**Other Attachment 1**

**Steering Committee Purpose and Plan**

City Website

**Responsibilities:** The Committee for Concord's Plan to End Homelessness is charged with developing a recommended plan for submission to the Concord City Council that would guide the community in its efforts to address and, if possible, eliminate homelessness in Concord.

**Proposed Plan 2024-2025**

To advance the City's plan to end homelessness through 2025, the City Council will work through the Steering Committee to strengthen the coordination required to make measurable progress by:

- Unifying community's activities around the shared goal of reducing overall homelessness
- Convening key organizations and departments to streamline homelessness prevention and rehousing activities
- Mapping county, regional and state responses to homelessness and aligning those with Concord's plan
- Maintaining a comprehensive, real-time, By Name List of those experiencing homelessness
- Supporting coordinated outreach to all those experiencing homelessness
- Supporting coordinated case conferencing for all those experiencing homelessness
- Identifying community assets that can contribute to achieving the goal
- Inviting landlords and other community partners to play essential roles
- Regularly reporting to the Council and community on progress and on opportunities to assist
- Clearing barriers to progress wherever possible
- Identifying additional resources to bring into Concord to accelerate reductions in homelessness
- Improving communication to key constituents and the broader community about ongoing progress and challenges

OTHER ATTACHMENT 2

## Homeless Steering Committee Workgroups

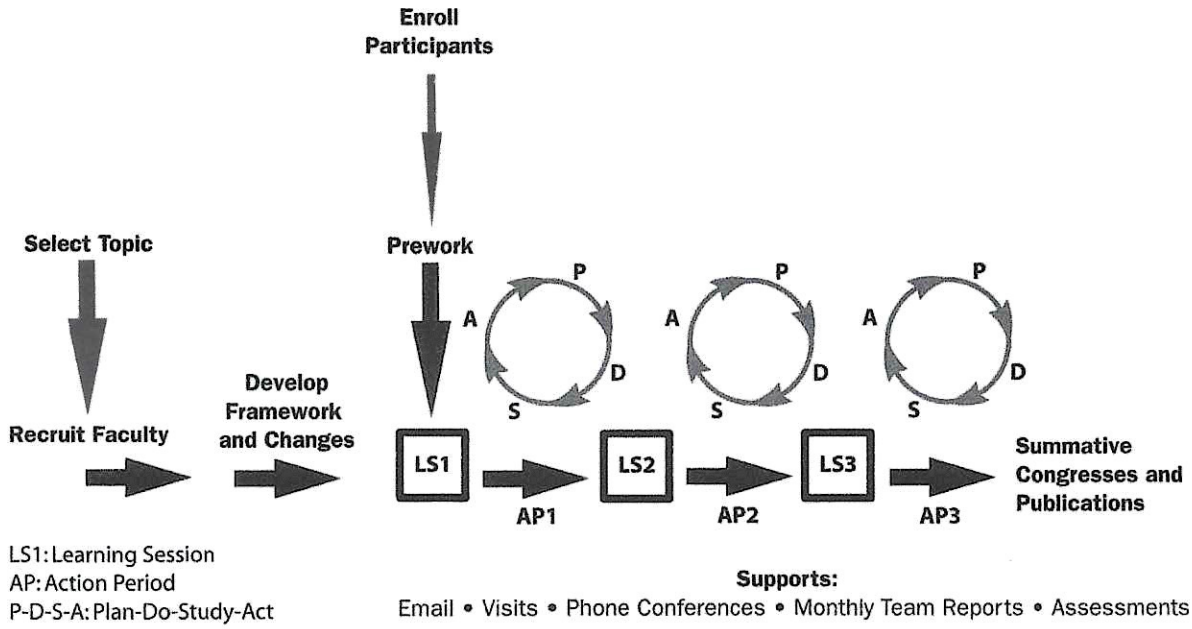
As of 12/1/24

| Workgroup | Lead(s) | Proposed Members | Aim | Key Metric |
|---|---|---|---|---|
| End Veteran homelessness | Jim Schlosser | VA<br>Harbor Care<br>Veterans Inc<br>Veterans Count<br>BM-CAP<br>CCEH<br>NH Dept Mil & Vet | Achieve functional zero for homeless Veterans (10 veterans remain homeless) | Number of unhoused Veterans |
| Create common operating system | Jim Schlosser | Peter Surmanis<br>Hal Macomber<br>Jeff Wells<br>Kathi Connors<br>Jim Schlosser | Create and implement a working model of a shared operating system for preventing and reducing homelessness | Single process to achieve shared aims, single source of quality data to measure progress and guide strategy |
| Communicate and engage community | | Robin Nafshi<br>Ruth Perencevich<br>Gwen Whitney-Gill<br>Community reps | Listen, inform and engage community at large and key audiences about City's strategy, progress against goals and ways to contribute | Surveys, consistent reporting of number of homeless and progress against aims |
| Increase housing opportunities | Rosanne Haggerty | Tom Furtado<br>[Tim Sink]<br>[Julie Palmeri] | Increase housing opportunities for homeless persons by 100 units by Dec 2025 | Number of opportunities secured |
| Reduce homelessness | Karen Jantzen | Karen Emis-Williams<br>Nicole Petrin<br>CAP-BM rep | Reduce overall homelessness in Concord by 25% (80) by December 2025 | Number of homeless persons in Concord |

**Other Attachment 3**

**Learning Collaborative**
–Modeled after the Breakthrough Series approach of the Institute for Healthcare Improvement

Figure 2. Breakthrough Series Model




From: Institute for Healthcare Improvement, **The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement**, online https://www.ihi.org/resources/white-papers/breakthrough-series-ihis-collaborative-model-achieving-breakthrough, accessed 2/5/2025.

OTHER ATTACHMENT 4

**Steering Committee Membership**

| Members | Role/Organization |
|---|---|
| **Byron Champlin ex officio | Mayor, City of Concord |
| *Rosanne Haggerty | Chair |
| Jim Schlosser | City Council Representative |
| Karen Jantzen | Exec. Dir., Concord Coalition to End Homelessness |
| Barrett Moulton | Dept. Chief, Concord Police Department |
| Beth Heyward | Director, Strategy and Planning, Community Action Program Belknap-Merrimack |
| Gwen Whitney-Gill | Community Health Coordinator, Concord Hospital |
| Julie Palmeri | Exec. Dir., Concord Housing + Development |
| Kara Coffey | Director, Merrimack County Human Services |
| Karen Emis-Williams | Director, Concord Human Services |
| Linda Lorden | President, Merrimack Saving Bank |
| Lisa Madden | CEO, Riverbend |
| Peteris Surmanis | Community Representative |
| Rabbi Robin Nafshi | Temple Beth Jacob |
| Ruth Perencevich | Community Representative |
| Thomas Furtado | CEO, CATCH Neighborhood Housing |
| Tim Sink | President, Concord Chamber of Commerce |
| Valerie Guy | Exec. Dir., The Friendly Kitchen |

## Other Attachment 5

# Client Dynamics and Demographics: Inflow, Outflow and Outcomes
Illustrative Data: **January 2025**

1/1/2025 - 2/1/2025

649 # Served Clients | 384 # Actively Homeless Clients | 77 # Entering Clients | 42 # Exiting Clients

New and Returning Clients (Inflow)


* This tile categorizes entering clients based on their recidivism over a two-year lookback period. If a client exited to Permanent Housing (PH) within the last two years, they are marked as "Returning From Housing (2 Years Lookback)." If they exited to any other destination within the last two years, they are marked as "Returning (2 Years Lookback)." If neither condition is met, they are marked as "New."
** This is an unduplicated count of clients, and it only considers the client's first enrollment in the reporting period.

Client Exits by Outcome (Outflow)


This categorizes exits into Positive, Excluded, and Other based on project type and destination. For a more detailed breakdown, please see Appendix A: Exit Destinations in the APR specifications.
**This is an unduplicated count of clients, and it only considers the client's last enrollment exit information in the reporting period.

Client Count by Gender

| Gender | # Served Clients | # Actively Homeless Clients | # Entering Clients | # Exiting Clients |
|---|---|---|---|---|
| Man (Boy, if child) | 362 | 232 | 47 | 20 |
| Woman (Girl if child) | 264 | 142 | 29 | 21 |
| Data not collected | 17 | 5 | 0 | 0 |
| Transgender | 2 | 2 | 0 | 0 |
| Client doesn't know | 1 | 1 | 0 | 0 |
| Client prefers not to ans.. | 1 | 1 | 1 | 1 |
| Man (Boy, if child), Non-B.. | 1 | 0 | 0 | 0 |
| Woman (Girl if child), N.. | 1 | 1 | 0 | 0 |

This is a deduplicated count

Client Count by Race/Ethnicity

| Race and Ethnicity | # Served Clients | # Actively Homeless Clients | # Entering Clients | # Exiting Clients |
|---|---|---|---|---|
| White | 512 | 308 | 59 | 31 |
| Multi-Racial | 44 | 25 | 5 | 3 |
| Black, African American.. | 33 | 20 | 8 | 5 |
| Data not collected | 27 | 13 | 1 | 0 |
| Hispanic/Latinaio/a | 15 | 9 | 3 | 3 |
| | 7 | 4 | 0 | 0 |
| American Indian, Alask.. | 5 | 3 | 0 | 0 |
| Client prefers not to ans.. | 3 | 0 | 0 | 0 |
| Asian or Asian American | 2 | 1 | 1 | 0 |
| Client doesn't know | 1 | 1 | 0 | 0 |

This is a deduplicated count

Client Count by Age

| Age Tier | # Served Clients | # Actively Homeless Clients | # Entering Clients | # Exiting Clients |
|---|---|---|---|---|
| Below 0 | 0 | 0 | 0 | 0 |
| 0 to 17 | 84 | 23 | 8 | 11 |
| 18 to 24 | 41 | 19 | 4 | 6 |
| 25 to 34 | 101 | 55 | 9 | 6 |
| 35 to 44 | 166 | 104 | 24 | 5 |
| 45 to 54 | 98 | 78 | 14 | 7 |
| 55 to 64 | 92 | 33 | 9 | 3 |
| 65 or Above | 51 | 35 | 8 | 1 |
| Undefined | 15 | 12 | 1 | 0 |

This is not a deduplicated count; clients may be counted in multiple age categories if they transition from one age category to another at different enrollment start dates during the reporting period.

Client Count by Vet Status

| Veteran Status | # Served Clients | # Actively Homeless Clients | # Entering Clients | # Exiting Clients |
|---|---|---|---|---|
| No | 507 | 331 | 60 | 31 |
| | 88 | 33 | 9 | 9 |
| Yes | 33 | 13 | 4 | 2 |
| Data not collected | 19 | 5 | 3 | 0 |
| Client prefers not to ans.. | 2 | 2 | 1 | 0 |

This is a deduplicated count

Client Count by Disability Info

| Disability Info | # Served Clients | # Actively Homeless Clients | # Entering Clients | # Exiting Clients |
|---|---|---|---|---|
| Mental Health Disorder | 344 | 203 | 35 | 22 |
| Substance Use Disorder | 224 | 151 | 30 | 13 |
| Chronic Health Condition | 216 | 129 | 29 | 11 |
| Physical Disability | 215 | 143 | 28 | 14 |
| No Disability | 209 | 115 | 25 | 13 |
| Development Disability | 131 | 72 | 18 | 7 |
| HIV/AIDS | 7 | 6 | 2 | 0 |

DASH
Data Advancing Solutions to Homelessness

**Note:** 115 of 384 (30%) Actively Homeless Clients report No Disability

This is not a deduplicated count; clients may be counted multiple times if they provide different answers in different enrollments

OTHER ATTACHMENT 5

IHI OPEN SCHOOL

for health professions

**Quality Improvement 102: The Model for Improvement: Your Engine for Change**

**Summary Sheet**

The Model for Improvement, developed by Associates in Process Improvement, is a simple yet powerful tool for accelerating improvement. This model has been used successfully by hundreds of health care organizations in many countries to improve many different health care processes and outcomes.

The model has two parts:

- Three fundamental questions
- The Plan-Do-Study-Act (PDSA) cycle to test changes and determine if the change is an improvement

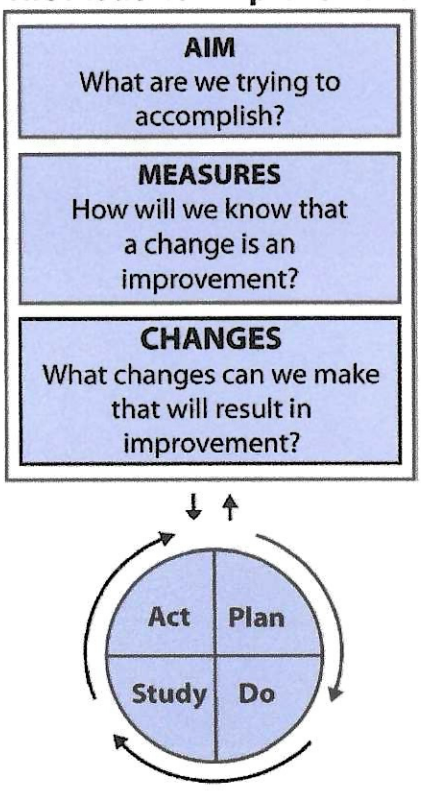
1. **Aim:** *What are we trying to accomplish?*
   - A good aim addresses an issue that is important to those involved; it is specific, measurable, and addresses these points: How good? By when? For whom (or for what system)?
   - Struggling to pick an aim? Remember STEEP, the six Institute of Medicine dimensions—Safe, Timely, Effective, Efficient, Equitable, and Patient-centered.

2. **Measures:** *How will we know a change is an improvement?**
   - Outcome Measures = Where are we ultimately trying to go?
   - Process Measures = Are we doing the right things to get there?
   - Balancing Measures = Are the changes we are making to one part of the system causing problems in other parts of the system?

*Remember: Plotting data over time (with a run chart) is a simple and effective way to determine whether the changes you are making are leading to improvement.

3. **Changes:** *What changes can we make that will result in improvement?*
   - Five useful way to develop changes: Critical thinking, benchmarking, using technology, creative thinking, and change concepts.
   - Change concepts: Eliminate waste, improve work flow, optimize inventory, change the work environment, producer/customer interface, manage time, focus on variation, focus on error proofing, focus on the product or service.

**The Model for Improvement**






4. **PDSA Cycle(s):** *Plan-Do-Study-Act*
   - Plan: Plan the test or observation, including a plan for collecting data.
   - Do: Try out the test on a small scale.
   - Study: Set aside time to analyze the data and study the results.
   - Act: Refine the change, based on what was learned from the test.