A Home for Everyone

New Hampshire's Ten-Year Plan to End Homelessness

December 21, 2006

Acknowledgements

Members of the Governor's Interagency Council on Homelessness

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Executive Summary

The Vision

Over the past two decades, the words *homeless* and *homelessness* have become part of the American political and social vocabulary. The good news is that, through research, technology, and broader communication, we are becoming more aware of the causes and results of homelessness, and we have come to realize that these formerly invisible people are part of the fabric of our communities. The bad news is that every year there are more and more people in our state who are chronically or temporarily homeless. *A Home for Everyone* is New Hampshire's response. It is a broad and creative approach to eliminating homelessness in our state and preventing people from sliding into homelessness in the future.

This is an achievable goal. The concerned and compassionate citizens of New Hampshire are capable of seeing their homeless neighbors as people, as productive citizens, and as human beings first, and understanding that their homelessness is a condition to be resolved, not a lifestyle they want to continue. Together, we *can* and *should* find a permanent, sustainable, adequate home for every resident of our state. *A Home for Everyone* shows how it can be done. Now it is up to every member of New Hampshire's urban and rural communities to ensure that it happens, enacting our vision of bringing the force of all New Hampshire citizens and relevant offices and agencies to bear to prevent and eliminate homelessness.

Guiding principles

Making this vision a reality will require serious, thoughtful, and unstinting effort supported by careful planning and coordination. The following principles underlie the plan's objectives and will guide our actions and decisions through the next decade.

- Engage all New Hampshire citizens in the effort to prevent and end homelessness.
- Use evidence-based practices to prove the efficacy of our methods and deliver services more efficiently.
- Ensure that our efforts are outcome-oriented and sensitive to consumer need.
- Improve coordination and communication among service providers, including government agencies and independent nonprofits.
- Mobilize the state's considerable assets (agencies, faith-based organizations, individuals, etc.) in an increasing understanding and resolve to end homelessness.

To create this map to ending homelessness, we listened to the stories of our consumers, drew on the experience of our providers, compared our thoughts with plans in other states, and reviewed the gaps in service and barriers to obtaining housing in our own state. With all of that in mind, we developed the following goals and objectives.

Goal 1: Increase the amount of permanent supportive housing and affordable housing available to people who are homeless or at risk of homelessness.

Rationale

It has been shown that 10 percent of chronically homeless individuals consume 50 percent of resources devoted to homelessness. Permanent supportive housing reduces the use of public resources and creates an average annual savings of $16,282 per homeless individual per year (Culhane). In addition, by permanently housing the chronically homeless, the spaces that they would occupy in emergency and transitional housing become available for people who are undergoing genuine emergency housing situations, that is, for people who are recently homeless. Finally, while reducing costs, we improve outcomes for individuals because those in permanent supportive housing are far less likely to use expensive emergency services such as hospital emergency rooms, and far more likely to reenter the mainstream than those who spend extended amounts of time in emergency housing.

The Problem Defined

◆ 10% of the homeless population is chronically homeless and consumes over 50% of the resources[2]
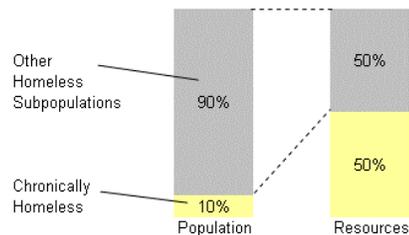
(2) The Impact of Supportive Housing for Homeless Persons with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York/New York Initiative Conducted by Dennis P. Culhane, Stephen Metraux and Trevor Hadley. Center for Mental Health Policy and Services Research, University of Pennsylvania

Objectives

- Encourage the creation of new sources of revenue to increase the availability of permanent supportive housing for the homeless.
- Maintain existing resources that currently support permanent supportive housing while striving to enhance their usefulness.
- Provide one-time or short-term rent or mortgage subsidies to assist low-income households with the high cost of obtaining housing.
- Provide service-enriched housing that effectively addresses a variety of needs, including mental health, substance abuse treatment, household budget counseling, job training, access to benefit systems, and general case management. Residents of this housing would be strongly encouraged to utilize these services, but this would not be required for tenancy.
- Create a variety of housing choices, including scattered site, mixed development, single room occupancy, etc. Depending upon the availability of rental housing within the service area, some units would be newly constructed or rehabilitated by nonprofit housing developers or service providers. Other units would be privately owned and rented by clients with the aid of tenant-based

rental assistance such as Section 8 Housing Choice Voucher, Shelter Plus Care, etc.

- Encourage the development of housing stock that fulfills the shelter and affordability needs of everyone, including those who are homeless or at risk of homelessness.

Goal 2: Increase access to wraparound services 1) for people who are at risk of becoming homeless to prevent them from losing their homes, and 2) to help people who are currently homeless to obtain housing.

Rationale

Wraparound services take into account of the individual's entire life situation, all of which affect housing sustainability. Such responsive, flexible services have the best opportunity to prevent homelessness because they are designed to meet the unique needs of individuals.

Objectives

- Develop comprehensive case management services for at-risk and currently homeless people.
- Eliminate or significantly reduce barriers to obtaining services.
- Assess the individual's or family's needs and assist in finding services that are required in each individual situation.
- Design and conduct a pilot case management system for research purposes.

Goal 3: Increase outreach to legislators, the business community, and citizens so they understand the impact of homelessness on the state, individuals, families, and agencies.

Rationale

To solve any complicated public policy issue such as homelessness, there first

must be a recognition that the issue even exists. Democratic institutions, be they federal, state, county, or town, depend upon well-informed citizens and their representatives to make informed choices based upon facts that are known, accurate, and current. Decisions made from a lack of knowledge, stereotypes, or outdated information can never provide the information that is needed to solve complicated social problems such as homelessness. Raising the awareness about homelessness in New Hampshire is an important first step toward solving the long-term problems of homelessness in the state.

Objectives

- Conduct public education to enhance the public's understanding of the causes and impact of homelessness.
- Advocate for living wages.
- Advocate for improvements to funding, eviction, zoning, and other legal policies.
- Advocate to local, state, and federal agencies to ensure that their policies and practices consider their agencies' impact on those experiencing homelessness, and those at risk of homelessness.

Goal 4: Create a service system that is thoroughly and seamlessly integrated. Provide the most efficient and efficacious way to prevent and minimize homelessness by eliminating duplication and closing service loops.

Rationale

By integrating services, we reduce the number of agency locations, application processes, and eligibility timelines a homeless person must navigate. Reducing duplication and closing service gaps results in considerable reduction in the amount of time a person or family is homeless.

Objectives

- Establish and enable a "no wrong door" policy in New Hampshire so that people who are homeless can enter the service system in any of a variety of ways, and obtain all of the services they need to prevent and minimize homelessness.
- Develop a team approach to increase coordination, collaboration, and integration among service providers in delivering case management and other services.
- Through creative use of the internet and other resources, ensure that all service providers have access to the most updated and complete information that can aid their clients.
- Through creative use of the internet and other resources, ensure the best possible communication among service providers.

Next steps

This initial draft of New Hampshire's ten-year plan is the result of a two-year process, but it is a beginning, not an end. On December 21, 2005 – coinciding with National Homelessness Remembrance Day – the ICH submitted this plan to Governor John Lynch for review. We are confident that the Governor will carefully consider the plan's concepts and recommendations, and will respond with additional thoughtful directions for plan implementation. We look forward to the second phase of coordination and implementation of the plan's initiatives and recommendations over the coming years. The ICH recommends the following action steps and goals to be implemented over the next two years.

- By late winter, we respectfully request that Governor Lynch and staff review *A Home for Everyone* and respond with thoughts about the plan's major ideas and their execution.
- By spring, we respectfully request that Governor Lynch identify a leadership working group that may consist of himself, the Speaker of the House, the President of the Senate, the Commissioner of New Hampshire Health and Human Services, the Commissioner of Education, and the Director of New Hampshire Housing.
- During the spring, we hope that these leaders will have selected advisors who will join with the ICH to discuss implementation of the following critical steps, which will make an enormous difference in the lives of New Hampshire's citizens experiencing homelessness and can be accomplished by the state at little or no expense.
  - Implement a cost savings plan that will maximize Medicaid payments toward promoting permanent supportive housing.
  - Change state regulations so that benefits are suspended rather than stopped when individuals are placed in state institutions (incarcerated, hospitalized, etc.).
  - Establish a disability housing registry that will provide easy access to listings of housing that is accessible to the disabled.
  - Eliminate redundancy in the assessment process for determining disability.
  - Convene the first-ever formal dialogue between the state's housing and supportive service systems.
  - Ensure that homeless children stay in school by connecting them to the Homeless School Liaisons through the New Hampshire Helpline.

- We anticipate the need for the Governor to identify an individual to work with the ICH to oversee the implementation of the ten-year plan in regards to legislation and funding issue.
- By late spring, we respectfully request that Governor Lynch call a meeting of the leadership working group and key stakeholders to review input and ideas for the final ten-year plan.
- By early summer, we hope that Governor Lynch will fully designate *A Home for Everyone* as New Hampshire's ten-year plan to end homelessness in the state.

Please note: The 25 members of the ICH have worked diligently to collect and summarize the information in this ten-year plan. While we are confident that our data is accurate, we are still completing the process of researching citations for all quotes and data used. In addition, we expect that the governor and other readers will make further changes to this draft as they review it. All references will be reviewed and cited in the final version of *A Home for Everyone.*

New Hampshire's Ten-Year Plan to End Homelessness

**Ending Homelessness is a
Shared Responsibility**

At both ends of life's extremes – day-to-day living and moments of severe crisis – we all have our roles to play. We are managers, problem solvers, and responders. We coach and listen, coordinate and respond. As we see when natural catastrophes occur, citizens of every stripe are capable of banding together to find solutions that renew our faith in life and in each other.

In New Hampshire, on any given day, there are 3,081 people who are homeless, as many people who are homeless as people who live in Lancaster, Tilton, or Plymouth (2006, DHHT one-day count). We have almost 1,288,000 residents in our state; as best we can estimate, about 20,000 (1.6%) of them are homeless in a given year (this estimate is based on the number of people that shelters serve plus the number that the shelters turn away). Homelessness in New Hampshire is nothing short of a crisis and we all have a part to play to resolve it.

As individual citizens, we can show compassion to our homeless neighbors, demand action from our representatives, and talk to our places of worship about raising funds and awareness. As homeowners, we can lobby, without fear or prejudice, for affordable housing in our neighborhoods. As reporters, we can expose the truth about the prevalence and costs of homelessness in our state. As business leaders, we can understand the economic impact of homelessness and work to create jobs. As service providers, we can coordinate our efforts to offer the most efficient and compassionate services to people who are homeless. As homeless people, we can advocate for our needs, strive to meet our goals, and work with the system to gain training, jobs, and housing. As legislators, we can shift funding streams and create policies that enable all citizens of New Hampshire to live in safe, affordable housing.

We all have parts to play and now is the time for action.

This ten-year plan outlines both an overall direction and an achievable chronology for ending homelessness in our state. It represents an opportunity to create the best possible coordinated response to the tragedy of homelessness. Resolving that crisis – ensuring that all of New Hampshire's residents have a dwelling where they can lay their heads each night – is our responsibility as human beings who care for each other and as citizens who care for the welfare of our state.

The chronology of this ten-year plan is in response to a federal mandate, but the concerned citizens of New Hampshire know that even one more day of homelessness is too much for individuals, for families, and especially for children whose lives are so deeply impacted at such a young age. The average age of a homeless individual in the U.S. today is nine years old. Homeless families with children are the fastest growing segment of the homeless population (National Coalition for Homelessness Fact Sheet 2002). No child should go through the day not knowing where he or she is going to bed that night. These issues are real and are unacceptable *now.* They cannot wait ten years.

In New Hampshire as in every other state, the need for services, housing, and prevention far exceeds the supply. This plan

provides the opportunity to make sufficient housing and services available to those who are homeless. Working together, we can tighten the mesh in the safety net so that our fellow citizens will never again have to sleep under the stars or in a snow bank. In the long run, eliminating homelessness makes fiscal sense for the state of New Hampshire, but more importantly, it is the right way for the citizens of this state to take care of each other.

Defining Homelessness

Imagine waking up in the morning not being quite sure where you or your family will lay your heads that night. A large and growing number of your New Hampshire neighbors are in exactly that predicament. They are homeless. We have all heard that word so often in the last decade that we forget what it actually means.

HUD defines chronic homelessness as "an unaccompanied homeless individual with a disabling condition who has either been continuously homelessness for a year or more or has had at least four episodes of homelessness in the past three years." In general, people who are homeless fall into several categories[1]:

- Any individual or family who lacks a fixed, regular, and adequate nighttime residence.
- Any individual or family who has a primary nighttime residence that is
  - A supervised publicly or privately operated shelter designed to provide

temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), or
  - An institution that provides a temporary residence for individuals intended to be institutionalized, or
  - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Those who are sharing housing with others, i.e., informal arrangements with relatives and friends where the host can tell the homeless individual to leave at any time (this is also known as "shelter at will" or "couch surfing").
- Runaway and homeless youth who have left home for any of a number of reasons (i.e., runaways, throwaways, or those escaping neglectful, physical, or substance abuse environments) and are not in the physical custody of a parent or legal guardian. These young people are formally known as "unaccompanied youth."

There are few issues that touch on so many services simultaneously as homelessness. Subpopulations of homeless persons identified in New Hampshire include, but are not limited to, veterans, chronically ill, people with HIV/AIDS, victims of domestic violence, and those with long-term mental illness and substance abuse issues, including those dually diagnosed. Homeless veterans provide a success story of how additional funding from the Department of Veterans Affairs has made a tremendous positive difference in New Hampshire. As programs for homeless veterans have operationalized resources, we

Pie chart labels: known mental illness, 1582, 23%; HIV/AIDs, 15, 0%; veterans, 296, 4%; domestic violence, 620, 9%; dual diagnosis, 469, 7%; other substance abuse, 1635, 24%; alcohol abuse, 2218, 33%

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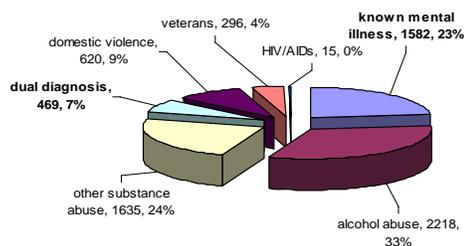
[1] This is based on the USHUD definition as codified in the McKinney-Vento Homeless Assistance Act 2001, US Code Title 42, Chapter 119, Subchapter I, § 11302.

have noted a correlating decline in the number of veterans appearing in the annual count of homeless.

Extent of Homelessness

Homelessness is ravaging the lives of too many men, women, children, and entire families in New Hampshire. Numbers alone do not tell the full story, but numbers are an important starting point to understand how homelessness affects every citizen in New Hampshire and in the nation as a whole.

Homelessness is on the rise in New Hampshire and in the nation. According to a 2001 study, on any given day, at least 800,000 people are homeless in the United States, including about 200,000 children in homeless families (Burt, 2001). Converting this estimate into an annual projection, up to 3.5 million people are homeless every year. This means that approximately 1 percent of the US population experiences homeless-ness each year, nearly 40 percent of them being children (National Coalition for the Homeless Fact Sheet, June 2005).

The point in time count taken from noon January 25 to noon on January 26, 2006, identified 3,081 individuals as homeless in New Hampshire. On the same day, 978 school-aged children were identified as homeless by the Department of Education. Anecdotal evidence from family shelters, such as the one operated by the Friend's Program in Concord, suggests that there may be twice as many preschoolers as school age children who are homeless. In state fiscal year 2006, New Hampshire homeless shelters provided temporary refuge to 6,435 individuals, but needed to turn away 9,634 people for lack of space and other resources.[2] These numbers do not include those who are helped at smaller non-state funded shelters, those who sleep in cars and at campgrounds, and those who couch surf.

The average length of time people stayed at shelters increased from 31 days in 1998 to 43 in 2006 (with a peak of 49 days in 2004). From 2003 to 2004, 41.9 percent of all individuals and families in shelters experienced homelessness for the first time.[3] In 2004, of the state-assisted homeless population, 1 in 10 was older than 50, 2 out of 3 were aged 18-50, and 1 in 4 was younger than 18.[4]

These raw numbers are frightening and revealing in and of themselves. More so is the fact that homelessness nationally and in New Hampshire is on the rise. From a human perspective, these numbers only tell part of the story. There is no way to quantify the emotional impact that homelessness has on the lives of an individual or a family.

Children and Homelessness

Children in particular feel the adverse effects of being homeless. Again, the following numbers tell only part of the story. Behind these numbers are real people whose lives are affected every day.

The New Hampshire Child Advocacy Network (NHCAN) estimates that one out of every four people who stay in New Hampshire state-supported shelters are children and that "homelessness devastates every part of a child's life…homeless children are twice as likely to repeat a grade or be suspended."

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2 New Hampshire Housing Finance Authority New Hampshire Action Plan 2006

3 Emergency Shelter and Homeless Coordination Commission Annual Report July 2003—June 2004 Homelessness in New Hampshire.
4 New Hampshire Department of Health and Human Services, Office of Homeless and Housing Services, 2003-2004 Emergency Shelter and Homeless Coordination Commission Annual Report

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:

- 47 percent of homeless school-aged children experience anxiety, depression, withdrawal, and other clinical problems.
- 36 percent of homeless school-aged children exhibit delinquent or aggressive behavior.
- 20 percent of homeless children do not attend school and more than 25 percent have attended three or more schools.
- Homeless children go hungry at twice the rate of other children.
- Homeless children experience physical and sexual abuse at two to three times the rate of other children.
- In one year, 22 percent of homeless children spent some time apart from their immediate family, with 12 percent being placed in foster care.

Causes of Homelessness in New Hampshire

The Cost of Housing

The cost of housing is the largest single expense in most household budgets. While payment of other household expenses can sometimes be delayed or put off, rent or mortgage payments must be made regularly and in full or one loses one's housing. Unanticipated financial events such as loss of work time due to illness or injury, loss of a job, loss of part of a household income due to divorce or death, high uninsured medical costs, the need for costly automobile repairs, or any combination of these events can lead to homelessness, especially for those with low incomes. Many New Hampshire households are a few paychecks, a job, or a financial emergency away from homelessness.

Although in large part homelessness has more to do with financial crises and poverty than housing, steady increases in housing costs over the past ten years and a lack of balanced housing growth have presented difficult challenges for those at medium to low incomes in New Hampshire. Many people living in homeless shelters have full time jobs with incomes that cannot support the cost of housing in some markets. One of New Hampshire's greatest challenges is to create a balanced housing market that offers different options to suit people with different incomes and needs.

Impact of New Hampshire's Housing Market

Housing purchase prices and rents in New Hampshire have grown dramatically over the past ten years. Median statewide purchase prices of newly constructed owner occupied housing have doubled between 1995 and the first six months of 2005. Low interest rates have helped many first time homebuyers exit the rental market, but the growth in median incomes has not kept pace with increases in purchase prices, which creates an affordability gap.

Although rental costs have not increased as much as new home purchase prices, the incomes of most renter households, especially those at low or very low incomes, have not kept up with the increase in their housing costs. It is generally accepted that housing is affordable if it costs 30% or less of a household's gross monthly income. Comparisons of household incomes and costs of rental in New Hampshire show that the higher a household's income, the greater the percentage of the rental housing inventory that is affordable, and conversely, the lower the income, the less of an affordable inventory is available. In other words, people with lower incomes consistently pay a higher percentage of their income for rent because there is insufficient

housing available at rates that meet the 30 percent guideline.

The impact of the housing market on homelessness is discussed in greater detail in Appendix C.

Costs of Homelessness in New Hampshire

For most of us, the idea of having no place to call "home" is inconceivable. The idea of leaving your workplace, faith community, or school at the end of the day and having no permanent destination to go to is beyond most of our ability to comprehend. The toll from being without a place to call home is not only costly to those who are homeless themselves, but is costly as well to the communities in which they are endeavoring to live, and our state in general.

Health Costs
Researchers at San Diego State University tracked 15 chronically homeless persons for 18 months and determined the annual community cost for emergency medical service was $65,600 per person[5].

According to the National Center on Family Homelessness, "Nearly one-third of homeless and housed women reported a chronic health condition with high rates of asthma, anemia, and ulcers."

"The limited studies of homeless children indicate that homelessness has a

devastating impact on children and youth across a number of dimensions. Homeless children suffer from high rates of acute and chronic illnesses including fever, ear infection, cough, stomach problems, asthma, diarrhea, and headaches. Homeless children are also more likely than other children to experience emergency room visits, be hospitalized, have delayed immunizations, and to have elevated blood lead levels. They also have high rates of developmental delays and twice as likely to have learning disabilities. Lack of preventive and routine health care and poor nutrition aggravate weak health."[6]

Being homeless has an enormous physical and mental impact on individuals and families. Health problems, job related difficulties, family stress, decreased self-worth, and premature deaths are all directly associated with being homeless.

Community Costs
A 2004 survey of 119 towns and cities in New Hampshire, undertaken by the Governor's Interagency Council on Homelessness, showed that the cost of local welfare expenditures by the surveyed communities for expenses related to assisting the homeless totaled $6,872,482. This figure does not reflect total expenses of the remaining 113 communities that did not participate in the survey. In addition to this total are the expenditures of hospitals, schools, food pantries, police departments, and other institutions that incur expenses related to homelessness.

Approximately 20-25% of people who are homeless have a serious mental illness, and

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Costs of Different Levels of Care

Supported housing	$32/day
Community residence	$105/day
Group home	$230-280/day
Transitional housing	$487/day
Inpatient (APRTP)	$484/day
Inpatient (NHH)	$609/day
Inpatient (DRF-Elliott	$1,414/day

NHH Census: A Task Force Report, January 7, 2005

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5 San Diego Serial Inebriate Program (SIP) Evaluation Report on Utilization of Health Resources; Sept. 2004

[6] Georgetown Journal on Poverty Law & Policy, *The McKinney-Vento Homeless Assistance Act – Education for Homeless Children and Youths Program: Turning Good Law into Effective Education. Spring 2004.*

about 50-70% have an alcohol or other drug use disorder. People who are homeless and have serious mental illnesses and/or substance use disorders have greater difficulty exiting homelessness and require a full range of treatment, housing, and support[7]. Studies in other states indicate that providing housing and supportive services reduced "crisis services" costs. The evidence on reduced crisis service costs includes a study conducted by the University of Pennsylvania (Culhane) of permanent supportive housing developments in New York City. This study determined that persons with mental illness experiencing long-term homelessness used an average of $40,500 per year of shelter, corrections, and health services. Once housed with adequate supportive services, these costs dropped to $28,355, representing a savings of $12,145 per year per individual served.

State Costs

The New Hampshire Workforce Housing Council released *Housing New Hampshire's Workforce* in March 2005, which demonstrates that families seeking moderate and low-priced homes continue to face few choices they can afford. The study estimated the aggregate impact of the housing situation on the New Hampshire economy. It estimates that a tight workforce housing market will cost New Hampshire annually: 1,300 to 2,800 new jobs, $57 million to $121 million less personal income, $123 million to $253 million reduction in Gross State Product, and $21 million to $33 million less in state and local revenues. Without affordable housing for employees, new businesses will not consider coming into the area and existing businesses will relocate in order to employ skilled workers. Because of this

survey and others like it, the issue of homelessness has caught the attention of New Hampshire's business leaders. They are coming to realize that homelessness is not just a social issue to resolve, it is an economic issue to prevent.

Public Perceptions of Homelessness

As shelter providers, outreach workers, and homeless activists try to raise awareness that homelessness is an important public policy issue in the state, they all too often hear the surprised response, "We have people without a place to live in New Hampshire?"

Commissioned by the New Hampshire Coalition to End Homelessness (NHCEH), The University of New Hampshire Survey Center completed a Granite State Poll in February 2005 (the complete poll results are available from the New Hampshire Coalition to End Homelessness). Surveying 544 New Hampshire adults by telephone, the poll found that before being presented with the economic and individual costs of homelessness, New Hampshire adults stated that homelessness in New Hampshire is a "somewhat serious problem."

When asked what they think is the most important cause of homelessness in the state, 27 percent believe it is because of low income levels for working families and another 25 percent feel it is due to the lack of affordable housing.

The poll discovered that many New Hampshire adults are unaware of how many school-aged children are homeless. When asked how many school-aged children are homeless on any given school day, two-thirds of New Hampshire adults responded, "don't know" and 11 percent guessed 100 children or fewer.

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7 Substance Abuse and Mental Health Services Administration. How States Can Use SAMHSA Block Grants to Support services to People Who are Homeless. DHHS Pub. No. MSA-04-3871. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. 2003

Outreach and Integration

There is no "one size fits all" solution to homelessness because the reasons for homelessness are as varied as the individuals. To help some, we need to provide services and give them the skills to maintain their current housing, e.g., fiscal management, providing rent subsidies, etc. Others are already homeless and need a completely different set of services and skills in order to obtain new housing, e.g., more affordable housing available, fair wages, etc. What these customized solutions have in common is the need for a thoroughly unified system of service delivery.

Before we can provide support services to New Hampshire's homeless people, we must find them and engender their trust. Effective outreach reaches people who are homeless in the places where they congregate, rather than making individuals find their way to an office or service provider.

Outreach takes many forms, the most effective being social workers and representatives of state agencies hitting the streets to locate and talk to homeless people one on one. These outreach workers should be well trained in gaining trust and motivating individuals to take advantage of the services that the state provides. New Hampshire providers assert that outreach should be continually available, while also recognizing that case management cannot be imposed on adults who do not want it.

Families with children who are homeless need outreach services specific to their circumstances. One effective way of providing outreach to homeless families is to make it available where children receive services, for example in doctors' offices, child care centers, and schools. Government benefit offices are also important locations for outreach efforts. Many families who are homeless may never approach a homeless shelter, but they may access systems designed to protect and support their children, such as Medicaid, WIC, Food Stamps, TANF, and subsidized child care.

The most effective way of eliminating homelessness is to prevent it. Outreach services to prevent homelessness are individualized, meeting the specific needs of the person or family at risk of losing housing. Such services may be short-term and narrowly focused, e.g., assistance with household budgeting, or may be long-term and extensive, e.g., case management for serious mental illness, classes to obtain a GED, or funding for supported employment.

People who are homeless should always have the opportunity to accept case management services at any time. Outreach is all about continually offering people the opportunity to engage in these services when they are ready.

Case Management

Services for people who are homeless are like a sprawling house with many doors (points of entry into the service system) and many rooms (available services). A given individual or family may enter the system through doors labeled *shelter, rehab facility, school, emergency room, outreach worker,* or any of a variety of other possibilities. Ideally, at every point of entry, there is a person who welcomes the homeless individual or family, establishes trust, and sets the stage for service delivery by conducting a thorough assessment of needs. The guide should know the layout of the entire house and be able to give a tour, helping the homeless person find the interconnected services that will ultimately lead the way to secure, affordable housing. The homeless person should not need to exit the house and reenter through another door in order to get to other services.

The proper, though impersonal, name for these guides is "case managers," and several studies (e.g., Solomon) have shown that a consistent, organized case management system is the most efficient and cost-effective way to deliver services to the homeless population. It is essential that all homeless individuals and families who want one have a case manager to assess their needs and help them navigate the often-confusing system of services available to them. The level of case management is based on the results of the assessment; those with greater needs will receive more intense case management, those with fewer barriers will receive less. It is equally important that the case managers know of each other and know how best to work together because one of the case manager's primary jobs is to be the bridge between the individual's needs and the services provided by the system. Part of New Hampshire's ten-year plan is to provide a sufficient number of case managers who have strong assessment and collaboration skills, and for these case managers to have a reliable system of referral to each other's agencies.

Case Management Model
First and foremost, case management must be *client centered* and *goal oriented.* That is, the case management model must 1) be designed for the benefit of the client, not necessarily in a way that is most convenient for the existing system, and 2) provide services always with an eye on specific goals for the client, not ad hoc. Some services are necessarily stopgap, but even they should be wrapped into an overall plan to prevent homelessness or reduce the amount of time that one is homeless.

Case managers provide a range of services, from individual referrals to comprehensive, resource intensive interventions in response to the individual's or family's assessed needs. They sometimes work individually and often work in teams with other providers like psychologists, medical personnel,

addiction or mental health specialists, child welfare workers, and others. The amount and type of case management changes over time as the homeless person's needs change. Broadly speaking, case managers have many responsibilities to their homeless clients:

- Assess the range of issues the homeless person or family faces.
- Refer the homeless person to the agencies and services that will be most effective in meeting their needs.
- Help the homeless person strategize the best ways to obtain housing and services
- Help the homeless person navigate the service system.
- Advocate for the homeless person with government agencies and service organizations.
- Encourage the homeless person to obtain all the services that are necessary to prevent homelessness or reduce the amount of time that he or she is homeless.
- Build connections with the homeless person (continuity).
- Build connections with other service providers (integration).
- Create action plans with and for the homeless person.

In order for case managers to do their job effectively, we must provide a set of tools for them to use. As part of the ten-year plan, we recommend that the state:
- Develop an integrated professional development process for anyone who has contact with people who are homeless.
- Develop standards of professional training and contact, including effective supervision.
- Provide support and recognition for the providers, e.g., establish levels of case management based on the amount of time one has spent working in the system, the number of contact hours or

clients, the amount and type of supervision, and other criteria.

- Develop standards for case management so that people who are homeless have a reliable fallback if they feel that a particular case manager is not meeting their needs.
- Pilot an evidence-based case management program in which providers could outline best practices and put them to work in an environment where we could test and measure the results.

Coordination of Services

In order for the case management approach to be successful, case managers must be familiar with the resources available to people who are homeless and that they are able to access them with little or no difficulty.

A homeless service network must connect all the service dots so that all providers know what others are doing, how, and where. This is possible when there is collaboration among service providers, ensuring that, no matter where a client enters the system, he or she can access all necessary services.

The state will build upon current methods of collaboration and create new ways for service providers to work together. One way to do so is to build a system that encourages collaboration at all levels. In a given area, for example, outreach workers, shelter workers, mental health and substance abuse clinicians, resources workers, city welfare representatives, school liaisons, psychiatric nurses, and many others will be actively encouraged to communicate with each other and will be given the tools to do so. They, in turn, will connect with regional groups who will then work together statewide. Together, these building blocks will enable New Hampshire's "no wrong door" policy so that people who are homeless can enter the system in any of a variety of ways, and

obtain needed services that will eventually prevent and eliminate homelessness in the state.

Funding Strategies

The paradigm shift in service delivery that is recommended in this plan will require a realignment of funding. There are several ways that funds might become available. Identifying new sources, such as private foundations and New Hampshire business and industry, will help with both funding and public awareness of the issues surrounding homelessness. Another long-term possibility is to modify policy regulations to support case management and other services.

Permanent Supportive Housing

Support Services
For many homeless people, the solution is not just a matter of finding an apartment they can afford (though this in itself is often a Herculean task); they need to find the right kind of housing. Appropriate housing for many of New Hampshire's homeless people means more than just a roof over their heads: it must include the services that meet their identified needs, it must be affordable, and it must help build community.

Many people fail to successfully obtain housing for lack of support, not for lack of housing per se. To resolve this issue, the state must create stable, appropriate housing, meaning situations that include services that attend to the homeless person's basic needs, including job training, counseling, food, appropriate educational support for their children, etc. The ICH recommends that the state support the development of an additional 400 to 600 units of supportive permanent housing to meet current need. The AIDS Housing Corporation of Boston recently completed a

statewide study of New Hampshire homeless persons with HIV or AIDS. They identified the need for 58 additional units of permanent supportive housing just for this population.

Not all homeless people will avail themselves of all services, but a broad network of aid will guarantee that as few people as possible will enter the downward spiral into homelessness. In addition, there are systemic changes that would make our service delivery significantly more efficient and effective, i.e., more and better training and an integrated, online system that would allow homeless people to apply for different kinds of aid in a coordinated way. We can begin to address these systemic needs through legislative initiatives and changes in funding policies. In the meantime, we need effective case managers to connect homeless people with the resources they need.

Resources that Respond to Barriers
Many resources are needed to support people who are homeless, including:

- Physical health services (medical, dental, and eye care)
- Mental health services
- Transportation (to interviews, doctor visits, etc.)
- Job training/Work study
- Food (food pantry, food bank)
- Education (adult basic education, GED, occupational training, career advancement, work study)
- Vocational rehabilitation
- Local welfare vouchers
- Substance abuse services and treatment counseling
- Head Start
- Child care
- Protective services (especially for seniors)
- Household management help
- Rent subsidies
- Transitional housing

- Source of income (job, disability income, veteran's assistance, child support, food stamps, Temporary Assistance to Needy Families [public assistance paid on behalf of children who are deprived of one or both of their parents by reason of death, disability, or continued absence from the home], etc.)
- Legal services
- Cash for other needs (medication, etc.)
- Indigent Prescription Drug Program
- Clothing
- WIC/Nutritional supplements
- Fuel assistance
- Services that come via other agencies, e.g., developmental disabilities, domestic and sexual violence services (victim services), etc.
- Translation and immigration services
- Personal identification (many homeless have DMV issues and therefore do not have picture IDs)

The 10-Year Action Plan Guiding Principles, Goals, Objectives, and Strategies

From in-depth research, analysis, and public input, four key priorities emerged that are the foundation for this plan's goals, objectives, and strategies.

1. Permanent Supportive Housing
2. Supportive and Preventive Wraparound Health and Human Services
3. Outreach and Advocacy
4. Integration of Services

Permanent Supportive Housing

Goal 1: Increase the number of permanent supportive housing units available to people who are homeless by 400 to 600 to meet current need.

Primary Issue: Increased funding for permanent supportive housing is needed. A review of other states' plans to end homelessness shows that the funds are typically generated through the issuance of State General Obligation Bonds, with state government paying the debt service from general or other revenues. For the State of New Hampshire, the ability to pay debt service on new affordable housing bonds or to simply establish a permanent supportive housing fund would require either shifting funding or raising of additional revenues.

Objective 1.1: Identify new sources of revenue to increase the availability of permanent supportive housing for people who are homeless.

Strategies
- Engage officials from the federal, state, and municipal government, the business community, and private foundations to expand financial resources to increase permanent supportive housing, wrap-around services, outreach, and advocacy, as well as improve the integration of services.
- Expand the funding available to provide rent subsidies.
- Establish a revolving loan fund to assist with first month rent subsidies.
- Seek and obtain support of HUD and US Congress for $10 million in additional HUD funding over the next five years for permanent supportive housing production initiative.
- Seek new Section 8 Mod Rehab and Shelter Plus Care funding through Continuum of Care competition whenever possible.
- Apply for new Section 8 vouchers such as Mainstream or Welfare to Work whenever the opportunity arises.
- Seek and obtain support from foundations and charitable organizations to assist with increasing the permanent supportive housing inventory.
- Review existing low-income housing tax credit (LIHTC) competitive scoring criteria to see if criteria could be revised to help better address homelessness. For example, change scoring so projects serving single homeless disabled in single room occupancy, which would currently get a maximum of 12 points for population served under the present system can compete with family projects which can score 15-20 points for population served.
- Educate lenders, tax credit syndicators, and housing investors about underwriting supportive housing developments.

Objective 1.2: Maintain existing resources that currently support permanent supportive housing while striving to enhance their usefulness.

Strategies

- Avoid the loss of any Section 8 Housing Choice Vouchers from current base allocations.
- Preserve existing inventory of permanent supportive housing by advocating for continued "hold harmless" funding approach by HUD for annual supportive housing program renewals.
- When feasible, project-base Section 8 Housing Choice Vouchers for permanent supportive housing projects serving the homeless.
- Maintain continued support of New Hampshire Housing's Special Needs Housing Program, Low Income Housing Tax Credits, HOME, and the other competitive resources that have contributed to the development of existing permanent supportive housing throughout the state.
- Encourage increased use of Community Development Block Grant funding in permanent supportive housing projects.
- Approach Community Development Financing Authority about prioritizing assistance for permanent supportive housing in the Community Development Investment Program, either through scoring or a set-aside.
- Explore greater incentives for the production of units affordable to extremely low (<30% Medium Area Income) and very low (30-50% Medium Area Income) income households.

Objective 1.3: Provide one-time or short-term rent or mortgage subsidies to assist low-income households with the high cost of obtaining housing.

Strategies

- Enhance legal aid through New Hampshire Legal Assistance so that people who are homeless or at risk of becoming homeless have legal advocacy to assist them with obtaining funding for maintaining housing or acquiring housing.

- Create a revolving loan fund to assist with rental and mortgage subsidies.

Objective 1.4: Create a variety of housing choices, including scattered site, mixed development, single room occupancy, etc. Depending upon the availability of rental housing within the service area, some units would be newly constructed or rehabilitated by nonprofit housing developers or service providers, other units would be privately owned and rented by clients with the aid of tenant-based rental assistance such as Section 8 Housing Choice Voucher, Shelter Plus Care, etc.

Strategies

- Educate both for-profit and not-for-profit developers about funding streams available to them for the development of affordable housing.

Objective 1.5: Provide service-enriched housing that can effectively address a variety of needs, including physical and mental health, substance abuse treatment, household budget counseling, job training, access to benefit systems, and general case management. Residents of this housing would be strongly encouraged to utilize these services, but this would not be required for tenancy.

Strategies

- Develop partnerships with housing nonprofits and service providers to create service-enriched housing.
- Enable the state Medicaid system to pay for services and for providers who might deliver home-based services and respite care.
- Consider approaching the public housing authorities for project-based Section 8 Housing Choice Vouchers to contribute to permanent supportive housing efforts, or find other sources of project-based rental assistance.

- Improve access to case management and housing for people who do not speak English or have cultural differences.

Objective 1.6: Encourage the development of housing stock that fulfills the shelter and affordability needs of everyone including those who are homeless or at risk of homelessness.

Strategies
- Train various groups, such as housing developers, management companies, nonprofits, and providers of services to people who are homeless about their potential role in new housing production.
- Promote mixed income and adaptive re-use projects that increase housing stock.
- Advocate with municipalities to support adoption of changes such as inclusionary zoning, density bonuses, and other incentives to support the production of a balanced housing supply.
- Network with landlords to create strategies to avoid the eviction process.

Supportive and Preventive Wraparound Health and Human Services

Goal 2: Increase access to wraparound services for people who are at risk of becoming homeless to prevent them from losing their homes and to support people who are experiencing homeless in obtaining housing.

Primary Issue: In order to stabilize their lives and reenter the mainstream people who are homeless often need more than a permanent, affordable home. They require supportive services like case management, mental health substance abuse treatment, a secure source of income, etc.

Objective 2.1: Develop resources that eliminate or significantly reduce barriers to obtaining services.

Strategies
- Create a housing resource guide for consumers.
- Enhance access to and follow through with legal aid.
- Create eviction prevention teams consisting of health and human service professionals in partnership with housing professionals.
- Make available services that respond to the identified barriers.
- Conduct statewide survey of those who have experienced or continue to experience homelessness regarding barriers encountered.

Objective 2.2: Assess the individual or family's needs and assist in finding services that are required in that situation

Strategies
- Research and apply for funding that will provide for the development of an access point for provision of health care services for the homeless.
- Create eviction prevention teams consisting of health and human service professionals in partnership with housing professionals.

Objective 2.3: Develop comprehensive case management services including health, mental health, substance abuse, education, employment, vocational rehabilitation, custodial, child care, and housekeeping for at-risk and currently homeless people.

Strategies
- Create a job description of a case manager that could be incorporated into Request for Proposal (RFP). The RFP must include performance measures that providers will have to meet. Ask current service agencies to respond to the RFP to provide the case management services

- Define specific, measurable outcomes for identified responsibilities of case managers.
- Develop an integrated professional development system for anyone who has contact with people who are homeless.
- Develop standards of professional training and contact, including an effective supervision structure.
- Provide support and recognition for the providers, i.e., establish levels of case manager functions that reflect case manager competence based on the amount of time one has spent working in the system, the number of contact hours or clients, the amount and type of supervision, and other criteria.
- Develop standards for case management so that people who are homeless have a reliable fallback if they feel that a particular case manager is not meeting their needs.
- Create case management coordinator positions. These coordinators would facilitate communication among case managers and between case managers and state agencies.
- Enhance the quality of supervision for case managers through 1) systematic professional development for supervisors, and 2) establishment of standards for number of case managers per supervisor.

Objective 2.4: Design and conduct a pilot case management system for research purposes.

Strategies
- Define the case management model; pilot, evaluate, and fund it; and outline the information technology needs to support it.
- Pilot a case management program in which providers could outline best practices and put them to work in an environment where we could test and measure the results.

Outreach and Advocacy

Goal 3: Increase outreach to legislators, the business community, and citizens so they understand the impact of homelessness on the state.

Primary Issue: The one trait that all homeless people have in common is that they are disconnected from support services, jobs, and all that community has to offer. Significant efforts at outreach and integration will help them reestablish personal and professional connections so that they can get into secure housing and back into the mainstream.

Objective 3.1: Design and implement an outreach/awareness campaign that increases public knowledge regarding homelessness and provides information to those who are at risk of becoming or who are already homeless.
- Determine sources and content of myths surrounding homelessness.
- Obtain services of public relations experts to design the campaign.
- Obtain funding to produce the paper material.
- Distribute materials to health facilities, schools, adult service organizations, child care centers, Head Start programs, children's organizations, human service agencies, etc.
- Engage press in announcing the release and distribution of materials.
- Conduct either simultaneous or subsequent public awareness campaign regarding increasing public awareness of overall housing situation, especially the need for housing for the most vulnerable people in New Hampshire. Campaign should include data regarding negative effects of lack of workforce housing on New Hampshire businesses and state economy, the actual effect of additional workforce housing on number of children added to public schools, and the

cost of providing services to people who are homeless as compared with providing affordable homes and permanent supportive housing.

Objective 3.2: Advocate for living wages.

Strategies

- Provide homeless persons with adequate opportunities to receive reasonable and livable wages as a major exit strategy from homelessness.
- Pursue continued funding for employment counseling and job acquisition skill training for homeless persons through the programs such as the Workforce Investment Act, Temporary Aid to Needy Families, and New Hampshire Employment Program.

Objective 3.3: Advocate for changes to funding, eviction, zoning, and other legal policies.

Strategies

- Engage the business community to advocate together that housing is a basic infrastructure for a better economy.
- Encourage private housing finance sources to adopt reasonable underwriting standards for supportive housing projects.
- Support efforts to get more affordable rental units built. This would include encouraging municipalities and citizens to support 1) general zoning changes, 2) expedited review for housing aimed at homeless people, and 3) specific housing developments that would address supportive or transitional housing.
- Support amending state zoning laws to allow accessory apartment by right in all residential zoning districts (an accessory unit is a separate rental unit within or attached to a single family home).
- Review state fair housing and eviction laws to seek improvements to address

homelessness. Under eviction, amend law to require at least 60 days when eviction is based on "other good cause" with no fault of tenant. Under fair housing, clarify that "reasonable accommodation" applies to financial course deviations of potential tenants, e.g., more flexible credit review and consideration of third party financial assistance.

- Change the State Emergency Shelter Grant in Aid's (GIA) law to include support for permanent supportive housing, with incremental increases to overall state GIA to cover the cost of additional services.
- Educate elected officials about the need for continued and increased funding for supportive housing and related services.
- Research and suggest policy changes about how federal and state HHS resources can be utilized more effectively for funding the provision of needed services in supportive housing settings.
- Explore using New Hampshire's Community Development Financing Authority's (CDFA) tax credits for permanent supportive housing, either through prioritizing this activity in the scoring system or through a set-aside.

Objective 3.4: Advocate to local, state, and federal agencies to ensure that their policies and practices consider their agencies' impact on the homeless.

Strategies

- Ensure that all state institutions' (Department of Corrections, New Hampshire Hospital, county facilities, etc.) discharge plans include housing plans so that people are not discharged into homelessness.
- Work to ensure that funding sources are coordinated to enhance housing projects rather than work at cross-purposes.

- Help policy makers understand the benefits of systemic changes that allow for different plans for different regions.
- Continue to advocate to the legislature and Governor for the establishment of a study committee to examine the ability of New Hampshire's homeless youth to make a successful transition to adulthood.
- Investigate replication of Culhane study in New Hampshire.
- Encourage the development and statewide availability of homelessness specialists in all DHHS regional district offices.
- Create a comprehensive guide to service training related to homelessness, including a list of current resources for training and a discussion of which agencies conduct various operations, i.e., DHHS, welfare, Medicaid, Medicare, etc.
- Offer training to service providers in topics like motivational interviewing, homeless entitlements, etc.

Objective 3.5: Conduct public education to enhance the public's understanding of the causes and impact of homelessness.

Strategies
- Prevent the proliferation of the myths surrounding affordable housing, demonstrating the benefits to all socio-economic sectors.
- Develop and implement a public awareness campaign that will increase the public's awareness of the overall housing situation, especially the need for housing for the most vulnerable people in New Hampshire.

Integration of Services

Goal 4: Establish and enable a "no wrong door" policy in New Hampshire so that people who are homeless can enter the service system in any of a variety of ways,

and obtain all of the services they need to prevent and minimize homelessness.

Primary Issue: All supportive services – case management, food programs, job training, substance abuse and mental health counseling, education, etc. – must be thoroughly and seamlessly coordinated services is needed to prevent homelessness and minimize the amount of time that one is homeless.

Objective 4.1: Develop a team approach to increase coordination, collaboration, and integration among service providers in delivering case management services.

Strategies
- Develop a system to ensure that the DHHS informs consumers of all available resources (Title XX, food stamps, etc.)
- Develop a coordinated strategy of case management resource allocation.
- Engage DHHS and DOE leadership in developing and announcing memorandum of agreement regarding seamless services.

Objective 4.2: Ensure that all service providers have access to the most updated and complete information that can aid their clients.

Strategies
- Encourage each Continuum of Care to maintain a comprehensive list of agencies and organizations that provide prevention/intervention services (including faith-based organizations, nonprofit organizations, municipalities, etc.), and make these lists available to consumers.
- Develop a statewide homeless prevention toolkit and identify best practices for measuring outcomes of prevention activities
- Identify faith-based organizations, municipalities, and other service

organizations that offer emergency housing, transitional housing, permanent housing, and supportive permanent housing services. Provide these organizations with updated lists of agencies and organizations that provide prevention/intervention services. Provide a list of these organizations to the Continuum of Care and other prevention/intervention agencies.

- Create a housing resource guide for consumers.
- Develop and distribute a one-page resource guide to clients, and assure them that the services are part of a larger system of care.
- Create an automated, web-based housing resource system that allows renters, landlords, property managers, and housing agencies a single point of access to a region's affordable/low-income housing market.
- Create and maintain a master list of all of the state's guides and post it on the state's website so that it will be easily accessible.

Objective 4.3: Ensure the best possible communication among service providers.

Strategies
- Link current methods and create new ones for service providers to communicate with each other.
- Strengthen each Continuum of Care by educating and engaging all members about the role of each continuum and the outcomes that can be achieved.
- Enhance information and referral services (e.g., fully fund New Hampshire Helpline) specifically toward issues and resources surrounding homelessness and housing.
- Engage 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.

- Centralize service providers' group.
- Develop a means for providers to use the statewide Homeless Management Information System (HMIS) to share information among agencies about clients' needs and to assist clients in accessing services and resources.
- Encourage all three New Hampshire Continua of Care to develop an interactive web page that ensures inter-COC communication, and promotes peer-to-peer networking and information sharing.
- Create opportunities for volunteer presenters to offer informational presentations that outline how service integration works and discuss ways to make it better.

Timeline of Ten-Year Plan

Permanent Supportive Housing	
Goal 1: Increase the amount of permanent supportive housing and affordable housing available to people who are homeless or at risk of homelessness.	
Outcome	**Target Year**
• New Section 8 Modular Rehabilitation and Shelter Plus Care funding is obtained through Continuum of Care competition.	Annually
• Applications for new section 8 vouchers are submitted.	Annually
• Section 8 Housing Choice Vouchers and the existing inventory of permanent supportive housing are preserved and maintained.	Annually
• Support of housing programs, low income housing tax credits and other housing resources is evident and contributes to ending homelessness.	Annually
• Access to housing is increased for people who do not speak English or have cultural differences.	By 2008
• Partnerships with housing nonprofits and service providers are developed and result in the creation of service-enriched housing	By 2009
• Communication campaign increases awareness and educates lenders, tax credit syndicators and housing investors about supportive housing project underwriting.	By 2009
• Groups such as housing developers, management companies, nonprofits, and providers of homeless services are trained and understand their role in new housing production.	By 2008
• Coordinated efforts result in identifying and securing new sources of funding specifically for permanent supportive housing.	By 2009
• More homeless people have access to legal aid through New Hampshire Legal Assistance.	By 2009
• Increased CDBG funding for permanent supportive housing projects.	By 2009
• Engage officials from the federal, state, and municipal government, the business community, and private foundations are engaged to expand financial resources to increase permanent supportive housing, wrap-around services, outreach, and advocacy, as well as improve the integration of services.	By 2009
• $2 million in grant funding is secured from foundations and charitable organizations to assist with increasing the permanent supportive housing inventory.	By 2009
• Landlords adopt and commit to implementing strategies that will avoid the eviction process.	By 2010
• Scoring criteria for low-income housing tax credit (LIHTC) is revised which allows projects serving single homeless disabled in SRO to better compete with family projects.	By 2007

• A revolving loan fund provides first month rent and security deposit subsidies to homeless people.	By 2010
• CDFA agrees to prioritize assistance under the Community Development Investment Program for permanent supportive housing through scoring or a set-aside.	By 2009
• Incentives are available for the extremely and very low-income household units.	By 2011
• $10 million is raised through engaging officials from the federal, state, and municipal government, the business community, and private foundations.	By 2011

Wrap Around Services

Goal 2: Increase access to wraparound services 1) for people who are at risk of becoming homeless to prevent them from losing their homes, and 2) to help people who are currently homeless to obtain housing.

Outcome	Target Year
• Specific and measurable outcomes are in place for case managers.	By 2008
• A housing resource guide is available and distributed to all consumers	By 2008
• All homeless case management service providers operate with a clear description of case manager responsibilities and defined performance standards.	By 2009
• All case managers have access to integrated and comprehensive professional development training.	By 2009
• Funding enables the creation of a new health care for the homeless delivery site.	By 2009
• Case management model designed, funded and implemented.	By 2010
• New case management coordinator positions are in place to facilitate communication among case managers and between case managers and state agencies.	By 2010
• Best practices from the pilot case management program guides the replication in other New Hampshire communities.	By 2011

Outreach and Advocacy	
Goal 3: Increase outreach to legislators, the business community, and citizens so they understand the impact of homelessness on the state, individuals, families, and agencies.	
Outcome	**Target Year**
• Governor Lynch reviews ten-year plan, identifies a leadership working group who will discuss implementation of critical steps, calls a meeting of the leadership working group and key stakeholders to review input and ideas for the final ten-year plan, and fully designates *A Home for Everyone* as New Hampshire's ten-year plan to end homelessness in the state.	2006
• Service providers are trained in motivational interviewing, homeless entitlements, etc using a comprehensive service training guide.	By 2009
• Legislature establishes a study committee to examine the ability of New Hampshire's homeless youth to make a successful transition to adulthood.	By 2009
• Public housing finance sources adopt appropriate underwriting standards relating to the development of supportive housing.	By 2009
• A public awareness campaign is implemented.	2008 to 2009
• DHHS regional district offices use trained homeless specialists.	By 2010
• Funding is secured to support employment counseling and job acquisition skill training for homeless persons.	By 2010
• Employment opportunities are available and case management coordinators assist clients in accessing them.	By 2010
• The State Emergency Shelter Grant in Aid's (GIA) law includes support for permanent supportive housing, with incremental increases to overall state GIA to cover the cost of additional services.	By 2010
• Discharges to unstable housing are decreased by 80%.	By 2010

Integration of Services	
Goal 4: Create a service system that is thoroughly and seamlessly integrated. Provide the most efficient and efficacious way to prevent and minimize homelessness by eliminating duplication and closing service loops.	
Outcome	**Target Year**
• The state's website maintains an updated master list of all of the state's guides.	By 2008
• A strategy and system for coordinating case management resources across agencies is in place.	By 2009
• Each Continuum of Care maintains an updated comprehensive list of prevention and intervention service provider agencies and organizations.	By 2009
• Providers measure outcomes of prevention activities using a statewide homeless prevention toolkit that includes best practices.	By 2009
• Ever consumer receives a housing resource guide and a one-page service resource guide.	By 2009
• Each New Hampshire Continua of Care are able communicate and network with each other through interactive Web site mechanisms.	By 2009
• Fully establish "no wrong door" policy that enables consumers to enter the service system in any of a variety of ways and obtain all of the services they need to prevent and minimize homelessness.	By 2010
• Access barriers are identified and a system is in place to address them.	By 2010
• Presentations using volunteer presenters ensures increased knowledge and understanding of how service integration works and ways to enhance it.	By 2010
• DHHS operates with a system to ensure that all clients are informed of all available resources.	By 2011
• An integrated and effective communication system is in place for homeless service providers.	By 2011
• A system is in place for service providers to share information about clients' needs.	By 2011
• The service providers' group is centralized.	By 2011

Glossary of Terms

Affordable Housing: Housing for which a household pays no more than 30 percent of its gross annual income for housing costs, including rent or mortgage payments, fees, utilities, insurance, taxes, etc.

Chronically Homeless: An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.

Continuum of Care: A consortium of local and state agencies formed to develop and coordinate planning, policy and resource allocation with the purpose of ending homelessness.

Emergency Shelter: A facility that provides temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

Extremely low-income: At or below 30% of the area wide Median Adjusted Income.

Homeless (as defined by HUD):

(a) An individual or family which lacks a fixed, regular, and adequate nighttime residence; or
(b) An individual or family, which has a primary nighttime residence, that is:
(1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
(2) An institution that provides a temporary residence for individuals intended to be institutionalized; or
(3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
(4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

In addition, the HUD definition includes persons who will be discharged from an institution, such as a jail or mental health hospital, within 7 days, yet that person does not have an identified place to live upon discharge.

HUD: United States Department of Housing and Urban Development

Low-Income: At or below 80% of the area Median Adjusted Income.

Shelter: Housing, with varying levels of services, for people who are homeless. Emergency Shelter is usually thought of as lasting for six months or less.

SRO (As defined by HUD): A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both.

Supportive Housing: Permanent housing that includes supportive services such as case management case management, medical or psychological counseling and supervision, childcare, transportation, and job training.

Supportive Services (As defined by HUD): Services that assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Very Low-Income: Between 30% and 50% Median Adjusted Income.

Wraparound Services: a unique set of community services and natural supports to achieve a positive set of outcomes.

Table 1:
Percent of SSI Needed to Rent a One-Bedroom Housing Unit

State	% of SSI	State	% of SSI
Alabama	78.2%	Montana	76.2%
Alaska	76.1%	Nebraska	80.0%
Arizona	111.7%	Nevada	131.2%
Arkansas	74.8%	New Hampshire	→ 119.0%
California	114.4%	New Jersey	151.4%
Colorado	109.0%	New Mexico	87.2%
Connecticut	102.5%	New York	137.6%
Delaware	114.4%	North Carolina	97.0%
District of Columbia	185.3%	North Dakota	71.5%
Florida	119.5%	Ohio	87.8%
Georgia	107.8%	Oklahoma	71.5%
Hawaii	156.2%	Oregon	99.2%
Idaho	77.4%	Pennsylvania	98.4%
Illinois	123.4%	Rhode Island	117.5%
Indiana	88.7%	South Carolina	89.9%
Iowa	78.5%	South Dakota	71.3%
Kansas	83.9%	Tennessee	84.9%
Kentucky	75.5%	Texas	102.7%
Louisiana	86.0%	Utah	98.4%
Maine	93.2%	Vermont	92.2%
Maryland	145.2%	Virginia	128.4%
Massachusetts	134.9%	Washington	103.9%
Michigan	101.6%	West Virginia	71.1%
Minnesota	99.1%	Wisconsin	80.4%
Mississippi	76.8%	Wyoming	75.1%
Missouri	89.2%	**NATIONAL**	**109.6%**

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	Emergency Shelter Beds	Permanent Supportive Housing Units	Affordable Housing Units	Total	Units per 1,000 Population	Population	Population Rank in Nation
Connecticut	1,340	2,200	82,500	86,040	25.26	3,405,565	29th
Maine	1,061	2,318	24,568	27,947	21.92	1,274,923	40th
Massachusetts	2,762	1,922	245,108	249,792	39.34	6,349,097	13th
New Hampshire	1,097	912	17,103	19,112	15.18	1,259,181	41st
Rhode Island	1,879	1,425	34,674	37,978	36.23	1,048,319	43rd
Vermont	623	212	11,477	12,312	20.22	608,827	49th

Emergency Shelter Beds: Short-term emergency or transitional housing not intended to be permanent, e.g., HUD 24 month maximum.

Permanent Supportive Housing Units: Long-term housing targeted to persons with mental illness, substance abuse, dual diagnoses (MH & SA), and other chronic illnesses, (e.g., HIV/AIDS) who receive services needed to promote and maintain housing stability.

Affordable Housing Units: Rental housing subsidized with funding from federal, state, or local sources, permanent financing below market rate, rental assistance payment mechanisms, or benefiting from equity raised through the Low Income Housing Tax Credit Program, and developed to benefit households with incomes of 80% MAI or lower.

Housing purchase prices and rents in New Hampshire have grown dramatically over the past ten years (as owner occupied housing trends have a relationship to rental housing trends, both are briefly discussed here). Median statewide purchase prices of newly constructed owner occupied housing have doubled between 1995 and the first six months of 2005. Continued purchase price increases have been supported recently by low mortgage interest rates, and perhaps also by new mortgage products such as the "interest-only" mortgage.

Low interest rates have undoubtedly helped many first time homebuyers exit the rental market as evidenced by census data showing a proportional increase in home ownership over renting in New Hampshire between 1990 and 2000. However, growth in median incomes has not kept pace with recent robust growth in purchase prices, creating an affordability gap. Market forces including rising mortgage interest rates and signs of increased inventory of homes for sale, could temper purchase prices somewhat, but this will not necessarily help those at moderate and low incomes if interest rates continue to rise to the point that those households are excluded from the pool of eligible buyers.

Rental housing costs have also increased significantly over the past ten years, but are showing signs of leveling off. Although rental costs have not increased as much as new home purchase prices, the incomes of most renter households, especially those at low or very low incomes, have not kept up with the increase in their housing costs.

Although the statewide vacancy rate in rental housing is increasing, it remains below the generally accepted balance point of four to five percent. Demand for entry-level housing is expected to remain high, due to a shortage of rental housing and the entry of the baby boom echo into the housing market. Rental housing production continues to be low, and does not appear to be keeping pace with condominium conversions. Additionally, much of today's rental production is focused on elderly age-restricted housing at a time when demand from other age groups including the baby boom echo will exert increasing pressure on the rental market.
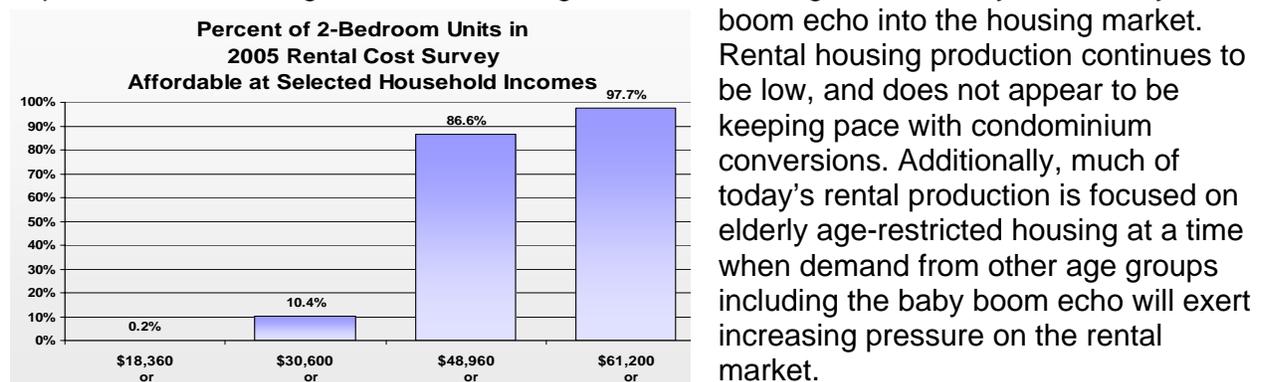
Chart 1

Chart 1 illustrates the affordability of two-bedroom apartments statewide for households of different incomes. It is generally accepted that housing is affordable if it costs 30% or less of a household's gross monthly income. This chart shows how the higher a household's income, the greater the percentage of the rental housing inventory that is affordable, and conversely, the lower the income, the less of an affordable inventory is available. A household with an income between 31% and 50% of median area income would have limited affordable rental opportunities, at best 10.4% of existing inventory.

**Percent of 2-Bedroom Units in
2005 Rental Cost Survey
Affordable at Selected Household Incomes**

| Household Income	Percent
$18,846 or 30%	0.0%
$31,410 or 50%	3.6%
$37,692 or 60%	34.6%
$50,256 or 80%	81.8%
$62,820 or 100%	98.5%
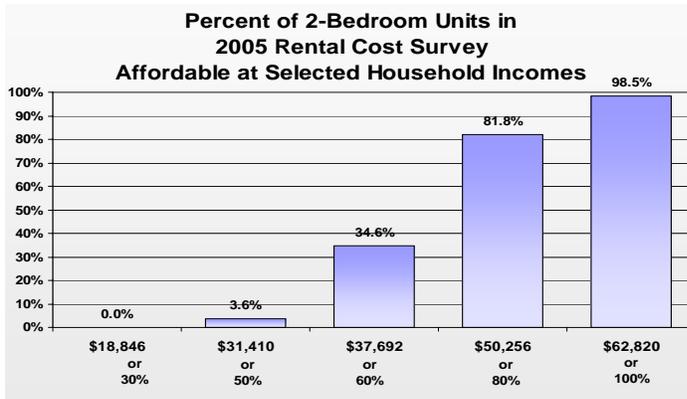
Chart 2

In specific localities and counties, affordability of rental housing is even more of an issue for lower income households. Chart 2 is specific to rental housing affordability in Manchester, and in comparison to the statewide data, it shows that households at 60% of median area income and lower have less choice of housing that is affordable to them, and households at 50% of median area income or below have minute to nonexistent affordability opportunities.

**Percent of 2-Bedroom Units in
2005 Rental Cost Survey
Affordable at Selected Household Incomes**

Household Income	Percent
$14,904 or 30%	0.0%
$24,840 or 50%	1.2%
$29,808 or 60%	28.6%
$39,744 or 80%	82.1%
$49,680 or 100%	100.0%
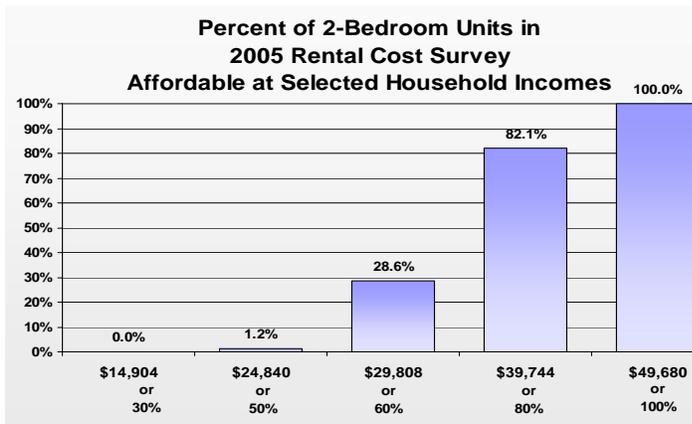
Chart 3

Chart 3, using rental cost survey data from Carroll County, reflects an acute lack of affordable rental housing to households with incomes at 50% of median area income and below.

Impact of housing cost burden
Analysis of housing cost burden from census data helps clarify the extent of this problem. Chart 4 illustrates the differences from 1990 and 2000 for renters and single-family homeowners[8] having cost burden ratios of 30% or more and 35% or more.

Among renters and single-family homeowners, the census data indicate a reduction in the

**PERCENT OF RENTERS AND PERCENT OF SINGLE FAMILY HOMEOWNERS
WITH HIGH HOUSING COST BURDEN AS PERCENT OF INCOME**

	1990	2000
% of Renters Paying 35%+	28.2%	25.6%
% of Renters Paying 30%+	37.4%	33.0%
% of SF Owners Paying 35%+	19.1%	15.3%
% of SF Owners Paying 30%+	27.9%	22.3%
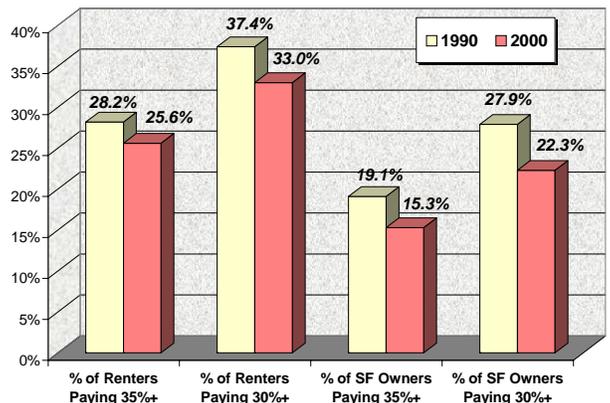
Chart 4

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[8] Census data tabulations of cost burden by income are representative of all renters, but data for homeowners is limited to "specified owner occupied units" that exclude owners living in attached or multifamily housing, mobile homes, and units with other conditions. Only about 71% (1990) and 75% (2000) of NH homeowners fall within these "specified conditions."

percentage of households having these higher cost burdens. The data for low-income renter households, however, shows a general increase between 1990 and 2000 in the number of households with higher cost burdens. As shown in Chart 5, there are two significant elements of renter housing need defined by higher cost burdens:

- **Renters with higher cost burdens are primarily concentrated among those earning less than 50% of the area median family income.** A much smaller share of cost-burdened renters are found in the 50-80% of area median family income range, and high cost burden is virtually negligible for households earning 80% or more of the area median family income.

- **Between 1990 and 2000, the cost burden problem among renters shifted toward those of very low income.** While needs generally declined among those earning more than 50% of area median family income, the number with high cost burdens continued to increase among those earning less.

NEW HAMPSHIRE RENTERS WITH COST BURDEN OF 30% OR MORE OF INCOME, BY INCOME RANGE


Legend:
- Under 50% of MAI
- 50-80 % of MAI
- Over 80% of MAI

Chart 5

As shown in Chart 6, a high share of both renters and single-family homeowners with incomes under 50% of median area family income have high \cost burdens compared to the relatively small percentage with needs that have incomes above 50% of median.
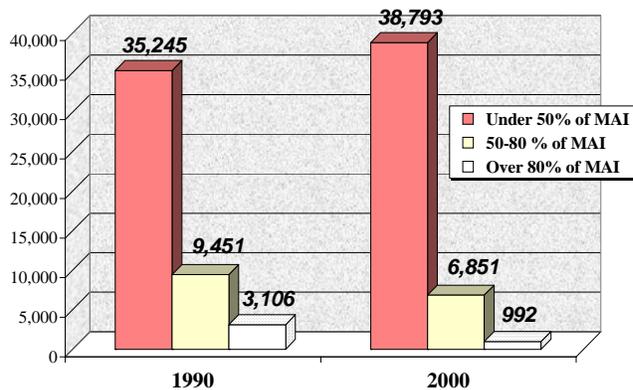
Households who are reliant upon publicly funded income subsidies are among the most likely to have very low incomes and high housing cost burdens. Benefit programs such as Social Security Disability, Aid to the Permanently and Totally Disabled, and TANF do not index benefits to current New Hampshire housing costs. Increases in housing costs such as those experienced here over the past ten years leave many households dependent upon income subsidy programs. Rent subsidies such as the Section 8 Housing Choice Voucher Program, along with Public Housing and other types of affordable housing, assist many of these and other low income households, but resources are limited, and the general estimate of unmet housing

PERCENT OF NEW HAMPSHIRE HOUSEHOLDS IN 2000 WITH HIGH COST BURDEN VERY LOW INCOME HOUSEHOLDS VS. ALL OTHER INCOME LEVELS

Very low income households are those earning under 50% of the median family income for their geographic area
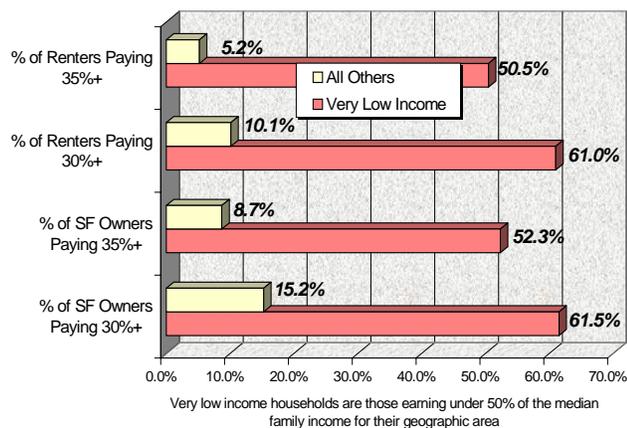
Chart 6

subsidy need is that at least twice as many households are eligible for and in need of subsidy but unable to obtain it.

The impact of the high housing cost burden for many New Hampshire households results in eviction, arrearage, bankruptcy and, at worst, homelessness. Once homeless, the transition out of a shelter can be further challenged by the high cost of housing, thus the increase in length of stay.

Average Length of Stay in a Shelter

Year	Days
1995	25
1996	26
1997	29
1998	31
1999	35
2000	37.8
2001	38.1
2002	37.4
2003	45.9
2004	49.7
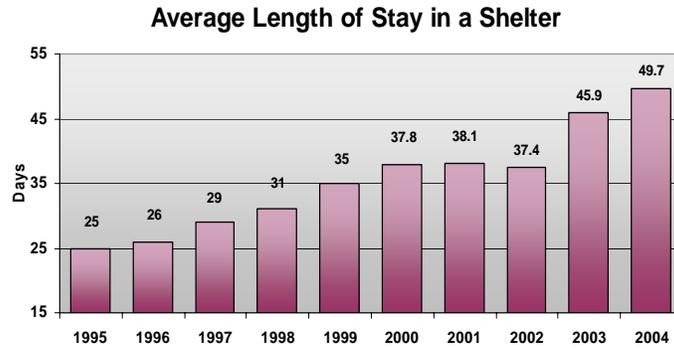
Chart 7

ICH Overview

The President of the United States has made ending homelessness a domestic policy priority for his administration. The mission of the United States Interagency Council on Homelessness (ICH), which is part of the Domestic Policy Council of the White House, is to develop and implement a comprehensive national approach to end homelessness in the United States. A key element in the ICH strategy is to have a state Interagency Council on Homelessness appointed by the Governor of each state or commonwealth.

New Hampshire ICH Mission

The mission of the New Hampshire State ICH is to develop and coordinate state planning, policy, and resource allocation with the purpose of ending homelessness in New Hampshire.

New Hampshire ICH Functions

- Serve as the single statewide homelessness planning and policy development resource for the State of New Hampshire.
- Develop a state ten-year plan to end homelessness for the State of New Hampshire.
- Articulate an implementation strategy for New Hampshire's ten-year plan.
- Recommend policy and regulatory changes to accomplish the goals of the plan.
- Ensure accountability and results in implementing the plan.

ICH Priority Activities

1. Create a New Hampshire Ten-Year Plan to End Homelessness.
   - Develop short and long-term statewide strategies and plans to end homelessness.
   - Partner with cities that have developed ten-year plans to end homelessness in order to identify resources and common strategies.
   - Coordinate the activities of statewide continuums of care.
   - Assemble accurate fiscal and demographic information and research/data to support policy development and track outcomes.

2. Establish priorities (action steps) for the New Hampshire Ten-Year Plan to End Homelessness.
   - Recommend interagency strategies, e.g., funding, homelessness prevention, discharge planning, etc.
   - Review all state activities and programs assisting homeless persons.
   - Support and replicate collaborative state homelessness initiatives that demonstrate measurable outcomes.
   - Promote systems integration (health, services, and housing) to reduce duplication among homeless assistance programs.
   - Identify funding opportunities, including mainstream resources, for homeless persons.
   - Involve non-traditional stakeholders, including representatives from corporations, business, philanthropy, faith-based organizations, and other community institutions.
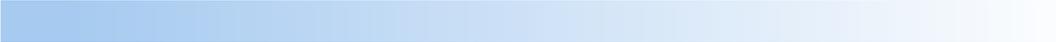
- Recommend statutory and regulatory changes to enhance strategies.
- Bring problems and concerns relating to homeless people to the attention of appropriate state agencies.

3. Promote the plan and evaluate progress.
   - Provide an annual progress report on the New Hampshire ten-year plan to end homelessness for the Governor, cabinet secretaries, legislature, and citizens of New Hampshire.
   - Disseminate information (data and best practices) to educate state officials and the public regarding issues related to homelessness and ending homelessness.

1987: Congress establishes the Interagency Council on Homelessness with the passage of the Stewart B. McKinney Homeless Assistance Act.

November 2003: Governor Craig Benson establishes the New Hampshire Interagency Council on Homelessness (NHICH).

December 2003 – December 2005: NHICH engages in monthly meetings and conducts research as background for writing *A Home for Everyone: New Hampshire's Ten-Year Plan to End Homelessness.* The minutes of these meetings are available at www.nashua-coc.org/ichmin.htm.

November 2005: NHICH conducts the following public hearings to receive input and feedback from all interested citizens on the initial draft of the ten-year plan.
November 4 – Plymouth
November 10 – Manchester
November 15 – Portsmouth
November 22 – Manchester

December 21, 2005: Draft of *A Home for Everyone: New Hampshire's Ten-Year Plan to End Homelessness* presented to Governor John Lynch for review.

December 21, 2006: *A Home for Everyone: New Hampshire's Ten-Year Plan to End Homelessness* approved by Governor John Lynch as the state's official plan.

Data and Information References

As noted in the executive summary, while the NHICH is confident that the data and assertions made in this plan are accurate, we are still completing the process of researching citations for all quotes and data used. All references that will be incorporated as a result of review by the Governor and other subsequent readers will also be reviewed and cited in the final version of *A Home for Everyone.* The following is a partial list of references used in this draft of the plan.

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