



Community, Connection, and Collaboration:

A CONVERSATION ABOUT CARING FOR PERSONS WITH SUD WHO ARE UNHOUSED

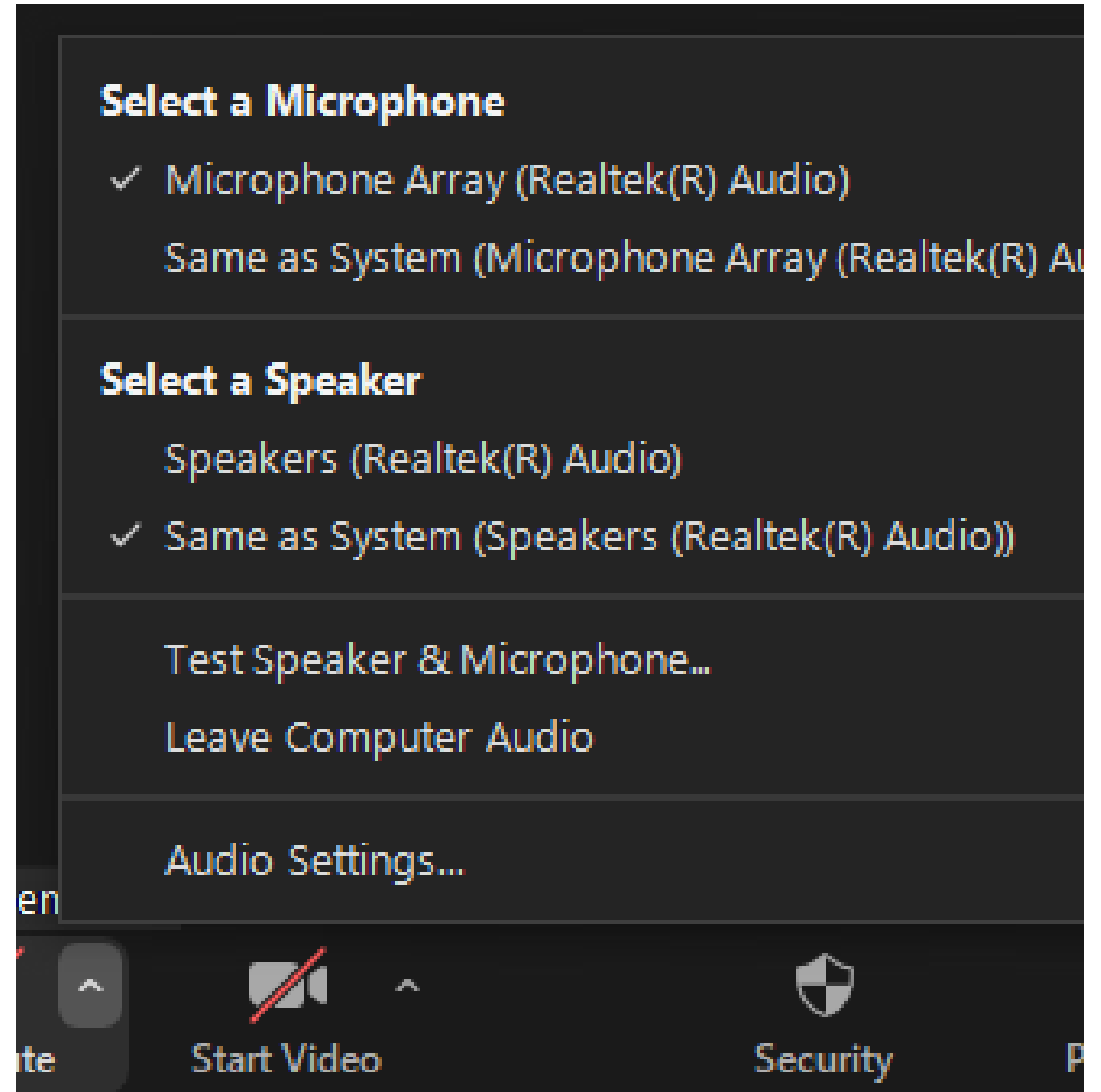
Hospital Systems of Addiction Care Community of Practice

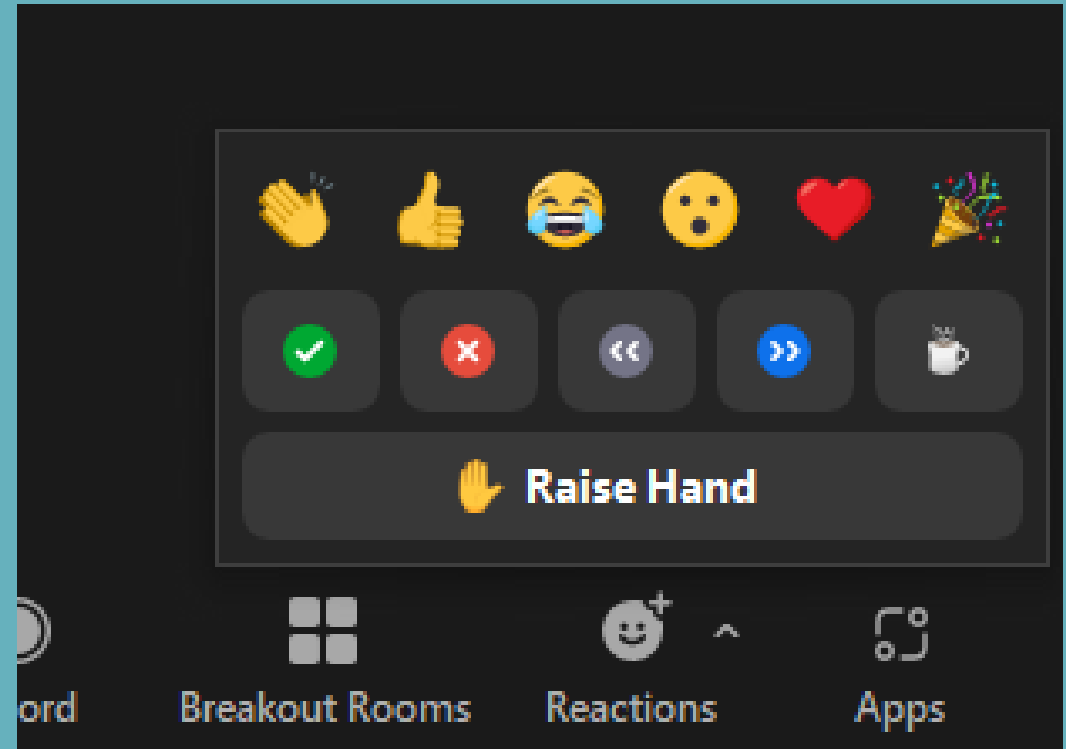
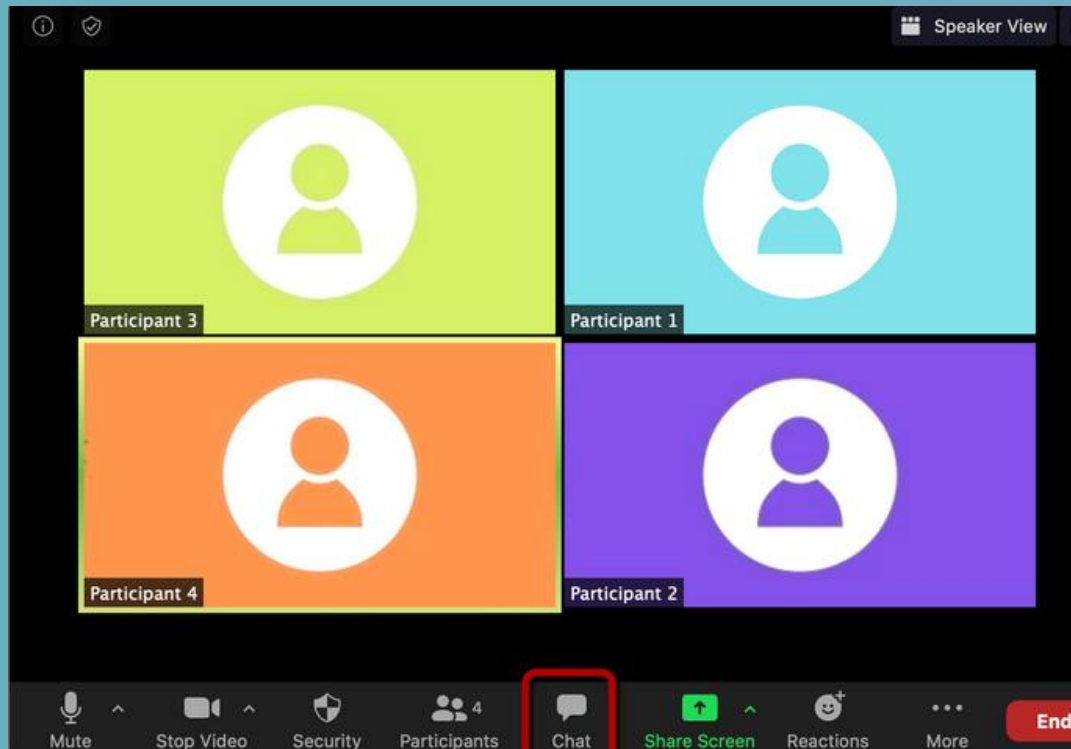
June 26th, 2025 12:00-1:00 PM

Sponsored and Facilitated by:



Housekeeping





Zoom Engagement Tools

Objectives

Learn about current data and efforts relating to homelessness and substance use.

Participate in a conversation on the way forward in an uncertain and challenging care and funding environment.

Jennifer Chisholm, LICSW, MLADC

Executive Director, The New Hampshire
Coalition to End Homelessness



Andrew Warner

Director of Overdose Prevention,
City of Manchester



Community, Connection, and Collaboration:

*A Conversation about Caring for Persons Who
Are Unhoused and Have Substance Use Disorders*

Jennifer Chisholm, LICSW, MLADC

Executive Director, NH Coalition to End Homelessness

Andrew Warner

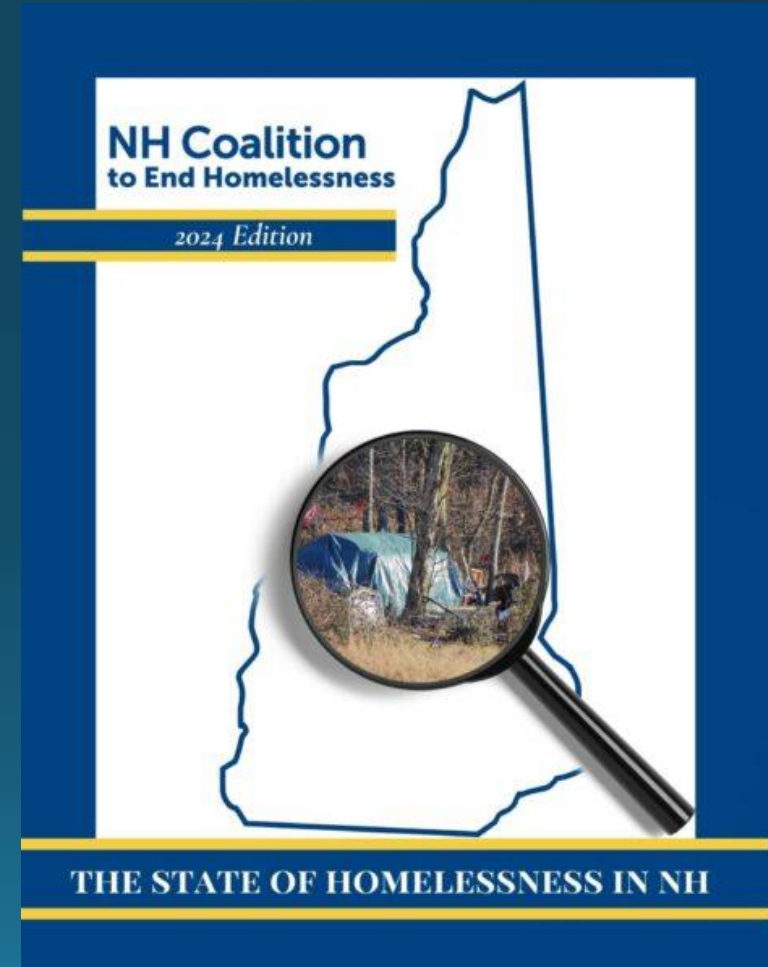
Director of Overdose Prevention, City of Manchester

Scope of Homelessness in NH:

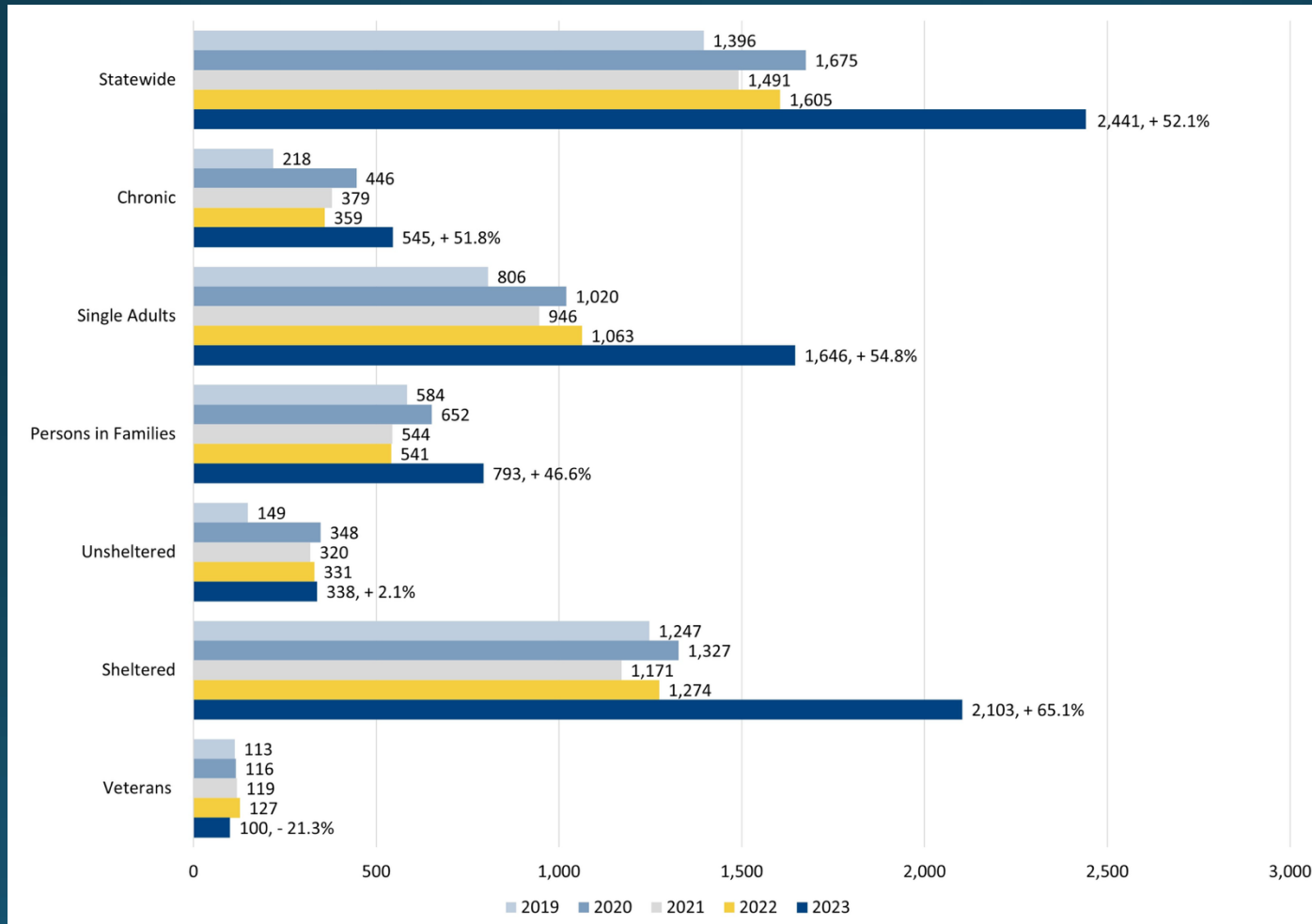
The Data

State of Homelessness in NH Report

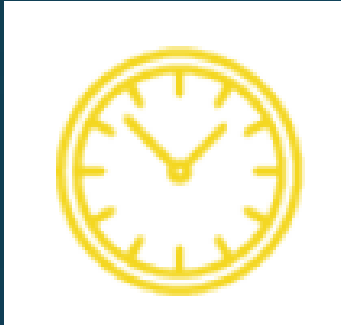
- **Analysis of two data sources:**
 - **Point in Time (PIT) Count**
 - Data from one 24-hour period in January (2023)
 - **Housing Management Information System (HMIS)**
 - Captures data across the entire calendar year (2023)



2019–2023 PIT Count Data (January – One Night)



Source: HUD Exchange

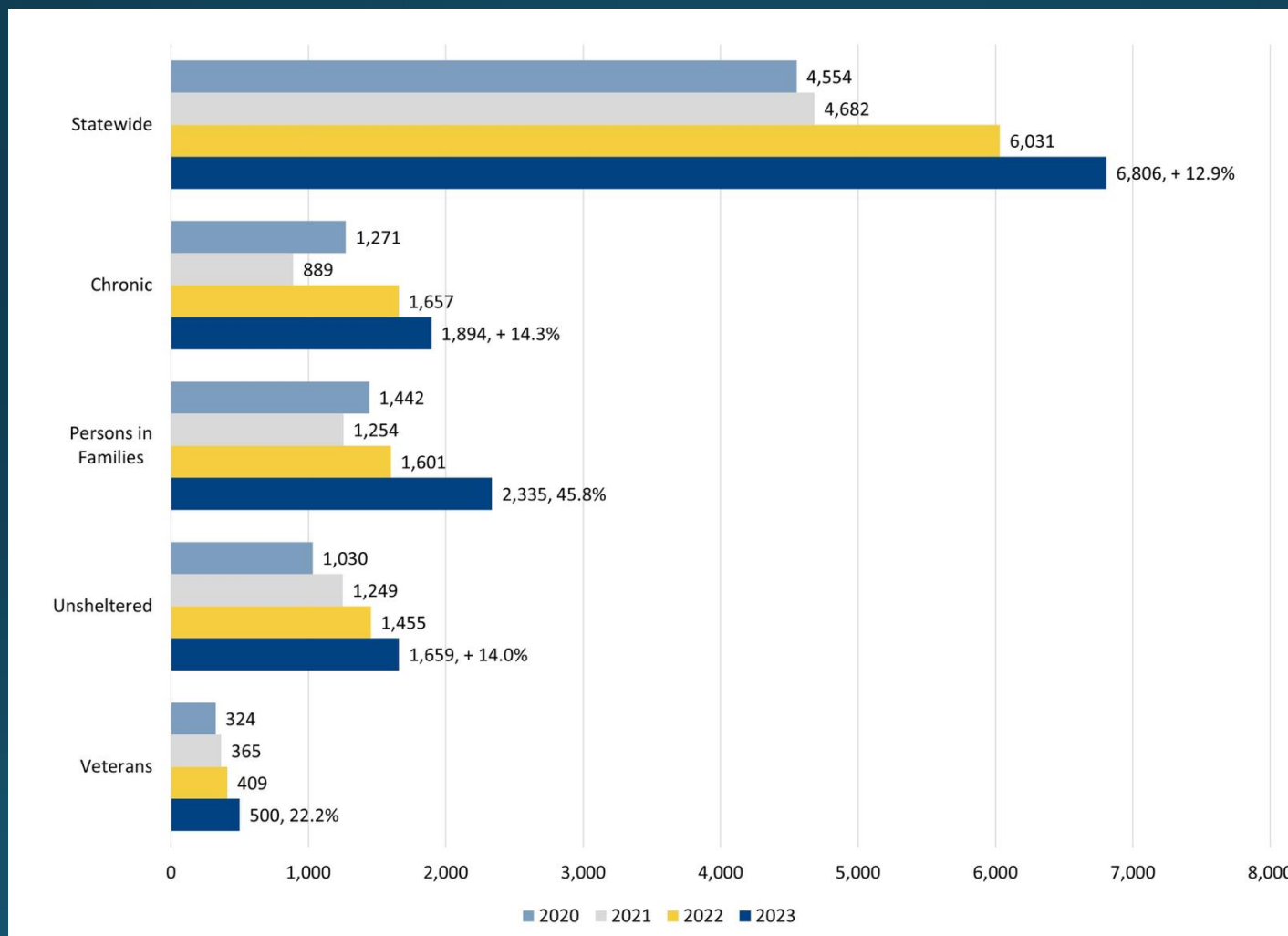


*In the 2023 PIT Count,
NH had the **highest**
percentage increase
in homelessness
in the United States*

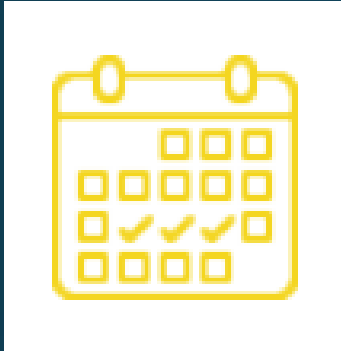
New Hampshire = **52.1%** increase

United States = **12%** increase

2020–2023 HMIS Data (Year-Long)



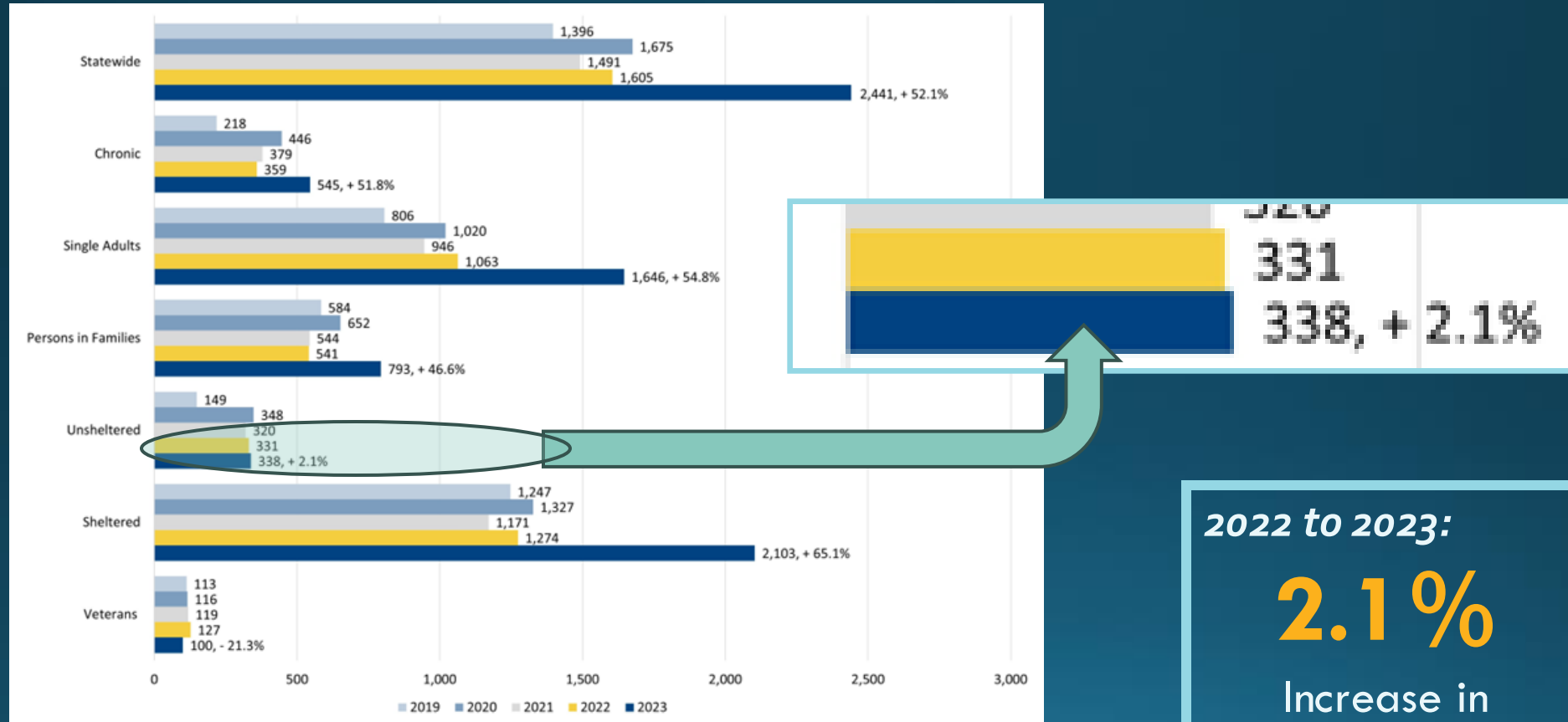
Source: Institute for Community Alliances



*Yearlong data from HMIS show **6,806** NH residents experienced homelessness in 2023 – a **49.5%** increase from 2020*

That is larger than the population of either **Plymouth** or **Meredith!**

PIT Data: Unsheltered Homelessness



But...the plateau in unsheltered homelessness in the 2023 PIT Count was not sustained in 2024...

2022 to 2023:

2.1%

Increase in
unsheltered
homelessness

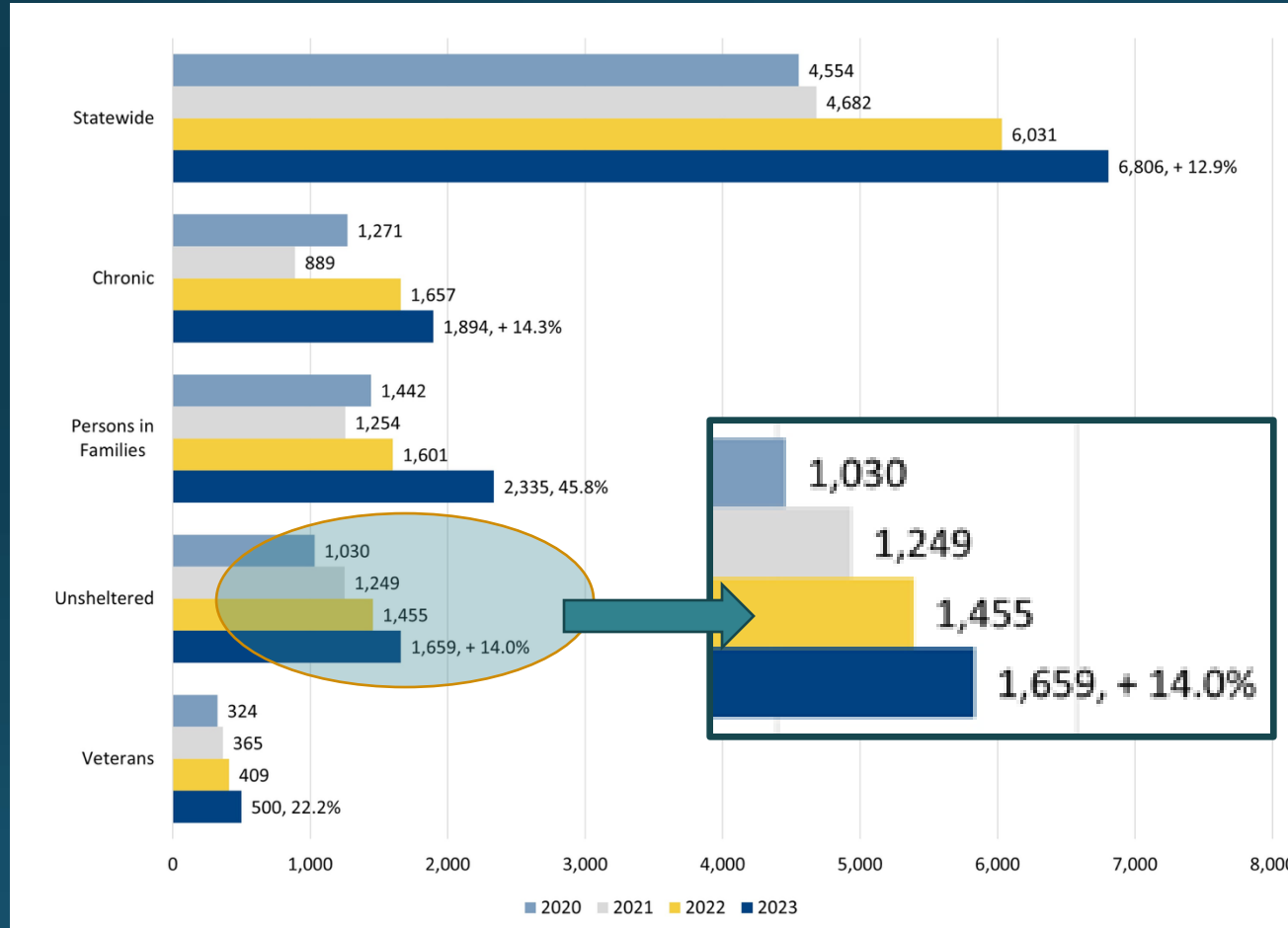
PIT Data: Unsheltered Homelessness

- **2023 PIT Count:**
 - 338 people
 - *Only 7 more people than the 2022 Count*
- **2024 PIT Count:**
 - 579 people

71.3%  over 2023

288.6%  from 2019

HMIS Data: Unsheltered Homelessness



2020:

1,030 people

2023:

1,659 people

**61.1%
increase**



*The lack of
affordable housing
continues to be a
leading contributor
to the rise in
homelessness in
New Hampshire*

“Affordable” Housing in NH

2024 Median 2 BR Rent:

\$1,833

Median Renter Wage:

\$56,814/year

Wage needed to afford Median 2 BR:

\$73,300/year

Number of hrs/week needed at min wage (\$7.25/hr):

194*

PIT Count Year	Total NH Homeless Population	% of NH Homeless Population Reporting Mental Health Disorder	% of NH Homeless Population Reporting Substance Use Disorder
2019	1,396	29.3%	25.6%
2020	1,675	31.4%	23.4%
2021	1,491	23.1%	14.7%
2022	1,605	29.8%	21.0%
2023	2,441	28.5%	19.6%
2024	2,245	39.3%	28.4%

Change from 2019-2024 – Number of People Self-reporting:

Mental Health Condition = **+115.6%**

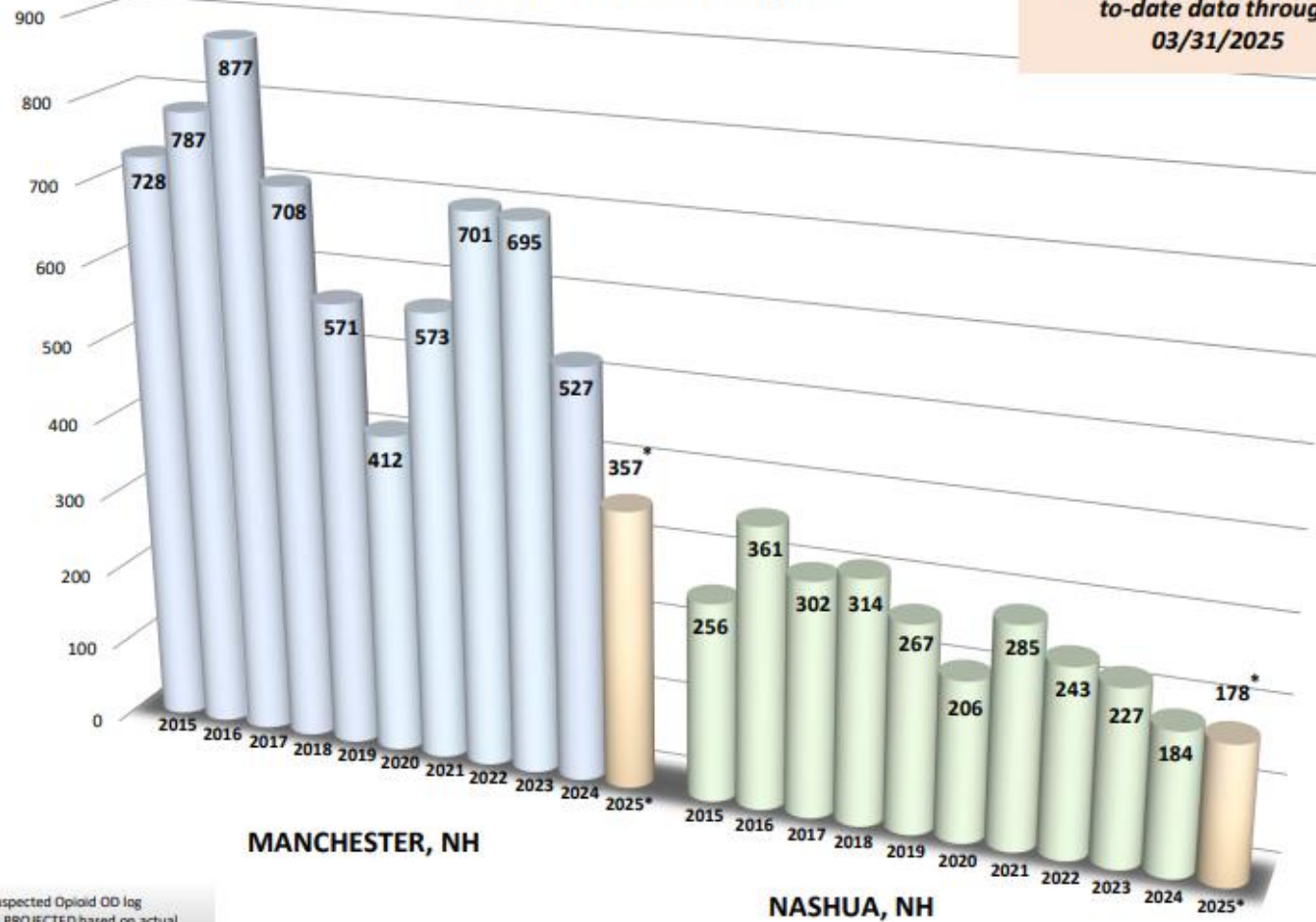
SUD = **+78.7%**

Overdose Response in Manchester:

The Data

SUSPECTED OPIOID OVERDOSES Nashua & Manchester, NH

2025 annual data is **PROJECTED
based on actual available year-
to-date data through
03/31/2025*



Source data - AMR Suspected Opioid OD log
*2025 annual data is **PROJECTED** based on actual
year-to-date data available through 03/31/2025

Suspected Opioid Overdose Calls

Manchester and Nashua

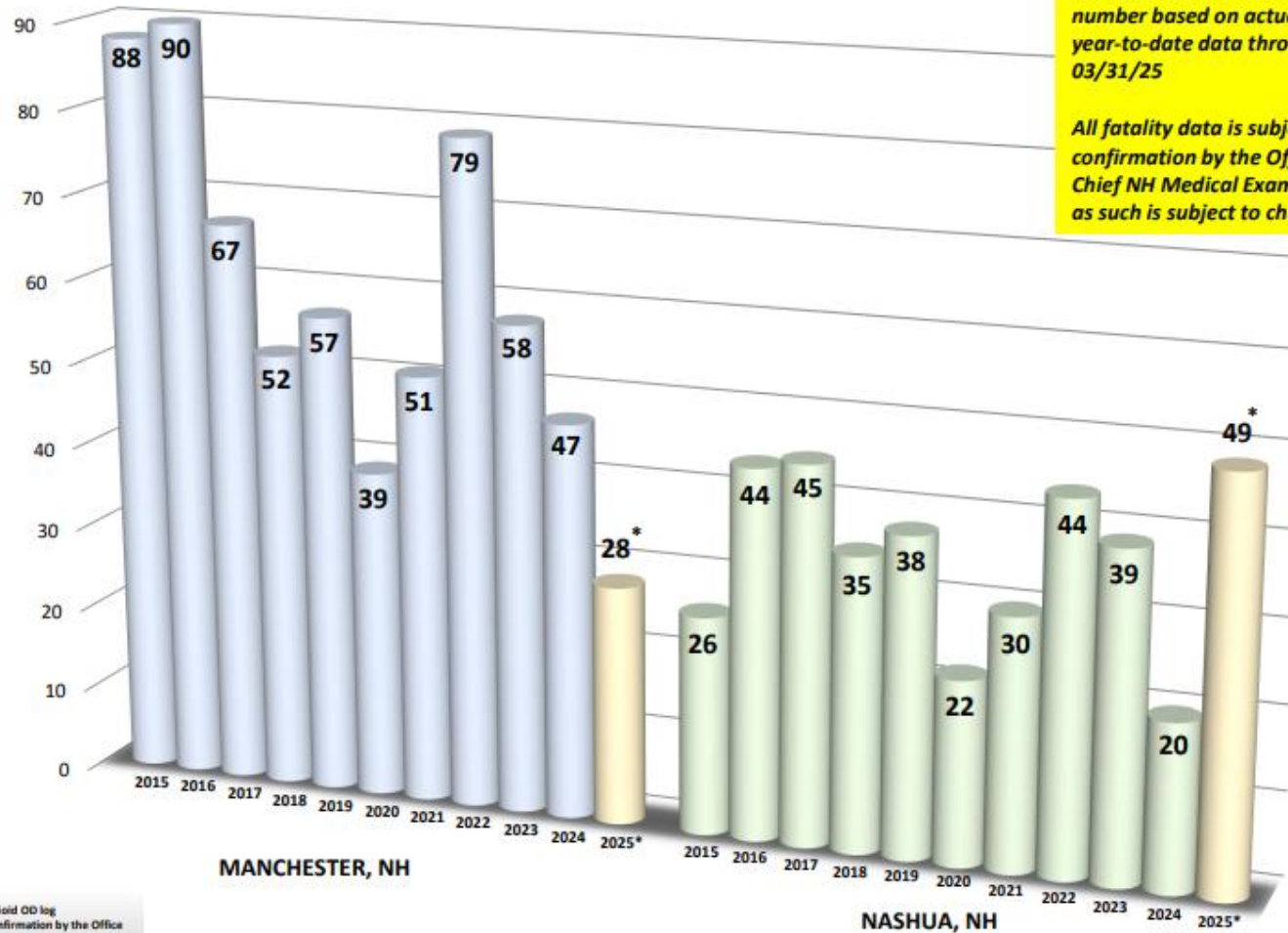
2015 – 2025 (projected)



SUSPECTED OPIOID OVERDOSE DEATHS Nashua & Manchester, NH

2025 annual data contains confirmed and pending confirmed opioid related deaths and is a **PROJECTION of the annual number based on actual available year-to-date data through 03/31/25*

All fatality data is subject to confirmation by the Office of the Chief NH Medical Examiner and as such is subject to change.



Source data - AMR Suspected Opioid OD log
All fatality data is subject to confirmation by the Office of the Chief NH Medical Examiner.

Suspected Opioid Overdose Deaths

Manchester and Nashua

2015 – 2025 (projected)

Overdoses in Manchester by Month

2020 – 2025

Month	2020	2021	2022	2023	2024	2025	Total
1	79	72	85	68	43	29	
2	72	73	74	61	47	31	
3	63	56	84	75	63	42	
4	68	51	89	66	65	41	
5	92	82	83	76	63	38	
6	65	95	80	90	52	31	
7	122	88	121	101	51		
8	95	86	83	86	50		
9	77	96	69	65	59		
10	72	80	66	82	49		
11	62	67	64	55	50		
12	51	100	61	39	38		
Total	918	946	959	864	630	212	4

Overdose Response Team Overview

- **History:** Andrew is the first Director of Overdose Prevention for the City of Manchester
- **Focus population:** People who are using substances
- **Goal:** Prevent overdoses and overdose fatalities and provide



Overdose Response Team Overview

Objectives:

- Respond in real time to the community of people who use drugs when an overdose spike occurs
- Keep people at highest risk of overdose informed and connected in times when other support is not available
- Find and contact people who have recently experienced an overdose and offer them support and navigation to services
- Support or improve data sharing and surveillance to inform overdose prevention and response efforts
- Train our community and community partners to better support people with SUD by applying harm reduction modalities and principles and to better understand health equity issues
- Develop an overdose prevention strategic plan with recommendations for action

R.O.A.R. Outreach Data

The Manchester Health Department Rapid Overdose Assessment and Response (ROAR) Team conducts evening and morning outreach to reach vulnerable individuals and provide them with resources.

From March 2023 to July 2024 the ROAR team has collectively achieved...

7,462
individuals served

3,000
Narcan kits distributed

152
recovery conversations
with linkages to care

2,960
fentanyl test strips distributed

Overdose Response Team Interventions

- Holistic approach
 - We are made up of community partners with different skill sets, so when we do outreach we have a more holistic approach
- Morning and Evening Outreach
- Narcan distribution
 - Knock for Narcan
- Fentanyl Test Strip distribution
- Linkages to care
- Setting up Care Fairs
- Recovery support
- Post overdose response with Manchester PD
- Support also follows our folks into incarceration and back out
- Harm Reduction and Overdose Prevention training for community partners

MANCHESTER HEALTH DEPARTMENT ROAR Team

The Manchester Health Department Rapid Overdose Assessment and Response (ROAR) Team conducts evening and morning outreach to reach vulnerable individuals and provide them with resources.
From March 2023 to July 2024 the ROAR team has

TOTALS

Morning Outreach	Evening Outreach	TOTAL
4,889 individuals served	2,573 individuals served	7,462 total individuals served in Manchester

MORNING VS. EVENING STATS

NARCAN KITS

Morning	Evening
1,911 distributed during morning outreach	1,088 distributed during evening outreach

FENTANYL TEST STRIPS

Morning	Evening
1,805 distributed during morning outreach	1,155 distributed during evening outreach

SUPPORT CONVERSATIONS

Morning	Evening
76 conducted during morning outreach	76 conducted during evening outreach

ADDITIONAL INFORMATION

On Average...	Morning	Evening
The ROAR team contacted	68 individuals per outreach session	64 individuals per outreach session
The ROAR team engaged in	2.5 recovery conversations to link individuals with recovery resources each session	2.3 conversations to link individuals with recovery resources per session
The ROAR team distributed	29 Narcan and 44 fentanyl test strips kits per session	29 Narcan and 35 fentanyl test strip kits per session

Policy Challenge: Encampment Disruption

- **City of Grants Pass, OR vs. Johnson**

- June 28th, 2025
- SCOTUS Decision
 - Ruling allows municipalities to enforce laws prohibiting sleeping and camping on public land, even when emergency shelter is unavailable
- *NH had the first municipality in the nation to make changes to its ordinances post-ruling*
 - Two business days after the decision was officially announced

What Does the Research Say about Disruptions?

Effects on Mental Health and Wellbeing

- The literature shows that encampment displacements significantly exacerbate mental health conditions and increase morbidity (illness) and mortality (death).
- Involuntary displacement retraumatizes an already highly traumatized, extremely vulnerable group of people .

Increase In:

- Anxiety (including PTSD)
 1. Hypervigilance
 2. Avoidance
- Depression
- Chronic stress
- Sleep deprivation
- Dehumanization
- Isolation
- Hopelessness, loss, despondency
- Mental health crises
- Risk of violence



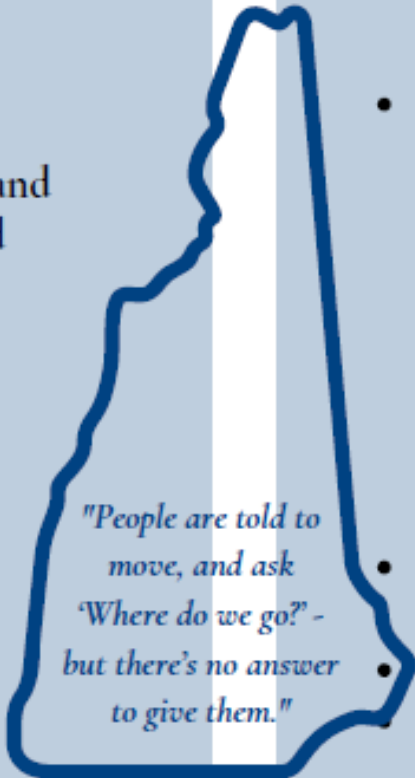
Decrease In:

- Connection to mental health services
 - Quality of helping/therapeutic relationships
- Connection to physical health care
- Access to medication for:
 - Chronic health
 - Mental health
 - Recovery
 - *Through loss of connection to providers and physical loss of supplies in camp clearings*

Effects on Service Provision/Connection

The Literature Says:

- Connections to care disintegrated
 - Care providers often cannot find people after camp dispersals
 - Decreased information sharing with service providers
 - Due to fear of being located, moved on, fined, arrested
- Processes to obtain supports (income and housing opportunities, etc...) disrupted
- Loss of possessions in clearings shifts focus:
 - Changes to continuous survival activities
 - Halts stability-building activities
- Fines and arrests create additional barriers



"People are told to move, and ask 'Where do we go?' - but there's no answer to give them."

Anecdotally in NH:

- "Total lack of trust"
 - *"Such a chilling effect on the trust and acceptance of support"*
 - Refusal to work with service providers, share new locations
 - Hypervigilance (PTSD)
- Providers unable to locate people to initiate or follow-through on stabilization services
 - Continuity of care disrupted when people move between catchment areas
 - Exacerbation of transportation barriers
 - Application processes (housing, income, etc...) disrupted
 - Housing opportunities lost when clients can't be found
- Loss of possessions, both necessities and sentimental = retraumatizing
- Increase in police contacts and ticketing
- Shelters running at/near capacity
 - People cycle from location to location with no safe, stable options

Repeated encampment disruptions



People spread out and lay low

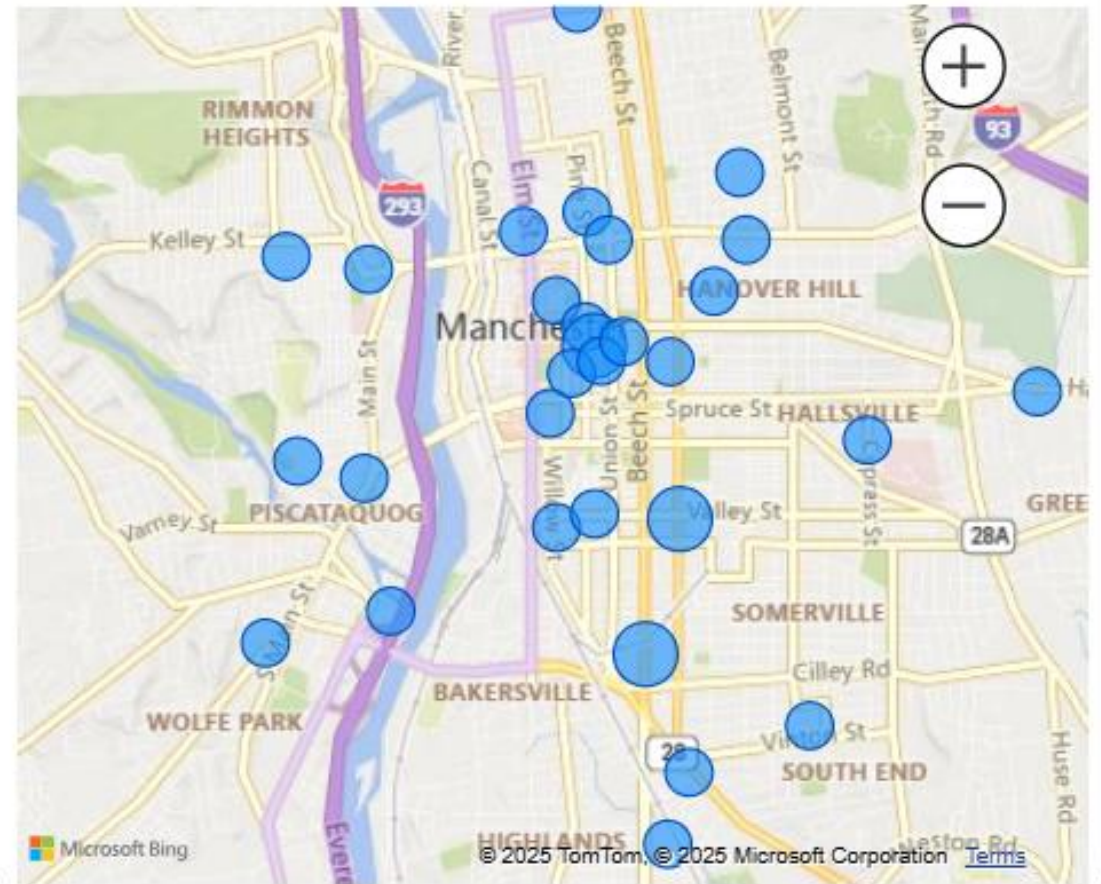


Disconnection from service providers



**Prevention efforts impeded and
overdose locations aren't as predictable**

Location of Overdoses



Evidence Based Approaches to Working with Encampments

- 19 Strategies for Communities to Address Encampments Humanely and Effectively
 - U.S. Interagency Council on Homelessness
 - Officially adopted as a guiding document by the NH Council on Housing Stability and all three NH CoCs
- Interim Strategies for Responding to Unsheltered Homelessness
 - National Alliance to End Homelessness
 - Released December 17, 2024

19 Strategies: Summary

EQUITY	CRISIS RESPONSE
1. Engage Encampment Residents in Efforts to Develop Solutions 2. Address Unique Needs of People With Chronic and Acute Health Conditions	10. Address Basic Needs and Provide Health Care 11. Conduct Comprehensive, Coordinated, and Ongoing Housing-Focused Outreach 12. Provide Storage
COLLABORATION	HOUSING & SUPPORT
3. Establish a Cross-Agency, Multi-Sector Response 4. Empower Outreach Teams and Health Providers to Lead the Effort 5. Prioritize Closure Based on Health and Safety Factors 6. Engage Neighboring Residents and Businesses	13. Ensure Access to Housing and Services 14. Ensure Interim Strategies Promote Dignity, Respect, and Pathways to Permanent Housing 15. Develop Pathways to Permanent Housing and Support 16. Ensure Encampments Are Closed Humanely
DATA & EVIDENCE	PREVENTION
7. Collect and Share Qualitative and Quantitative Data 8. Track Shelter and Housing Availability 9. Track Status of People Housed and Yet to Be Housed	17. Expand Affordable Housing 18. Interrupt Pipelines Into Homelessness 19. Build and Strengthen Safety Nets

Strategies from the Overdose Response Team

- **Outreach at places where our folks go**
 - Ex: the needle exchanges that we help facilitate or the care fairs we set up in the city
- **Targeted outreach using:**
 - Mapping information from the City
 - Data collected from other community partners
- **Working in a more collaborative approach than has been done previously**
- **Continuous assessment of specific region's needs**
 - Building/tweaking systems in specific response to these needs
- **Importance of keeping people in their own communities**
- **Harm reduction as foundation of the work**
- **Literally meeting people where they're at**
 - Ex: Valley Street Jail Recovery Supports

Making Our Way Forward in Uncertain Times

Do	Do the right thing
Keep	Keep it about the needs of the people
Collect	Collect quality data to drive the work and inform the conversation about need
Diversify	Diversify impact – expand your wheelhouse
Build	Build connections and relationships •Community, connection, and collaboration is more important now than ever
Address	Address stigma •Public education efforts (ex: <i>Knock for Narcan</i>) •One-on-one conversations with patients, colleagues, family, friends, neighbors
Pay	Pay attention to policy work and use your voice •Join an email list with Action Alerts •New Futures, Housing Action NH, NHCEH
Help	Help those with lived experience elevate their voices •Ex: NHCEH Granite Leaders Program and Mentorship Program

Fredrick Reamer's Ethical Decision-Making Framework



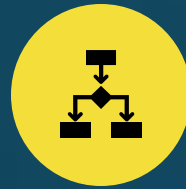
1. Identify the ethical issues, including the values and ethics that conflict



2. Identify the individuals, groups, and organizations that are likely to be affected by the ethical decision



3. Tentatively identify all possible courses of action and the participants involved in each, along with possible benefits and risks for each



4. Thoroughly examine the reasons in favor of and opposed to each possible course of action, considering relevant:

(a) ethical theories, principles, and guidelines

(b) codes of ethics and legal principles

(c) social work practice theory and principles

(d) personal values (including religious, cultural, and ethnic values and political ideology)



5. Consult with colleagues and appropriate experts (such as agency staff, supervisors, agency administrators, attorneys, ethics scholars, and ethics committees)



6. Make the decision and document the decision-making process

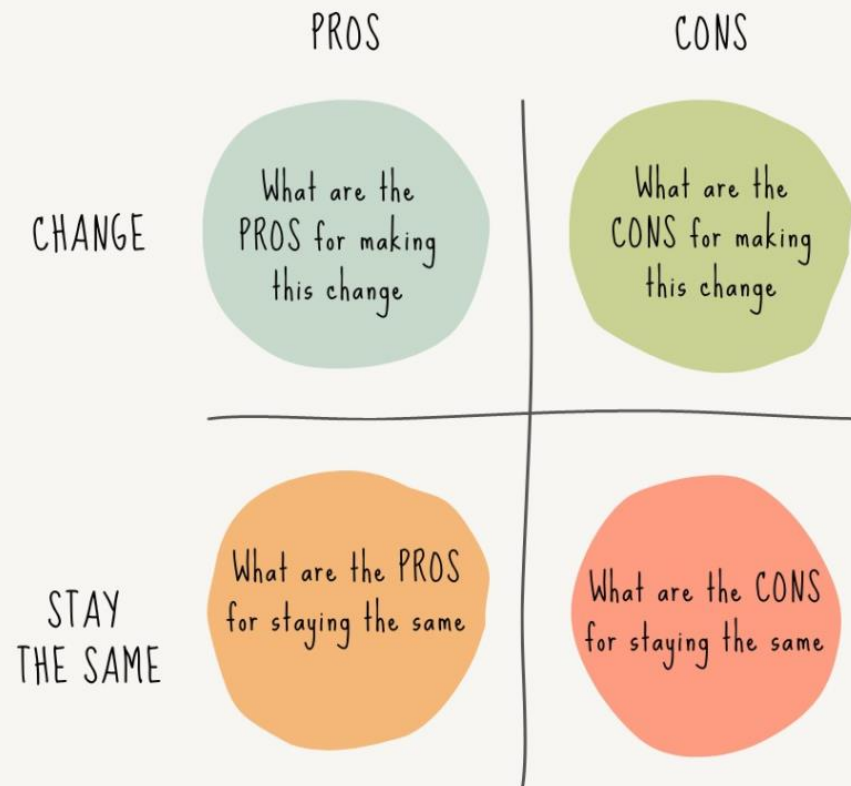
(What were the key factors in your decision? Where might you document the decision-making process? What would you want to include in this documentation?)



7. Monitor, evaluate, and document the decision.

(What might you monitor after this decision is made? How would you evaluate the outcomes of your decision? Where might you document your decision?)

DECISIONAL BALANCE



Decisional Balance Tool

- Used to help individuals or groups think through the positive and negative consequences of different choices by listing them in a structured format
- It's particularly useful when dealing with complex decisions or when there's a sense of ambivalence about the available options
- It can be used to explore various aspects of a decision, such as the impact on oneself, others, or the overall situation

Questions?
Discussions?
Perspectives?



Contact Information

**NH Coalition
to End Homelessness**



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Visit us at NHTAC.org



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improve outcomes.**

NHTAC provides technical assistance to practitioners, communities, policymakers, and other stakeholders that work across the alcohol and other drug continuum of care.

Thank you!

Your feedback is important!

Please help us continue to improve your CoP experience by completing an evaluation at this link or by scanning the QR code:

[Surveymonkey.com/r/HSACoP062625](https://www.surveymonkey.com/r/HSACoP062625)



CoP Evaluation