NH Coalition
to End Homelessness
Research. Education. Advocacy.

The State of Homelessness in New Hampshire
Annual Report 2020

Including a Special Report on
The Intersection of Unsheltered Homelessness and COVID-19 in NH

NH Coalition
to End Homelessness

Research. Education. Advocacy.

The New Hampshire Coalition to End Homelessness (NHCEH), a nonprofit organization, was founded in 1990 when the issue of homelessness was becoming increasingly visible across the state. As concern about the increasing numbers of individuals and families facing homelessness was intensifying among policymakers, service providers, and concerned citizens, it became clear that effectively addressing the problem would require strong leadership that could ensure the development of collaborative, thoughtful and informed solutions to this troubling problem. The NHCEH was formed to provide this leadership and has since played a key role in helping the State of New Hampshire plan, develop, and implement collaborative and constructive solutions to homelessness.

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LETTER FROM THE BOARD CHAIR

As President of the Board of Directors for the New Hampshire Coalition to End Homelessness (NHCEH), it is with far-reaching gratitude that I write this letter of introduction to the 2020 State of Homelessness in New Hampshire Report produced annually by the Coalition. Founded in 1990, the Coalition planted its roots by organizing community leaders to generate research resulting in evidenced-based advocacy, policies, and practices for ending homelessness. Thirty years later, I am grateful to be working with such dedicated NHCEH Board members, each of whom share a special expertise and commitment to our mission to eliminate the causes of homelessness through research, education, and advocacy.

I am grateful for working over the last several years with Dr. Cathy Kuhn who served as the Coalition's Director from 2012 until August of 2020. As an advocate, Dr. Kuhn worked tirelessly with a wide array of partners to foster policies and programs aimed at eradicating homelessness, sharing her expertise and leadership skills. As an educator, she facilitated numerous trainings on evidence-based service delivery. She also oversaw the creation of Granite Leaders, a program that builds the capacity of those who have experienced homelessness to become advocates for addressing this issue effectively. Under her leadership, the Coalition grew the Hope Starts Here Scholarship Fund in 2009, providing financial support to in-state students with a strong academic record who have experienced homelessness during their school career and who are pursuing post-secondary education. As a researcher, Dr. Kuhn guided the production of infographics and many research reports including the annual State of Homelessness in New Hampshire Report.

I am pleased that all of Dr. Kuhn's work will not only continue; it will grow and flourish because she left the NHCEH in remarkably capable hands. Ms. Jennifer Gallo, NHCEH Program Coordinator, has been with the Coalition since 2016, and she is truly the wind beneath the wings of the Coalition. I have watched Ms. Gallo work side-by-side with Dr. Kuhn over the years, ensuring all of the Coalition's outcomes are of high quality and completed in record time. Now with Stephanie Savard, LICSW as NHCEH's new Director, I am both grateful and excited to have someone with her vast knowledge, experience, network, and boundless energy leading the organization. With a Master's in Social Work from Boston University, Ms. Savard assumed NHCEH's directorship as a New Hampshire Licensed Clinical Social Worker specializing in homelessness, trauma, substance use disorders, and program development. She has been working on issues of homelessness with Families in Transition-New Horizons (FITNH) since 1996, serving as its Chief Operating Officer before directing the Coalition and stepping into the role as FITNH's Chief External Relations Officer. Ms. Savard has served in numerous leadership roles in her capacity as an expert on homelessness.

I am especially grateful that she has taken on the leadership role of producing this year's Annual Report, which is brimming with social, demographic, and economic data on homelessness in New Hampshire. The information and insight in the report is valuable to service providers seeking funding, community leaders grappling with policy making, and citizens wanting to help make a difference. I can personally attest to its value for academics. As a professor of sociology at Keene State College who teaches a course titled "Homelessness in New Hampshire and the USA," this report is required reading for my students because it goes well beyond informing them about homelessness in New Hampshire. It arms them with evidence for combating homelessness. I am confident that you will also see the value in this report after reading it and share my gratitude for all those on the front lines working to end homelessness in our state.

Sincerely,

Therese Siebert, Ph.D
Board Chairperson
Professor of Sociology
Keene State College

EXECUTIVE SUMMARY

The 2020 State of Homelessness in New Hampshire Annual Report provides a compilation of data and resources shedding light on what homelessness looks like in our state over the past year. While this report is produced annually, the impact of this year's analysis is even more significant as we witness it through the lens of a global pandemic. Unlike in prior years, this report includes year-long data from New Hampshire's Homeless Management Information System (HMIS). This data is captured by homeless service providers who have at least one encounter with an individual or family who is homeless. The decision to transition to HMIS data is due to its ability to give a more accurate and unduplicated scope of homelessness in our state over the course of the year. However, the use of this new data source creates a baseline for this year's report in which there will not be comparison data from years prior. This report continues to use the annual Point-in-Time Count data which saw a 21 percent increase in the number of people experiencing homelessness long before the shock of the pandemic hit our state.

Due to the obvious impact of COVID-19 on homelessness and its fragile system of care, a Special Report entitled, "The Intersection of COVID-19 and Unsheltered Homelessness in New Hampshire" has been included in this report to better understand the pandemic's impact on this problem across the state. This special report highlights how most regions observed an increase in unsheltered homelessness in their communities since the start of the pandemic. In addition, the pandemic caused providers in all regions to experience new barriers in meeting the needs of those unsheltered. Many professionals also reported an increase in substance use and mental health symptoms within this population. Additionally, this report features innovative solutions that each region implemented to respond to the increased demands of this high-risk population. Quick responses across the state included hoteling and the addition of decompression emergency shelters. Regional successes to the challenge of COVID-19 include new or enhanced partnerships, quickly expanding essential food services and implementing vital services such as sanitation, and personal hygiene options in unsheltered homeless settings. This special report demonstrates how New Hampshire's homeless system of care responded with efficiency and compassion, despite the multitude of additional challenges brought on by the pandemic.

While New Hampshire has the lowest poverty rate in the country[1], it is also true that too many individuals and families are experiencing severe hardship and need support. Specifically, there were 4,451 people who experienced homelessness in State Fiscal Year (SFY) 2020[2]. This report provides information about who is experiencing homelessness in New Hampshire and offers guidance about how we can better assist them, especially during this unique time when the pandemic is making life even more difficult for those with the lowest incomes.

Sadly, one thing that the data shows is that children and families are among those most impacted. While the state experienced a significant increase in single adults living unsheltered, we cannot ignore that 1,577 people in families experienced homelessness during the course of the year. Since this information is gathered mostly from families who are connected to homeless service providers, including emergency shelters and transitional housing programs, we know this number is grossly understated. Many families who are homeless are living doubled up with family or friends, with little access to social service networks, and often struggling alone to manage their family's homeless situation. Families in these situations are not captured in the family homeless data in HMIS.

People of color are dramatically over-represented among those experiencing homelessness in New Hampshire. Multi-Racial and Black/African Americans in New Hampshire are four times more likely to be homeless; and Hispanic/Latinos make up 10.6 percent of the homeless population while only making up 2.68 percent of the general population. Racial and ethnic disparities in housing further exacerbate disparities in other important social determinants of health, including food insecurity, health outcomes, and education, thereby perpetuating the long history of racial discrimination and inequity in New Hampshire and across the country.
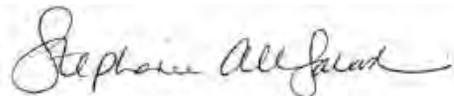
Those who are often considered the most vulnerable subsets of the homeless population are people who are unsheltered and/or chronically homeless. This population's data was staggering this year in many ways. First, the Point-in-Time comparison data shows there was a 112 percent increase in the chronically homeless population, who are people with a disability who have been homeless for significant lengths of time[3]. Even more telling was the fact that 60 percent of the unsheltered homeless in New Hampshire were residing outside of the state's largest urban center, Manchester. This highlights the importance of regional solutions that are specific to meeting the needs of those in smaller communities across the state. On a national level, the Department of Housing and Urban Development found in 2019 that a greater proportion of rural homeless are unsheltered as compared to the suburban and urban homeless population[4]. More importantly, we know that an investment in the development of just under 600 units of permanent supportive housing would eliminate this state's chronic homeless problem.

Finally, this report includes a Call to Action for policy makers, homeless service providers, state and local municipalities, corporate partners, social service providers, faith-based leaders, philanthropic partners, and New Hampshire citizens. Homelessness is a national crisis, but collectively, we can change what homelessness looks like in New Hampshire. It is not a one-size-fits-all approach. Instead, it has diverse solutions to meet the varying needs of the population and the community where they reside. Ultimately though, we share a common goal to prevent homelessness or to ensure that homeless episodes are brief with effective support systems to meet critical needs and expedited access to permanent housing.

More than any experience in our recent history, the COVID-19 pandemic has shown how critical stable housing is to the health and wellbeing both of individual citizens and our communities as a whole. We have an opportunity to capitalize on the growing recognition of the essential role that housing plays in the health and wellbeing of all communities, and we urge all New Hampshire citizens to act now. How New Hampshire responds to this crisis in its own urban and rural communities will set the stage for what homelessness looks like for post-pandemic years ahead and begin to model the state that we wish to be: one that prioritizes housing for all of its citizens.

Sincerely,

Stephanie Savard, LICSW
Director
New Hampshire Coalition to End Homelessness

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{ I mean, don't get me wrong, [being homeless during a pandemic] has sucked; but so does being homeless, it's all a struggle. Pandemic or not.
- Individual Experiencing Unsheltered Homelessness during COVID-19 pandemic }

Special Report

The Intersection of Unsheltered Homelessness and COVID-19 in New Hampshire

THE INTERSECTION OF UNSHELTERED HOMELESSNESS AND COVID-19 IN NEW HAMPSHIRE: INTRODUCTION

Although it is not often widely recognized, unsheltered homelessness has been a part of the landscape of New Hampshire for over a decade[5]. In some cases, communities may have some awareness of a thinly veiled problem, yet it takes a crisis to amplify its prominence. COVID-19 was just that crisis for unsheltered homelessness. Suddenly, there were new risks and extreme needs that required expedient action, with little access to immediate resources. As the pandemic continued, it became increasingly clear that COVID-19's impact on people experiencing homelessness would be significant. As the National Law Center on Homelessness & Poverty noted in their recent report, "Up to ten percent of this community will be hospitalized due to COVID-19 – nearly 56,800 people. Homeless individuals infected by COVID-19 will be twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times more likely to die than the general population[6]."

METHODOLOGY

In an effort to document the problem of unsheltered homelessness during COVID-19, as well as to understand the ways in which various regions across New Hampshire are responding, NHCEH spoke with thirteen professionals in the field of homelessness across the state, including the North Country, Southwestern Tier, Lakes Region, Capital Region, Southern Tier, Seacoast, and Manchester. These semi-structured interviews reveal the impact of COVID-19 on unsheltered homelessness in all regions, while also documenting both universal and unique solutions implemented to address the rapidly growing problem.

COMMON TRENDS AND INNOVATIVE RESPONSES

Who are the Unsheltered Homeless in the COVID-19 pandemic?

Interviewees from all seven regions reported that the unsheltered homeless population was primarily made up of single individuals and couples without children. Many interviewees noted that this was likely caused by the difficulty in adjusting their sleeping accommodations, sometimes nightly, during a pandemic. The choice to sleep at various family and friends' homes, or to spend a night in an emergency shelter, was suddenly not an option. It was apparent that the lack of increase in families who were unsheltered was likely a result of the eviction moratoriums from state and federal sources, which permitted housed families to remain in place even if they were unable to pay rent.

Increase in Number of People Experiencing Unsheltered Homelessness

Like national trends, New Hampshire was not unique in its rapid increase in unsheltered homelessness at the start of the pandemic. A recent report by the National Alliance to End Homelessness found that, "64 percent of homeless service providers have reason to believe that their communities have realized an increase in unsheltered homelessness since the beginning of the crisis[7]." In New Hampshire, six of the seven regions reported seeing an increase in unsheltered homelessness at the start of the pandemic. Most reported this increase due to three primary factors: 1) Decreased emergency shelter bed capacity across the state; 2) A reduction in social connections willing to provide shelter in their home due to fear of spreading COVID-19 and; 3) Personal concern for one's health by increased risk of exposure to COVID-19 in congregate emergency shelter settings. While most regions in New Hampshire observed increased tenting and encampments, two regions also reported an increase of unsheltered homeless living in cars, storage units, and campers or trailers.

The perception that sleeping outdoors may allow people to increase social distancing between themselves and others was widely acknowledged. At the same time, however, public health officials also confirmed that being unsheltered does not provide protection from the environment, adequate access to hygiene and sanitation facilities needed for COVID-19 prevention, and for connection to services and essential health care[8]. This balance of risk was one that all regions reported considering when determining how best to support those who were unsheltered during the pandemic and was noted by a Manchester region interviewee who stated: "Mental illness comes with insight and judgment problems; it clouds your best judgment.

So what society looks at as a problem- being unsheltered- the person who is homeless sees it as a solution. I use substances, so I don't experience my mental health symptoms. I stay in a pack, because I am less likely to get victimized. I sleep outside, so I won't get COVID-19 in a shelter. What we need to show them is that this is a solution, but that there are other solutions too."

Each region was creative in developing quick responses to managing the uptick in unsheltered homelessness and to ensure that additional numbers were not added as a result of having to eliminate more emergency beds. Some innovations that were identified in the interviews included:

- The Seacoast region partnered with a hotel to lease rooms for the decompression of its emergency shelter to maintain the capacity for sheltering pre-COVID-19.
- The North Country leased hotel rooms for those newly unsheltered and provided supportive services to these individuals to transition them within weeks to permanent housing solutions.
- The Southwestern and Manchester regions repurposed buildings for decompression of emergency shelters to maintain as many emergency beds as possible.

Sanitation and Hygiene Barriers

With limited businesses operating during the pandemic, and restaurants pivoting to a takeout/delivery model, most unsheltered individuals lost public access to key resources including hand washing, restrooms, and food. Interviewees from all regions stressed that this sudden change in community resources led to a scenario where the most important prevention measure for COVID-19, personal hygiene, was virtually unattainable to this population. Multiple interviewees pointed out how the closure of libraries exposed how critical those resources were to the unsheltered homeless pre-pandemic. Although not offered in all regions, several interviewees noted that portable toilets, hand washing stations, and garbage cans were provided in areas occupied by large numbers of people experiencing unsheltered homelessness. Interviewees noted that although the provision of these resources was not always widely endorsed by all members of the community, they were essential to keeping people safe while service providers were implementing other solutions to provide safe indoor housing options. One interviewee stated, "Responding to their basic needs directly in the camps - the food delivered, the porta-potties on site, when their usual resources were stripped from them - was absolutely necessary. It was the only solution to keeping them safe in the community."

In addition to providing people with resources to support personal hygiene, interviewees also pointed out the need to ensure that people outside had adequate access to personal protective equipment, a crucial factor in preventing community spread of the virus. In response, critical partnerships were created between nonprofits, state agencies, local municipalities, and generous community donors and volunteers. These partnerships helped to distribute surgical and cloth masks, as well as gloves, to people living outside. These resources are not only a best practice to avoid the spread of COVID-19 but are also widely recognized to be especially important for a population at high-risk of medical vulnerabilities.

Increase in Substance Misuse and Mental Health Issues

People who misuse or abuse alcohol and/or other drugs are particularly vulnerable during uncertain times. Social isolation and other life changes related to COVID-19 are stress-inducing and can initiate or increase substance use and misuse[9]. Interviews with service providers in all regions revealed that the pandemic heightened mental health symptoms and substance use disorders for many of those who are unsheltered. In addition, research shows that people who are homeless have significant histories of trauma[10]. To experience a pandemic on top of a significant trauma history can cause someone who is unsheltered to become even more heightened. As one interviewee in the Southwestern region of the state noted, "When homeless on the streets, three months is a lifetime. It's like they are thinking, why bother, I don't even know if I'll be here in three months." The sense of hopelessness is apparent and the added weight of dealing with COVID-19 seemed to create a greater emotional turmoil for many of those living outside.

Interviews with all seven regions highlighted an increase in substance use, greater demand for Narcan, and an increased number of referrals for mobile mental health crisis support for this population. While most professionals stressed that the pandemic created new and significant challenges to their work, all agreed that collaborations improved the response time, the diversity of solutions, and created an important source of comradery for

professionals to utilize during this and future crises. Several interviewees noted that in response to this increase in substance use and mental health symptoms the safety net of services offered were increased, including stronger partnerships with the Doorways, the regionally-based New Hampshire programs that provide single points of entry for people seeking help for substance use. Examples of Doorways assistance cited by interviewees included Doorway staff joining outreach teams to bring treatment referrals directly to the camps and utilizing Doorway resources to hotel unsheltered individuals while waiting for a residential treatment bed.

LIMITED RESOURCES

Results from the interviews in all regions expressed that people who were living outside experienced additional barriers to accessing essential and supportive services during COVID-19, although the types of obstacles varied by region. Some interviewees reported problems with limited access to town welfare due to a reduction in hours or because services were offered by telephone only. Some regions reported difficulty in keeping individuals informed of rapid and ongoing changes to their relied-upon support systems, as many organizations were forced to change methods of operation to ensure safety for clients and staff (e.g. food pantry times changed, recovery centers closed, etc.). Additionally, interviewees reported that as many health and behavioral health treatment services transitioned to telehealth, limited access to technology created an additional challenge for those unsheltered.

There was universal consensus that the biggest challenge faced by all regions during the pandemic has been the lack of affordable housing. Professionals stressed that they were often unable to utilize new resources provided by federal funding during the pandemic, including new funds for rapid rehousing or rental assistance programs, when there continues to be limited available housing across the state. This point was clearly expressed by a North Country service provider who stated, "finding affordable housing is like trying to find a unicorn."

In responding to these new barriers in access to services, all regions reported the critical role of strong, and sometimes new, partnerships between nonprofit providers, the business sector, government leaders, the faith community, philanthropic organizations, and community volunteers. Collaborations were diverse and creative, including:

- Enhanced relationships with town welfare offices to assist with hotel payments.
- Development of Business Associate Agreements between organizations to share client data, decrease service redundancy, and provide comprehensive support to those unsheltered.
- Increased regular meetings to plan coordinated outreach to those unsheltered.
- Widened network of outreach collaboration amongst social service agencies to increase the safety net of services offered.

CONCLUSION

New Hampshire's unsheltered homeless issue has not always been apparent across the state. Yet this report shows that unsheltered homelessness is present in all regions of the state, and the infrastructure to support this population has been lacking. As one Seacoast interviewee stated, "The pandemic has exposed all the fissures that already existed in our current and fragile homeless and housing system." All too quickly these fissures were amplified to catastrophic levels within days of the pandemic, and suddenly many regions across the state experienced a widening of the societal gap that existed between those with a home and those who are homeless.

However, while the system is fragile, the organizations and professionals who work in this system are resilient. Homeless and social service providers created expansive partnerships that have been critical to preventing community spread and avoiding large scale illness and death among people experiencing homelessness in New Hampshire. While the entire state has experienced some impact of the convergence of COVID-19 with unsheltered homelessness, each region had its own unique response that fit its particular needs. A coordinated and elevated effort will be needed to meet the needs of this highly vulnerable population as the pandemic continues. As one interviewee wisely noted, "the shelters are the band-aids, and we never quite get [people experiencing homelessness] to the hospital. Solving this problem will require an integrated system that prioritizes those who are unsheltered, not just during a pandemic, but at all times."

Section 1

State of Homelessness in New Hampshire

STATE OF HOMELESSNESS IN NEW HAMPSHIRE

Homelessness is a highly complex issue with a wide range of contributing factors. Individuals or families who are experiencing homelessness lack a fixed, regular, and adequate nighttime residence, and are primarily sleeping in places that are not meant for human habitation including tents, cars, and abandoned buildings. Individuals experiencing homelessness may also be categorized as those who are living in a shelter designated for providing temporary living arrangements including emergency shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs.

Included in Section I is a summary of the data collected at the state level using the State of New Hampshire Official Point-In-Time Count[11] (PIT) estimates, as reported by the three Continuums of Care (CoC)[12] across the state to the U.S. Department of Housing and Urban Development. The Point-In-Time Count is a required annual count of individuals experiencing unsheltered and sheltered homelessness including those staying in emergency shelters, transitional housing, and Safe Havens[13]. HUD mandates that each Continuum of Care plan, coordinate, and carry out the PIT count on a single night in the last ten days of January. Information collected is then submitted to HUD and used to provide local and national reports on the estimated number of individuals experiencing unsheltered and sheltered homelessness by sub-population and household type.

NOTABLE HIGHLIGHTS 1.1. POINT–IN–TIME COUNT

- The number of people experiencing homelessness during the Point-In-Time Count in January 2020 increased by 21 percent (293 people) over the previous year.

- While all subpopulations experienced an increase, the largest was seen among unsheltered and single adults. It is important to note that the Point-in-Time Count was completed prior to the beginning of the Coronavirus pandemic in the United States[14]. Decreases in emergency shelter beds, in combination with an understandable desire to remain out of congregate living environments has only exacerbated the problem among this population[15].


Figure 1.1. Point-In-Time Count Trends in Homelessness by Subpopulation

January 24, 2018
January 23, 2019
January 29, 2020
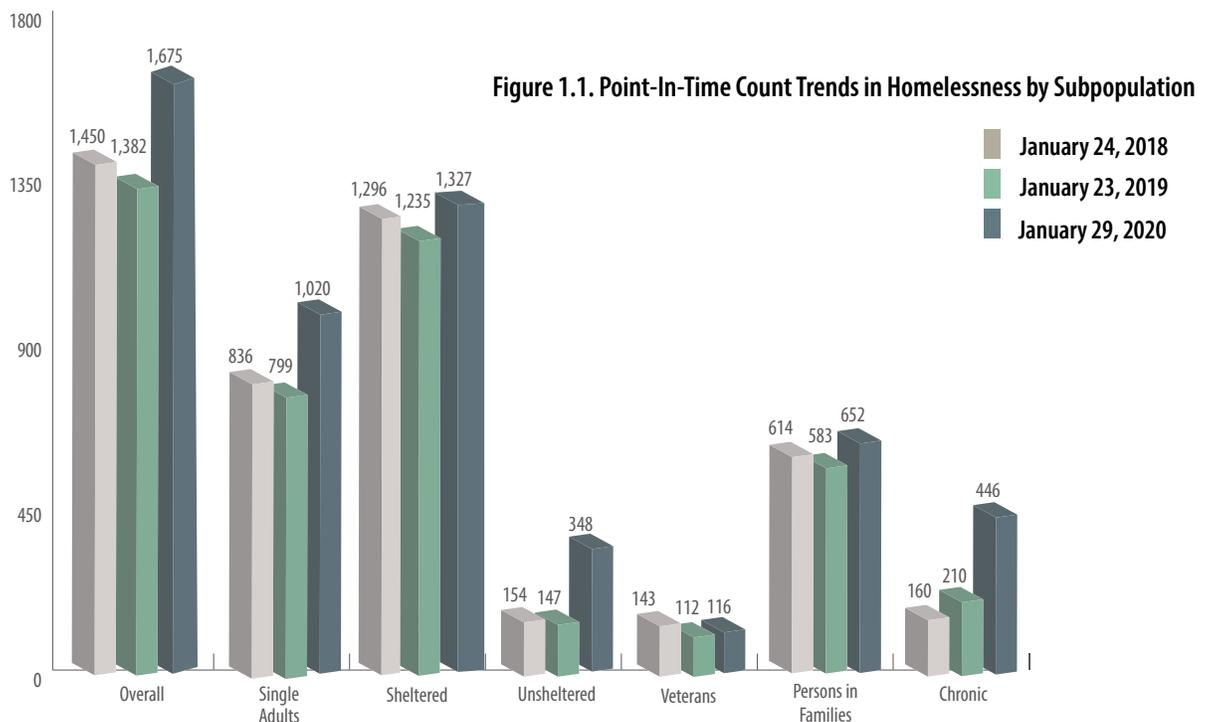
NOTABLE HIGHLIGHTS 1.2. OVERALL HOMELESSNESS

📎 Subsections 1.2.-1.8., with the exception of subsection 1.7. Student Homelessness[16], has been compiled using the Homeless Management Information System (HMIS)[17] which is a mandated reporting tool for all state and federally funded outreach programs, shelters, and housing programs designated for homeless persons. Unlike the Point-In-Time count, HMIS has the power to create de-duplicated reports of homeless people over the course of a year to provide a better sense of the overall scope of homelessness in a specific Continuum of Care as well as statewide. Data for each sub-population in Section I is collected and presented by the three Continuums of Care in New Hampshire including the Balance of State CoC, Greater Nashua CoC[18], Manchester CoC, and statewide between July of 2019 and June of 2020.

📎 A total of 4,451 individuals and people in families experienced homelessness in the state of New Hampshire in SFY 2020. This statewide overall number is slightly less than the combined total of the three continuum of cares due to some people being served in two or more Continuums of Care.

📎 If we were to look at our neighboring state, Vermont, there were a reported 4,407 homeless citizens over the course of a year[19] - very close to New Hampshire's reported overall homeless population. However, the population of Vermont is less than half of New Hampshire, resulting in an overall homeless rate of 0.71 percent in Vermont versus 0.33 percent in New Hampshire. This significant difference in the scope of the problem in New Hampshire, compared to one of our bordering states, demonstrates that real progress can be made to reduce homelessness with an immediate financial investment in housing and an integration of services across the system.

📎 As reported by the National Alliance to End Homelessness, one of the key differences between rural and urban homelessness is reduced infrastructure for homeless services in rural areas. Additional barriers to serving people who are homeless in rural settings include limited employment opportunities, lack of transportation, negligible amounts of affordable housing, and funding priorities and programs that target urban areas. With 43.5 percent of New Hampshire's overall homeless population residing in smaller, more rural communities, it is important that a statewide plan includes comprehensive initiatives that focus on local and regional solutions in all areas of the state[20].

MAP & TABLE 1.2. OVERALL HOMELESSNESS
(SFY 2020)

|	
■ Balance of State CoC	2,139
■ Greater Nashua CoC	778
■ Manchester CoC	1,739
Statewide Total	**4,451**

2,139

1,739

778
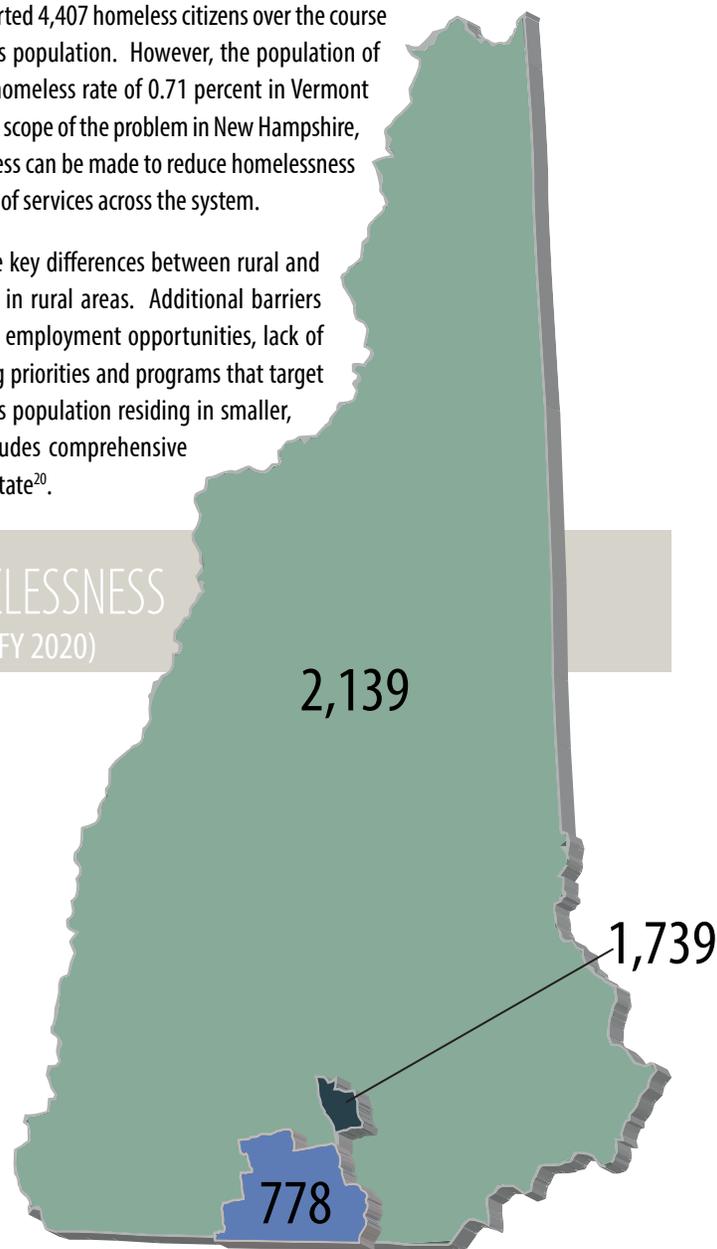
NOTABLE HIGHLIGHTS 1.3. CHRONIC HOMELESSNESS

📎 Five hundred eighty people were identified in New Hampshire's Homeless Management Information System as being chronically homeless. By definition, people experiencing chronic homelessness have the greatest barriers to obtaining and maintaining stability and utilize the costliest crisis services, including emergency rooms, jails, and prisons[21].

📎 This population is often the most resistant to life sustaining services such as emergency shelter, mental and physical healthcare, and substance use treatment. However, the fact that 580 people who were chronically homeless are captured in the state's HMIS system shows that, at some level, these individuals are connected to at least one service provider in the community. These service providers work to remain connected to these individuals, slowly building trust and addressing their needs, with the goal of transitioning them into a more safe and stable living situation.

📎 To both address their significant needs, as well as to reduce the high cost of services associated with serving this fragile population, New Hampshire has prioritized people experiencing chronic homelessness for all permanent supportive housing available units utilizing the coordinated entry system.

📎 It is important to note that an investment in just under 600 more permanent supportive housing units would eliminate chronic homelessness in the state. While this may take a significant collaborative effort with housing developers, investors, social service providers and communities in general, it is far from insurmountable, especially when compared to the larger numbers seen in other states[22].

MAP & TABLE 1.3. CHRONIC HOMELESSNESS
(SFY 2020)

|	
🟩 Balance of State CoC	308
🟦 Greater Nashua CoC	78
🟦 Manchester CoC	211
Statewide Total	**580**
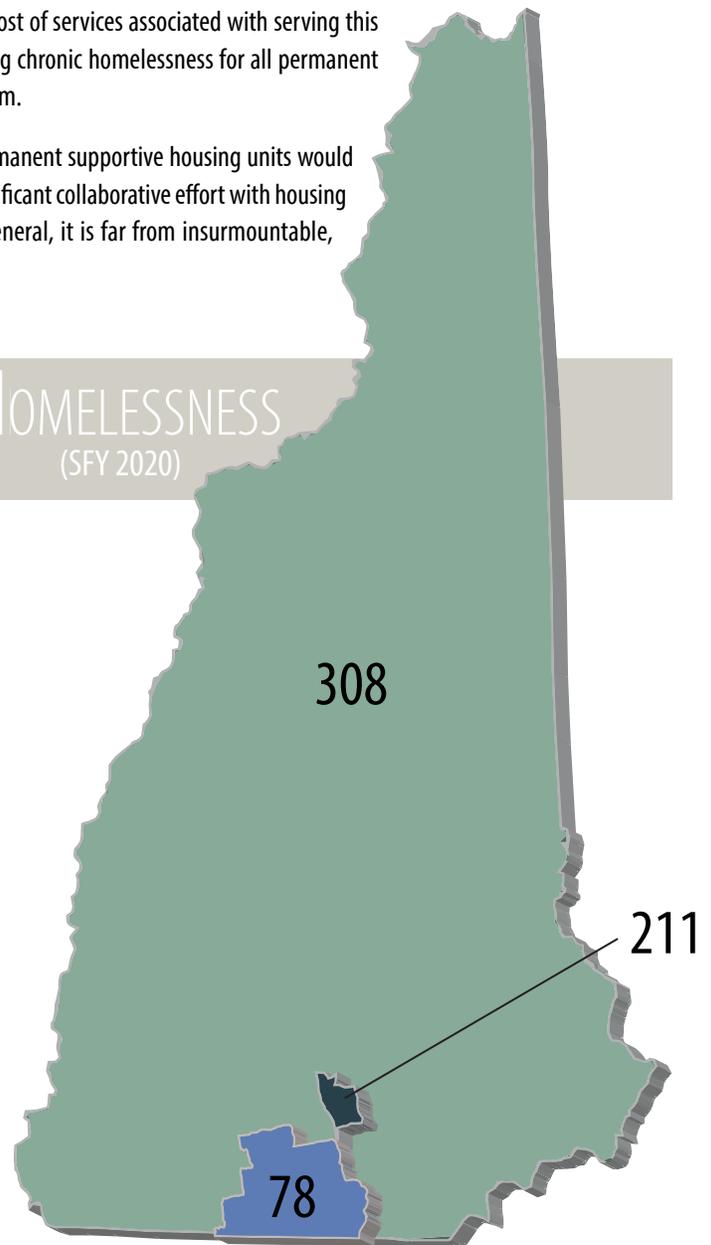
NOTABLE HIGHLIGHTS 1.4. FAMILY HOMELESSNESS

There were 1,577 people in families, including children, who were homeless in the state of New Hampshire during SFY 2020. The household makeup of families who are homeless varies and may include single heads of household or intact families, and grandparents parenting grandchildren; however, single mothers with young children are the most common family type experiencing homelessness[23].

All state funded family emergency shelters and transitional housing programs are required to enter client data into HMIS. As a result, most of the data in this subpopulation is derived from families being served in these programs. Homeless families who are not living in one of these state funded service settings are often forced to reside in temporary living arrangements, usually with relatives or friends, to avoid living on the streets with their children[24]. Capturing data on the number of families in these "doubled-up" situations can be difficult because they are not receiving services from a state funded homeless service provider and are thus not captured in HMIS. It is therefore widely acknowledged that the true number of people in families experiencing homelessness is far greater than the number reported in the state's HMIS system. This inability to capture doubled-up information is similarly flawed in Point-In-Time counts.

Studies show that more than four out of every ten homeless children are under the age of six[25]. With likely more than half of the 1,577 people in families being children, it is important to consider the consequences of homelessness on this population. Research shows that the stress, uncertainty, and instability of one or more homeless experiences can have long term impacts on the physical, emotional, cognitive, social, and behavioral development of children.

MAP & TABLE 1.4. FAMILY HOMELESSNESS
(SFY 2020)

|	
■ Balance of State CoC	758
■ Greater Nashua CoC	304
■ Manchester CoC	516
Statewide Total	**1,577**
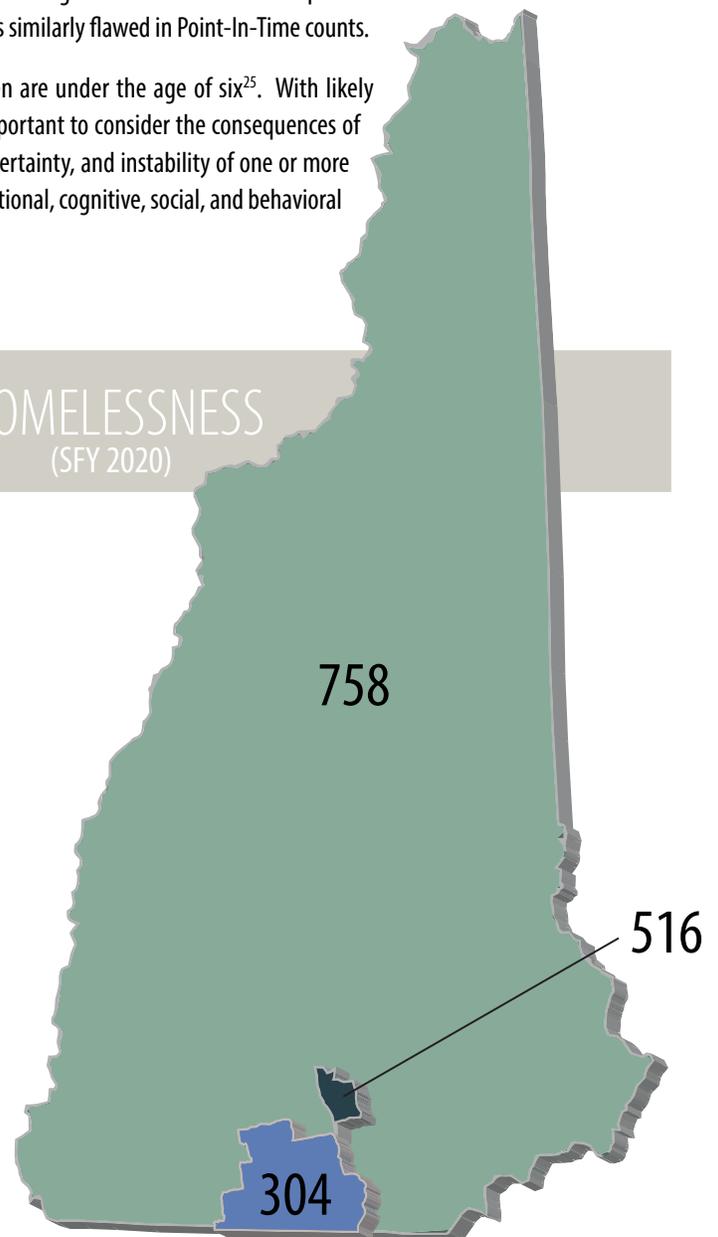
NOTABLE HIGHLIGHTS 1.5. VETERAN HOMELESSNESS

⬗ Three hundred forty-eight veterans were homeless in New Hampshire in SFY 2020. It should be noted that the majority of these veterans are currently living in transitional housing settings. Although people residing in transitional housing programs are still considered homeless, they are living in safe housing and are connected to critical supportive services[26].

⬗ With the federal government's ongoing commitment to eliminate veteran homelessness, homeless veteran services in New Hampshire are extremely efficient at connecting this population to available resources to stabilize their housing situation. Collaboration at the federal, state and local levels have been key to the success of this initiative. The National Alliance to End Homelessness notes that communities across the country have proven that they can drive down the number of veteran's who are homeless to as close to zero as possible by urgent action demonstrated across all levels of government in connection with systems across all sectors[27].

⬗ There has been an intentional and significant investment of federal funding and resources dedicated to a specialized response for this subpopulation, however, it should be noted that many of these opportunities are not available to those who do not meet specific veteran eligibility criteria. Thus, many self-identified veterans are unable to access these dedicated resources and instead utilize the same minimal capacity system and services that all other individuals and families who are homeless are rely upon.

MAP & TABLE 1.5. VETERAN HOMELESSNESS
(SFY 2020)

▪ Balance of State CoC	75
▪ Greater Nashua CoC	205
▪ Manchester CoC	120
Statewide Total	**348**
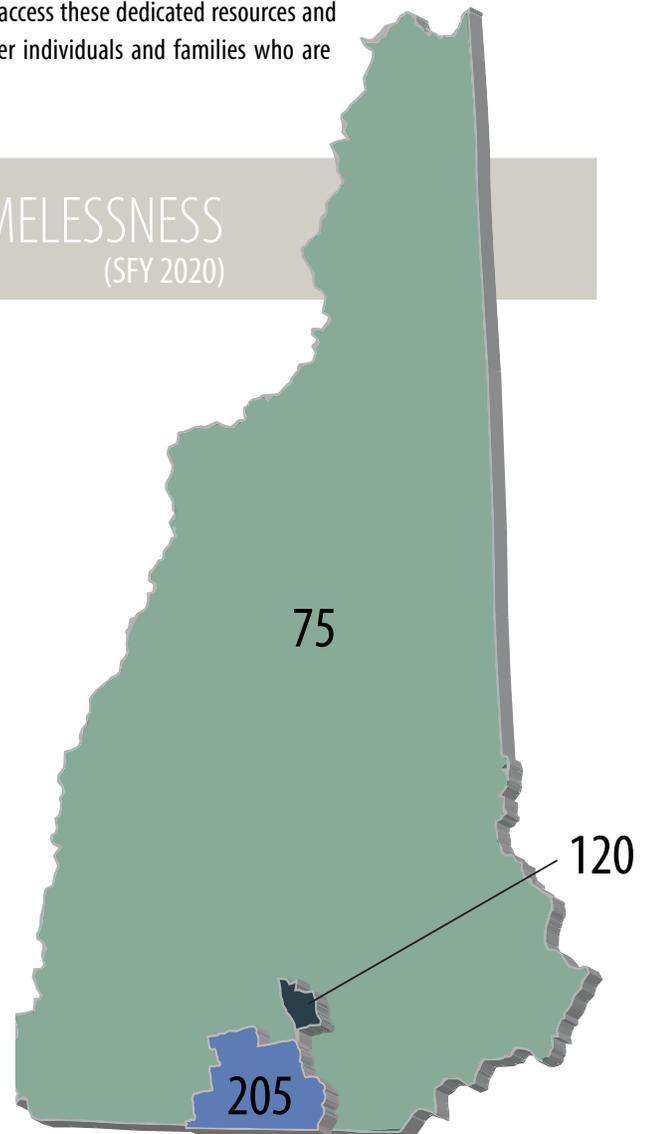
NOTABLE HIGHLIGHTS 1.6. UNSHELTERED HOMELESSNESS

✐ Sixty percent of the unsheltered homeless in the state are individuals and families living outside the City of Manchester. This demonstrates that the experience of living in places not meant for human habitation (including sidewalks, abandoned buildings, cars, and camps) is not just seen in the urban center of New Hampshire, but is also widespread in rural and suburban communities across the state.

✐ In the spring and summer of 2020, New Hampshire saw a significant reduction in emergency shelter beds across the state as homeless providers made efforts to support the Centers for Disease Control and Prevention's recommendations to ensure safe social distancing in congregate settings[28].

✐ In response to the reduction in available beds, emergency shelters quickly responded with alternative solutions to seamlessly continue providing shelter to those who were homeless, including leasing hotel rooms and opening decompression shelters. However, understandable concerns for risk of COVID-19 in a congregate setting made some individuals resistant to being in a shelter environment, thereby increasing the number of people residing outside in many communities.

✐ Communities across the state utilized, and continue to access, COVID-19 funding provided by the CARES Act to increase homeless outreach, enhance access to behavioral and substance use treatment services, expand street medicine, provide COVID-19 screening/testing and rehabilitate congregate emergency shelters to allow a safe return to previous shelter bed capacities. Additionally, investments have been made in other critical needs such as access to food, improved personal hygiene, and connecting the unsheltered population to emergency shelters and other housing resources.

MAP & TABLE 1.6. UNSHELTERED HOMELESSNESS
(SFY 2020)

|	
▉ Balance of State CoC	233
▉ Greater Nashua CoC	14
▉ Manchester CoC	164
Statewide Total	**411**

233

164

14

NOTABLE HIGHLIGHTS 1.7. STUDENT HOMELESSNESS

Statewide data on school-aged children experiencing homelessness in New Hampshire is collected annually by the Department of Education. The data reflects a 19 percent reduction in reported student homelessness, as defined by the McKinney-Vento Homeless Assistance Act[29], between the 2019-2020 school year and the 2018-2019 school year. However, it is unlikely that this subpopulation decreased. There is a reasonable assumption that the statewide school systems were unable to accurately assess additional student homelessness during the nearly four-month Stay-at-Home Executive Order due to COVID-19.

This apparent reduction in student homelessness is an indicator that there were students with limited connection to their schools and therefore less access to the important resources needed to maintain their education while experiencing homelessness. Schools provide a critical source of stability to youth who are homeless. When those students do not have access to this support system, it increases their vulnerability to additional risks. These risks include but are not limited to: adverse impacts on academic success, decreased access to school lunch, and increased need for childcare which can inhibit parents from being able to work[30].

Students who are homeless face additional barriers to academic success compared to students in secure housing, especially during the pandemic, including limited or no access to technology and WI-FI, limited study space, difficulty completing school work and increased stress due to the instability of their housing situation[31]. New Hampshire schools worked diligently to provide additional supports to students throughout the state that were identified as homeless, including collaborating with homeless service providers to ensure students had access to the equipment needed for successful online learning, utilizing the school's Homeless Liaisons to maintain connection to these students, and providing any additional supplies or support needed to ensure they could maintain their education during the pandemic[32].

Runaway and homeless youth are often students struggling to stay connected to their schools while managing the crisis of not knowing where they will sleep on any given night. They often seem like an invisible population as they do not match society's expectation of what homelessness, or to be a youth, looks like. Eighty-seven percent of unaccompanied, children and youth are between 13 to 17 years old[33]. This group is more likely to have substance use and/or mental health disorders, engage in delinquent behavior, drop out of school, and have an increased risk of sexual exploitation and trafficking.

MAP & TABLE 1.7. STUDENT HOMELESSNESS
(SFY 2020)

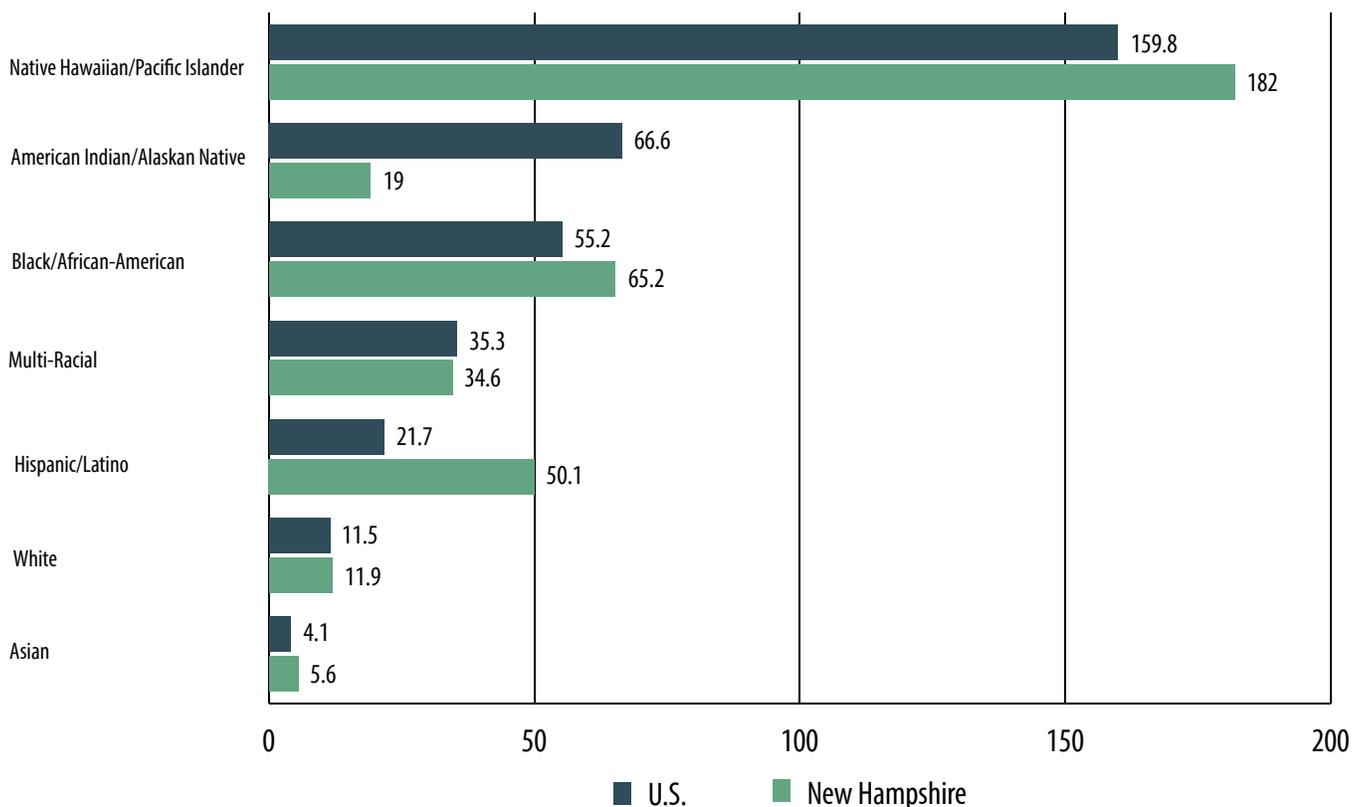|	2018-19	2019-20
■ Balance of State CoC	2,580	1,918
■ Greater Nashua CoC	476	501
■ Manchester CoC	937	797
Statewide Total	**3,993**	**3,216**

1,918

797

501
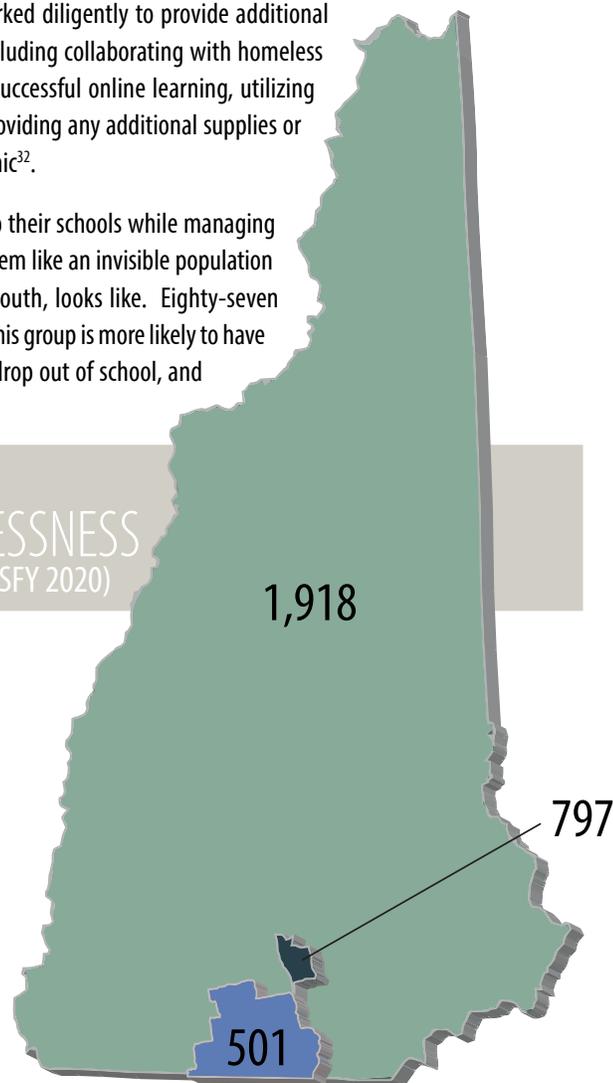
NOTABLE HIGHLIGHTS 1.8. RACIAL & ETHNIC DISPARITY IN HOMELESSNESS

📎 Although COVID-19 does not discriminate based on an individual's race, the spread of the virus is rooted in systems of inequities and discrimination. Our nation's history of slavery, along with the racism that is embedded in our current policies and practices, have resulted in significant racial outcome gaps in wealth, health, housing, and homelessness[34]. Discriminatory housing policies throughout our country's history have prevented people of color from building wealth and have resulted in disproportionate rates of poverty and homelessness. Disparities are often interrelated and compounding. So, not only are people of color over-represented among those living in poverty and homelessness but also are less likely to have comprehensive health care and thus have poorer health outcomes and lower life expectancies[35].

📎 Figure 1.8.1. shows a comparison of the rates of homelessness among racial and ethnic groups in New Hampshire and the United States. As with the United States as a whole, non-Hispanic/Latino whites and Asian-Americans comprise the lowest per capita homeless in New Hampshire. Black/African-American people are slightly more prevalent in New Hampshire's homeless population compared to the national population, while people of Hispanic/Latino descent are considerably over-represented among New Hampshire's homeless population.

📎 While the Native Hawaiian/Pacific Islander population makes up the smallest percentage of people in New Hampshire and the United States, the rate of homelessness among this population is the largest in both geographies.

FIGURE 1.8.1. NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS PER 10,000 IN POPULATION BY RACE AND ETHNICITY IN NH AND THE USA

Race/Ethnicity	U.S.	New Hampshire
Native Hawaiian/Pacific Islander	159.8	182
American Indian/Alaskan Native	66.6	19
Black/African-American	55.2	65.2
Multi-Racial	35.3	34.6
Hispanic/Latino	21.7	50.1
White	11.5	11.9
Asian	4.1	5.6

Notable Highlights 1.8. Racial & Ethnic Disparity in Homelessness (cont.)

✐ As depicted in the below charts, Multi-Racial and Black/African-American people make up 2.7 percent of the general population in New Hampshire, but are almost four times more likely to be homeless as they represent 10.2 percent of the homeless population. Similarly, Hispanic/Latino people make up 2.8 percent of the general population in New Hampshire, but 10.6 percent of the homeless population, which is, again, almost a four-fold increase.

✐ Additionally, while the overall populations are small, one can see a similar trend among American Indian/Alaskan Native and Native Hawaiian/Pacific Islander populations, which combined account for .27 percent of the general population, but .62 percent of the homeless population, which makes them over twice as likely to be homeless.

✐ Finally, non-Hispanic/Latino whites and Asian-Americans are much less likely to experience homelessness in New Hampshire which is consistent with the national data presented on the previous page.

Figure 1.8.2. Racial Distribution in the Homeless Population*, Statewide
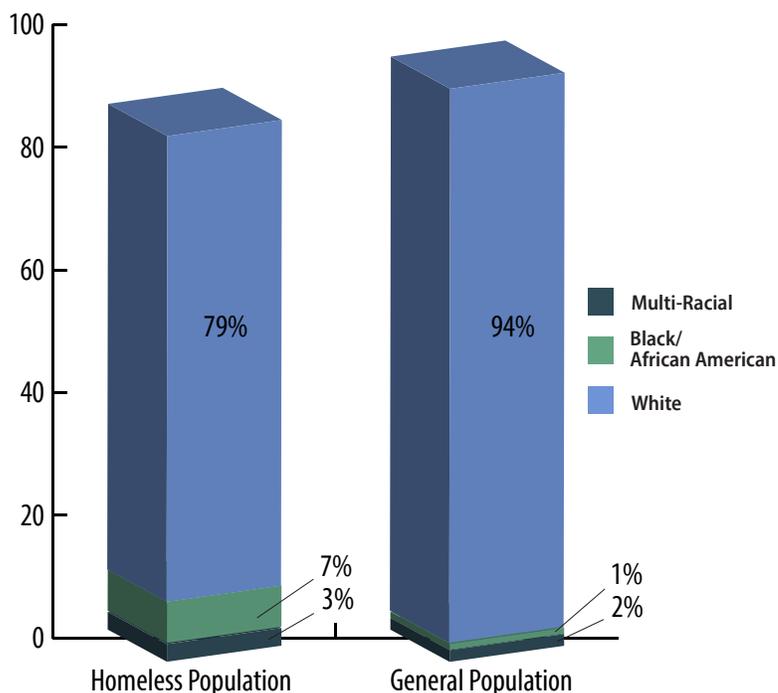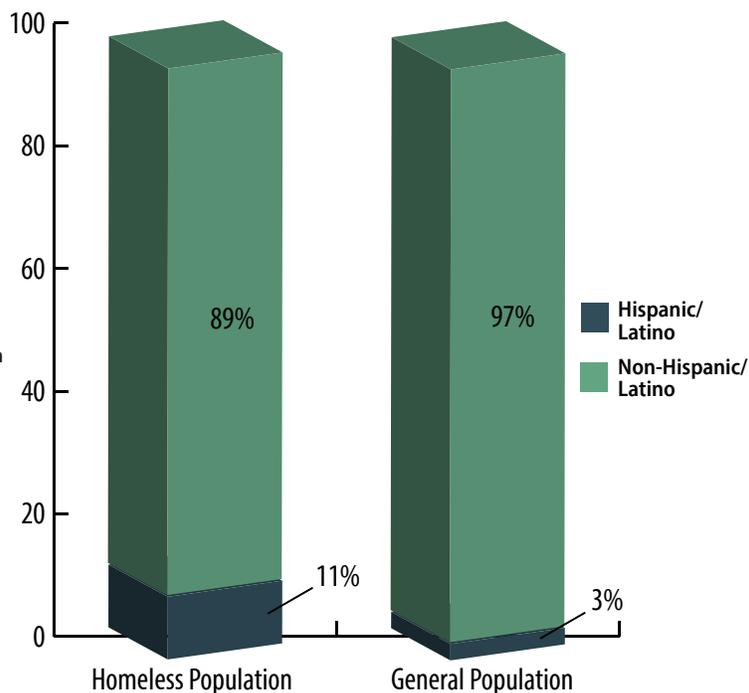

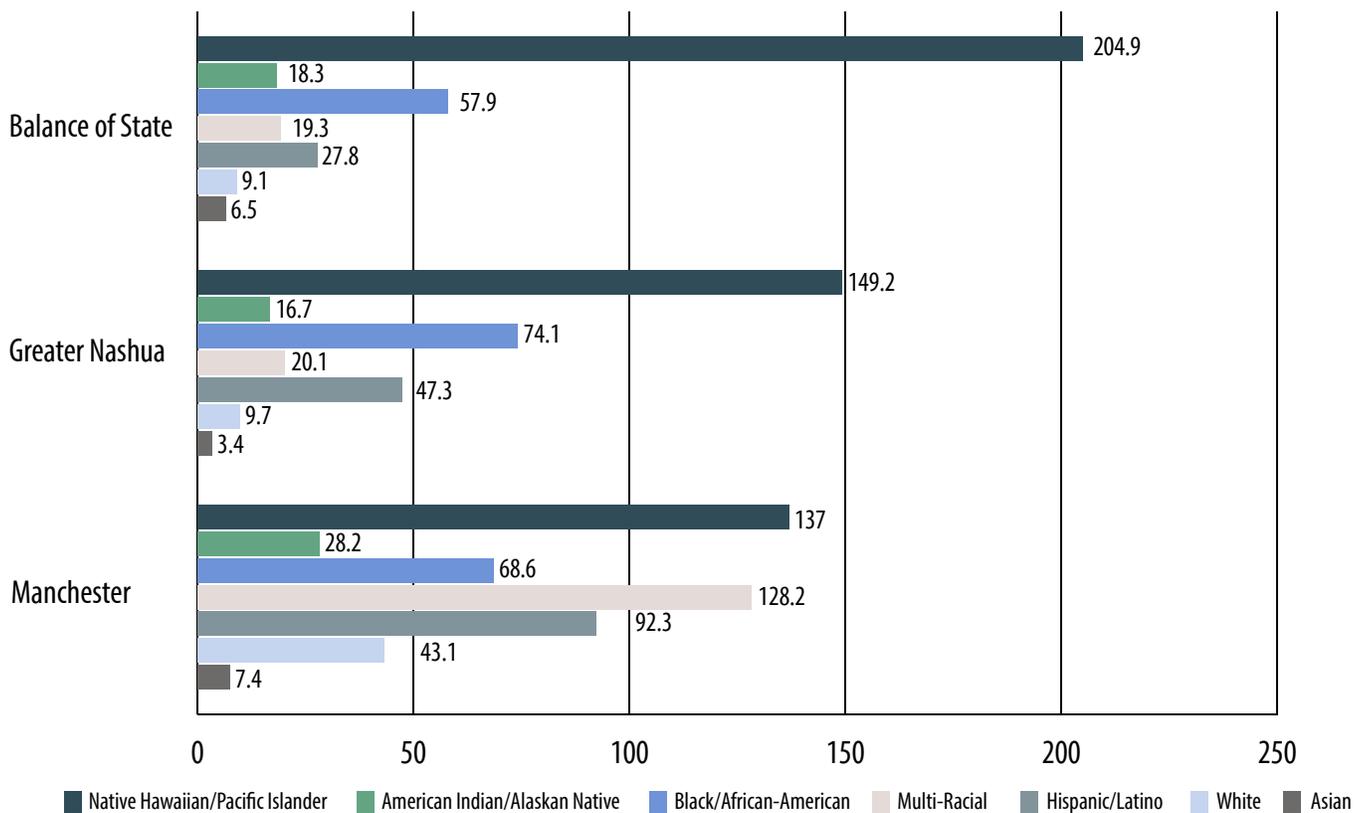## Figure 1.8.3. Ethnic Distribution in the Homeless Population, Statewide

*Please note that Asian-American, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander are not depicted in Figure 1.8.2. as all three of these groups represent less than one percent of the homeless population in New Hampshire.
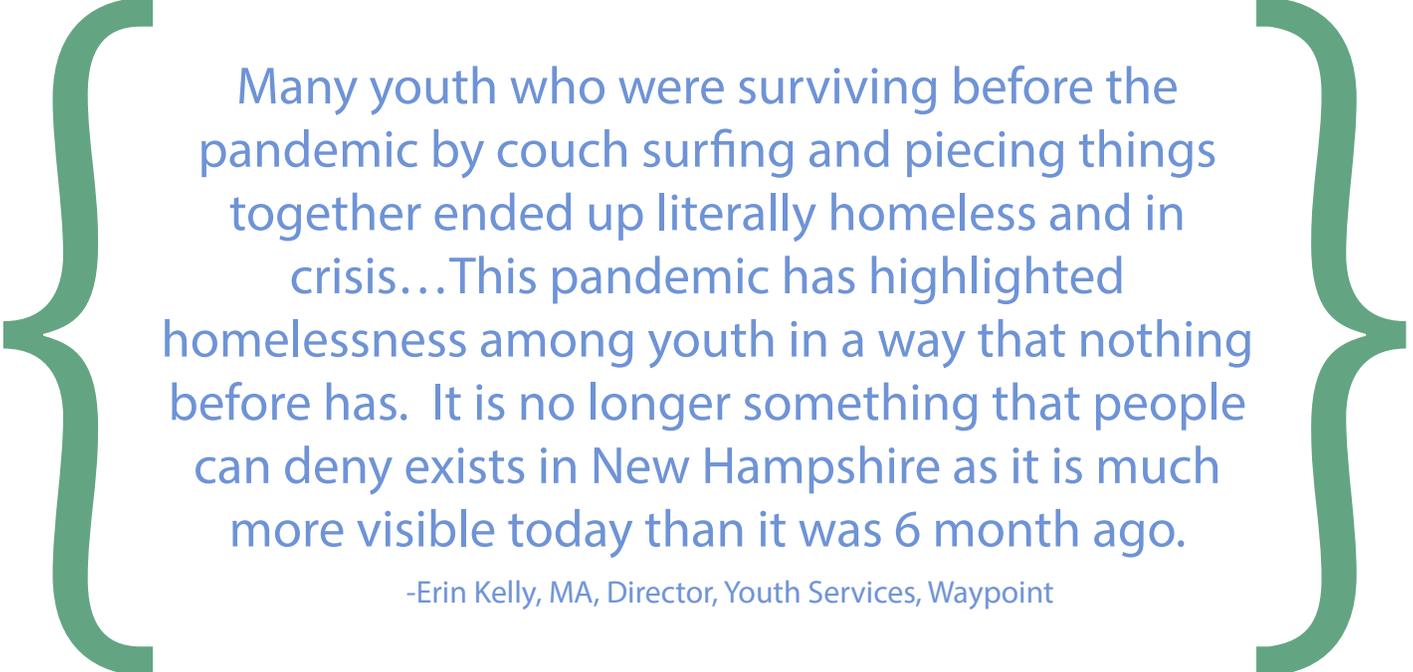
Notable Highlights 1.8. Racial & Ethnic Disparity in Homelessness (cont.)

✎ Racial and Ethnic disparities are frequently thought of as urban issues with historical precedents of redlining, racial covenants, and intentional segregation in public housing which relegated people of color to specific regions of inner cities. Although these practices have been illegalized, housing discrimination continues to this day- just in different ways. Zoning laws, for example, continue to be utilized to cement economic and racial segregation. Similarly, recent attempts to rollback protections under The Fair Housing Act reflect continuing efforts to limit choice and accessibility in housing for people of color and other marginalized populations[36].

✎ As shown in Figure 1.8.4., significant racial disparities in homelessness exist across all 3 Continuums of Care. This reflects the need for both local and state leadership in advancing racial equity across New Hampshire.

✎ The pandemic has increased our awareness and recognition of how people of color continue to suffer from our long history of housing discrimination, and from the racism that remains embedded in so many of our current policies and practices. In order to prevent and end homelessness in New Hampshire, service providers, policy makers, and local, state and national officials will need to assess these policies and practices through a racial equity lens.

✎ Despite the low number of Native Hawaiians/Pacific Islanders in the state, this population has the highest rate of homelessness across all three Continuums of Care.

Figure 1.8.4. Number of People Experiencing Homelessness per 10,000 in Population by Race and Ethnicity by Continuum of Care

Legend: Native Hawaiian/Pacific Islander · American Indian/Alaskan Native · Black/African-American · Multi-Racial · Hispanic/Latino · White · Asian

Balance of State:
- Native Hawaiian/Pacific Islander: 204.9
- American Indian/Alaskan Native: 18.3
- Black/African-American: 57.9
- Multi-Racial: 19.3
- Hispanic/Latino: 27.8
- White: 9.1
- Asian: 6.5

Greater Nashua:
- Native Hawaiian/Pacific Islander: 149.2
- American Indian/Alaskan Native: 16.7
- Black/African-American: 74.1
- Multi-Racial: 20.1
- Hispanic/Latino: 47.3
- White: 9.7
- Asian: 3.4

Manchester:
- Native Hawaiian/Pacific Islander: 137
- American Indian/Alaskan Native: 28.2
- Black/African-American: 68.6
- Multi-Racial: 128.2
- Hispanic/Latino: 92.3
- White: 43.1
- Asian: 7.4

{
Many youth who were surviving before the pandemic by couch surfing and piecing things together ended up literally homeless and in crisis…This pandemic has highlighted homelessness among youth in a way that nothing before has. It is no longer something that people can deny exists in New Hampshire as it is much more visible today than it was 6 month ago.

-Erin Kelly, MA, Director, Youth Services, Waypoint
}

Section II

Housing and the Economics of Homelessness

HOUSING AND THE ECONOMICS OF HOMELESSNESS

Although there are many factors that can lead an individual or family into homelessness, poverty and the lack of affordable housing are two key drivers. Section II examines various housing and economic indicators that are helpful in assessing conditions that may impact the number of people who become homeless in New Hampshire. This chapter describes changes in some of these housing and economic indicators using data from the New Hampshire Housing Finance Authority, the U.S. Census Bureau's American Community Survey, and the U.S. Bureau of Labor Statistics.

NOTABLE HIGHLIGHTS 2.1. UNEMPLOYMENT RATE

🔖 Loss of employment is a key risk factor for homelessness, especially if that unemployment lasts for an extended length of time. Uneven wage growth makes it difficult for many who are employed to attain stable housing. Research shows that employment opportunities in industries with lower wages are becoming more prevalent in New Hampshire while the number of higher income opportunities is shrinking, making it more difficult for individuals to keep up with increasing rents[37].

🔖 With a significant escalation in the unemployment rate[38], people who are homeless or at risk of homelessness are most likely to be employed in those sectors of the economy that saw the greatest number of job losses as a result of the COVID-19 pandemic. These sectors include retail, food service, and other lower paying jobs in the service sector. Without additional rental assistance, those who are precariously housed and who are unable to find immediate employment face the threat of eviction and homelessness, placing even greater stress on the homeless service system in New Hampshire.

🔖 While one can see from the below graph that the unemployment rate has begun to recover from its peak of 17.1 percent in April, it still is substantially higher (4.2 percent) than it had been prior to the pandemic and many years previously (2.8 percent). While there continues to be improvement, the unemployment rate remains almost double what it was pre-pandemic, and there are real concerns that restaurants, movie theaters, hair salons, and other similar establishments may be at risk for closing their doors for good. An additional worry is that the ongoing spike in COVID-19 cases may cause another surge in unemployment that would put an additional strain on the economy and housing stability.

FIGURE 2.1. CHANGES IN UNEMPLOYMENT[39]   Jan. 2020-Oct. 2020

March 13, 2020: Governor Sununu declares State of Emergency due to COVID-19 Pandemic.
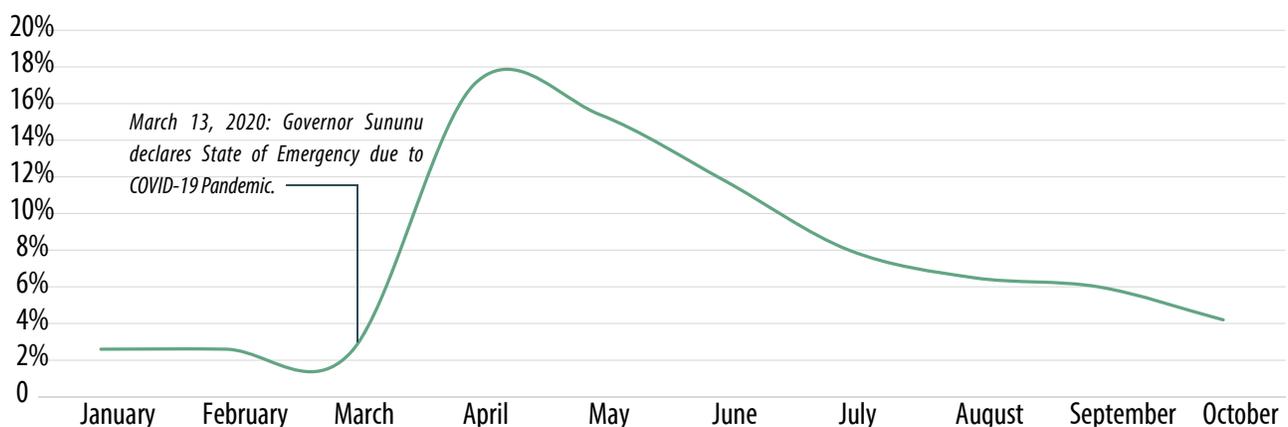
NOTABLE HIGHLIGHTS 2.2. SEVERE HOUSING COST BURDEN

- The relationship between income and rent is an important indicator of the extent to which people are able to access housing. When gross rents outpace renter household income, housing becomes less affordable, forcing low-income renters into difficult situations. They may have to cut other important expenses, such as car payments or medical procedures, in order to maintain their housing or they may have to choose to rent low-quality dwellings that are more likely to have potentially dangerous attributes, such as shared bathrooms/living spaces, pest infestations, lead paint, or other hazards.

- A severe housing cost burdened household is defined by HUD as a household that spends more than 50 percent of its monthly income on rent and basic utilities.

- It is also important to note that New Hampshire is the only state in New England that still follows the federal minimum wage of $7.25 per hour. According to the National Low Income Housing Coalition[40], an individual making minimum wage would have to work 129 hours per week to afford a 2-bedroom apartment at the Fair Market Rent in New Hampshire. The same report lists New Hampshire as having the 15th highest housing wage in the country, with a worker having to earn $23.43 per hour to afford a 2-bedroom unit in the state.

- While the Centers for Disease Control and Prevention's moratorium on evictions grants a temporary reprieve, costly back rent will eventually come due and those who are precariously housed may begin to seek emergency shelter as the only option for support. However, many emergency shelters throughout the state are operating at capacity, and as a result many people may end up unsheltered.

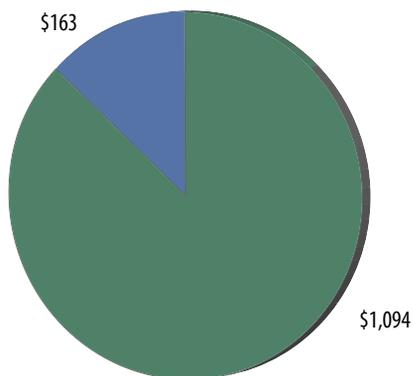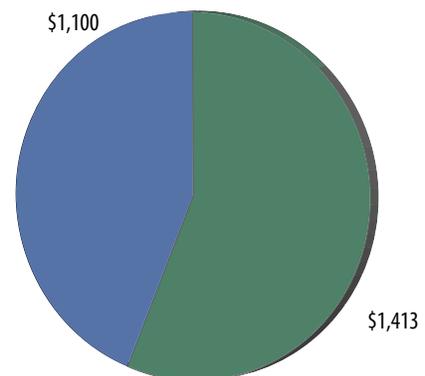## FIGURE 2.2.1. ONE FULL-TIME MINIMUM WAGE EARNER INDIVIDUAL RENTING A MEDIAN 1-BEDROOM APARTMENT

$163

$1,094

- Amount spent on rent and utilities for a median 1-bedroom apartment in NH
- Amount remaining monthly for all other essentials (e.g. groceries) AND non-essentials

FIGURE 2.2.2. TWO FULL-TIME MINIMUM WAGE EARNER FAMILY RENTING A MEDIAN 2-BEDROOM APARTMENT

$1,100

$1,413

- Amount spent on rent and utilities for a median 2-bedroom apartment in NH
- Amount remaining monthly for all other essentials (e.g. groceries, child care, etc.) AND non-essentials

CALL TO ACTION

Continued and increased investment in the New Hampshire Affordable Housing Fund.

A non-fluctuating low vacancy rate of 1.8 percent or below for the past 5 years[41] clearly demonstrates that we do not have enough housing across the state. The insufficient availability of affordable housing in the state often forces low-income individuals and families to make hard decisions between paying rent to sustain their housing and other imperative life needs such as childcare, food, or healthcare. Continuing the Fund's investments is imperative but an even more significant message is to increase the Affordable Housing Fund.

Prioritize the Bureau of Housing Supports' request for a $9 million increase to its annual budget to directly benefit emergency shelters.

The State of New Hampshire provided its first major increase over the past twenty years to the Department of Health and Human Service's Bureau of Housing Supports budget. These funds are designated to supported eviction prevention, rapid re-housing programs, and an expansion of case management for youth who are homeless. While there were significant CARES Act funds invested in the homeless service system, this time limited resource is only a temporary band-aid to provide a safety net of COVID-19 prevention and response. These measures were not able to increase the number of shelter beds but rather, assisted shelters in maintaining pre-COVID capacity. It should be noted, prior to the pandemic there was significant need for more financial support to this already fragile emergency shelter system. As the pandemic subsides, the housing crisis for this population will rise, and the response will be even more significant.

Support initiatives and legislation to be brought forth by the newly established New Hampshire Governor's Council on Housing Stability.

In December of 2020, this council was established for the purpose of creating and implementing a statewide plan to address housing stability. This council consists of various New Hampshire state department representatives, legislators, people with lived experience, homeless and social services providers, municipality leaders, and other key stakeholders.

Implement and maintain continued funding for the Medicaid Supportive Housing benefit.

This Medicaid benefit provided through a 1915i State Plan Amendment will support homeless service providers with a new revenue source to enhance and sustain the critical supportive services that are integral to the success of supportive housing.

Advocate for a continued eviction moratorium.

With the current Centers for Disease Control and Prevention's moratorium set to expire at the end of this year, a renewed moratorium needs to be considered through the winter, and perhaps as long as COVID-19 remains a critical threat to the community.

CALL TO ACTION (CONT.)

All housing and homeless policy recommendations and program initiatives need to be assessed and developed through a racial equity lens.

This country's long history of housing discrimination has created significant disparities in outcomes in almost every area including education, health, income, wealth, and homeownership. Although some extreme forms of racial discrimination in housing have been outlawed, other forms of intentional institutional discrimination continue to operate, exacerbating segregation, disinvestment and inequity in communities of color across New Hampshire. For example, the impact of existing zoning regulations, such as single family zoning and minimum lot size restrictions, have clear and well documented exclusionary effects by race. Overcoming patterns of exclusion and truly fostering inclusive communities requires that we place racial equity at the center of every decision that we make regarding the future development of our communities.

Support legislation proposed by the New Hampshire Governor's Housing Taskforce.

This housing taskforce was created in the fall of 2019 to identify legislation to address New Hampshire's housing shortage. This includes LSR 2021-0511, relative to training and procedures for zoning and planning boards and relative to financial investments and incentives for affordable housing development.

Support an additional U.S. Congressional stimulus package.

While the eviction moratorium is in effect, funding provided by a new stimulus is needed to keep landlords financially stable. In addition, tenants need rental assistance to avoid significant rental arrearages after the moratorium has lifted.

Continue and enhanced collaboration with homeless service providers and healthcare systems.

Providing increased COVID-19 screenings in emergency shelters will improve prevention strategies and response to positive cases of the virus in these congregate settings. In addition, enhancing access to telehealth in homeless service settings will ensure immediate and consistent availability to health and behavioral health care services.

Continue the generous support during the pandemic to local homeless service providers to meet the ongoing need.

Supporting homeless service organizations by donating necessary items or providing monetary contributions will assist in maintaining operations and enhance services needed. Alternatively, one can explore how their local providers could utilize the support of volunteers while incorporating safe COVID-19 prevention strategies.

ENDNOTES

Executive Summary

1   "New Hampshire Poverty Rate." 2020. US Census Bureau. 2020. https://data.census.gov/cedsci/profile?g=0400000US33.

2   "How Government Finances Work."2020.https://www.nh.gov/transparentnh/how-government-finances-work/index.htm#:~:text=The%20state%20 fiscal%20year%20runs.

3   "Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining Chronically Homeless Final Rule." 2015. Hud Exchange. https:// www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/

4   "The 2019 Annual Homeless Assessment Report (AHAR) to Congress." 2019. The U.S. Department of Housing and Urban Development. https://www. huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf.

The Intersection of Unsheltered Homelessness and COVID-19 in New Hampshire

5   "State of Homelessness in New Hampshire Report." 2012. New Hampshire Coalition to End Homelessness. https://www.nhceh.org/wp-content/ uploads/2013/03/2012-State-of-Homelessness-in-NH.pdf.

6   "Racism, Homelessness and COVID-19." 2020. National Law Center on Homelessness and Poverty. https://nlchp.org/wp-content/uploads/2020/05/ Racism-Homelessness-and-COVID-19-Fact-Sheet-_Final_2.pdf.

7   Moses, Joy, Jackie Janosko, Dan Treglia, Eric Rice, and Dennis Culhane. 2020. "Surveying Local Homeless Service Providers (Part 2): Responses from July 2020." https://endhomelessness.org/wp-content/uploads/2020/08/CoC-Survey-Results-Second-Round-formatted-8.31.20.pdf.

8   "Coronavirus Disease 2019 (COVID-19)." Centers for Disease Control and Prevention. February 11, 2020. https://www.cdc.gov/coronavirus/2019-ncov/ community/homeless-shelters/unsheltered-homelessness.html.

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10   "Trauma's Impact on Men Experiencing Homelessness." 2020. Substance Abuse and Mental Health Services Administration. 2020. https://www.samhsa. gov/homelessness-programs-resources/hpr-resources/trauma-men-experiencing-homelessness.

State of Homelessness in New Hampshire

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12   "CoC Dashboard Reports." HUD Exchange. 2020. https://www.hudexchange.info/programs/coc/coc-dashboard-reports/?filter_Year=2019&filter_ State=NH&filter_CoC=&program=CoC&group=Dash. Institute for Community Alliances. 2020. https://icalliances.org/new-hampshire.

13   "Point-in-Time Count and Housing Inventory Count." HUD Exchange. 2020. https://www.hudexchange.info/programs/hdx/pit-hic/#:~:text=The%20 Point%2Din%2DTime%20(.

1.1 Point-In-Time Count

14   Chris Sununu, Office of New Hampshire Governor. "2020 COVID-19 Emergency Orders." 2020.https://www.governor.nh.gov/sites/g/files/ehbemt336/ files/documents/2020-04.pdf.

15   "Coronavirus Disease 2019 (COVID-19)." Centers for Disease Control and Prevention. February 11, 2020. https://www.cdc.gov/coronavirus/2019-ncov/ community/homeless-shelters/plan-prepare-respond.html.

16   Data reflecting student homelessness in New Hampshire was provided by the New Hampshire Department of Education. As the Department of Education utilizes a diferant definition of homelessness, it is critical to acknowledge that this data is completely separate from all other homeless data presented in Section I.

1.2 Overall Homelessness

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18   Greater Nashua Continuum of Care is made up of 10 New Hampshire towns including Nashua, Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, and Mont Vernon.

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20   "Rural Homelessness." 2020. National Alliance to End Homelessness. 2020. https://endhomelessness.org/resource/rural-homelessness/#:~:text=The%20number%20of%20people%20who.

1.3 Chronic Homelessness

21   ibid.3.

22   "Ending Chronic Homelessness Saves Taxpayers Money Chronic Homelessness." 2017. http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf.

1.4 Family Homelessness

23   "Children and Families." National Alliance to End Homelessness. 2018. https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/children-and-families/.

24   "Home, Together: The Federal Strategic Plan to Prevent and End Homelessness." 2018. United States Interagency Council on Homelessness. https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Plan-to-Prevent-and-End-Homelessness.pdf.

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1.5 Veteran Homelessness

26   "Homeless Veterans". US Department of Veteran Affairs. 2020. https://www.manchester.va.gov/services/homeless/index.asp.

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1.6 Unsheltered Homelessness

28   ibid.,4

1.7 Student Homelessness

29   Homeless children and youth, as defined by the McKinney-Vento Homeless Assistance Act (MVA), lack a fixed, regular and adequate nighttime residence. These students may be couch-surfing, living in a shelter, or may be living in cars, parks, an abandoned building or similar spaces. They may or may not be accompanied by friends and/or family.

30   "Education Barriers for Homeless Youth The Intersection of Youth Homelessness and Educational Barriers." National Network for Youth. 2020. https://www.nn4youth.org/wp-content/uploads/IssueBrief_Education.pdf.

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32   Biron, Carey. "'Schools Are Survival': U.S. Coronavirus Closures Put Homeless Students at Risk." Reuters, April 20, 2020. https://www.reuters.com/article/us-health-coronavirus-homelessness/schools-are-survival-u-s-coronavirus-closures-put-homeless-students-at-risk-idUSKBN22217M.

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1.8 Racial and Ethnic Disparity in Homelessness

34   Spievack, Natalie, and Cameron Okeke. "How We Should Talk about Racial Disparities." Urban Institute. February 26, 2020. https://www.urban.org/urban-wire/how-we-should-talk-about-racial-disparities.

35   Fusaro, Vincent A., Helen G. Levy, and H. Luke Shaefer. 2018. "Racial and Ethnic Disparities in the Lifetime Prevalence of Homelessness in the United States." Demography 55 (6): 2119–28. https://doi.org/10.1007/s13524-018-0717-0.

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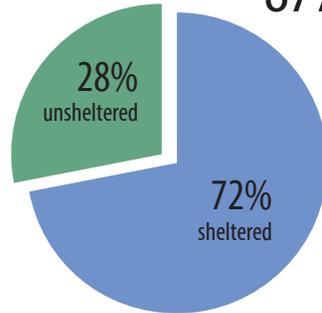
2.1 Unemployment Rate

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39   2020 data is an average of the monthly unemployment rates from January to October 2020.

40   "Out of Reach 2020: New Hampshire." New Hampshire Low Income Housing Coalition. 2020. https://reports.nlihc.org/oor/new-hampshire.

41   "2020 New Hampshire Residential Rental Cost Survey." 2020. New Hampshire Housing Finance Authority. https://www.nhhfa.org/wp-content/uploads/2020/07/2020-Rental-Survey-Report.pdf.

Balance of State CoC

Overall Homelessness in 2020
877
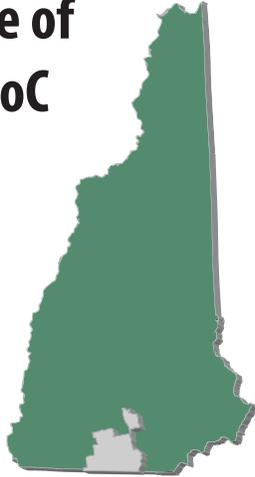
28% unsheltered

72% sheltered

(sheltered 632)   (unsheltered 245)

Estimates of Homelessness
by sub-populations

568   individuals

306   persons in families

26   veterans

1918   students
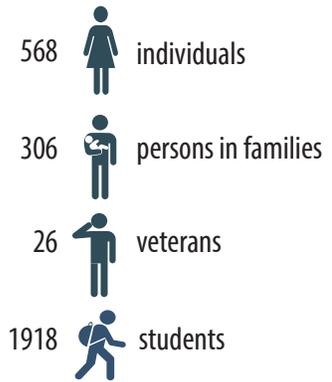
Greater Nashua CoC

Overall Homelessness in 2020
300
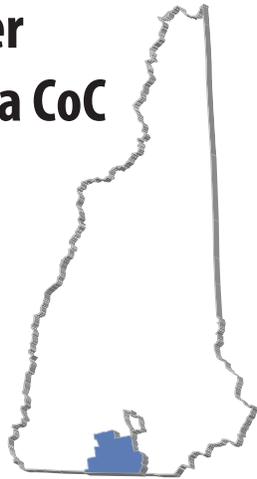
10% unsheltered
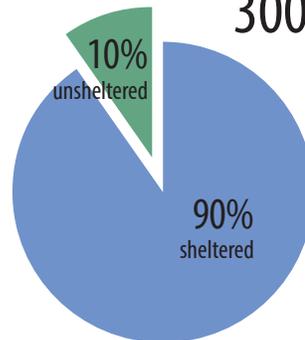
90% sheltered

(sheltered 271)   (unsheltered 29)

Estimates of Homelessness
by sub-populations

164   individuals

136   persons in families

57   veterans

501   students
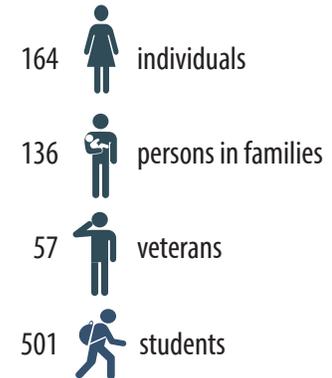
Manchester CoC

Overall Homelessness in 2020
498
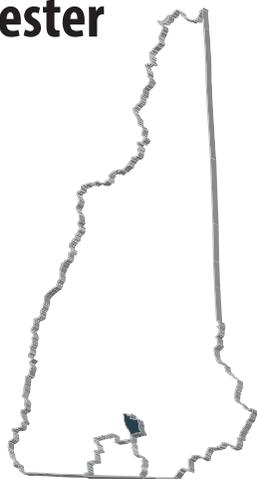
15% unsheltered
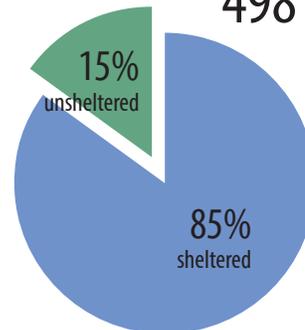
85% sheltered

(sheltered 424)   (unsheltered 74)

Estimates of Homelessness
by sub-populations

288   individuals

210   persons in families

33   veterans

797   students

NH Coalition
to End Homelessness

Research. Education. Advocacy.