR EVERYONE: A Plan for ending Homelessness in Greater Nashua*, publicly unveiled in September of 2004, which includes strategies for helping to end chronic homelessness. The Ending Homeless Committee tracks progress/implementation of Plan elements, and updates entire GNCOOC.
- Used the ending homelessness plan unveiling and opening of the veterans housing as opportunities to provide face-to-face interactions with elected Federal, State, and Local officials and chronically and formerly chronically homeless individuals and families. Because of these interactions, greater awareness and involvement by elected officials in this community with regards to issues concerning chronic homelessness was achieved.
- Twenty-six (26) entities have signed on to the ending homelessness plan via “Good Neighbor Agreements (GNA). (See below how GNA keys in to the chronic homelessness strategy.)
- 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. This is completed via the point-in-time count as well as ongoing periodic counts throughout the year.
- Successfully brought on line 20 units for chronically homeless veterans, now fully occupied, and secured a site to provide an additional 20 units for chronically homeless veterans.
- GNCOOC members serve in leadership positions in the New Hampshire Interagency Council on Homelessness instrumental in authoring the State Plan to end chronic homelessness.
- The Housing Needs and Data Committee implemented a quarterly homeless census which provides greater detail on the number of chronic homeless persons.
- Shelter providers and outreach workers are meeting monthly to coordinate service provision efforts, including those targeting chronically homeless persons.
- Advocacy for a Legal Aid Office in Nashua (to provide legal assistance to chronically homeless individuals) has moved the establishment of this office closer to being realized.
- Better utilization of volunteers and local colleges for data collection and analysis of services for chronically homeless.
- Implementation of the adopted statewide Discharge Policy, which prevents state and local facilities from discharging individuals into a state of homelessness.
- Mobilization of the faith-based community to increase involvement in ending chronic homelessness; enlistment of over 450 local volunteers.
- Increased dialogue with chronically homeless individuals and families at a local member-run social club (Gathering Place), which resulted in the establishment of various educational programs for chronically homeless persons, including anger management and pre-recovery.

(b) **Remaining obstacles:**

- Enhanced data gathering and analysis is required, including full implementation of HMIS to accurately obtain data on the chronic homeless population.

- Limited availability of suitable affordable land for development of permanent housing units; with more land becoming publicly owned for conservation purposes. The focus has shifted away from permanent housing for chronically homeless to workforce housing. Potential loss of Section 8 subsidies. Increase in regional housing costs, both purchases and rentals.
- Federal budget cuts in social services funding putting programs and agencies at risk, and homeless providers are not able to provide adequate services to the chronic and other homeless in this area.
- Public perception that homelessness cannot be overcome and that chronically homeless people being different from other citizens.
- Focus on short-term responses to chronic homelessness issues, with little evidence of long-term planning.

(c) Changes in the total number of chronic homeless persons reported in 2004 and 2005.

The total number of chronically homeless individuals documented decreased by 170 from 2004 to 2005. There are a number of factors that impacted this 51% reduction in the chronically homeless population. These include:

- The day of the year chosen for the Point in Time count differs from last year.
- HIPAA regulations resulting in a significant decrease in data availability.
- Implementation of the Ten-Year Plan for Ending Homelessness, including strategies to end chronic homelessness.
- Implementation of a statewide Discharge Plan.
- Increase in inventory of permanent housing units available for chronically homeless.
- Shelter providers increasing capacity during the winter months, practicing a “no-turn away” policy thus reducing the number of “unsheltered chronically homeless” persons.

(2) Current Chronic Homelessness Strategy:

The following outlines some of the key aspects and actions taken to address the problem of chronic homelessness.

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 June 2004 by the GNCOC. A significant portion of this Plan addresses the current issues of chronic 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) in the GNCOC catchment area. The GNA specifically defines commitments and responsibilities for each agency/entity that meet the objectives of ending chronic homelessness.
- Planning is underway for an annual conference to create awareness among service providers and other interested entities of the existence of chronic homelessness in the community. Along with GNCOC member participation, one objective is to increase participation of chronically homeless/homeless and formerly homeless persons, along

with the New Hampshire Coalition to End Homelessness, in the planning and leadership roles. Another objective is to have agencies buy into the ten year plan for ending homelessness, and to provide training opportunities for service provider staff.

- Based on an analysis of gaps indicated, additional shelter/housing units were developed to meet the needs of chronically homeless. This included the addition of family shelter space, creating additional space for the chronically homeless in shelters. Additional veterans’ transitional housing units were integrated into the community. Increased communication among outreach workers and shelter providers has streamlined the process to link chronically homeless clients to necessary services. Emergency motel placements through municipal welfare departments are being analyzed on a statewide basis to determine the best utilization of resources and the need to create alternatives.
- Within the GNCOC geographic area the annual homeless census conducted on the evening of January 25, 2005 discovered 166 chronically homeless persons, of which 42 were sheltered and 124 were not sheltered on that given night.

(3) Coordination. The GNCOC has created and established strategies to end chronic homelessness covering the full jurisdiction of the GNCOC. The development of the Ten Year Ending Homelessness Plan, in accordance with the State and City Consolidated Plans, was created through initiatives resulting from particular agencies’ strategic planning. The adopted Plan now informs agency and guides agency planning. Of note, the Nashua Plan is the first in New Hampshire and is being used as the model for the other two New Hampshire continua, and ultimately the State of New Hampshire Plan. Across New Hampshire, these three discrete planning processes are occurring, and are able to draw upon and benefit from GNCOC resources and experience (including GNCOC members, and the GNCOC website – www.nashua-coc.org)

Two GNCOC Executive Committee members are on the New Hampshire Interagency Council on Homelessness (NHICH); one being the chair of that group. The NHICH also serves as 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, state legislators, the Office of Homeless and Housing Services, Office of the Commissioner of Health and Human Services, 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.

Chronic Homelessness Goals Chart

(4) Future Goals:

The following goals, specific actions steps for the next 18 months, and lead responsibility are listed below.

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 (SROs) for chronically	1) Coordinate meeting with nonprofit and public entities to	1) GNCOC	1) 10/05

homeless individuals	purchase those existing private SROs that are at risk of being lost		
Goal 2: Increase access to health care, substance abuse and mental health treatment for chronic homeless persons	<ul style="list-style-type: none"> 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 the chronically homeless population 4) Meet with State and Federal legislators and policy makers to advocate for new treatment dollars at state and federal level 5) Establish a health care walk-in clinic for the chronically homeless 6) Develop conferences/ retreats to educate communities as to need, recidivism, and reduction of stigma 	<ul style="list-style-type: none"> 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., Clinical Director 6) GNCOC Ad Hoc Committee 	<ul style="list-style-type: none"> 1) 12/05 2) 10/05 3) 12/05 4) 12/05 5) 6/06 6) 6/06
Goal 3: Work towards the licensing of a substance abuse treatment center to serve chronically homeless	<ul style="list-style-type: none"> 1) Complete licensing process by securing resources to renovate the building to meet requirements 2) Hire qualified personnel for treatment center 	<ul style="list-style-type: none"> 1) Keystone Hall, Director of Administration 2) Keystone Hall, Clinical Director 	<ul style="list-style-type: none"> 1) 3/06 2) 3/06
Goal 4: Improve access to mainstream services for chronically homeless persons with low English proficiency	1) Utilize the HMIS software to regularly educate, and notify homeless service providers regarding changes to Mainstream service resources to increase access by chronically homeless individuals	1) Community Services Council of NH, HMIS Administrator	1) 7/05
Goal 5: Increase collaboration with other New Hampshire continua to access funding sources for chronic homelessness	1) Develop a fact sheet of available funding resources with the other NH continua	1) GNCOC Executive Committee	1) 12/05
Goal 6: Create Transitional Housing for chronically homeless males	<ul style="list-style-type: none"> 1) Identify agency to provide housing and support services for this need population 2) Identify a site to create housing resource 3) Seek funding support 	<ul style="list-style-type: none"> 1) GNCOC 2) City of Nashua, Deputy Manager/ Urban Programs 3) GNCOC 	<ul style="list-style-type: none"> 1) 9/05 2) 9/05 3) 1/06

b. Other Homeless Goals Chart

The following goals, specific actions steps for the next 18 months, and lead responsibility are listed below.

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 1: Preserve existing housing for homeless individuals and families	1) Coordinate meeting with nonprofit and public entities to purchase existing private housing units	1) GNCOC Executive Committee	1) 10/05
	2) Promote the development of additional affordable housing units	2) Neighborhood Housing Services, Greater Nashua, Director/Home Owner- ship Program	2) 12/06
Goal 2: Increase collaboration with other New Hampshire continua to access funding sources for homeless individuals and families	1) Develop a fact sheet of available funding resources with the other NH continua	1) GNCOC Executive Committee	1) 12/05
Goal 3: Increase access to mainstream services for other homeless individuals and families	1) Increase the level of information provided to homeless individuals and families with regards to available services	1) GNCOC EH Committee	1) 2/06
	2) Increase level of information available to service providers accessed by homeless individuals and families with regards to available services	2) City of Nashua, Urban Programs Department	2) 6/06
Goal 4: Improve access to resources for employment opportunities for homeless individuals and families	1) Coordinate meeting with the Department of Employment Security to expand applicability of existing resources to homeless individuals and families	1) GNCOC Executive Committee	1) 3/06

Form HUD 40076 CoC-C

Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

Development and Implementation of Discharge Planning
Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care	Yes*			Yes*
Health Care	Yes**			
Mental Health			Yes	Yes
Correctional		Yes***		Yes***

*Foster Care: At the local level, Nashua Children’s Home is initiating the conversation with foster care providers. NH Division of Children, Youth and Families have already mandated discharge protocol.

**GNCOC has initiated discussion with local hospitals.

***Correctional: Protocol has been implemented for Parolees; a protocol is in development for persons completing their sentences.

The state-level Discharge Planning Committee has been working to research issues specific around discharge planning including housing needs of persons leaving public institutions. This Committee developed a Discharge Planning Policy, approved by the Governor in June 2004, for implementation at all state publicly funded institutions and systems of care. The Discharge Planning Committee includes representatives from the three continua and various state agencies including the Department of Corrections, Office of Homeless, Housing and Transportation Services, Division of Behavioral Health, Division of Juvenile Justice Services, homeless service providers, advocates for the homeless and people with disabilities, and the New Hampshire Welfare Administrators Association. This Committee has been researching emerging practices related to best strategies to implementing is Discharge Policy.

The GNCOC completed a cursory review of the impact of the statewide Discharge Policy. The period of time six months prior and six months post, was examined insofar as discharges into homelessness from the four above areas. The results thus far are inconclusive. However, overall a trend of declining discharges from these four areas as a totality was observed.

Form HUD 40076 CoC-D

Exhibit 1: Continuum of Care – Unexecuted Grants Chart

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

Form HUD 40076 CoC-E

Exhibit 1: Continuum of Care Service Activity Chart

Fundamental Components in CoC system

Component: *Prevention*

Services in place:

The following services are provided in order to prevent both chronic and other homelessness.

Advocacy:

- Advocacy and support for families at risk of child abuse/neglect who are homeless.
- Provider training to prevent homelessness.
- Case management to homeless children who are less than 17 years of age.

- CoC Community Crisis Service Guide and Map, that illustrates locations, phone numbers, services offered by provider agencies for chronically homeless/homeless individuals are distributed to all CoC agencies, local churches, hospitals, missions, social clubs and other potential “points of entry” to break cycle of homelessness.
- Outreach/case managers provide advocacy to Mentally Ill homeless or at risk of being homeless by referring individuals and families to Welfare Departments, food pantries and other potential financial assistance centers, assuring the necessary information is gathered and provide information on the legal rights of tenants to prevent evictions.
- Advocacy for homeless women with children, referrals to supplemental resources, employment opportunities, and landlords/permanent housing opportunities.
- Hispanic advocacy, referrals and assistance with benefits to get and maintain housing.
- Advocacy and education, regarding systemic problems that drive people into homelessness.
- Prevention support for families in need to prevent runaway youth from becoming homeless.
- Advocacy and support for chronically homeless/other homeless individuals and families living with HIV/AIDS and those at high risk for acquiring HIV, to help maintain housing and health care.
- Advocacy for chronically homeless/homeless individuals at local, state, regional and national levels to prevent homelessness. Participation in housing advocacy organizations such as the Mayor’s Housing Taskforce and the NH Workforce Housing 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.

Food Pantry/Clothing:

- Donation-driven food pantries are available throughout the communities that fall within the GNCOC. These are connected with area businesses and personal individuals of the community.
- Nutritious meals are provided daily, as well as food at holidays; and annual Thanksgiving Day dinners are provided to homeless and low income individuals and families living in the area.
- Donated furniture and some appliances (i.e. air conditioners, TV’s, and house wares) are available to families/individuals at risk of homelessness.
- Volunteers maintain a large food pantry and clothing to help chronically homeless/homeless individuals/families, low income, or those at risk of homelessness.
- The Emergency Assistance Food Program allows for the delivery of government surplus food items to food pantries and soup kitchens in the GNCOC area.
- Women, Infants and Children Nutrition Program, the Commodity Surplus Food Program.

Rental/Utilities Assistance:

- Emergency assistance with rent, security deposits, utility disconnects, and food stamps, for back rent, utilities, fuel security deposit loans and utility shut-offs to prevent chronic homelessness/homelessness.
- Emergency financial aid for rent vouchers, utilities, food, medication, and transportation.

- First month and/or security deposit through shelter to chronically homeless/homeless families.
- Foreclosure prevention and delinquency counseling and education as part of Homebuyer Education seminars, and offers a 3:1 savings match in an IDA Program for low-income homebuyers. All services provided in English and Spanish.
- Rental, mortgage, and utility assistance to help maintain permanent residence to homeless individuals and families faced with HIV/AIDS.
- 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.

Support Groups – Individuals and Families:

- Homeless prevention assistance to families who have a developmentally disabled member.
- Screening and matching of adults with children to provide friendship, guidance, support, and stability to at-risk youth.
- A safe, stable social environment for boys and girls at risk of becoming homeless to encourage and strengthen family and social skills.
- 24-hour crisis line, advocacy, education through schools, businesses and non-profit groups, support groups, referrals, shelter, crisis intervention, outreach to Hispanic victims, teen clinics.
- 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 buyer ship. Yearly requirements of program include 8 hours Financial Fitness Training and 4 hours Home Ownership Training.
- Transitional Living Center activities, crisis intervention, alcohol and drug counseling.
- Low-income, affordable counseling services are provided to rural towns as Milford and surrounding areas.
- Family planning and teen counseling.
- Peer support groups for various sub-populations living with HIV/AIDS provide a safe environment for sharing coping skills.
- Regular residential support group meetings at Supportive housing for the homeless.

Component: *Prevention*

Service Providers:

Area Agency for Developmental Services of Greater Nashua
Big Brother and Big Sister of Greater Nashua
Boys and Girls Club of Greater Nashua
Bridges (formerly Rape and Assault Support Services)
Child & Family Services
Community Council of Nashua, NH, Inc.
Corpus Christi
Greater Nashua Council on Alcoholism, Inc.
Greater Nashua Interfaith Hospitality Network, Inc.

Harbor Homes, Inc.
Job Corps
Marguerite's Place, Inc.
Milford Regional Counseling Services, Inc.
Milford SHARE (collaboration of all church denominations in the communities of Amherst, Brookline, Milford and Mont Vernon)
Municipal Welfare Departments (Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua)
Nashua Area Health Center
Nashua Pastoral Care Center, Inc.
Nashua Soup Kitchen & Shelter, Inc.
Neighborhood Housing Services of Greater Nashua, Inc.
New Hampshire Legal Assistance
NH Employment Security
NH Health and Human Services
NH Statewide IDA Collaborative
Riverside Christian Church
The Salvation Army
Southern NH HIV/AIDS Task Force
Southern New Hampshire Services, Inc.
St. John Neumann Church Outreach
Tolles St. Mission
The Upper Room Ministries
Veteran's Administration
The Youth Council, Inc.

Component: *Outreach*

Outreach in place:

Listed are the outreach activities available for homeless persons who are living on the streets in the GNCOC:

- Maps, outreach workers' business cards left in areas where street homeless might pick them up, indicate shelter locations, phone numbers, clothing and other services offered to assist them.
- Street canvassing under bridges, in the woods, in alleys, emergency shelter and transitional housing for street homeless individuals who are veterans and families who have veterans in them.
- Outreach workers provide transportation to VA Hospital in Manchester and coordinates with State of NH Veteran Services Coordinator for homeless veterans.
- Outreach to places not meant for residential use, for street homeless individuals/families that suffer from mental illness and/or are in need of substance abuse treatment.
- Outreach to assist with prescriptions, food, bus tickets, referrals and the cost for detox treatment fees for street homeless.
- Link to detox through the Addiction Service Providers Network.

- Outreach van to identify homeless with HIV and or provide HIV test if persons are at high risk for HIV.
- Engage unsheltered domestic violence victims through street canvassing, under bridges, in the woods, in alleys, and links them to appropriate services.
- Engages unsheltered homeless youth through street canvassing, under bridges, in the woods, in alleys, in cars, and links them to appropriate services.
- Formerly homeless/chronically homeless persons often do outreach to new chronically homeless/ homeless individuals by bringing introducing them to local services. These are often the first entry points.

Component: ***Outreach***

Service Providers:

Bridges (formerly Nashua Rape and Assault Support Services)
Community Council of Nashua, NH, Inc.
Division of Children, Youth and Families (DCYF)
Domestic Violence Coordinating Council of Greater Nashua.
Harbor Homes, Inc.
Hispanic Network
Girls, Inc.
Greater Nashua Council on Alcoholism, Inc.
Junior Women's League
Latino Center
Local School Districts
Nashua Advocacy Group
Nashua Children's Home
Nashua Public Health Dept.
Nashua Soup Kitchen & Shelter, Inc.
Southern NH HIV/AIDS Task Force
Southern New Hampshire Services, Inc.
Veterans Administration

Component: ***Supportive Services***

Services in place:

Case Management:

- Case management is provided to chronic homeless and other homeless individuals and families to assist them in achieving self-sufficiency.
- Case management is provided to individuals with alcohol and/or substance abuse.
- Case management is provided to all families in need through Prevention and Intervention of Homelessness and CARE Programs.
- Individualized case management is provided 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.

- Extensive case management and support is provided to individuals living with HIV/AIDS.
- Case management services are provided within the context of outreach to the unsheltered homeless and families with children who are at risk of becoming homeless.
- Case management is provided to single women in Transitional Housing.
- Linkage and referrals to alternative resources not provided by municipal welfare and supplemental resources to general assistance provided by municipal welfare such as TANF, food stamps, and Medicaid.

Life Skills:

- Crisis intervention to victims of domestic violence, rape, child sexual assault, and elder abuse to find safe shelters and to cope with their situations.
- 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.
- Educational support and assistance is provided to at-risk families.
- Financial assistance for education and transportation, and to assist with employment advocacy for the homeless.
- Provides life skills training for women residing at a permanent housing facility for homeless women, focusing on areas such as job search and interviewing, budgeting, nutrition, hygiene and personal care, and literacy skills.
- Training in the acquisition of parenting skills, the strengthening of parent-child relationships, budgeting, home management, communication skills, and pre-vocational skill development to people who experience homelessness.

Alcohol and Drug Abuse Treatment:

- Provide crisis care, emergency outreach, medical detoxifications, social detoxification, outpatient counseling and response to drug/alcohol emergencies to the homeless.
- Transitional living and sobriety maintenance to people with drug and alcohol addictions.
- Collaborative housing and supportive services are provided to dually-diagnosed clients.
- Treatment is offered for homeless/chronically homeless individuals with alcohol and drug abuse.
- Information about alcohol and drug abuse treatment services is provided to the homeless and referrals are made to TANF, DCYF, food stamps, Medicaid, etc.
- Substance abuse counseling services are provided to individuals living with HIV/AIDS.

Mental Health Treatment:

- Emergency outreach and response to serious mental health and psychiatric emergencies of the homeless clients to promote stability.

- A 24-hour Crisis line is available for psychiatric evaluation.
- Assistance with prescriptions, medication bridge program, medical and dental services are provided to individuals and families who suffer with psychiatric issues
- Mental health counseling services are provided for homeless individuals and families living with HIV/AIDS.
- Information about services and agencies in greater Nashua are provided to individuals and families suffering from mental illness.
- Member-operated social club for the homeless mentally ill in greater Nashua offers free meals nightly, counseling, and employment assistance.
- Outreach, medical, counseling, and advocacy is provided for homeless veterans with mental illness.

AIDS-related Treatment:

- HIV/AIDS testing and outreach and referral to supportive services and mainstream services are provided to the homeless HIV/AIDS clients.
- Information, education and supportive services to individuals and families faced with AIDS or HIV, including case management, client advocacy, nutritional counseling, peer support, housing support and HOPWA (Housing Opportunities for People with AIDS).
- Information about services in greater Nashua is provided for people with AIDS.

Education:

- GED tutoring, ESL, and numerous other programs focused on educational and vocational skill building.
- Post secondary education and/or job skill training programs are mandatory for some transitional housing program participants, with the goal ultimately being self-sufficiency. Financial Literacy education is also provided.
- Education and support is provided 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 is available for ages 7-17.
- Provide AIDS prevention education to schools and community groups as well as outreach to youth at risk, MSM (men who have sex with men) and racial and ethnic minorities.
- Groups of individuals/agencies which meet monthly/quarterly 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.
- Information about education services in the greater Nashua area are made available through a primary info bank.
- Education programs are made available to homeless veterans.

Employment Assistance:

- Job coaching is provided to homeless persons with Mental Illness, along with assistance with resume development, job opportunities, paid work opportunities, training, and vocational support.
- A resource center and works closely with the local unemployment office.

- Assistance is provided in removing barriers to employment, i.e., assistance with car repairs, obtaining state picture ID cards, providing voicemail access, referrals to local schools and colleges for GEDs, diplomas and vocational training.
- A car donation program is coordinated with a local dealership, and bus tickets are provided to assist with transportation to employment interviews, jobs and mainstream resources.
- Vocational rehabilitation is available for the disabled.
- Information about employment services in the greater Nashua area are made available through a primary info bank.
- Homeless veterans who are substance abusers and/or chronically unemployed are targeted for vocational training and placement.

Child Care:

- Childcare is provided for children of homeless parents ages 13 months to 6 years, utilizing Title XX.
- Family support and assistance services are made available.
- The Head Start Program and a childcare center are provided for homeless families in need.
- Information about child care services in the greater Nashua area are made available through a primary info bank.

Transportation:

- Transportation is provided, as necessary, through an emergency shelter and MIMS providers, to shelter guests for medical appointments, seeking employment, and to other entitlement benefits.
- Assistance is made available to the homeless with bus tickets, cabs, etc.
- Fixed route transportation around the Nashua area, Para transit service. Agencies coordinate to provide access to jobs and planning toward independent transportation, and travel training in English and Spanish.
- Transportation is made available to medical appointments for individuals with HIV/AIDS.
- Transportation is made available to homeless elderly and homeless veterans for medical, counseling, and advocacy appointments.

Other:

- Crisis intervention, advocacy at court, hospitals, and police departments is available for victims of domestic violence.
- Sign language and services provided for persons who are deaf; bilingual staff is also available.
- Assistance is made available in securing social security and state welfare documentations assistance.
- Blankets, sleeping bags, tents, winter coats, boots etc. are provided to those in need.

- Emergency rental vouchers are available to help persons maintain housing.
- Personal hygiene products are made available.
- Information about services and agencies in greater Nashua are coordinated.
- Provide referral and coordination of support services for tenants and area residents. All services provided in English and Spanish.
- Hospital, acute care, trauma center is utilized by homeless and chronically homeless individuals/families.
- Financial assistance programs and Personal Emergency Response systems are made available.
- Medical services are made available for homeless vets.
- HIV/AIDS testing and outreach are offered through local health centers.
- Dental/oral care is provided to homeless individuals/families.
- Prenatal care and low-cost health care are available.
- Area agencies, medical centers and hospitals coordinate to provide medical needs of people living with HIV/AIDS.

Component: *Supportive Services*

Service Providers:

Case Management:

Community Council of Nashua, NH, Inc.
Harbor Homes, Inc.
Greater Nashua Council on Alcoholism, Inc.
Marguerite's Place, Inc.
Nashua Pastoral Care Center, Inc.
Nashua Soup Kitchen & Shelter, Inc
New Hampshire Department of Health and Human Services
Southern NH HIV/AIDS Task Force
Southern New Hampshire Services, Inc.

Life Skills:

Bridges
Child and Family Services
Community Council of Nashua, NH, Inc
Harbor Homes, Inc.
Hillsborough County Family Intervention Program
Local churches and religious community
Marguerite's Place, Inc.
Nashua Pastoral Care Center
Nashua Soup Kitchen and Shelters, Inc.
New Hampshire Catholic Charities
Southern NH HIV/AIDS Task Force
Southern New Hampshire Services, Inc.

Alcohol and Drug Abuse Treatment:

**Greater Nashua Council on Alcoholism, Inc.
Harbor Homes, Inc.
Marguerite's Place
Southern NH HIV/AIDS Task Force
Southern New Hampshire Services, Inc.
Veteran's Administration**

Mental Health Treatment:

**Community Council of Nashua, NH, Inc
Harbor Homes, Inc.
Nashua Pastoral Care Center, Inc.
New Hampshire Department of Health and Human Services
Southern NH HIV/AIDS Task Force
Southern NH Medical Center
Southern New Hampshire Services, Inc.
Veteran's Administration**

AIDS-related Treatment:

**Community Services of Nashua, Inc.
Harbor Homes, Inc.
HOPWA (Housing Opportunities for People with AIDS)
New Hampshire Department of Health and Human Services
Southern NH HIV/AIDS Task Force
Southern NH Medical Center
Southern New Hampshire Services, Inc. - Info-Bank Nashua**

Education:

**Adult Learning Center
Area Agency for Developmental Services of Greater Nashua
Child and Family Services
City of Nashua Community Services
Greater Nashua Council on Alcoholism, Inc.
Nashua Area Health Center
Nashua Pastoral Care Center, Inc.
Nashua Soup Kitchen & Shelter, Inc.
NH Minority Health Coalition
Southern NH HIV/AIDS Task Force
Southern NH Integrated Care
Southern NH Medical Center
Southern New Hampshire Services, Inc. - Info-Bank Nashua**

**St. Joseph's Family Medical Center
The Telegraph
Veteran's Administration
Welcoming Light, Inc.**

Employment Assistance:

**Community Council of Nashua, NH, Inc
Harbor Homes Employment Services Program
Nashua Pastoral Care Center, Inc.
Nashua Soup Kitchen & Shelter, Inc.
New Hampshire Employment Security
Southern New Hampshire Services, Inc.
Veteran's Administration**

Child Care:

**Adult Learning Center
Greater Nashua Child Care Center
Greater Nashua Dental Connection
Hillsborough County Family Intervention Program
Marguerite's Place, Inc.
Nashua Area Health Center
Nashua Crisis Pregnancy Center
New Hampshire Department of Health and Human Services
Southern New Hampshire Services, Inc.
The Youth Council, Inc.**

Transportation:

**Harbor Homes, Inc.
Hillsborough County Family Intervention Program
Marguerite's Place, Inc.
Nashua Pastoral Care Center, Inc.
Nashua Transit System
Nashua Soup Kitchen & Shelter, Inc.
Southern NH HIV/AIDS Task Force
Southern New Hampshire Services, Inc.
Veteran's Administration**

Other:

**Bridges
Community Council of Nashua, Inc
Community Services (City of Nashua)
Greater Nashua Dental Connection, Inc.**

Harbor Homes, Inc.
Marguerite's Place, Inc.
Nashua Area Health Center
Nashua Pastoral Care Center, Inc.
Nashua Soup Kitchen & Shelter, Inc.
Neighborhood Housing Services of Greater Nashua, Inc.
Southern NH HIV/AIDS Task Force
Southern NH Medical Center
Southern New Hampshire Services, Inc.
Southern New Hampshire Rescue Mission
St. John Neumann Church Outreach
St. Joseph Hospital
The Salvation Army
Tolles St. Mission
Upper Room Compassionate Ministries
Veteran's Administration

Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart

EMERGENCY SHELTER

Provider Name	Facility Name	HMIS			Geo Code	Target Pop.		2005 Year-Round Units/Beds				2005 Other Beds	
		Part. Code	Number of Year-Round Beds			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round	Seasonal	Over-flow/Voucher
Current Inventory			Ind.	Fam.									
Nashua Soup Kitchen & Shelters	Ash/Kinsley	A	16	14	331026	M		5	14	16	30	4	
Greater Nashua Council on Alcoholism	Keystone Hall	A	16		331026	SMF				16	16		
Greater Nashua Inter-Faith	Family Shelter	A			331026	FC		4	14		14		
Harbor Homes	Allds St.	A	1		331026	SMF				1	1		
Harbor Homes	Maple Arms	A	24	9	331026	M		3	9	24	33	6	
Bridges	Shelter	Z			331026	FC	DV	5	10		10		
		TOTALS	57	23		TOTALS		17	47	57	104	10	
Under Development		Anticipated Occupancy Date											
Greater Nashua Inter-Faith	Family Shelter	August, 2005			339011	FC		3	9				
Southern NH Rescue Mission	Men's Shelter	October, 2005			331026	SM						25	
						TOTALS		3	9			25	
Unmet Need						TOTALS		3	9	25	34		
1. Total Year-Round Individual ES Beds				57			4. Total Year-Round Family ES Beds		47				
2. Year-Round Individual ES Beds in HMIS				57			5. Family ES Beds in HMIS		23				
3. HMIS Coverage Individual ES Beds				100%			6. HMIS Coverage Family ES Beds		48%				
(Divide line 2 by line 1 and multiply by 100. Round to whole number.)						(Divide line 5 by line 4 and multiply by 100. Round to whole number.)							

Transitional Housing

Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds			
		Part. Code	#Yr. Round			A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds
Current Inventory			Ind	Fam							
Bridges	Transitional	Z			331026	FC	DV	1	2		2
Greater Nashua Council on Alcoholism	Keystone Hall	A	12		331026	SMF				12	12
Harbor Homes	Vets Trans	A	20		331026	SMF	VET			20	20
Marguerite's Place	Marguerite's	A		27	331026	FC		10	27		27
Nashua Pastoral Care Center	Caroline's	N			331026	FC		4	11		11
Nashua Pastoral Care Center	Concord St.	N			331026	FC		1	4		4
Nashua Pastoral Care Center	Norwell House	N			331026	FC		8	22		22
Nashua Pastoral Care Center	Victory House	N			331026	FC		5	17		17
Nashua Soup Kitchen & Shelters	Chestnut/Kinsley	A		12	331026	FC		3	12		12
Soul Purpose	Hope House	N			331026	SM				11	11
Soul Purpose	Faith House	N			331026	SF				10	10

		TOTALS			32	39			TOTALS		32	95	53	148
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Under Development		Anticipated Occupancy Date										
Harbor Homes	Vets Trans	May, 2006			331026	SMF	VET				20	20
Nashua Pastoral Care Center	Caroline's	August, 2005			331026	FC		2	4			
					TOTALS			2	4		20	24

Unmet Need				TOTALS		2	4	20	24
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1. Total Year Round Individual TH Beds	53
2. Individual TH Beds in HMIS	32
3. HMIS Coverage Individual TH Beds	60%

(Divide line 2 by line 1 and multiply by 100. Round to whole number)

4. Total Year Round Family TH Beds	95
5. Family TH Beds in HMIS	39
6. HMIS Coverage Family TH Beds	41%

(Divide line 5 by line 4 and multiply by 100. Round to whole number)

Fundamental Components in CoC System - Housing Activity Chart

Permanent Supportive Housing

Provider Name	Facility Name	HMIS			Geo Code	Target Pop		2005 Year-Round Units/Beds			
		Part. Code	#Yr. Round			A	B	Family Units	Family Beds	Individual /CH Beds	Total Year-Round Beds
Current Inventory			Ind	Fam							
Harbor Homes	Maple Arms	A	6		331026	SMF				6/4	6
Harbor Homes	Allds	A	15		331026	SMF				15/5	15
Harbor Homes	PHVI	A	5		331026	SMF				5/3	5
Harbor Homes	PHV	A	8	15	331026	M		5	15	8/6	23
Harbor Homes	PHIV	A	5	14	331026	M		5	14	5/3	19
Harbor Homes	PHIII	A	24	32	331026	M	AIDS	9	32	24/17	56
Harbor Homes	PHII	A	14	3	331026	M		1	3	14/10	17
Harbor Homes	Scattered Sites	A	27	15	331026	SMF	VET	6	15	27/19	42
Harbor Homes	HHO Condos	A	8		331026	M				8/6	8
Harbor Homes	Mainstream	A	51	85	331026	M		29	85	51/36	136
MP Housing	MP Housing	A		10	331026	FC		4	10		10
Southern New Hampshire Services	Mary's House	N			331026	SF				40/6	40
TOTALS			163	174		TOTALS		59	174	203/115	377

**Anticipated
Occupancy Date**

Under Development		Occupancy Date	Geo Code	FC					
MP Housing	MP Housing	December, 2005	331026	FC		3	6		6
				TOTALS		3	6	0/0	6

Unmet Need	TOTALS	55	153	125/79	278
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1. Total Year Round Individual PSH Beds	203
2. Individual PSH Beds in HMIS	163
3. HMIS Coverage Individual PSH Beds	80%

4. Total Year Round Family PSH Beds	174
5. Family PSH Beds in HMIS	174
6. HMIS Coverage Family PSH Beds	100%

(Divide line 2 by line 1 and multiply by 100. Round to whole number)

(Divide line 5 by line 4 and multiply by 100. Round to whole number)

Exhibit 1: Continuum of Care Participation in Energy Star Chart

Are you aware of the Energy Star Initiative? Yes No

Have you notified CoC members of this initiative? Yes No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 40 %

Form HUD 40076 CoC-H

Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Example:	75 (A)	125 (A)	105 (N)	305
1. Homeless Individuals	77 (N)	20 (N)	170 (N)	267 (N)
2. Homeless Families with Children	25 (N)	23 (N)	60 (N)	108 (N)
Form 2a. Persons in Homeless Families with Children	75 (N)	53 (N)	166 (N)	294 (N)
Total (lines 1 + 2a only)	152 (N)	73 (N)	336 (N)	561 (N)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	42 (N)		124 (N)	166 (N)
2. Severely Mentally Ill	47 (N)		127 (N)	174 (N)
3. Chronic Substance Abuse	82 (N)		62 (N)	144 (N)
4. Veterans	24 (N)		108 (N)	132 (N)
5. Persons with HIV/AIDS	0 (N)		14 (N)	14 (N)
6. Victims of Domestic Violence	54 (N)		31 (N)	85 (N)
7. Youth (Under 18 years of age)	3 (N)		3 (N)	6 (N)

Form HUD 40076 CoC-I

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. After phone reminders, we had 100% response rate. The Nashua Soup Kitchen and Shelter, Inc. oversees the gathering and input of information and follow-up, but a number of agencies guide the process, and provide oversight through the GNCOC Housing Needs and Data Gathering Committee. This year those agencies included: Harbor Homes, Inc., Nashua Area Health Center, Nashua Soup Kitchen and Shelter, Inc., Nashua Urban Programs Department, Nashua Welfare Department, and Southern NH Services, Inc. This year the count was coordinated with the Manchester CoC and the Balance of State CoC, conducted noon-noon 01/26/05-01/27/05.

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 finds 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.

2. Unmet Housing need.

The unmet need numbers presented in the Homeless Population and Subpopulations Chart include a case-by- case analysis of each chronically homeless/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 chronically homeless/homeless (and by subpopulation) from the 2006 homeless census. For example, in this year's homeless census, the committee found 124 unsheltered chronically homeless individuals. Through an analysis of the data gathered in the one day count, and considering the community's 'housing first approach', it was determined that those 124 needed beds are created in permanent supportive housing.

The 'housing first approach' is based on the notion that without first having a suitable, stable, permanent residence, a homeless person has little chance to affect the life and situational changes that returns that person to participation in the economic and social aspects of the community. The GNCOC does not consider emergency shelter beds a stable and adequate living environment

for anything beyond the short term. GNCOC does recognize that there exists a need for transitional housing for that portion of the chronically homeless/homeless population that requires intensive case management and additional services and supports such housing provides as those persons ready themselves for permanent housing. By increasing the supply of permanent and permanent supportive housing we again free up the capacity within the emergency shelter system for short stays by those facing the crisis of homelessness. To the extent that there is planned growth in the number of available emergency shelter and transitional housing beds, it is through the internal determination of need of those provider agencies.

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

(a) GNCOC's **methods** for completing the community's plans for **conducting data collection** for the "sheltered" portion of Part 1 and 2 at least biennially, starting with the next required one day, point-in-time study in the last week of January 2007.

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 – from noon, January 25, 2005 to noon, January 26, 2005. 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 Housing Needs and Data Gathering Committee identified agencies in the GNCOC catchments area that serve homeless persons and/or were likely to encounter homeless persons. Such agencies included 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 areas contact agencies do not provide direct service (i.e. housing), because they often provide referrals to homeless programs, the Housing Needs and 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 January 25, 2005 homeless count in order to: (1) gather data necessary to complete the HUD "point-in-time" the Homeless Population and Subpopulations Chart, and Housing Activity Chart as accurately as possible, and (2) differentiate between chronically homeless/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 instructed to call key contacts from the GNCOC Housing Needs and Data Committee.

The GNCOC Housing Needs & 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 Housing Needs and Data Gathering Committee. Instructions provided with the census form gave HUD's definitions for both chronically homeless and "other" homeless. Data was collected and reported on turn-aways (those that could not be accommodated in the shelter system) by the shelter providers. Agencies conducted street counts through experienced outreach workers who routinely go out to seek the homeless in places not meant for human habitation. Representatives from those agencies also participate on the Housing Needs and Data Gathering Committee.

After a review of the returned requests, follow-up calls were placed between February 4 and February 7 to those agencies from which no response was received or the data was incomplete. All data was collected, reviewed, verified and analyzed for duplication by April 6, 2005.

The Housing Needs and Data Gathering Committee plans to conduct an annual homeless point-in-time count in January 2006. For the next required point-in-time count the Housing Needs and Data Committee plans to coordinate 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. These counts are done to gather information about the subpopulations, and the available beds within the community. This committee plans to use the same process and forms to contact not only the same list of providers and agencies as in the past two years, but any new agencies that it becomes aware of over the year. A street count will be completed by the agencies that have staffed homeless outreach programs and have been responsible for taking this count in the past. The Housing Needs and Data Gathering Committee is regularly updating the contact list with new agencies providing services and names of responsible individuals within those organizations. The next required count will be at the end of January 2007, which will look in a detailed fashion at subpopulations; quarterly counts in April, July, and October will look at changes in the number of unsheltered homeless and also in shelter utilization.

(b) GNCOC's **methods** for completing the community's plans for **conducting data collection** for the "unsheltered" portion of Part 1 and 2 at least biennially, starting with the next required one day, point-in-time study in the last week of January 2007.

We use the same methods as the "sheltered" portion, which are as follows.

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. Additionally, we relied on local outreach to do a 'street count' to capture those unsheltered who may not have been in contact with a provider agency. This data is put into an Excel spreadsheet, and agencies are called to confirm when the information reported is unclear. After phone reminders, we had 100% response rate. The Nashua Soup Kitchen and Shelter, Inc. conduct the information gathering, input, and follow-up, but a number of agencies guide the process, and provide oversight through the Housing Needs and Data Gathering Committee. This year those agencies included: Harbor Homes, Inc., Nashua Area Health Center, Nashua Soup Kitchen and Shelter, Inc., Nashua Welfare Department, Nashua Urban Programs Department and Southern NH

Services, Inc. This year the count was coordinated with the Manchester CoC and the Balance of State CoC and was conducted from noon-noon 01/26/05-01/27/05.

The GNCOG plans on conducting data collection for completing the “unsheltered” portion of Part 1 and 2 annually, with the next count scheduled for January 2006 and again in January 2007. For the next required count we plan to coordinate 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. In addition, we will be comparing this data with the data compiled through HMIS.

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

1. HMIS implementation:

The New Hampshire Homeless Management Information System (HMIS) Project is a statewide effort of all three Continuums of Care (CoCs) serving the homeless/chronically homeless individuals and families of New Hampshire. In 2002 each of New Hampshire’s three Continuums of Care first applied for funding through the HUD Super NOFA for this SHP Supportive Services Only project to share the costs of funding. The goal of the three Continuums is to implement a statewide HMIS with the Community Services Council of New Hampshire as the project sponsor. 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.

a. Phases of HMIS Implementation:

- i. Phase 1 – All agencies in the Greater Nashua CoC that receive funding that provide emergency shelter, transitional shelter, and outreach programs (& PATH).
- ii. Phase 2 – All agencies in the Greater Nashua CoC that receive funding and provide permanent supportive housing services.
- iii. Phase 3 – All agencies in the Greater Nashua CoC that receive funding and provide homeless prevention services.
- iv. Phase 4 – Reach out to Non-Funded Homeless Service Providers, Welfare agencies, Faith Based Service Providers.

Despite the phases of implementation outlined above we have maintained an implementation policy that dictates that when we bring a provider on board with HMIS, all programs provided by that provider will be included. This has had the desired affect of providing HMIS coverage for Transitional Housing programs and Permanent Housing programs as well.

New Hampshire has chosen to implement Service Point™ software as its HMIS. This software will be provided to all HUD and State funded homeless service agencies. The Service Point™ software is an internet application and will be accessed via web browser

Form HUD 40076 CoC-J

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.

Planning start date: 02/2002

Data collection start date: 04/2005

Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter	05/2005	
Transitional Housing		08/2005
Permanent Supportive Housing	05/2005	
	Number of Programs	Percent of Total Programs
Street Outreach programs participating in HMIS	0	0%
Other non-housing programs participating in HMIS	0	0

- b.** HMIS progress implementation. As of the date of this renewal application, the NH HMIS project has accomplished significant project milestones.

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 and for user training sessions.
- Received three day ServicePoint System Administrator training from Bowman trainer at our site.
- Convened HMIS Advisory Group comprised of 10 members representing all three NH CoC’s, NH 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 NH CoC’s 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 for project website to provide regularly updated information to all NH HMIS participants and interested parties. Website is currently active.
- Provided 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 identify solutions to heightened concerns about client data security that constitutes 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.
- We collected client intake and consent forms from NH homeless service providers to assist in developing common procedures statewide and to compare data elements currently being collected with data elements proposed in the HUD HMIS Data and Technical Standards.

HMIS has made great progress since July 2004. We have developed documents in the form of agreements and data collections forms, which are summarized as follows:

- i. Agreements:
 1. Agency Participation Agreement – accepted and approved
 2. Notice of Uses Intake Poster – accepted and approved
 3. Notice of Uses and Disclosures – accepted and approved
 4. Client Consent to Collect Data – accepted and approved
 5. HMIS User Policy Agreement – accepted and approved
- ii. Data Collection:
 1. Program Entry – accepted and approved
 2. Program Exit – accepted and approved
 3. HUD Minimum – accepted and approved
 4. Child Education – accepted and approved
 5. Optional Client Profile – accepted and approved
- iii. System Documentation:
 1. NH-HMIS Agency Admin Guide – developed and in use
 2. NH-HMIS User Guide – requires update to SP version 3.08

We have configured two (2) ServicePoint Systems: 1. Training System, 2. Production System. This includes the creation of assessments, shelter bed lists, provider set-up, user setup and administration. Upon completion of User Training, users are beginning to input all clients currently in their system of care.

c. Challenges and/or barriers:

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 shelters, transitional and permanent supportive housing programs have 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 participation barrier. 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. New Hampshire's Attorney General has provided the legal opinion that NH confidentiality law preempts the HMIS requirement. We are awaiting HUD's review of this opinion.

Personnel turnover was a challenge faced by the New Hampshire HMIS implementation. We lost our program coordinator about six months into the project. A new program coordinator has been hired and progress has accelerated.

2. Strategies to implement the HMIS Data & Technical Standards, and the CoC's strategy to monitor and enforce compliance.

a. We began by presenting HMIS to the initial phase one identified providers. Then we proceeded by entering the entire provider including all their programs into HMIS. We have included Permanent Housing and Transitional Housing programs for those HMIS participants who provide emergency and transitional programs. We have developed forms that included all data elements from HMIS Data & Technical Standards.

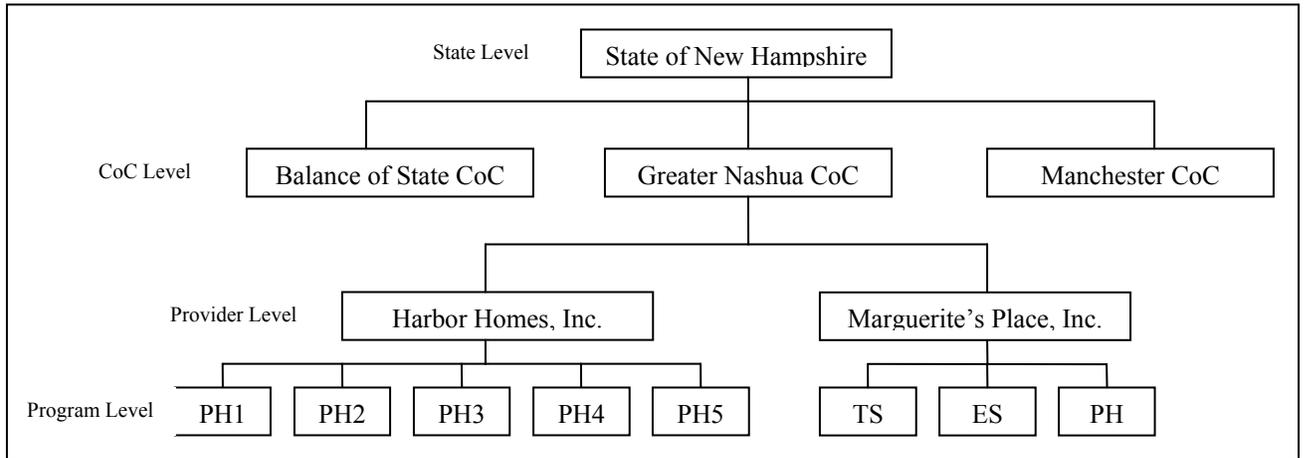
b. During training we have emphasized the responsibility of monitoring compliance with confidentiality agreements and data entry quality assurance to be the role of the Agency Administrator. While Agency Administrators will have this responsibility at the provider level, the HMIS implementation team has the responsibility of monitoring the Providers for compliance. During training we have demonstrated the use of reports such as the HUD-40118, to check for data quality assurance. There are multiple canned reports to verify the quality of data entered into HMIS.

c. Each time a new agency is trained; we learn of new needs or requirements and implement solutions to them. An example of this is implementing a new method to count turn-a-ways. The goal is to provide the most comprehensive, unduplicated count of homeless individuals and families being served in New Hampshire as possible.

3. Counting Procedures.

a. Methodology to generate an unduplicated count of homeless persons. The New Hampshire HMIS implementation is a Statewide implementation. When the providers and programs are entered into the system we have maintained a strict hierarchy to provide the ability to report on HMIS data at all levels. The New Hampshire implementation has created at the top of the hierarchy the State of New Hampshire. This is the only level one

provider. Below the State we have created three level two providers: Greater Nashua CoC, Manchester CoC, and Balance of State CoC. Using our selected software, we can de-duplicate the clients at any of the described levels. This hierarchy allows us to report duplicated and unduplicated counts at the Program level, the Provider level, the CoC level or the State level. We then created providers within or below each CoC already created. Last, we created a level four for the programs within a specific provider.



b. Total number of duplicated and unduplicated client records entered during 2004 by all providers in the COC. We did not begin entering data during 2004, we have begun entering client information beginning in April of 2005

4. HMIS Lead Organization Information:

Organization Name: Community Services Council of New Hampshire
 Contact Person: Dalia Vidunas
 Phone: (603) 225-9694
 Email: DVidunas@CSCNH.ORG

5. HUD Defined CoC name and number for each CoC in the HMIS implementation

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Greater Nashua CoC	NH-502	Manchester CoC	NH-501
Balance of State CoC	NH-500		

Exhibit 1: Continuum of Care – Project Priorities Chart

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeri c Priority	(5) **Requeste d Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing III	1	\$862,121	1		PH			
State of New Hampshire	Harbor Homes, Inc.	Permanent Housing II	2	\$195,285	1		PH			
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing V	3	\$166,667	1		PH			
Harbor Homes, Inc.	Harbor Homes, Inc.	Permanent Housing IV	4	\$100,929	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 VI	6	\$ 54,284	1		PH			
Greater Nashua Council on Alcoholism, Inc. (Keystone Hall)	GNCA, Inc. (Keystone Hall)	Transitional Living Center	7	\$ 60,083	1		TH			
Harbor Homes, Inc.	Nashua Soup Kitchen & Shelter, Inc.	Employment Advocacy Program	8	\$ 59,546	1		SSO			
Southern New Hampshire Services, Inc.	Southern New Hampshire Services, Inc.	Homeless Outreach Initiative	9	\$ 32,273	1		SSO			
NH Division of Behavioral Health Services	Community Services Council of New Hampshire	NH Statewide Homeless Management Information System Project (HMIS)	10	\$ 12,779	1		HMIS			
**Total Requested Amount:				\$1,602,448						

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.

a. The sources used to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed.

Audit APR Site Visit Monitoring Visit Client Satisfaction

b. New projects proposed for funding. There are no *new* projects in this year's NOFA application based on consideration by the GNCOC that available funds were not sufficient for any new projects, and that no community entities came forth with any new proposals. (The new Samaritan Housing Initiative reduced the amount of potential funding for the GNCOC area from \$172,968 /year to \$25,945/year.)

c. Project selection and priority placement processes conducted **fairly and impartially**:

(1) Open Solicitation Efforts. When the HUD 2005 NOFA was issued, the City of Nashua/Urban Programs Department placed a notice in the newspaper announcing and inviting proposals. At the same time, an e-mail from GNCOC website was sent to the entire membership explaining the NOFA and inviting proposal submission (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. It was also announced at several GNCOC general meetings. Anyone was invited to submit a proposal, HUD's application process was discussed along with Nashua's pro rata share dollars, funding priorities, renewals burden, and strategies.

(2) Objective Rating Measures. The Executive Committee prepared a Program Narrative document which was given to each applicant submitting a proposal. This document listed the Grantee and Project Name and was divided into four sections: *Background* (subpopulation and number of persons served, type of services, project, current capacity, need, and any program changes since last application); *Objectives* (moving people toward permanent housing, increasing incomes, living independently, and mainstream resources accessed); *Financials* (annual operating budget, per unit service cost, amount requested, leveraged sources and amounts); *Results* (measuring success, evidence of success, demonstration of successful past performance). Projects were reviewed and rated on these four factors. The complete APR and Logic Model for each project was also requested and reviewed. This material provided information such as program population served, program capacity, movement to-or length of stay in permanent housing, integration into mainstream resources and employment, cost effectiveness, leveraging to measure the success and efficacy of each program. This material, along with a presentation to the Committee and invitation to visit the sites were the measures used in evaluating these projects.

(3) Unbiased Review Panel. The Executive Committee is an inclusive committee that strives to continually balance the GNCOC geographical area. Approximately 40% are members who have funded projects through the Super NOFA process and 60% are members who do not have funded projects through the Super NOFA process. This Committee is comprised of individuals from Nashua Welfare Department, Nashua Urban Programs, Public Housing Authority, nonprofit providers serving the subpopulations listed on HUD's Homeless Population and Subpopulations Chart and a formerly homeless individual. The GNCOC membership has approved of the Executive Committee initially reviewing the proposed projects and submitting a recommendation.

(4) Voting/Decision-Making Process. On May 18, 2005, the Executive Committee met for the purpose of reviewing and ranking all proposals to be presented in HUD's 2005 Homeless Assistance Application. This meeting was recorded. Each project representative gave a 3-minute presentation followed by a question and answer period. When all presentations were

completed, the applicants were invited to leave. The Executive Committee then discussed the importance of each of these programs and the need for all proposals to be funded, considering the four factors noted above: *Background, Objectives, Financials, and Results*. The Executive Committee voted by secret ballot to rank the ten applicants for recommendation to the full GNCOC membership who had the final vote. One Executive Committee member abstained from voting. Ballots were tallied and a ranking was calculated for presentation to the full GNCOC Committee

On May 25, 2005, a Special Meeting of the full GNCOC was held in the City Hall Auditorium for the purpose of prioritizing the ten renewal proposals. After opening the meeting, the Chair asked if there were any other proposals to be presented. There being none, the voting process was explained. Two ballot votes could be taken – the first vote would be a yea or nay on the ranking recommendation made by the Executive Committee. If that failed, then a second ballot would be taken, after a 3-minute presentation by all applicants followed by a question and answer period, for the general GNCOC members to re-rank. The Chair announced that there would be two votes per agency (whether or not there were two representatives present) and one vote for individuals not remunerated by an agency. The floor was open for discussion. There being no discussion, a motion was made, seconded, and unanimously approved to take a vote. Two individuals not connected with any of the agencies with project renewals distributed the ballots. Two GNCOC members present abstained from voting. The first ballots were collected and tallied by the two individuals who distributed them. The recommendation of the Executive Committee was unanimously approved; therefore, a second vote was not necessary.

(5) The reallocation process to free up PRN to create new projects. The GNCOC membership believed that it was important for all existing proposals to be renewed; therefore, there was no discussion on using the reallocation process.

(6) Written complaints concerning the process received during the last 12 months. There have been no written complaints concerning the process during the last 12 months.

Exhibit 1: Continuum of Care – Supplemental Resources

Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your CoC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

SSI SSDI TANF Medicaid Food Stamps
 SCHIP WIA Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

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 In some cases agencies serving homeless families participate in co-case management with the case managers providing mainstream services.

Exhibit 1: CoC Project Performance - Housing and Services

A. Housing

1. Permanent Housing. Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here if there are no applicable permanent housing renewal projects.

Check here to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

A1a.	Participants who Exited Permanent Housing Projects During the Operating Year	68
A1b.	Participants who Did Not Leave the Project During the Operating Year	160
A1c.	Participants who Exited and Stayed Longer than 6 Months	25
A1d.	Participants who Did Not Leave and Stayed Longer than 6 Months	118
A1e.	Total Participants in the Permanent Housing Projects that Stayed Longer than 6 Months	63%

2. Transitional Housing.

Check here if there are no applicable transitional housing renewal projects.

Check here to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

A2a.	Participants who Left Transitional Housing During the Operating Year	23
A2b.	Participants who Left Transitional Housing and Moved to Permanent Housing	18
A2c.	Percentage of Participants who Left Transitional Housing and Moved to Permanent Housing	78.2%

B. Supportive Services

Mainstream Programs and Employment Chart

Check here if there are no applicable renewal projects.

Check here to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

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)
166	a. SSI	27	16.3%
166	b. SSDI	22	13.3%
166	c. Social Security	7	4.2%
166	d. General Public Assistance	3	1.8%
166	e. TANF	12	7.2%
166	f. SCHIP	30	18%
166	g. Veterans Benefits	0	0
166	h. Employment Income	90	54.2%
166	i. Unemployment Benefits	0	0
166	j. Veterans Health Care	3	1.8%
166	k. Medicaid	23	13.8%
166	l. Food Stamps	35	21%
166	m. Other (please specify)	0	0
166	n. No Financial Resources	18	11%

Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

Project Priority Number	Name of Project	Type of Contribution	Source of Provider	*Value of Written Commitment
1	Harbor Homes PH III	Intervention, rehabilitation, transitional living Household furniture & appliances, clothing, food, hot meals, volunteer time, social	GNCA, Inc. (Keystone Hall) Harbor Homes, Inc.	\$26,000 \$8,701

		activities & holiday gifts Client rent Production revenue Cash donations Food, fuel assistance, security deposits, case management Food, employment advocacy, meals, personal care items, children's gift programs Case management, food and nutrition services, mental health/substance abuse counseling Membership Sponsorship (6)	Harbor Homes Clients Harbor Homes, Inc. Public support Nashua Pastoral Care, Inc. Nashua Soup Kitchen & Shelter, Inc. Southern NH HIV/AIDS Task Force, Inc. YMCA	\$80,000 \$185,000 \$1,001 \$5,000 \$10,000 \$32,022 \$1,028
2	Harbor Homes PH II	Intervention, rehabilitation, transitional living Household furniture and appliances, clothing, food, meals, volunteer time, holiday gifts Client Rent Food, fuel assistance, security deposits, case management Food, meals, employment services, personal care items, children's gifts Cash donations Cash Match Membership Sponsorship (6)	GNCA, Inc. (Keystone Hall) Harbor Homes, Inc. Harbor Homes Clients Nashua Pastoral Care, Inc. Nashua Soup Kitchen & Shelter, Inc. Public support Sponsors YMCA	\$8,800 \$8,701 \$35,000 \$5,000 \$5,500 \$3,000 \$6,692 \$1,028
3	Harbor Homes PH V	Intervention, rehabilitation, transitional living Household furniture and appliances, clothing, food, meals, volunteer time, holiday gifts Client Rent/Public Support/Donations Child care services, food, household and personal care items, clothing, household furnishings Food, fuel assistance, security deposits, case management Food, employment advocacy, meals, personal care items, children's gift programs Y-Care Memberships	GNCA, Inc. (Keystone Hall) Harbor Homes, Inc. Harbor Homes, Inc. Marguerite's Place, Inc. Nashua Pastoral Care, Inc. Nashua Soup Kitchen & Shelter, Inc. Merrimack YMCA	\$6,600 \$8,701 \$33,074 \$1,000 \$5,000 \$2,500 \$1,028
4	Harbor Homes PH IV	Intervention, rehabilitation, transitional living Household furniture and	GNCA, Inc. (Keystone Hall) Harbor Homes, Inc.	\$6,600 \$8,701

		appliances, clothing, food, meals, volunteer time, holiday gifts Client Rent Food, fuel assistance, security deposits, case management Food, employment advocacy, meals, personal care items, children's gift programs Membership Sponsorship (6)	Harbor Homes, Inc. Nashua Pastoral Care, Inc. Nashua Soup Kitchen & Shelter, Inc. Merrimack YMCA	\$28,500 \$5,000 \$2,500 \$1,028
5	Marguerite's Place, Inc.	Program Support Program Support Program Support Fundraising Residential Fees Program Support Employment/Education Services Program Support	BAE employee Community Fund Lucia Calandra Revocable Trust Madeline Von Webber Trust Marguerite's Place, Inc. Marguerite's Place, Inc. residents Religious groups Nashua Soup Kitchen & Shelter, Inc. United Way of Greater Nashua	\$15,055 \$50,000 \$5,000 \$10,000 \$25,000 \$5,000 \$10,000 \$11,000
6	Harbor Homes PH VI	Intervention, rehabilitation, transitional living Household furniture and appliances, clothing, food, meals, volunteer time, holiday gifts Client Rent/Public Support/Donations Food, employment advocacy, meals, personal care items, children's gift programs.	GNCA, Inc. (Keystone Hall) Harbor Homes, Inc. Harbor Homes, Inc. Nashua Soup Kitchen & Shelter, Inc.	\$2,000 \$8,701 \$14,000 \$2,500
7	GNCA, Inc. (Keystone Hall)	Meals Residential Services Residential Services Residential Services	FEMA Town grants OADAT - DPHS State Grant in Aid	\$3,000 \$2,000 \$122,000 \$35,000
8	Nashua Soup Kitchen & Shelter, Inc. Employment Advocacy Project	Housing & Case Management Housing & Case Management Housing & Case Management Housing & Case Management Housing & Case Management Housing & Case Management Automobiles (6-10 used automobiles) 12 Voice Mail Boxes	GNCA, Inc. (Keystone Hall) HHI Maple Street Shelter Marguerite's Place, Inc. Nashua Pastoral Care Center, Inc. Southern NH Services, Inc. Veterans F.I.R.S.T. Local car dealership donation U.S. Cellular	\$8,000 \$8,000 \$6,000 \$20,000 \$25,120 \$8,000 \$10,000 \$4,320

9	Southern NH Services, Inc. – Outreach	Rent, security deposits, utilities, prescriptions for homeless families or those at-risk of homelessness	State of NH-Division of Homeless and Housing	\$10,000
10	Homeless Management Information System Statewide (HMIS)	Administrative Support Website Manager Facilities Costs Database Contribution	CSC of NH CSC of NH CSC of NH CSC of NH	\$8,147 \$6,000 \$5,385 \$8,925
				\$980,858

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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: www.gonashua.com; under Planning Dept; Contact: Roger Houston, Planning/Zoning Director, Tel. 603-589-3090</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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>	<input checked="" type="checkbox"/> 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: www.gonashua.com; under City Clerk Dept. – Ordinances; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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: www.gonashua.com; under City Clerk Dept. – Ordinances; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</p>	<input checked="" type="checkbox"/> 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.</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Alternatively, if your jurisdiction does not have impact fees, you may enter 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? ? Reference: www.gonashua.com; under City Clerk Dept. – Ordinances; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</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>” (www.huduser.org/publications/destech/smartcodes.html)</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. Reference: www.gonashua.com; under City Clerk Dept. – Ordinances – International Code Council; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</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? Reference: www.gonashua.com; under City Clerk Dept. – Ordinances – International Code Council; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</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? Reference: www.gonashua.com; Mayor Streeter’s Office; Mayor’s Task Force on Housing 2003 Report; Tel.. 603-589-3260</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 the number of additional market rate units.)</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>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?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>16. Does your jurisdiction provide for expedited or “fast track” permitting and approvals for all affordable housing projects in your community?</p>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<p>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: www.gonashua.com; under City Clerk Dept. – Ordinances , Section 16-122 Nashua Reused Ordinance; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<p>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: www.gonashua.com; under City Clerk Dept. – Ordinances , Section 16-162 Nashua Reused Ordinance; Contact: Paul Bergeron, City Clerk, Tel. 603-589-3010</p>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> No
Total Points:	10	9

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 to GNCOG.	1	2
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 you 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 housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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	<input type="checkbox"/> No	<input type="checkbox"/> Yes

fee calculation?		
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> (www.huduser.org/publications/destech/smartcodes.html)	<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?”	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If yes, briefly list these major regulatory reforms.		
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 procedures? If yes, briefly list these actions.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Total Points:		