

GNCoC General Committee Meeting

October 4, 2023

9 am – 10:30 am

Minutes:

1. Welcome and Introductions

- a. Wendy LeBlanc began the meeting at 9:01 am, and led attendees in introductions.

2. Approval of the September General Committee Meeting Minutes

- a. Wendy LeBlanc asked for a motion to approve the September Minutes. The motion was made by Mike Apfelberg, and seconded by Bob Mack. The motion passed unanimously.

3. HOME-ARP Program Presentation

- a. Presented by Julian Long, Urban Programs Manager from City of Nashua
- b. HOME-ARP Program is funded by American Rescue Plan
- c. Overview of Funding
 - i. Nashua received 1.6 million; it is one time, limited funded that must be expended by September 2030.
 - ii. The majority of this funding is designated for the creation of affordable rental housing (1million of the 1.6 million). Smaller funds are available for nonprofit capacity building, supportive services, and more.
- d. Qualifying Populations
 - i. The difference between regular HOME and HOME-ARP funds are the qualifying populations restrictions. For HOME-ARP funds, populations must fit into one of four categories:
 1. Homeless; per McKinney Vento definition: *an individual or family who lacks a fixed, regular and adequate night time residence. An individual or family who will imminently lose their primary nighttime residence and meet the criteria noted at 24 CFR 91.5. Unaccompanied youth under 25 years of age or families with children and youth who would not otherwise qualify under criteria above but meet the definition of homelessness.*
 2. At Risk of Homelessness; per McKinney Vento definition: *extremely low income under 30% AMI, does not have support networks to prevent them from moving into shelter, and meets one of these conditions.*
 3. Fleeing/Attempting to flee domestic violence, dating violence, sexual violence or trafficking; per McKinney Vento definition: *an individual or family who is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous our life-threatening conditions that relate to violence against the individual or a family member.*
 4. Other populations for whom supportive services would prevent homelessness or serve those at greatest risk of housing instability;

per McKinney Vento definition: *requiring service or housing assistance to prevent homelessness, who have previously been qualified as “homeless” as defined in 24 CFR 91.5. Are currently housed due to temporary or emergency assistance, or who need additional housing assistance or supportive services to avoid returning to homelessness.*

- ii. For eligibility, annual income is <30% AMI are experiencing severe cost burden (paying more than 50% of monthly household income toward housing costs) OR Annual income is 50% AMI and meets one of the conditions in paragraph (ii) or “At risk of homelessness” definition at 591.5.
- iii. City of Nashua chose to qualify Homeless or At Risk of Homelessness in their allocation prioritization of HOME - ARP funds.
- e. What can the money be used for?
 - i. Per the grant: Administration and planning, production or preservation of affordable housing, tenant based rental assistance, nonprofit operating and nonprofit capacity building, purchase and or development of non-congregate shelter, supportive services, homeless prevention services, and housing counseling.
 - ii. Nashua chose to prioritize all these options except for non-profit operating and purchase and or development of non-congregate shelter.
 - iii. Production and preservation of affordable housing means construction of new rental housing units, acquisition of existing housing units, reinvest of existing affordable housing with the goal of serving lower incomes
 - iv. Nonprofit capacity building – to be eligible for nonprofit capacity building funds, an agency must also be undertaking a rental housing development project. The amount of funds available for nonprofit capacity building is capped at 5% of the total grant award.
 - v. Tenant based rental assistance (TBRA) – assist qualifying households with payments for housing related costs.
 - vi. Supportive services – for qualifying individuals, separate activity or in combination with one HOME ARP activity. Not already receiving elsewhere. See list of McKinney Vento list of supportive services for qualifying activities.
 - vii. Application cycle to be announced soon!
 - viii. Please see Julian’s attached presentation for more details.

4. **October Presentations: Equity and Serving Diverse Presentations**

- a. Serving clients who identify as LGBTQIA+ - presented by Wendy LeBlanc, Harbor Care
 - i. LGBTQIA+ Terminology:
 - 1. Lesbian
 - 2. Gay
 - 3. Bisexual

4. Transgender
 5. Queer/Questioning
 6. Intersex
 7. Asexual
 8. + holds space for the expanding and new understanding of different parts of very diverse and sexual identities.
 9. Current most inclusive acronym is LGBTQQIP2SAA
- ii. Sex Assigned at Birth
 1. A term referring to how a person is most often assigned a sex at birth (male, female, or intersex based on their external genitalia)
 2. Intersex is an umbrella term for differences in sexual traits or reproductive anatomy. 1.7% of the population are intersex at birth.
 - iii. Gender identity
 1. One's innermost concept of self as man, woman, a blend of both or neither.
 2. This is how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from the sex assigned at birth. This includes physical expressions as well as names and pronouns.
 - iv. Sexual Orientation
 1. A term that describes a person's emotional, romantic, physical and or sexual attraction to people of a specific gender or genders.
Sexual Orientations can include:
 - a. Straight/Heterosexual
 - b. Gay/Lesbian/Homosexual
 - c. Bisexual
 - d. Pansexual
 - e. Asexual
 - v. Asking clients about their sexual orientation
 1. Set the stage at the beginning of the intake process.
 - a. Before you ask any questions simply state "I will be asking lots of questions to get to know you so that I can provide the best services possible. IF you are uncomfortable answering any of them, please just say so and we can move on."
 2. Ask just like you would any other question.
 - a. ask clients about sexual orientation in a kind and non-judgmental way, in the same way you ask about race and country of birth. No need to act like it is as secret. This helps to destigmatize it.
 3. What about gender identity?
 - a. If you need to collect data on gender identity, ask 2 questions:

- i. What sex were you assigned at birth?
 - ii. What is your current gender identity?
- vi. Things to remember –
 1. Sexual orientation and gender identity are two separate and distinct parts of who we are as individuals.
 2. Use your own pronouns whenever meeting someone new and consider adding your pronouns to your email signature and screen name for zoom meetings. This acts as a silent message to transgender or gender nonconforming clients that you are an ally!
 3. LGBTQIA+ individuals are more likely to encounter stigma and discrimination, as well as an increased risk for physical and emotional health challenges.
 4. Transgender individuals have higher prevalence of HIV, mental health issues, and victimization
 5. Services should be provided without clients being subject to intrusive questions or being asked to provide documentation of genders.
 6. Facilities are prohibited from segregating based on gender identity
 7. Fair housing act protections from sex discrimination include sexual orientation and gender identity. See full document from HUD for more information.
- b. St Joseph Hospital Mobile Health Clinic – Rosemary Ford, Mobile Health Clinic Manager
 - i. Mobile Health Clinic is parked today at the Day Café on Main Street!
 - ii. The Mobile Health Clinic does community outreach 4x a week at various locations. Their staff includes 3 NPs, 2 RNs, 1 midwife, 3 drivers, 2 patient service reps, and 1 medical director.
 - iii. Caring for the community via:
 1. Non-urgent, walk-in care
 2. Collect insurance info but if don't have insurance, have free care applications.
 3. Point of Care testing (Covid, Flu, HIV, STI, Pregnancy)
 4. Vaccines
 5. Blood pressure clinics
 6. Nutrition and BMI
 - iv. Who we are partnering with? Girls Inc, Nashua Adult Day Health, Bridges, YMCA, ARC Boys and Girls Club, and more; attendance at community events and festivals.
 - v. Culturally Aware Care – everyone is cared for here. Rigorous DEI training for all staff to ensure patient connection, trust, respect, enhanced data collection, reduction in medical error, and safety
 - vi. Rosemary shared an example of recent Culturally Aware Care via the connection they have built with the Greater Nashua Chinese Bible Church.

They met using interpretation, and saw that there was a need for the Mobile Health Clinic for attendees of the church. They started building the relationship by attending the church's Chinese New Year event hosted at the YMCA. Since then, they now have a regular presence at the church, and are hosting vaccine clinics and blood pressure checks. They are ramping up to provide another clinic next month. Rosemary shared that this relationship was not built overnight, but took time to build trust. Eastern and Western medicine have different philosophies and an important part of successfully building this relationship was not just showing up and making assumptions. It's also important that education is available in a language that folks can read and to have an interpreter present, which helps with cultural mediation between clinical staff.

- vii. Their provider approach includes being flexible/open to unfamiliar attitudes, beliefs, values, practices, and behaviors. They have patient centered/tailored treatment plans.
 - viii. They have an emphasis on "meeting people where they are"; patients are more likely to comply with healthcare directives, seek out preventative care, and follow medication regimen when they are met with sidebar conversations, language access, connected through community partnerships, provided with resources, and met with consistency.
 - ix. School Aged Children – The Mobile Health Clinic has a 3-year contract with the Nashua School District. They provide physicals to at risk populations, and partner with pediatrics for vaccine catch up. They provide care kits, stuffed animals, and ice breakers. They team with school social workers and community resources, and present at title one school orientation days.
 - x. Women's Health – They participate in United Way community baby shower, work with Bridges, Girls Inc. Example of Women's Health offerings available include doppler, pregnancy/Hep C/HIV Testing, pelvic examinations.
 - xi. LGBTQ + health – participate in Nashua Pride festival. Their team is trained to provide culturally aware and feedback to folks, and they ensure that they have visuals that show that they are LGBTQ+ friendly
- c. NH Catholic Charities Programs – presented by Meagan Silva and Claudia Lopez
- i. Catholic Charities NH is a nonprofit that has been serving the state for 75 years. Regardless of faith, background or immigration status, individuals can access wide range of services.
 - ii. Different programs including counseling, shelter for mothers and children, senior support services, veteran services, parenting and pregnancy education, immigration services, run the NH Food Bank, and special ed for children.
 - iii. Immigration and legal services have been accredited by DOJ since 1994. Do not have immigration status requirement for legal services.

- iv. Have supported 600+ immigrants in last year with 250+ new cases this year.
 - v. No longer a refuge resettlement location, but still assists refugees in getting their green card and to establish status in US.
 - vi. The team mostly works on family reunification and supporting victims of crime.
 - vii. Also have *Our Place* – which provides pregnancy and parenting support. 70% of clients are immigrants. Programming goes over what to expect during pregnancy, how to care for an infant, childhood safety. A way to support this program is diaper/wipes drive. They can provide “baby baskets” for displaced mothers, providing diapers, wipes, formula, and other supplies.
 - viii. Mental health counseling – makes counseling services more accessible. Sliding scale based on income so you can receive assistance for free if you do not have an income. Long waitlists, especially post pandemic.
 - ix. Community service outreach handles case management, financial literacy, online support groups and community referrals.
 - x. NH Food Bank – run by Catholic Charities, in 2022 donated 16.2 million lbs. of food.
- d. LGBTQIA+ Support Group
- i. Bridges and Arlington St Community Center are running an Adult LGBTQIA+ Support Group. It begins in October.
- e. Public Health Equity Overview – Serving Diverse Population; Iraida Munoz – Equity Officer
- i. Mission of Nashua Public Health: to promote, protect and preserve the health and wellbeing of the GNPB region through leadership and community collaboration
 - ii. Accredited as Public Health Department, serve as leading public health strategist; first department accredited in NH. Provide range of direct services and engage partners in initiatives.
 - iii. Community Services include the Community Health Assessment, Community Health Improvement Plan, Epidemiology, Health Promotion and Education, Public Health Emergency Preparedness, Strategy and Systems services, Substance Misuse Prevention, Substance Use Disorder Continuum of Care
 - iv. Health Equity Officer role –
 1. diversity, equity and inclusion thought leader of the Strategic Leadership team to ensure upstream factors related to addressing disparities are met across all levels.
 2. New regional equity work group was created as part of our strategic plan.
 - v. Diversity Cultural Competence Workshop

1. In person, interactive experiential training that allows participants to explore the concepts of diversity and culture, and recognize personal values, beliefs, and biases.
 2. Right now, the DPHCS is offering this workshop once a month and free of charge for our regional partners and community.
- vi. Community Health Workers
1. Nashua Public Health Community Health workers include Yiraima Castillo, Abimana Ngira, Silvia Petuck, Moana King, Luis Porres, Joshua Castro, Heather Haines
 2. Speak 8 languages amongst the group!
 3. What they do as Community Health Workers – boots on the ground every day of every week trying to talk to the community, building trust, having conversations. From that, they see increased access to community services. Currently focusing on those experiencing homelessness in encampment. Ensuring that they can help them meet needs that they might have, listen to them, and hopefully offer a solution at the end.
- vii. Community Health Clinic – 18 Mulberry Street
1. Clinic is open to the public and primarily serves uninsured individuals in the Greater Nashua region.
 2. Schedule an appointment by calling 603-589-4500 option 2
 - a. Tuesdays/Immunizations and Child Lead Testing/ 4-7 pm
 - b. Thursdays/ Sexual Wellness Clinic/ 3-6 pm
 - c. Fridays/ Immunizations and Child Lead Testing / 9 am – 12 pm
- viii. Mobile Clinics
1. SSANA – Mondays/ 10 am – 12 pm / Nashua Public Library - Parking lot (2 court Street)
 2. SSANA / Wednesday 2- 4 pm – Nashua Public Library Parking Lot
 3. Sexual Wellness Services – 1st Wednesday of Month – Nashua Public Library Parking Lot
 4. Sexual Wellness Services – 2nd and 4th Friday of the Month – 1:30 – 3:30 pm Laton House (28 Railroad Square Nashua NH)
- ix. Contact Information
1. Iraidia Munoz, Public Health Equity Officer,
Munoz@nashuanh.gov
 2. Nelly Gachochu, Trilingual Community Health Worker,
gachochun@nashuanh.gov
 3. Luis Porres, Bilingual Community Health Worker,
porresl@nashuanh.gov
- f. NH Department of Health and Human Services presentation by Germano Martins
- i. Germano Martins, State Repatriation Coordinator; Coordinator for Rapid Response for workers when Businesses Close Down (5 depts attend); 36+

years in DHHS in community relations, housed in the office of Health Equity for DHHS

- ii. The mission for the department of Health and Human Services is to provide opportunities for individuals to access health and independence
- iii. The Office of Health Equity is focused on ensuring that all populations have access to all programs and services. Beyond access, making sure they are adequately utilizing them. Focus on Ethnic populations, LGBTQIA+ populations, Elderly populations, Disabled population. Beyond just providing interpretation. Example: someone can speak and communicate in English, but can't read. This is an access issue. Some people can read but cannot understand.
- iv. Germano showed the accessibility bar on the top of the DHHS website – change text size, change site language, search the site, accessibility. Site Language – 80+ options
- v. Germano shared about the Diversity, Culture and Inclusion policies of the DHHS, which can be found on their website.
- vi. If someone needs to complain about access related to identity, they can call the Ombudsman's Office at 603-271-6941
- vii. For support accessing resources (Where are my food stamps? Why isn't my case open?) call 603-271-9700
- viii. Refugee Facts – Refugees are people who have been forced to flee their home countries because of persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a particular social group. Persecution could be physical violence, harassment and wrongful arrest or threats to their lives.
- ix. If a person comes in as a refugee and are disabled they are able to apply for SSDI. This case has an end date as a refugee of 5 years from opening, unless the person establishes American Citizenship. They can apply for APBD Medicare Program if citizenship does not come through within the five years, which provides alternative coverage if SSDI falls through.
- x. NH Refugee Resettlement – majority in Manchester and Concord. Ascentria and International Institute are the two major resettlement agencies in city.
- xi. Refugees maintain a high level of employment once resettled, in the 80% or higher.
- xii. To apply for assistance, go to the NH Easy website
- xiii. To contact the Office of Health Equity, call 603-271-3986 or email healthequity@dhhs.nh.gov

5. **YHDP Funding Update** - presented by Mike Apfelberg

- a. The GNCoc received a grant from HUD for our youth homelessness efforts in the community of \$1.25 million. It is an interesting grant and out of character for HUD; you get funding without the definition of what the funds will be used for.

- b. The 1.25 million is to be spent over three years. Initially the project is primarily driven by our Youth Action Board (HEAL), made up of youth with lived experience of homelessness. They come up with a project plan for implementation in the ensuing two years. It is currently undefined what we will actually be using that funding for. That will be vetted out in next 6 months or so.
- c. To get involved, join the youth subcommittee meeting. Meet the first Thursday of the month by zoom (which is tomorrow!). If you can, connect with Kathy Farland from Stepping Stones for more information.

6. Capacity Updates

- a. Due to limited time, only organizations with announcements shared.
- b. Mark Perkins from Southern NH Rescue Mission has 5 openings for men.
- c. Bridges shared they have an emergency bed available.

7. Other Announcements

- a. Jane Goodman from NSKS shared that tomorrow October 5 from 9 am – 12 pm. at Nashua Public Library there is a forum on transportation accessibility in Nashua called “Driving Transportation Together.”
- b. Jane Goodman shared that the NSKS Dinner Auction is November 4th, and she would love for community partners to join them.
- c. Wendy LeBlanc shared that next month’s meeting topic is special accommodations for folks who are hearing impaired, sight impaired, disabled, elderly, or other. Please reach out to Wendy if you are serving that population and would like to present.
- d. Tom Lopez shared that the Employment Committee meetings are moving to the end of the month, and the next meeting will take place on October 25 at 9:30 am at the Nashua Public Library. They are beginning a partnership with the Chamber of Commerce.
- e. Tom Lopez shared that the Main Street Community Watch will take place on October 18 at 9 am at Caribbean Breeze. He invited community partners to join.
- f. Donna Marceau shared that Octobre is Community Transportation Month in NH. On October 25 there is a Cultural Connections meeting discussing transportation for immigrants. Contact Donna for more information.
- g. Wanderlust Therapeutic Services shared that they have immediate openings for counseling for people ages 13+, and that they take Medicare products. Please refer clients!
- h. Germano Martins from DHHS shared that they are conducting an assessment about NH Easy accessibility and they will be looking to interview providers/clients. Please look out for that in the future.
- i. Iraida Munoz shared that the Nashua Candidate Forum is happening at the Nashua Public Library next Thursday October 12 from 6:30 – 8:30 pm.

8. Adjournment

- a. Wendy LeBlanc adjourned the meeting at 10:28 am.