

**Coordinated Community Plan
To End Youth Homelessness
In Greater Nashua, New Hampshire**



May 2024

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BACKGROUND & ACKNOWLEDGEMENTS

The Greater Nashua Continuum of Care has served the needs of our local homeless and housing insecure neighbors for many years. We take a systems approach to addressing and reducing homelessness throughout the region. In 2017, we began to look more seriously at the more specific subpopulation of youth and established a strong Youth Committee as a standing committee of our COC.

Coming out of our standing committee were greatly improved relationships between youth providers, including our traditional housing partners, our public health office, our public school district, our children's home, our community college, and other partners such as United Way and our youth organizations. This commitment to "collective impact" has yielded many positive results, including a trial establishment of a youth transitional housing program.

In order to continue moving this work forward, the COC ventured to apply for YHDP funding to dramatically move ahead. In 2023, on our second attempt, we were awarded the YHDP grant. We have applied for this grant with the knowledge and expectation that we can use it as a platform to further build and invest in systems to support the youth of our community who are experiencing housing insecurity. This is done with a particular emphasis on the extreme lack of affordable housing in our community. Vacancy rates in the community are typically less than 0.5%, and monthly rentals for one bedroom apartments are usually in excess of \$1,500, far beyond that which is attainable for a low income young person working to establish themselves on the path toward economic stability.

Bearing these factors in mind, we are grateful to HUD for this YHDP grant opportunity and look forward to the day when all youth in our community are safely housed as a matter of course, rather than as a matter of exception, which is too often the case these days.

In the immortal words of Mister Rogers, "There's a world of difference between insisting on someone's doing something and establishing an atmosphere in which that person can grow into wanting to do it."

ACRONYMS

- BIPOC – Black, Indigenous, and people of color
- CoC – Continuum of Care
- CCP – Coordinated Community Plan
- DCYF – Division for Children, Youth and Families
- FUP – Family Unification Program
- FYI – Foster Youth to Independence
- HEAL – Homeless Education and Advocacy League (the Greater Nashua YAB)
- HMIS – Homeless Management Information System
- HUD – Department Of Housing & Urban Development
- LGBTQ+ – Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, plus
- RA – Rental Assistance
- TA – Technical Assistance
- YAB – Youth Action Board
- YHDP – Youth Homelessness Demonstration Project
- YYA – Youth and Young Adults
- RA – Rental Assistance

STATEMENT FROM THE YOUTH ACTION BOARD (YAB): HOMELESS EDUCATION & ADVOCACY LEAGUE (HEAL)

The youth advisory board for Nashua has been heavily involved in the YHDP process. Members of HEAL have attended weekly YHDP meetings such as the Project Management Meetings and Planning Meetings, including any training provided throughout this process. HEAL has weekly meetings to discuss YHDP and COC meetings and what has been happening. They also attend monthly COC meetings, such as the General Committee, and one member goes to the Executive Committee meetings.

MISSION & VISION STATEMENT

The Greater Nashua Community, including all of the partners represented in our Continuum of Care, is committed to addressing and ending youth homelessness. To that end, we have adopted the following Mission and Vision Statements as part of our COC response.

Our Vision

We will have a system, designed in partnership with youth, which ensures that youth experiencing housing insecurity will have access to supports necessary for long term, self-defined success.

Our Mission

We believe the youth and young adults experiencing homelessness in our community are bright, caring, curious, and determined. We also believe that by providing the resources and skill-development needed, these youth can move forward with their dreams and goals.

STATEMENT OF NEED

SUMMARY: GREATER NASHUA CONTINUUM OF CARE (GNCoC)

The Greater Nashua Continuum of Care (GNCoC) comprises the City of Nashua and nine surrounding communities in Hillsborough County, including Amherst, Merrimack, Litchfield, Milford, Hollis, Hudson, Mont Vernon, Mason, and Brookline. Nashua is the largest city in the GNCoC, with a population of over 91,000 in 2021. In 2022, 6.6% of this population was living below the poverty level whereas the statewide average is 7.2%.

In Greater Nashua, youth homelessness is a serious concern. Through our Homeless Management Information System (HMIS), the community tracks 200 youth annually who are experiencing homelessness; however, researchers have suggested many more youth are likely

untracked in our community, with as many 800 individuals at risk. According to Point in Time count data (NH-502 2023), half of youth were living unsheltered (3 of 6). Populations most likely to struggle include: minors, BIPOC, LGBTQ+, and pregnant/parenting women. Through focus groups conducted as part of this needs assessment, we found that youth face many barriers to achieving housing in the current environment, even beyond affordability and the extremely competitive rental market. Current barriers include: service system complexity, transportation, limited mental health services, limited substance use treatment services, limited services for co-occurring diagnosis, limited educational resources, and high unemployment.

Despite these barriers, we believe the GNCoC can achieve progress by engaging the community to increase population-reflective case management, to adopt more youth-affirmative policies, and increasing resources for housing and other essentials.

Methodologies

Data from this report were gathered from various sources to provide as comprehensive an understanding of youth homelessness in GNCoC as possible. This analysis relies on a mixed-methods approach, reviewing existing quantitative data to estimate the extent of the issue and running focus groups for insight into the most significant barriers. Quantitative service and outreach data were from our local HMIS and the local Youth Count.¹ Qualitative data, including two separate focus groups with youth experiencing homelessness and service providers, were held with assistance of the local Youth Action Board – HEAL. The planning committee used these data to complete the below needs assessment and inform solutions.

Homelessness Among Youth

Population Characteristics: Community providers in Greater Nashua (through HMIS) track at least 200 youth escaping homelessness annually. The completeness of data is quite difficult to ascertain because so many youth are doubling up or couch surfing. National estimates indicate this number may be as high 1 in 10 youth, or 800 individuals in Greater Nashua²

Demographically (according to HMIS data), youth are most likely to be heterosexual (78%), single adults (62%), cisgender (96%, with male and female equally likely), and white (64%). These numbers indicate that certain subpopulations are at disproportionate risk, including:

- Youth who do not identify as heterosexual (estimated at 5.5% of the national population³ and 22% of the HMIS youth population)
- BIPOC (estimated at 27% of the Greater Nashua population⁴ and 36% of the HMIS youth population)

¹ [The 2022 Youth Count conducted by the Youth Success Project surveyed 139 youth from the GNCoC.](#)

² <https://www.chapinhall.org/project/voices-of-youth-count/>

³ <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>

⁴ <https://datausa.io/profile/geo/nashua-nh>

- Parenting youth (estimated at 7% of the national population⁵ and 33% of the HMIS youth populations), and
- Transgender populations (estimated 1% of the national population⁶ vs 4% of the HMIS youth population).

As to the causes of youth homelessness, this analysis concurs with the National Coalition on Ending Homelessness, which names a variety of factors--family conflict, poverty, housing instability, racial disparities, behavioral health challenges, child welfare involvement, justice involvement, LGBTQ+ identity, pregnant/parenting disability, and BIPOC identity—as intersectionality relevant factors leading to homelessness. Worth noting, according to Youth Count data, youth in GNCOC first experienced homelessness at a median age of just 16 years old.

Current Resources: The GNCOC is broad, with dozens of agencies actively working to end homelessness and serving nearly 1,000 individuals annually. Yet, in general, there are few options specific for youth, and young people report feeling uncomfortable at or all together avoiding traditional adult shelters. Some options do address youth homelessness, although these programs serve only a fraction of those seeking assistance. They include:

- Nashua’s Children’s Home offers a transitional living program (TLP), which can only accommodate 6 youth, though it is preferentially filled by youth exiting the children’s home.
- Foster Youth to Independence (FYI) or Family Unification Program (FUP) vouchers for DCYF-involved qualifying individuals (Note: Given that NH has one of the least accessible rental markets in the country, many vouchers go unused);
- Targeted non-youth housing programs, such as resources for veterans (through Harbor Care) and individuals with disabilities (through HUD COC vouchers and other community programs).

Notably, the only agency designed specifically to serve young adults with a transitional living program and a drop-in resource center closed during this planning process (March 2024). Also noteworthy are our community’s resources for youth to gain education and employment.

Current Barriers: By reviewing existing service and outreach data as well as responses of focus group participants, this needs assessment identified the following barriers to ending youth homelessness. These stand in addition to the financial barriers and costs of housing.

- **System Navigation:** Youth have incomplete knowledge of local resources. Increased case management and navigation support, especially if offered from a mentor with lived experience, would be helpful.
- **Transportation:** Many youth have no driver’s license and no capacity to attend driver’s education nor earn practice hours. Also, while the community does have public transit, it may be difficult to rely upon for purposes of getting to school or work.

⁵ <https://www.aecf.org/blog/young-parents-20152019>

⁶ <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>

- **Mental Health Supports:** Youth report high levels of anxiety, depression, and mental health issues. Unfortunately, they also report long wait times and varied experience with services. Meanwhile, local agencies report backlogs and a lack of providers for youth.
- **Substance Use and Co-Occurring diagnosis:** Relatedly, youth report the need for age-appropriate substance use resources, such as low-barrier shelters, sober houses, youth-specific outpatient programs, and residential treatment programs. Notably, many local shelters require SUD testing.
- **Limited Education:** Youth with less than a high school diploma are 3.5 times more likely to experience homelessness than those who completed high school.^{7]} This bears out in Nashua: Among those who did not graduate high school in Nashua, a staggering 24.4% experienced poverty, and based on data from the local Youth Count, 61% of the population did not receive their high school diploma.
- **Skills Gap & Unemployment:** While for many, young adulthood is a critical time to learn gainful skills, including soft skills, homelessness often prevents their development. More often, youth face unemployment (50% according to Youth Count data) and cyclic job turnover, especially when faced with transportation and mental health barriers.
- **Social & Emotional Wellness Needs:** Youth and young adults experiencing homelessness in Greater Nashua report feelings of instability, fear, and isolation. These feelings may be heightened by previous home environments and difficulties in forming new relationships.

Homelessness Among Youth Special Subpopulations

Unaccompanied Minors

The GNCoC has very limited services for minors. The median age that youth in the GNCoC first face homelessness is 16 years old. Yet, unaccompanied minors cannot access most services available to homeless youth; oftentimes, minors avoid shelters for fear of returning to an unsafe home or being placed with foster care. (Shelter workers are mandated reporters, and standards for emancipation are very high, making this avenue to receive services highly difficult. Even when emancipated, being a minor can exacerbate the challenges with gaining stable housing and sustainable employment, with less experience managing finances and less education.)

Pregnant and Parenting

According to HMIS data, 33% of GNCoC's youth experiencing homelessness are parents themselves. Children greatly increase financial pressures and limit one's capacity to work. Not surprisingly, the lowest income group in Nashua is young single parents. In desperate situations, these individuals are more likely to live in situations with domestic violence or survival sex (estimated at 38% of all homeless individuals).

⁷ <https://www.aecf.org/blog/what-we-know-about-youth-and-young-adult-homelessness>

BIPOC

BIPOC youth face a disproportionately high rate of homelessness. While greater understanding of barriers to BIPOC youth are needed, the following circumstances contribute:

- Lack of BIPOC staff that reflect the population served,
- Systemic racism that has led to increased rates of homelessness,
- Lack of culturally responsive program design, and
- Lack of BIPOC representation in decision-making spaces.

LGBTQ+

Sexual orientation and gender identity can be factors in how youth engage in the homelessness system. Especially given the high proportion of LGBTQ+ individuals among homeless youth, it is particularly important to take gender expression and identity into account when creating youth serving systems. For example, an individual may not feel a particular shelter or other program is safe based on the appropriateness of the facility's bathroom space, changing areas, or sleeping quarters. Yet, in Nashua, *two of the three* emergency shelters house people according to assigned sex rather than their gender identity. Housing that respects gender identity is critically needed for these populations.

Other Subpopulations

Other groups noted as having difficulty accessing the service system include:

- **Refugees and immigrants:** These populations not only lack the knowledge of resources but often face language barriers. Additional supports would help to outreach to these populations and make resources more readily available to this population.
- **Couples:** While shelters are not supposed to separate couples, they often do, forcing couples to either separate or live on the streets. As many couples do not feel safe unless they are together, especially women, they often choose the latter.
- **Pets:** Similarly, young people forgo shelter to remain with their pets. None of the local shelter resources would accept an animal in these circumstances unless the animal is a service animal or licensed therapy animal. Organizations like the Humane Society or fostering groups could be willing to take pets temporarily while the individual stays in emergency housing.
- **Individuals Living with Disabilities:** Youth with disabilities face additional barriers to receiving certain services. There are long waits for disability-specific assistance, including a lot of hoops to jump through to receive this assistance. There is a need for assistance specifically designated to individuals with disabilities, such as a mentor.
- **Justice-involved populations:** The City of Nashua's court diversion program, while not well known locally, is helpful for youth whose housing or financial status led to charges of trespassing or shoplifting; they allow youth to keep crimes off of their record and impose lighter penalties. Not all youth may access this program, and may be saddled with records that prevent long-term success.

BUILDING A YOUTH RESPONSE SYSTEM

We believe Nashua can create effective programs to support homeless young adults. We have a high-functioning COC, with tremendous ambition to serve youth. Developed solutions should consider the below themes.

- **Improved Systems Navigation:** Much progress could be made from increased case management and diversion services, especially delivered by peers. Case management services would be cost-effective relative to broader housing resources. For example, financial resources to pursue education (e.g., HISET, community college, or other experiences) are available for individuals facing homelessness, yet knowledge of these resources is lacking. Success coaches could be valuable in making education attainable, providing support in navigating both the education system (e.g., signing up for classes, finding transportation, or completing homework) and instability of unaccompanied housing.
- **Inclusive Staffing:** In expanding outreach, it is critical that all efforts be made to hire case workers that are representative of populations at greatest risk of homelessness, including parenting, BIPOC, and LGBTQ+ populations, as well as refugee, immigrant and non-English speakers. Constructing and implementing an action plan around this issue would reduce barriers this population may face when trying to receive services.
- **Inclusive Policies:** Additional progress could be made by adapting organizational policy or infrastructure to be better tailored to youth populations. For example, agencies may adapt their policies on living arrangements to be more inclusive of all gender, substance use disorders, young families, couples as well as pets.
- **Expanded Resources:** Finally, based on the needs identified, additional financial and housing resources are required. There is a gap between the level of services provided and the level needed. Dollars are needed to cover transportation and the costs of other essentials (move-in costs, etc.). Funding is also needed to cover temporary units of housing (i.e., transitional or rapid rehousing) to position youth to achieve short-term stability and achieve long-lasting success. The community should also prioritize effective emotional and social support systems through counseling, mentorship, and community-building activities, as well as safe spaces where they can access resources, connect with peers, and develop a sense of belonging that is crucial for fostering resilience and long-term well-being.

COMMUNITY NEEDS

Youth homelessness in Greater Nashua is a serious concern. The data for youth is unfortunately quite difficult to ascertain because so many of our homeless youth are doubling up or couch surfing. That said, several hundred McKinney-Vento youth are served each year, and many of these go on to become homeless or at risk as adults.

In our community, as in so many others, the needs are compounded by the lack of youth and young adult specific resources. In Greater Nashua there is no crisis housing or low barrier shelter specific to young adults. Traditional shelters are designed for adults and are often places where young people report feeling extremely uncomfortable, and therefore choose more dangerous alternatives.

The only housing options specific to young adults currently in Greater Nashua include the Transitional Living Program (TLP) at Nashua Children's Home, which is Nashua's residential home for youth. The program can only accommodate 6 youth and is typically preferentially filled by youth exiting the children's home. Additionally, more recently, the community began receiving Foster Youth to Independence Housing Vouchers for young people coming out of foster care. Unfortunately, with the extremely sparse availability of housing in the community, even this limited resource has not been able to be fully employed.

Lastly, and worth mentioning, very recently the only agency designed specifically to serve young adults with a transitional living program and a drop in resource center closed due to organizational and funding issues.

All of this said, we feel that Nashua is well positioned to create effective programs to support homeless young adults. We have a plethora of services to tap into and a high-functioning COC, which can bring many resources to bear.

Youth and young adults experiencing homelessness and housing insecurity in Greater Nashua face significant social and emotional challenges that demand comprehensive and compassionate support. These individuals often grapple with feelings of instability, fear, and isolation, which can exacerbate mental health issues such as anxiety and depression. The lack of a stable home environment disrupts their ability to form and maintain healthy relationships, leading to a heightened sense of loneliness and vulnerability. Moreover, the stress of securing basic necessities like food and shelter can overshadow educational and vocational aspirations, limiting their opportunities for personal and professional growth. Effective support systems, therefore, must address not only their immediate physical needs but also provide emotional support through counseling, mentorship, and community-building activities. Creating safe spaces where they can access resources, connect with peers, and develop a sense of belonging is crucial for fostering resilience and long-term well-being among this vulnerable population.

COMMUNITY DATA

Summary: Greater Nashua Data

The data chart below demonstrates what is known about youth and young adult homelessness in Greater Nashua. A very significant dynamic is that there is very little data available for youth under the age of 18. This is due in large part to the combination of that population being very transient and

often not self-identifying as homeless. Further, NH has very strict laws related to emancipation, which makes it difficult to provide services for youth, who are often faced with the State's mandate toward reunification. Therefore, the DCYF estimated 50-100 undercounts this population significantly, in our estimation.

Where data is more readily available for young adults, the breakdown is generally a 50/50 split between young men and young women, with a small percentage being transgendered and/or non-binary. The population, reflecting the relatively “white” population itself is 60% white, with a significant secondary population of 20% each of multi-racial, and all others representing only 20% of the population, as reflected in the larger community in general.

Lastly, regarding sexual orientation, approximately 20% identify as straight much smaller populations of all others and/or unknown. The data is simply not readily available.

Population	Data Source(s)	Estimates of # of Youth	Data Disaggregated by: Race, Gender, Sexual Identity, Sexual Orientation
At-Risk Unaccompanied Youth	DCYF	50-100	NOTE: this number is likely much larger but cannot be accurately portrayed due to a lack of community data
Unaccompanied Youth Experiencing Homelessness	2023 HMIS Youth Report for CoC NH-502	18-24: 200 <18: 17 – Note: this number is low due to A) lack of good data and B) NH Emancipation laws, which make it very difficult to support the under 18 population	<p style="text-align: center;">GENDER</p> <p>Female: 124 18-24: 92, <18: 33</p> <p>Male: 123 18-24: 91, <18: 33</p> <p>Transgender: 6 (18-24)</p> <p>Non-Binary: 2 (18-24)</p> <p>Man/Transgender: 1 (18-24)</p> <p>No Data: 3 (18-24)</p> <hr/> <p style="text-align: center;">RACE</p> <p>White: 147 18-24: 112, <18: 35</p> <p>Multi-Racial: 50 18-24: 32, <18: 18</p> <p>Black: 21 18-24: 17, <18: 4</p> <p>Hispanic: 12 18-24: 6, <18: 6</p> <p>No Data: 29 18-24: 28, <18: 1</p> <hr/> <p style="text-align: center;">SEXUAL ORIENTATION</p> <p>◻: 115 (18-24)</p> <p>No Data: 52</p>

			18-24: 50, <18: 2 Heterosexual: 49 (18-24) Bisexual: 8 (18-24) Questioning: 3 (18-24) Prefer not to Answer: 3 (18-24) Other: 2 (18-24) Lesbian: 1 (18-24)		
			SEXUAL IDENTITY Not known; no data		
	Bridges (2023) – DV Provider for Greater Nashua	<18: 17	GENDER	RACE	
		18-24: 10	Girls: 11 Boys: 6	Black/African American: 3 Hispanic: 2	
Southern NH Rescue Mission (2023) – Emergency Shelter	38	Female: 7 Trans Woman: 1 Transgender: 1 Male: 1			
Pregnant or parenting youth Experiencing Homelessness	2023 HMIS Youth Report for CoC NH-502	36	No breakdown		

The Greater Nashua Continuum of Care (GNCoC) is comprised of the City of Nashua and nine surrounding communities in Hillsborough County, including Amherst, Merrimack, Litchfield, Milford, Hollis, Hudson, Mont Vernon, Mason, and Brookline. Nashua is the biggest city in the GNCoC, with a population of over 91,000 in 2021. Of concern, in 2022 6.6% of this population was living below the poverty level, which is only a slightly lower percentage than the state average of 7.2%. The poverty rate among those who did not graduate high school in Nashua was a staggering 24.4%, significantly higher than the state rate of 17.6%. The high rate of students not graduating contributes to the lack of economic mobility necessary to live sustainable lives.

The 2022 Youth Count conducted by the Youth Success Project surveyed 139 youth from the GNCoC. Of these respondents, the median age of their first experience of homelessness was

just 16 years old. This is a daunting number, considering the extremely limited resources available for minors in the Greater Nashua area. Additionally, of the individuals surveyed, 50 dropped out of high school and 35 only reported having some high school experience. This means that 61% of these individuals did not receive their high school diploma. According to the Annie E. Casey Foundation (2023), youth with less than a high school diploma are 3.5 times more likely to experience homelessness than those who completed high school. This highlights the need for improved educational resources for youth at risk of and experiencing homelessness. Case management resources to assist young adults to connect to organizations which can help with a HSET degree and go onto the community college or other educational experiences could make a big difference in helping to alleviate youth homelessness.

YAB (HEAL) Focus Group Findings

In order to create more clarity and focus, the local Youth Action Board – HEAL – held focus groups with young people and collected additional data. The focus groups were composed of youth with lived experience of homelessness in the Greater Nashua area and highlighted the biggest struggles youth experiencing homelessness face. One problem discussed in these focus groups was the lack of knowledge about resources available to homeless youth, and how having a mentor with lived experience could be beneficial to these youth navigating tough circumstances. This points to the need for case management and systems navigation. While there is a need for additional youth-specific resources, incorporating diversion practices and systems navigation could be particularly helpful in better utilizing the existing resources available to youth experiencing homelessness in GNCOG.

Two large needs which emerged from the focus groups and point to true gaps in services are getting a driver's license, transportation in general, and mental health support. Participants pointed to the lack of affordable drivers education programs along with the difficulty getting prescribed practice hours. Also, while the community does have a fairly robust public transit system, it is also very difficult and time consuming to rely on the bus system solely for purposes of getting to school, work, etc. A final area mentioned was the need for additional mental health support. The local agencies are typically quite backlogged and systems aren't designed to serve youth.

Community Considerations

Lack of Options for Couples and Households with Pets: While shelters are not supposed to separate couples being seen as a family unit, this is still an issue couples face. Couples will often prefer to stay outside or in places not meant for habitation rather than be separated from each other, as many couples do not feel safe unless they are together, especially women. This creates a need for emergency housing that will allow couples to stay together. Additionally, many people have pets or emotional support animals and none of the local shelter resources

would accept an animal in these circumstances unless the animal is a service animal or licensed therapy animal. As a result, young people will often forego shelter in favor of being in their cars or outside in order to remain together as couples and/or with their pets.

Lack of Gender Inclusive Options: Two of the three emergency shelters in Nashua do not house people according to their gender identity if this differs from the sex assigned to them at birth. These individuals need more availability of housing that respects their gender identity and makes them feel safe. Especially given the high proportion of LGTBQ+ individuals among homeless youth, it is particularly important to take gender expression and identity into account when creating youth serving systems.

The challenge of youth and young adults not finding welcoming spaces, especially if they are LGTBQ+, is noteworthy in our community. Not only are there no specific resources for housing solutions targeted to young adults, but there are equally no current welcoming spaces for youth with gender identity which is non-normative. Until recently there was a “drop in center” for youth and young adults, and there is currently an active exploration to recreate such a center, which will certainly have as a prerequisite being a welcoming space for all and to connect youth to not just housing resources, but also life skills, mental health, substance use disorder resources, job search, etc.

Education/Employment: Educational resources are available for adult individuals facing homelessness, yet **knowledge of these resources** is lacking, and there is currently nothing specifically designed to support young people. Individuals may also lack capacity to complete this difficult feat when time and energy is spent on addressing their housing crisis and surviving homelessness. Implementing **success coaches** in a drop in type environment, as well as integrating these supportive services into any housing approaches, can be valuable to help make education attainable to this population, providing them the level of support, attention, and expertise in navigating the impacts of unaccompanied housing instability on their education. Youth also often believe that they cannot afford to get an education, however there are resources available to make education affordable that they are simply unaware of.

Lastly, youth and young adulthood is a critical time to learn skills that help gain employment. It can be difficult for young people experiencing housing instability to learn the skills necessary to gain living-wage employment due to a lack of engaging education, workforce development resources, or natural supports to help build these skill sets. Additionally, lack of public transportation options or personal financial resources lead to transportation being unreliable and unaffordable. Furthermore, individuals experiencing anxiety, depression, mental health issues, substance use disorder or co-occurring diagnosis may have additional obstacles to finding and keeping a job, especially when compounded by the experience of housing instability. Resolving someone’s housing crisis first and helping access mental health and substance use disorder resources can help with this barrier.

Sexual Orientation: While one's sexual orientation does not completely define who they are or what services they require, this factor can, in fact, impact youth homelessness. As already mentioned, a person's sexual orientation can affect whether they will choose to engage with a shelter or other housing program. Further, the resources currently available, while in many ways welcoming, are not designed to support young people. Resources including appropriate bathrooms, changing areas, sleeping quarters, and privacy can all affect whether a person will ultimately utilize a resource. For this reason, we are prioritizing that ANY YHDP funded project be welcoming and supportive of all populations, including LGBTQ+ and BIPOC.

Age: A large area of need in the GNCoC is regarding services for minors. The average age individuals in the GNCoC first faced homelessness is 16 years old. Despite this fact, unaccompanied minors are not able to access most services available to homeless youth. There are very limited resources for minors, and oftentimes minors do not feel safe going to these limited resources because there is a possibility they could be sent back to an unsafe home or placed with foster care. Minors face a high risk of being sent back to unsafe living environments due to shelter workers being mandated reporters. Standards for emancipation are very high, making this avenue to receive services highly difficult. Additionally, even when emancipated, being a minor can exacerbate the challenges with gaining stable housing and sustainable employment.

DCYF Involvement: Foster Youth to Independence or Family Unification Program vouchers are available for individuals with DCYF involvement, however these resources are not available for individuals without DCYF involvement. This creates a need for similar resources for youth facing homelessness that have not had DCYF involvement, as there are no youth-specific housing resources other than these voucher programs. Parenting classes would be helpful to alleviate the need for DCYF involvement in the first place.

Justice System Involvement: There is a court diversion program for youth in the City of Nashua, but it is not well known and is in need of greater publicity to benefit homeless youth. Court diversion is especially effective for crimes like trespassing to find a place to sleep or shoplifting for necessities. Court diversion programs allow the youth to keep these crimes off of their record. Diversion programs offer an opportunity for youth who commit crimes as a result of their housing instability and lack of resources to avoid the negative impacts of a criminal record on employment and housing access.

Substance Use: Information received from Youth Action Board focus groups have highlighted the need for age-appropriate substance use resources, such as sober houses. Youth could also benefit from youth-specific rehabilitation/outpatient programs/residential treatment programs that specifically focus on this population. Additionally, youth who are actively using substances have less shelters available to them as many places require testing, again highlighting an area of need.

Additional Special Populations

Veterans: Harbor Care has a robust program for veterans in the GNCoC, therefore we feel this need is covered within that program.

- NH had a decrease of 27% in the number of veterans experiencing homelessness from 2022-2023 ([2023 AHAR](#))

BIPOC: There is no difference in the availability of services dependent upon race, yet BIPOC youth are disproportionately at a higher homelessness rate. According to the most recent PIT count, among young adults experiencing homelessness, black individuals make up 18% of the population and hispanic/latinos make up 23% of the population. Although the majority, 57%, are non-hispanic white, this is still significantly less than the overall community population where 87% of the population is white. While there is a need to gain a better understanding of the unique barriers of Black, Indigenous, and Youth of Color in our system, the the following circumstances likely contribute to this disparity: lack of BIPOC staff that reflect the population served, systemic racism that has lead to increased rates of homelessness, lack of culturally responsive program design, and lack of BIPOC representation in decision-making spaces.

To address this issue in our community, there is a need to implement an action plan in every YHDP funded program where BIPOC are represented in the staffing of supportive services for homeless youth, and where not feasible, at minimum a high degree of training takes place to make case managers aware of the needs of these populations. Taking this action step would diversify the individuals available to support BIPOC youth, thus reducing a barrier this population may face when trying to receive services. Language needs also should be addressed, especially where Greater Nashua has a large Spanish and Portuguese language population.

Refugees/Immigrants: Refugees and immigrants facing homelessness receive the same availability of services, yet they lack the knowledge of these resources. This highlights a need to make knowledge of these resources more readily available to this population. In addition to cultural and normative education and training, it is also imperative that services be promoted in the community and delivered not just in English, but also in Spanish, Portuguese, and potentially other languages such as Rohingya and Swahili. Lastly, in addition to including language access, it would be important to include these cultural sub-populations in the design, promotion, and service delivery processes.

Disabilities: Youth with disabilities face additional barriers to receiving certain services. There are long waits for disability-specific assistance, including a lot of hoops to jump through to receive this assistance. There is a need for assistance specifically designated to individuals with disabilities, such as a mentor. Examples of services for youth with disabilities could include language assistance for people with hearing or sight impairments, supportive coaching for youth with cognitive impairments, placements into appropriate housing for young people with physical disabilities, and group placements for young people as appropriate.

Survivors of Human Trafficking: Youth and young adults face higher vulnerability to human trafficking than older adults and concerns for safety can lead to housing instability. The community does not currently have data on the rates of youth experiencing homelessness who are survivors of human trafficking. However, according to the 2022 NH Youth Count, 35% of youth experiencing housing instability in Greater Nashua reported that they have engaged in survival sex. While survival sex does not equate to human trafficking, this rate does offer insight into the need to support youth at risk of human trafficking. Survivors can be targets for exploitative behavior in housing due to fear of revictimization or fear of losing housing. To address this unique population, victim advocacy and legal services should be robust and easily accessible.

Youth Count Data

In addition to the data already presented in support of this Coordinated Community Plan, we would like to present additional data as identified below.

The 2022 Youth Count was coordinated in conjunction with the statewide YAB, the Youth Success Project. It is a survey approach and cannot be corroborated through other sources, but is nevertheless informative. In general, this data shows that young people experiencing homelessness in our community are generally majority male, majority straight, and majority white. That said, there are substantial subgroups including LGBTQ+ and BIPOC, similar to the other data presented previously which show that any resources need to take into account these populations through appropriate case management and service provision. Of additional concern are that there are high numbers reporting system involvement, survival sex, and unemployment. Any programming needs to take into account these factors including expertise in working with youth who have experienced multiple adverse experiences and in need of a reasonable path toward sustainable gainful employment at a family sustaining level.

2022 Youth Count Data –

Greater Nashua:

Total number surveyed: 139

Average age of respondent: 21.68

Median age 16 for first homeless experience

65.5% male, 34.5% female

91.4% straight, 8.6% LGBTQ

86.8% reported no substance use (Including marijuana?)

63.5% white, 25.5% black, 10.2% Native American/Pacific Islander, 0.7% Asian

Additionally...the youth count identified several additional factors which could be highly correlated to housing insecurity, including:

- Engaging in survival sex:
 - State-wide: 60% no, 37% yes, 3% don't know
 - GN: 65% no, 35% yes

- “System involvement”:
 - State-wide: 62% yes, 37% no, 1% don’t know
 - GN: 51% yes, 47% no, 2% don’t know
- Drug Use
 - State-wide: 86.8% No, 9.4% Yes, 3.9% Sometimes
 - GN: 90% No, 7% Yes, 3% Sometimes
- School Status
 - State-wide: 499 College Experience, 432 High School Experience, 421 Dropped out of High School, 124 Vocational Program
 - GN: 45 College Experience, 35 High School Experience, 50 Dropped out of High School, 9 Vocational Program
- Employment:
 - State-wide: 51% no, 46% yes, 2% don’t know
 - GN: 50% yes, 48% no, 2% don’t know
- Concerned for mental health:
 - State-wide: most of the time 9%, sometimes 35%, rarely 31%, never 22%
 - GN: sometimes 36%, most 4%, rarely 29%, never 30%
 - *While only 40% of respondents reported being concerned about their mental health sometimes (36%) or most of the time (4%), firsthand accounts from service providers in the Greater Nashua area highlight discrepancies in this data. Most homeless youth receiving services in the Greater Nashua CoC exhibit modest to significant mental health challenges that require attention to impactfully help the youth experiencing these challenges.*

These factors all point to the specific case management and supportive services needs of any effective programming targeted toward helping young people and moving them from housing insecurity to long term, sustainable, stability.

The following additional data sources only provide additional support for needed programming in the Greater Nashua region.

[2023 NH Kids Count](#) – points to the need for addressing community needs at a younger point in time. While this is generally out of scope for YHDP, it is important to recognize that young people are the “product” of a system which is functioning at a less than optimal level.

- Economic well-being
 - 9% children in poverty
 - 23% children whose parents lack secure employment
 - 4% teens not in school & not working
 - Children living in households with high housing cost burden: 24%
- Education
 - 12% high school students not graduating on time
- Family and Community

- Children in single parent families 28%
- Children in families where HOH lacks high school diploma: 4%
- Children living in high poverty areas: 1%
- Teen births per 1000: 5

Bridges Data – Bridges is the local DV service provider and has provided data on their clients. They provide not just supportive services to individuals and families where domestic violence is a factor, but also operate a separate DV emergency shelter and transitional living program. They have reported the following data, which generally backs up and supports the other data driven assertions, in particular the need for ACES aware supportive services, BIPOC and LGBTQ+ sensitivity and supports, and a need for generally accepting and supportive spaces. While DV is a special circumstance, we consider it to be a microcosm of the community and have therefore chosen to include it here:

- Homeless Youth under 18
 - 2021: 14 in shelter. And 6 transitional living (11 girls, 9 boys, 6 white/Caucasian, and 5 Hispanic)
 - 2022: 31 shelter and 3 transitional housing (19 girls, 15 boys, 1 identified as non-binary, 3 Hispanic /Latino, 2 white, 1 African American/African)
 - 2023: 12 shelter, 3 transitional housing, 2 we knew were couch surfing. (11 girls, 6 boys. 2 Hispanic, 3 Black/African American)
- Homeless Youth 18-24
 - 2021: 2 shelter and 1 transitional housing (3 woman, 1 Hispanic)
 - 2022: 3 shelter and 2 transitional housing (4 women, 1 transgender woman, 1 Hispanic/Latino, 1 white/Caucasian)
 - 2023: 2 shelter, 1 transitional housing. 7 marked as needing shelter but we were unable to shelter them. (7 women, 1 transgender woman, 1 transgender (did not say transgender male or female), 1 male)

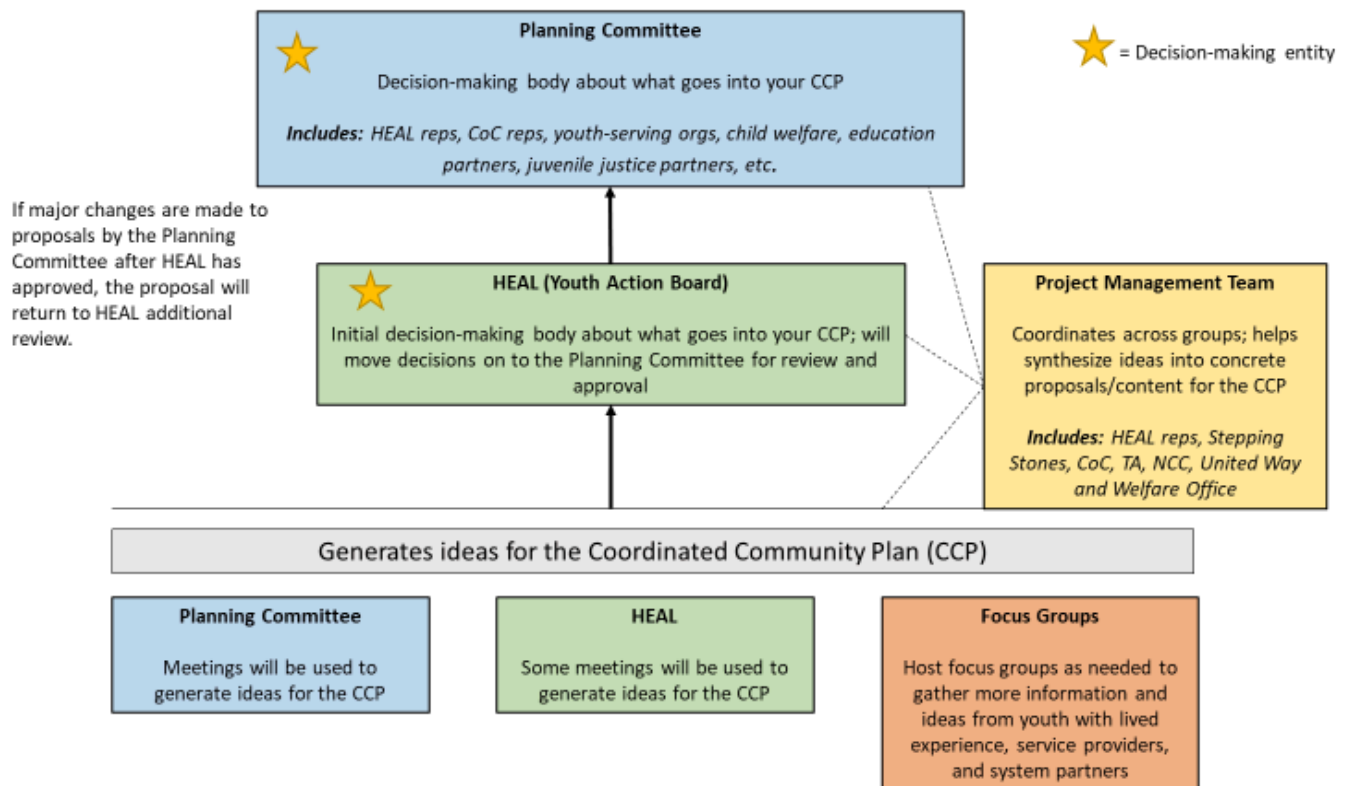
GOVERNANCE & PARTNERS

The YHDP process acts in accordance with other facets of the GNCOC. To support the project a planning committee and a project management team have been chartered, with the YAB – HEAL – embedded throughout. HEAL is involved as well in the COC itself, as a voting member of the Executive Committee and active participation in the General Assembly. After the planning process, including the release of the Coordinated Community Plan and project RFPs has taken place, a project selection committee will be chartered and will include the Youth Action Board as a voting member. As a general rule, the YHDP team, writ large, has chosen consensus based decision making for the plan and project selection. Lastly, it is anticipated that during the

implementation phase the YAB and other community partners will all participate to ensure project success.

Note that HEAL, Greater Nashua's Youth Advisory Board, had been a strong partner throughout the planning process. This has included drafting sections of the CCP, being represented in subcommittees, collecting data through surveys and focus groups, and being a part of the ultimate decision making and implementation process. Of special note, we take pride in the fact that HEAL has had voting representation on the Continuum of Care's Executive Committee as well as general assembly representation and playing an important role in bringing youth voice to the CoC Youth Subcommittee.

Shown below is a general flowchart of the overall process for YHDP planning and implementation.



Ideas for what to include in the GNCoc CCP are generated from three different forums: Planning Committee Meetings, HEAL (YAB) Meetings, and Focus Groups. The Project Management Team (composed of individuals from HEAL, Stepping Stones, Nashua Community College, United Way, Welfare Office, CoC, and TA) helps to consolidate these ideas into more concrete proposals, which then go to HEAL for approval. HEAL must approve of all projects before they can be decided on for final approval. After HEAL approves, the proposal then moves to the Planning Committee for final approval. If changes are made to the proposals, they

must again be approved by HEAL to ensure youth voices are being heard first and foremost. This process serves to ensure that youth voice is present and relevant throughout all phases of the YHDP project.

The Planning Committee elected to use a consensus-decision making process for decisions related to the Coordinated Community Plan. Consensus-decision making is a discussion based model where all group members must come to an agreement on a proposal. HEAL uses a majority voting model to make decisions.

YHDP Partner List

Through intentional outreach and dedication from community members, the coordinated community planning process involved a variety of partners representing the CoC, youth with lived expertise, youth serving organizations, other systems of care, local government, and related entities.

Partner Type	Organization(s)	Name(s)	Involvement and Perspective
Youth Action Board	HEAL	Greyson Aureli, Maddi Perry, Lucas Dellner	Planning Committee member, Project Management Team member, focus group participant; project selection
Public Child Welfare Agencies	DCYF	Robert Rodler	Planning Committee member; advisory
Continuum of Care Member	Front Door Agency	Doug Howard	Planning Committee member; person with lived experience
Continuum of Care Member	Nashua Soup Kitchen & Shelter	Jane Goodman	Planning Committee member; agency perspective
Continuum of Care Member	Bridges: Domestic & Sexual Violence Support	Maria Cappellucci	Planning Committee Member; DV perspective
Continuum of Care member	Nashua Children's Home	Matt Fentross	Focus group participant; youth agency, including YA serving, perspective
Continuum of Care Collaborative	Harbor Care	Ashley Jackson, Vanessa Talasazan,	Planning Committee member, Project

Applicant and Recipient		Kyle Farrell, Erin Segaloff	Management Team member, Collaborative Applicant Representative; project selection engagement
ESG Recipient	Nashua Soup Kitchen & Shelter; Front Door Agency	Jane Goodman; Doug Howard	Agency support
Local and State Government	City of Nashua, Welfare Office	Bob Mack	Planning Committee member, Project Management Team member; project selection
Local and State Government	City of Nashua, Housing Services	LaTonya Muccioli	Planning Committee member, focus group participant; project selection; city perspective
Health, Mental Health, and Substance Abuse Agencies	Division of Public Health and Community Services (DPHCS)	Iraida Muñoz	Planning Committee member; public health perspective
Health, Mental Health, and Substance Abuse Agencies	Greater Nashua Mental Health Center (GNMH)	Scott Wellman	Agency perspective
Health, Mental Health, and Substance Abuse Agencies	Harbor Care	See above.	Planning Committee member, Project Management Team member, Collaborative Applicant Representative
Early Childhood Development and Child Care Providers	YMCA	Lynn Boyer	Planning Committee member; healthy living perspective
Early Childhood Development and Child Care Providers	Marguerite's Place	Hannah Stohler	Focus group participant; youth subcommittee and COC perspective; parenting youth

Local and State Educational Agencies	Nashua School District	Lisa Stempler - McKinney Vento Liaison	Youth under 18 perspective; schools
Institutions of Higher Education	Nashua Community College (NCC)	Amy Vazifdar	Planning Committee member, Project Management Team member; community college / YA perspective
Local Advocacy, Research, and Philanthropic Organizations	United Way of Greater Nashua	Mike Apfelberg	Planning Committee member, Project Management Team member, focus group participant, Co-Chair, GNCOC Youth Committee; project selection; CCP co-author
Continuum of Care Board	Harbor Care	Wendy LeBlanc	Planning Committee member, Project Management Team member; project selection

HEAL’S YOUTH RECRUITMENT & INTEGRATION

SUMMARY

In Greater Nashua an independent Youth Action Board formed in 2023 called HEAL. This group has been integral to bringing youth voice and lived experience to the discussion. Originally part of Stepping Stones, with that organization's dissolution HEAL is currently exploring the possibility of either integrating into the statewide YAB (Youth Success Project) or separately going under another nonprofit for fiscal agency such as United Way. In any such case, we anticipate a closer alignment with YSP and learning from their experiences with youth homelessness, youth engagement, and YHDP projects.

RECRUITMENT

Posters: We as a group have made posters to try and get people to join our YAB, we distribute them across COC meetings and organizations. We have also had fellow organizations hand out posters for us when we could not do it ourselves (such as not being able to make it to a COC meeting).

Social Media: One of our members has been in charge of social media posts, he has made and scheduled posts to gravitate people to joining our YAB by showing them what we have done, resources we have to offer and what we want to achieve in the future for us as a YAB.

Word of Mouth: We have discussed with youth at Stepping Stones and also COC meetings about our group, what we're doing and what we plan on for future months as a YAB.

COC Meetings: We have members of our YAB attend COC meetings once a month to bring information to the COC, bring back information and then we discuss what we want to report back to the future COC meeting. We share information to COC members about our progress and if we need assistance with anything.

In order to reach a wider audience, our strategy employs different forms of communication and media to reach a wider audience. Examples have included word of mouth, social media outreach, and placement of flyers in locations where young people are present such as cafes, coffee shops, and service providers.

Future Ideas: Places to put posters- Waypoint, Grocery Stores, FB Groups, Humane Society, Colleges, Coffee Shops. Also, the increased use of social media to expand our reach. All of these approaches will be thought through with a view toward inclusion of special subpopulations such as BIPOC (different languages and culturally appropriate words and graphics) and sexual identity / orientation (utilizing non alienating wording and non gendered graphical elements).

INTEGRATION

We will be part of deciding what projects are picked and we will have a vote/say on which ones continue through the funding process. We have discussed what projects we think are necessary for what we are trying to achieve and held a focus group to talk about said projects. We anticipate the youth voice of HEAL to continue to be a part of all decision making, planning, and implementation approaches, including quality control and process improvement. This will be made official and be given authority through HEAL's presence and being embedded in the decision making (place of power) in the CoC and on the YHDP planning and implementation teams.

COMPENSATION

We get our funding from the NH Charitable Foundation and the YHDP Planning Grant. We pay \$15 an hour and fill out our time sheets after every HEAL meeting. We put in the YHDP

meetings we've gone to and what HEAL meetings we have attended. In the past we have used some funding for providing food at meetings and have always compensated members for attending. Beyond YHDP it is anticipated that HEAL, which is a fiscally sponsored program of United Way, will seek additional funding to become sustainable. This will be through granting partners and fundraising activities.

The HEAL Youth Advisory Board will implement a long-term recruitment strategy that extends beyond the CCP phase by creating a sustainable, inclusive model for integrating youth into project design, feedback, and evaluation processes. This strategy will involve ongoing outreach to diverse groups, with a particular focus on those aging out of the foster care system, ensuring their unique perspectives and needs are addressed. The board will maintain strong relationships with organizations like NHCF and United Way, leveraging their support for sustainable funding. Additionally, the board will actively pursue other fundraising opportunities and grants, creating a robust financial foundation that supports continuous engagement and development of new members. Through structured mentorship programs and regular evaluation sessions, youth will be empowered to contribute meaningfully to the project, fostering a dynamic, evolving initiative that remains responsive to the community's needs.

BUILDING A YOUTH HOMELESSNESS RESPONSE SYSTEM

Many new strategies have been discussed, including all of the following, to build an improved youth homeless response system in the GNCoC. Ultimately, the list has been narrowed down to a manageable (and affordable) list. Nevertheless, for purposes of being able to revisit these ideas in the future, the full brainstorm is included below:

- Permanent Housing – subsidized (not a voucher; help make up for non-DCYF youth who don't qualify for housing vouchers)
- Emergency-Crisis Residential Housing (30 days at a time)
- Driver's Ed Scholarships (10 per year)
- Rapid Re-Housing/Lease-RRH
- Wellness Center – a location for youth to focus on wellness in areas of physical, mental, spiritual, social, etc. (8 Dimensions of Wellness)
- Workforce Development Program – a place where youth can find apprenticeships, internships, educational resources (trade schools, community college, specialty trainings), entrepreneur training, small business incubator
- Success Coach/Tutor for HiSET and college level programs
- Mentor Program (what are youth looking for in a mentor relationship?)
- Host Homes
- Youth Specific Emergency Housing (night by night)
- Intentional Community (tiny homes)
- Court Diversion with Youth Council

- Match Savings Account

NEW PROJECT LIST

After much discussion, the YHDP team has chosen to prioritize the following project with available YHDP project funding:

Joint Component Transitional Housing & Rapid Rehousing	
Project Design Element	Description
Project Description	<p>Project Description</p> <p>The TH-RRH project will operate with a crisis transitional housing model that serves as a safe place for youth to stay temporarily, with the goal of moving on to a permanent housing placement through RRH (or otherwise) within three months of entry (with flexibility for youth who need a longer stay in TH).</p> <p>Youth will have a choice to enter TH or RRH. Under the TH portion, a host homes or kinship care option will be made available as an alternative for youth who would feel more comfortable in that setting or have other natural supports (friends, family, etc.) that can accommodate them. Whether a youth is staying at the TH site(s), with a host, or with family, they will be offered services to support obtaining and maintaining permanent housing.</p> <p>Youth who opt into the rapid rehousing portion of the program for permanent housing placement will be provided with supportive services geared toward setting and achieving personal goals related to maintaining housing stability, income maximization, connection to natural and community supports, and more. Youth will receive housing and services assistance for 24 months, with the opportunity to offer a longer period of assistance to youth who need it (pending special activity approval). Youth in both TH and RRH sides of the project will have access to a peer mentor.</p> <p>Key Program Elements Include: Quality Units that meet Housing Quality Standards; Flexibility of TH and RRH time in programs (codify when this may occur); Placements that support gender nonconforming youth, Designate units for youth reintegrating into the community (Justice Involved), Gender Neutral Restrooms, Recovery Friendly, Not having units</p>

	<p>separated by sex; ensure there are options that are gender inclusive and not based on the binary</p> <p>Leasing Structure</p> <ul style="list-style-type: none"> Centering youth choice to leasing with a goal for the lease to be in the youth’s name. The agency shall also support with a tenant recommendation. Support with rent longer than 9 months with benchmarks of flexible reduced assistance over time. <p>Supportive Services/Assistance</p> <ul style="list-style-type: none"> Recovery Services Life skills (Financial management, Maintaining an apartment) Access to employment, education advancement, healthcare navigation or support. Transportation Services Child care Services Utility Assistance Moving Costs (Internet, household items, housing startup expenses) Financial assistance (job related items support, education costs) Phones Access to driver’s license training Acquiring Documentation Equitable Housing Search support <p>Goals and Key Outcomes: Moving youth into safe, stable and affordable permanent housing as soon as we are able with access to supportive services in an efficient manner. Prepare youth to maintain and sustain housing after leaving the program.</p>	
Special Activities Needing Approval by HUD	Up to 36 months of assistance in RRH component	
Number of Youth Served	TH: 14 (including turnover)	RRH: 14
Populations Served	<p>Young Adults 18-24</p> <p>LGBTQIA+ Youth; Justice Involved; Foster Youth; Youth with co-occurring diagnoses; Undocumented Youth; Gender Nonconforming; Varying abilities, neurodivergence, etc.</p>	

Number of Staff Estimated (with services staff ratios)	1.75 FTE for 7 TH participants and 14 RRH participants	
Target Number of Housing Units	TH: 7	RRH: 14
Estimated Project Costs	Transitional Housing Estimated Annual Cost: \$225,538 Estimated Budget: Leasing - \$83,538 Operating - \$20,000 Supportive Services - \$100,000 Project Admin - \$22,000	Rapid Rehousing Estimated Annual Cost: \$352,152 Estimated Budget: Rental Assistance - \$250,152 Supportive Services - \$87,000 Project Admin - \$15,000
Estimated Planning Costs	\$58,277	
Other Details	Staff Training <ul style="list-style-type: none"> ● Trauma Informed Care <ul style="list-style-type: none"> ○ For staff as well (burnout, self-care etc.) ● Person Centered Case Management ● Diversity, Equity and Inclusion (microaggressions, Social Identities etc.) ● Evidence Based/Best Practices ● Housing First 	

GOALS, OBJECTIVES, AND ACTION STEPS

Goal 1: Create a system that assists youth and young adults in order to prevent and quickly end housing crises and homelessness.
Objective: Establish strategies to prevent youth and young adult homelessness upstream.

Action Step	Partner Responsible	Timeframe
<p>Increase the affordable housing options for low income and extremely low income youth and young adults, through:</p> <ol style="list-style-type: none"> 1. YHDP units of RRH and TH, ensuring they focus on key populations at risk through COC monitoring (rank and review, etc.) 2. Initiate host homes 3. Increase access to mainstream affordable housing 4. Prioritize applications for more units, as available (NOFO, other grants) 	<p>A and B: Front Door Agency</p> <p>C and D: CoC Exec Committee</p>	<p>A and B: Fiscal Year 1, Quarter 2: January 2025 – March 2025 (start and end)</p> <p>C and D: Start of Fiscal Year 2, Quarter 2: January 2026 – March 2026 (start) to Sept 30 2026 (end)</p>
<p>Increase access/awareness of existing resources</p> <ol style="list-style-type: none"> A. Increase awareness of targeted units (for DV, SUD, etc.) through education of outreach workers and case managers B. Increased use of Coordinated Entry/HMIS, with individuals entered into the system and providers contacting them, starting with an evaluation of CE access, using existing data tools (APRs, etc.) and doing a disparity analysis C. Leveraging 211 and recently contracted for UniteUs platforms 	<p>A: Youth Homelessness Subcommittee</p> <p>B: Coordinated Entry Subcommittee</p> <p>C: COC Executive Committee</p>	<p>A, B, and C: Fiscal Year 2, Quarter 1: October 2025 – December 2025 (start) to Fiscal Year 2, Quarter 2: January 2026 to March 2026</p>
<p>Design a flexible financial assistance fund that can aid in preventing homelessness and rapid exits out of homelessness.</p> <ul style="list-style-type: none"> • Develop a funding strategy • Identify partner(s), especially with connections to at-risk populations 	<p>United Way of Greater Nashua</p>	<p>Fiscal Year 1, Quarter 2: January 2025 – March 2025</p>
<p>Objective: Improve the homeless response system’s capacity to assess risk of homelessness and connect youth and young adults with relevant preventative services.</p>		
Action Step	Partner Responsible	Timeframe
<p>Establish formalized partnerships with the Juvenile Justice system and Drug Court with GNCOC/CE.</p> <ul style="list-style-type: none"> • Define referral process • Encourage COC participation and relevant 	<p>GNCOC Exec Committee</p>	<p>Fiscal Year 1, Quarter 3: April 2025 –</p>

<p>subcommittees, especially youth homelessness subcommittee</p> <ul style="list-style-type: none"> ● Educate on specific risk factors/at-risk populations ● Formalize relationship with the Court Diversion program at NPAL 		<p>June 2025 to Fiscal Year 1, Quarter 4: July 2025 – September 2025</p>
<p>Partner (with GNCOC/CE) with local hospitals and MH/SUD Tx facilities to develop discharge planning strategies that prevent youth and young adults from being discharged into a state of homelessness</p> <ul style="list-style-type: none"> ● Define referral process ● Encourage COC participation and relevant subcommittees, especially youth homelessness subcommittee and the Health Coordination Subcommittee ● Educate on specific risk factors/at-risk populations 	<p>Health Coordination Subcommittee</p>	<p>Fiscal Year 2, Quarter 1: October 2025 – December 2025 to Fiscal Year 2, Quarter 3: April 2026 – June 2026</p>
<p>Partner (with GNCOC/CE) with the Division for Children, Youth and Families (DCYF) to prevent youth and young adults exiting foster care from entering housing instability or homelessness.</p> <ul style="list-style-type: none"> ● Define referral process ● Encourage COC participation and relevant subcommittees, especially youth homelessness subcommittee ● Educate on specific risk factors/at-risk populations ● Expand utilization of the FYI Housing Voucher 	<p>GNCOC Executive Committee</p>	<p>Fiscal Year 2, Quarter 3: April 2026 – June 2026 to Fiscal Year 2, Quarter 4: July 2026 – September 2026</p>
<p>Partner with Bridges to prevent youth and young adult survivors of human trafficking from entering housing instability or homelessness.</p> <ul style="list-style-type: none"> ● Define referral process ● Encourage CoC participation and relevant subcommittees, especially youth homelessness subcommittee ● Educate on specific risk factors/as-risk populations 	<p>GNCOC Executive Committee</p>	<p>Fiscal Year 2, Quarter 3: April 2026- June 2026 to Fiscal Year 2, Quarter 4: July 2026- September 2026</p>

HUD Key Principles Addressed in Goal Area #1	
<ul style="list-style-type: none"> ● Special Populations ● Housing First ● Unsheltered Youth Homelessness 	<ul style="list-style-type: none"> ● Equity ● Social and Community Integration ● Coordinated Entry

Goal 2: Develop a well-resourced crisis response system for youth and young adults experiencing homelessness that is timely and easy to navigate.		
Objective: Improve system wide crisis response coordination, communication, and strategy.		
Identify youth and young adults that are at risk of or newly experiencing homelessness through the Coordinated Entry system and promptly connect them to individualized supports or resources. (Reference goal 1). Add a subroutine to CE hotline for youth and young adults when a message needs to be left (like for Veterans).	CoC Executive Committee, Coordinated Entry Subcommittee	Fiscal Year 1, Quarter 1 - Fiscal Year 3, Q4
Develop a strategy to improve and expand street outreach to ensure geographic coverage and equitable connections. <ul style="list-style-type: none"> ● Formalize youth count; partner with BOS COC on Youth Count; leverage YRBS data ● Outreach/CM receive youth-specific training ● Include (and train) youth (HEAL) in PIT planning to ensure the PIT count covers areas that youth frequent ● Ensure recommendations are based on a disparity analysis 	Outreach Subcommittee, HMIS Lead, Front Door Agency	Fiscal Year 1, Quarter 4: July 2025 – September 2025 to Fiscal Year 2, Quarter 2: January 2026 – March 2026
Institute partnership(s) with identity-affirming mental and behavioral health providers for youth and young adults at risk of or experiencing homelessness.	Youth Subcommittee, HEAL	Fiscal Year 1, Quarter 1: October 2024 – December 2024
Explore potential funding sources for a youth drop-in center that can support basic, immediate needs and connect youth to the broader youth homeless response system.	United Way of Greater Nashua, Harbor Care	Fiscal Year 2, Quarter 2: January 2026

		– March 2026
Objective: Increase shorter-term crisis housing options for youth and young adults.		
Action Step	Partner Responsible	Timeframe
Train and provide youth-designed guidance to shelter providers on how to create youth-friendly spaces.	HEAL	Fiscal Year 2, Quarter 1: October 2025 – December 2025
Advocate to existing substance use and recovery housing providers to target services to youth in Greater Nashua.	Youth Subcommittee	Fiscal Year 2, Quarter 1: October 2025 – December 2025
Advocate to existing domestic violence service providers to target services for youth and young adult survivors of human trafficking	Youth Subcommittee	Fiscal Year 2, Quarter 1: October 2025 – December 2025
Objective: Connect the crisis response system to permanent housing interventions.		
Action Step	Partner Responsible	Timeframe
Create a strategy to regularly train and inform crisis response providers on <i>housing resources</i> , Coordinated Entry, and Trauma-Informed Care including resources for special populations such as: <ul style="list-style-type: none"> - Survivors of human trafficking - LGBTQIA+ - Black - Indigenous - People of Color - Undocumented individuals 	CoC Executive Committee	Fiscal Year 1, Quarter 1: October 2024 – December 2024 to Fiscal Year 1, Quarter 4: July 2025 – September 2025

HUD Key Principles Addressed in Goal Area #2	
<ul style="list-style-type: none"> ● Special Populations ● Positive Youth Development ● Trauma-Informed Care ● Unsheltered Youth ● Homelessness 	<ul style="list-style-type: none"> ● Equity ● Individualized & Client-Driven Support ● Family Engagement ● Social and Community Integration ● Coordinated Entry

Goal 3: Provide a wide variety of affordable housing options and supports for youth and young adults experiencing homelessness that are accessible and equitable.		
Objective: Increase affordable permanent housing options and prioritize housing opportunities for youth and young adults, centering choice.		
Action Step	Partner Responsible	Timeframe
Develop a strategy to recruit and retain landlord/property owners to rent to youth and young adults.	CoC Executive Committee	Fiscal Year 1, Quarter 2: January 2025 – March 2025 to Fiscal Year 1, Quarter 4: July 2025 – September 2025
Using YHDP funding, implement a new Transitional Housing-Rapid Re-Housing joint component project.	Front Door Agency	Fiscal Year 1, Quarter 1: October 2024 – December 2024
Conduct a review of tiny homes communities for youth and young adults to determine further exploration. Explore zoning barriers and opportunities for tiny homes and/or ADU's	City of Nashua Division of Public Health & Community Services	Fiscal Year 1, Quarter 1: October 2024 – December 2024 to Fiscal Year 2, Quarter 3: April 2026 –

		June 2026
Adjust prioritization of Coordinated Entry resources to ensure youth and young adults get access housing opportunities (including vouchers).	Coordinated Entry Subcommittee	Fiscal Year 3, Quarter 1: October 2026 – December 2026 to Fiscal Year 3, Quarter 4: July 2027 – September 2027
Objective: Design individualized services that support youth and young adults in housing.		
Action Step	Partner Responsible	Timeframe
Integrate Housing First, client-centered, and trauma-informed case management services into housing opportunities offered to youth and young adults (including pregnant/parenting), which include connections to population-specific/identity-affirming providers and long-term community services/supports.	Harbor Care/Planning Grant Recipient	Fiscal Year 1, Quarter 1: October 2024 – December 2024
Objective: Create resources to diminish barriers to accessing and maintaining permanent housing.		
Action Step	Partner Responsible	Timeframe
Co-create relocation and transition strategy with youth and young adults if/when housing placements do not work out.	Front Door Agency, Coordinated Entry Subcommittee	Fiscal Year 2, Quarter 3: April 2026 – June 2026
Develop an engagement plan focused on expanding the response system to include culturally specific providers and community partners.	HEAL	Fiscal Year 2, Quarter 2: January 2026 – March 2026
HUD Key Principles Addressed in Goal Area #3		

<ul style="list-style-type: none"> ● Special Populations ● Positive Youth Development ● Trauma-Informed Care ● Housing First ● Unsheltered Youth Homelessness 	<ul style="list-style-type: none"> ● Equity ● Individualized & Client-Driven Support ● Family Engagement ● Social & Community Integration ● Coordinated Entry
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<p>Goal 4: Create a system of connection and resources that facilitates access to meaningful educational and employment opportunities.</p>		
<p>Objective: Support youth and young adults' to achieve their educational goals.</p>		
Action Step	Partner Responsible	Timeframe
<p>Foster relationships between the homeless response system and the McKinney Vento Liaisons at local school districts, the Adult Learning Center, virtual schools, and other education partners through CoC meetings and workgroups, to promote family engagement and maintain enrollment in education.</p>	<p>Youth Subcommittee and Special Workgroup (formed by Executive Committee)</p>	<p>Fiscal Year 1, Quarter 1: October 2024– December 2024 to Fiscal Year 3, Quarter 4: July 2027 – September 2027</p>
<p>Support enrollment in schooling (all levels) and the completion of the GED, HISET, and/or other exams or educational programs by building a formal partnership with the Adult Learning Center and leveraging relationships with McKinney Vento Liaisons.</p>	<p>Youth Subcommittee and Special Workgroup (formed by Executive Committee)</p>	<p>Fiscal Year 1, Quarter 2: January 2025 – March 2025 to Fiscal Year 3, Quarter 4: July 2027 – September 2027</p>
<p>Leverage local resources, like United Way and faith-based organizations, to reduce barriers (technology, transportation, etc.) to engaging in educational opportunities, ensuring equitable access to education.</p>	<p>Youth Subcommittee and United Way</p>	<p>Fiscal Year 2, Quarter 1: October 2025 – December 2025 to Fiscal Year 5, Quarter 4: July 2029 – September 2029</p>

<p>Connect interested youth and young adults to opportunities that support literacy and language access at the Adult Learning Center and local community colleges.</p>	<p>Youth Subcommittee (specifically local community colleges)</p>	<p>Fiscal Year 1, Quarter 1: October 2024 – December 2024 to Fiscal Year 3, Quarter 4: July 2027 – September 2027</p>
<p>Objective: Increase opportunities to strengthen financial literacy and life skills.</p>		
<p>Action Step</p>	<p>Partner Responsible</p>	<p>Timeframe</p>
<p>Increase flexible funding and create a network of community members/providers who will support access to the following services by providing technology, cars, transportation, etc.:</p> <ul style="list-style-type: none"> ● Financial literacy ● Driver’s education ● Daily living skills ● Legal assistance ● Victim Advocacy ● Credit counseling ● Digital literacy and tech access ● Vital documentation assistance 	<p>Youth Subcommittee, HEAL, Front Door Agency</p>	<p>Fiscal Year 1, Quarter 4: July 2025 – September 2025 to Fiscal Year 3, Quarter 4: July 2027 – September 2027</p>
<p>Identify a service provider to make available a car that can be utilized for driver education</p>	<p>Youth Subcommittee</p>	<p>Fiscal Year 2, Quarter 1: October 2025 – December 2025 to Fiscal Year 2, Quarter 2: January 2026 – March 2026</p>
<p>Create a workflow to refer youth and young adults to the aforementioned network and services.</p>	<p>Youth Subcommittee, HEAL, Front Door Agency</p>	<p>Fiscal Year 2, Quarter 2: January 2026 – March 2026 to Fiscal Year 2, Quarter 3: April 2026 – June 2026</p>
<p>Objective: Expand workforce/professional development opportunities for youth and young adults.</p>		

Action Step	Partner Responsible	Timeframe
Re-establish the Employment Subcommittee to create and implement a plan to partner with workforce development programs that can expand to serve youth and young adults, or create a workforce development program that is youth-specific.	GNCOC Executive Committee	Fiscal Year 2, Quarter 1: October 2025 – December 2025 to Fiscal Year 2, Quarter 2: January 2026 – March 2026
The Employment Subcommittee will monitor data on rates of obtaining and maintaining employment by demographic to ensure Youth of Color, youth with diverse gender identities, youth with disabilities are not experiencing discrimination and create a plan to respond if disparities are discovered.	Employment Subcommittee, Data Subcommittee, Coordinated Entry Subcommittee	Fiscal Year 2, Quarter 3: April 2026 – June 2026 to Fiscal Year 5, Quarter 4: July 2029 – September 2029
Create a living inventory of apprenticeship, volunteer, mentorship, job, paid internships, and other professional opportunities that can help youth and young adults achieve their goals.	Employment Subcommittee, Youth Subcommittee, HEAL	Fiscal Year 3, Quarter 1: October 2026 – December 2026 to Fiscal Year 5, Quarter 4: July 2029 – September 2029
HUD Key Principles Addressed in Goal Area #4		
<ul style="list-style-type: none"> ● Special Populations ● Positive Youth Development 	<ul style="list-style-type: none"> ● Equity ● Family Engagement ● Social and Community Integration 	

<p>Goal 5: Cultivate and sustain safe spaces in the homeless response system where youth and young adults experience a sense of acceptance, belonging, and empowerment in their communities.</p>
<p>Objective: Center racial and social equity throughout the response system and programming, including for youth and young adults that identify as LGBTQIA+, Black, Indigenous, people of color, undocumented individuals, and those who identify as survivors of human trafficking.</p>

Action Step	Partner Responsible	Timeframe
Create a self-assessment for organizations, businesses, and community spaces to evaluate whether their spaces are safe, welcoming, and affirming with recommendations on changes they could make.	Special Workgroup (formed by Executive Committee)	Fiscal Year 1, Quarter 2: January 2025 – March 2025 to Fiscal Year 1, Quarter 3: April 2025 – June 2025
Work with shelters and programs in the homeless response system to provide gender neutral bathrooms and spaces, and gender inclusive policies.	Special Workgroup, Local Shelters, HEAL	Fiscal Year 1, Quarter 4: July 2025 – September 2025 to Fiscal Year 2, Quarter 4: July 2026 – September 2026
Provide staff, volunteers, and community members with regular education, training, and resources on cultural competence and humility, as well as equity and inclusion.	Executive Committee, HEAL	Fiscal Year 1, Quarter 1: October 2024 – December 2024 to Fiscal Year 3, Quarter 4: July 2027 – September 2027
The Employment Subcommittee will compile and share best practices and policies for hiring/retention that promotes a representative and diverse workforce.	Employment Subcommittee	Fiscal Year 3, Quarter 2: January 2027 – March 2027 to Fiscal Year 5, Quarter 4: July 2029 – September 2029
Objective: Increase opportunities and resources for community involvement.		
Action Step	Partner Responsible	Timeframe
Expand funding of and increase awareness through CoC meetings and community spaces of United Way’s flexible financial assistance fund or program	United Way, Executive Subcommittee, Youth Subcommittee	Fiscal Year 1, Quarter 1: October 2024 –

that helps youth and young adults with transportation access.		December 2024 to Fiscal Year 3, Quarter 4: July 2027 – September 2027
Facilitate a mentorship program for interested youth and young adults to have individualized support. Mentors will have a variety of lived experiences and represent diverse identities.	HEAL, Youth Subcommittee	Fiscal Year 3, Quarter 1: October 2026 – December 2026 to Fiscal Year 5, Quarter 4: July 2029 – September 2029
Expand HEAL and use HEAL as a space for young people with lived experience to connect and build community.	HEAL	Fiscal Year 1, Quarter 1: October 2024 – December 2024 to Fiscal Year 2, Quarter 1: October 2025 – December 2025
HUD Key Principles Addressed in Goal Area #5		
<ul style="list-style-type: none"> • Special Populations • Positive Youth Development 	<ul style="list-style-type: none"> • Equity • Individualized & Client-Driven Support • Social and Community Integration 	

Goal 6: Ensure that youth and young adults have access to health care in safe and supportive environments that supports their holistic well-being.		
Objective: Increase access to healthcare and related resources.		
Action Step	Partner Responsible	Timeframe
Leverage the Health Services Subcommittee to enhance cross-system partnerships and coordination with an array of healthcare providers (including mental and behavioral health) by increasing participation in CoC by healthcare	Health Services Subcommittee	Fiscal Year 1, Quarter 2: January 2025 – March 2025 to Fiscal Year 3,

<p>providers and services providers of special youth populations, like youth with disabilities and youth with co-occurring diagnosis, to ensure healthcare providers are using a youth-friendly, trauma-informed approach.</p>		<p>Quarter 4: July 2027 – September 2027</p>
<p>Advocate to health care providers to expand access, specifically around service hours, locations, language accessibility, and culturally responsive care.</p>	<p>Health Services Subcommittee</p>	<p>Fiscal Year 1, Quarter 3: April 2025 – June 2025 to Fiscal Year 3, Quarter 4: July 2027 – September 2027</p>
<p>Explore how to utilize Medicaid funding to overcome access barriers for youth experiencing homelessness.</p>	<p>Health Services Subcommittee, GNCOC Executive Subcommittee</p>	<p>Fiscal Year 1, Quarter 4: July 2025 – September 2025 to Fiscal Year 2, Quarter 1: October 2025 – December 2025</p>
<p>Train providers in the homeless response system in how to enroll youth and young adults in health insurance and other affordable health care opportunities.</p>	<p>GNCOC Executive Subcommittee</p>	<p>Fiscal Year 1, Quarter 4: July 2025 – September 2025 to Fiscal Year 2, Quarter 1: October 2025 – December 2025</p>
<p>Leverage the partnership between 211 and Unite Us to create clear workflows and referral paths for youth and young adults interested in health education, mental and/or behavioral health services (including recovery and sobriety programs) to support youth with co-occurring diagnosis, and services specific to pregnant and parenting young people.</p>	<p>Coordinated Entry Subcommittee</p>	<p>Fiscal Year 1, Quarter 2: January 2025 – March 2025 to Fiscal Year 3, Quarter 4: July 2027 – September 2027</p>
<p>Identify and partner with providers, such as the Greater Nashua Food Council, who are tackling food insecurity, access, and nutrition in order to ensure youth and young adults have equitable access to nourishing, culturally appropriate foods.</p>	<p>Youth Subcommittee</p>	<p>Fiscal Year 1, Quarter 1: October 2024 – December 2024 to Fiscal Year 3,</p>

		Quarter 4: July 2027 – September 2027
Increase awareness and education in the community and with youth-serving programs in the CoC on existing community centers or other relevant partners who provide youth and young adults with affordable recreational, athletic, and exercise options.	Youth Subcommittee (YMCA)	Fiscal Year 2, Quarter 1: October 2025 – December 2025 to Fiscal Year 5, Quarter 4: July 2029 – September 2029
Conduct a disparity analysis on existing outreach programs that are providing healthcare and harm reduction programming to people experiencing unsheltered homelessness to ensure they are connecting with youth.	Special Workgroup (including members of the Health Services Subcommittee, Outreach Subcommittee, Data Subcommittee, created by the Executive Committee)	Fiscal Year 2, Quarter 3: April 2026 – June 2026 to Fiscal Year 5, Quarter 4: July 2029 – September 2029
HUD Key Principles Addressed in Goal Area #6		
<ul style="list-style-type: none"> ● Special Populations ● Trauma-Informed Care ● Unsheltered Youth Homelessness 	<ul style="list-style-type: none"> ● Equity ● Social and Community Integration 	