



A HOME FOR EVERYONE:

A Plan for Ending

Homelessness

in

Greater Nashua

Greater Nashua Continuum of Care Vision: All individuals and families facing homelessness in the Greater Nashua area will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

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I. Executive Summary

Greater Nashua Continuum of Care Vision: All individuals and families facing homelessness in the Greater Nashua area will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

a. Rationale

Food, shelter, and clothing are basic necessities of life. The lack of any one component creates a host of other problems at great cost to our society. Homelessness is not a problem of only the destitute. Homelessness can strike anyone. The loss of a job, unanticipated, exorbitant health care costs, an accident, and lack of affordable housing all contribute to the numbers of the homeless. While it is difficult to know exactly how many persons are homeless in our community, the Greater Nashua Continuum of Care in their 2003 analysis had a one-day count of 836.

In 2000, The National Alliance to End Homelessness released *A Plan, Not a Dream: How to End Homelessness in 10 Years*. As of this time, more than 80 communities, including Boston, Chicago, New York and Memphis, and a majority of states have adopted plans to end homelessness. In November 2003, Governor Benson announced the creation of the Interagency Council on Homelessness. This council is chaired by Peter Kelleher, Executive Director of Harbor Homes, Inc., and includes Lisa Christie, Executive Director of Nashua Soup Kitchen and Shelter, Inc., both of whom also serve on the Greater Nashua Continuum of Care.

The Greater Nashua Continuum of Care proposes to join the Federal government, other states and communities in creating a local plan to eliminate homelessness. Nashua is a richly endowed community that has a distinguished history, including recognition twice for being the best place to live in the United States. The multitude of resources in our community will be mobilized to add one more enduring legacy: all our citizens have homes.

b. The Plan

The Greater Nashua Continuum of Care recognizes that homelessness cannot be ended by maintaining and/or creating more shelters. This temporary solution must be replaced with a firm commitment to create and implement a plan to end homelessness in our community by the year 2012. The plan has three goals:

1. Preventing homelessness whenever possible;
2. Rapidly re-housing people when homelessness cannot be prevented; and
3. Providing wrap-around services that promote housing stability and self-sufficiency.

In adopting this plan, the following factors and how they impact the community's ability to end homelessness must be considered:

- Policy, subsidy, and regulatory conditions that encourage the construction and maintenance of a pool of integrated affordable housing options that matches the

- demand within the community.
- The lack of job opportunities with adequate wages and how to advance policy to support living wages.
- The level of commitment to adequately fund homelessness prevention and supportive services to those members of our community who need them.

II. The Problem of Homelessness in the Greater Nashua Area

Martha R. Burt, writing in the *Urban Institute Report* “What Will It Take to End Homelessness” in 2001, states:

Personal difficulties, such as mental disabilities or job loss, may increase vulnerability to homelessness, but they cannot explain the high number of people who fall into homelessness every year. And housing market trends indicate the situation is getting worse rather than better. Current levels of housing costs, coupled with low-wage jobs and economic contraction, could push even the working poor out of their homes. Although the availability of homeless services have increased significantly during the past decade, meeting the needs of people once they become homeless is not enough...A concerted national strategy is needed to prevent homelessness, and to end quickly discrete episodes of homelessness if they become inevitable. That strategy must include new housing resources as well as community building strategies that address the societal factors contributing to homelessness.

a. Causes

The report continues and discusses the structural factors that have fueled the factors of homelessness, including:

- Changing housing markets for extremely low-income families and single adults are pricing more and more people with below poverty incomes out of the market.
- Dwindling employment opportunities for people with a high school education or less are contributing to the widening gap between the rich and poor.
 - As recently as five years ago in NH, our top employers were manufacturing firms. These employers have been replaced with retail firms, which produce jobs that do not pay a “living wage” or provide benefits for a family to live on.

The increasing numbers of the homeless can be attributed to a variety of factors: wage erosion, loss of manufacturing jobs; fewer people with health insurance, a lessening of public benefits, and, the chief reason, the massive loss in the number of affordable housing units with a simultaneous marked reduction in housing units being built that are affordable for the poor and for those of moderate means. In the 1970’s there were 1.5 subsidized units for each family needing housing, while today there are twice as many families eligible for subsidized housing as there are units of housing available.

In the Nashua area, vacancy rates have averaged lower than 1 % from 1996 to 2002 and were at 1.6% in 2003, with rents for a 2-bedroom apartment averaging \$1,016 (a 5% vacancy rate is considered to be a healthy housing market, with stable housing costs). These rents are clearly out of reach for not just the low wage worker but for many others, including fire fighters, dental lab technicians, beginning teachers, and licensed practical nurses. A wage of at least \$18 per hour is estimated to be needed to provide a decent standard of living for a single wage earner for a family of three. Many of the service-sector jobs in our community pay only half or less than half that amount. In one recent study, New Hampshire ranked 7th worst nationally in the wage-affordability index, i.e., the gap between wages paid and the prevailing housing costs.

The lack of affordable housing is one of the most significant problems facing our Nation today at both the state and local levels. In 1987 the Nashua Housing Task Force documented some of the issues and potential solutions in a report entitled *Affordable Housing for Nashua: The Problems and the Prospects, A consensus for Action*. In the report the task force forewarned of this problem stating:

“Housing affordability is emerging as a national issue, especially in areas of the country such as Nashua, where the economy is growing and job opportunities have rapidly expanded. The view of many is that safe, decent and affordable housing is no longer a reality for much of our population. It seems that the American dream of homeownership is no longer attainable to the average working family.”

The following points came out of that initial report:

- Affordable housing for all income ranges is essential to the future economic vitality of the City. Employees of business and industry must be able to find housing, or companies will move elsewhere. There have already been examples of companies that stated they left Nashua for this reason.
- Affordable housing means families can meet other basic needs, such as food, heat, clothing and health care.
- Affordable housing can reduce the demand on social services and law enforcement by creating a stable living environment.
- As the center of the Nashua region, the City should take the lead in providing affordable housing and encouraging surrounding communities to participate.
- Affordable housing can help to maintain the diversity and social vitality of Nashua.
- Lack of affordable housing in the Nashua area will create an added burden on already overloaded highways as employees commute further and further from outlying areas.

Building on this prior work, in August 2002, Mayor Streeter created the Mayor’s Task Force on Housing. This task force consisted of more than 30 representatives including members from the social service, business and development arenas as well as private/public landlords, elected officials and employers. The report was completed in October of 2003.

The report of this Task Force includes the following information:

“Housing is a social problem that affects all sectors of society despite socioeconomic status, which impacts the health and well being of the entire community. It affects our poorest citizens as demonstrated by increased homelessness and overcrowding, our working poor as they face an increase in rental housing expenses and our middle-income citizens as homeownership becomes less and less attainable. An additional consequence is that which is faced by employers, who struggle to increase operations while being unable to attract the needed workforce due to the increasing lack of housing.

For the purpose of the report, housing affordability was defined by the income required to effectively attain a safe, clean, and appropriately configured home for the size of the family, whether said home be a rental or owner occupied unit. According to the home ownership industry and the US Department of Housing and Urban Development (HUD), families should not exceed roughly one third of their income for housing related expenses.

The high cost of rental housing in the greater Nashua Region has resulted in renters spending a disproportionate amount of their income on housing. Region-wide, according to the 2000 census, 32.3% of all renters were spending more than 30% of their income on housing, with 63.3% of renter households earning less than \$35,000 per year.

Housing prices in the City and region have increased significantly, primarily since 1995. In 1995, the median sales price for a home in Nashua was \$96,000. In the first half of 2003 this figure had ballooned to \$223,000, while the median price for a condominium was \$172,000. In other words half of the homes sold during the first 6 months of 2003 had a sale price of over \$223,000.

With the high cost of housing in the Region, individuals are being forced to live further and further from their place of employment. When we contemplate the level of social capital being reinvested into our key employment communities, we can no longer rely on those working within said communities to be engaged in the public and philanthropic dialogue that contributes to the community’s vitality. Much of the investment of community volunteerism is focused not on the community where employed but in the community where one’s family lives.

As an employer, one must pay a premium for the salaries of its employees to retain them and maintain stability of the workforce. If one contemplates expansion, the business must pay not only a premium for salaries but will also need to provide some type of hiring bonus or salary premium to offset the high cost of housing.

During the last 15 years, demand has significantly exceeded the community's ability or willingness to meet the need causing rapid acceleration in price for both rental and ownership. Limited developable lands, local impediments to approvals, and concern over the tax impact of family style housing, have all contributed to a serious shortfall in production.

Early in the process of developing recommendations for future housing development in the City of Nashua, the Task Force determined that offering a range of policy systems that supported a rich mix of housing types would be most desirable.

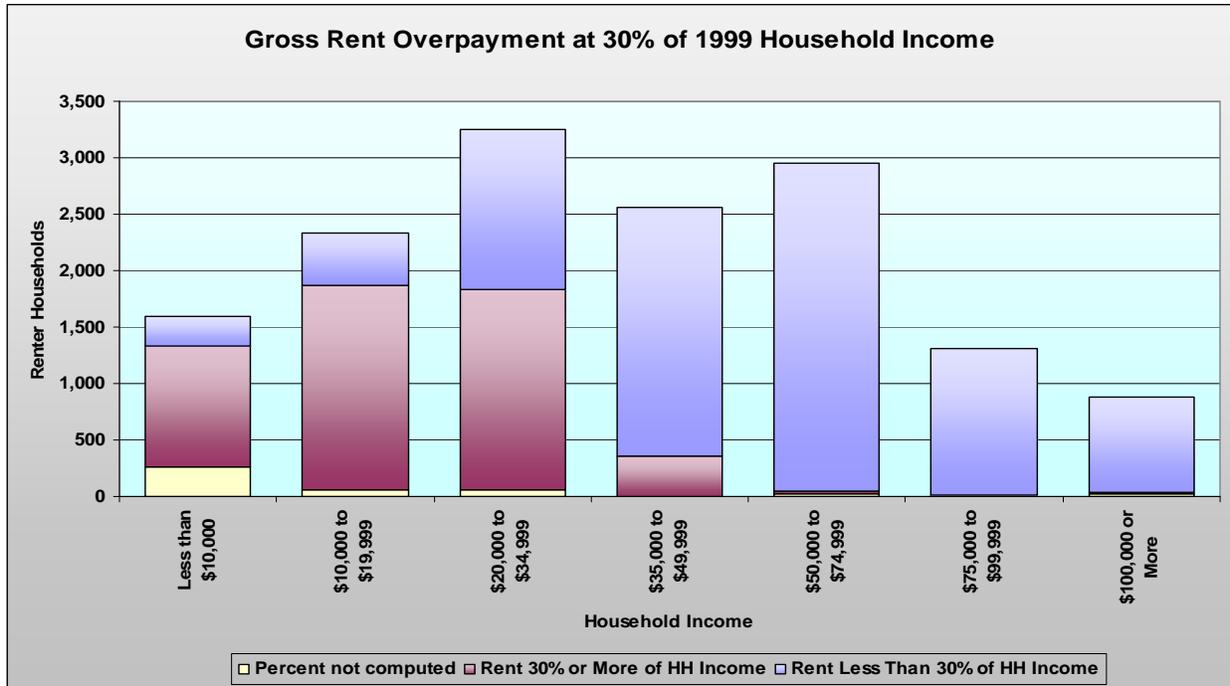
The following recommendations reflect the standards of desirability described above. They also recognize the unique role that Nashua plays in the regional housing framework. As the region's principle urban center, Nashua should naturally be assumed to support a disproportionate amount of the region's low and middle income housing options."

The report recommends the following Best Practices:

- Mixed income housing
- Mixed Use development
- Smart growth
- Adaptive Re-use
- Regional approach

It is clear that the lack of affordable housing in our community is having a dramatic impact. The current trends noted in the significant affordability gap indicate that as long as people cannot afford to purchase homes they will remain in the limited amount of available rental housing. This results in rental housing not being available to those of lesser means, which in turn results in an increase in the number of people living in emergency shelters and transitional housing for a longer period of time. The New Hampshire Housing Finance Authority report *The State of Housing in New Hampshire* (Feb 2003) states, "Only 11.7% of the rental units statewide are affordable to households at 50% of median income, and **virtually no units are available to extremely low-income households** (those at 30% or less of median).

The following chart from the New Hampshire Housing Finance Authority shows the number of households paying excessive percentage of household income for shelter expenses. This is a graphic illustration of the challenge low-income individuals and families face in securing and maintaining affordable housing.



b. Extent of Homelessness

Homelessness is a growing national concern. Beginning in the 1980's, community after community, including Nashua, began to open soup kitchens and shelters to respond to the needs of increasing numbers of homeless and hungry people. The homeless population is estimated to be about 800,000 on any given night. The number of people experiencing homelessness at some time during a given year is between 2.3 to 3.5 million people. Of this number 900,000 to 1.4 million are children.

It is exceptionally difficult to quantify the number of homeless people in the Nashua area. Some homeless people come in regular contact with service providers, welfare departments, hospitals, churches, and police departments. Others are much less visible, as they sleep in cars and outside, or shift from night to night from one couch or floor to another. As of March 3, 2004, there are 58 general emergency shelter beds for homeless individuals and families with children in the Greater Nashua area (Nashua Soup Kitchen and Shelter and Harbor Homes). Utilization is nearly always at or considerably above capacity. In addition, Bridges provides specialty shelter to victims of domestic violence, and the Interfaith Hospitality Network is planning to provide emergency shelter for a limited number of homeless families with children. Local municipalities also provide emergency shelter placements in local motel establishments when no alternative shelter accommodations are available.

In our community, the Greater Nashua Continuum of Care has been attempting to determine the number of persons who are homeless in this area at a given time. In their 2003 analysis, a one-day count numbered 836. On the national level, the number of people experiencing a period of homelessness at some point in the year is thought to be three or four times the number of homeless on a given day. Hence, this could mean that in our community, the number of

homeless people may range between 2,400 to 3,200 people who are homeless at some point in the year.

c. The Cost of Homelessness

Determining the actual number of homeless people is less important than recognizing that the number is significant and requires a response from the community. The toll from being without a place to call home is very costly to the individuals, to the community, to the state, and to society in general. The cost in personal terms to be homeless is enormous in physical and mental health problems, job-related difficulties, family stress, self-worth, and premature deaths, with five persons dying from exposure alone in 2003.

According to a 1999 report *Homeless in America: A Children's Story, Part I* published by Homes for the Homeless and The Institute for Children and Poverty and cited by the Center for Mental Health Services, U.S. Department of Health and Human Services, children in particular are adversely affected by being homeless:

- 47% of school-age children experience anxiety, depression, withdrawal, and other clinical problems
- 36% of school age children exhibit delinquent or aggressive behavior
- At least one out of five children who are homeless, or 20%, do not attend school and more than one out of four, or 25%, have attended 3 or more schools
- Homeless children are twice as likely to repeat a grade as other children
- Homeless children go hungry at twice the rate of other children and experience higher rates of stomach problems, ear infections, and asthma
- Homeless children experience physical and sexual abuse at twice or 3 times the rate of other children
- In 1 year, 22% of homeless children spend some time apart from their immediate family, with 12% being placed in foster care

Thus, the human costs are staggering in terms of impoverished lives, devastated families, and shattered hopes. The financial costs of not providing for the neediest in our community, the homeless, are immense as well. In fact, studies have found that it costs no more and often less to house the homeless in safe, decent, permanent housing than it does in our current system where the homeless often end up in hospitals, mental health facilities, shelters, and jails.

A Connecticut study of Medicaid recipients before and after entering permanent supportive housing, cited by the National Alliance to End Homelessness in their 10-year plan to end homelessness, found a reduction of \$760 for outpatient mental health and substance abuse services and a reduction of costs for inpatient and nursing home stays of \$10,900 for those

admitted to a permanent supportive housing environment. Similar outcomes have been found in other studies, including ones in New York, Hawaii, and Texas. Hence, what we already know about the enormous personal cost on the individual in being homeless can also be said about the huge financial cost incurred by not providing a home for the homeless. Thus, it is more costly on any measure to continue our current way of treating those among us who are homeless.

III. Strategies

The National Alliance to End Homelessness 2000 Report, *A Plan Not a Dream: How to End Homelessness in Ten Years*, provides the format for on-going planning, monitoring, and evaluation of our goal to end homelessness in our community:

1. Plan for Outcomes - Collect data and establish a “planning process” that focuses on the outcome of ending homelessness.
2. Close the Front Door - Use strategies to prevent an individual or a family from becoming homeless including various kinds of one-time financial assistance.
3. Open the Back Door - Move people out of homelessness as quickly as possible and into permanent housing.
4. Build the Infrastructure - Insure an adequate supply of permanent affordable housing coupled with the support services necessary to keep people in their own homes.

The four-step model embraces a prevention approach to homelessness that includes strategies such as rental and utilities assistance, legal intervention, landlord mediation, and representative payee programs. For individuals and families already homeless, a Housing First Approach is an approach that seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. This approach assures that the factors that have contributed to the initial state of homelessness can best be remedied once the family has a place to call home.

The Greater Nashua Continuum of Care proposes to end homelessness through implementation of the following goals:

1. Prevent homelessness whenever possible.
2. Rapidly re-house people when homelessness cannot be prevented.
3. Provide wrap-around services that promote housing stability and self-sufficiency.

The table found in the appendices of this plan outlines those agencies/groups providing resources and/or services to meet these goals.

a. Goal One: Prevent Homelessness Whenever Possible

The most economical and humane strategy for addressing homelessness for those at imminent risk is to prevent it in the first place. Providing one-time or short-term rent or mortgage subsidies, legal assistance, and housing placement services are critical in order to reduce the high cost of providing services care and to eliminate the disruption that results when people become homeless. Additionally, we must remain focused on increasing the housing stock so the supply

and demand equation does not continue to have a bottleneck so great that it prevents affordable housing from being available to those of lesser means.

The following strategies have been identified as possible steps to prevent homelessness:

- Identify those agencies, faith-based organizations, municipalities, etc. that offer prevention/intervention services
- Strengthen the Continuum of Care by educating and engaging all members with regard to the role of the continuum and the outcomes that can be achieved
- Create a housing resource guide
- Enhance information and referral services specifically toward issues and resources surrounding homelessness/housing (i.e.: Info Bank)
- Ensure that the Department of Health and Human Services informs consumers of all available resources (Title XX, food stamps, etc.)
- Expand the funding available to assist with rental subsidies and subsidies for housing development
- Improve access to people who do not speak English
- Develop a team approach to increase coordination, collaboration, and integration among service providers in delivering case management services
- Network with local landlords in creating strategies to avoid the eviction process
- Enhance legal aid
- Create a revolving loan fund for assisting with rental/mortgage subsidies
- Advocate changing current Stewart B. McKinney funding requirements (one must have eviction or shut-off notice. Rather use funding for monthly subsidy to avoid the eviction notice in the first place.)
- Provide wrap-around services through agencies by utilizing Internet or email communications between agencies/those providing supportive services
- Ensure that all state programs have discharge plans from institutions (prison, NH Hospital, etc.) so that people are not discharged into homelessness
- Educate Policy makers in the benefits of creating more housing stock
- Educate both for-profit and not-for profit developers about funding streams available to them for the development of affordable housing
- Work regionally recognizing the city's lack of affordable land to build on
- Promote mixed income and adaptive re-use projects that increase housing stock
- Work to support zoning changes that provide inclusionary zoning, density bonuses for affordable housing, incentives for affordable housing developments
- Work on the local, state and federal levels to insure funding sources work together to enhance a project rather than in conflict
- Develop an opportunity for policy makers to understand the benefits to systemic changes that allow for different plans for different regions
- Engage the business community to advocate together that housing is a basic infrastructure
- Prevent the proliferation of the myths surrounding affordable housing, demonstrating the benefits to all socio-economic sectors

b. Goal Two: Re-House People When Homelessness Cannot be Prevented

When it is not possible to prevent individuals and families from becoming homeless, the next goal is to re-house those individuals and families as quickly as possible. Housing placement services is a critical step for the care and welfare of those experiencing homelessness.

Some strategies to consider include:

- Identify those agencies, faith-based organizations, municipalities, etc. that offer Emergency Housing/Transitional Housing/Permanent Housing/Supportive Permanent Housing services
- Create a housing resource guide
- Enhance information and referral services specifically toward issues and resources surrounding homelessness/housing (i.e.: Info Bank)
- Ensure that the Department of Health and Human Services informs consumers of all available resources (Title XX, food stamps, etc.)
- Expand the funding available to assist with subsidies:
 - Create a revolving loan fund for assisting with first month rent and security deposit subsidies
 - Review policies around funding requirements for existing resources (i.e.: Stewart B. McKinney funds require applicant to have eviction or shut-off notice). Consider utilizing funding for first month rent and security deposit subsidies.
 - Create priority list for available subsidies for those who are homeless.
- Improve access to people who do not speak English
- Develop a team approach to increase coordination, collaboration, and integration among service providers in delivering case management services
- Provide wrap-around services through various mediums
- Ensure that all state programs have discharge plans from institutions (prison, NH Hospital, etc.)

c. Goal Three: Provide Wrap-Around Services that Promote Housing Stability and Self-Sufficiency

Once clients are in housing, a key strategy for addressing homelessness is allocating resources and providing support services to stabilize the housing environment and encourage households to maintain housing.

Some strategies to consider include:

- Identify those agencies, faith-based organizations, municipalities, etc. that offer case management services
- Create a housing resource guide
- Improve access to people who do not speak English
- Develop a team approach to increase coordination, collaboration, and integration among service providers in delivering case management services and reduce duplication of services/resource utilization

- Network with local landlords in creating strategies to avoid the eviction process
- Enhance access to and follow through with legal aid
- Provide wrap-around services through agencies utilizing Internet or email communications.
- Ensure that all state programs have discharge plans from institutions (prison, NH Hospital, etc.)
- Involve a broad range of agencies involved in homeless and housing services in a process to educate each other with regard to agency services, staff, mission and role within the community
- Centralize service providers' group
- Develop a means to share client needs between agencies

d. Monitoring Implementation of the Plan

Developing a plan is only the first step in ending homelessness. Any plan, in order to be effective, must be monitored and assessed. The Greater Nashua Continuum of Care has developed the Good Neighbor Agreement (GNA) to delineate participation and responsibilities between member towns and organizations of the Greater Nashua Continuum of Care. (See appendices.)

Implementing the plan to end homelessness will be an on-going, long-term effort, which will be monitored by the Continuum of Care Committee. The most important indicator of the effectiveness of the plan will be the reduction of the number of homeless in our community.

Regular updates will be issued by the Nashua Continuum of Care Committee that will highlight progress toward achieving targeted goals and future goals to be achieved and can be found on the Greater Nashua Continuum of Care web page at www.nashua-coc.org.

Nashua is a vital and vibrant community with many resources including a well-educated, talented, and generous citizenry. In the midst of our wealth exist 850 of our citizens who are homeless.

We have the people and the know-how. We must continue to enhance our coordination and utilization of (mainstream) financial resources to end homelessness in our community. Although it will be challenging, we have everything in our community to ensure that everyone has a decent and affordable home to live in. As all of life is dynamic, so is the face of those at risk for homelessness. Becoming a community in which homelessness does not exist is not a static state. It will require ongoing vigilance to ensure that all our citizens will be housed. We as a community are committed to this goal. For it is very important for those most in need, and it is equally important to the well being of all of us as a community of caring people that we achieve this goal. And, we will.

IV. APPENDICES:

- a. Good Neighbor Agreement
- b. Chronology of Ending Homelessness plan
- c. A hundred or so things you or your organization might do to end homelessness in Greater Nashua
- d. Wheel of Responsibility table
- e. Resource map
- f. Case Studies
- g. Resource links
- h. Bibliography on Homelessness

a.

GOOD NEIGHBOR AGREEMENT BETWEEN

(Organization name)

and

THE GREATER NASHUA CONTINUUM OF CARE

WHEREAS the following cities and towns are included within the Greater Nashua Continuum of Care (CoC) geographical service area: Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, and Nashua;

WHEREAS the Greater Nashua CoC was established in 1995 and serves as the gathering of the organizations in that region to address the issues of homelessness, and since its founding has served as the conduit through which flows substantial federal funding for addressing homelessness in the service area;

WHEREAS the Greater Nashua CoC is developing a plan to end homelessness in its service area by the year 2012;

WHEREAS key to the success of that plan is the commitment of government, the private sector and the non-profit and/or volunteer sector to understand the consequences of their actions and the impact that they can make;

WHEREAS we believe that communication, coordination, mutual cooperation, and collaboration will strengthen that commitment:

AND WHEREAS the above named organization is committed to the goal of ending homelessness in the stated time frame;

THEREFORE it enters into this Good Neighbor Agreement with the Greater Nashua Continuum of Care and commits to the following specific activities and/or to providing resources: (please check off those that apply to your organization)

- To actively promote our community-wide efforts to end homelessness;
- To participate in the business of the Greater Nashua Continuum of Care through periodic attendance at CoC meetings and participation in committee work and/or outside support on CoC activities;
- To cooperate periodically with the Greater Nashua Continuum of Care (COC) in completing the HUD required inventory of homeless individuals and families with children as well as the units of service and shelter/housing provided;
- To share information and data to help evaluate our progress in ending homelessness;

(List additional specific organizational commitments here)

AND, in turn, The Greater Nashua Continuum of Care agrees to act as the central point of communication regarding the status of the efforts to end homelessness, and to inform organizations of areas of opportunity and the social/political and economic challenges facing the effort; and further to act as coordinator of resources such as those received from the U.S. Department of Housing and Urban Development.

This Agreement will stay in force until December 31, 2012 or _____, _____ whichever is sooner.

Acknowledged this day: _____, 2004

Organization Name: _____

By: _____
(signature)

(title)

For the Greater Nashua Continuum of Care:

By: _____
(signature)

(title)

c. A hundred or so things you or your organization might do to end homelessness in Greater Nashua

Whether you are a social service organization, a church congregation, a unit of government, a civic group, a business or a lone citizen, you can help end homelessness in the Greater Nashua area by 2012.

A group of concerned individuals and organizations met at a strategic planning retreat on March 3, 2004 and offered this list of possible specific commitments you could make and include in your Good Neighbor Agreement with the Greater Nashua Continuum of Care.

Organization

- Serve on a Board of Directors
- Rewrite your mission statement around ending homelessness, engage in strategic planning that gets the organization aligned with that mission

Advocacy

- Regularly stay informed about homelessness, trends, and policy impacts
- Report on trends, statistics, provide the data for HMIS, point-in-time
- Use e-mail as a tool
- Become a critical thinker: Do not take reasons for not creating more housing at face value, but strive to understand the arguments that discourage housing development, and be prepared to dispute them
- Do not be willing to accept the status quo of the band aid solutions
- Advocate for flexibility in supports and services so that they may be tailored to a particular household's needs
- Help capture the images of the reality of homelessness, engage the media
- Advocate for streamlining the applications processes of agencies, help reduce the time to assistance
- Network with other agencies to encourage collaboration on projects, and to assure that the homeless can be connected to necessary services
- Inform policy makers, legislators/administration, funders and civic and religious groups regarding homeless issues
- Advocate for laws that lessen, not increase the likelihood of homelessness
- Develop a speakers bureau; do public outreach and education
- Vote in support of candidates and proposals committed to helping end homelessness
- Advocate for universal primary care
- Advocate for a minimum living-, or preferably, a saving-wage
- Clarify and strengthen the role of regional planning commission at the CoC
- Advocate for subsidies and tax advantages to encourage affordable housing development by the private sector
- Run for public office with a platform that includes the homeless
- Participate in the CoC

- Get organizations to sign on to Good Neighbor Agreement
- Give of your time, talent and money
- Streamline housing committees and avoid duplication
- Advocate for a more equitable way to share the burden regionally
- Use existing tools (films, articles, etc.) to create awareness
- Develop an activist attitude
- Become committed to the cause

Sheltering

- Put up homeless in shelter or motel
- “Adopt” a family that does not have a home
- Accept it “in your backyard”
- Pursue funding opportunities and develop shelters that meet crisis needs
- Housing
- Security deposit loans
- Convert vacant building to housing
- Help get housing accomplished by serving on boards that govern land use (zoning, planning)
- Create more single room occupancy (SRO) units, efficiency and studio apartments
- Create transitional housing and permanent supportive housing
- Create new units of affordable housing
- Advocate for a balance of rental and home-ownership opportunities
- Provide sweat equity opportunities to the homeless/ develop construction skills
- Accept it “in your backyard”
- Provide housing and services for children aging out of the system
- Provide housing for those re-entering the community from prison
- Provide housing and supports for those living with physical illness such as HIV/AIDS or physical handicap
- Even one house at a time helps
- Community Building
- Develop and support a community center for the homeless
- Locate access to services where the homeless are
- Raise your own family to be aware, caring and to think critically
- Provide the homeless with affordable access to community-based organizations that encourage human development (Boys and Girls Club for example)
- Rely on current clients to define needs, and help locate the under-served or at-risk
- Supportive Services
- Create a 1-800 hotline for homeless services
- Develop staff capabilities to diagnose individual problems and offer treatment plans
- Provide early interventions
- Provide referrals and connection to mainstream and other services
- Substance abuse treatment
- Mental health care
- Treatment in a home-like setting
- Teach budgeting skills
- Life skills training

- Provide child care, so that the homeless can pursue work and educational opportunities
- Provide training and supports to enhance access to jobs
- Provide public or private transportation for the homeless
- Provide no-cost legal assistance to the homeless
- Promote self-sufficiency
- Provide translation services or outreach for non-English speakers
- Use interns and volunteers more effectively, create awareness in their eyes
- Create for-profit ventures that can hire the homeless
- Voice mail and telephones for the homeless
- Improve internal communication within organization
- Increase detoxification facility capacity
- Increase mental health crisis bed capacity

Resources

- Buy bus tickets, gas for car, or other necessities to help the homeless get back to their family
- Assist with rent payments and back rent when a household experiences economic crisis (loan or grant)
- Help with utility bills
- Prescription drug assistance

d. Wheel of Responsibility

The *Wheel of Responsibility* identifies those agencies/organizations that interact and/or provide services to homeless individuals and/or families in the form of housing/shelter assistance either through direct service provision, funding opportunities, and/or referrals to other resources. Increasing the level of participation by some of those identified is important to comprehensively fulfill the overall goal of ending homelessness in the Greater Nashua region.

Category	Focus:	Level:	Type:	Participation:	Strategy:
	I = Individuals F = Families B = Both	P=Primary S=Secondary T=Tertiary	N=Nonprofit G=Government B=Business	D=Direct R=Referral F=Future	P=Prevention E=Emergency Shelter C=Case Management T=Transitional Housing S=Permanent Supportive Housing
Chronically Homeless	Focus	Level	Type	Participation	Strategy
Bridges	B	S	N	R	E
Chamber of Commerce	B	T	B	F	
Community Council of Nashua	B	S	N	D	P,C
Department of Employment Security	B	T	G	F	
DHHS	B	T	G	D	
Harbor Homes	B	P	N	D	E,C
HUD	B	T	G	D	
Marguerite's Place	F	S	N	D	C,T,S
Mary's House	I	S	N	R	T
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Pastoral Care Center	B	P	N	D	P,C,T,S
Nashua Soup Kitchen and Shelter	B	P	N	D	P,E,C,T
Neighborhood Housing Services of Greater Nashua	B	S	N	D	P,S
New Hampshire Housing Finance Authority	B	P	N	D	P
Police Department	B	S	G	R	
Salvation Army	B	S	N	D	P
Share (Milford)	I	S	N	D	P
Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C

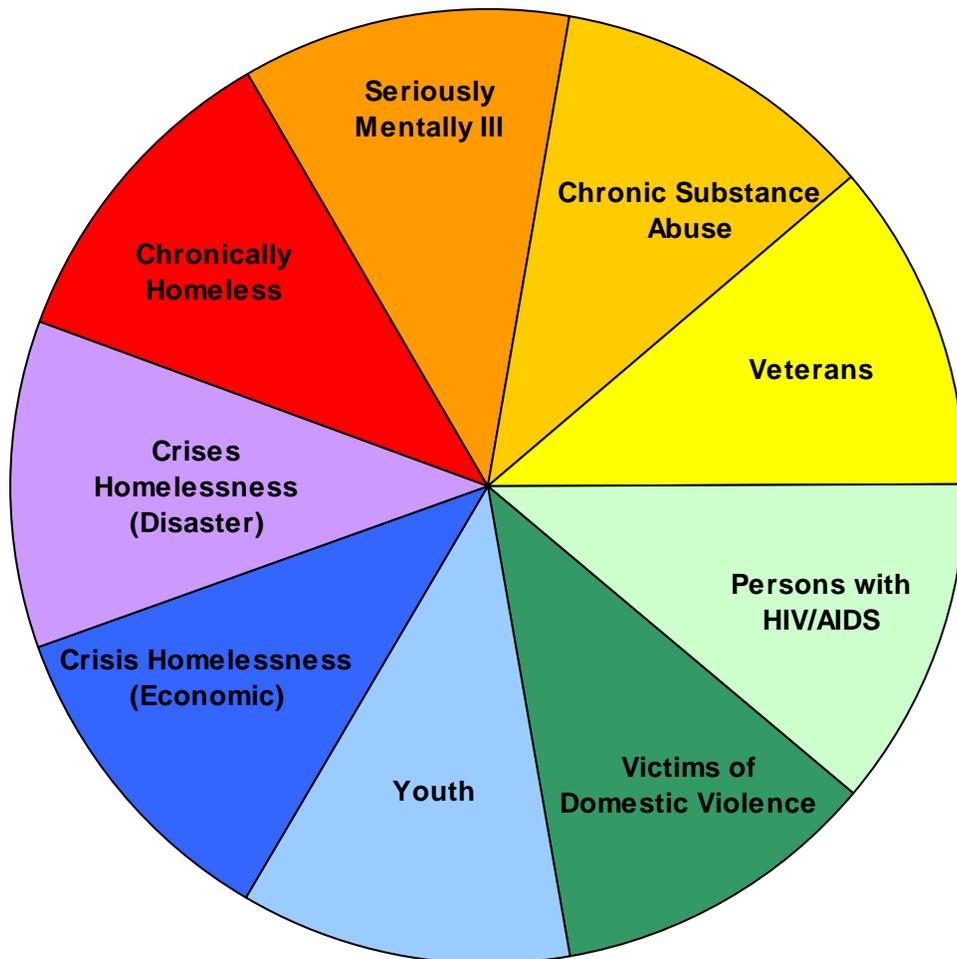
Southern New Hampshire Services Mary's House	I	P	N	R	C,S
United Way of Greater Nashua	F	T	N	D	E,C,T
Urban Programs	B	T	G	D	C,S
Seriously Mentally Ill	Focus	Level	Type	Participation	Strategy
Bridges	B	S	N	R	
Community Council of Nashua	B	P	N	D	P,C
Harbor Homes	B	P	N	D	E,C,T,S
Municipal Welfare	B	P	G	D	P,E
NAMI	B	S	N	R	
Nashua Housing Authority	B	P	G	D	C,S
Nashua Pastoral Care Center	B	S	N	D	P,C
NH State Hospital	I	S	N	R	T
Police Department	B	S	G	R	
Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C
Southern New Hampshire Services Mary's House	I	P	N	D,R	C,S
Chronic Substance Abuse	Focus	Level	Type	Participation	Strategy
Community Council of Nashua	B	S	N	D	P,C
Keystone Hall	I	P	N	D	C,T
Marguerite's Place	F	P	N	D	C,T,S
MP Housing	F	P	N	D	C,S
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Pastoral Care Center	I	S	N	R	P
Nashua Soup Kitchen and Shelter	B	P	N	D	P,E,C,T
Police Department	B	S	G	R	
Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C
Southern New Hampshire Services Mary's House	I	P	N	D,R	C,S
Southern NH Medical Center Access Team	B	P	N	R	
Youth Council	I	P	N	D	P
Veterans	Focus	Level	Type	Participation	Strategy
Community Council of Nashua	B	S	N	D	P,C
Harbor Homes	B	P	N	D	E,T
Manchester Veteran's Home	I	P	V	R	
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Soup Kitchen and Shelter	B	P	N	D	P,E,C,T
Neighborhood Housing Services of Greater Nashua	B	S	N	D	P,S
Police Department	B	S	G	R	
Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C
Veteran's Administration	I	S	G	R	

Persons with HIV/AIDS	Focus	Level	Type	Participation	Strategy
Bridges	B	S	N	R	
Community Council of Nashua	B	S	N	D	P,C
Harbor Homes	B	P	N	D	E
Marguerite's Place	F	P	N	D	S
Mary's House	F	P	N	D	C,T,S
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Soup Kitchen and Shelter	B	P	N	D	P,E,C,T
Police Department	B	S	G	R	
Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C
Southern New Hampshire Services Mary's House	I	P	N	D,R	C,S
Southern NH HIV/AIDS Task Force	I	P	N	R	P,C,T*, S*
Victims of Domestic Violence	Focus	Level	Type	Participation	Strategy
Bridges	B	P	N	D	P,E,C,T
Community Council of Nashua	B	S	N	D	P,C
Harbor Homes	B	P	N	D	E
Mary's House	F	P	N	D	C,T,S
Marguerite's Place	F	P	N	D	C,S
MP Housing	F	P	N	D	C,S
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Pastoral Care Center	B	P	N	D	P,C,T,S
Nashua Soup Kitchen and Shelter	B	P	N	D	P,E,C,T
Neighborhood Housing Services of Greater Nashua	B	S	N	D	P,S
Police Department	B	S	G	R	
Services Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C
Southern New Hampshire Services Mary's House	I	P	N	D,R	C,S
United Way of Greater Nashua	F	T	N	D	E,C
Youth Council	I	P	N	D	P
Youth	Focus	Level	Type	Participation	Strategy
Bridges	B	S	N	R	
Child and Family Services	B	P	G	R	
Community Council of Nashua	B	P	N	D	P,C
Host Homes (Milford)	I	S	N	R	
Interfaith Hospitality Network	F	T	N	R	
Marguerite's Place	F	S	N	R	
Neighborhood Housing Services of Greater Nashua	B	S	N	D	P,S
Nashua Children's Home	I	S	N	D	T
Nashua Housing Authority	B	P	G	D	C,S
Nashua Police Department	I	P	G	R	
Norwell Home	F	T	N	R	

Police Department	B	S	G	R	
School System	I	T	G	R	
Southern New Hampshire Services Homeless Outreach	B	S	N	R	P,C
United Way of Greater Nashua	F	T	N	D	E,C
Urban Programs	B	T	G	D	S
Youth Council	I	P	N	D	P
Crisis Homelessness (Economic)	Focus	Level	Type	Participation	Strategy
Bridges	B	S	N	R	
Greater Nashua Interfaith Hospitality Network	F	P	N	D	E,C
Mary's House	F	P	N	D	S
Marguerite's Place	F	P	N	D	C,S
MP Housing	F	P	N	D	C,S
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Pastoral Care Center	B	P	N	D	P,C,T,S
Nashua Soup Kitchen and Shelter	B	P	N	D	P,E,C,T
Southern New Hampshire Services	B	P	N	D	P,C,S
United Way of Greater Nashua	I	T	N	D	E,C
Urban Programs	B	T	G	D	P,E,C,T,S
Crises Homelessness (Disaster)	Focus	Level	Type	Participation	Strategy
Bridges	B	S	N	R	
Greater Nashua Interfaith Hospitality Network	F	P	N	D	E,C
Marguerite's Place	F	S	N	R	C,T,S
Municipal Welfare	B	P	G	D	P,E
Nashua Housing Authority	B	P	G	D	C,S
Nashua Pastoral Care Center	B	P	N	D	P,E,C
Southern New Hampshire Services	B	P	N	D	P,C,S

*Rental Assistance

Homelessness: The Wheel of Responsibility



Category

Started with the original seven areas of concern on the GAPS Analysis Chart
At the request of the Committee, Crisis Homelessness (economic) and Crisis Homelessness (disaster) have been added

Focus

Also taken from the GAPS Analysis Chart

Level

Primary = Provided direct care and services

Secondary = Makes referrals for, or referrals to Primary providers

Tertiary = Indirectly supports, but does not provide service to or referrals to service providers

Type

Whether the agency is a Nonprofit, Government Entity, or Private Business

Participation

Direct Representation, meaning that the agency was here and participating in this exercise

Referral means the agency wasn't present at the exercise, but that an agency that was present indicated they made referrals to, or received referrals from them

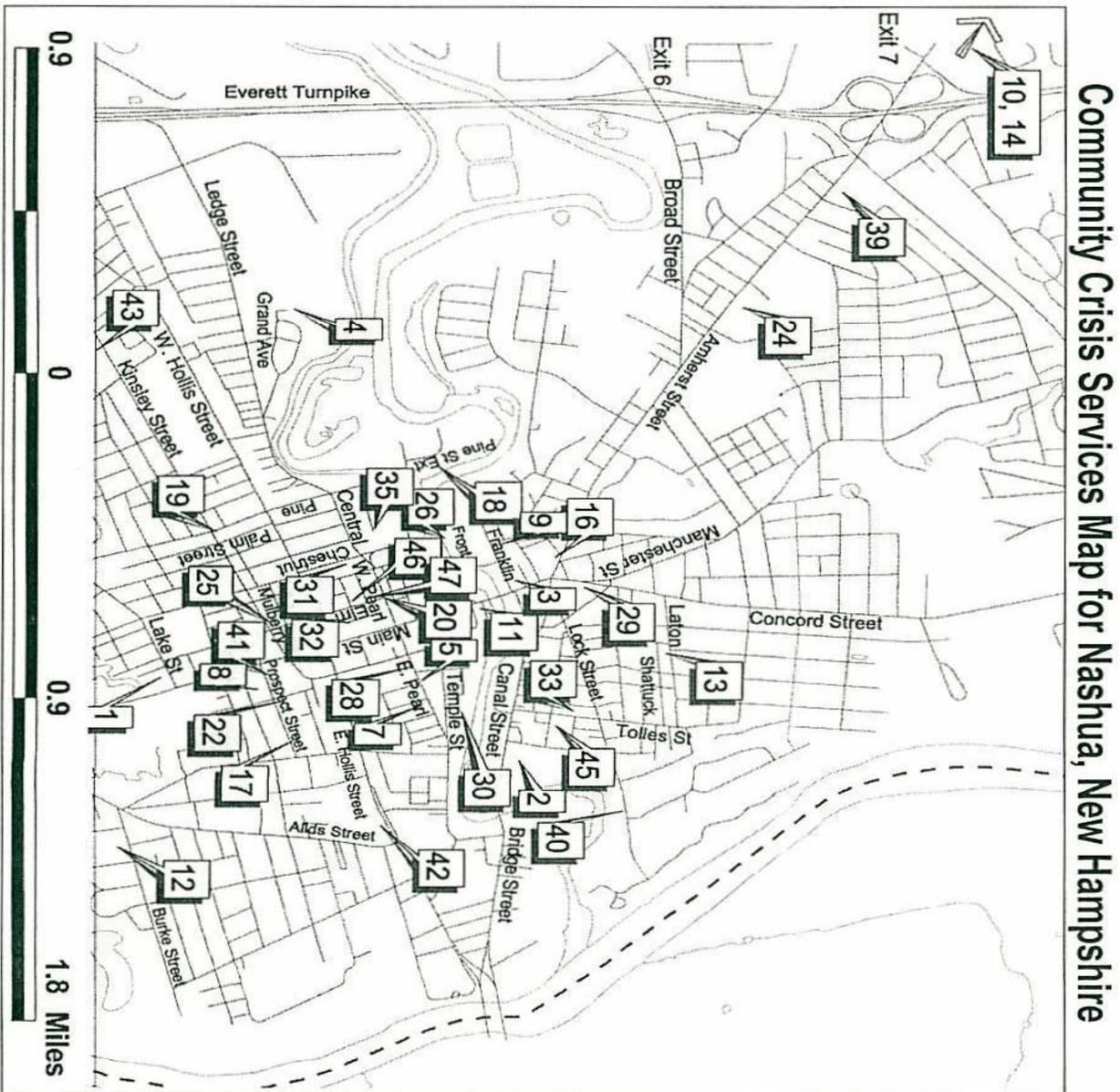
Strategy

What strategy (or strategies) is/are used by the agency to address homelessness

e. Resource Map

Community Crisis Services Map for Nashua, New Hampshire
 Brought to you by the Greater Nashua Continuum of Care

Advocacy and Support: 10, 11, 12, 17, 21, 23, 29, 34, 35, 42, 44, 47	Alcohol and Substance Abuse: 18, 47	Food: 9, 14, 29, 31, 38, 45, 46	Children: 3, 4, 7, 12, 13, 24, 25, 35, 36, 42, 47	Clothing: 38	Education: 1	Elderly: 6, 25, 30, 35, 37, 42	Emergency Shelter: 14, 16, 29, 31	HIV/AIDS: 40	Housing: 15, 16, 19, 20, 28, 33	Mental Health: 8, 16, 27, 35	Physical Health: 17, 22, 23, 25, 29, 35, 41, 43	Pregnancy: 22, 26, 34, 47	Rape and Assault: 5, 47	Transportation: 32, 42
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Community Crisis Services Map for
Nashua, New Hampshire brought to
you by:

**The Greater Nashua
Continuum of Care**
<http://www.nashua-coc.org>

1. **Adult Learning Center, 4 Lake St., Nashua, NH 03060 (603- 882-9080):** ESL, computer training, and job placement, GED testing, Spanish, Citizenship, childcare and school age care.

2. **Area Agency for Developmental Services, 144 Canal St., Nashua, NH 03060 (603- 882- 6333):** Services for people with developmental disabilities and their families.

3. **Big Brothers/ Big Sisters, 33 Main St., Suite 501, Nashua, NH 03064 (603- 883- 4851):** Professionally supported one to one relationship with an adult volunteer who has been appropriately matched to a child who is in need of a mentor/ friend.

4. **Boys & Girls Club, 47 Grand Ave., Nashua, NH 03060 (603- 883-0523):** Affordable daily programs promoting the health, social, educational, vocational and character development of youth from disadvantaged circumstances ages 6- 18.

5. **Bridges, 33 East Pearl St., Nashua, NH 03060 24- Hour Support Line (603- 883- 3044) Office (603- 889- 0858):** Services for victims and survivors of domestic violence, sexual assault, teen dating violence, child sexual abuse, elder abuse, stalking, and harassment. Services include crisis intervention, emergency shelter, court advocacy, support groups, and education and outreach to both women and men.

6. **Caregivers, PO Box 6107, Nashua, NH 03063 (603- 595- 4502):** Support to the frail elderly, disabled and culturally disadvantaged. Trained volunteers provide the "hands" of support.

7. **Child and Family Services, 22 E. Pearl St., Nashua, NH 03060 (603- 889- 7189):** Serves children by strengthening families through counseling, adoption, teen services, and home- based services.

8. **Community Council of Nashua, 7 Prospect St., Nashua, NH 03060 (603- 889- 6147):** Professional behavioral health services and education, and information and referral, psychotherapy, psychopharmacology, crisis response, hospitalization, outreach, day treatment, rehabilitative and vocational services.

9. **Corpus Christi, 43 Franklin St., Nashua, NH 03064 (603- 882-6372):**

Food pantry open Monday and Wednesday 12: 30pm- 2: 30pm, Tuesday and Thursday 3: 00pm- 5: 00pm, and Saturday 10: 00am-12: 00pm. Please call ahead.

10. **Easter Seals, 491 Amherst St., Nashua, NH 03060 (603- 889-0735):** Diagnostic, habilitative, rehabilitative and support services to children and adults with disabilities, injuries, and other special needs (including job placement and training, vocational education, return- to- work services, community inclusion programs, community residential services, supported employment, school- to- work services, and brain injury services).

11. **Gathering Place, 82 Main St., Nashua, NH 03033 (603- 886- 1282):** Member- run social club for the mentally ill and homeless offering recreation, socialization, and free nutritious meals.

12. **Girls, Inc., 27 Burke St., Nashua, NH 03060 (603- 882- 6256):** Prevention and outreach programs for disadvantaged and/ or at- risk girls.

13. **Greater Nashua Child Care Centers, 2 Shattuck St., Nashua, NH 03060 (603- 883- 4431):** Affordable Early Childhood care, education and family support. Fees based on family size and income.

14. **Greater Nashua Interfaith Hospitality Network, 491 Amherst St., Suite 22, Nashua, NH 03063 (603- 883- 7338):** Provides shelters, meals, and supportive services to sustain a community- wide effort of compassion for homeless families.

15. **Habitat for Humanity of Greater Nashua, PO Box 159, Nashua, NH 03061 (603- 883- 9162):** Building affordable homes for families that otherwise could not afford to purchase a house, and by providing assistance in critical repairs or modifications that the homeowner cannot afford.

16. **Harbor Homes, 12 Amherst St., Nashua, NH 03060 (603- 881-8436):** Residential and support services for persons and families challenged by mental illness and/ or homelessness.

17. **Home Health & Hospice Care, 22 Prospect St., Nashua, NH 03060: (603- 882- 2941):** Services and support to the acutely, chronically, and terminally ill, and bereaved families (including nursing, hospice care, home health aides, homemakers, well- child care, health promotion clinics, and education).

18. **Keystone Hall-(Greater Nashua Council on Alcoholism), 88 Pine St. Extension, Nashua, NH 03060 (603- 881- 4848):** Comprehensive services for

chemically dependent persons (including crisis intervention, case management, transitional living, women's programming, outpatient counseling, and bilingual services for the Hispanic community).

19. **Marguerite's Place, 87 Palm St., Nashua, NH 03060 (603- 598-1582):** Transitional housing and on- site day case management and daycare for single mothers and their children.

20. **Mary's Place, 123 W. Pearl St., Nashua, NH 03060 (603- 886-3562):** A Southern New Hampshire Services program offering permanent housing for homeless women.

21. **Nashua Advocacy Group, 9 New Searles Rd., Nashua, NH 03062 (603- 888- 2028):** Advocacy and peer support for homeless individuals by formerly homeless individuals.

22. **Nashua Area Health Center, 10 Prospect St., Suite 20, Nashua, NH 03060 (603- 883- 1626):** Sliding fee primary care services, physical exams, preventive care, general health counseling, case management, reproductive and prenatal care, and substance abuse counseling.

23. **Nashua Center for the Multiply Handicapped, 18 Simon St., Nashua, NH 03060 (603- 595- 0961):** Services to persons with developmental disabilities through early intervention (the Children's Pyramid), adult day habitation/ supported work employment (JOBS/ETC) and residential services.

24. **Nashua Children's Home, 125 Amherst St., Nashua, NH 03060 (603- 883- 3851):** Residential care, special education services, and home- based counseling primarily to abused/ neglected and educationally handicapped children and their families.

25. **Nashua Community Services Division, 18 Mulberry St., Nashua, NH 03060 (603- 589- 4516):** Serves the community by maintaining the well being of its citizens. Services are provided through a collaborative effort for Child Care Services, Environmental Health, Mediation, Public Health and Welfare.

26. **Nashua Crisis Pregnancy Care Center, 12 Front St., Nashua, NH 03060 (603- 883- 9355):** Information and practical assistance to women facing unplanned pregnancy to help them make informed decisions and choices.

27. **Nashua Foundation for Mental Health, 155 Main Dunstable Rd., Suite 200, Nashua, NH 03060 (603- 546- 6116):** A not for profit agency providing intensive community- based mental health

services to persons with severe and persistent mental illness.

28. **Nashua Housing Authority, 40 E. Pearl St., Nashua, NH 03060 (603- 883-5661):** Owns and manages public housing units and offers Section 8 Rental Assistance Certificates for use in private market apartments.

29. **Nashua Pastoral Care Center, 7 Concord St., Nashua, NH 03064 (603-886- 2866):** Services for disadvantaged individuals and families through crisis times to help them become self-sufficient. Provides transitional housing, case management, food, housing, medical, and dental assistance.

30. **Nashua Senior Center, 70 Temple St., Nashua, NH 03060 (603-889- 6155):** Services to assist seniors in maintaining active community involvement.

31. **Nashua Soup Kitchen & Shelter, 42 Chestnut St., Nashua, NH 03061 (603-889- 7770):** Dedicated to providing shelter and food to those in need, and to advocate, create and operate programs and services that promote dignity and self-sufficiency.

32. **Nashua Transit Center, 219 Ledge St., Nashua, NH 03060 (603-880- 0100):** Bus stops are marked with a Citybus sign. There are bus stops every two or three blocks along each route, and the transfer station is located on Elm St. behind City Hall

33. **Neighborhood Housing Services of Greater Nashua, 50 Tolles St., Nashua, NH 03064 (603- 882- 2077):** Develop and manage low-income rental housing; provide seminars, counseling, and financial assistance to first time homebuyers; and work to revitalize inner-city neighborhoods.

34. **New Hampshire Catholic Charities, 261 Lake St., Nashua, NH 03060 (603-889- 9431):** Counseling, pregnancy and adoption services, and outreach services to parishes and the greater Nashua community.

35. **New Hampshire Department of Health and Human Services, Nashua District Office, 19 Chestnut St., Nashua, NH 03061 (603-883- 7726):** Provides a comprehensive and coordinated system of services to promote and protect the health, safety and well-being of NH citizens. Directed at supporting families, strengthening communities and developing the independence and self-sufficiency of NH citizens to the extent possible.

36. **New Hampshire Division for Children, Youth and Families- Child**

Protective Services, PO Box 1025, Nashua, NH 03060 (603- 883-7726): Services to children, youth and families experiencing child abuse or neglect.

37. **New Hampshire Division of Elderly & Adult Services, PO Box 1025, Nashua, NH 03061 (603- 883- 7726):** Services to help elderly and disabled adults remain at home or placement services when needed. Protective investigations for reports of abuse, neglect, self-neglect and exploitation of incapacitated adults.

38. **Salvation Army, One Montgomery Ave., Nashua, NH 03060 (603-883-7841):** Direct individual and community emergency/ temporary assistance. Conducts adult and youth activities, tutoring, disaster relief, and summer camp and character building programs.

39. **Social Security Administration, 175 Amherst St., Nashua, NH 03064 (603-880- 0295) or (1- 800- 772- 1213):** Social Security cards; maintenance of Social Security earnings records; applications for Social Security Disability, survivors, retirement benefits, Supplemental Security Income, Medicare, and Post- Entitlement actions (direct deposit, lost checks, change of address, etc.)

40. **Southern New Hampshire HIV/ AIDS Task Force, 111 Lock St., Suite 101, Nashua, NH 03064 (603- 595- 8464):** Comprehensive care, support and educational services to people living or affected by HIV/ AIDS.

41. **Southern New Hampshire Medical Center, 10 Prospect Street, Nashua, NH 03060 (603- 577- 2728):** Committed to stewardship and provides comprehensive medical services, many of which are exclusive to this region.

42. **Southern New Hampshire Services, 134 Allds St. Nashua, NH 03060 (603-889- 3440):** Community Action Agency for Hillsborough County providing social services programs and advocacy activities to low income youth, elderly and other specialized populations through Housing, Head Start, WIC, Weatherization, Parent Aide, Energy Assistance, Summer Youth Feeding, Child Care and Transportation.

43. **St. Joseph Hospital, 172 Kinsley Street, Nashua, NH 03060 (603-882-3000):** A caring, progressive, comprehensive 200 bed not- for-profit health care facility serving southern New Hampshire and dedicated to the prevention of disease and care of the sick, with special concern for the poor.

44. **The Plus Company, 240 Main Dunstable Road, Nashua, NH 03062**

(603- 889- 0652): A comprehensive organization providing vocational, residential and social services to people with disabilities.

45. **Tolles Street Mission, 52 Whitney St., Nashua, NH 03060 (603-880- 4984):** Food pantry open Tuesday, Wednesday, and Thursday from 1: 30pm- 3: 00pm.

46. **Upper Room Compassionate Ministries, 3 Elm St., Nashua, NH 03060 (603- 595- 2039):** Food pantry open Tuesday, Wednesday, and Thursday from 10: 00am- 4: 00pm.

47. **Youth Council of Nashua, 112 West Pearl St., Nashua, NH 03060 (603- 889-1090):** Serves children, teens, and families struggling with sexual abuse, physical abuse, neglect, substance abuse, behavioral difficulties and parenting stress through counseling, diversion and crisis services.

If you need further information, please contact the **New Hampshire Helpline at 1- 800- 852- 3388.**

The New Hampshire Help Line is a statewide, 24- hour a day, 365 day a year telephone service for the people in the state of New Hampshire. Their trained and certified information and referral specialists provide information, referral, assistance, and crisis intervention services utilizing the New Hampshire Help Line's Resource Database. Their Resource Database contains comprehensive information about social service agencies and programs throughout the state of New Hampshire. You can also visit their website at [http:// www. nhhelpline. org](http://www.nhhelpline.org)

f. Case Studies:

“A”

A. is a 38-year-old, single female. Came to municipal welfare directly from jail. Although she hadn't lived there for some time it was the last town her name was on an apartment's lease. Town Welfare assisted with paying for an emergency shelter stay in a motel and medications for an infection. She found and maintained employment, utilized the newly founded public transportation to get to the job, and has made it on her own thanks to Mary's House.

“M”

M. is a 44-year-old, single female. Chronic municipal welfare client. Has come in for assistance at least once a year for approximately 8 years. Substance abuser. Lost custody of her only child since she did not have a home. She is trying to address her alcoholism, found work. A landlord was willing to “give her a chance.” She is still working, maintaining her apartment, and has not been into the municipal welfare office for over a year. Her daughter visits her for weekend at her apartment.

“J”

J. is a 24-year-old female with two children (ages 6 and 1). It was determined she had suffered brain damage as a result of domestic violence. She is able to work, needed her own apartment. She has become self-sufficient with the help from Marguerite's Place.

“R ”

R. is an unemployed 22-year-old male. He and his girlfriend and two children were evicted and had been living with friends/relatives here and there for a few months. He is returning to work over the next two weeks. They checked in at the shelters, which were full. They presented at municipal welfare, which placed them in an emergency shelter motel placement until they can get into the public shelter or obtain permanent housing.

“E”

E. is a 41-year-old female who left her physically and emotionally abusive husband in February 2003. Since moving to Mary's House, she has continued with her schooling and she is on her way to becoming an RN. She also works for a local social service agency while attending school. She has a 4.0 grade point average.

“J”

J. is a 19-year-old female who was homeless for over a year before moving into Mary's House in April 2003. She “couch hopped” between different friends and family members' homes during her senior year of high school. Because of the fact that where she was going to sleep every night was her main priority, she ended dropping out of school. Since moving to Mary's House, she has received her GED and has also attended her 1st semester of college in a local art school.

g. Resource links

Federal:

Centers for Medicare & Medicaid Services - www.cms.hhs.gov
Department of Health & Human Services - www.cdc.gov
Department of Veteran's Affairs - www.va.gov
Health Insurance Portability and Accountability Act - www.hipaa.org
Health Resources and Services Administration - www.hrsa.gov
United States Department of Housing & Urban Development – www.hud.gov
Interagency Council on Homelessness – www.ich.gov
National Alliance to End Homelessness – www.naeh.org
Substance Abuse & Mental Health Services – www.samhsa.gov

State:

New Hampshire State Government – www.state.nh.us
New Hampshire Department of Health & Human Services – www.dhhs.state.nh.us

Local:

Bridges, Inc. – www.bridgesnh.org
Community Council of Nashua, NH, Inc. – www.ccofnashua.org
City of Nashua – www.gonashua.com
Diocese of Manchester – www.rcbm.org
Girls Inc. – www.girlsincnewhampshire.org
Greater Nashua Council on Alcoholism, Inc. – www.keystonehall.org
Greater Nashua Habitat for Humanity – www.nashahabitat.org
Harbor Homes, Inc. – www.harborhomes.org
Nashua Foundation for Mental Health – www.angelfire.com/nh/nepafoundation
Nashua Soup Kitchen & Shelter – www.nsk.org
New Hampshire Catholic Charities – www.catholiccharitiesnh.org
St. Joseph's Hospital Mission – www.stjosephhospital.org
Southern New Hampshire Services – www.snhs.org
Southern New Hampshire HIV/AIDS Task Force – www.aidstaskforcenh.org
United Way of Greater Nashua – www.unitedwaynashua.org

h. Greater Nashua 10-Year Plan Execution

This document can be found at <http://www.nashua-coc.org/files/plan/actionplan.pdf>

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