Framework to Inform the Greater Seacoast’s Plan to Prevent and End Homelessness

Executive Summary

“No one should be homeless – no one should be without a safe, stable place to call home”1

Between 300-400 people are experiencing homelessness in New Hampshire’s Seacoast Region tonight. While no comprehensive annual assessment of homelessness in the region exists, we know that in 2014 the Families First Healthcare for the Homeless program alone recorded 1,456 people reporting to be homeless of whom 165 were children 18 years of age and younger. Their living situations varied greatly, with 223 in shelters, 189 in transitional housing, 872 doubling up, 32 on the street, and 140 other/unknown. Even as a partial estimate, these numbers are staggering.

The Greater Seacoast Coalition to End Homelessness (GSCH) is leading the effort to address the complex determinants of homelessness with strategies that integrate and align the resources and efforts of multiple systems. The Coordinated Access Program was launched in August 2013, providing assistance to over 1,400 callers in its first year of operation, connecting households experiencing or at-risk of homelessness to the most appropriate available intervention, including prevention, diversion, shelter, permanent supportive housing, rapid rehousing and affordable housing. But this is just the beginning. Our overall objectives are clear: to set a path for preventing and ending all types of homelessness in the Seacoast Region.

Only through a collective and coordinated effort will we be able to reduce the overall number of people experiencing homelessness, recidivism of people returning to homelessness, and the length of time that people remain homeless.

To build upon the progress and lessons learned from Coordinated Access the GSCH organized and hosted a Summit on November 18 & 19, 2014 to create the Greater Seacoast Plan to Prevent and End Homelessness. The Summit employed the Charrette process, a fast-paced, thorough exploration of the critical aspects of developing plans and action steps, capitalizing on local and external expertise. First, three issue areas were identified by the Summit Steering Committee through two community consultation meetings, each attended by more than 30 people. The Summit followed, attracting over 80 attendees from the region and the state, from sectors as diverse as: State and city government; municipal welfare departments; philanthropic partners; medical and mental health care providers; law enforcement; shelter and housing providers; housing authorities; local and state advocacy organizations; and a wide array of nonprofit community-based agencies serving a range of constituencies.

Community stakeholders engaged in a dynamic process to stimulate new thinking and dialogue around systemic and programmatic strategies to meet our objectives. Following the intensive public process, the Steering Committee distilled the full day of information and conversations into 39 draft recommendations across the three issue areas. These were presented at an open community meeting on Day Two, soliciting input on how well the recommendations did or did not reflect the lessons from the Charrette process, and gauging their likelihood for implementation. Day Two participants then prioritized 9 of the 39 recommendations – 3 from each Issue Area.

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1 Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (U.S. Interagency Council on Homelessness 2010)
Issue Area 1: Improve Access to Primary and Behavioral Health Care for Persons Experiencing Homelessness

1.1 Institute a Community Care Team in each Seacoast Community with a hospital (Exeter, Portsmouth, Dover, Rochester), using data driven identification of frequent visitors to the ED, housing status screening and the creation, execution and monitoring of a services plan.

1.2 Pursue options for provision of Medical Respite Care in the Seacoast Region, beginning with needs assessment and making business case for participating hospitals, considering evidence from numerous emerging models.

1.3 Improve access (lower the threshold) to Mental/Behavioral Health Services for people experiencing homelessness and the portability of services across jurisdictions.

Issue Area 2: Improve Coordination and Increase Capacity of the Homeless System Network of Community-Based Organizations and Providers

2.1. Create a unified emergency cash assistance program that pools funding from multiple sources (i.e. faith, civic, philanthropy) to streamline resources, expediency and flexibility in mixing and matching resources to best benefit the client.

2.2. Create a blueprint for the optimal homeless services system mapping how persons flow through the system with a data analysis process to track the need and availability of housing and services of persons experiencing homelessness.

2.3. Create a Public Education and Awareness Campaign to tell the story of persons experiencing homelessness and the outcomes of the Homeless System.

Issue Area 3: Increase Access to Permanent Housing

3.1 Develop a coordinated outreach program to landlords to educate them about the value/benefits of supportive services for tenants.

3.2 Define categories of homeless populations in order to prioritize planning and implementation of housing solutions.

3.3 Create a shared Seacoast advocacy platform to increase permanent housing options for persons experiencing homelessness by partnering with Housing Action New Hampshire.

NEXT STEPS – EVERYONE HAS A ROLE TO PLAY

Please join the Greater Seacoast Coalition to End Homelessness as we create the infrastructure and take action to implement the Plan.

To be added to our e-mail list please contact Maria Sillari, Director, Greater Seacoast Coalition to End Homelessness at msillari14@gmail.com

For more information and a link to the full report please visit our webpage at:

http://www.uwgs.org/seacoastcoalition