

INSIGHTS INFORMING THE CONCERNS OF POST- 9/11 VETERANS AND FAMILIES

Case Study:
Harbor Homes



SYRACUSE UNIVERSITY'S INSTITUTE FOR VETERANS AND MILITARY FAMILIES (IVMF) HAS BEEN CONTRACTED TO SUPPORT THE GEORGE W. BUSH INSTITUTE'S RESEARCH TO EFFECTIVELY SERVE AND EMPOWER OUR POST-9/11 VETERANS AND MILITARY FAMILIES.



GEORGE W. BUSH INSTITUTE



HARBOR HOMES CASE STUDY

1. Organizational Overview

History

Harbor Homes, Inc. (HH) is a non-profit organization established in 1980, which serves low-income, vulnerable New Hampshire community members throughout the entire state with a focus on the Greater Nashua and Southern New Hampshire regions, including Nashua, Amherst, Brookline, Hollis, Hudson, Litchfield, Merrimack, Milford, Mont Vernon, Mason, Manchester, and Wilton. HH provides high quality residential, primary and behavioral health care, and supportive services to more than 1,200 low-income individuals and families who are homeless, at risk of homelessness, or living with mental illness and other disabilities each year. Military veterans are explicitly targeted as a high-need population and are served through “Veterans FIRST,” which provides housing, employment, education, and various health services.

According to CEO and President Peter Kelleher, Harbor Homes started with three employees and a focus on helping people with mental illness who were released from the state hospital and had few community resources. From there, Mr. Kelleher describes HH’s expansion as follows:

“Over time, it just kind of got into other things where we saw that we needed to do more in support services, more in housing, and we needed a place for people to graduate out in the community. Very quickly, within 45 days, our first facility had capacity for nine people residential, and we filled up...three or four months later I had my first grant for half a million to do the next facility.”

In the ensuing years, the leadership became acutely aware of the plight of veterans and their needs for the full range of services in mental health, medical needs, and substance abuse. For post-9/11 veterans in particular, homelessness was becoming more prevalent, and the death of a local homeless post-9/11 veteran in 2004 (and the discovery of his body on the banks of the Nashua River) raised concerns at HH significantly. With that event and awareness as a trigger, Mr. Kelleher and his staff became increasingly active in networking with the VA in Manchester and writing grant proposals to secure funds for both treating veterans and expanding their facility, housing acquisitions, and services. This approach continued through the last decade and is evident today in HH’s operations, which strongly emphasize partnerships and grant writing to increase capacity and resources, respectively.

Mission Statement

HH, Inc., is a non-profit community-benefit organization that provides low-income, homeless, and

disabled New Hampshire community members with affordable housing, primary and behavioral health care, employment and job training, and supportive services. As a member of the Partnership for Successful Living, Harbor Homes offers a unique, holistic approach to care that results in better outcomes for our clients and the community.

As part of its overall mission, HH endeavors to accomplish the following goals:

- Establishing and maintaining high standards of housing, health care, and supportive services that are evidence-based, best-practices
- Advocating for the needs of low-income community members, veterans, individuals with mental illness, and other vulnerable populations
- Generating community awareness, education, understanding and support around homelessness, poverty, health care, and mental health care

Organizational Structure

To understand how HH serves veterans, it is first necessary to consider the broader organizational structure under which it operates and provides the services that participating veterans receive. As emphasized by the HH leadership and staff, if HH operated in isolation (independent of this structure), its services to veterans would be much more limited in scope, intensity, and quality.

The umbrella organization for HH is the *Partnership for Healthy Living*, which includes HH and the five other agencies described below. Day-to-day leadership includes a shared CEO/President, Peter Kelleher, and individual agency leaders. Mr. Kelleher and a 10-member board of directors govern the six partner 501(c)(3) non-profits. The 16-member volunteer board of directors oversees the six non-profits. It elects a Chair of the Board, Vice Chair, Treasurer and Secretary, and is organized into committees in areas such as Finance, Facilities, Planning, HCC Oversight, Resource/Development, Governance, and Executive.

The advantage for providing services to military veterans and other citizens in need through this partnership is interdependence and economy by sharing resources such as grant management, accounting, and governance. Altogether, 8,000 people are served, including military veterans, by the 82 collective programs offered by the six non-profits. Of the 82 programs, 10 serve mostly veterans. Of the 350 combined staff, approximately 30 work with veterans. About 80% of those working with veterans are veterans themselves.

Given the holistic services provided, staff members hold a variety of titles for performing services within the organization. These roles include finance and business operations, marketing and fundraising, case management, veteran employment placement and counseling, program management, outreach, technical training and education, wellness and health, art therapy, family support, and residential services.

The organizational structure of Harbor Homes is as follows:

- The *Partnership for Healthy Living* board oversees the CEO and Director, Peter Kelleher, and his Administrative Assistant.
- Mr. Kelleher, in turn, oversees seven divisions, each led by a division head.
 - *Residential Services*, the largest division, has a director and over 90 employees who fulfill

- case management, resident, and coordinator roles at multiple housing facilities.
- *Clinical Services*, the second largest division, has a director and over 60 employees in areas such as health and wellness, behavioral health, ACCESS, SAMHSA, employment services, and community health.
- *Development* has a director, four staff members, and several grant writer consultants.
- *Information Technology* includes HMIS management and has a director and eight staff members.
- *Facilities* has a director and 13 employees.
- *Financial and Administration* has a director and 10 staff members.
- *Human Resources* has two staff members.

The major veteran-focused programs (SSVF, HVRP, and veteran housing programs, described below) all reside in the Residential Services department. An additional grant from the Substance Abuse and Mental Health Support Agency (SAMHSA) is administered to 75% veterans and 25% general public, and this program resides under the Clinical Services department.

Programming

Underlying the vision, mission, organizational structure of the *Partnership for Healthy Living* overall and Harbor Homes specifically, is recognition of the many overlapping, complex factors that contribute to a person's decline into poverty and homelessness. These factors include unemployment, poor physical health and inadequate access to health care, domestic violence, untreated substance use and mental health disorders, disabilities, legal troubles, low levels of education, and a lack of family and social supports. In addition to providing food, shelter, and basic needs through an integrated, holistic approach to housing and care, HH's services include:

- Veterans FIRST: a combination of housing, employment, and supportive services for veterans and their families, funded by multiple federal grant programs such as HVRP, SSVF and HUD-VASH
- Affordable housing with supportive services provided on-site to more than 700 households, through over 400 units of emergency, transitional, permanent supportive, and income-based rental housing
- Harbor Care Health and Wellness Center, which serves as Greater Nashua's community health care center offering primary and preventive health care at no cost to homeless and low-income community members
- Mental health and behavioral health care, including crisis interventions
- Workforce development and employment assistance
- Case management
- Homeless prevention services and rapid rehousing services

Housing Services. HH acts as a community development corporation, creating more than 400 units of affordable housing and commercial space in low-income neighborhoods since 1982, primarily through the purchase and redevelopment of dilapidated, abandoned, and foreclosed properties. This type of activity stimulates neighborhood revitalization and community economic development with the goal of creating a better community for all. In fact, HH is New Hampshire's largest provider of permanent supportive housing for the homeless and homeless veteran-specific housing. The first facility had capacity for nine

people; now HH serves 1,100 people in residential situations. Outcome data show that the number of homeless individuals in Greater Nashua decreased by more than 70% in recent years. Statewide, the number of unsheltered homeless veterans decreased to a low of just eleven individuals in 2012. According to Peter Kelleher:

“About four to five years ago, there were about roughly 130 unsheltered homeless veterans at that point. In the last couple of points-in-time counts, we’ve had about one or two. So in terms of unsheltered homeless veterans, we’ve made strides. The newspaper here in town said Harbor Homes virtually eliminated veteran homelessness. That was an overstatement. We haven’t done that yet.”

One of the multiple housing services for veterans is **HH’s Supportive Services for Veteran Families (SSVF) program**, which is funded by the VA as part of President Obama’s initiative to end veterans’ homelessness. “Housing First” provides intensive case management to engage qualified veterans who are homeless or in danger of losing homes. Federal targets for the program are “65% homeless/35% prevention.” The vulnerability of veterans to homelessness gives the program high importance, particularly because most veterans are reluctant to ask for assistance and, as one interviewee said, in the NH region, it is “easy to hide out in the woods” and evade detection. Accordingly, HH receives 37% of the SSVF referrals from “beating the bushes”—trying to identify which veterans are “out there hiding or literally on the street.” About 25% of the referrals come from the VA, and 20% from Easter Seals. Additional referrals for prevention come from town welfare departments.

HH runs 33 housing projects, of which 21 are **VA Supported Housing (VASH)**. The programs accommodate 1100 residents in total, and are run by four veteran program managers and four assistant managers. The goal is to find permanent housing with some type of financial supplement for all veterans in need. Currently, they have 21 project-based houses and two group homes with “24/7” services and medication. There are also several “safe haven” shelters, homeless shelters, and supported apartment programs. A holistic team approach is employed to assess the individual’s needs and vacancies. As a result, “no veteran sleeps on the streets.” Using HH’s broad function networks with other agencies, everyone needing housing has been placed.

For the most immediately serious cases, HH provides “emergency housing” at 14 Amherst St. Funded by the VA, the program started in September, 2009. Since its inception, 48 veterans have been placed, of which 42 (88%) were relocated to temporary or permanent housing. Four of the other six moved to the state veterans’ home where they could receive more intensive treatment. Only two “walked out” and have not been heard from.

The emergency housing facility includes five single bedrooms, which are made available on a temporary basis to individual veterans for up to six months. In special cases, extensions are granted. Other programs also have temporary beds in case the Amherst St. facility is at full capacity. Residents are given free meals and assigned responsibilities for cleaning and maintenance of their own rooms and the facility.

Employment Services. Harbor Homes operates an active **Homeless Veterans Reintegration Program (HVRP)** grant, funded by the US Department of Labor. This program provides workforce development and placement assistance to veterans exiting homelessness and returning to the workforce. To facilitate this

transition, services may include training in basic job skills, resume writing and interview skills, life skills, time management training, interview and work attire provision, and wraparound services like connection to substance abuse, physical or mental health treatment, and housing services. This program is designed to develop holistic strategies to remove barriers to homeless veterans' re-entry to the workforce and empower job searches and placements, concluding with the veteran in a stable employment opportunity. HH staff must not only work with the veterans but also with local employers, advocating on behalf of the veterans they serve, building a robust network of employers willing to take a chance on veterans transitioning out of homelessness. Since the program's inception, it has provided employment placement assistance to over 600 veterans.

Substance Abuse. HH operates a grant provided by the Substance Abuse and Mental Health Support Agency (SAMHSA) known as **Services in Supportive Housing (SSH)**. This program, which has a target population of 75% veterans and 25% general population, seeks to serve 160 chronically homeless individuals over the next three years – 40 in year 1, 60 in year 2, and 50 in year 3, according to Ian Lemmo, Program Manager. As the program is funded by SAMHSA, it is largely focused on substance abuse-related barriers to maintaining stable housing including co-occurring disorders, and includes a housing first model with case management and counseling services. Mr. Lemmo states that, "By combining a housing first model with the additional counseling structure, we are hoping to reduce potential barriers to housing as well as aid program participants in developing strong coping mechanisms to help reduce relapse rates and maladaptive behaviors that could affect their living condition. With that in mind, we do have a strong working relationship with Keystone Hall here in Nashua to assist program participants in any intensive substance abuse treatment they may be interested in."

Wraparound services. HH and the five other agencies provide a full range of support services to military veterans and others in need. HH offers core services on-site including housing placement, mental and physical health care, employment, and education. The other agencies offer more specialized services in home health care, comprehensive residential and outpatient substance abuse, mental health counseling, health and support services to families living with HIV/AIDS, and community integration, education, and training.

Having the full range of services available, with strong collaboration and management overlap among the agencies, enables treatment to be provided holistically and rapidly. By comparison, a veteran seeking health treatment from the VA center in Manchester, NH, typically has a wait of several months.

In addition to HH, the *Partnership for Healthy Living* consists of:

- *Healthy at Home*, a non-profit home health care agency that provides a full range of in-home services to help New Hampshire residents remain independent in their own homes for as long as possible. Services include: skilled nursing, physical therapy, occupational therapy, home health aides, personal care aides, companions, homemakers, respite care, transportation services, and seasonal yard clean-up.
- *Keystone Hall*, a non-profit organization that provides comprehensive residential and outpatient substance use disorder treatment, prevention, and recovery supports to NH community members, including men, women, adolescents, and families.
- *Milford Regional Counseling Services*, a non-profit organization that provides mental health

- counseling at affordable rates to adults, couples, and families.
- The Southern New Hampshire HIV/AIDS Task Force*, a non-profit AIDS Service Organization that provides affordable housing, case management, and supportive services including access to medical care and medications to individuals and families who are living with HIV/AIDS. The Southern New Hampshire HIV/AIDS Task Force offers HIV testing and counseling to those at risk of HIV infection.
- Welcoming Light*, home of “The Institute,” a non-profit community learning and innovation center that provides affordable access to state-of-the-art conference and meeting facilities and technology, offers technical assistance, community-wide events, customized trainings, and education opportunities to New Hampshire community members, and businesses.

Veteran Populations Served

Services are available at no cost to any veteran of the U.S. Armed Forces who has been honorably discharged and to their immediate family. Veterans who have an other-than-honorable discharge are also admitted but HH may not be reimbursed for the services they provide due to the restrictions on federal funds. HH’s unique focus compared to its partner agencies is on finding a placement for veterans who are homeless. Job placement and education are also given priority. Each veteran is seen as a unique individual whose needs may fall within a range of services provided by the six agencies.

Funding Sources and Strategies

Harbor Homes is a 501(c)(3) organization and provides all programs and services free of charge after veterans’ and other federal benefits are applied. Those placed in permanent housing and who are working are required to pay 30% of their income as rent. The agency actively seeks federal grants and other sources of funding. Because the federal grants are very outcomes structured, HH has been forced into grants management activities more than ever before. Federal grant opportunities are monitored every week.

Overall, the six agencies in the *Partnership for Healthy Living* have a combined \$22 million budget and \$122 million of accumulated grants. Of this, HH has approximately a \$15 million portion, while also raising an additional \$1 million by providing contractual services. Approximately 85-90% of the budget is grant related. According to Peter Kelleher, “The VA is actually our biggest dollar funder at this point, but we have HUD, SAMHSA, the Federal Department of Labor, and sometimes the Federal Bureau of Prisons. We have ongoing contracts as well [that add additional funds].”

Among the major grants and funding sources targeting veterans are:

- Supportive Services for Veterans and Families (SSVF): This VA-funded program provides Harbor Homes with over \$1 million per year to provide housing and case management services to veterans who are homeless or at imminent risk of becoming homeless.
- US Department of Labor: During the past 9 years (since 2006), funding from the Homeless Veterans Reintegration Program has been used by HH to assist 616 veterans in obtaining employment.
- VA Supported Housing (HUD-VASH): Through this partnership between HUD and the VA, Harbor Homes leverages HUD funding to support 21 “project-based” (non-portable) units and 170 “regular” (portable) units.

- Services in Supportive Housing (SSH): This newly-launched SAMHSA-funded program seeks to provide case management and counseling services to 160 veterans and non-veterans suffering from homelessness and substance abuse over the next three years.

Recently, HH has raised \$200,000 from grassroots donations from the community for the program, “Ending Homelessness,” and received a \$5 million federal grant to expand and renovate their facilities in behavioral health and primary care. This funding will extensively expand the range and quality of on-site services, including dentistry, medical health, even post-operative care, that HH will provide in new state-of-the-art facilities to military veterans and other citizens in-need.

In their expenditures, HH has achieved an efficiency ratio of 90:10 (90% of funds spent on services). The grants cover some overhead expenses but, through indirect costs, matching donations, and grants of unrestricted or less-restricted funds, HH has adequate discretionary money to spend on needed resources. Some programs, however, exceed grant budgets and need to be supported by excess funds in other programs. Further efficiency is gained by HH’s performing much of the accounting, in-house payroll, quarterly reports, and HR functions for the other five entities at cost. For accounting and financial management, HH employs Sage MIP fund accounting software, which tracks accounts in segments, so every agency has a fund number and cost codes for each of the roughly 80 programs. Reporting, therefore, is both efficient and timely.

2. Measurement and Data Supporting Effectiveness & Impact

Types of Data Routinely Collected

HH employs the Homeless Management Information System (HMIS) and manages this system for the State of New Hampshire (a federal grantee), by training partner agencies to use it. Information collected provides a record of the client base and numbers of those placed in housing. The VA uses these data as a performance rating and monitoring tool for grant funding and auditing purposes.

Due to the high demands for accountability data from their funders, particularly federal grants, HH collects and records extensive data on the number of people served, nature of services, and outcomes of housing and job placements. HH acknowledges that measuring “success” beyond what occurs during the period of service is more challenging. Follow-up on longer-term progress of veterans who have received services is mostly informal, based on voluntary contacts by those who have been treated and by recidivism rates being minimal.

Data Analysis and Reporting

As described above, HH routinely performs data reporting in compliance with its multiple grants. The type of data collected and processed can be generally characterized as intake and participation activities, reflecting the number of people served, the interventions and placements provided, and duration of treatments. There is minimal or no objective measure of “success” or of post-treatment activities, except information received anecdotally.

How data are used for getting to impact

The data currently collected reflects participation and treatment activities rather than impact. To improve evaluation capacity and effectiveness, a goal of HH is to partner with university or independent research

organizations (such as ABT Associates) to develop a process for collecting longitudinal data on the progress of those served in different programs. CEO and President Peter Kelleher describes one research question of interest: “We’re trying to figure out if there is any empirical evidence that [veterans] who use more than one of the agencies in our partnership have superior outcomes. We believe that they do, but we’re trying to figure out any way to show that.”

Formal Evaluation Activities (internal and external)

HH does not yet engage in formal evaluation activities outside of its extensive grant reporting requirements. In many senses, the organization and its individual staff make heavy use of data with regard to assessing the quantity and provision of services (e.g., how many veterans have been placed in emergency, temporary, or permanent homes, for how long, with what types of wraparound services, etc.). It is a less advanced methodology, but HH plans to engage more by formally evaluating the success of its interventions with regard to immediate and long-term effects on the veterans and others served.

3. Strategic Themes

Community Connectedness

A core emphasis and operational strategy for HH is networking and partnering with other non-profit organizations in the community to serve veterans and other citizens. Although HH can provide many of the services that veterans need on-site, it recognizes that the capacity and range of interventions multiplies significantly by developing these external relations. As noted by Scott Slattery, HH’s Director of Residential Services, many of their referrals for housing placements come from the local VA in Manchester, but also local municipalities (e.g., county and city managers), community-based organizations, and faith-based groups.

Mr. Slattery further described how his and other HH managers’ contacts with community providers for homeless citizens allow them to cooperate where, for example, one agency might have extra beds when another is at full capacity. Jerusha Mangera, Program Manager for Homeless Veterans, describes an extremely close relationship with the Manchester VA: “We get our referrals from the VA in Manchester. We contract with the VA in Manchester, so if they have somebody, the [VA staff member] finds out they’re somewhat homeless, they call us and say, ‘Hey, do you have a bed open? We’ll send somebody to you.’ They come to us, and literally they have nothing. It’s very sad to see, because they’ve done a lot [for their country].”

CEO and President Peter Kelleher, as well as other staff, described with pride how HH’s visibility in the community and region has greatly facilitated and expanded networks with numerous health care and social services providers. In fact, HH serves as a subcontractor to local hospitals in providing health intakes. Importantly for veterans, HH’s very strong and wide-ranging involvement with other organizations, including higher education institutions, brings virtually all needed services almost immediately in reach.

HH’s strategy for establishing these networks is to be active, proactive, and collaborative in the community and region. As conveyed by several staff members, and reflected in HH’s history for over three decades, CEO and President Kelleher recognized from the beginning that partnerships were necessary and needed to be aggressively pursued with strong attention to the partners’ mutual needs. Local organizations serving homeless people receive referrals from HH, make referrals to them, and provide

emergency overflow accommodations to HH's homeless vets and other citizens.

In addition to their external referral network, the multiple agencies that form the *Partnership for Healthy Living* clearly represent an additional, powerful organic framework for community connectedness. The operational model is quite straightforward. When contact with a veteran (male or female, older or younger, high- or low-risk) needing services is made, through referrals, walk-ins, or otherwise, case managers conduct initial interviews to determine immediate needs and then a more intensive intake consultation. Services are then identified and arranged on a triage or priority basis, with homelessness always coming first. Beyond mere intentions and agreements, community connectedness becomes manifested in agency interactions, as described by CEO and President Peter Kelleher:

“...each of the six agencies roll out the red carpet for each other. Each of the six agencies has a leader. I meet with the leaders every couple of weeks. We sit down, and we trade resources. Someone will bring a client to [the facility], and it's always amazing. Someone will come in with someone who has a need for five of the different six agencies. We have someone that's a veteran, that's homeless, that needs employment, and that has a major health problem.”

Employment and Education

In conjunction with its emphasis on housing services for veterans, HH strives to help individuals become active in the community and self-supporting through employment and education services. Exemplary programs include:

- *Homeless Veteran Reintegration Program*, is the federally-funded workforce development program designed to transition veterans from homelessness to employment, understanding that the long-term solution to homelessness is earning a stable wage, as well as removing barriers to employment such as substance abuse and lack of support for mental health challenges, or lack of access to health care. As mentioned above, over 600 veterans have been assisted in obtaining employment since 2006 through the HVRP program.
- *Employment Services* is an in-house supported employment program that offers Harbor Homes' clients the ability to earn income while learning new skills and gaining the confidence needed to obtain employment in the community. The facility also holds occasional job fairs in which community employers discuss employment opportunities presently available or expected in future. The same services are also offered to family members.
- *Ticket to Work*, is a unique employment program designed to help individuals gain and maintain employment by working with a professional employment specialist that can help with resume writing, job search and development, and job retention.

In prior sections, the integration of case management with housing support to promote self-sufficiency was described. In this regard, all residents of HH's *Transitional Living Program* receive employment assistance and job skills training (e.g., resume writing, interviewing skills, and job search strategies). GED attainment is a goal for some while others go on to achieve more advanced education, such as a Certified Nursing Assistant license. Again, these services are generically available to all HH clients and are not veteran-specific or formally adapted to veteran cohorts.

Interviews with HH case-management and housing placement support staff underscored strong commitment to work individually with each veteran to find suitable job opportunities, training to qualify for certain positions, and support with personal needs related to job success such as transportation, proper clothing, etc. Relationships between HH and regional colleges (such as Plymouth State) also facilitate involving veterans in earning two- and four-year degrees, and other credentialing. Specific to veterans is help with determining available grants and funding support (from GI Bill or other sources) for continuing their education.

HH's close relationship with its partner agency, "Welcoming Light" further enables direct attention to education and training for jobs. Further, the requirement that veterans pay 30% of their income as rent for housing accommodations uses successful employment as an incentive (as salary and rent share jointly increase) for seeking independent living, thus, furthering the transition to civilian life.

Social Connectedness

HH's intervention model directly promotes veterans' involvement in the community through volunteering and attending community events for social, entertainment, or personal development. For example, at the time of the GWBI Case Study Team's visit, a community job fair, which was attended by interested veterans, was being held at HH's High Street office. As an additional illustration, all residents of the Transitional Living Center program complete a minimum of 20 hours of community service. Many continue to help out at the Keystone Hall post-graduation as volunteers. Such participation, however, is not formally intended to bridge the "military-civilian divide" via programs designed to connect veterans as a separate group to community activities or, as the primary goal, to make the community more knowledgeable of veterans' needs, though this is sometimes achieved as a corollary effect.

Some of the specific programs for veterans and non-veterans are:

- The *Social Club and Activities Program (SCOAP)* in which residents of Harbor Homes' transitional and permanent supportive housing programs have the opportunity to go on day trips like Red Sox games and the Deerfield Fair and participate in other local social events throughout New England. Importantly, the community provides funding or other types of support to facilitate veterans' participation in such activities.
- *Thanksgiving Meal*, a holiday dinner funded by HH that is open to non-veterans but mostly organized and attended by veterans.
- *VA Stand Down*, the VA's periodically-held event which unites the community to provide veterans with employment information, guidance on living and financial needs, flu shots, resources such as clothes and household items, and access to any other needed benefits or resources.

Independent Sector Involvement

HH takes special pride in its vital relationships with local and regional non-government agencies. In Mr. Kelleher's words, "We can always get local businesses to come to the table." He and other staff described how HH is viewed by the private sector in the region as instrumental to the continuing development of a safe and healthy community. Board members, for example, represent leading companies that actively support HH in several ways. One is facilitating employment of veterans and other HH clients where such opportunities exist. In particular, "job fairs" largely supported by the private sector are held several times

a year at the High Street location. Another contribution is providing resources to HH clients, such as the VA Stand Down (see above) and “Joey and Maria’s Italian Comedy” event each June. A third is directly donating funds for HH to use in implementing various service initiatives. A fourth way is providing guidance and expertise as needed for HH business operations, property acquisitions, and fund-raising.

Media

HH has a communications director who endeavors to establish positive relationships with the local media. HH recognizes the benefits of positive exposure for attracting funders, recruiting veterans and other citizens who need services, and announcing relevant events, such as job fairs or outings. HH receives intermittent coverage by the local media and regular publicity through a column in the Manchester newspaper written by an HH staff member. HH presently regards its approach to the media as active but not aggressive in the sense that coverage by the print and TV media has seemed adequate in frequency and is consistently positive. They do not pursue social media connections yet, nor are their media connections specific to veterans.

Veteran Programming Differentiation

For HH, differentiation of programming appears to be largely individually based, regardless of whether or not the client is a veteran or a member of a particular veteran cohort (post-9/11 vs. older). For example, a female, WWII, or post-9/11 veteran each will be treated for personal needs, whether housing, physical health, mental health, employment, or other. However several HH staff noted that members of the older generations of veterans (e.g., pre-9/11) are less likely to seek and accept services than are younger veterans, which becomes a challenge. Discussions with Mr. Kelleher and HH staff reveal definitive awareness and extensive knowledge of veterans’ unique needs as an “at-risk” population and of differences between veterans varying in age, deployment experience, and gender. They can confidently relate, for example, how typical needs of female veterans that differ from those of men and how post-9/11 veterans are likely to contrast with older veterans with regard to attitudes and needs. However, HH’s treatment model is operationally geared to the individual and seemingly opposed philosophically to the idea of developing programs or diagnoses based on cohorts and peer groups.

During the case-study interviews, perceptions expressed about differing needs between cohorts included the following:

- Older veterans are less likely to seek or accept treatment than are younger cohorts.
- Older veterans are more likely than younger veterans to perceive a stigma to needing support, and to believe that it is their personal responsibility to deal with problems independently.
- Younger veterans have more problems with substance abuse than do older cohorts.
- Younger veterans have greater needs than older cohorts with family issues (e.g., connecting with estranged family members, family members having health, employment, or substance abuse problems).

Women Veteran Efforts

Given HH’s case-driven approach to serving all veterans, it does not establish a prescribed, specialized “treatment plan” for women veterans. Virtually every HH staff member interviewed during the GWBI site visit noted that the number of women veterans receiving services is steadily increasing and that this

population is younger than the male veterans who are treated. Domestic violence and sexual trauma are broad concerns for the women being seen. Additionally, a program for addicted mothers is now available.

One HH staff member said that, in general, women receive “adaptive” treatment depending on needs. Several others, including those involved in housing placement, indicated that they have special facilities for women with children. An estimated 5-7% of SSVF intakes are women, still a small percentage but up from prior years. A different staff member noted that getting female veterans to take advantage of HH programming often presents a challenge because they are more likely than males to seek out other resources, such as family or friends, delaying seeking social services such as Harbor homes as long as possible, and doing so as a last resort. Still, the treatment pathway for female veterans at HH will follow a completely individualized course, based on the client’s situation and not because she is female or part of a military subgroup.

During the case-study interviews, perceptions expressed about the differing needs of female veterans included the following:

- Female veterans have greater needs than male veterans for family support involving the care of minor children.
- Female veterans seeking support are increasing each year, with a growing incidence of those having domestic violence and substance abuse problems.
- Female veterans who receive treatment from HH are younger (post-9/11) than the average male veteran who receives treatment.
- Female veterans are more likely than males to receive some type of nurturance from family members, and consequently, as an overall cohort, are less inclined to seek treatments that they need.

Transition to Civilian Life

HH treats transition to civilian life as a goal embedded in its treatment approach. The multiple support services that it and its partner agencies offer ensure a holistic treatment approach rather than isolated treatment of problems. Clearly, the foundation of HH’s efforts starts with treating homelessness in a graduated system that progresses, depending on the individual, from emergency short-term shelters, to temporary housing, to permanent housing, and then to independent living. Various programs, such as VA Supported Housing (VASH), Supportive Services for Veteran Families (SSVF), and Housing First provide homes and case management for the veterans and family members. Importantly, the case management services are directed toward assessing and supporting veterans’ individual needs to be productive citizens, once they are situated in a comfortable and safe environment.

According to its mission statement and service model, HH views the transition as starting with housing, but potentially involving primary and behavioral health care; employment and job training; and specialized services such as for post-traumatic stress, AIDS, strengthening family connections, and substance abuse. HH’s holistic treatment model views all of these areas as possible challenges for the transition to civilian life. Clearly, the challenge that leads the majority of veterans to seek services at Harbor Homes (as opposed to its partner agencies) is homelessness or housing needs.

The impression of HH leaders and staff is that there is no set timeline for veterans struggling with the

transition to seek help. Some reach out immediately, whereas others “hide out” to evade being identified. The general impression is that pre-9/11 veterans are more reluctant to accept help than are their younger counterparts. While HH and its partners do not serve the veteran at the point of transition, their role is to intervene once somewhere in the transition to civilian life has gone off track, and to assist the veteran to establish a healthy transition process into civilian life.

Reintegration with Family

Family reintegration is recognized by HH and its partner agencies as a need directly associated with virtually all support services related to housing, mental and physical health, and substance abuse. As with many of the other strategic themes reviewed, HH’s approach is not veteran-specific but rather individually based and spans all sectors of society served. Thus, there is no particular programming that provides family services adapted to veterans as opposed to other at-risk citizens. Assessing veterans’ individual situations and need for family support is addressed as part of HH’s holistic model and case management services. For example, a homeless female veteran with young children will be placed into suitable residential housing. A veteran’s spouse with substance abuse or mental health problems will be able to receive counseling through agency services (e.g., Keystone and Milford, respectively). A veteran who is estranged from his/her family and wants greater connection would be helped through case management to take steps toward this goal. Important to note is that with regard to HH’s model, any service that is available to the veteran (counseling, education, employment support, health, substance abuse) would also be available to family members. Through its community connections and membership in the *Partnership for Healthy Living*, Harbor Homes is able to identify the needs of veteran families and care for them either in-house or with referrals to partner agencies.

4. Key Learnings and Reflections

Harbor Homes has been in operation almost 35 years. The organization has grown from a small facility staffed by three employees focusing on mental health into a comprehensive, inclusive organization of about 75 employees that serves military veterans and families with no fees for service. At present, with funding from a \$5 million federal grant, HH is opening a state-of-the-art health and wellness center that will provide on-site comprehensive physical and mental health services including dental and post-operative care.

Catalysts of Impact

Housing Placement First and Foremost

Although HH was initiated out of an effort to respond to mental health needs in the community, it evolved over time and distinguishes itself from its five partner agencies in housing veterans and non-veterans who are homeless or in danger of losing their homes. The case management and leadership staff interviewed strongly emphasized that appropriate housing placement was the starting point for intervention in all other areas such as physical health, mental health, employment, and education. One staff member spoke informally of her experiences with an older veteran who needed time to become familiar with a stable and safe housing situation before being receptive to other services. The housing facilities also provide for many of the residents’ much needed structure and responsibility of communal living as preparation for functioning independently in the future.

One-Stop Shop

Clearly, what gives HH such strong potential to support military veterans effectively is the ability to provide a wide range of support in virtually all domains—housing, mental health, physical health, employment placement and training, substance abuse, family reintegration, etc. With the opening of its new health clinic, many of the interventions needed can be received at the High Street facility, while others are available nearby via the Partnership for Healthy Living sister agencies or other local or regional organizations. Because the challenges for many veterans encompass multiple areas of adjusting to civilian society and independent living, offering support for isolated problems would likely yield only temporary and limited improvement. That is, veterans are much less likely to succeed in new employment if they are suffering from depression, substance abuse, or stressful family relationships. The holistic treatment model espoused and implemented by HH constitutes the foundation for its success.

No Stone Unturned

A consistent theme, and perhaps even creed, that emerged from interviews with HH leaders and staff during the GWBI site visit was that every veteran in need of support must be found and treated. Interviewees conveyed with pride their belief that, presently, there were no known homeless veterans in the area. One of the employment specialists described how she searches every job opportunity for each veteran until a successful placement is found. Another staff member had to leave the facility during the site visit interview process in order to drive a veteran who was ill to receive medical treatment at the hospital. These accounts give the impression that veterans in the Nashua area would have to actively try to evade contact with HH not to receive support. On that note, two staff members involved with housing programs actually described past forays to find veterans reported to be hiding in remote areas.

Inspirational and Entrepreneurial Leadership

The HH approach to serving veterans reflects strong understanding and responsiveness by its leadership to the complex dynamics of fundraising, networking, communicating, and partnering. CEO and President Peter Kelleher, who has led HH since its inception, has maintained a veteran staff in high-level roles who have strong connections to the community, veterans' organizations at the state and local level, and to federal and local funders. Critical to HH's success is visionary, proactive thinking about changing veteran demographics (and needs for support) and how to leverage funding sources, partnerships, and resources (e.g., available housing and treatment facilities) to expand and strengthen the services offered. The creation of the new comprehensive health center at High Street is an example. While being part of a consortium of six service non-profits is certainly a huge advantage for HH, it seems likely given the HH entrepreneurial model that in its absence, HH would have had the vision to recruit similar partners outside a formal organizational alliance.

Securing and Stretching Dollars

HH is extremely aggressive and successful at securing federal grants, taking advantage of available government support and subsidies, raising funds locally, contracting out services as a source of income, and purchasing properties for investment and organization use. HH economizes on cost by achieving an extremely efficient money-to-services ratio in its programs and by sharing resources, such as grants accounting, with the five other partner agencies.

Collegiality and Commitment

Although staff turnover is high at many non-profit service organizations (due to low pay and job stress), HH staffing is fairly stable. The primary reasons appear to be the effective leadership, positive climate,

high collegiality, and shared commitment to program goals. Territoriality, if present at all, seems minimal. One staff member put it best by describing how staff highlight each other's expertise in particular areas much greater than their own. One of the most salient findings from the case-study visit was the strong passion of the staff for their work.

Barriers to Impact

The primary challenge that HH faces is being able to document its success with regard to veterans' long-term transition to civilian life. HH maintains records in compliance with grant funding and through the HMIS, which it maintains for the State of New Hampshire, to document the services provided and the associated disposition of recipients. Follow-up monitoring of veterans once they leave HH's purview, however, is largely anecdotal, based on communications initiated by the veterans themselves or, more rarely, by friends or family. Thus, measures of success primarily reflect what is happening immediately and in the short-term. Accordingly, for Scott Slattery, HH's Director of Residential Housing, success is indicated by:

"...housing stability. The grant per diem program is a transitional housing program for two years and they can get an extension if they are working the program like they're employed or working towards employment. We like to see them graduate into a permanent housing situation. That's one of the first indicators for me."

Related to the need to monitor and formatively evaluate success is to determine through suitably rigorous research which specific interventions are most successful and efficient cost-wise. CEO and President Peter Kelleher recognizes that the organization itself does not have the expertise or resources to plan and conduct such research. The likely solution is partnering with an established research organization (such as Abt Associates) to pursue a research-oriented grant. Although HH remains on the alert for such grant opportunities, in the interim it still lacks the research evidence required to answer questions about program effectiveness.

A second area of challenge for HH concerns the largely rural and isolated geography and harsh winter weather of New Hampshire. Coupled with the disposition of many veterans who need support to actively avoid detection (out of pride and independent lifestyles), this factor exacerbates the difficulty of efforts to recruit at-risk veterans for services. Cate Sementa, the SSVF Program Manager, described the situation as follows:

"Our challenge with SSVF, at Harbor Homes we serve the entire state, when they say you can't get there from here, there are parts, about an hour, maybe an-hour-and-a-half, 30 to 50 miles from here, where the travel time is doubled because there are no roads, or there are — the weather. That makes it really, really easy for folks who are looking to hide and live off the grid to do so. We've had vets live for decades in the woods and surface for whatever reason. They finally got tired of it."

Similarly, the geography and weather exacerbates the needs of the veterans who are served. As Catherine Burn, Assistant Program Editor with SSVF put it:

"[We] need to consider the resources it requires to stabilize someone in rural areas. Some

of these people are driving 15 miles just to go to the grocery store. And that's not counting their heating costs when there's two feet of snow on the ground. It's always a razor's edge with these things...We do have people here who migrate. Come October, they'll head south and we won't see them until April."

A third challenge concerns the declining economy of the region with regard to job opportunities and salary scales. In HH's holistic treatment model, being employed plays a central role in veterans' transition to civilian life. Yet, because of the depressed local economy, job placement is becoming increasingly difficult. Jobs that are available often require long commutes to other locales or, if local, offer barely sustaining wages. Scott Slattery, Director of Residential Housing and a lifelong New Hampshire native, offered the following observations on this matter:

"What we have now is every retail establishment in the world is right on the Massachusetts border. If you were to drive down to south Nashua today and a lot of people like to come down here to go shopping, you know, most of those you'll see all Massachusetts plates, because they'll come up because there's no sales tax. But the problem is that that type of employment is not paying a living wage, right, it's not sustainable. It really isn't. We know that."

Ongoing Efforts to Enhance Impact

The HH staff and leadership is acutely aware of the challenges and needs for accomplishing its mission and is making efforts to proactively address priority areas. Increasing staff engagement in locating at-risk veterans in the region is one need. Making more aggressive attempts to find job opportunities and ensure that veterans have transportation and resources to be successful in those placements is another need.

At the program level, HH has been actively developing an on-site "integrated care" model of treatment, using a \$5 million federal grant to expand and renovate their facilities in Behavioral Health and Primary Care. As described by Carol Furlong, Vice President of Operations:

"Integrated care is the buzzword in health care now. We have been engaged in that for several years now, not just in health care, but in the services we provide. We've always had an integrated care model and philosophy, so now we're applying it more closely to health care. One of you mentioned before: we really want this to be a one-stop shop. It reduces some of the stigma, particularly for veterans who don't feel comfortable going to mental-health services. No one need know that they're coming to mental-health services. They're coming to our clinic, and their primary care physician might call a behavioral health person into their primary care visit. It's an unobtrusive way of getting that health care that they might need. We'll do whatever we have to do to make sure they get those services."

The new facilities essentially allow walk-in and continuing clients to receive a timely and comprehensive medical, dental, and mental health services.