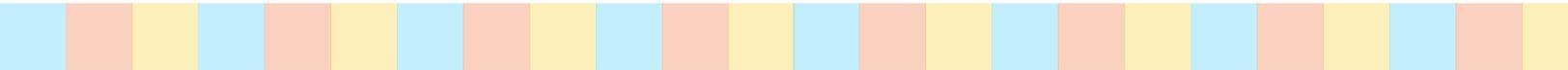
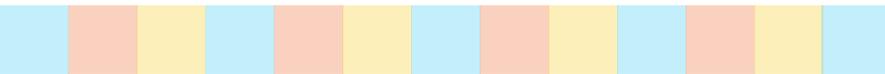


# HOMELESSNESS TASKFORCE SUMMARY



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# EXECUTIVE SUMMARY

In 2008, the City of Manchester adopted a Plan to End Homelessness (The Plan) under the direction of then Mayor Frank Guinta. Entitled “A Home for Everyone – a 10-Year Plan to End Homelessness in the City of Manchester,” it was a call to action for the City. The Plan set eight primary goals that were addressed with varying levels of success from 2008 to 2018, when Mayor Joyce Craig asked Granite United Way’s President & CEO Patrick Tufts to help convene City leaders, not-for-profits, and the faith and business communities to join together to provide recommendations on how to positively address homelessness.

Each year, the Manchester Continuum of Care conducts a Point in Time Count (PIT) to physically count the number of homeless individuals in the community. The 2019 PIT identified 406 sheltered and 57 unsheltered persons in the City, a total of 463 homeless individuals, an increase from the 427 counted in 2018. Additionally, last Manchester School District Homeless Student data listed 798 students identifying as homeless (Appendix A). While poverty levels are decreasing nationally, Manchester continues to experience an increase, especially among children. In 2018, the City of Manchester’s Healthcare for the Homeless program provided primary healthcare to 1,625 unduplicated individuals, representing a 34% increase since 2013 (Appendix C).

A Task Force of 38 community leaders set an ambitious goal of submitting recommendations to the Board of Mayor and Alderman by April 16, 2019. The Task Force convened three times as a full group with several subcommittee meetings in between to discuss and create recommendations. Subcommittees included

- **Panhandling**
- **Outreach and Services**
- **Housing and Sector Capacity**
- **Prevention**

As in 2008, homelessness is a complex problem with no simple answers. The combination of poverty, health, mental health, unaffordable and unavailable housing stock and, most recently, a substance use epidemic are all contributing factors to homelessness. Other behaviors such as panhandling and vagrancy, which are not always directly related to homelessness, perpetuate stigma, not just for individuals, but also for our community.

The City's very successful Safe Stations & Doorways Programs provide life saving services to thousands of people every year. Many of those served are not Manchester residents (see Appendix D).

This document is not a plan to end homelessness. The Task Force felt strongly that it was better to provide recommendations to City leaders, understanding that “implementation” teams will need to drive the necessary actions to make the recommendations a reality.

# TASKFORCE ROSTER

Ed Aloise.....	Republic Café & Campo Enoteca
Borja Alvarez de Toledo.....	Waypoint
Alderman Tim Baines.....	City of Manchester
Alderman Bill Barry.....	City of Manchester
Sarah Beaudry.....	In Town Manchester
Maureen Beauregard.....	Families in Transition-New Horizons
Tom Blonski.....	Catholic Charities New Hampshire
Chief Carl Capano.....	City of Manchester Police Department
Craig Chevalier.....	1269 Café
Mary Chevalier.....	1269 Café
Dean Christon.....	New Hampshire Housing Finance Authority
Mayor Joyce Craig (Task Force Co-Chair).....	City of Manchester
Mike Decile.....	UNH Manchester
Kent Devereaux.....	New Hampshire Institute of Art
Chief Dan Goonan.....	City of Manchester Fire Department
Erin Kelly (Services Subcommittee Chair).....	Waypoint
Henry Klementowicz.....	American Civil Liberties Union
Cathy Kuhn.....	Families in Transition-New Horizons
Leon LaFreniere.....	City of Manchester
Pat Long.....	New Hampshire State House of Representatives
Kris McCracken.....	Manchester Community Health Center
Charlene Michaud.....	City of Manchester Welfare Department
Sean Owen (Capacity Subcommittee Chair).....	Wedü
Jocelyne Pinsonneault.....	Manchester School District
Emily Rice.....	Manchester City Solicitor
Bill Rider.....	The Mental Health Center of Greater Manchester
Pastor John Rivera.....	Hope Tabernacle Church
Kim Roy.....	Doubletree Manchester
Chrissy Simonds.....	Homeless Advocate
Mike Skelton (Panhandling Subcommittee Chair).....	Greater Manchester Chamber of Commerce
Mary Sliney.....	The Way Home
Tim Soucy.....	Catholic Medical Center
Jon Sparkman.....	Devine Millimet
Arthur Sullivan.....	Brady Sullivan Properties
Anna Thomas (Prevention Subcommittee Chair).....	City of Manchester Health Department
Patrick Tufts (Task Force Co-Chair).....	Granite United Way
Denise VanZanten.....	Manchester Library

# OTHER STAKEHOLDERS

Anne Bilodeau .....	Brady Sullivan Properties
Steven Duquette.....	Manchester Police Department
Josh Feller.....	Harvard Kennedy School
Lauren Getts.....	Greater Manchester Chamber of Commerce
Amanda Hallock.....	Harvard Kennedy School
Aimee Kereage.....	Granite United Way
Peter Macone.....	Republic Café & Campo Enoteca
Jenny O'Higgins.....	Makin' It Happen
Patricia Reed.....	Granite Pathways
Frank Rich.....	351 Chestnut Street LLC
Dominique Rust.....	New Hampshire Catholic Charities
Jennifer Sabin.....	Granite United Way
Lauren Smith.....	City of Manchester
Lizarda Urena.....	Good Samaritan Ministry



# PROCESS DESCRIPTION

During the State of the City presentation, on February 13, 2019, Mayor Craig announced the formation of a strategic task force to address the issue of homelessness in the City. This Mayoral Appointed Task Force encompassed a broad-based team of business, not for profit, faith community and municipal leaders. The mission of this group was to form a strategic action plan that assesses the many resources, identifies gaps and needs, and sets a collaborative approach to assisting Manchester's most vulnerable citizens. The Task Force met, along with other stakeholders from the community on the following dates: February 20th from 3:30 – 5pm, March 5th from 10am – 12pm and March 25th from 10am – 12pm.

Due to the aggressive timeline, a subcommittee structure was utilized in order to accomplish the goals outlined above.

# SUBCOMMITTEES

Subcommittees were formed around **four key issues** in order to address this complicated issue. The areas of focus were: Panhandling, Homelessness Outreach and Services, Housing and Sector Capacity, and Homelessness Prevention. Each subcommittee was tasked with the following: analyze the data related to their focus area, identify assets and gaps, identify three to five actionable solutions to the gaps and make recommendations to the Task Force for implementation.

**THE PANHANDLING SUBCOMMITTEE**, led by Mike Skelton of the Greater Manchester Chamber of Commerce and Sarah Beaudry of Intown Manchester, focused on developing strategies to curb panhandling activity downtown and across the city. This issue has taken on greater importance in recent months as business owners have become concerned that panhandling activity is negatively impacting the perception of the city's business climate and public safety. Although panhandling is not always connected directly to homelessness, the Task Force addressed this set of concerns alongside homelessness in general.

**THE HOMELESSNESS OUTREACH AND SERVICES SUBCOMMITTEE**, led by Erin Kelly of Waypoint, focused on developing strategies to address the needs associated to providers of homelessness services and their clients. This group also referenced the varied needs of homeless individuals and families noting that some are chronically homeless while others are precariously housed, doubled up, newly homeless, in transitional housing or displaced. This group also focused on the continuum of housing services and needs with an emphasis on the role of outreach, employment and mental health related programming.

**THE HOUSING AND SECTOR CAPACITY SUBCOMMITTEE**, led by Sean Owen of Wedü, focused on short- and long-term factors to gaining and maintaining permanent housing stock in and around Manchester, the role of the City Departments and the capacity of the varying stakeholders to alleviate this complex issue.

**THE PREVENTION SUBCOMMITTEE**, led by Anna Thomas of the Manchester Health Department, focused on the early warning signs that can be adapted to predict increases in homelessness in a community, the early warning signs of individuals and families that precede becoming homeless as well as the definition and the public's perception of the homeless across the city. This subcommittee was added part way through the process when it was identified as a gap in the discussion.

# SUBCOMMITTEE RECOMMENDATIONS

Addressing the issue of homelessness will require a multipronged approach that includes a variety of stakeholders. The subcommittees were diligent and thoughtful with recommendations. These recommendations are a combination of long- and short-term actions.

## THE PANHANDLING SUBCOMMITTEE

**CONDUCT A “GOOD CHANGE MANCHESTER” MARKETING CAMPAIGN** – the Chamber and Intown will implement a new marketing and messaging campaign that aims to educate the public on panhandling and the importance of giving to causes and organizations that provide services to the homeless rather than giving directly to those panhandling.

**IMPROVE STAKEHOLDER COMMUNICATION AND COLLABORATION** – regular communication and strong collaboration by downtown business owners, municipal officials, nonprofit agencies, and community members is essential to achieving progress. This collaboration must entail a shared understanding of goals, expectations, and metrics of success.

**AMPLIFY MANCHESTER POLICE DEPARTMENT’S COMMUNITY POLICING EFFORTS** – increased community policing activity during spring and summer months has been positively received in recent years. By partnering more closely with MPD, we can amplify the impact of these efforts.

**IMPROVE LIGHTING AND BEAUTIFICATION** – identify new opportunities to improve the aesthetics of downtown as a way to enhance the public’s perception of downtown as a safe, inviting environment.

**CREATE PANHANDLING TO JOBS PROGRAM** – through partnership with existing organizations offering various employment training and placement programs, develop a specific “Panhandling to Jobs” program for Manchester modeled after similar successful programs nationwide.

## THE HOMELESSNESS OUTREACH AND SERVICES SUBCOMMITTEE

**INCREASE AND COORDINATE OUTREACH EFFORTS** – consistent, coordinated efforts are needed to provide outreach to the city’s homeless population. The subcommittee identified the need for a coordinator position that would lead a team of outreach workers and be responsible for the collection of data. Additionally, this coordinator would serve as a liaison between city departments, non-profit agencies and the community at large.

The coordinator would manage the five additional outreach workers that would provide more on street presence to the community and provide individuals with direct resources. Five additional outreach workers are needed to effectively meet the City's needs.

**EXPAND EMPLOYMENT OPPORTUNITIES** – better utilize current employability services that exist in the Greater Manchester area and build a more robust employment stability program. This program would work with employees to address barriers to success (i.e. childcare, transportation). The program also would work with employers to help address challenges around gaining and maintaining employment.

**DEVELOP A RESOURCE CENTER** – centrally located resource center that would provide a communication center, lockers, variety of services and educational opportunities. This hub would be a safe, trauma informed center that individuals would be able to access for basic needs.

## THE HOUSING AND SECTOR CAPACITY SUBCOMMITTEE

**EXPAND HOUSING OPPORTUNITIES** – create affordable housing units throughout the city. The investment of four million dollars each year over five years is needed to create an additional 100 housing units. This cost would also provide integrated support systems to encourage successful community partnerships.

**IDENTIFY FUNDING SOURCES TO EXPAND HOUSING** – identify underutilized funding sources to include local, state and federal opportunities. Explore nontraditional funding sources such as donations of buildings and land to utilize for housing units.

**COORDINATE CITY RESOURCES** – identify city owned available land or buildings that could be repurposed for housing. Provide business and property owners with city related incentives to encourage low income developments.

**SHELTER AND HOUSING IMPROVEMENTS** - continue to develop, expand and improve upon existing agencies and programs to further provide shelter, temporary housing, or transitional housing for the various segments of homeless from teens, single females/males, SUD individuals, mental health patients, and families.

## THE HOMELESSNESS PREVENTION SUBCOMMITTEE

**EARLY IDENTIFICATION OF THOSE AT-RISK FOR HOMELESSNESS** – creation of a data collection tool that would accurately define the extent of homelessness in the community. The tool would also be utilized to track services and individuals to prove a consistent measurement device to monitor the health of the community. Early identification and early intervention could be implemented by utilizing this data.

**CREATE A STIGMA REDUCING CAMPAIGN** – this campaign would differ from the campaign initiated by the panhandling subcommittee. This initiative would provide a consistent definition of the term, homeless. This definition would then be used across all departments and city wide correspondence. A public service component would include reasons why individuals become homeless, early warning sign indicators and available community resources.

**INTEGRATE UPSTREAM COMMUNITY CARE COORDINATION** – with the Manchester Continuum of Care to bolster prevention efforts. This includes a more formal connection to community health workers and social workers who are currently collocated in easily-accessible sites such as schools, neighborhood centers, faith institutions, workplaces and emergency rooms, where people are seeking assistance for basic problem-solving needs. The emphasis would be on addressing the social determinants of health before crisis or homelessness occurs.

# ISSUE IDENTIFICATION

## APPENDIX A MANCHESTER POLICE DEPARTMENT DATA

### Housing Services

Business Hours - 8:00 A.M. - 4:30 P.M. Monday through Friday

Telephone Numbers - (603) 271-9196 Toll Free Number (800) 852-3345

Homeless Hotline - 211 or (866)44-4211

### MPD Training

A) NH State Law's

B) Manchester City Ordinance

C) Constitutional Law

D) Mental Health Training

D.1) Critical Incident Training (CIT)

D.2) 56 Active members (as many officers as possible)

D.3) 40 Hours of Training with MMH

D. a) Manchester Crisis Response Team (MCRT)

D. b) Includes Manchester Mental Health & MPD Officers

D.c) 7 Days a week (mixed hours)



### Police Response

A) Summer Months:

A.1) 2 Officer Walking Route Assigned to Elm St.

A.2) Utilizing School Resource Officers

A.3) Utilizing Overtime for night/weekends

B) 1 Motorcycle Officer assigned to Elm St.

C) Increase Route Officers to Elm St.

D) MPD and State Police special enforcement

E) Assigned Permanent Community Police Officer to Elm St. (Officer Anna Martin)

F) Reassigned Horses to Elm St. (Winter months)

G) Increased Community Police Divisions Presence on Elm St.

**Police Statistics for 2018**  
**(Merrimack St. to Bridge St.)**

**A) Calls for Service to Elm St.**

**A.1) 1466 Events**

**A.2) 377 Officer Initiated for Hotspots, Special Attentions & Business Checks**

**A.3) 412 Events Dealing Public Nuisance**

**A.4) 677 Events Unrelated to Nuisance Complaints**

**A.a) Motor Vehicle related (525 events)**

**A.b) Alarms**

**A.c) Found Property**

**A.d) Subpoena Service**

**B) City Ordinance & Summons Issued**

**B.1) 23 City Ordinance's Issued**

**B.2) 167 Motor Vehicle Summons Issued**

**C) Arrests**

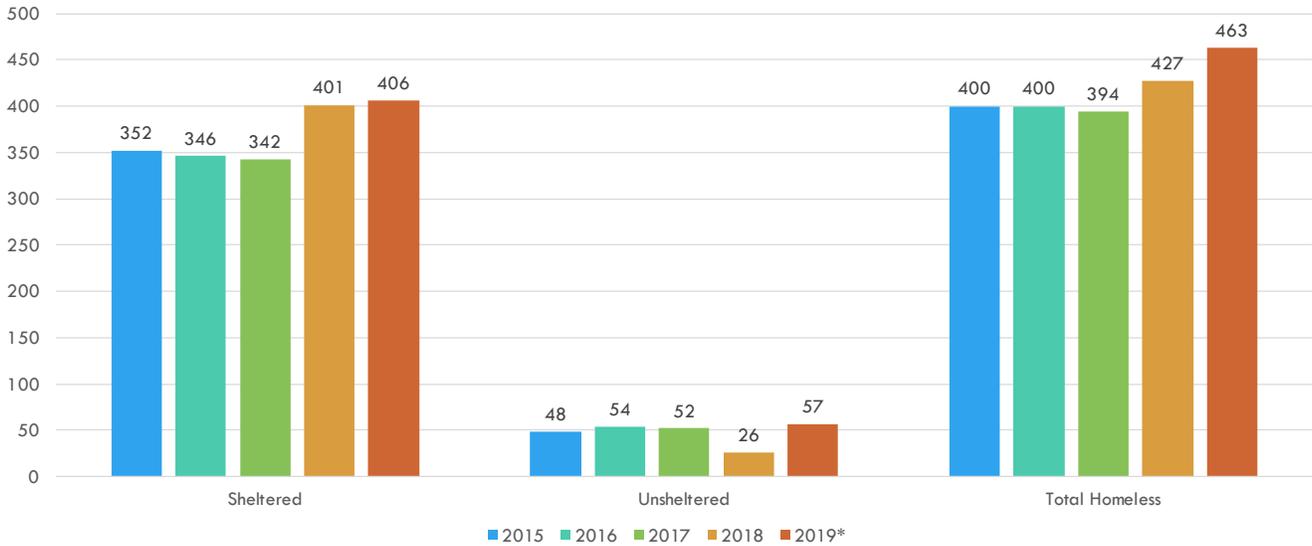
**C.1) 73 People Arrested on Elm St.**

**C.a) 13 of the 73 Identified Themselves as Homeless**

## APPENDIX B

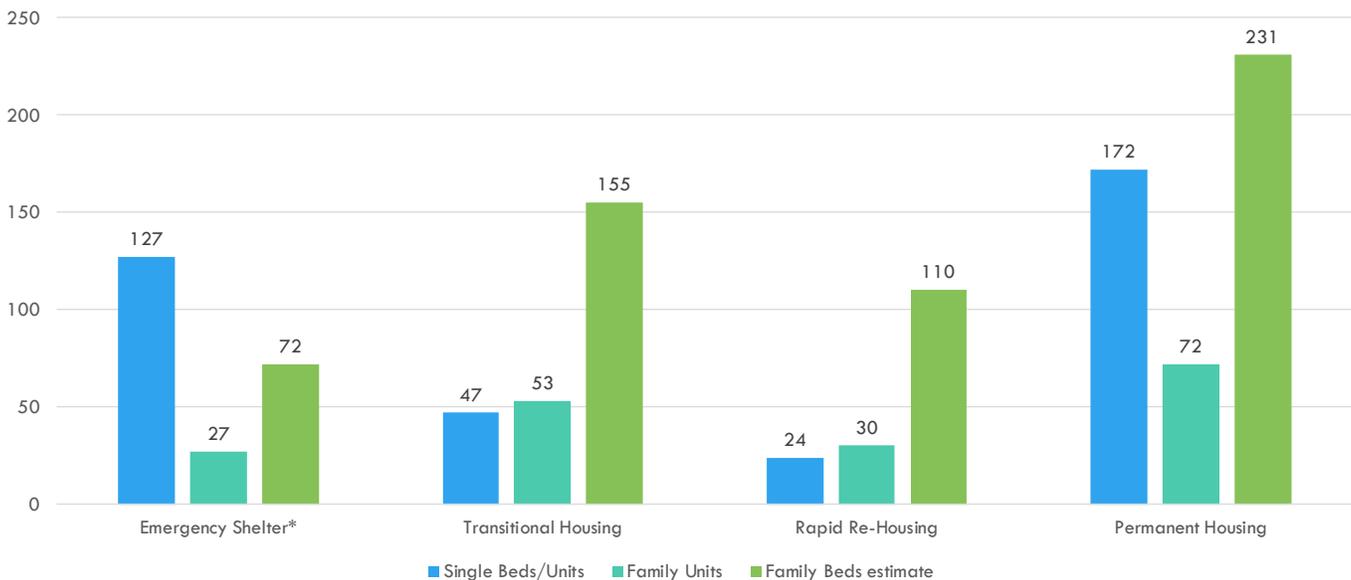
### MANCHESTER CONTINUUM OF CARE: TRENDS IN HOUSING AND HOMELESSNESS

Manchester, NH 2019  
Cathy Kuhn and Erin Kelly



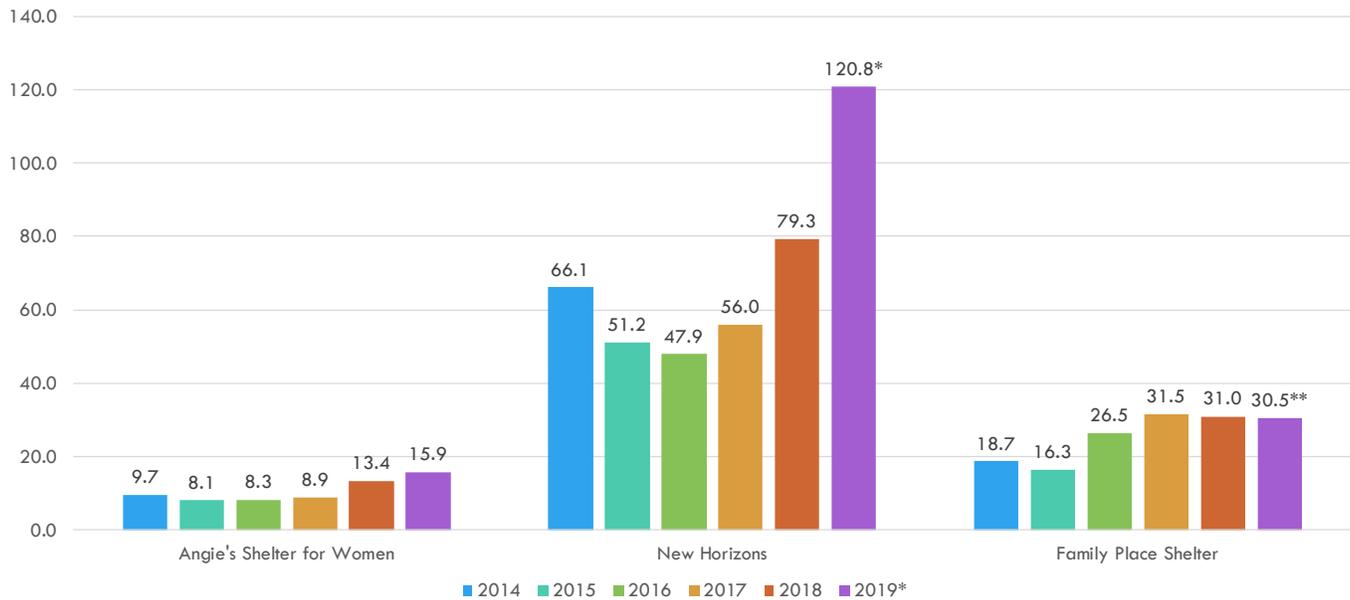
\*2019 data is an estimate and has not been finalized yet  
In 2018, 30% of the total homeless population resided in Manchester  
In 2018, 49% of the total homeless population resided in Hillsborough County

### HOUSING INVENTORY DEDICATED TO HOMELESS HOUSEHOLDS



\*ES Single beds only includes the 76 fixed beds at New Horizons

## EMERGENCY SHELTER AVERAGE PERSONS SHELTERED PER NIGHT



2019 data is from January 1, 2019 to February 15, 2019

\*New Horizons served 1076 unduplicated individuals in 2018

\*\*The Family Place sheltered 226 individuals, including 129 children in 2018.

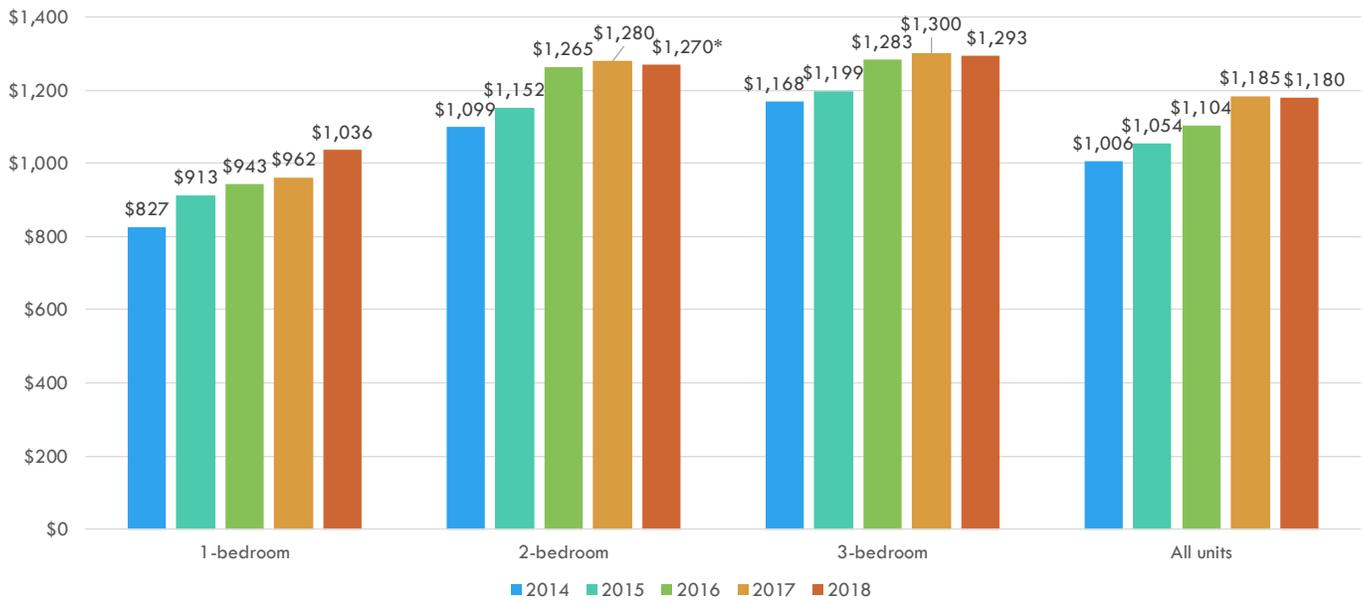
### Family Emergency Shelter Waitlist

- The city of Manchester currently has 11 units of family emergency shelter.
- In 2018, 240 Families were put onto the shelter list throughout the year.
- At any given time, between 36% and 42% of these families report living outside or in other places not meant for human habitation.

#### Out of those families:

- 35 entered an emergency shelter unit, another FIT-NH unit or found alternative housing in the community through another organization.
- 57 still remain in contact on the current shelter wait list.
- 148 of the 240 families were unserved and no longer remain on the waitlist due to inability to make contact.

## RENTAL COST TRENDS

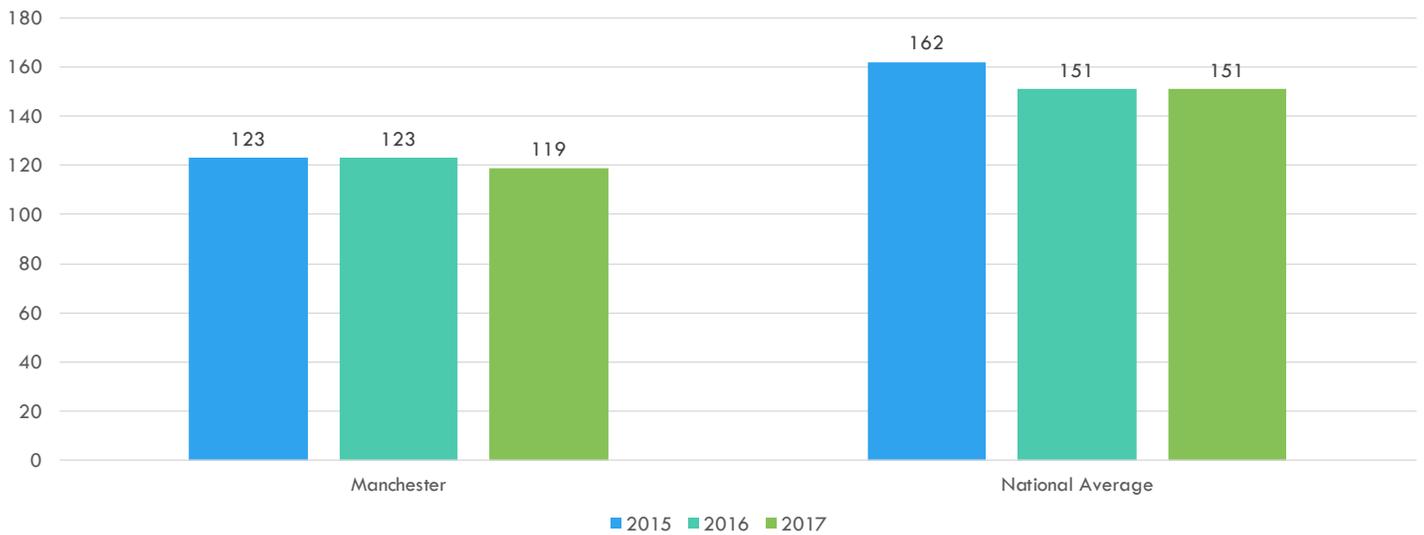


\*A family would have to make close to \$52,000 to afford a 2-bedroom unit in Manchester without paying more than 30% of their income on rent.

\*\*The estimated wait time for a Housing Choice Voucher can be 7-9 years.

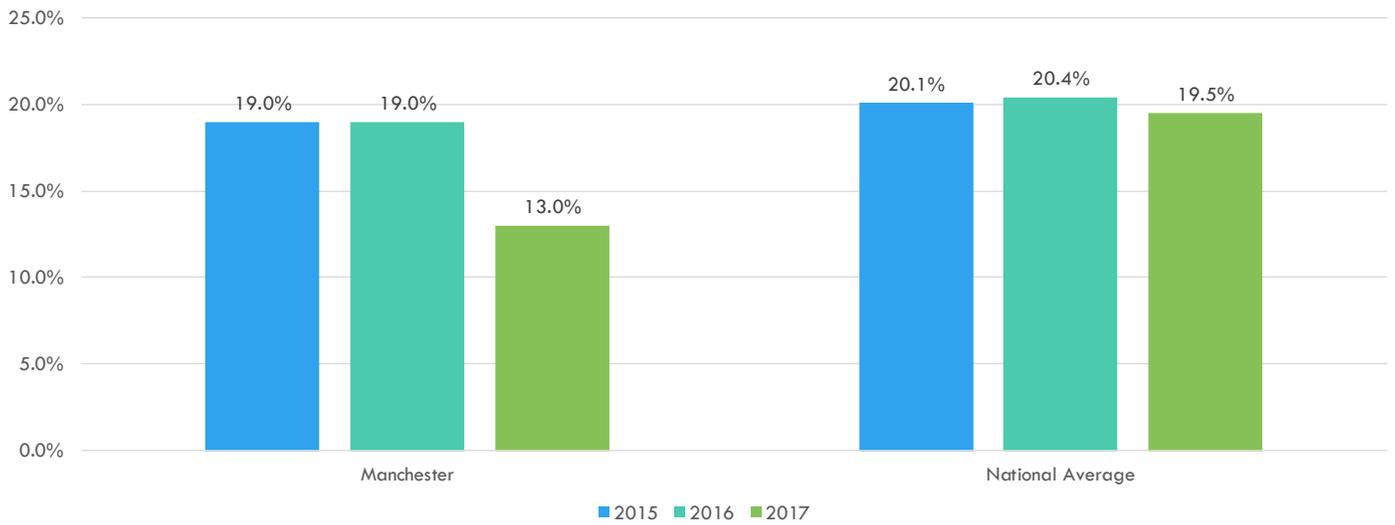
## HUD SYSTEM PERFORMANCE MEASURES

Average Length of Time Homeless in Days



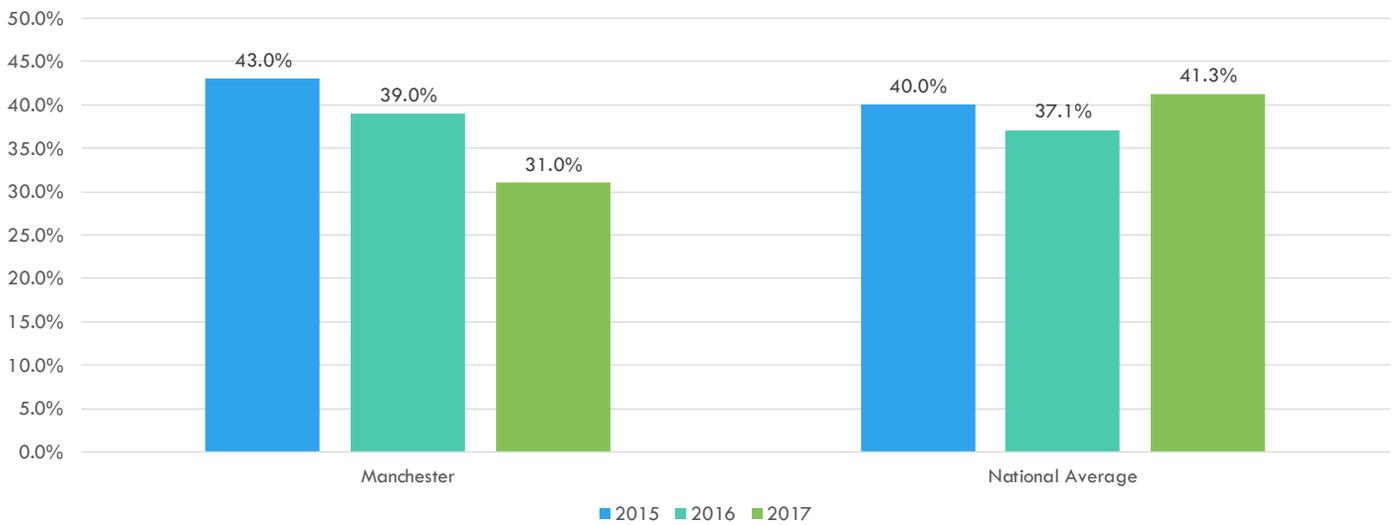
## HUD SYSTEM PERFORMANCE MEASURES

Recidivism within 24 months

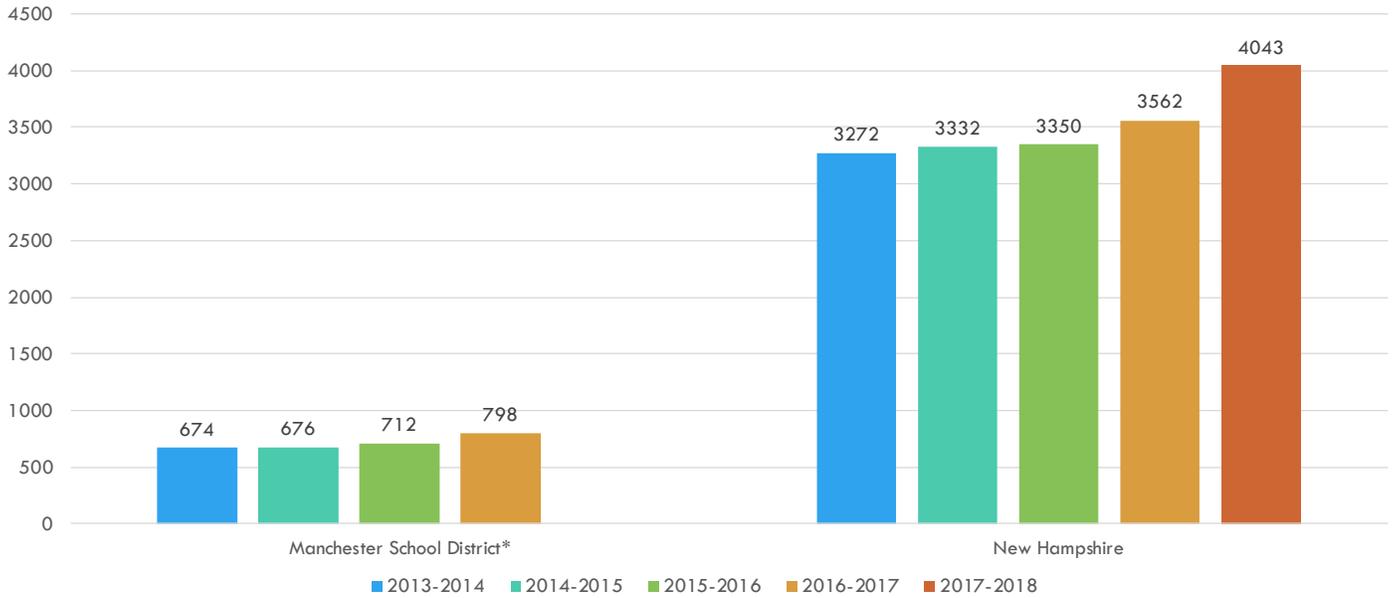


## HUD SYSTEM PERFORMANCE MEASURES

Placements to Permanent Housing from Emergency Shelters and Transitional Housing

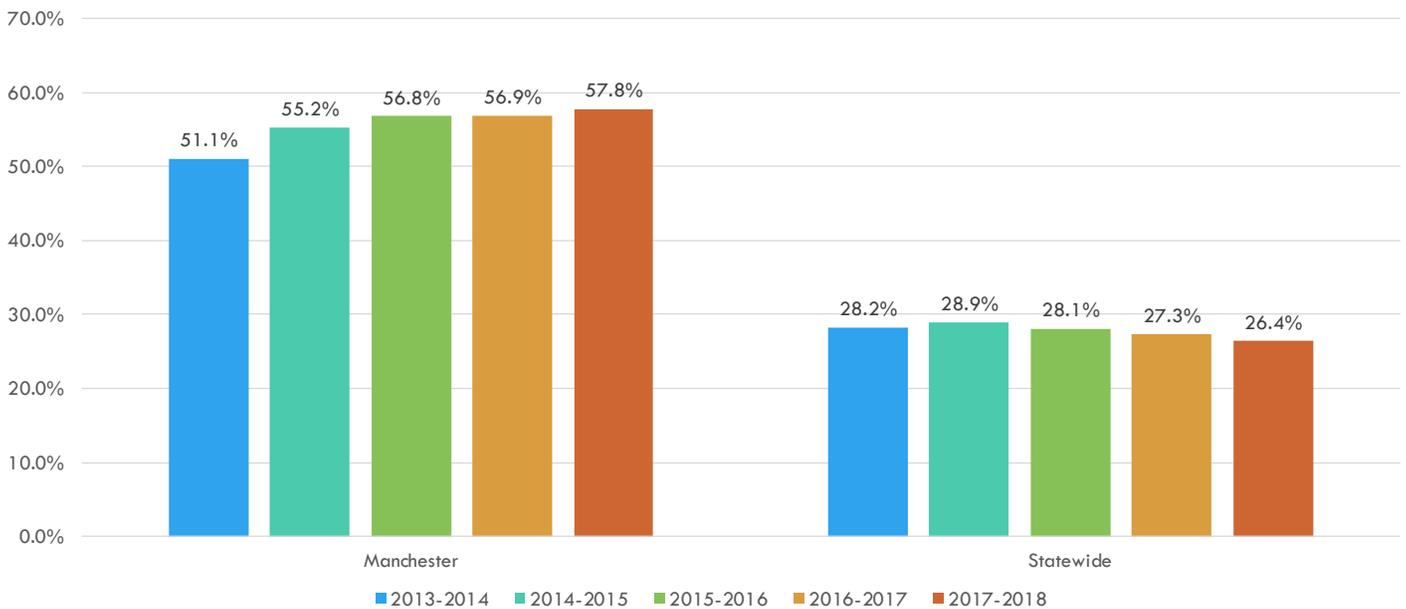


## HOMELESS STUDENTS



\*2017-2018 Manchester School District Homeless Student data not available at this time

## FREE/REDUCED LUNCH



Statewide continues to decline, while Manchester continues to increase

## WHAT IS THE SCOPE OF YOUTH HOMELESSNESS?

### Prevalence of Youth Homelessness in America

---

**1** in **10**

young adults ages 18-25 experienced a form of homelessness over a 12-month period.

*That's 3.5 million young adults. About half of them involved explicitly reported homelessness while the other half involved couch surfing only.*

**1** in **30**

youth ages 13-17 experienced a form of homelessness over a 12-month period.

*That's about 700,000 youth. About three-quarters of them involved explicitly reported homelessness (including running away or being kicked out) and one-quarter involved couch surfing only.*

**Manchester School District**

**796 Students**

**Waypoint Runaway and Homeless**

**Youth Services**

**287 youth and young adults**

Sources:

Chapin Hall –

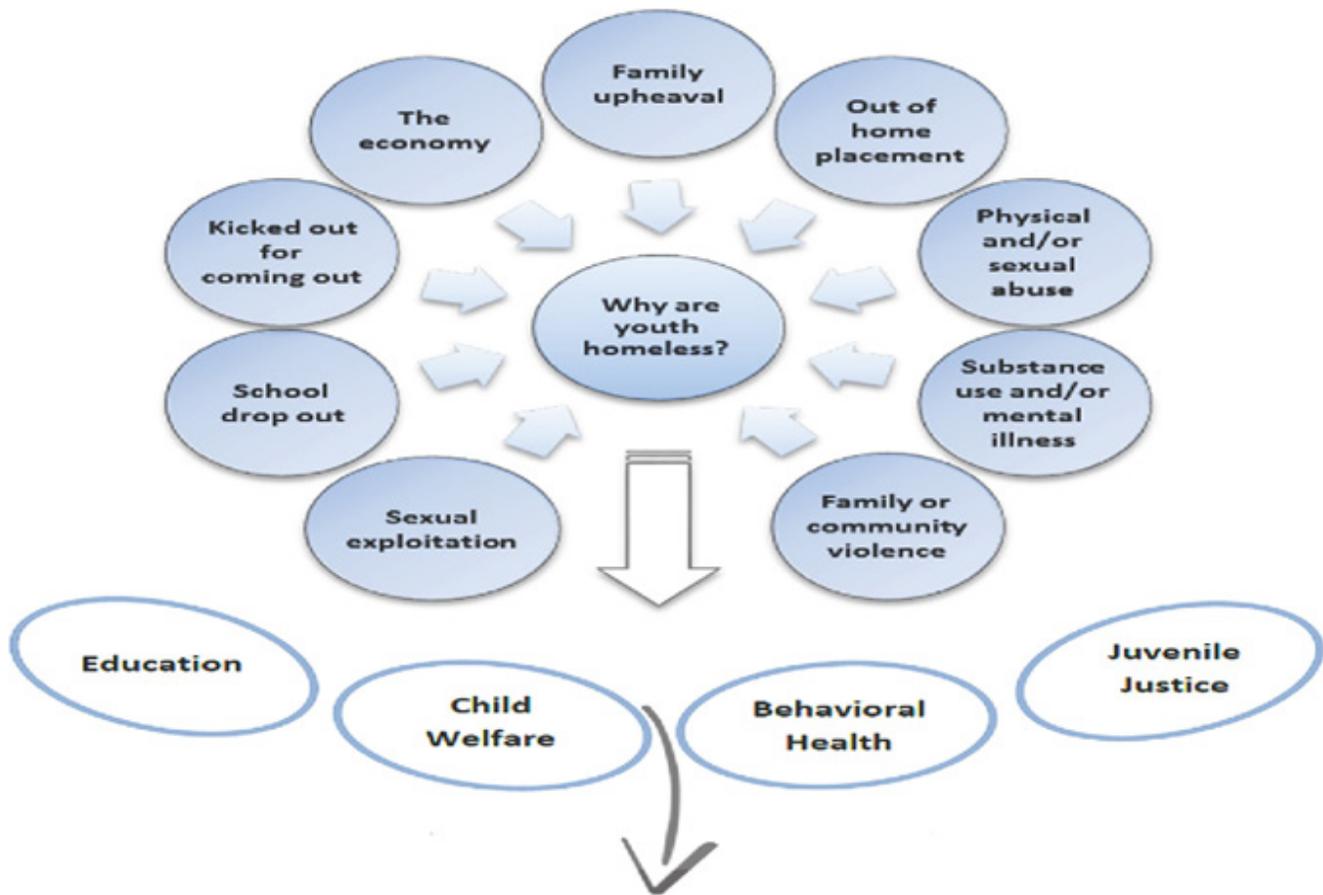
University of Chicago

NH Department of Education

Homeless Management

Information System

## WHY ARE YOUTH HOMELESS?



Youth slip through the cracks of these systems and remain homeless or become homeless

If available, these homeless youth are served by a runaway and homeless youth program

# WHY ARE YOUTH HOMELESS?

# THE TRUTH ABOUT ACEs

## WHAT ARE THEY?

ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

## HOW PREVALENT ARE ACEs?

The three types of ACEs include

### ABUSE



Physical



Emotional



Sexual

### NEGLECT



Physical



Emotional

### HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

## WHAT IMPACT DO ACEs HAVE?

# THE CONSEQUENCES OF HOMELESSNESS



## **BARRIERS TO REACHING HOUSING STABILITY**

- Youth experiencing homelessness often have 1-3 low wage jobs paying between \$9.50 and \$12 an hour.
- In order to afford a 2-bedroom apartment in NH, you need to earn at least \$20.50 per hour.
- Many youth experiencing homelessness have significant debt in their name – utilities, banks, courts, etc.
- Youth experiencing homelessness often struggle with interpersonal skills as a result of trauma, abuse, neglect, and violence
- Youth experiencing homelessness have often been "socially promoted" through school and struggle with basic reading and math skills

## APPENDIX C HEALTHCARE FOR THE HOMELESS DATA

HCH Annual Stats: 2018								
NLT = (No Longer Tracked)								
Total Users/Patients:	1625		Gender: n=1625	#	%	Referral : n= 1625	#	%
Total Visits/Encounters:	6456		Male	1002	62%			
			Female	623	38%	Intakes by Outreach	73	4%
Users/Patients: n=1625	#	%						
Medical	1490	92%	SDOH n=1625	#	%	Outreach Contacts	470	29%
BH and Substance Use	582	36%	Uninsured	468	29%			
Dental	46	3%	Below < 100% poverty	1341	83%	Current Dx: n=1490 ( medical users )	#	%
Enabling	455	28%	Below < 200% poverty	1523	94%	Tobacco /Smoker	970	60%
WRAP / Safe Station						Depression	478	29%
Veterans	52	3%				Obese/Overwgt -BMI > 25	24	1%
						Substance Use Disorder	326	20%
Visits/Encounters: n = 6456	#	%				HTN	311	19%
Medical (MD/NP/RN/Specialty)	4444	69%	Housing Status: n = 1625	#	%	Opioid Use Disorder	72	4%
Case Management	315	5%	Shelter	261	16%	Diabetes	165	10%
Health Ed (one on one)	199	3%	Street	119	7%	Asthma	47	3%
BH (PSYCH -	938	15%	Double up	417	26%	Prenatal/Pregnant	18	1%
SUD Counseling (MLADAC)	386	6%	Transitional/Treatment	419	26%			
Dental	150	2%	SRO/Room/Other	390	24%	Age: n = 1625 ( infant –	#	
Ophthal / Eye Exam	24	0%	Unknown/Unspecified	19	1%	0-12 months	3	0.2%
Optom /Corrective Lenses	0	0.0%				1-5yr	18	1.1%
						6-10yr	24	1.5%
			Ethnic/Race: n = 1625	#	%	11-15yr	21	1.3%
Selected Visit/Encounters:	# Visits	#	White Non-Hispanic/Latino	1061	65%	16-19yr	21	1.3%
by diagnosis (UDS – 6A data)		Users	Hispanic - White only	78	5%			
			Black w/ Hispanic Black	3	0.2%	20-29yr	286	18%
Chronic Bronch/Emph/COPD	163	86	Black ( only )	195	12%	30-39yr	386	24%
Asthma	64	47	Asian / Pacific Island (all types)	175	11%	40-49yr	296	18%
Cardiac	103	56	Native American	23	1%	50-59yr	344	21%
Hypertension	811	311	Unspecified	39	2%	>60yr	226	14%
Diabetes	745	165	More than > One Race	51	3%			
Skin/Derm/Eczema	57	46				Units of Service:	#	
Exposure	4	3	Primary Language other than English:			Flu Vaccines	409	
Dental	150	46				PAP Smears	111	
Psych/Mental Health (other)	938	416	Insurance: (PM) n = 1625	#	%	Mammograms	0	
Anxiety/PTSD	436	174	Medicaid	880	54%	Colonoscopy	487	
Depression	478	478	Medicare	188	12%	HIV tests	115	
ADHD	21	14	Private	89	5%	TB / PPD Tests	20	
HIV	2	2	None - Uninsured	468	29%	TB test positive (w/ neg CXR)	3	
STD	12	9				APTD/NH- ap's	NLT	
Hep C	92	65	OE Team:			SSI/SSDI applications	NLT	
Hep B	2	2	Medicaid Enrolled	204		SBIRT – RT's		
TB	17	3	ACA Enrolled	2		SBIRT encounters	972	
Abnormal PAP	13	10	Medicaid Assists	9827		Narcans Kits distributed	NLT	
Abnormal Breast	5	4	ACA Assists	8		Specialty Care Referrals	457	
Alcohol Relatd Disorders	150	74				ER referrals	20	
SUD disorders (not Tobacco)	512	326				Health Ed / groups/classes	29	
Developmental Delay	3	3				MBSR sessions	12	
Tobacco use disorder	30	25				MBSR participants	51	
Tobacco/Smoke Cessation	1004	970				Smoke Cessation visits	40	

# HEALTH CARE FOR THE HOMELESS

a.k.a. Mobile Community Health  
Team @ CMC

195 McGregor Street, Manchester, NH 03102  
(603) 663-8716

## ABOUT OUR CLIENTS

- **Who They Are:** Men, women, children, teens, veterans, families and working poor residents of the greater Manchester, New Hampshire area
- **Where They Live:** Our clients are individuals and entire families who do not have a regular (nor adequate) place to sleep or call home. Many who are homeless, such as battered women and runaway/throwaway youth, are in precarious situations fleeing domestic violence unable to return to their homes. Others live in transitional housing, temporary shelters, or “couch surf” doubled up for the night with other families, friends/acquaintances. Some sleep in places not intended or designed for human habitation, such as cars, abandoned buildings, and tent camps along the river or in the woods.
- **Socioeconomic Status:** 93% of HCH patients earn below 200% of poverty level (i.e. \$41,560 for a family of 3 in 2018).
- **Insurance Status:**
  - 28% were uninsured.
  - 56% were covered by Medicaid.
  - 11% were covered by Medicare.
  - 5% had private insurance.

## NUMBERS SERVED

- Health care users: 1,625
- Health care visits: 6,456

## HIGHLIGHTS IN HEALTH CARE FOR THE HOMELESS HISTORY

In 1987, Manchester Health Department (MHD) was awarded a federal (330h) health center grant from HRSA as part of the national Health Care for the Homeless Program to establish a *clinic without walls* providing primary health care and addiction services to people and families who are homeless in the greater Manchester area. MHD contracts with Catholic Medical Center (CMC) to implement program operations. Clinic sessions are offered daily at **New Horizons Shelter** and **Families in Transition** emergency shelter. In addition, street outreach is conducted touring streets, parks, woods and other smaller shelters in the area.

HCH team works closely with CMC, Poisson Dental Facility, Elliot Hospital, Manchester Community Health Center, Child Health Services, The Mental Health Center of Greater Manchester, Dartmouth Hitchcock Medical Center, Child and Family Services, Granite Pathways, Farnum Center, Southern NH Services and most local health and human service providers.

## GROWING DEMAND

Homelessness is growing in NH due to the high cost of housing. In 2018, NH Housing Wage = \$22.32 per hr; income required to afford a 2-Bedroom NH where average rental cost = \$1,161 per month. NH ranks #14 *least* affordable state in which to live. And demand for services has increased due to the Opioid Epidemic and Safe Station program partnership. All in need of care are welcomed. No one is turned away.

## SERVICES OFFERED

**Primary Medical Care**  
For men, women and children  
of all ages

Catholic Medical Center  
supports diagnostics, laboratory  
and Specialty Care

~

Local Private Practices  
Dartmouth Hitchcock  
Elliot Hospital  
Also provide Specialty Care

**Medical Case Management**  
Chronic Disease Management  
Diabetes-Asthma-Hypertension

**Integrated Behavioral Health**

**Substance Abuse Counseling**

**Medication Assisted Therapy  
for Drug & Alcohol Abuse**

**Shelter Based Clinics**

**Street Outreach**

**Safe Station Partners**

**Health Education**

**Mindfulness Based Stress  
Reduction**

**Testing / Treatment for  
STD/HIV**

**Tuberculosis Screening**

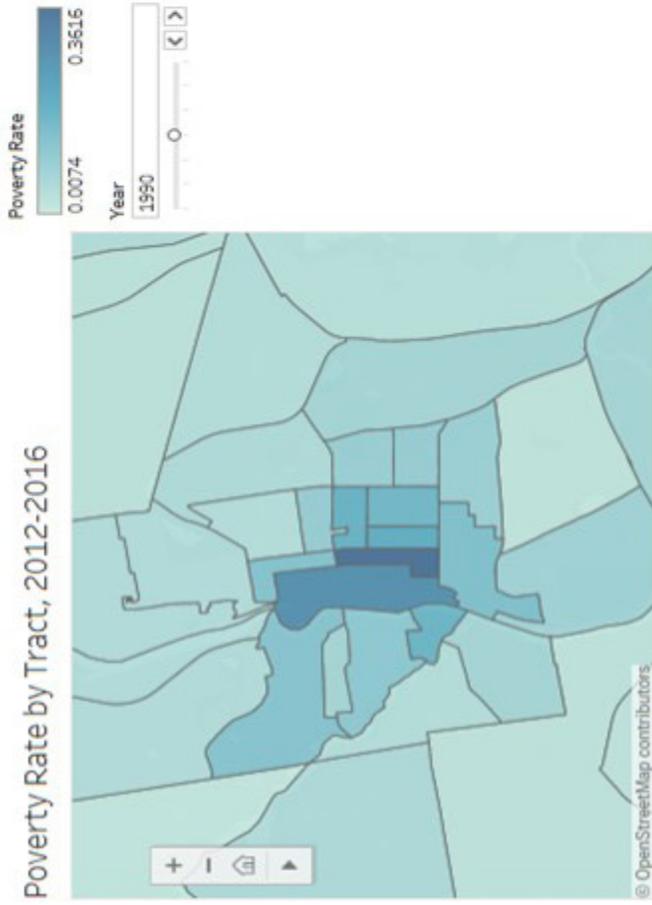
**Cancer Screening**

**Medication Assistance**

**Transportation**

**Dental Care / Eye Care**

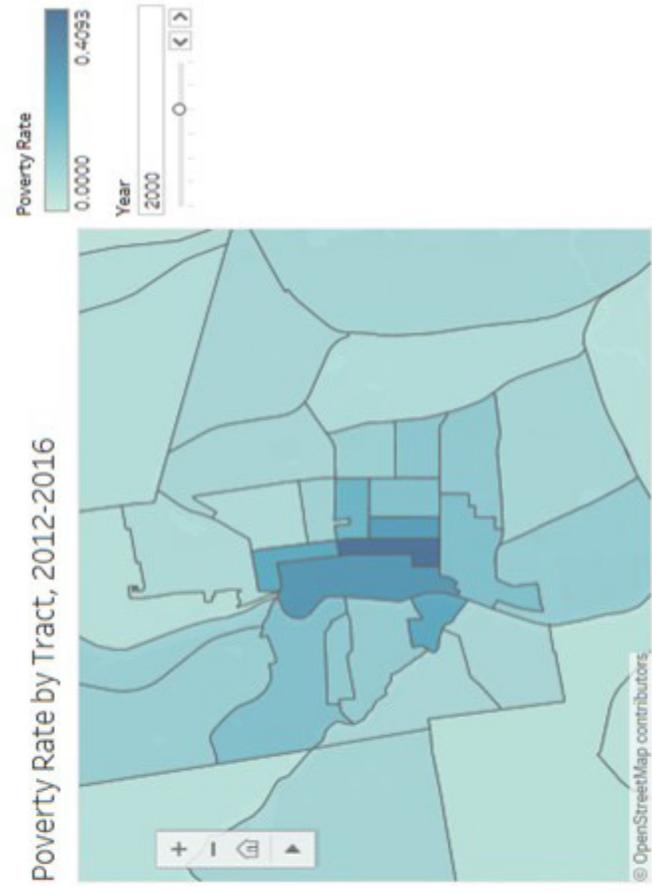
**Social Work/  
Case Management**



Long-term Trend in Poverty Rate



Long-term Trend in Poverty Rate

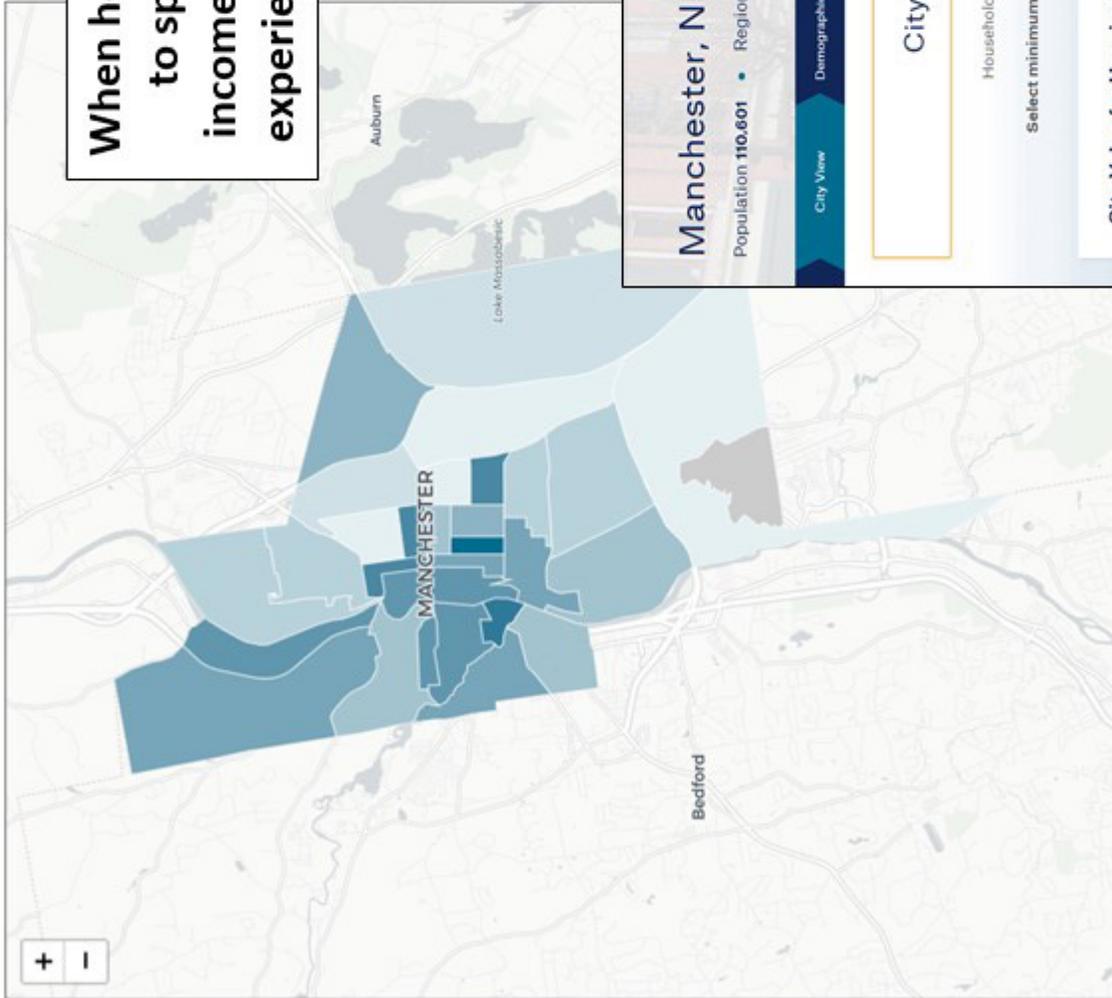


Long-term Trend in Poverty Rate



Long-term Trend in Poverty Rate

When housing prices force typical households to spend more than 32 percent of their income on rent, those communities begin to experience rapid increases in homelessness.



## Manchester, NH

Population 110,601 • Region New England • Website [www.manchesternh.gov](http://www.manchesternh.gov)

City Highlights

City View

Demographic Detail

All Metrics View

Compare Across Cities

Compare Across Metrics

Take Action

### City View for: Housing Cost, Excessive

Change Metric

Households where  $\geq 30\%$  of household income is spent on housing costs (%) **MORE ABOUT METRIC**

Select minimum and maximum values for data display:  500-City min/max  Manchester, NH min/max

#### City Value for Housing Cost, Excessive in Manchester, NH

Lower values indicate better outcomes

20%

40%

37%

61%

01%

**40% of Manchester's households** had excessive housing costs, compared to an average of **37%** across the Dashboard's 500 cities.

City or census tract value **▲** 500-City Average

Present when value is better than 500-City Average

Better Outcomes



# Manchester Opioid Crisis Summary

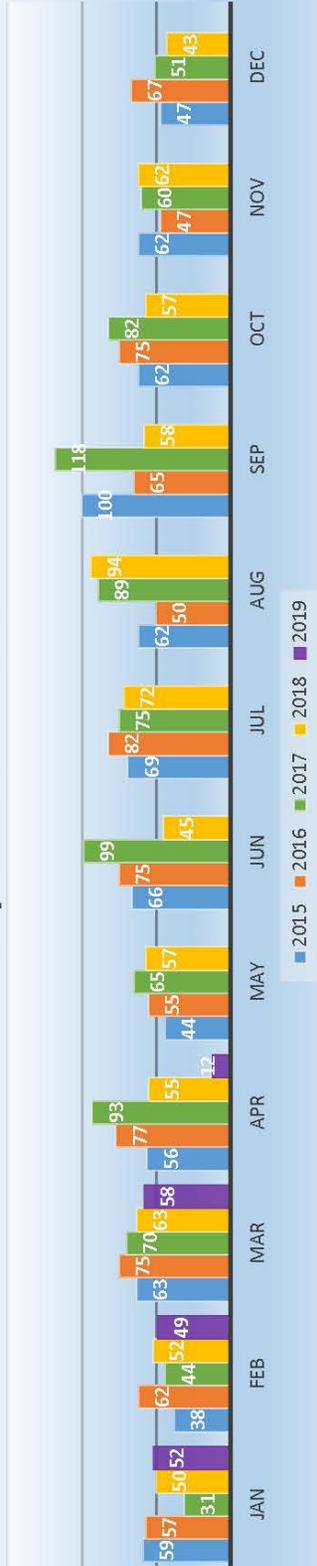
## Change in Past 365 Days Compared to Previous 365 Days

-21% Decrease in Total Overdoses

-20% Decrease in Fatal Overdoses (Includes Pending)

Year	Total ODs	Fatalities	Pending	Fatality %	Narcan (mg)
2015	728	88	0	12%	1650
2016	787	90	0	11%	2378
2017	877	67	0	8%	2745
2018	706	52	0	7%	2107
2019	170	17	0	10%	519
All Years	3268	314	0	10%	9399

## Suspected Overdoses

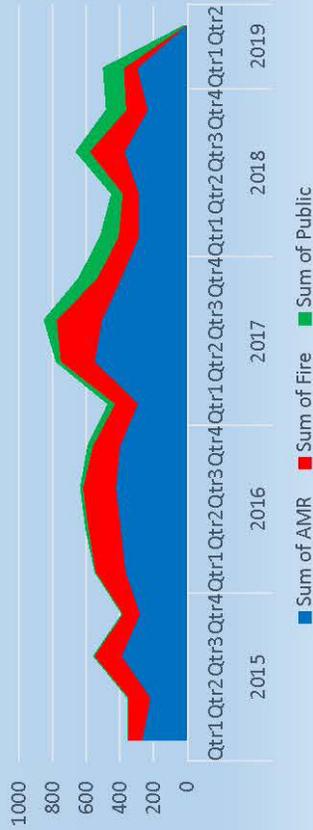


## Fatal Overdoses

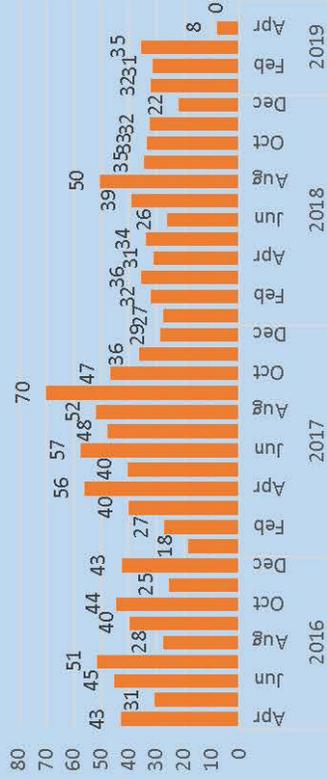


Data as of 4/5/2019

### Milligrams of Narcan by Source



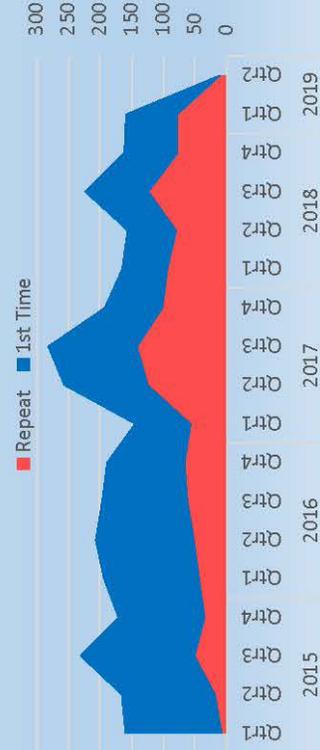
### Committed Ambulance Unit Hours



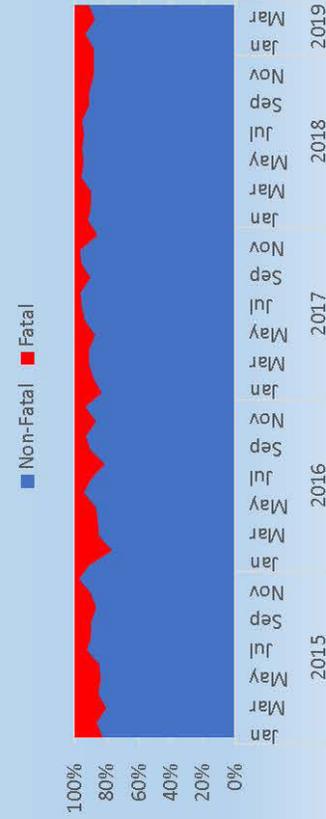
### OD - Age / Gender



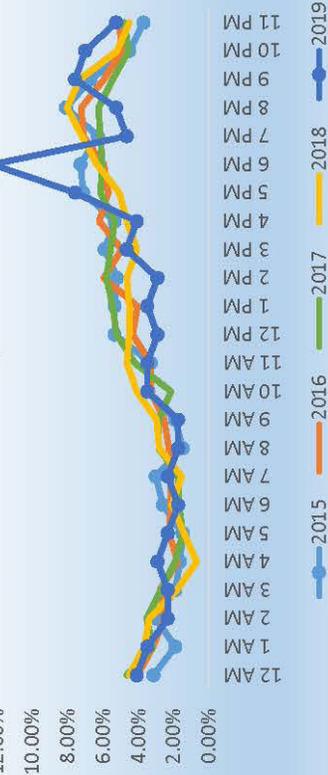
### OD - 1st Time Patient vs Repeat



### Percentage of Fatal Overdoses



### % of Overdoses by Time of Day





Manchester Opioid Crisis Summary

SafeStation Statistics as of  
03/31/2019

Line	2016	2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Overall
1	976	1945	411	347	565	595	541	2		5,382
2	4.07	5.33	4.57	3.81	6.14	6.47	6.01	0.44		5.06
3	892	1393	274	261	411	473	424	1		4,129
4	80	544	136	84	154	122	102	1		1,223
5	69	265	46	40	72	57	45	1		595
6	11	279	90	44	82	65	57	0		628
7	8%	28%	33%	24%	27%	21%	19%	50%		23%
8	18.4	15.6	13.6	14.7	12.2	11.7	10.4	10.5		14.6
9	725	344	344	303	464	488	440	2		3,188
10	252	872	194	162	290	315	297	0		2,382
11	664	1413	292	258	384	439	393	1		3,844
12	312	532	119	89	181	156	148	1		1,538
13	Number of Unique Participants Seen in both City's SafeStation Program: 482									
14	Number of Unique Manchester Participants Who Overdosed Prior to Entry into SafeStation: 552									
15	Number of Unique Manchester Participants Who Overdosed After Entry SafeStation: 262									
16	Total Number of Manchester Participant Overdoses Prior to Entry into SafeStation: 889									
17	Total Number of Manchester Participant Overdoses After Entry SafeStation: 503									
18	Number of Fatal Overdoses after Patient Entered Manchester SafeStation: 23									
<b>Station Summary</b>										
19	806	1628	316	263	431	468	404	2		4,318
20	23	47	22	13	24	24	22	0		175
21	22	34	12	9	24	13	13	0		127
22	8	4	3	2	1	4	2	0		24
23	24	55	12	14	17	22	29	0		173
24	33	66	16	24	23	20	25	0		207
25	16	31	11	7	19	19	25	0		128
26	7	13	3	0	6	2	1	0		32
27	8	10	2	5	5	3	2	0		35
28	29	57	14	10	15	21	18	0		164

Data as of 4/5/2019



## Communities Served By The Manchester SafeStation Program

Community	Count	Community	Count	Community	Count	Community	Count	Community	Count
MANCHESTER, NH	2353	LOWELL, MA	22	HENNIKER, NH	11	ANTRIM, NH	6		
Nashua, NH	302	LITCHFIELD, NH	19	EPSOM, NH	10	ASHLAND, NH	6		
CONCORD, NH	164	AUBURN, NH	19	BOSCAWEN, NH	10	WILTON, NH	6		
ROCHESTER, NH	163	EXETER, NH	19	BARRINGTON, NH	10	GROVETON, NH	6		
LACONIA, NH	143	NORTHFIELD, NH	18	PITTSFIELD, NH	10	PORTLAND, ME	6		
DERRY, NH	116	MEREDITH, NH	18	HAVERTHILL, MA	10	SANDOWN, NH	6		
FRANKLIN, NH	91	PLYMOUTH, NH	17	ALTON, NH	10	NORTHWOOD, NH	6		
DOVER, NH	76	EPHING, NH	17	DUNBARTON, NH	10	NEWMARKET, NH	6		
SALEM, NH	75	LAWRENCE, MA	16	FREMONT, NH	9	HILL, NH	5		
GOFFSTOWN, NH	58	CLAREMONT, NH	16	MYRTLE BEACH, SC	9	THORNTON, NH	5		
LONDONDERRY, NH	57	DEERFIELD, NH	16	ATKINSON, NH	8	HANCOCK, NH	5		
RAYMOND, NH	46	GILFORD, NH	16	HAMPSTEAD, NH	8	JAFFREY, NH	5		
SEABROOK, NH	42	LITTLETON, NH	16	Gilmanton, NH	8	NEW IPSWICH, MA	5		
BEDFORD, NH	42	BRISTOL, NH	16	WINDHAM, NH	8	LANCASTER, NH	5		
HOOKSETT, NH	39	ALEXANDRIA, NH	15	BOW, NH	8	RUMNEY, NH	5		
MILFORD, NH	37	LYNN, MA	15	NORTH CONWAY, NH	8	MADBURY, NH	5		
HUDSON, NH	36	WOLFEBORO, NH	15	KINGSTON, NH	8	YARMOUTH, MA	5		
FARMINGTON, NH	33	HAMPTON, NH	14	HARTFORD, CT	7	DUBLIN, NH	5		
OSSIPEE, NH	33	NEW BOSTON, NH	14	Greenville, NH	7	EAST KINGSTON, NH	5		
SOMERSWORTH, NH	31	BARNSTEAD, NH	13	COLEBROOK, NH	7	OSSIPEE, NH	5		
BERLIN, NH	30	PLAISTOW, NH	13	HOLLIS, NH	7	KITTERY, ME	4		
BOSTON, MA	30	LEBANON, NH	13	SANFORD, ME	7	TEMPLE, NH	4		
BELMONT, NH	30	HILLSBORO, NH	13	NEW DURHAM, NH	7	SANDWICH, NH	4		
MERRIMACK, NH	30	CANDIA, NH	12	STRAFFORD, NH	7	NEW IPSWICH, NH	4		
KEENE, NH	30	MILTON, NH	12	NEW HAMPTON, NH	7	WILMINGTON, MA	4		
WEARE, NH	29	WAKEFIELD, NH	12	PELHAM, NH	7	BENNINGTON, NH	4		
ALLENSTOWN, NH	27	CONWAY, NH	11	CANTERBURY, NH	7	BERWICK, ME	4		
PORTSMOUTH, NH	26	PETERBOROUGH, NH	11	Chester, NH	7	PENNACOOK, NH	4		
PEMBROKE, NH	24	SALISBURY, MA	11	DANVILLE, NH	6	SWANZEY, NH	4		
TILTON, NH	22	LOUDON, NH	11	EFFINGHAM, NH	6	NOTTINGHAM, NH	4		

Data as of 4/5/2019