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THE CLASS OF 1964 POLICY RESEARCH SHOP

Homelessness in the Upper Valley

PRESENTED TO THE UPPER VALLEY HAVEN

Michael Redmond, Executive Director

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EXECUTIVE SUMMARY

Homelessness is a problem that plagues both urban and rural communities across the nation. The Upper Valley is not immune to this struggle. In fact, homelessness poses a particularly difficult problem in this region for a variety of reasons starting with the difficulties of collecting good data. Due to methods themselves and the differences in methodology in Vermont and New Hampshire, it is difficult to quantify Upper Valley homelessness accurately. Michael Redmond, Executive Director at the Upper Valley Haven, a White River Junction, VT nonprofit organization that seeks to alleviate rural poverty in a variety of ways, commissioned a report to understand better the correlates of homelessness in the Upper Valley. This report compiles existing data and analyses on the homeless and the resources available to them. The goal is to understand what problems are faced by homeless individuals and families in the Upper Valley, the causes of their situations, and what could potentially be improved. A historical lens is used to explore trends from the past (if existent), current key issues, and likely problems for the future. From there, solutions are investigated based on the continuation and expansion of current programs or the implementation of programs that have been used in other communities. This report looks at the problem of homelessness through three areas: (1) the local environment that dictates the locations, movability, and survivability of the homeless; (2) the health conditions and issues faced by the homeless and household/family structures; and (3) the human potential in the homeless population especially concerning employment and education opportunities. It also provides information on resources and programs available to impoverished and homeless people in the Upper Valley. Altogether, we seek to understand the homelessness problems in the region and place them in the context of time to provide options to the Upper Valley Haven on how to continue addressing the issue in the most efficacious manner.

1 INTRODUCTION: AMERICAN INEQUALITY

Americans are guided by the belief that every person has worth. Our Founding Fathers point to this belief as a "self-evident" fact of life. Presumably, a common belief in the equality of all people flows through the values and character of our country; however, a mere observer would note that America plainly shows outward symptoms of rampant inequality. Over the past four decades, the bottom half of American earners have seen their income rise at half the rate of the increase in US Gross Domestic Product. With inflation, this amounts to essentially stagnant income for poorer Americans.[1] The American value of equality has not panned out when it comes to income. Above all, though, the most glaring observation of inequality is the fact that half-a-million Americans are homeless. Across the country, stewards of American equality have worked to mitigate homelessness as a part of the larger effort to decrease inequality.

The homeless population is perhaps the most extreme example of inequality. A Silicon Valley executive might leave their five-million-dollar apartment in the morning and walk past five hungry homeless people on the way to buy her five-dollar cup of coffee. This is a vignette of inequality manifested as urban homelessness. Unfortunately, anyone who has been to a major city anywhere in the world has likely seen multiple homeless people. A different and perhaps more insidious symptom of inequality is rural homelessness. A family touring Dartmouth College will likely not encounter one of the homeless people in Grafton County throughout their visit to Hanover. This is because rural homelessness is largely hidden. In the Upper Valley, local officials even have difficulties estimating the number of homeless in their midst.

Eradicating homelessness in the Upper Valley will require a unique set of solutions different from those which address urban homelessness. This report aims to document the correlates of homelessness in the Upper Valley, with the goal of clarifying actionable ways to address the issue. Local environment plays an important role, with transportation issues and two state governments that are specific to the Upper Valley. The physical and mental health issues that the homeless face are of great importance as well. Finally, the human potential of each homeless person in the Upper Valley is vital, with job training and education as important parts of realizing a stable home.

2 LOCAL ENVIRONMENT

This section discusses issues pertaining to the local environment as they relate to homelessness in the Upper Valley. It also describes aspects of the Upper Valley that make dealing with homelessness regionally unique--particularly the housing crisis which frames many issues in the region. Local resources that are not necessarily specific to the homeless but still very relevant are also mentioned. Many of the resources mentioned in this section are discussed at greater length later in the report. One may find it helpful to reference the tables as well. This section also attempts to find areas similar to the Upper Valley for useful comparisons.

2.1 DATA: TRENDS THROUGH TODAY

The Upper Connecticut River Valley Region is unique for a few reasons. First, the Upper Valley spans two states: New Hampshire and Vermont. For non-profit support and employment, this does not cause many disparities. Many people live in one state and work in the other. However, it does have an impact on government relief programs. New Hampshire does not charge state income or sales tax and the state spent $4,530 per capita in 2018. That same year Vermont spent $9,089 per capita.[2] This spending difference leads to a disparity in state relief program offerings. The two states also count and track data differently, which makes it difficult to understand how many homeless people reside in the Upper Valley.

The climate of the Upper Valley sees four distinct seasons. The homeless are in far more danger in the winter due to extremely cold temperatures, particularly at night. For this reason, many programs and shelters expand their services during the winter months. The night-time warming shelter at the Upper Valley Haven is one such example.[3]

Rural homelessness is not unique to the Upper Valley, but it is distinct from urban homelessness. Distance between resources requires different solutions. It is also often far less obvious since people are not typically sleeping right on the street. Additionally, rural communities normally have less service infrastructure.[4] Exacerbating this situation in both states is the absence of county governments as proactive social service providers. In states with robust county governments, (e.g., New York, Pennsylvania, and Virginia), assistance to the homeless is provided through government programs administered at the county level. In New Hampshire and Vermont one finds little social service provision for the poor through existing county government infrastructure.

2.1.1 TRACKING HOMELESSNESS IN THE UPPER VALLEY

Tracking the number of people who are experiencing homelessness, especially in a place like the Upper Valley, can be extremely difficult. This is due to a variety of factors. As mentioned in the previous section, Vermont and New Hampshire count their homeless separately. Deciding who to include as

"homeless" can be difficult as well. Some studies count couch-surfers or those living in cars as homeless while others only include people sleeping on the streets. Some use "literal homelessness" which means people without a fixed residence but includes those living in shelters. Homelessness counts also typically occur one night a year, often in January which is one of the coldest times in northern New England. Fortunately, many homeless are taken in at night during this time of year. However, this can make for an inaccurate count. In the Vermont Point in Time (PIT) counts conducted in January 2018 and 2019, Windsor County reported 125 and 91 "literally homeless" individuals, respectively.[5] A September 2019 count in lower Grafton County, New Hampshire that used a broader definition of homelessness included 115 individuals. There are mixed data on whether homelessness in the region is increasing or decreasing year to year, but demand for services remains high.[6] Counts typically show both adults and children to be homeless in the Upper Valley.

2.1.2 HOUSING CRISIS AND JOB MARKET

The Upper Valley is in the midst of a housing crisis. There is a shortage of affordable housing and the housing stock does not meet residential demand. Recent studies found that 4,000 additional units are needed to meet the needs for workforce housing.[7] This shortage drives up rent and ownership costs and forces people into homelessness or insecure housing. Having a job in the Upper Valley does not necessarily translate to being able to afford housing.

The housing crisis leads to a large number of unfilled jobs in the area, particularly at large employers like the Dartmouth-Hitchcock Medical Center. Many workers are forced to live outside the Upper Valley and commute long distances. In 2020, the unemployment rates for Grafton county and the Lebanon Micropolitan Area were some of the lowest in New Hampshire hovering around 2.5 percent. Even as unemployment rates jumped significantly with the COVID-19 pandemic, the rates in Upper Valley communities stayed low relative to the rest of the state.[8]

2.1.3 RESIDENCE AREAS

Just as counting the number of homeless in the Upper Valley is complicated, so is nailing down their exact locations. This is largely due to the fact that many members of the homeless population do not have a permanent place of refuge. Some are in and out of different shelters or move seasonally. Most of the evidence relating to locations is anecdotal. However, homeless people tend to seek proximity to certain resources when deciding where to spend their time. These factors are not unique to the Upper Valley but include proximity to bus terminals, soup kitchens and meal providers, public restrooms, and protection from the elements (e.g., bridges, places where fires can be built).

2.2 RESOURCES: WHAT IS BEING DONE?

This section investigates some of the resources used by the Upper Valley's homeless.

2.2.1 TRANSPORTATION

The rural nature of the Upper Valley makes walking to all essential destinations infeasible. This distance can make it difficult for those without vehicles and/or driver's licenses to commute to work, school, medical appointments, or other services. The primary transportation source for non-drivers or people without cars in the Upper Valley is Advance Transit, a non-profit organization that provides free bus services. Advance Transit is committed to reducing traffic congestion, assisting with parking management, increasing access to jobs, ensuring community participation by senior citizens, providing options to the disabled, and offering convenient transit to local services (see Figure 2.2.1).[9] Advance Transit has six commuter routes servicing hubs in Canaan, Hanover, Norwich, Lebanon, West Lebanon, White River Junction, and Hartford Village.[10] The bus system does not charge fares which keeps it accessible to low-income and homeless residents.[11] The biggest challenge that riders face is that Advance Transit does not operate on weekends. Additionally, while Advance Transit has an extensive route network that services the most populous and commercialized areas, it does not reach some of the towns on the outer edges of the region (see Figure 2.2.1).

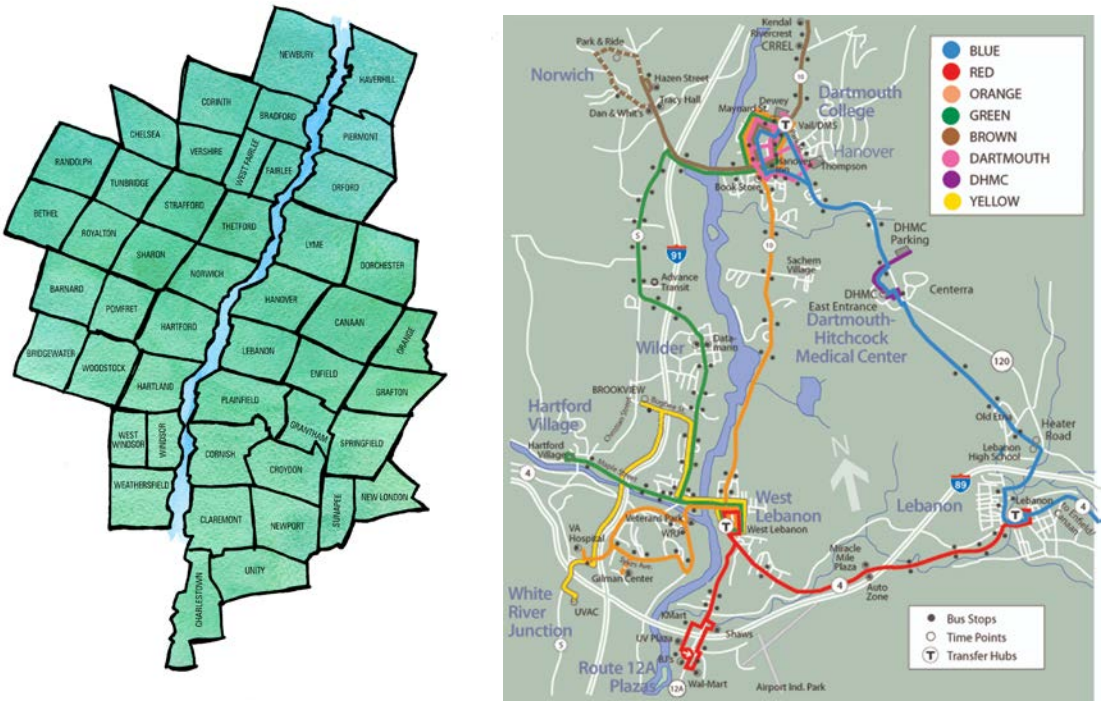

Figure 2.2.1: Upper Valley towns[12] (left) compared to Advance Transit Road Map[13] (right).

2.2.2 HOMELESS SHELTERS

The primary shelter serving the region is the Upper Valley Haven located in White River Junction, VT. This center provides numerous services including a food shelf, warming shelter, family and individual housing, meal service, after-school programs, summer camps, and vocational/life skills training.[14] While the Upper Valley Haven is the most robust facility in the region, there are some alternatives nearby. The Springfield Family Center in Springfield, VT has a food shelf, a community meal a few times a week, and a daytime shelter with bathroom facilities.[15] Southwestern Community Services has a Sullivan County program based in Claremont. They provide an emergency shelter, housing stabilization counseling, homeless outreach, transitional housing programs, financial and life skills education, and a food pantry.[16] Table 3.2.1 of this report also details some additional programs that serve similar functions to the shelters and options described in this section.

2.2.3 LOCAL MEDICAL RESOURCES

The Upper Valley has a strong health care system that is used by patients throughout the surrounding regions. There are two prominent hospitals and numerous other clinics and smaller centers. Dartmouth-Hitchcock Regional Medical Center (DHMC) is in Lebanon, New Hampshire. The White River Junction, Vermont VA Medical Center (WRJ-VAMC) provides care to veterans residing in both New Hampshire and Vermont. The U.S. Department of Housing and Urban Development has partnered with Veterans Affairs to create a federal program called HUD-VA Supportive Housing which provides rental vouchers for privately owned housing to veterans eligible for VA Health Care Services.[17] The program also includes case-management and ongoing support services. Vouchers are allocated to medical centers based on geographic need and Public Housing Agency administrative performance.[18] The most recent data that the WRJ-VAMC has released on the program is from 2008, and at the time the center had 20 vouchers for its catchment area.[19] Healthcare for the Upper Valley homeless is discussed at length in Section 3 of this report. For a list of other health-care programs for the homeless, please reference Table 3.2.1.

2.2.4 LOCAL GOVERNMENT SUPPORT

Neither New Hampshire nor Vermont has a strong county government system and most towns, particularly those in the Upper Valley, are too small to support large-scale homelessness relief programs. For these reasons, most residents seeking public aid are redirected to state or federal programs. Tables 4.1.1 and 4.1.2 in this report list the most prominent government programs at the federal level and in both states.

2.2.5 INTERNET AND TECHNOLOGY

In the 21st century, access to the internet and technology is extremely important. It can help immensely in attaining jobs or an education. The COVID-19 pandemic has also exposed the utility of telehealth and receiving other essential services via the internet. There are services in the Upper Valley providing free access to the internet. Many receive it at shelters or at public libraries. It is also often available at businesses like coffee shops, but one typically needs to be a paying customer. Access to technology by homeless people has not been studied well in the Upper Valley, but there is anecdotal evidence. Upper Valley Haven Executive Director Michael Redmond shared that most individuals utilizing Haven services have smartphones (at least intermittently), but their numbers are often changing as they navigate plans with cell carriers. Like the internet, computer access is often available at libraries or shelters like the Upper Valley Haven. However, resources and hours can be limited.

2.3 WHAT COULD BE DONE?

The Upper Valley is unique. It is difficult to find another rural region that navigates the seasonal climate, dual state nature, and housing crisis of the same scale. By looking at communities on the borders of states, a general and semi-obvious trend is discovered: non-profit and privately funded support programs are able to help broader regions far more fluidly than state-run programs because private-sector funding is more available. When looking specifically at seasonal climate, the approaches taken in the Upper Valley are not far off from those implemented elsewhere. The creation of seasonal overnight shelters is relatively common in the winter months. It is far easier to find comparative cases in more specific issues, such as health-care and education. These are discussed further on in this report.

2.4 TOMORROW: TRENDS INTO THE FUTURE

The housing crisis in the Upper Valley is expected to remain a problem. Even with the work of affordable-housing groups like Twin Pines Housing Trust and Upper Valley Habitat for Humanity, the demand for affordable units will likely not be met. Because the problem in the Upper Valley is rooted in housing stock and not job availability, it is unlikely that economic improvements would suddenly lead to a decrease in homelessness. It should be noted that the unprecedented COVID-19 pandemic could change this in ways that are not possible to predict. Obviously, the issues of cold winters and different state governments will not be going away. For these reasons, it can be predicted that the root causes and issues faced by the homeless in the Upper Valley will not change significantly in the coming years. So, the communities need to find the best possible way to support the homeless population.

In terms of resources, there are some concrete actions that would greatly benefit the homeless community, for instance, through expansion of existing resources. If financially feasible, expanding Advance Transit's free service to seven days a week would greatly increase transportation opportunities. Internet and technology access could also be expanded if community programs create more areas for loanable, publicly accessible computers and smartphones.

The implementation of county and regionally-based structures would be extremely beneficial in helping local homeless populations best meet their needs. This would require large government restructuring, so it is unlikely to happen with state-funded programs, but could be an option for community and private partnerships.

3 HEALTH AND HOUSEHOLD

This section discusses the health and household issues related to homelessness, particularly in the Upper Valley and in comparison to other states and rural areas. Current trends, resources, examples, and predicted trends will be discussed. This section will look at health and household issues such as drug use and abuse, disability and physical health, mental health, domestic violence and abuse, and access to medical care, all of which contribute to homelessness. This section also takes an inventory of the available resources in Vermont and New Hampshire for those who are affected by the intersection of homelessness and health issues.

3.1 DATA: TRENDS THROUGH TODAY

In the health and household section, we will primarily look at the intersection between homelessness and various healthcare-related issues. We will identify the interaction between homelessness and public health as it exists nationwide and in the states of Vermont and New Hampshire.

3.1.1 DRUG USE AND ABUSE

A 2008 survey by the United States Conference of Mayors found one of the top three causes of homelessness to be substance abuse.[20] Because of the intertwining effects of homelessness and substance abuse, both issues must be addressed in conjunction.[21] However, for those without health insurance, access to substance abuse treatments can be difficult. Factors that increase barriers of access include long waiting lists, lack of transportation, and lack of medical documentation. Those who face substance abuse also have specialized needs.

The 2014 National Survey on Drug Use and Health showed that New Hampshire had the highest rates of substance misuse by youth and young adults in the country.[22] In the state of New Hampshire, there are 241 total treatment facilities and individual providers for youth, along with 11 short- and long-term housing support services.[23] This survey revealed housing as one of the primary gaps in services for the homeless with an increasing need for ancillary recovery support. More specifically, there is a need for emergency housing and safe and supportive housing, especially for those who are waiting to receive treatment services. There is also limited affordable and accessible permanent housing for previously incarcerated individuals and registered sex offenders. Furthermore, housing facilities must be appropriately staffed with professionally-trained mental health therapists and substance use counsellors.

3.1.2 DOMESTIC VIOLENCE AND ABUSE

Intimate partner violence and sexual assault are also linked to homelessness. Nationally, 92 percent of homeless women report experiencing physical or sexual violence, with over 50 percent citing domestic violence as their cause for homelessness.[24] These issues disproportionately affect women of color. A

Department of Housing and Urban Development Continuum of Care Homeless Assistance Program Point-in-Time Count in 2012 showed that the largest subpopulation of homeless persons in Washington state were victims of domestic violence.[25] More broadly, there are clear linkages between the various causes of homelessness. Those who are seeking safety from an abusive partner because of intimate partner violence also showed symptoms of post traumatic stress disorder, greater levels of depression, housing instability, and drug and alcohol use.[26]

A popular and effective approach of transitioning to permanent housing for homeless women has been the Housing First model--a system in which housing and services are separated, creating scattered site housing, independent apartments, and communal shelters. These main tenets of Housing First aim to focus on social and emotional well-being.[27]

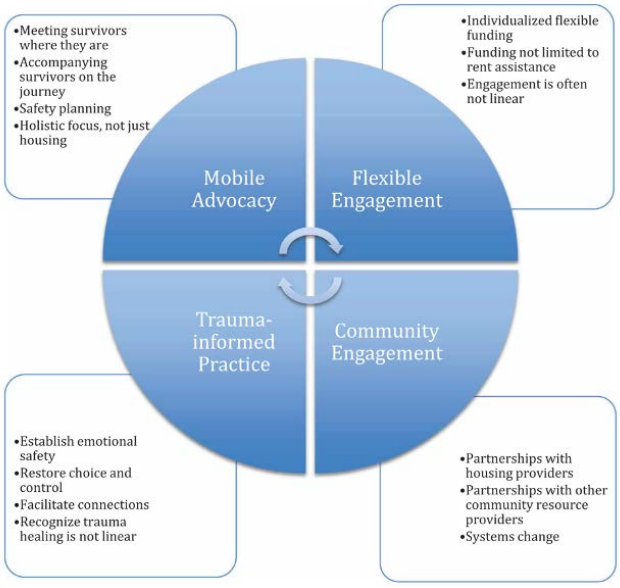

Figure 3.1.2: Tenets of Housing First solutions and approaches to homelessness.

3.1.3 ACCESS TO ADEQUATE AND AFFORDABLE HEALTHCARE

Adequate and affordable healthcare remains a barrier to the rural homeless as well as their access to both health and housing-related recovery services. According to a national survey of the rural homeless, 25 percent are on Medicaid and 63 percent have no health insurance. The same survey showed that 66 percent of rural homeless have struggled with mental health or drug and alcohol problems in the past month, and 67 percent have spent time in juvenile detention or prison.[28] The lack of adequate access to healthcare results in endemic health problems such as behavioral health problems, hypertension, heart disease, diabetes, and obesity.[29] These issues are intensified by obstacles including a lack of transportation, health insurance, and inaccessible health services. Healthcare affordability in rural areas is further threatened by declining extractive industries (e.g., mining, fishing, timber), rising living expenses, and changing economic conditions and job markets.

3.1.4 PUBLIC HEALTH ISSUES

Homelessness is a public health crisis. The 2016 HUD Annual Homeless Assessment Report estimated that 549,928 people experienced homelessness on a single night in 2016 with 32 percent staying in unsheltered locations.[30] Inadequate income, unemployment, and a lack of affordable housing are the leading causes of homelessness in rural areas according to the HUD Report.[31]

In 2018, the Dartmouth Hitchcock Medical Center took a Community Health Needs Survey of the Upper Valley to gauge the state of public health and access in correlation with homelessness.[32] A majority of the respondents in this survey were from Lebanon, NH; Hanover, NH; Hartford, VT; Enfield, NH; Canaan, NH; and Orange, NH. This survey found that the highest priority community health needs are affordable health insurance, access to mental health care services, prevention of substance misuse and addiction, child abuse and neglect, and domestic violence. Of the total respondents, 27.7 percent had difficulty accessing health care or human services, 38.4 percent lacked adequate mental health care, and 32.7 percent lacked adequate primary health care.[33]

Research from the Vermont Housing Finance Agency similarly showed that affordable housing remains a challenge, especially with rising housing prices.[34] Many middle class and homeless families do not qualify for food stamps or child assistance. Homeless shelters are overwhelmed. There are 838 children enrolled between kindergarten and 12th grade in Vermont who are currently homeless.[35] Homeless children are twice as likely to have anxiety, depression, high stress, and trauma as children raised in stable households. The provision of more affordable and supportive housing is necessary to ensure strong educational and public health outcomes for these demographics.

Rural communities stand out from their urban and suburban counterparts in having stronger social networks and the innovation and flexibility necessary to resolve their housing crisis. Potential solutions include engaging with faith-based partners for support and fundraising, working with behavioral health systems, and conducting outreach with non-traditional community partners such as grocery stores.[36] The adoption of supportive housing services will be integral in reducing the cost of health care, policing, and prisons.[37] A long-term switch must be made from emergency intervention to permanent supportive housing, but in order for this switch to occur, barriers to affordability must be addressed. Permanent supportive housing reduces the cost of care and improves quality of life for the homeless, resulting in fewer ambulance transports and emergency room visits as well as better physical and emotional health.[38] Community-based participatory research and work with community partners has resulted in a host of programs that focus on linking homeless people to healthcare and on providing safe and accessible housing. Such efforts have led to the creation of mental health "suitcase" clinics, podiatry and dental clinics, and student-engaged interprofessional clinics for rural communities.[39]

3.1.5 YOUTH HOMELESSNESS

Rural youth homelessness across America is just as prevalent as urban youth homelessness. The 2018 Chapin Hall and Voice of Youth Count done by the University of Chicago shows that 9.2 percent of young adults, aged 18 to 25, experience homelessness.[40] Homeless youth face a variety of struggles in finding shelter and support infrastructure and fewer public transport resources. The Rural Homeless Youth Count Report for the state of Maine shows that the average age of homeless youth is 18.[41] Of homeless youth included in the survey, the average number of days homeless is 343 days. The survey found that 89 percent of youth are couch surfing; 42 percent still attend school.[42] This survey found that the main reason for homelessness is family conflict--62 percent of these youths leave their home by choice. For many youths, homelessness is a repeated issue; on average, homeless youth experience three episodes of homelessness.[43] Due to difficulties in affording rent, 64 percent of homeless youth cannot find a stable place to stay and 28 percent are unable to find a job or vocational training.[44] Instead, many of their basic needs are met through extended family and friends.[45]

In Vermont, 49 percent of homeless youth and young adults are categorized to have a disabling condition in the Homeless Management Information System.[46] This is defined by HUD as a diagnosable substance abuse disorder, serious mental illness, developmental disability, or chronic physical disability. There are currently accessibility issues with ensuring that housing for homeless youth is ADA compliant. Youth and young adults with disabilities need greater peer support and thus, housing providers are recommended to have harm-reduction oriented policies in place such as suicidal ideation screening and a substance use and referral network.[47]

As opposed to their urban counterparts, rural homeless youths typically sleep in cars or couch surf. They are also more disconnected from education and employment opportunities due to economic gaps and collapses in key industries that have resulted in the need for structural changes. Housing services for homeless youth must specifically target the needs of runaway and homeless youth.

Federal supports for homeless youth include the Family and Youth Services Bureau Rural Host Homes Demonstration Project in 2008, the Support Systems for Rural Homeless Youth (SSRHY) Demonstration Projects, and the HUD Youth Homelessness Demonstration Program.[48] The Rural Host Homes project was created as an alternative to shelters or group homes in rural communities by integrating homeless youth with community members. The SSRHY projects focused on homeless youth between the ages of 16 and 21 by providing them with transitional living programs and vocational support through community centers. There is room for growth for programs such as the USDA Rural Youth Development Grant program and the Rural Community Development Initiative provide youth with further opportunities to become employed through community development and engagement. Regardless, many rural areas currently lack services that directly address youth homelessness issues, leaving youth to be largely reliant on youth services organizations instead.

3.2 RESOURCES: WHAT IS BEING DONE?

The following section is a compilation of various governmental and non-profit resources and programs available for the rural homeless in Vermont and New Hampshire. While these programs are an inherently multi-faceted approach to addressing the issue, many tend to have specific foci that target the root causes of homelessness. The various resources are categorized by the issues that are outlined in the previous section. More information about these resources can be found in the footnoted link following the description.

TABLE 3.2.1

Resources for Improving Health Outcomes for the Homeless in the Upper Valley

ISSUE	RESOURCE	DESCRIPTION
Healthcare Access	Safe Harbor Health Center[49]	Community Health Centers of Burlington is a Vermont organization that works with community partners on various health and permanent housing programs. Their federally funded Homeless Healthcare Program works to provide the homeless with primary healthcare, mental health and substance abuse services, oral health care, and other supportive services.
	Bi-State Primary Care Association[50]	This non-profit organization supports a variety of community health centers and other non-profit providers across New Hampshire and Vermont. The Bi-State PCA represents 143 locations to ensure their growth and maintenance.
	Health Care for the Homeless Program of Manchester[51]	This program is a cooperation between the Manchester Health Department and Catholic Medical Center with a focus on providing primary care services to those who are homeless. Aside from direct health care, this program also assists with food stamps, Medicaid, and disability applications.
Youth	Waypoint[52]	Waypoint runs a variety of outreach and programs geared for homeless youth and young adults including their Street Outreach program, Youth Resource Center, Runaway and Homeless Youth Program, and Transitional Living-Parenting Program. Operating in the Manchester and Seacoast areas, Waypoint works with

		youth in a judgement-free space to provide them with the resources to self-sufficiency.
	Vermont Coalition of Runaway and Homeless Youth Programs[53]	The VCRHYP runs an emergency shelter for youth ages 12-17 and transitional housing for young adults ages 16-24. Through these programs, they are able to provide crisis resources, health care, employment services, and transitional housing to those who are experiencing homelessness or at risk of becoming homeless.
	Vermont Youth Factor Northeast Kingdom[54]	The Vermont Youth Factor Northeast Kingdom is a program run by the Vermont Department for Children and Families involving a collaboration with local partners to provide mental health services to homeless youth.
Mental Health	Greater Nashua Mental Health[55]	The GNMH works directly with the homeless who are facing substance misuse disorders or mental illness. Additionally, the housing program helps homeless individuals access safe, affordable, and stable housing.
	Community Mental Health Centers[56]	Community Mental Health Centers (CMHCs) are non-profit organizations funded by the New Hampshire Department of Health and Human Services and Bureau of Behavioral Health that operate in ten regions of New Hampshire. These CMHCs provide a variety of primary and secondary health care services geared toward various demographics.
Substance Abuse	Good Samaritan Haven PATH Program[57]	The Good Samaritan Haven's Projects for Assistance in Transition from Homelessness program (PATH) specifically works with those who are homeless and experiencing mental health or substance use issues. These supports come in the form of direct treatment, providing shelter, and increasing access to Supplemental Social Security Income and Social Security Disability Insurance (SSI/SSDI) benefits.
	New Horizons[58]	New Horizons is an emergency shelter in Manchester, NH that provides case management support for those who are homeless and have alcohol or other substance addictions.

	Pathways Vermont Housing First Program[59]	The Pathways Vermont Housing First Program connects the homeless to independent apartments in the community and works with these individuals to ensure access to employment support, health case, and counselling services. This program has a housing retention rate of 85 percent.
Domestic Violence	New Hampshire Coalition Against Domestic and Sexual Violence[60]	The New Hampshire Coalition Against Domestic and Sexual Violence funds twelve domestic violence shelters across New Hampshire. Of those entering an emergency shelter, 23 percent reported a physical disability and 33 percent reported a mental health disability. At domestic violence shelters, victims are able to both receive shelter and other family services specific to their needs. In the past, the NHCADSV has received funding from the Family Violence Prevention and Services Act which funds approximately 1,600 emergency domestic violence shelters nationwide.[61]
	Angie's Shelter for Women[62]	Angie's Shelter for Women is an emergency shelter that specifically addresses the needs for women and those who have experienced intimate partner violence. Most notably, this program provides case management services, access to health care through Health Care for the Homeless (HCH) Manchester, and takes a Housing First approach to solving homelessness.
	New Beginnings[63]	New Beginnings provides services for those who have suffered from violence and abuse through a 24-hour crisis line, peer support, emergency shelter, and legal advocacy services.
Miscellaneous	Brattleboro Housing Authority[64]	The Brattleboro Housing Authority's Pathways to Housing program is funded by a $149,000 grant from the Vermont Agency of Human Services and provides a variety of support systems for the homeless that incorporate housing and services.[65] This program supports families with children, women, and homeless youth. The Hope in Housing (HH) program specifically works with elderly and disabled members of the community. [66]

	Vermont Agency for Human Services	The Vermont Agency for Human Services funds the 211 program for telephone and web-based referrals. There is currently no counterpart for the state of New Hampshire. While the Vermont Department of Economic Services Emergency Housing program provides motel vouchers for those seeking housing with medical needs or domestic violence concerns, the program is ending in July 2020.[67] This departure leaves the homeless community largely reliant on private and religious organizations for food and shelter.

3.3 WHAT COULD BE DONE?

This section analyzes specific models or programs that have been implemented across the nation to improve health outcomes for the homeless. Specifically, this section will look at rural healthcare access models, the Housing Plus Services program, and ways to create robust support structures and health systems for rural youth.

3.3.1 RURAL HEALTHCARE ACCESS MODELS

Healthcare models in rural areas uniquely focus on the intersection between health problems and access which are often complicated by homelessness. Below are examples of various programs and service models across the nation that look at providing integrated care for homeless populations.

3.3.1.1 Integrated Health Care Models

The Projects for Assistance in Transition (PATH) program in West Virginia connects the rural homeless to services through outreach, screening, and assessment which result in referrals to community mental health and alcohol and drug treatment services.[68] This program uses the Homeless Management Information System (HMIS) to allow for collaboration between different community organizations in the state.

The West End Health Center in Denver, Colorado is an integrated facility that provides housing and health care to its residents.[69] Screening of incoming residents include areas such as depression, domestic violence, drugs, and alcohol. The Center also houses personnel to address a range of health concerns from primary care physicians to psychiatrists to pharmacists. This clinical integration streamlines the process and allows residents to access all the necessary resources together.

The SKYCAP program in Hazard, Kentucky streamlines the process for homelessness intervention and prevention by linking together service providers and agencies.[70] Similarly, the Homeless HealthCare program in Burlington, VT also coordinates services including mental health, substance abuse, case management, and primary care services together at a single point of access.[71]

3.3.1.2 Outreach Approaches

A Hub and Spoke model is used in Billings, Montana where a mobile van is used to conduct outreach to the unsheltered homeless.[72] Because many local towns also have homeless health care projects through collaborations with health departments and community health centers, the mobile unit connects those in especially remote areas with more local services. A mobile outreach approach was implemented in Blue Lake, California in the North Coast Clinics Network where a mobile medical unit was launched.[73] These mobile units provide medical services and also run a needle exchange program. This method of outreach is less threatening to local communities. Finally, homelessness prevention efforts in Humboldt County, California starts early with school-based clinics for early identification of mental illness.[74]

3.3.2 HOUSING-BASED PROGRAMS

Under the Housing First model, the first step toward alleviating homelessness and other associated causes is through providing immediate housing support and transitional living resources. Addressing these most immediate needs will allow professionals to provide other health care services. Housing First interventions in rural Vermont had an 85 percent housing retention rate over three years.[75]

The Center for Family Solutions in El Centro, California is focused on creating safe places and services for women and children experiencing domestic violence and homelessness through an emergency shelter and transitional housing program.[76] This program provides case management, education services, a mentor program, nutrition and health programming, and job training for its participants. Funding for both housing and supportive services come from a variety of state-level and federal sources including the California Office of Emergency Services, Federal Emergency Management Agency, and the United States Department of Housing and Urban Development.[77]

The Southwest Georgia Housing Development Corporation in Cuthbert, Georgia partners with the Millennium Center for Family Development to create a three-phase program for substance abuse from education to career advancement.[78] Many of its clients are referred from the local court system for treatment of substance abuse. Funding for this program primarily comes from the Georgia Department of Technical and Adult Education and Georgia Department of Community Affairs. [79]

Carey Counselling in Paris, Tennessee runs Herrington Place, a residence specifically for people with disabilities and those who are recovering from addiction treatment.[80] Its case management services help coordinate service delivery and provide transportation services for its clients.

Using the domestic violence Housing First model, a five-year pilot was launched in Washington state involving thirteen domestic violence agencies with seven agencies operating in rural areas.[81] Records and data from the program show that 96 percent of the families who received services from a Housing First model retained housing at 18 months.[82]

3.3.3 CREATING SUPPORT SYSTEMS FOR RURAL YOUTH

Demonstration projects that focused on creating support systems for rural youth were implemented in six states and funded by the Support System for Rural Homeless Youth initiative and the Family and Youth Services Bureau. States involved in these projects include Colorado, Iowa, Minnesota, Nebraska, Oklahoma, and Vermont.[83] All programs looked at forming relationships with youth as a path to mental and physical wellbeing.

The Colorado Rural Collaborative for Runaway and Homeless Youth targeted four service areas: survival, community attachment services, education, and employment services.[84] The focus of this project was in capacity building and creating collaborations between community partners and organizations with the final goal of raising awareness for homeless youth. This program found that outreach to youth was especially difficult and the best method of doing so was through peer interactions between youth. The Oklahoma Bridge to Independence Network runs a comprehensive set of programs that tackle all parts of life for rural youth.[85] Specifically, the Mission Mentor system provided support to youth in the form of tutoring and mentorship to help improve mental health outcomes.

The Minnesota Transitional Living Program was run by the Minnesota Department of Human Services.[86] This program focused on providing educational assistance, parenting programming, and facilitating connections to their Native American and Ojibwe culture. Along similar lines, the Nebraska demonstration project was run by the state Department of Health and Human Services and provided youth with physical health screenings and services as well as mental health counselling referrals.[87]

3.4 TOMORROW: TRENDS INTO THE FUTURE

This section will analyze existing programs and projects currently implemented by other states to determine their fit and viability in Vermont and New Hampshire, especially in the Upper Valley area. Solutions that seek to alleviate rural homelessness must also target public health issues including drug and substance abuse, domestic violence, mental health, physical health, and health care access. There are two general approaches to working with the rural homeless: housing-based approaches with clinical support and mobile outreach and delivery efforts. Regardless, in order to be efficient and effective, solutions to rural homelessness must be comprehensive in connecting the wide but often disparate network of community and governmental resources available.

3.4.1 HOUSING-BASED APPROACHES WITH CLINICAL SUPPORT

Under the Housing First principle, housing-based approaches should also include integrated clinical support for its residents. Because many of the medical issues faced by the homeless are linked, an integrated approach to healthcare access will unite all necessary medical professionals and greatly streamline the process. Providing a one-stop facility for those facing homelessness and health concerns will also encourage the homeless to access quality and affordable healthcare. The Housing First approach will save money spent on otherwise expensive and preventable emergency room and hospital visits. Similar approaches have been implemented with success in both Vermont and New Hampshire as well as in the national context.

3.4.2 MOBILE OUTREACH AND DELIVERY EFFORTS

Mobile service delivery methods should also heavily focus on an outreach component to homelessness prevention and mitigation. The main purpose of this approach is to increase access to vital services by bringing resources directly to the populations in need. The nature of the rural environment means that a stationary facility may only be effective for a limited geographic area. Many health concerns that lead to homelessness, such as addiction and mental health, can be easily identified for the younger demographic in educational settings like schools. Additionally, homeless youth typically have a more transient and constantly changing living situation which a mobile unit may be more equipped to support. Thus, outreach efforts should specifically target these groups and work in conjunction with other community organizations to better establish support networks for youth. While it is certainly important to directly provide the necessary resources and services for the homeless, mobile efforts should also foster independence through transitional support by assisting them in accessing government support structures and funds that are often have complicated application processes.

4 HUMAN POTENTIAL

A central theme of American values reflected in our founding documents is the belief in the worth of all individuals and a trust in human potential for every person. In our society, two ways of quantifiably maximizing human potential (as measured by productivity and quality of life metrics) are to gain an education and have a job. While mental and physical health issues can sometimes be the primary barriers to escaping homelessness, a low hourly wage is the biggest hurdle in finding a place to live. The National Low Income Housing Coalition (NLIHC) calculates that, in order to afford housing along with other costs of living (30 percent of income spent on rent), the average New Hampshire and Vermont resident must earn hourly wages of $21.71 and $21.90 respectively.[88] The respective minimum wages in New Hampshire and Vermont are fractions of the cost of living ($7.25 and $10.00 respectively), dooming many low-income residents to a constant struggle to afford a stable home.[89] Of course, employment in the first place is necessary to ensure that someone is earning a wage to

begin with, but continued education is the most concrete way of making sure those earnings are as high as they can be. For example, a Georgetown study found that workers with a high school diploma earned $15.67 an hour; whereas workers with an Associates degree enjoyed a raise to $20.77 an hour.[90] Ensuring a high employment rate and continued education for at-risk youth is key to making sure homelessness becomes a thing of the past. Examining the levels of employment and education in New Hampshire and Vermont will shed light on homelessness in the Upper Valley. This section will focus on trends through today, current resources, case studies from other parts of the country, and predictions about the future. Each of these subsections will be split into discussions of youth and adult homelessness with respect to human potential.

It is important to again emphasize a previously mentioned problem with rural homelessness: the inability to track the truth. Many federal and state agencies put out branded reports with data that are presented as factual; however, the data swing drastically from report to report. For example, the U.S. Interagency Council on Homelessness reports that there are 1,450 people experiencing homelessness in New Hampshire, but that there are 3,982 homeless students in the state.[91] Being that students are a subset of total people, these data do not make much sense. These discrepancies are testaments to the challenge of tracking and defining rural homelessness. Is a student sleeping on a friend's couch homeless? The federal government says yes,[92] but the State of New Hampshire says no.[93] This report takes such data both seriously and with a grain of salt. That is, it will be useful to settle on 'order-of-magnitude' estimates, but it will be even more important to closely examine the root causes of these issues.

4.1 DATA: TRENDS THROUGH TODAY

There are a few important factors to consider when examining human potential for youth and adults. For youth, educational attainment and access to education are the primary data points. For adults, the unemployment rate and access to employment is of paramount concern. Additionally, it would be useful to know the educational attainment of homeless adults.

4.1.1 HOMELESS YOUTH EDUCATION

Homeless youth in the Vermont and New Hampshire school systems are entitled to guaranteed access to education under the McKinney-Vento Act.[94] Although McKinney-Vento offers a broad definition of homelessness as well as funding to support educational access for homeless youth, the children of Vermont and New Hampshire are consistently underserved by the resources available

THE MCKINNEY-VENTO ACT: DEFINITION OF HOMELESSNESS

A homeless youth is someone who lacks a fixed, regular, and adequate nighttime residence, which includes children who...

- are sharing housing with someone else due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of adequate alternatives; are living

to them. Bureaucratic definitions, limitations to data collection, and stigma all contribute to the haze around the issue of youth homelessness in New Hampshire and Vermont, and well as nationally. Examining the data we do have and interrogating the reasons for the gaps in our knowledge will help us understand how to better address ensuring access to education for Upper Valley children.

in emergency or transitional shelters; or are abandoned in hospitals

- ❖ have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
- ❖ are living in cars, parks, public spaces, abandoned buildings, bus stations, or similar places
- ❖ are migratory

According to the American Institutes for Research, Vermont and New Hampshire actually rank in the top ten states in terms of dealing with youth homelessness.[95] However, other organizations claim that the number of homeless youth in NH and VT is grossly underestimated, and that, therefore, services have actually been more poorly delivered. The Administration for Children and Families estimates that as little as six percent of children in New Hampshire and 30 percent of children in Vermont are served by the McKinney-Vento Act.

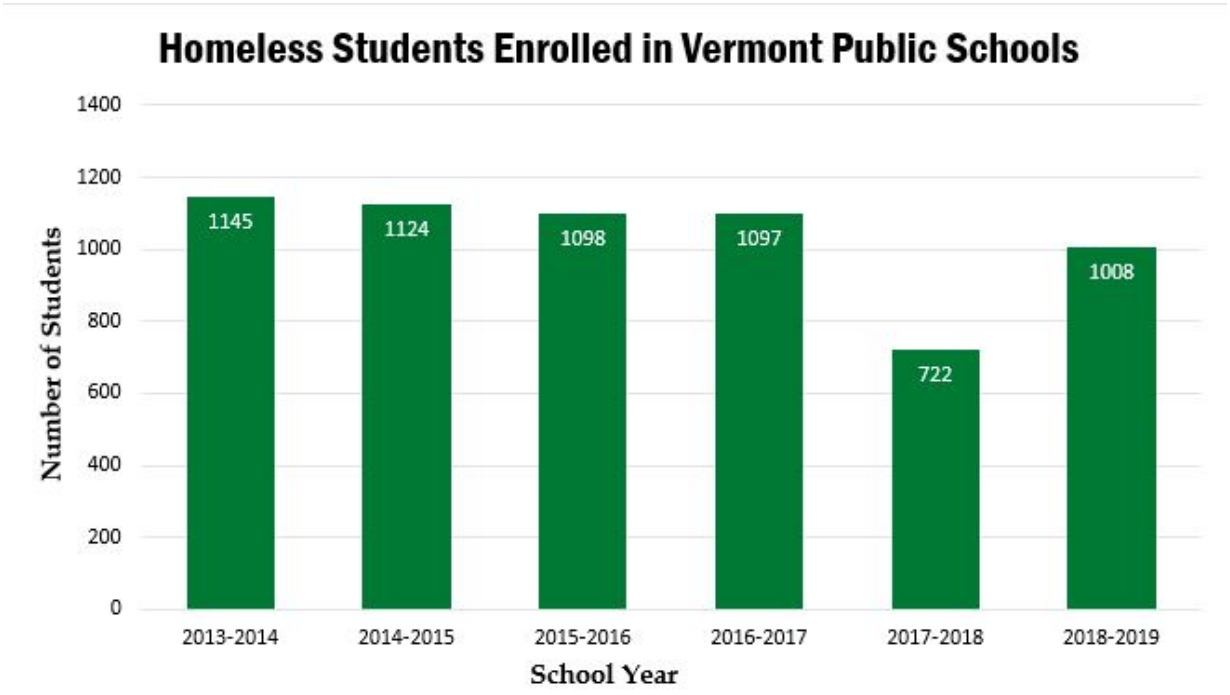

Figure 4.1.1: Homeless Students Enrolled in Vermont Public Schools. Such estimates are helpful, but do not tell the full story of education for homeless youth in the State.

The Vermont Agency of Education estimates that around 1,000 Vermont public school students are homeless every year, with a slight downward trend.[96] If the estimates of the Administration for Children and Families are correct, this would mean that 700 of these students are not served by state or federal resources. On the other hand, the Federal Interagency Council on Homelessness reports *zero* homeless students in Vermont public schools.[97] These discrepancies in data show the difficulty in properly tracking homelessness.

There are several explanations for these conflicting data. One is the way in which homelessness is defined. For example, the Interagency Council on Homelessness noted that roughly 80 percent of New Hampshire's homeless youth in public schools were "doubled up."[98] It is unclear exactly what the Council means by this, but, presumably, these youth are bunking with a friend. Perhaps these students or the school personnel who collect data are unaware of their "technical" homeless status and do not seek coverage under McKinney-Vento or other local programs. Another point of confusion is the fact that state and local governments constantly revise their definitions of homelessness. This obscures who can be covered under McKinney-Vento, which offers a relatively broad definition of homelessness.[99] Additionally, there is an incredible stigma around reporting homelessness. When all of these factors, and likely others, are summed, the result is that less than a third of eligible students in Vermont and less than ten percent of students in New Hampshire use the resources to which they are entitled. Section 4.2.1 will go into more detail about the available educational resources for homeless youth in both New Hampshire and Vermont.

4.1.2 HOMELESS ADULT EMPLOYMENT

While it is often the case that people become homeless because they become unemployed, a surprisingly high proportion of people experiencing homelessness in the Upper Valley are employed, or at least working part-time. According to the New Hampshire Coalition to End Homelessness, "significant portions of people experiencing homelessness are employed" in New Hampshire, and simply do not earn a wage high enough to pay available rents.[100] In other words, the combination of low wages (poverty) and lack of available housing is an incredibly strong factor when it comes to homelessness. People are often able to find work, but the minimum wage is so low that a person would have to work 120 hours a week in New Hampshire[101] and over 80 hours in Vermont in order to afford rent! Additionally, it is not true that everyone who is unemployed will become homeless. Before COVID-19, roughly three percent of people in New Hampshire[102] and Vermont[103] were unemployed. Cross-referencing this figure with state population data and point-in-time homelessness counts shows that a majority of unemployed individuals in the two states are, in fact, *not* homeless. Thus, unemployment is surprisingly not strongly correlated to homelessness. Homelessness, rather, is a symptom of the brutal combination of low wages and high rent. That being said, it would be myopic to assume that getting a job would not improve the prospects of an unemployed homeless individual.

4.2 RESOURCES: WHAT IS BEING DONE?

Though homelessness continues, various federal, state, local, and nonprofit actors have made efforts to help homeless people reach their potential through legislation and resources that seek to place homeless youth in school and help the unemployed get jobs. The tables below outline resources available to homeless youth and adults seeking education and employment, respectively. To access the resources, see the footnotes for direction.

TABLE 4.2.1

Resources for Supporting Homeless Youth Education in the Upper Valley

SOURCE	RESOURCE	DESCRIPTION
Federal Government	Legislation; The McKinney-Vento Act (2002)	The McKinney-Vento Act is federal legislation that guarantees equal access to education for homeless youth. The implementation of the Act in the Upper Valley is up to state governments.[104] Later legislation such as the Every Student Succeeds Act (ESSA) and No Child Left Behind (NCLB) built on the McKinney-Vento Act.
	Department of Education: National Center for Homeless Education (NCHE)	NCHE provides research, data, and technical assistance to support educators and service providers in addressing the educational needs of children experiencing homelessness. This includes guidance on eligibility, enrollment, unaccompanied youth, and other topics communicated in NCHE briefs and webinars.[105]
	Department of Education: Non-Regulatory Guidance	The U.S. Department of Education has provided non-regulatory guidance in order to assist the State and Local Educational Agencies (SEAs and LEAs) in meeting obligations under the McKinney-Vento Act. This is Title VII-B of the McKinney-Vento Act.[106]
	U.S. Interagency Council on Homelessness	The U.S. Interagency Council on Homelessness aggregates data and presents big-picture views of homelessness in the United States as well as more granular state-level data such as point-in-time counts for individuals and families.[107]

	Department of Health and Human Services: Administration for Children and Families (ACF) HeadStart	The Administration for Children and Families (ACF) is a division of the Department of Health and Human Services. They promote the economic and social well-being of children, families, individuals, and communities with leadership and resources for compassionate, effective delivery of human services.[108] ACF put out an in-depth report in 2017 profiling youth homelessness in each state.[109] ACF also oversees HeadStart--a program that makes sure at-risk children are in school.[110]
National Non-Profit	National Association for the Education of Homeless Children and Youth (NAEHCY)	NAEHCY provides technical assistance and informed practice implementation strategies to support educators, administrators, service providers, parents, and youth.[111]
	SchoolHouse Connection	SchoolHouse Connection is a national non-profit organization that engages in policy advocacy and provides technical assistance and resources to educators, service providers, families, and youth. They have a searchable FAQ featuring questions from educators, service providers, and the public about the education of students experiencing homelessness, as well as webinars.[112]
	National Alliance to End Homelessness	The National Alliance to End Homelessness is a nonpartisan organization committed to preventing and ending homelessness in the United States. They have factsheets, webinars, and effective data visualizations.[113]
State Government; Vermont	Vermont Agency of Human Services: Department for Children and Families	The Department of Children and Families offers a wide range of benefits and services to Vermonters including college support for youth in DCF custody. DCF also connects homeless individuals with Community Action Programs in the state.[114]
	Vermont Agency of Education: Education for Homeless Children and Youth (EHCY)	Vermont's Education for Homeless Children and Youth (EHCY) program ensures that students experiencing homelessness have equal access to the same free, appropriate public education provided to other Vermont children. The EHCY program is authorized

		under the McKinney-Vento Homeless Assistance Act, as amended by the Every Student Succeeds Act, and seeks to identify and address the challenges that children and youth experiencing homelessness may face in enrolling, attending, and succeeding in school.[115]
State Government; New Hampshire	NH Department of Education: Homeless Education Program/ Resource Packet	The Homeless Education Program at the New Hampshire Department of Education provides resources and technical assistance to districts, schools, professionals, volunteers and persons in need of assistance to better understand laws pertaining to the rights of homeless children and youth. Additionally, the program assists school districts and others in understanding their responsibilities and obligations as required under State and Federal laws.[116]
	NH Department of Health and Human Services	New Hampshire's DHHS provides very minimal information regarding homelessness, with many broken links on their website. However, they do provide point-in-time counts and maps.[117]
	NH Office of Strategic Initiatives, CAAs	The NH Office of Strategic Initiatives connects homeless individuals with Community Action Agencies (similar to Community Action Programs in VT) across the state.[118]
Local Non-Profit	Vermont Coalition to End Homelessness	Vermont Coalition to End Homelessness (VCEH) supports the work of local CoCs (Continuums of Care), connects them to a broader network of stakeholders, administers federal funds, and advocates for funding and policy changes so that people living in Vermont have a safe, stable, affordable home. In cases of homelessness, their work tries to ensure that it is a brief and rare occurrence during which everyone is treated with dignity and respect.[119]
	Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP)	VCRHYP member agencies support young people who have run away, are thinking about running away, are experiencing homelessness, or are at risk of becoming homeless.[120]
	Granite State Children's Alliance	Each County in New Hampshire has a Child Advocacy Center (CAC). All NH CACs are accredited members of

		the National Children's Alliance and support children.[121]
	New Hampshire Coalition to End Homelessness	The New Hampshire Coalition to End Homelessness provides research and advocacy for homeless individuals across the state, including in-depth reports.[122]

TABLE 4.2.2

Resources for Supporting Homeless Employment in the Upper Valley

SOURCE	RESOURCE	DESCRIPTION
Federal Government	USAJOBS	A resource for applying to work within the Federal Government.[123]
	Department of Labor: Employment and Training Administration	The Employment and Training Administration aims to enhance the American workforce by providing high-quality job training and assistance to Americans seeking work.[124]
National Non-Profit	Career OneStop	Partially funded by the Department of Labor, Career OneStop provides an easy, interactive interface in which users can input their zip codes and any job openings in the area appear.[125]
	National Alliance to End Homelessness	The National Alliance to End Homelessness is a nonpartisan organization whose sole purpose is to end homelessness in the United States. They use research and data to find solutions to homelessness; they work with federal and local partners to create a solid base of policy and resources that support those solutions and help communities implement them.
State Government; Vermont	Vermont Department of Labor	The Vermont Department of Labor has several resources to assist adults seeking training or employment, including Vermont JobLink; Training, Education, and Apprenticeship support; Veteran Services; and an Individual Career Advancement Network.[126]
State Government;	NH Department of Labor Apprenticeship	The Registered Apprenticeship program is a way to learn a great career while you work and get paid.

New Hampshire	Programs	Apprenticeships are not only in the construction trades – many apprentices are working in traditional building trades like plumbing, electricity, ironwork, and carpentry, but today's apprentices are also learning trades like biotechnology, child development, health care, information technology, environmental services, good services, geospatial technologies, military, maritime, and hundreds of other fields.[127]
	New Hampshire Employment Security	The Return to Work initiative is a voluntary program to provide a structured, supervised training opportunity to NH unemployed claimants while continuing to collect unemployment compensation. The training program may be up to six weeks and a maximum of twenty four hours per week.[128] NHES also provides in-person Work Centers.[129]
	nhWorks	The Office of Workforce Opportunity (OWO), which runs nhWorks, within the Department of Business and Economic Affairs (BEA) serves as the state level administrative entity for all WIOA Title I Adult, Dislocated Worker, and the Youth funds flowing to NH from DOL.[130]
Local Non-Profit	Vermont Coalition to End Homelessness	The Vermont Coalition to End Homelessness (VCEH) supports the work of local CoCs; connects them to a broader network of stakeholders; administers federal funds; and advocates for funding and policy changes so that people living Vermont have a safe, stable, affordable home and if homelessness occurs it is a brief and rare occurrence during which everyone is treated with dignity and respect.[131]
	Good Samaritan Haven PATH Program	Good Samaritan Haven's PATH (Projects for Assistance in Transition from Homelessness) Program provides services to those experiencing homelessness with serious mental illness and/or a co-occurring substance use disorder.[132]
	Vermont Food Bank Community Kitchen Academy	Community Kitchen Academy (CKA) is a job training program that prepares underemployed and unemployed Vermonters for careers in the food service industry.[133]

	Vermont Community Action Agencies	The Vermont Department for Children and Families has compiled a list of Community Action Agencies that operate locally and help with job placement.[134]
	Creative Workforce Solutions, VT	Creative Workforce Solutions in Vermont aims to provide bespoke support to each candidate that is seeking a job through free support ranging from interview prep to setting up internships.[135]
	New Hampshire Community Action Programs	nhWorks has compiled a list of Community Action Programs that operate locally and help with job placement.[136]
	Homeless Shelters	The Rockefeller Center has compiled a list of homeless shelters in New Hampshire and Vermont, many of which have job placement programs.[137]

4.3 WHAT COULD BE DONE?

This section examines research into what actions could be taken to improve education and employment outcomes for homeless youth and adults, respectively. The resources above all support homeless individuals in one way or another. This section sets resources aside and examines actual policy goals that have either worked elsewhere or show promise.

4.3.1 IMPROVING EDUCATIONAL SUCCESS FOR HOMELESS YOUTH

Of course, the first step to improving educational attainment for homeless youth is to make sure that they are enrolled in school and being served by the McKinney-Vento Act. Many of the resources in Table 4.2.1 are bridges between homeless youth and the services available to them. The next step is to ensure that homeless youth are not only getting an education, but are succeeding in school, which will have a direct effect on their future outcomes. In particular, besides connecting homeless youth with the services entitled to them under McKinney-Vento, local officials and organizations can focus on extracurricular involvement and dedicated social spaces to improve outcomes for children experiencing homelessness in rural areas.

4.3.1.1 Extracurricular Activities

One study published by the National Center for Homeless Education found that "participation in extracurricular activities such as sports, music, theater, debate, and clubs play a key role in keeping students engaged in school."[138] A comprehensive examination of a large body of research shows that extracurricular participation is associated with an increased sense of engagement and attachment in

school; better attendance; lower levels of disciplinary referrals and behavioral issues; higher grades and test scores; increased aspirations for continuing education; higher scores on college entrance exams; and a greater development of life skills and values that are not typically taught in a classroom setting.[139] While correlational, these findings show promising opportunities for increasing student success. Shelters, state governments, local officials, and liaisons should consider this body of evidence when thinking about improving the educational outcomes of homeless youth. Local officials and agencies should develop plans to make full participation in extracurriculars free for homeless youth and make sure that local definitions of "full participation" in schools under the McKinney-Vento Act includes extracurricular activities.

4.3.1.2 Dedicated Spaces for At-Risk Youth

The Family and Youth Services Bureau (FYSB) found that many youth experiencing homelessness in rural areas in various states including Colorado, Oklahoma, Nebraska, and Vermont were longing for a safe place just to "hang out" and socialize with others their age. The Upper Valley Haven provides similar services to children. How can programs like these be expanded? FYSB found that dedicated social spaces for at risk youth were integral parts of program success when looking for explanatory variables for homeless youth outcomes.[140]

4.3.2 IMPROVING EMPLOYMENT OUTCOMES FOR HOMELESS ADULTS

Like with improving educational outcomes, many means for improving employment outcomes lie in connecting unemployed adults with the resources that are already available. This section will focus on some ideas on which organizations and governments in the Upper Valley can expand.

4.3.2.1 Spaces and Empowerment for Younger Adults

In addition to improved educational outcomes, younger adults experiencing homelessness saw improved employment outcomes when enrolled in programs that allowed the participants themselves to drive the design of the program and when there was a dedicated physical space for the program.[141] Such programs included events where young adults discussed the issues they face and intentional development of recognizing self-worth.

SPOTLIGHT PROGRAM:
NORTHEAST KINGDOM, VT

Youth-Work NEK was an innovative program that brought young adults experiencing homelessness together into a dedicated physical space to drive their own developments and have discussions about their issues. Central to the program was the use of media to showcase what the participants could do through interviews and projects. More information on this program can also be found in Table 3.2.1.

4.3.2.2 Pay For Success: Prison Diversion

An important part of the homelessness puzzle that has thus far not been mentioned is the intersection between the criminal justice system, prison system, and shelter system in a given community. In an impassioned article, Salt Lake County Mayor Ben McAdams advocates for the use of Pay For Success or Social Impact Bonds as a means of reducing homelessness and recidivism rates. These programs divert would-be inmates to programs that would better serve them in the future and help their job prospects since prison time reduces one's chance of gaining employment.[142] McAdams found that Salt Lake's prison system was essentially "Utah's biggest homeless shelter." In other words, those who were being arrested for drug abuse, DUIs, and public intoxication were often homeless and facing drug abuse and mental health issues. In Salt Lake's case, individuals who were deemed "high risk" were formerly placed in short-term, low-impact probation programs alongside "low-risk" individuals," and the results were unimpressive. To focus on "high-risk/high-need" individuals, Salt Lake started the REACH Program: Recovery, Engagement, Assessment, Career Development, and Housing. The program, while resource-intensive (10,000 person-hours), was a big success, and can be adapted for the needs of other communities with fewer resources. The REACH Program fell under the umbrella of the Pay For Success project called Home Not Jail, in which private sector partners are called on to finance projects and are only repaid for their investments (with interest) if the projects yield successful results. In the case of Home Not Jail, financiers were incentivized to create programming that, unsurprisingly, seeks to help individuals leaving jail gain housing, rather than cycle through the system. While such programs are technically complex (McAdams discusses financing issues, such as designated escrow accounts to ensure security, at length), policymakers in the Upper Valley should consider using Pay For Success (PFS), or Social Impact Bonds (SIBs), as tools for improving outcomes, including employment outcomes, for homeless adults.

McAdams also noted that the Republican members of his Council particularly liked these types of solutions because they engaged the private sector. Solutions like these are politically feasible and can often be agreed upon in a bipartisan manner.

4.4 TOMORROW: TRENDS INTO THE FUTURE

In the Upper Valley of New Hampshire and Vermont, addressing the problems of educating homeless youth and employing homeless adults will become more complex in the near future given COVID-19 and more recent calls for prison reform in the wake of a mass protest movement in response to police brutality.

4.4.1 THE FUTURE OF EDUCATING HOMELESS YOUTH

COVID-19 has had an unprecedented effect on the education industry and most educational institutions have had to reinvent themselves in an age of physical distancing. The first immediate reinvention has been a pivot to 'distance learning,' or online learning. It goes without saying that in order to attend school online, a stable internet connection is a basic necessity. Corporations and governments have made moves to expand broadband access in light of this change; thus, a silver lining of the pandemic is that a larger percentage of homeless youth might have access to the internet than before COVID-19. Not only will internet access help homeless youths gain equal access to the current educational systems in Vermont and New Hampshire, but it will also mean generally increased access to resources like those listed in Table 4.2.1, all of which can be found online.

4.4.2 THE FUTURE OF EMPLOYING HOMELESS ADULTS

The recent pandemic has obvious implications in terms of unemployment spikes because of decimated demand for goods from the services and events industries, which employ many low-wage workers across the Upper Valley. An increase in homelessness is likely over the next few years because of increasing unemployment due to COVID-19. As previously mentioned, many low-wage workers in New Hampshire and Vermont are barely making enough money to afford rent and even a three-month stint of no income can mean falling into homelessness.

Notwithstanding the vast negative effects of this tumultuous time in American history, a glimmer of hope lies with the recent protest movement that has called for dramatic reforms in policing and prison administration. The demands of protesters lie on a spectrum, but many are demanding changes to the justice system, specifically when it comes to arresting and imprisoning individuals due to nonviolent minor offenses such as drug abuse. Whether it is more Pay For Success programs that incentivize low recidivism, or abolition of prisons entirely, replacing them with institutions that focus on re-employment and addiction support, homelessness is a central part of the conversation and reform could be an opportunity to dramatically change the landscape of both rural and urban homelessness for the better.

5 CONCLUSIONS: LOOKING FORWARD IN CONTEXT

In order to provide a greater picture of the state of homelessness in the Upper Valley, this report looks at three key factors: the local environment, health and household, and human potential. In each of these sections, we identify major trends along with current resources that are dedicated to tackling these problems. Comparing these data to other similar regions across the nation, we then provide a set of recommendations moving in the future. Specifically, the local environment highlights the impacts of geography and climate on rural homelessness and a wide demographic of people. Data show that the unique varying climate and harsh winters of the Upper Valley result in an approach to the problem that must shift with the seasons. This trend makes non-profit and privately funded support programs best poised to tackle the issue. The next section addresses the intersection between homelessness and public health concerns such as access to resources. In the health and household area, mobile public health outreach efforts and the integration of health support with housing have shown promise in other communities in America. The final section analyzes trends of employment and education with the homeless population in the Upper Valley, recommending a greater focus on providing support for homeless students outside of the classroom and improving the linkage between education and employment. While our analyses are simply a snapshot of rural homelessness in the Upper Valley at one point in time, it is our hope that this report will provide further insights into how to best move forward with tackling this multifaceted issue.

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