

2001 CONTINUUM OF CARE HOMELESS ASSISTANCE PROGRAMS

1. *Abstract of your Continuum of Care*

Provide a **brief** overview of your Continuum of Care, which highlights key aspects of the system including the principal organizations involved and the types of activities requested.

Since 1995, the Greater Nashua Continuum of Care (CoC), working in conjunction with the Nashua Consolidated Plan, has called upon the entire community of Nashua and area towns within this Continuum to lead the drive to end homelessness. CoC members represent city and towns, shelters, food pantries, faith-based organizations, federal and state representatives, housing agencies (both for profit and nonprofit), the housing authority, business people, and persons who are homeless or were formerly homeless. At no time before or since within the greater Nashua area has a collection of participants united so enthusiastically and collaboratively for the purpose of ending homelessness.

The planning structure involves all members and consists of a chairperson and three committees: an Executive/Development/Strategic Committee (Lead Entity), a Housing Needs and Data Committee, and a Legislative Issues Committee. Each committee establishes goals focusing upon the Fundamental Components of Prevention, Outreach/Assessment, Emergency Shelter, Transitional Housing, and Permanent and Permanent Supportive Housing, and Supportive Services.

The geographic area served by the Greater Nashua Continuum of Care includes the City of Nashua, and in Hillsborough County the towns of Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, and Mont Vernon.

Key aspects of the CoC system include creating an adequate inventory of safe, affordable housing, educating and involving both the public and private sectors in seeking solutions to homelessness, and assisting homeless individuals/families with the appropriate skills necessary to obtain and maintain permanent housing (job training, landlord/tenant relations, life skills for household maintenance, interfacing with employment opportunities, etc.)

This application requests \$1,532,844 in HUD McKinney/Vento funds to sustain three vitally needed existing projects within this CoC system providing transitional housing and outreach services, a new collaborative permanent supportive housing project for dually diagnosed homeless, a new transitional housing project for homeless women with children, a new homeless outreach project, and an SSO project to implement and operate a continuum-wide HMIS.

2. *Your community's planning process for developing a Continuum of Care strategy.*

a. *Identify* the lead entity for the CoC planning process.

The seeds of Nashua's efforts to combat the increase in homelessness were formalized in 1995 with the creation of the Greater Nashua Continuum of Care (CoC). The CoC involves nonprofit agencies, service providers, the business community, public/private sector, and homeless/formerly homeless. The CoC members elect a Chairperson and a Vice-Chairperson for the full Continuum who serve on an annual basis. By-laws were established that are also reviewed on an annual basis.

The Lead Entity is the CoC Executive/Development/Strategic Committee (Executive Committee). This committee is made up of nonprofit agencies, service providers, and homeless/formerly homeless individuals, which are reflective of the needs of the homeless in the greater Nashua community. The members of this committee volunteered to serve, and were then confirmed by the full Continuum. In addition to this Lead Entity, there are two subcommittees (Housing Needs & Data Committee, Legislative Issues Committee) that report to the full Continuum on a monthly basis.

b. **Describe** your community’s CoC planning process, demonstrating that one, well-coordinated process is in place.

Focusing on the problem of “housing for the homeless” and the “wrap-around services”, the CoC has been meeting on a monthly basis for over five years, more often if necessary. It is sometimes difficult to enlist and encourage the participation of the private sector at these monthly meetings; however, there is an ongoing effort to increase their involvement. Many CoC members sit as volunteer board members on other community action groups (such as the Nashua Chamber of Commerce, the Rotary Clubs, the Exchange Club, and the Lions Club). These members work to educate the private sector regarding the activities and the needs of the CoC.

Our community’s CoC planning structure consists of a chairperson and vice chairperson, an Executive/Development/Strategic Committee (**Lead Entity**), a Housing Needs and Data Committee, and a Legislative Issues Committee. Each committee chooses a chairperson to coordinate its efforts. Each committee has an area of focus that relates to the Fundamental Components of the CoC system of Prevention, Outreach/Assessment, Emergency Shelter, Transitional Housing, Permanent Housing and Permanent Supportive Housing, and Supportive Services. Each committee establishes goals with a corresponding timetable for reporting to the general CoC meetings for input and review. Ad hoc committees are created as necessary. The outline below describes in greater detail the committees.

The Executive Committee is responsible for overseeing the operations of the other committees in adhering to the CoC’s vision statement and long-term planning process. The Housing Needs and Data Committee is responsible for providing information to the full CoC regarding the availability of housing stock and in gathering data on homelessness. This Committee meets on a quarterly basis, more frequently when necessary. The Legislative Issues Committee is responsible for the review, monitoring and disseminating of legislative issues to the full Continuum. The three committees regularly monitor newspapers, TV media, the Federal and State Legislatures. In the past year the Greater Nashua Continuum of Care has worked with the other continuums in the State (the Balance of State and the Manchester Continuum of Care) as well as other homeless advocacy groups to coordinate efforts. One of the highlights of the Nashua CoC during this past year has been the development and full implementation of a web page (www.nashua-coc.org) to disseminate information throughout the Greater Nashua CoC and the State, increasing awareness and improving access to resources on a daily basis. This web page has been used by many agencies and numerous individuals in proposal writing for accessing funds and gaining further education.

c. **Provide** a formal organization chart showing the relationship of the entities in your CoC organizational planning structure to each other.



The above committees and agencies serve as a vehicle for homeless people to access services. They also serve as a means of educating and sensitizing the community at large to the needs of homeless people in the greater Nashua area.

- d. **List** the dates and main topics of your CoC planning meetings held since June 2000, demonstrating that these meetings (both plenary and committee) are held year-round and are regularly scheduled. **Indicate** plans for future meetings as well.

Dates	Main Topics
June, 2000	HOPWA application
July, 2000	Mainstream Resources – review and discussion
August, 2000	Data collection regarding homeless count and housing availability
September 2000	Subcommittees development, review of Nashua’s Consolidated Plan and discussion of letters received from US Senators, and pro rata need for Greater Nashua area
October 2000	Discussion and development of a 5-year action plan to eradicate homelessness. Discussion of NH State Hospital and homeless and Gaps Analysis charting process
November 2000	Housing Needs & Data Com. Report; State Legislative shelter rules hearing; CoC members appear before City Board of Aldermen; plans for winter shelter beds
December 2000	Housing Needs & Data Com report; 3-part series on homelessness and need for affordable housing by local newspaper; plans for development of permanent housing by Habitat for Humanity, Mayor meets with CoC regarding homelessness and lack of housing; Harbor Homes, Inc. awarded grant of \$2.4mm for 75 Section 8 certificates for 5 years
January 2001	Review of Super NOFA application regulations on “point-in-time”; Housing Needs & Data Com report; State’s decision restricting services to dually diagnosed persons; identification of agencies in catchment area and review of method for collection of data; sharing by homeless/formerly homeless individuals on effect of homelessness on them and their families; met with other Continuum of Care’s throughout State
February 2001	HUD NOFA teleconference; meeting with State re: dually diagnosed homeless; plans to establish legal assistance office in Nashua; review of process for collection of data by Housing Needs & Data Com on “point-in-time”; attended NH Coalition to End Homelessness meeting; met with Balance of State Continuum
March 2001	Review of Super NOFA changes; agencies up for renewal; Executive Committee participates in HUD debriefing on previous year’s proposals; attendance at HUD satellite broadcast; finalization of forms to be used for “point-in-time” count March 28, 2001; attendance at Balance of State CoC meeting in Concord and New Hampshire Coalition to End Homelessness in Concord
April 2001	Member of Executive Committee invited to represent 2 nd congressional District at faith-based initiative meeting in Washington, DC; review of HOPWA proposal and update on numbers collected by Housing Needs & Data Com on 3/28/01 “point-in-time”
May 2001	Clarification of geographical area covered by Nashua CoC; presentation by three renewal project representatives and new collaborative supportive permanent housing proposal for dually diagnosed homeless individuals/families; review of priority voting process for NOFA proposal submission; ranking of Gaps Analysis Chart and prioritization of renewals and new projects

- e. Using format below, list the specific names and types of organizations involved in your Continuum of Care (CoC) planning process, the subpopulation(s) the organization/entity is specifically focused on representing; and each organization’s level of participation in the planning process. **(Although you may require multiple pages to respond to this item, your response will only count as one page towards**

the 25-page limitation.)

The levels of participation in the planning process are defined as follows:

Significant: Member of CoC and actively participates in planning process, on one or more CoC Committees (Executive/ Development/Strategic; Housing Needs and Data; and/or Legislative Issues). Frequently contributes goods and resources. Has or willing to submit proposals to design and implement programs for the homeless in the CoC area..

Moderate: Member of CoC and regularly attends monthly meetings. Contributes efforts/ resources toward support of CoC activities.

Recruiting: CoC is actively pursuing representation.

Specific Names of CoC Organizations/Persons (Geographic area represented)	Subpopulation Represented (SMI, SA, HIV/AIDS, VETS, DV, Y)	Level of Participation In Planning Process
State Agencies		
Department of Health and Human Services-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Office of Homeless-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Veteran's Administration-Manchester	VETS	Moderate
Local Government Agencies:		
City of Nashua, NH		
Community Block Grant/Housing/Urban Programs-Greater Nashua area	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Executive & Legislative Committee
Fire Marshal's Office-Greater Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Department of Health and Welfare/Community Services/Outreach-Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Legislative Committee
Mayor's Office-Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Housing Needs & Data Committee
Nashua Housing Authority-Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Town of Milford, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Executive Committee
Town of Merrimack, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Town of Amherst, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Town of Mont Vernon, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Town of Hudson, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Town of Litchfield, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Town of Hollis, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Town of Brookline, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Town of Mason, NH		
	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting

Specific Names of CoC Organizations/Persons (Geographic area represented)	Subpopulation Represented (SMI, SA, HIV/AIDS, VETS, DV, Y)	Level of Participation In Planning Process
Nonprofit Organizations:		
Adult Learning Center-Greater Nashua area	SMI, VETS, Y	Recruiting
Girls Incorporated-Greater Nashua area	Y	Moderate
Harbor Homes, Inc.-Greater Nashua area	SMI,SA,HIV/AIDS	Significant/All Committees
Marguerite's Place-Greater Nashua area	SA,DV	Significant/All Committees
Nashua Pastoral Care Center-Greater Nashua area	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Executive Committee
Nashua Soup Kitchen & Shelter-Greater Nashua area	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/All Committees
Nashua Youth Council-Greater Nashua area	Y, SA	Recruiting
Rape & Assault Support Services, Inc.-Greater Nashua area	SMI, SA, HIV/AIDS, DV, Y	Moderate
Southern New Hampshire Services-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Housing/Data & Legislative Committee
Tolles Street Mission-Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Service Providers:		
Child & Family Services-Manchester	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Greater Nashua Dental Connection-Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Merrimack River Medical Services-Merrimack	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Nashua Area Health Center-Greater Nashua	SA,HIV/AIDS,Y	Moderate
Nashua Children's Home-NH	Y	Recruiting
Nashua Foundation for Mental Health-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Nashua Outright-Greater Nashua	Y	Moderate
Network-Greater Nashua	Y	Moderate
St. Joseph's Hospital Mission Effectiveness Program -NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Southern NH Medical Center-Greater Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Nashua Telegraph (newspaper)-Greater Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate/Significant
Manchester Union Leader (newspaper)-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Broadcaster (newspaper)-Greater Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Banks:		
Bank of New Hampshire-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Housing Needs & Data Committee
Southern NH Bank-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Sovereign Bank-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Citizens Bank-NH	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Housing Developers:		
Greater Nashua Habitat for Humanity-Greater Nashua area	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant
Neighborhood Housing Services of Greater Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Executive/Development/Strategic & Housing Needs & Data Committee
Businesses:		
Anheuser-Busch, Inc.-NH	SMI, SA, HIV/AIDS, VETS, DV	Recruiting

Specific Names of CoC Organizations/Persons (Geographic area represented)	Subpopulation Represented (SMI, SA, HIV/AIDS, VETS, DV, Y)	Level of Participation In Planning Process
Businesses (continued)		
Toyota Subaru-Greater Nashua area	SMI, SA, HIV/AIDS, VETS, DV, Y	Recruiting
Foundations		
United Way of Greater Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Housing Needs & Data Committee
Homeless/formerly homeless persons		
Roberto S.-Nashua	SA, VET	Moderate
Ellen O.-Nashua	SA, SMI	Moderate
Richard P.-Nashua	SA, VET	Moderate
John H.-Nashua	SMI	Moderate
John F.-Nashua	SMI, SA, VET	Moderate
John H.-Nashua	VET	Moderate
Interested/retired/former legislative individuals:		
Alphonse Haettenschwiller-former legislator, Greater Nashua area	SMI, SA, HIV/AIDS, VETS, DV, Y	Significant/Legislative Committee
Lori Cardin-City Alderman, Nashua	SMI, SA, HIV/AIDS, VETS, DV, Y	Moderate
Betty Winberg-Nashua	SMI	Moderate

***Note:** indicate only those subpopulations that the organization is specifically focus on serving.

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

In addition, approximately 175 private businesses, housing developers, foundations or other service providers have contributed resources to CoC members outside of the formal planning process.

3. Your community's Continuum of Care system under development.

- a. Briefly describe your community's vision for combating homelessness.

The ultimate vision shaped by the Greater Nashua Continuum of Care is one of an ideal community where homelessness no longer exists, where there are adequate resources for each homeless individual/family to access the goods and services required, with safe, affordable permanent housing to assure that no one will have to sleep on the streets (in doorways or alleyways), in automobiles, in the woods of New Hampshire, park benches or places unfit for human habitation. In this vision, individuals and families maintain independence and stability in their lives.

All members of the CoC participated in developing the above vision over a year's time – in small committees, at various agencies, and/or general discussion at CoC meetings. The intention was to fashion a long-term vision upon which to set our goals and objectives to address homelessness. The Executive Committee reviewed the information gathered, presented it to the full CoC for discussion and approval.

- b. Describe your community's strategy to carry out that vision over the next 18 months with specific future-oriented administrative and programmatic goals and specific action steps. Specify the entity that has lead responsibility for carrying out each step and target dates for completion. Please use the following format:

While the *ultimate vision* helps the CoC to focus upon the direction it will take, this vision will not be realized without effort by anyone. Specific, measurable goals have been established (in conjunction with the City of Nashua's Consolidated Plan and the Nashua Public Housing Authority) with clearly defined objectives

towards meeting those goals. The CoC, the communities, local governments and private and public entities must share the responsibility of follow through. The goals were established by a consensus of the full CoC (including nonprofit agencies, service providers, businesses, etc.), and were so chosen because they each impact directly upon homelessness and the obstacles that keep people in the endless cycle of homelessness. The following are critical areas of focus that have been identified (and are ongoing) as being vital towards reaching that ultimate vision.

- An adequate inventory of affordable housing
- Assist homeless individuals in learning appropriate necessary skills and in securing sufficient resources to obtain and maintain permanent housing (job training, mental health services, landlord/tenant relations, negotiation of household maintenance, financial management)
- Community sensitivity, awareness of the needs of the homeless, and education about homeless issues in their community

Goals	Action Steps	Responsible Person/Organization	Target Dates
To develop at least 15 to 25 additional affordable/ low cost rental housing units	<ul style="list-style-type: none"> • Identify sources of Federal, State, and local funding available • Pursue available grant opportunities to fund new housing opportunities 	Keystone Hall Marguerite’s Place Nashua Soup Kitchen Harbor Homes Rape & Assault Support Services Community Council Greater Nashua Interfaith Network Southern NH HIV Task Force City of Nashua Southern NH Services Veterans Bank of New Hampshire Habitat for Humanity United Way	Completion by 7/1/2002
Increase status from two participating towns in CoC geographical area from “Recruiting” to “Moderate” or “Significant”	<ul style="list-style-type: none"> • Identify, approach, and educate potential members currently recruiting or uninvolved • Follow-up the contact • Secure a commitment of time and resources to CoC 	Nashua Pastoral Care Keystone Hall Community Council Harbor Homes Nashua Soup Kitchen Homeless/formerly homeless persons Area towns	9/30/02
To increase participation from the business community in CoC planning process by one member per quarter (for total of 6 new members)	<ul style="list-style-type: none"> • Identify and present in potential forums • Host Chamber of Commerce meeting • Develop promotional materials • Increase web site awareness and usage 	Nashua Pastoral Care Keystone Hall Community Council Harbor Homes Nashua Soup Kitchen Homeless/formerly homeless persons Area towns	12/31/02
To contact Federal, State, and/or local	<ul style="list-style-type: none"> • Identify, approach, and educate legislators 	City of Nashua-Welfare City of Nashua-Urban	Ongoing

Goals	Action Steps	Responsible Person/Organization	Target Dates
legislators on at least a quarterly basis to address issues of affordable/low cost housing and homelessness or when relevant legislation is pending	<ul style="list-style-type: none"> Monitor legislation 	Harbor Homes Southern NH Services Nashua Soup Kitchen Senators Gregg, Smith & Congressmen Bass & Sununu & staff St. John Neumann Church City of Nashua-Community Services Marguerite’s Place Nashua Dept of Public Health	

e. Using the format below, describe the fundamental components of your Continuum of Care system currently in place and those your community is working toward, being specific as to provider name, services offered and/or number of beds or units. Describe how homeless persons receive or access assistance under each component. **(Although you may require multiple pages to respond to this item, your response will only count as one page towards the 25 page limitation.)**

Fundamental Components in CoC System
<p>Component: <i>Prevention</i></p> <p>Services in place: The following agencies provide virtually all of the Prevention services in the Greater Nashua CoC area:</p> <ul style="list-style-type: none"> Access Team (Southern NH Medical Center) – Emergency outreach and response to serious mental health or suicide situations and psychiatric emergencies. Adult Learning Center - GED tutoring, ESL, and numerous other programs focused on educational and vocational skill building. Onsite day care available. Area Agency for Developmental Services of Greater Nashua – Outreach to homeless people and their families who have developmental disabilities; limited homeless prevention assistance to families who have a family member who has a developmental disability. Big Brother and Big Sister of Greater Nashua – Screening and matching of adults with children to provide friendship, guidance, support, and stability to at-risk youth. Boys and Girls Club of Greater Nashua - Provides a safe, stable social environment for boys and girls to encourage and strengthen family and social skills. Child and Family Services – Education, advocacy, and support for families at risk of child abuse/neglect. Volunteer parents and social workers model and teach parenting skills, provide respite care, referrals to childcare, and provider training. Case management for ages 16-17. Community Council of Nashua, Inc. - Community Mental Health Center including community support services, Children and Adolescent Services, Elder Services, 24-hour crisis center for brief psychiatric treatment. Outreach to homeless (or at risk of homelessness) to those challenged with mental illness. CoC Community Crisis Service Guide and Map – Illustrates locations, phone numbers, services offered by provider agencies for individuals who are homeless. Distributed to all CoC agencies, local churches, hospitals, missions, social clubs and other potential “points of entry”. CoC Communities’ Welfare Offices (City of Nashua, Towns of Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, and Mont Vernon)– Emergency financial aid

Fundamental Components in CoC System

for rent vouchers, utilities, food, medication, and transportation.

- **Department of Welfare (Nashua and surrounding CoC communities)** – Emergency financial aid for rent vouchers, utilities, food, and medication to prevent homelessness.
- **Girls, Inc.** – Advocacy, day care, and job skills training to allow female youths to maintain employment and residential stability.
- **Health and Community Services (Nashua)** – Child Health Clinic for proactive and early intervention on medical issues. Public Health offers HIV/AIDS outreach, testing and counseling. Emergency financial aid for rent, utilities, food stamps, and medication to prevent homelessness. Referral/Information about childcare options in the area.
- **Local churches and other faith-based communities** – Various food and clothing pantries, spiritual counseling, and family-oriented skill building to promote residential stability
- **Local school systems** – Serve as referral point for families in need of prevention support.
- **Milford SHARE** – Emergency rental vouchers and security deposits, food pantry, and clothing to help prevent homelessness.
- **Nashua Pastoral Care Center** – Emergency assistance for back rent, utility disconnects, prescriptions, transportation, childcare, security deposit loans all to prevent homelessness. Rental assistance guarantee program was formulated to assist homeless families to secure permanent housing.
- **Nashua Soup Kitchen & Shelter, Inc.** – Emergency financial assistance for back rent, security deposits and utility shut-offs to prevent homelessness; Hispanic advocacy, referrals and assistance with benefits, employment and education assistance and funding. Meals served in Soup Kitchen. Food pantry, diapers and toiletries available.
- **Nashua Urban Programs (Fire Marshal)** – life safety inspections of rental property, to prevent homelessness due to a fire; public education and patrols for evidence of homesteading and informal housing (dumpsters and cardboard boxes).
- **Nashua Youth Council** – Counseling for children and families. Group work for children and teens at risk from drugs and violence to promote residential and social stability.
- **Neighborhood Housing Services of Greater Nashua, Inc.** – Foreclosure prevention, education as part of Home Buyer Education seminars. Delinquency counseling is also offered.
- **NH Department of Corrections** – Probation and parole, early and ongoing intervention to reduce recidivism.
- **NH Employment Security** – Offers job match, recruitment, vocational resources, and programs to promote financial and residential stability.
- **New Hampshire Legal Assistance** – Advocate to prevent evictions.
- **Southern NH HIV/AIDS Task Force** – HIV prevention services to people at greatest risk for acquiring the disease. Specific programs target: youth, gay/bisexual men, intravenous drug users, sexual and needle sharing partners of positive individuals and Latinas.
- **Southern NH Medical Center** – Emergency response to serious mental health challenges (e.g. suicidal situations, psychiatric emergencies within the medical center or by telephone).
- **Southern NH Services, Inc.** – Homeless outreach and case management services.
- **St. John Neumann Outreach** – Assistance with past due rent, utilities, prescriptions; fuel for families not eligible for Fuel Assistance or those who have used up their allotment.
- **The Salvation Army** – Food pantry, emergency assistance, clothing, and furniture. Christmas program and church services to promote social and residential stability.

Services planned:

- Community Council of Nashua (the local mental health center) is developing a Diversion Program with the legal and judicial systems for low level offenders with mental illness or dual diagnosis
- Dartmouth Hitchcock and Southern NH HIV/AIDS Task Force are co-chairing to establish HIV

Fundamental Components in CoC System

primary care and prevention services in greater Nashua area

- Greater Nashua CoC is supporting the setting up of a NH Legal Assistance Office in City of Nashua
- Milford Regional Counseling Services, Inc. is seeking funding through an “Endowment for Health” grant to improve access to rural areas especially for homeless or low income persons/families
- Greater Nashua CoC is eager to assist and facilitate with the State of New Hampshire in implementing the Olmstead Decision
- City of Nashua Mayor’s Office to form Homeless Housing Committee to address homeless issues

How persons access/receive assistance: Persons can access/receive assistance in any of the following ways: self-referral, agency referral, ACCESS Team referral, court referral, Homeless Outreach Program, CoC Community Crisis Service Guide and Map, State Homeless Helpline, Greater Nashua CoC web page

Component: *Outreach/Assessment*

Services in place: The following agencies provide the bulk of Outreach/Assessment services in the Greater Nashua CoC area:

- **Access Team (Southern NH Medical Center)** – Emergency outreach and response to serious mental health or suicide situations and psychiatric emergencies.
- **Community Council of Nashua, Inc.** – Community Mental Health Center services promotes stable mental health. Services are available for children, adolescents, and adults. Services for at-risk youth and elders, 24-hour crisis center for brief psychiatric treatment. Outreach to mentally ill homeless (or at risk of homelessness).
- **Department of Health and Welfare (Nashua and surrounding CoC communities)** – Emergency financial aid for rent vouchers, utilities, food stamps, and medication.
- **Harbor Homes, Inc.** – Provides evaluation and assessment for housing and residential services in group homes and individual apartments for homeless mentally ill adults and their families.
- **Local churches and other faith-based communities** – Various food and clothing pantries, spiritual counseling, and family-oriented outreach and skill building.
- **Nashua Foundation for Mental Health, Inc.** – Assertive case management team serving people with severe and persistent mental illness. Outreach psychiatric treatment and 24-hour crisis service available.
- **Nashua Urban Programs** – Homeless census and community forms.
- **Nashua Pastoral Care Center, Inc.** – Provides emergency assistance, budget counseling, referrals, and a food pantry. Also administers the Santa Fund Holiday Program.
- **Nashua Soup Kitchen and Shelter, Inc.** – Outreach and intake for Emergency shelter and vocational support and education. Emergency assistance, case management and advocacy for homeless individuals and families.
- **New Hampshire Catholic Charities** – Provides counseling to individuals, couples, and families, as well as community and parish outreach to strengthen individual and family structure.
- **Rape and Assault Support Services, Inc.** – Crisis intervention and outreach to victims of domestic violence, rape, child sexual assault, and elder abuse.
- **Southern NH HIV/AIDS Task Force** – Outreach to medical and community service providers and providing services to individuals and families living with HIV/AIDS. Assessment and support services to individuals/families living in Hillsborough and Rockingham counties.
- **Southern NH Medical Center** – Emergency response to serious mental health or suicidal situations and psychiatric emergencies within the Medical Center or via the telephone.
- **Southern NH Services, Inc./Homeless Support and Outreach Services** – Provides identification and assessment for homeless individuals and families.
- **St. John Neumann Outreach** – Emergency rent vouchers, medication vouchers, and food pantry.

Fundamental Components in CoC System

- **Veteran's Administration** – Outreach, medical, counseling, and advocacy for homeless vets throughout the CoC geographic area.

Services planned:

- Southern NH HIV/AIDS Task Force is planning to increase its geographical area of services to other contiguous underserved communities, to increase the profile of the Southern NH HIV/AIDS Task Force in the CoC community, and to educate Federal legislators with regard to HIV/AIDS to insure adequate resources.
- The agencies that work in the Greater Nashua CoC area of domestic violence plan to increase outreach to the Hispanic community, increase the relationship with the Domestic Violence Coordinating Council in Milford, NH, and collaborate with State officials to develop a standardized protocol for handling sexual assault victims.
- Southern NH Services and the Community Council of Nashua are planning a “bike patrol” to identify homeless individuals and families.

How homeless persons access/receive assistance: Persons can access/receive assistance in any of the following ways: agency referral, local police departments, hospitals, court referrals, AmeriCorps volunteers (accompany clients to court and provide support to homeless victims of rape and assault)

Component: *Emergency Shelter*

Housing/services in place:

- **Harbor Homes, Inc. Emergency Shelter (20 beds)** – provides emergency shelter and supportive services for homeless individuals and families.
- **Keystone Hall (14 beds)** – provides emergency shelter for individuals with substance abuse issues.
- **Nashua Soup Kitchen & Shelter, Inc. (41 beds)** – provides emergency shelter and soup kitchen.
- **Rape and Assault Support Services, Inc. (20 beds)** – provides confidential emergency shelter.

Housing/services planned:

- Board of Aldermen to increase area emergency shelter beds by four
- CoC agencies working with State to rebuild and strengthen NH Coalition for Homeless which focus on emergency shelter issues
- State-wide emergency shelter regulations will go into effect in 2002
- Greater Nashua Interfaith Hospitality Network, Inc. to develop 5-7 beds for families

How homeless persons access/receive assistance: Persons can access/receive assistance in any of the following ways: agency referral, self referral (walk in or by phone), local police departments, hospitals, Homeless Outreach Program, ACCESS Team referral, Gathering Place (social club for persons who are homeless and/or challenged with a mental illness)

Component: *Transitional Housing*

Services in place: The following agencies provide the bulk of Transitional Housing services in the Greater Nashua CoC area:

- **Child and Family Services (5 beds)** – Assist homeless youth in developing independent living skills to establish independence in 12-18 months. Will assist with education, advocacy, and developing employment skills. Case management for ages 16-17, and transitional housing for ages 18-21.
- **Community Council of Nashua (16 beds)** – Individual Service Options (ISO) private homes providing adult supportive care.
- **Girls, Inc. (Norwell Home) (20 beds)** – Transitional housing program for pregnant teens offering

Fundamental Components in CoC System

advocacy, day care, and job skills training.

- **Greater Nashua Council on Alcoholism, Inc. (Keystone Hall) (10 beds)** - Provides crisis care, social detoxification, outpatient counseling, transitional living, and sobriety maintenance to people with drug and alcoholism addictions.
- **Harbor Homes, Inc. Safe Haven (5 beds)** – Provides housing and residential services in group homes and individual apartments for homeless and mentally ill adults and their families. Also provides emergency shelter for individuals and families.
- **Host Home Program (5 beds)** – Families take in 17-18 year-old adolescents in Milford for up to 30 days to alleviate family stress and to address crisis in the family.
- **Marguerite’s Place, Inc. (25 beds)** – Transitional housing and services for mothers and their children. Case management, supported housing, and daycare provided onsite.
- **Nashua Pastoral Care Center, Inc. (serving 11 women/23 children)** – Transitional housing and case management services to single mothers and their children for up to two years. Women must be motivated to affect permanent life changes through education and therapeutic groups.
- **Nashua Soup Kitchen and Shelter, Inc. (6 beds)** – Transitional and supportive services for individuals and families (including two-parent families and men with children).
- **Upper Room Ministries/Teen Challenge (8 beds)** – Christian-based transitional housing program for homeless men, age 18 – 24, and substance abuse.

Services planned:

- Marguerite’s Place, Inc. has requested funding for renewal to operate seven apartments of transitional housing for homeless women and children (up to 20 beds), and to provide intensive supportive services to the families.
- Marguerite’s Place, Inc. requesting funding for additional three units of housing as well as another Day Care for homeless women and children.

How homeless persons access/receive assistance: Persons can access/receive assistance in any of the following ways: Department of Children, Youth and Families referral, Department of Corrections referral, Access Team referral, CoC interagency referral, shelter referral, Homeless Outreach referral

Component: *Permanent Housing and Permanent Supportive Housing*

Services in place: The following agencies provide the bulk of Permanent Housing services in the Greater Nashua CoC area:

- **Harbor Homes, Inc. (Nashua Rotary Apartments) (5 apartments/14 beds)** –permanent independent housing for low/very low-income individuals/families.
- **Harbor Homes, Inc. (120+ beds)**– permanent supportive housing and residential services in group homes and individual apartments for persons and their families who are homeless and/or challenged with mental illness.
- **Harbor Homes, Inc. (10 units)** permanent supportive housing for individuals and/or families with mental illness and/or dual diagnosis.
- **Harbor Homes, Inc.** awarded HUD grant of \$2.4 million for 75 Section 8 certificates over five years.
- **Nashua Housing Authority (1230 units)**– Federal public housing authority for the city of Nashua. Handles applications for Public Housing, Section 8, and Mary’s Place.
- **Neighborhood Housing Services of Greater Nashua, Inc.** (formerly Greater Nashua Housing Foundation and French Hill Neighborhood Housing Services) – Development, preservation and management of safe, affordable rental housing (110 units) for low and moderate-income individuals/families. Also provides education/financial assistance to low income homebuyers in the greater Nashua area.

Fundamental Components in CoC System

- **New Hampshire Housing Finance Authority** –Permanent housing services in the CoC geographic area outside of the city of Nashua.
- **Private landlords (varies)**– Assorted housing at fair market rent.
- **Southern NH Services, Inc./Mary’s Place (40 beds)**– Single room apartments and supportive services for single, homeless women.
- **Urban Programs Department of the City of Nashua** – Technical assistance and funding for affordable permanent housing; Fire Marshal’s annual certification based on life safety inspections.

Services planned:

- New Hampshire Housing Finance Authority (NHHFA) has received a grant from HUD for 500 Section 8 vouchers, 100 of which will be administered through the Nashua Housing Authority.
- NHHFA Emergency Housing Program is scheduled to expand from 30 to 60 units of short-term subsidized housing, with the greater Nashua area being the recipient of some of these units.
- Greater Nashua Habitat for Humanity has been given property for one family in Nashua. Rehab of this property will begin in May 2001.
- Marguerite’s Place to develop permanent MP Housing for homeless women and their children.
- Housing-to-Work Rental Assistance Program (through affiliation with New Hampshire Housing Finance Authority and Nashua Housing Authority, referral through approved agencies) will combine Section 8 rental assistance with employment or employment-related case management. Families are able to secure safe, affordable housing closer to employers, child care and transportation providers, along with loan and grant funds to overcome barriers to independence. Access has begun through New Hampshire Employment Services, and will continue until the allotted 100 Section 8 vouchers have all been issued.
- Harbor Homes, Inc., Keystone Hall, and Marguerite’s Place, Inc. requesting HUD funding for 14 units of permanent housing to individuals/families with mental illness and the co-occurring illness of substance abuse.

How homeless persons access/receive assistance: Persons can access/receive assistance in any of the following ways: self-referral, agency referral, ACCESS Team referral, Homeless Outreach Program, crisis map, State Homeless Helpline, hospital referral, police referral, inter-agency referrals. Nashua Urban Programs fund an average of 10 units of new housing per year through CDBG and sub-allocated HOME funds.

Component: *Supportive Services*

Services in place: The following agencies provide the bulk of Supportive Services in the Greater Nashua CoC area:

- **Access Team (Southern NH Medical Center)** – Emergency response to serious mental health or suicide situations.
- **Adult Learning Center**– GED tutoring, ESL, and numerous other programs. Onsite day care available.
- **Area Agency for Developmental Services of Greater Nashua** – Provides services, education, and advocacy for families and individuals with developmental disabilities
- **Child and Family Services** – Education, advocacy, and support for families at risk of child abuse/neglect. Volunteer parents and social workers model and teach parenting skills, provide respite care, referrals to childcare, and provider training. Case management for ages 16-17, and transitional housing for ages 18-21.
- **Community Council of Nashua, Inc.** - Community Mental Health Center and Community Support Services, Children and Adolescent Services, Elder Services, 24-hour crisis center for brief psychiatric treatment. Outreach to homeless (or at risk of homelessness) who are mentally ill.

Fundamental Components in CoC System

- **Girls, Inc.** - Transitional housing for pregnant teens, advocacy, day care, and job skills training.
- **Greater Nashua ChildCare Center** - Childcare for children age 13 months to 6 years. Accepts direct Title XX.
- **Greater Nashua Council on Alcoholism, Inc.** (Keystone Hall) - Provides crisis care, social detoxification, outpatient counseling, transitional living, and sobriety maintenance to people with drug and alcoholism addictions. Referral and coordination of support services for tenants and area residents.
- **Greater Nashua Dental Connection** - Dental clinic for low income and uninsured individuals and families.
- **Harbor Homes, Inc.** – Provides housing and residential services in group homes and individual apartments for homes and mentally adults and their families. Also provides emergency shelter for individuals and families.
- **Health and Community Services** – Child Health Clinic, HIV/AIDS testing and outreach, flu shots, etc., Emergency financial aid for rent, utilities, food, and medication, Referral/Information about childcare options in the area.
- **Hillsborough County Family Intervention Program** – Provides family support and assistance.
- **Homeless Support/Outreach Services** – Provides outreach case management, support and emergency shelter access to unsheltered homeless.
- **Information and Referral of Greater Nashua** - Provides information about services and agencies in Nashua. Offers bilingual services.
- **Local churches and interfaith-based communities** – Various food and clothing pantries, spiritual counseling, and family-oriented skill building.
- **Marguerite’s Place, Inc.** – Transitional services for mothers and their children. Case management, supported housing, and daycare provided onsite.
- **Milford SHARE** – Emergency rental vouchers and security deposits, food pantry, and clothing.
- **MP Housing, Inc.** – provides supportive permanent housing and day care for women and children.
- **Nashua Area Health Center** – Primary Health care, family planning and reproductive health services, pre and post natal health care, family/teen drop-in program, pediatrics, nutrition education, substance abuse counseling, social services, speech translators. Now offering pediatric care to uninsured clients.
- **Nashua Crisis Pregnancy Center** – Counseling and support for women having difficult pregnancy. Donated baby clothes and furniture items sometimes available.
- **Nashua Pastoral Care Center, Inc.** – Provides security deposit loans to income eligible families in order to obtain permanent housing.
- **Nashua Pastoral Care Center, Inc.** – Food pantry, emergency assistance, security deposits, transitional housing, rental guarantee program, resource center, job opportunities listing, budget counseling, computer training for children, and case management services.
- **Nashua Soup Kitchen and Shelter, Inc.** - Hot meals, food pantry, employment, and bilingual assistance. Emergency shelter for individuals and families, transitional housing for families. Fresh produce. Emergency assistance, case management and shelters. Education and employment assistance available.
- **Nashua Youth Council** – Counseling for children and families. Group work for children and teens at risk from drugs and violence.
- **New Hampshire Catholic Charities** – Provides counseling to individuals, couples, and families, as well as community and parish outreach.
- **New Hampshire Department of Health and Human Services** – TANF, DCYF, food stamps, Medicaid, Behavioral Services for substance abuse and mentally ill.
- **Rape and Assault Support Services, Inc.** - Crisis intervention to victims of domestic violence, rape, child sexual assault, and elder abuse. Confidential Emergency shelter available.

Fundamental Components in CoC System

- **Raven House/His Will Ministries** – Hot meals. Clothing and food pantry also available.
- **Sheepfold Assembly of God** - Food pantry, cold lunch. Some clothing items.
- **Social Security Administration** – Information and aid with Federal Social Security programs.
- **Southern NH HIV/AIDS Task Force** – Comprehensive case management and support services including emergency rent and utility assistance to individuals and families living with HIV/AIDS.
- **Southern NH Medical Center**– Emergency response to serious mental health or suicidal situations and psychiatric emergencies within the Medical Center or via the telephone.
- **Southern NH Services, Inc.** – Financial assistance programs, Commodity Food program, elderly housing, Fuel Assistance, WIC, Weatherization, Head Start, childcare.
- **St. John Neumann Outreach** – Emergency rent vouchers, medication vouchers, and food pantry.
- **St. Joseph Hospital** – Hospital, acute care, and trauma center.
- **The Gathering Place** – Member operated social club for the mentally ill and homeless in greater Nashua. Free meals available nightly.
- **The PLUS Company** – Vocational rehabilitation for the disabled.
- **The Salvation Army** - Food pantry, emergency assistance, clothing, and furniture. Christmas program and church services.
- **Tolles St. Mission** – Food pantry, clothing, furniture, church services, and support.
- **Upper Room Compassionate Ministries** - Clothing, hygiene products, and a food pantry.
- **Urban Program Department of the City of Nashua**-Technical assistance and funding for transitional housing; Fire Marshal’s annual certification based on life safety inspections.
- **Veteran’s Administration** – Outreach, medical, counseling, and advocacy for homeless vets.
- **Veteran’s Administration Compensative Work Therapy Program** – targets homeless veterans who are substance abusers and/or chronically unemployed. Assists in locating permanent housing, providing substance abuse counseling, and vocational training and placement.

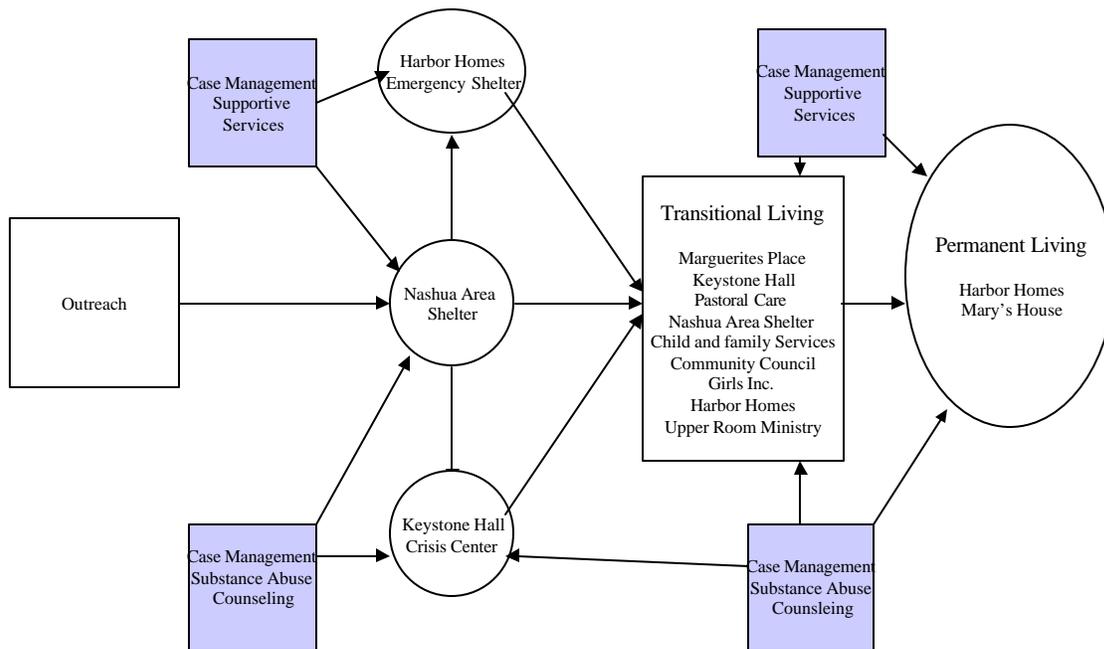
Services planned:

- The web page of the CoC (www.nashua-coc.org) will post information about Supportive Services in order to increase awareness and improve access to services.
- The web page of United Way (www.unitedwaynashua.org) will contain services offered by the agencies within the CoC.
- Healthy at Home (licensed home-based health care agency) is seeking funding for an “Endowment for Health” grant, focusing on recruiting and retaining staff to provide services to people in transitional housing in the greater Nashua area.
- Keystone Hall (transitional living center for substance abuse) is requesting renewal funding for supportive services such as life skills training, and alcohol and drug abuse treatment services.
- Southern New Hampshire Services, Inc. is requesting renewal funding to provide outreach intervention and case management to access shelters and transitional living for over 200 persons.
- Focal Point is an effort to coordinate elder services and to maximize available resources of local community agencies and the State of New Hampshire. Funds have been appropriated for the current year for this project.
- New Hampshire Legal Assistance to open office in Nashua to serve poor and homeless.

How homeless persons access/receive assistance: Persons can access/receive assistance in any of the following ways: self-referral, agency referral, ACCESS Team referral, Homeless Outreach Program, crisis map, State Homeless Helpline, hospital referral, police referral, or through the web page (www.nashua-coc.org).

- f. Describe how your system facilitates movement of homeless persons through the components from initial intake to eventual placement in permanent housing. Be specific about what methods are used to link components.

The fundamental components in the Greater Nashua CoC system are linked by high visibility core CoC agencies. These agencies coordinate the movement of homeless persons, beginning with outreach/assessment to the desired outcome of permanent supportive housing. The core agencies have developed methods of communication, networking and referral to provide homeless persons with assistance (e.g. web page, daily telephone communication, interagency meetings). This happens through CoC outreach workers, shelter staff, and case managers coordinating efforts throughout the geographic area served by the CoC. The flow chart below illustrates how the various components are linked:



The following narrative describes how homeless persons and their families move through the CoC.

Due to the extremely low vacancy rate of affordable housing in this geographic area, prevention efforts in place cannot always meet the needs of the various at-risk populations served. Therefore, approximately 646 homeless persons on March 28, 2001 (specific date of data collection for Gaps Analysis Chart) were **known** to need permanent housing. The Nashua CoC has no doubt that more homeless persons exist. Countless others are in doubled up, overcrowded, overpriced, and substandard housing. Some are helped through the HUD Emergency Shelter Grants (ESG) Program, but many others throughout the geographic area fall through the cracks, and remain homeless. When a person or family becomes homeless, the outreach and assessment component is set in motion.

Homeless people work or look for employment in business districts, camp out in isolated wooded areas, sleep in their cars or shelters with their families, and stand in lines at food pantries and soup kitchens throughout the geographic area. Homeless outreach workers from the core agencies canvass these locations, communicate with each other, and engage homeless people in conversation, offering options for support services and immediate emergency assistance. Such shelters are available through Southern New Hampshire Services, the Nashua Soup Kitchen & Shelter, Harbor Homes, Inc., Greater Nashua Council on Alcoholism, the Nashua Pastoral Care Center, and Community Council of Nashua. For those individuals capable of self-referring, agencies work with them to access support. Depending upon the individual's situation and abilities, an outreach worker may hand out crisis maps, brochures, or transport homeless persons to an agency. Crisis maps are also available at stores, missions, shelters, library, and other areas where a homeless person might go. The main offices of the core agencies are centrally located in the downtown Nashua area, and some have satellite offices in the communities surrounding Nashua.

The first meeting with homeless persons through outreach is an extremely critical component of the system. Outreach workers provide homeless persons the first strong link by connecting them with shelter and supportive services. Outreach workers contact agencies directly to strengthen this link and move people through the system. Some outreach workers are funded to do follow-up with clients and agencies, but most are not. Intake and assessment workers meet face to face with homeless persons on site at their respective agencies. Different agencies have different eligibility requirements or protocols, and these intake workers communicate with each other to keep current with an individual agency's process. The monthly CoC meetings also provide an information link; e-mail is employed to dispatch current additions or changes in services and anticipated shelter openings in agencies connected to the CoC.

Once a homeless person and/or family has found shelter, either through outreach workers, intake workers, or self-referral, the task shifts to accessing assistance to stabilize the individual and/or family. While the shelters work together to serve persons who are homeless, it is obvious that different populations have different needs; however, the basic needs of food, clothing and shelter are common denominators. Shelter workers share information and advice through monthly CoC meetings, telephone consultations, and e-mail.

Shelters communicate with outreach workers and transitional housing programs across the CoC in order to continue the movement from shelter to transitional housing where appropriate, and eventually to permanent affordable/low cost housing when available. Not all homeless persons or families need or want transitional housing, but every effort is made by outreach workers, intake and assessment workers, and caseworkers to determine how best to serve the needs of the individual and/or families. Those who are qualified to access transitional housing are assigned a case manager, who then assists the individual/family in developing a goal plan that usually includes permanent supportive housing. These case managers are essential in coordinating the goal of permanent housing and the supportive services needed to maintain stability. Agency case managers in the CoC are linked through the monthly CoC meetings, e-mail, and resource groups formed to keep the lines of communication effective. Case managers are also connected to various interagency efforts, and so strengthen their links to available options for housing and supportive services for their respective clients.

Due to the previously mentioned shortage of affordable/low cost permanent housing in Nashua's CoC geographic area, the most critical point in the movement from homelessness to permanent housing is at the juncture where shelter or transitional housing program time ends and the search for permanent housing begins. Even those people who are fortunate enough to access Section 8 housing resources cannot easily access permanent housing in this geographic area. The CoC continues to try meet this challenge as it endeavors to develop more permanent/low cost housing through partnerships with banks, churches, NH Housing Finance Authority, and private housing developers. These permanent housing efforts are linked with supportive services

It must be noted that the success of the CoC’s system to move homeless persons from intake to permanent supportive housing increasingly depends upon the continued development and availability of affordable/low cost permanent housing. This is an ongoing challenge to the CoC and its primary focus, as the number of homeless persons increase. Their extreme poverty and deprivation is best addressed when permanent housing is coupled with supportive services, aftercare programs, and consistent participation with the CoC’s efforts in addressing the needs of homeless persons.

g. Using the format below, describe how each subpopulation is reached or will be reached. Identify the provider and outreach activities undertaken for each subpopulation (e.g. street canvassing).

Subpopulations	Outreach In Place	Outreach Planned
<p>Veterans The greater Nashua area has a relatively small homeless veteran population compared to the neighboring City of Manchester, NH due to the fact that the VA Hospital and Outpatient Services are located in Manchester, 20 miles away.</p>	<p><u>Community Council of Greater Nashua, Inc.</u> – street canvassing, transportation to VA Hospital in Manchester <u>Southern NH Services, Inc.</u> – street canvassing, transportation to VA Hospital in Manchester <u>Harbor Homes, Inc.</u> – emergency shelter, transportation to VA Hospital in Manchester <u>Nashua Soup Kitchen & Shelter, Inc.</u> – emergency shelter <u>CoC Community Crisis Guide and Map</u> – indicates locations, phone numbers, services offered for homeless individuals <u>Dept of Welfare</u> – emergency financial aid for rent vouchers, utilities, food</p>	<p>- Focus on educating other area service providers and the general community as to what services are currently available - Increase efforts to identify homeless veterans in the community</p>
<p>Seriously Mentally Ill</p>	<p><u>Community Council, Inc.</u> – outreach/case management & referral <u>Harbor Homes, Inc.</u> – outreach/case management & referral, emergency shelter, transitional and permanent supportive housing, food pantry <u>Nashua Soup Kitchen, Inc.</u> – outreach/case management & referral, emergency shelter, food kitchen <u>Southern NH Services, Inc.</u> – outreach/case management & referral</p>	<p>- Working with the legal and judicial system to create a diversion program for low level offenders with mental illness or dual diagnosis - Harbor Homes, Inc., Keystone Hall, Nashua Foundation for Mental Health, and Community Council, Inc. have planned a joint venture under SAMHSA to address the needs of the dually diagnosed. - Additional outreach activities are not planned due to Harbor Homes, Inc. currently maintaining a lengthy waiting list (almost 200). Outreach activities are more focused on educating the other service providers and the general community as to services that are currently available</p>
<p>Substance Abuse</p>	<p><u>Keystone Hall</u> – link to detox from the Addiction Service Providers Network and local Crisis Center, and also provides counseling services <u>Community Council, Inc.</u> – outreach and counseling to dually diagnosed clients</p>	<p>- Outreach to dual diagnosis clients through collaborative relationships with Harbor Homes, Inc., Community Council, Inc., Mental Health Foundation</p>
<p>HIV/AIDS</p>	<p><u>Southern NH HIV/AIDS Task Force</u> – linkages with shelters, welfare departments, outreach to Hispanic population; increase of awareness through political entities</p>	<p>- Increase geographical area of services to other contiguous underserved communities - Increase level of services to persons of</p>

Subpopulations	Outreach In Place	Outreach Planned
		color, especially the Spanish speaking community
Domestic Violence	<u>Rape & Assault Support Services, Inc.</u> – outreach to the Hispanic community, local area hospitals, local police departments, schools. AmeriCorps volunteers advocate to local court system.	- Cultural diversity outreach is planned to increase outreach the relationship of the Domestic Violence Coordinating Council in Milford, NH and collaborate with State officials to develop a standardized protocol for handling sexual assault victims - Opening a new facility in Milford, NH, increasing presence in rural area west of Nashua
Youth	<u>Big Brother/Big Sister of Greater Nashua</u> <u>Boys and Girls Club of Greater Nashua</u> <u>Child & Family Services</u> <u>Girls, Inc.</u> <u>Nashua Youth Council</u> <u>Neighborhood Health Center</u> <u>Catholic Charities</u> – all of the above provide outreach services to youth in need via collaboration with each other, other agencies and schools.	- Increase outreach activities: to schools, VNA’s, teen clinics, churches, Midwifery Program at local hospitals, statewide advocacy for increased awareness of teen homelessness due to ‘aging out’ of foster care system - To focus on educating other area service providers and the general community as to services currently available. - Nashua Youth Council has applied for a grant to open an intensive outpatient substance abuse center to work towards prevention, outreach, coping skills, etc.

4. Gaps and Priorities.

- a. Using data consistent with your community’s Consolidated Plan, fill out the *Continuum of Care: Gaps Analysis* chart.

Continuum of Care: Gaps Analysis

Please note: The following numbers reflect the needs on a single night (specifically March 28, 2001).

		Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
Individuals					
Beds/Units	Emergency Shelter	107	44	63	M
	Transitional Housing	16	13	3	H
	Permanent Supportive Housing	144	104	40	H
	Total	267	161	106	
Supportive Service Slots	Job Training	28	20	8	L
	Case Management	40	29	11	H
	Substance Abuse Treatment	66	46	20	H
	Mental Health care	191	177	14	H
	Housing Placement	267	161	106	M
	Life Skills Training	27	16	11	L
	Other (reunification w/ children)	4	1	3	L
	Other				
Sub populations	Chronic Substance Abuse	128	77	51	H
	Seriously Mentally Ill	269	198	71	H

		Estimated Need	Current Inventory	Unmet Need/Gap	Relative Priority
	Dually-Diagnosed	91	56	35	H
	Veterans	12	5	7	L
	Persons with HIV/AIDS	12	9	3	M
	Victims of Domestic Violence	32	23	9	M
	Youth	6	18	24	M
	Other				

Persons in Families With Children

Beds/Units	Emergency Shelter	97	61	36	M
	Transitional Housing	92	62	30	H
	Permanent Supportive Housing	190	53	137	H
	Total	379	176	203	
Supportive Service Slots	Job Training	17	11	6	L
	Case Management	102	91	11	H
	Child Care	38	23	15	H
	Substance Abuse Treatment	11	6	5	H
	Mental Health Care	30	23	7	H
	Housing Placement	379	176	203	M
	Life Skills Training	56	54	2	L
	Other (reunification w/ children)	6	6	0	L
	Other				
Sub populations	Chronic Substance Abuse	23	14	9	H
	Seriously Mentally Ill	52	32	20	H
	Dually-Diagnosed	11	4	7	H
	Veterans	3	2	1	L
	Persons with HIV/AIDS	13	12	1	M
	Victims of Domestic Violence	36	15	21	M
	Other				

NOTE: The Current Inventory column assumes funding of the three renewal projects presented in this proposal.

- b. Using the format below, identify the data sources and methods (e.g. mail survey, street enumeration) used to fill out the columns in the gaps analysis chart for estimated need and current inventory, indicating the specific dates of data collection (e.g., March 30, 2000) for both street and shelter counts.

Data Source	Method	Date of Data Collection	Street Count (check box)	Shelter Count (check box)
5 school districts	completed mail survey of phone & walk-in requests and head counts	28-Mar-01		X
10 town/city welfare offices	completed mail survey of phone & walk-in requests	28-Mar-01		X
10 town/city police departments	completed mail survey of phone & walk-in requests and street counts	28-Mar-01	X	
6 medical facilities	completed mail survey of phone & walk-in requests	28-Mar-01		X

Data Source	Method	Date of Data Collection	Street Count (check box)	Shelter Count (check box)
4 emergency homeless shelters	completed mail survey of phone & walk-in requests and head counts	28-Mar-01		X
4 transitional homeless shelters	completed mail survey of phone & walk-in requests and head counts	28-Mar-01		X
3 permanent supportive housing for homeless persons	completed mail survey of phone & walk-in requests and head counts	28-Mar-01		X
SNHS (Outreach)	street count	28-Mar-01	X	
HIV/AIDS Task Force	completed mail survey of phone & walk-in requests and head counts	28-Mar-01		X
Community Council of Nashua	completed mail survey of phone & walk-in requests	28-Mar-01		X
Salvation Army	completed mail survey of phone & walk-in requests	28-Mar-01		X
Division of Family Assistance	completed mail survey of phone & walk-in requests	28-Mar-01		X
NH Catholic Charities	completed mail survey of phone & walk-in requests	28-Mar-01		X
The Gathering Place	completed mail survey of phone & walk-in requests and street counts	28-Mar-01	X	

c. Describe the data sources and methods identified above by explaining:

(1) Your community's process and methods for collecting the data, including the reasons your community chose those methods;

The first step in the process of data collection was to identify a specific point in time to count the number of homeless in our community. In an effort to avoid duplication of counts, the CoC chose a point-in-time of March 28th, 2001, the date consistent with that of the other Continuums within New Hampshire. The CoC then identified agencies in the Greater Nashua Continuum of Care catchment area that serves homeless persons and/or were likely to encounter homeless persons. Such agencies included police departments, hospitals, local welfare departments, schools, mental health providers, substance abuse treatment providers, housing providers for homeless persons and families, and other local nonprofit service providers.

Two detailed forms, along with a cover letter providing an explanation and instructions for completing the forms, were mailed to each identified agency in order to: (1) gather data necessary to complete the HUD "point-in-time" Gaps Analysis Chart as accurately as possible, and (2) differentiate between homeless persons counted in order to avoid having the same homeless person being counted twice through the use of unique identifiers. The CoC Housing Needs & Data Committee count can be traced to specific data in

making every attempt to avoid any duplication. This was achieved by requesting the following categories of information: Head of Household Initials, # of adult males, # of adult females, # of children, subpopulation, support services requested, and support services provided.

Forms and cover letters were sent out to the identified agencies one-week prior to the 3-28-01 homeless count. The local newspaper published a 3-part article on homelessness and listed the telephone numbers where people could call with the homeless count on 3-28-01. Reminder calls were placed to all agencies on 3-27-01. Follow-up calls were placed 2-3 days after the count to ensure that all requests were received.

(2) How your community estimated the number of homeless people living on the streets;

The Greater Nashua CoC estimated the number of homeless living on the streets by insuring that forms (described above) were mailed to those agencies and programs that provide aggressive street outreach and supportive services to the unsheltered homeless. Once the forms were received, comparisons of the unique identifiers were made, and duplicates eliminated to determine an accurate number of homeless street persons on 3/28/01.

(3) How the data in your Gaps Analysis Chart compares with the Con Plan and any other studies that have been conducted on homelessness in your community; and

The City of Nashua's 2001 Con Plan acknowledged the Greater Nashua CoC's 1999 Gaps Analysis as being the most accurate data on homelessness. The homeless section of the Con Plan was thus produced through the collaboration of the COC and the City of Nashua Urban Programs. Recently the local newspaper conducted a 3-part series assessing the needs of the homeless and the lack of affordable housing in this area.

(4) Your community's plans for conducting regular counts (not less than once every three years) of the homeless using the resources available in your community. Explain the frequency of the counts you plan to conduct and the methods you plan to use.

The Greater Nashua Continuum of Care plans to conduct a point-in-time count of homeless on an annual basis, and plans to continue coordinating the date of the count with the Manchester and the Balance of State Continuums. The CoC also hopes to coordinate with the other Continuum data gathering methods to reflect accurate comparisons across the State. During the week prior to the future count, surveys will again be mailed out to agencies in the greater Nashua area who are likely to provide services to the homeless and/or are likely to encounter homeless persons/families on any given day. The surveys will again ask for information needed to complete the Gaps Analysis Chart. Reminder calls and follow-up calls will also be placed to maximize the number of responses returned.

The CoC Housing Needs and Data Committee will continue to meet no less than quarterly to assess the needs of the homeless as well as any potential affordable/low cost housing developments in the community. Since the point-in-time count represents merely a "snapshot" of one night, and the Greater Nashua CoC strictly adhered to HUD's rules for taking the count, key stakeholders strongly believe that the homeless population in this area has been underestimated and does not reflect the "true" needs of the community. There are many homeless people living in over-crowded situations, moving from family to family and/or friend to friend (jeopardizing their hosts' housing as well). The CoC Housing Needs and Data Committee, consisting primarily of homeless service providers, will continue to assess the needs and trends seen in daily shelter operation.

d. Using your gaps analysis findings, fill out the *Continuum of Care: Project Priorities* chart that follows.

Continuum of Care: Project Priorities

<i>(This entire chart will only count as one page towards the 25 page limitations)</i> Applicant	Project Sponsor/ Project Name	Numeric Priority	*Requeste d Project Amount	Program (Check only one)				
				SHP New	SHP renew	S+C new	S+C renew	SRP new
Harbor Homes, Inc.	Collaborative Supportive Permanent Housing Program	1	\$500,000	X				
Marguerite’s Place, Inc.	Marguerite’s Place Transitional Housing for Homeless Women and Children	2	\$ 58,481		X			
Keystone Hall, Inc.	Transitional Housing for Homeless Addicts and Alcoholics	3	\$ 60,234		X			
Southern NH Services, Inc.	Homeless Outreach	4	\$ 29,272		X			
Marguerite’s Place, Inc.	Marguerite’s Place Transitional Housing for Homeless Women and Children – expansion of services	5	\$385,795	X				
Southern NH Services, Inc.	Homeless Outreach	6	\$140,219	X				
Harbor Homes, Inc.	HMIS	7	\$358,843	X				

*Please note: The total requested project amount must not exceed the amount entered in the project budget in Exhibit 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.

e. Describe how each project will fill a gap in your community’s Continuum of Care system. *(Although you may require multiple pages to respond to this item, your response will only count as one page towards the 25 page limitation.)*

Listed in priority order:

Priority 1: Collaborative Supportive Permanent Housing Program (CSPHP) (New). This proposal involves three nonprofit agencies (Harbor Homes, Inc., Keystone Hall, and Marguerite’s Place, Inc.) to provide 14 units of safe, affordable/low cost, permanent residences with intensive supportive services to homeless persons with a dual diagnosis of mental illness and co-occurring substance abuse. The need for these services has repeatedly been documented in the Greater Nashua Continuum of Care Gaps Analysis and in

Nashua's Consolidated Plan. Harbor Homes, Inc. (providing housing and supportive services to persons challenged with mental illness) will collaborate with Keystone Hall (providing substance abuse services to the homeless, the poor and the indigent) and Marguerite's Place (transitional housing for single women with children) to fill an unmet need in this area.

Priority 2: Marguerite's Place (Renewal) fills a gap in services to homeless women with children. This program was the first established in the State of New Hampshire to provide long term housing, with onsite day care for homeless women and children. Since inception, the New Hampshire court system has used Marguerite's Place as a placement for women coming from the prison system and wanting to be reunited with their children. Without this program, the costs for foster care would continue to rise and the positive influence of mothers with their children would be eliminated. There are over 800 women and children who have applied to live at Marguerite's Place. In the years since inception over 200 women and children have been served. If not renewed, those still waiting will not be able to access housing and a larger gap of homeless women and children will be created.

Priority 3: Keystone Hall (Renewal) provides assistance to homeless addicts and alcoholics that need help finding a job, learning basic life coping skills, finding affordable housing and maintaining a safe sober lifestyle. Keystone Hall is the only agency in Nashua that provides substance abuse services to the poor, indigent and homeless regardless of ability to pay. The loss of HUD funding would result in the creation of a significant gap in the Continuum of Care for the homeless in Nashua. The gap that would be created would leave the most desperate and vulnerable members of our community without any place to go in order to receive help for their problems with alcohol and other drugs.

Priority 4: Southern New Hampshire Services (Renewal). It is imperative for HUD to note that the gaps analysis submitted in this application reflects the Nashua Continuum of Care *with renewals in place*. Renewal of the Homeless Outreach/Case Management Project is integral to maintaining the comprehensiveness of Nashua's CoC. The project responds to the high priority given to Case Management by providing intensive case management services at the critical entry point into the Nashua CoC service system for the unsheltered homeless. The project employs aggressive street outreach, intervention and case management to the homeless, particularly those who are hard to engage. Additionally, the Homeless Outreach/Case Management Project links the homeless to emergency, transitional and permanent housing and identifies the services necessary to increase their skills, income, and self-determination, enabling them to make the critical transition from life in the streets to independent living. Loss of the project would have a devastating effect on the Continuum of Care, resulting in a failure to serve approximately 200 homeless persons per year in the Nashua area.

Priority 5: Marguerite's Place, Inc. (New). The number of homeless women and children on Marguerite's Place waiting list was close to 800. To meet this need, Marguerite's Place purchased at no cost to HUD an additional building in 1997, and added housing for 10 more people (3 adults and 7 children) on a daily basis. This proposed new endeavor will add three more units of housing for homeless people.

Priority 6: Southern NH Services, Inc. (New). This new initiative will serve as a critical entry point into the Greater Nashua Continuum of Care service system for the hard to engage unsheltered homeless. This initiative will provide services to approximately

Priority 7: HMIS (New). The project sponsor, Harbor Homes, Inc. is proposing an SSO project to implement and operate a continuum-wide HMIS system. This HMIS system will meet the HUD 2001 Appropriation that requires every jurisdiction to report client-level HMIS data within three years. In addition, a continuum-wide HMIS will make it possible to decrease the duplicative intake and assessment process resulting from multiple, non-networked service provider agencies, streamline the referral process,

coordinate case management efforts, and determine and track benefit eligibility on a per-client basis across multiple service provider entities in the continuum.

- h. Demonstrate how the project selection and priority placement process was conducted fairly and gave equal consideration to projects sponsored by nonprofit organizations. In doing so, (1) specify project solicitation efforts; (2) identify the objective rating measures applied to the projects and the participants on the review panel or committee; and (3) explain the voting system used.

(1) Specify project solicitation efforts: At the 12/8/00 and 1/4/01 general CoC meetings, the opportunity to apply to the Super NOFA was brought to the attention of all members and was posted on the CoC web page for anyone who was considering an RFP submission. At the 3/14/01 general CoC meeting all that were planning to submit proposals were requested to identify themselves and the areas of submittal. A date was selected for all agencies to present their proposals to the general Continuum. On May 2, three renewal projects, one permanent supportive housing project, a new transitional project, a new homeless outreach project, and a proposal for HMIS services were presented. All applicants distributed copies of their proposals to everyone present. The presentations were made with questions and answers following. CoC members were invited to make on-site visits to each agency.

(2) Identify the objective rating measures applied to the projects and the participants on the review panel or committee: On May 16, a special CoC meeting was held to prioritize the projects. (This date was announced at the 5/2/01 meeting, sent out on e-mail, and posted on the web page.) The review panel consisted of the CoC members attending the May 16, 2001 meeting. The review panel unanimously agreed that the objective rating measures would be determined from the gaps identified in the Gaps Analysis Chart.

(3) Explain the voting system used: At this special meeting there was discussion regarding the voting process for prioritizing the proposals, the concern for supplemental funding, and the HUD-funding guidelines. It was agreed that two representatives from each agency would vote; individual community members would also have a vote. An agreement was unanimously reached that a ballot voting process was not necessary on the First Priority, as there was only one project for the \$500,000. (A verbal vote was taken and unanimously approved.) There was discussion and unanimous approval that the three renewal projects should be ranked as the 2nd, 3rd, and 4th Priorities by a ballot vote. With no further discussion, the ballots were distributed and then tallied. The *renewal* proposals were prioritized as follows: Marguerite's Place, Inc. – 2nd, Keystone Hall – 3rd, Southern NH Services, Inc. – 4th.

Ballots were then distributed and tallied to rank the remaining proposals competing for supplemental monies. These proposals were ranked as 5th and 6th Priority. The results were as follows: Marguerite's Place, Inc. – 5th, Southern NH Services, Inc. – 6th.

It was unanimously decided that the HMIS proposal would be ranked as the last Priority to prevent it from competing with funds that could be used to directly benefit the homeless.

5. Supplemental resources.

- a. Fill out the **Continuum of Care Project Leveraging** chart.

Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *(This entire chart will only count as one page towards the 25 page limitation.)*)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
3	Example Sarah's House	Child Care	Spotsville Co. Department of Social Services	\$10,000
1	Collaborative Supportive Permanent Housing Program (CSPHP)	Medicaid	Federal/State	\$120,717
1	CSPHP	Client Rent	Harbor Homes, Inc.	\$ 80,640
1	CSPHP	Case management	Marguerite's Place, Inc.	\$ 10,000
1	CSPHP	Day care services	Marguerite's Place, Inc.	\$ 20,000
1	CSPHP	Transportation, supplies, medical, psychological support	Marguerite's Place, Inc.	\$ 5,000
1	CSPHP	Cash-fundraising United Way	Keystone Hall	\$ 15,000 \$ 20,000
1	CSPHP	Substance abuse counseling/treatment/ Case management	Keystone Hall	\$ 32,000
1	CSPHP	Transportation	Keystone Hall	\$ 5,000
2	Marguerite's Place, Inc.	Repairs/maintenance	Danny Ryan	\$ 20,000
2	Marguerite's Place, Inc.	Strategic planning	Covenant Health Systems	\$ 5,700
2	Marguerite's Place, Inc.	Repairs/maintenance	Grace Lutheran Church	\$ 10,000
2	Marguerite's Place, Inc.	Employment/ education	Nashua Soup Kitchen & Shelter	\$ 10,000
2	Marguerite's Place, Inc.	Plumbing/maintenance	Dave Guay	\$ 10,000
2	Marguerite's Place, Inc.	Case management	Donor asked to remain anonymous	\$ 15,000
2	Marguerite's Place, Inc.	United Way Programs	United Way	\$ 35,000
2	Marguerite's Place, Inc.	Child care	State of NH (Title XX)	\$ 40,000
2	Marguerite's Place, Inc.	Day care	Maryann Archer	\$ 4,140
2	Marguerite's Place, Inc.	Cash	Hoe-Down Event	\$ 712
3	Keystone Hall	Case management	Division of Alcohol & Drug Abuse Prevention & Recovery	\$ 44,205
3	Keystone Hall	Substance abuse treatment	Division of Alcohol & Drug Abuse Prevention & Recovery	\$ 44,205
4	Homeless Outreach	Cash	Southern NH Services, Inc.	\$ 24,734
5	Marguerite's Place, Inc.	Apartments	Marguerite's Place, Inc.	\$ 150,000
5	Marguerite's Place, Inc.	Furnishings	Marguerite's Place, Inc.	\$ 5,000
5	Marguerite's Place, Inc.	Computers, office supplies, etc.	Marguerite's Place, Inc.	\$ 8,000
6	Homeless Outreach	Cash	Southern NH Services, Inc.	\$ 28,044
7	HMIS	Cash (3 years)	Harbor Homes, Inc.	\$ 85,440

- b. Describe your Continuum of Care-wide strategy to coordinate homeless assistance with each of the following mainstream health, social service, and employment programs: Medicaid, State Children's Health Insurance Program, TANF, Food Stamps, and service funding through the Mental health and Substance Abuse Block Grant, Workforce Investment Act, and the Welfare-to-Work Grant Program.

The strategy should, at a minimum, provide for the systematic identification and enrollment of homeless persons eligible for these programs.

The following describes the Greater Nashua CoC strategy used to coordinate homeless assistance with mainstream resources: Via community outreach workers, other service providers, or self-referral, homeless individuals are able to access emergency shelters. Outreach workers also link individuals to the services listed above by providing transportation, information, and referrals.

Once homeless persons enter a shelter, the shelter provider assists in developing an individual plan to identify and meet their needs. For example, an individual identified with a mental illness may be connected to the local mental health center, assigned a case manager, and assisted in applying for entitlements such as Social Security benefits and food stamps. The shelter providers work closely with other service providers to facilitate proper service delivery of mainstream resources to access employment, education, training and other basic needs.

Once connected to mainstream resources, the homeless individual/families are then linked, through a caseworker, to transitional housing, when appropriate and available. These programs provide long-term but temporary housing, and intensive case management.

Once permanent housing has been located, case management services may continue, if appropriate, to be provided to ensure continued success and prevent a return to homelessness.

Program	Coordination of Assistance to Homeless Persons
Medicaid	Staffs in CoC agencies assist clients in procuring benefits. Assistance takes different forms among the individual agencies and can include help with completing applications, transportation to eligibility appointments, co-pay for medication costs, and other individualized assistance as needed. State of NH receives waiver for low-income families and seeks to ensure that all eligible enrollees are covered through Medicaid program. Several CoC provider agencies are directly reimbursed through Medicaid for services provided to eligible clients.
State Children’s Health Insurance Program	CoC agencies submit referrals, provide advocacy and application assistance to eligible clients. Transportation and medication costs are available to eligible children.
TANF	Funds go directly to families in homeless shelters and/or transitional housing programs and are used toward rent payments when applicable. Staff in CoC agencies provide support to families receiving TANF by assisting with application process, help with maintaining benefits, and addressing individual needs of families.
Food Stamps	Food Stamp funds are vendored directly to clients. Staff in CoC agencies assist with referral, application process, budgeting of benefits.
Mental Health and Substance Abuse Block Grant	Federal funds are allocated to the State of New Hampshire, then distributed to appropriate CoC agencies operating programs for individuals with dual diagnosis. Staff from CoC agencies offer help with affordable housing, daily living skills training, childcare, and other needs as determined by individual clients.

Program	Coordination of Assistance to Homeless Persons
Workforce Investment Act (WIA)	<p>The Job Skills One-Stop Career Center system mandated by the WIA of 1998 centralizes employment services available to clients. Assistance by staff of CoC agencies is available with application process, transportation, affordable housing, budgeting, childcare, and referrals to other agencies as needed.</p> <p>CoC member agencies continue to participate on local I-team (Implementation Team Committee of NH Employment Services)</p>
Welfare to Work Grant Program	<p>The NH Unified State Plan coordinates the state's workforce development programs, which have the common goal of integrating the needs of job seekers and businesses. The NH Employment Program in turn coordinates the services to welfare recipients, with one local CoC agency implementing these services. Other local CoC agencies support the delivery of these services through referrals, assistance with application process, transportation, child care, budget management, and other individualized needs as determined by the clients and their case managers.</p>

- c. Using the format below, describe how non-McKinney Act resources, other than those listed in 5(b) are currently being used to assist homeless persons. Do **not** include the McKinney Act dollars claimed on your leveraging chart. Non-McKinney Act resources may include the Community Development Block Grant (CDBG) program, HOME, Section 8 rental housing, public housing, other Federal funds such as HHS and the Department of Labor resources, State assistance or housing programs, city or county funds, private funds, foundation grants. **(Please ensure that there is no overlap between the funds listed on Project Leveraging Chart and the non-McKinney Act resources given below.)**

<u>Mainstream Resources</u>	<u>Use of Resources in CoC System</u>	<u>\$ Amount or number of units/beds provided for the homeless</u>
<u>CDBG</u>	Emergency winter beds	\$ 5,000
	Primary health care services	\$ 47,000
	Funding assistance for permanent affordable housing	\$ 91,000
	Funding assistance for supportive services and child care	\$ 38,730
	Capital improvement	\$ 45,000
	Outreach to Hispanic	\$ 18,000
	Funding assistance for supportive services/affordable permanent housing	\$ 50,000
	Funding assistance for playground/day care	\$ 23,000
	Funding assistance for emergency shelter for homeless persons with substance abuse	\$ 5,000
	Funding assistance for supportive services	\$ 26,000
	Funding for office renovations	\$ 3,020
	Capital renovations to family shelter and transitional housing	\$ 8,000
	Operating for Shelters	\$ 4,500
<u>HOME</u>	Funding assistance for permanent affordable housing	\$ 900,000
<u>Section 8</u>	Permanent supportive housing and case management	\$ 146,200/40 beds
<u>Public Housing</u>	Drug elimination, prevention, programming	\$ 17,505
<u>Other Federal</u>		
Center for Disease Control	AIDS Prevention Outreach Grant – Outreach and counseling to homeless and at-risk of homelessness HIV infected persons	\$ 128,000
USDA - Title XX	Food, day care, prevention programming	\$ 322,823
McKinney Act	Transitional housing/Prevention of homelessness	\$ 11,000
PATH Program	Identification, outreach, and referral for homeless	\$ 53,000
FEMA	Food for food pantry, shelter, and soup kitchen	\$ 18,631
HUD-Drug Elimination	Smart Moves Alcohol/Drug	\$ 5,000
HUD – ED 8 Special Programs	Funding assistance permanent affordable housing and merger expenses	\$ 69,375
Dept. of Labor	Funding for welfare to work	\$ 44,460
Dept. of Agriculture	Funding assistance for food	\$ 4,550
Emergency Food Assistance Prog. (EFAP)		
Dept. of Agriculture	Funding assistance for food	\$ 20,500
Commodity Supplemental Foods Program (CSFP)		

<u>Mainstream Resources</u>	<u>Use of Resources in CoC System</u>	<u>\$ Amount or number of units/beds provided for the homeless</u>
Other Federal (continued) S.B. McKinney	Emergency shelter funds	\$ 20,000
Department of Justice Bureau of Justice Funds NH's share of Federal funds	Adult education, family literacy, ESL, USDA food program for child care, subsidy for child care, abuse prevention Victims of Crime Act Youth development program – prevention Rape Block Grant Family Violence Prevention Services Act	\$ 885,815 \$ 146,400 \$ 250,000 \$ 15,271
Other Federal/State Grant-in-Aid Division of Alcohol & Drug Abuse Prevention and Recovery Division of Foods & Nutrition	Admin/Operation, food, Transportation, General Evening supper program	\$ 412,000 \$ 25,000
State NH Department of Health and Human Services Department of Health & Human Services Division of Health & Human Services Governor's Safe & Drug Free Schools Department of Education, Justice, Labor NH Division of Behavioral Health NH Division of Developmental Services State Diversion Funds/ Hillsborough County Shelter Grant-in-Aid Grant-in-Aid Grant-in-Aid General Funds NH Dept. of Housing & Homeless Bureau of Substance Abuse Services Division of Behavioral Health Bureau of Substance Abuse Services	Medicaid – Enable wheelchair accessibility Funding for child care Mary's House-permanent housing Teen youth program – prevention Prevention programming Medicaid match Home modifications Outreach initiative – prevention Shelter and transitional housing operation Transitional housing operations Funding for emergency assistance – food, rent, utilities Gathering Place, Inc. (consumer-operated social club) operations All supportive services Teen Theater Revolving loan fund to help establish tenancy Counseling for pregnant women	\$ 26,445 \$ 30,000 \$ 21,400 \$ 20,000 \$ 82,025 \$ 648,450 \$ 40,000 \$ 15,000 \$ 105,000 \$ 15,000 \$ 5,000 \$ 95,000 \$ 40,000 \$ 6,663 \$ 10,000 \$ 71,715 (both programs)

<u>Mainstream Resources</u>	<u>Use of Resources in CoC System</u>	<u>\$ Amount or number of units/beds provided for the homeless</u>
<u>State (continued)</u>		
Bureau of Maternal & Child Health	Parenting support for pregnant/parenting teens	\$ 381,671
	Reproductive health/prenatal care	\$ 117,000
Title XX Funding	Intra-drug users, HIV positive ethnic minorities	\$ 163,000
Domestic Violence Grant Program	Child care for low income	\$ 45,606
Emergency Shelter and McKinney Funds (combination)	Crisis intervention, court advocacy, education, shelter	\$ 20,498
	Operating funds for emergency shelter	
<u>City/County</u>		
Hillsborough County	Teen Clinic-reproductive health mental health counseling	\$ 45,000
6% Incentive Fund		
Hillsborough County	5% Incentive Program – Transitional Housing	\$ 30,000
City of Nashua	505 – Security deposit pool,	\$ 18,500
	Transitional housing operation	\$ 23,000
City of Nashua	City Welfare Funds – food, medicine, fuel assistance, rent payments, shelter, maintenance, diapers and burial	\$ 500,000
City of Nashua	Crisis intervention, shelter, administration	\$ 24,000
City of Nashua	Education for Teen Dropouts	\$ 100,000
	School to Work/Child Care (low income)	\$ 50,000
City of Nashua-505 funding	Operating costs for emergency shelters	\$ 55,658
		\$ 22,500
Local CoC towns	Crisis intervention, shelter, administration, court advocacy, education	
Town of Hudson	Shelter and transitional housing operation	\$ 5,000
Local CoC towns	Supportive services	\$ 3,000
<u>Private</u>		
United Way of Greater Nashua	Family Support Program – homeless prevention; wheelchair adaptation to continue to live in home	\$ 10,000
	Permanent supportive housing and case management for Mary’s House	\$ 69,000
United Way of Greater Nashua	Mary’s House	\$ 21,000
United Way of Greater Nashua	Transportation/Education/Teens/After School	\$ 105,000
United Way of Greater Nashua	Funding assistance for supportive services/ permanent affordable housing	\$ 10,000
United Way of Greater Nashua	Child care for low income parents and job training scholarships	\$ 135,000
United Way of Greater Nashua	Primary health care	\$ 65,000
United Way of Greater	Gathering Place (consumer-operated	\$ 23,000

<u>Mainstream Resources</u>	Use of Resources in CoC System	\$ Amount or number of units/beds provided for the homeless
Nashua United Way of Greater Nashua	social club) Emergency shelter operations Homeless prevention Outpatient services Crisis intervention, court advocacy, education, shelter, administration Emergency assistance program – back	\$ 19,000 \$ 6,500 \$ 25,000 \$ 39,275 \$ 30,000
<u>Foundations</u> Grants, United Way Barker Foundation Children’s Trust Fund Ella Anderson Trust Million Dollar Roundtable New Hampshire Bar Foundation/Justice Grant NH Housing Futures Fund Community Development Finance Authority Foundations	Prevention programming, day care General operating expenses Parent/child playgroup New bunk beds at shelter, education Computer equipment and software Education, court advocacy Funding assistance permanent affordable housing Assistance with operations, food pantry, transitional housing, emergency assistance	\$ 534,189 \$ 10,000 \$ 3,500 \$ 2,400 \$ 5,000 \$ 5,000 \$ 40,000 \$ 17,500
<u>Other</u> Surrounding Towns In-Kind Donations Neighborhood Reinvestment Corp. LIHTC-NHHFA In-kind donations	Goods Goods & Services Funding assistance permanent affordable housing/low-income home ownership Funding assistance permanent affordable housing Dentists, furnishings, food, gifts for the holiday season	\$ 3,000 \$ 260,663 \$ 35,000 \$1,745,969 \$ 20,000

6. **Bonus for Empowerment Zones (EZ) and Enterprise Communities (EC).**
Not applicable.

7. **Homeless Management Information System (HMIS), (Non-scoring section) [Your response to this item will not count towards your 25 page limitation.]**

a. HMIS can enable homeless service providers to collect uniform information about clients over time. This information can help to improve services and planning as well as to more accurately determine the size, characteristics and needs of a community’s homeless population. Please inform us about efforts of your continuum to implement an HMIS, by checking which one of the following best reflects the status of your CoC in having a continuum-wide, client-based HMIS (see Section P of the “Questions and Answers” supplement to the application before completing):

- The CoC has not yet considered implementing a HMIS.
- The CoC has been meeting and is considering implementing a HMIS.
- The CoC has decided to implement a HMIS and is selecting needed software and hardware.
- The CoC has implemented a continuum-wide HMIS.
- The CoC is seeking to update or change its current HMIS.
- The CoC is seeking to expand the coverage of the current system.

b. **If your CoC has already implemented a HMIS**, identify in the table below how many of the Current Inventory Beds/Units listed on your Gaps Analysis chart are included in the CoC's HMIS:

Current Inventory Beds/Units in HMIS		
	Families	Individuals
Emergency Shelter	_____	_____
Transitional Housing	_____	_____
Permanent Supportive Housing	_____	_____