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Rural Homelessness in the Upper Valley

David Shumway

“Rural Homelessness in the Upper Valley” is about the problems and advantages small shelters in the Upper Connecticut River Valley have in working with the homeless. Unable to compete with urban shelters in pursuit of federal and state emergency shelter funding, Headrest, in Lebanon, New Hampshire, demonstrates that its smallness has been turned into offsetting advantages. The quality of Headrest’s case management with homeless clients and sincere efforts to network and interact cooperatively with other social service providers, ecumenical groups, and other members of the community have led to significant new community initiatives. Details of recent Upper Valley successes in forming coalitions to work on improving services to the homeless and the start of a free medical clinic are presented.

In 1988, our efforts to raise community consciousness about rural homelessness started with the catchy question, “Homelessness . . . If you think it’s only a big city problem, think again.” In fall 1991, the theme was more along the lines of “Rural homelessness is here in the Upper Valley . . . just look around you.” Look at the number of people who show up for community dinners, look at the numbers of people our shelters are turning away, look at the number of pages of real estate foreclosure and auction ads in the papers where there used to be pages of help wanted ads.

Rural homelessness is still not as obvious as urban homelessness, however. We still have very few people we would call street people as we see in larger cities (Nashua and Manchester, New Hampshire, and Burlington, Vermont, being our exceptions). In our talks to community groups, we get this point across by saying that because we don’t have people sleeping on subway grates, we are not so aware of the homeless in our small towns. Homeless people in our area, the Upper Connecticut River Valley region that stretches from Claremont, New Hampshire, to Bradford, Vermont — and includes the very affluent towns of Woodstock and Norwich, Vermont, and Hanover, New Hampshire — live in cars, in seasonal campgrounds, abandoned mobile homes and buildings, and even the woods.

David Shumway is director of Headrest in Lebanon, New Hampshire.

Service providers in our area as well as the New Hampshire Division of Mental Health, administrators of the state's emergency shelter money, are in agreement on the magnitude of the problem. Our view is that between two and three people per hundred of our population will be homeless at some point in 1992. These are the people we can count, the ones who come forward and seek shelter or emergency assistance. We hope the old estimates that four out of five homeless individuals never appear at the doors of a shelter are no longer true. Our greatest fear is that it is still so.

The many social service agencies that belong to the New Hampshire Coalition for the Homeless were dealt a cruel blow by the U.S. census takers in 1990. The Census Bureau planned to count all the homeless in the state by designating one day and evening to get out to the places where the homeless "congregate." Shelter administrators received a series of calls, in the weeks preceding the event, asking us to identify all the places the census takers should go to count the homeless accurately.

When the big day came, the weather was what you sometimes get in northern New England — cold, raw, and rainy. That terrible evening saw one census taker come in the front door at Headrest, talk briefly with the two homeless clients sitting at the kitchen table, and leave. Eight people were staying in our shelter that night, though most were out at an Alcoholics Anonymous meeting when the census takers arrived. They left no forms to fill out, did not check in with the Headrest administrator on duty, and as far as we have been able to tell, did not go to any of the places in the field we had told them they would find homeless people. We are also told that the census takers did not visit any of the shelters for battered women in the state! It seems incredible that a rainy night could keep the U.S. Census Bureau from getting it together to carry out their mission of counting the homeless, and even more incredible that their sorry performance was part of the basis for the numbers Jack Kemp's Department of Housing and Urban Development uses to discount the magnitude of the homeless problem in America.

We know that the "homeless with a roof" population is growing steadily, and these folks are especially hard to count. They include individuals, couples, and whole families who drift from one acquaintance's home, apartment, or trailer to another. They wear out their welcome at one place and move on to the next relative or friend who will take them in — "Just until my check comes in" or "Until they have work for me out at the plant." This category also includes young females, many still in their teens, who stay with an alcoholic and abusive older man, putting up with his sexual demands, in exchange for a place to stay.

The picture also includes homeless teens who might be staying with a friend's family just to get through the school year and finish work for their diploma. In 1989, one rural school in our area, Mascoma Valley High School, had fifteen homeless students in the course of the school year out of a total enrollment of four hundred. "Homeless with a roof" also includes large numbers of people living out on the back roads in many of our rural communities, in shacks and rundown ramshackle buildings and trailers. The ones who have plumbing struggle all winter to keep the water pipes unfrozen and to generate enough heat to keep their children or elderly relatives safe.

Working with the homeless in smaller population rural areas puts service providers at some distinct disadvantages compared with large shelters in urban areas. We cannot, for example, qualify for comparable amounts of government funding in support of shelter programs, nor should we. Dealing with a homeless popula-

tion that can reach two or three per hundred in an area of fewer than fifty thousand total population just can't compare with urban areas that have similar percentages in a metropolitan area of a million or more.

While our access to public funding sources is understandably less, it is the purpose of this article to demonstrate that service providers in our situation have some real advantages as well. If we do effective case management with our homeless clients, and we can still do that, and work with other agencies and community groups in honestly cooperative efforts, there is much we can do to have an impact on the complex problem of homelessness in our rural areas.

The effort social service agencies are making in the north country to work effectively with the homeless is being played out against the backdrop of a steadily worsening New Hampshire economy. Our tasks are made harder by the fact that there seems to be little real hope that the ultra-right wing, no broad-based taxes death hold of the only statewide newspaper will be broken soon. In the fall of 1991, New Hampshire found itself beset with increasing unemployment associated with a shortage of jobs, especially in the areas north of the "golden triangle" of Nashua, Manchester, and Salem.

New Hampshire is number one! That's right, but it's in categories like the per capita rate of new personal bankruptcies and the per capita rate of new food stamp applications. Ominously, the National Beer Institute ranks New Hampshire at number two in the nation when it comes to per capita beer consumption. As an outgrowth of the "no broad-based taxes" theme, and with serious implications for the state's ability to prepare its sons and daughters for the challenges of life in the 1990s, New Hampshire ranks fiftieth in the nation in per capita state aid to public education. We are told that New Hampshire could spend three times what it does to support public education and still rank fiftieth! Maybe there is some perverse truth in current topical humor to the effect that Mississippi recently increased its spending on education in order to avoid being known as the New Hampshire of the South.

There are fewer than five hundred beds in all of New Hampshire's thirty shelters serving the homeless, including women who are homeless by reason of domestic violence and are staying in shelters or safe homes for battered women. In 1990, 8,684 individuals stayed in these shelters for periods of one day to several months, while another 3,300 were turned away, primarily for lack of space. The New Hampshire Emergency Shelter Commission, under the auspices of the Division of Mental Health, counted another 12,600 people who came forward for placement/prevention nonshelter services.¹ The best way we have heard to put these numbers in perspective is to cite Henrietta Charest, president of the New Hampshire Coalition for the Homeless, who has frequently said, "The best analogy I can make is that if there were nine thousand last year in New Hampshire's thirty-plus shelters — that's no better a look at who's homeless than if you go to all the hospitals in the state and count all the people in hospital beds. That's not a count of who's sick. That's a count of people who are in the hospital."²

The rural homeless in New Hampshire are represented by people from all walks of life. They are families, whole, intact families and broken families, with dependent children. New Hampshire's homeless population includes teenagers and the elderly, often alone and sometimes with another person. We see couples, married and not, struggling to stay together against all odds. Then there are the single people, some

of whom are female, but the overwhelming majority are the most troubled of the homeless population — single men.

There are among the homeless we have gotten to know many developmentally disabled individuals, as there are emotionally and mentally ill people. There are dual diagnosed persons of many stripes, and there are the oppressive numbers of homeless individuals with substance-abuse problems. At Headrest, where we primarily take in single people, some couples, and teens when there is nowhere else to place them, it has been our experience that at least 60 percent of the people we serve in the course of a year have an alcohol or other drug problem that has contributed to making or keeping them homeless. For many, an addiction is the *primary* cause of their economic misery.

An increasing number of the people who have come to us for help are simply the unfortunate victims of hard economic circumstances. We take great pains to raise the public's consciousness about homelessness in our area by stressing that perhaps many of us are not so far removed from a financial disaster that could drastically change our circumstances. We participated in a program at Dartmouth College that discussed homelessness in its many aspects. One of the points we made that hit home the hardest with our student audience was the information that in the past year and a half, *three* Dartmouth graduates have been staying for short stretches in our small shelter in Lebanon. The message is clear: if it can happen to Ivy League graduates, it can happen to a great many people who never expected to find themselves homeless and seeking shelter.

In our area, the tasks of working with the various segments of the homeless population are divided among several social service agencies. Families and women with children are referred to and served by the Upper Valley Haven in White River Junction, Vermont. Case management for people staying at the Haven is performed by our good friends at SEVCA, Southeastern Vermont Community Action. Women who are homeless by reason of domestic violence are the primary responsibility of WISE, Women's Information Service, in Lebanon. Our sister agency in Lebanon, LISTEN, dispenses emergency services, operates a thrift store, a food pantry, puts on community dinners, and offers budget counseling to the disadvantaged.

Headrest, with its strong substance-abuse counseling and crisis intervention orientation, again, primarily serves single people, of which 80 percent or more are single homeless men. Because our case management at Headrest involves the unique and never-ending problems of homeless single men, we will give this group special attention here.

From our standpoint at Headrest, the problems of homeless men are in many ways more frustrating than problems women and families have in the same circumstances. It is generally acknowledged that our federal and state welfare systems are designed primarily to aid women with children or whole families. While the way the system really works has the effect of degrading and humiliating many of the people who seek some form of public assistance, women with children, especially, ultimately succeed in arranging minimal amounts of assistance in the basic necessities for themselves and their dependents. We have no quarrel with that as a priority. Our very considerable frustration is not having programs or resources available to serve men who are unable to help themselves.

More men than women wind up on the streets for many reasons. For starters, there are women who will make whatever compromises necessary to avoid it, like

the teenagers mentioned earlier who stay with alcoholic and abusive older males to avoid being homeless. Second, shelters everywhere have more accommodations for women and children. In fact, Headrest's small shelter that takes in 80 percent single men is unique in New Hampshire. Third, in general, women are better at asking for help than men. Fourth, low-paying service-sector jobs that have replaced manual labor in the economy go mainly to women or high school-age kids, not the single men who at one time did some of the hardest and least desirable jobs.

Homeless men in northern New England, too, are often the products of a pattern of failure that has become too prevalent in America. They may have experienced failure in school, for hundreds of different reasons. Many of these adolescent males dropped out in disgust and took their rebellious acts on the road. Abusive, codependent, or neglectful family life have produced runaway and throwaway teens and young adults. Many more young men have been sent off to fight in foreign wars during the past thirty years, with disastrous results as they returned in various stages of emotional, chemical, or physical chaos. For as many as 60 to 70 percent of these single men, the marginal life they have either sought or fallen into has held another trap for them: substance abuse and its insidious addiction to alcohol and other drugs.

One way or another, these men wind up in desperate circumstances, but in America men are neither supposed nor allowed to be dependent on society. The cultural bias most Americans impose on men is that they are expected to take care of both others *and* themselves. If they are not capable of taking care of themselves, whether at all or for a short time, the assumption most Americans make is that they are less than men and therefore unworthy of help. The single most severe cultural prejudice we come up against as social service people trying to raise the public's consciousness about homeless issues is the emphatic claim that these people are all lazy, and if you give them help or material assistance they'll just keep "sponging" off the rest of us.

We often ask our audiences to consider this: if we were to pass a small group of homeless women on the Lebanon Green, or Boston Common, or on a street corner anywhere, wouldn't most Americans tend to see to them as victims and wonder what awful things must have happened to them to put them in their homeless condition? However, if we were to pass a small group of homeless men in the same situation, wouldn't the reaction of most of us simply be fear? Isn't it true that when most of us see homeless or idle men, we sense or imagine danger?³

Men are also expendable in our society. As Peter Marin points out, "When men work (or when they go to war — work's most brutal form), we grant them a right to exist. But when work is scarce, or when men are of little economic use, then they become in our eyes not only superfluous but a danger."⁴ Further, "And while it is true, in general, that men dominate society and women, in practice it is only *certain* men who are dominant; Others, usually those from the working class . . . suffer endlessly from forms of isolation and contempt that often exceed what many women experience."⁵

Society has a hard time seeing single homeless men as victims of circumstances and hard times. Although both male and female children are permanently injured by abuse and violence and cruelties in families, somehow we find it hard to see that grown men can also be crippled by childhood and end up on the edges of society, unable to play expected roles in a world that has betrayed them.

Working with homeless single men, we are often struck by the anger and despair many of them have about whatever has happened to them. Most of us — men and

women — grow up expecting that when things go terribly wrong, someone, from somewhere, will step forward to help us get over the problem. That this is just not going to happen because there really is no one there for them is perhaps the most frustrating discovery an impoverished person can make.⁶ This is why there is so much anger in some homeless single men when they finally come to a shelter for help. When they have needed help the most, there has not been anyone there to help them pull through their private version of rock bottom.

Many different kinds of services are being provided for the homeless and nearly homeless in the northern half of New Hampshire. The Tri-County Community Action Program (CAP) does a marvelous job, with extremely limited resources, of making emergency services available, including fuel assistance, advocacy on various prevention issues, and supplying food and clothing to those who need it most. Case management at the CAP agencies can involve helping clients understand what benefits are available and how to apply for basic necessities, negotiating with utility companies and landlords when clients cannot pay for themselves, and helping with job searches and the mountain of bureaucratic red tape poor people encounter in the system.

Agencies also face a daily effort to help their disadvantaged clients work out problems in arranging transportation. This hardship usually receives scant attention from funding sources and researchers. Transportation represents an aspect of rural poverty that is rarely a major factor in urban areas. However, out in the country it is a long way to the services poor people need, and figuring out how to get from one place to another is one of life's oppressive daily dilemmas for the homeless and nearly homeless. Unfortunately, with the exception of too few and too far scattered volunteer driver networks, we have not been able to provide consistent answers to people who are unable to get around easily.

To illustrate, we can relate the story of a young woman who called to ask whether we knew of any funds to help people with maintenance problems on their cars. It seems that her old clunker of a car had blown the transmission over the weekend, and she was afraid it would cost the equivalent of two months' rent to get it fixed. Her choice, therefore, was between paying her rent and keeping her place to live, or repairing her car. She lived in a trailer on an unpaved road four miles from the village of her town. She needed to take her three young children to her only day care option eight miles away, then reverse her course and travel twenty miles to the New Hampshire Vocational-Technical College in Claremont. Because she was enrolled in a special program for disadvantaged and unskilled women, she was not allowed any class absences.

This woman was obviously trying as hard as she could to improve herself as a possible way out of a cycle of poverty that took her perilously close to homelessness. But every day was a struggle, and every day her self-esteem took another pounding from a system that made life as hard as possible for her. The sort of transportation hassles she had to solve every day would have defeated many people. We were able to refer the woman to an auto mechanic who had told us that he would try to help truly needy cases with their auto repair emergencies, and tapped into the Salvation Army voucher system for a small assist with the repair bill. Headrest's case workers were very frustrated by not being able to find any more resources for the woman.

When all the prevention and public assistance efforts of Tri-County CAP, of LISTEN in Lebanon, of Rural Community Action Ministries in northern Maine⁷

have failed, there remains emergency shelter at the few rural agencies with overnight bed space. This is where we see that rural shelters have some distinct advantages that one might not expect over their larger urban counterparts. The smaller size of our shelters, the low number of beds available to homeless individuals and families, simply means that we can count on our lodgers to be serious at all times about working with us to resolve the factors that led them to become homeless.

At Headrest, a maximum length of stay is not written into our lodging rules. Instead, we let lodgers know that a prerequisite for their being able to stay more than one night in our shelter is a commitment to work with our shelter coordinator to try to turn things around. We point out that our bed space is extremely limited, so we cannot waste it on someone who has no interest in working with us. We are very serious about our case management work and believe that to operate the shelter in any other way is to “warehouse” the homeless, which enables people to not get it together.

One of the first things the Headrest shelter coordinator does with a new lodging client is administer an M.A.S.T. (the Michigan Alcohol Screening Test) assessment to find out how important alcohol and other drugs have become in the person’s life. If we determine that an addiction is present, or that the person has an unhealthy preoccupation with drinking or drugging, we have another set of rules designed to give our lodgers support for breaking the bonds of addiction. Addicted lodgers who are safe from medical detox problems may stay with us if they attend an Alcoholics Anonymous meeting every day and meet with Headrest substance abuse counselors several times a week.

In the case of more severely addicted persons, Headrest counselors explain the benefits of entering a twenty-eight-day treatment program at a New Hampshire Office of Alcohol and Drug Abuse Prevention–supported treatment center, then help make the arrangements for the client to enter a program. The complication is that it can take two months for state-funded beds to become available at inpatient treatment centers, so we have to make sure Headrest is a safe place for recovering people to stay while waiting for a bed — an interesting challenge for an agency that is physically only a hundred yards from a New Hampshire State liquor store.

The simple fact of life for Headrest is that we have seen too many people fail at recovering from becoming homeless because they were not able to stop drinking or drugging. If we do not help an addicted homeless client learn to become and stay sober and drug free, we know that this person will never really escape from the hole he or she is in. Relapse is so common that it is almost expected if the addicted person does not also learn how to get ongoing support for making healthy choices. It means that our shelter people see the addicted person trying to come back for another chance over and over until he or she gets serious about fighting the problem.

Other aspects of the case management we are able to do in our small shelter include acquiring modern job skills, finding appropriate jobs and learning how to apply successfully for the jobs, arranging budget counseling, finding affordable housing and dealing with the landlords, accumulating security deposit funds, and working out those constant transportation issues to make it possible to get to the job location.

The following two cases illustrate how successful Headrest’s case management efforts can be.

Hank

An Enfield church called Headrest's twenty-four-hour hotline looking for help housing "Hank", a seventeen-year old "throwaway" youth. Denied services by the New Hampshire Division of Children and Youth Services, Hank, who had been in and out of group homes for ten years, was homeless. Headrest sheltered Hank for five weeks while he looked for a job. Headrest's shelter coordinator arranged for him to take classes to gain his GED and helped him develop job-hunting skills. While at Headrest, Hank also received support and positive feedback from teens working on Headrest's Teenline. This peer support helped reduce his feelings of alienation and fear.

Hank is still working full time, and has made the transition to living on his own. He has earned his GED and hopes to save enough money to take college-level business and accounting courses.

Sam

"Sam" was alcoholic and homeless. Fired from his job for an alcohol-related incident, he finally realized he needed help and called Headrest's twenty-four-hour hotline, looking to get help for his drinking and drugging. Headrest provided shelter and food to Sam during his first days of sobriety in fourteen years!

Headrest's substance-abuse counselors helped Sam decide that he needed inpatient treatment for his addiction. Headrest arranged a bed in a state-run treatment facility. During the forty-five-day wait for a treatment bed to become available, Headrest provided the necessary security, stability, and support for Sam to treat his disease and make positive changes in his life. He went to AA meetings every day, met with Headrest counselors, and attended therapy groups for his substance abuse.

After treatment, Sam again found himself without a place to stay. He contacted Headrest immediately, and was again offered shelter. During his second stay he continued to treat his alcoholism, got a job, and moved into an apartment with another recovering substance abuser he met at Headrest. Sam is still sober, working, and able to take care of his own well-being. He is returning the good service Headrest provided him by driving new Headrest clients to AA meetings, and often dropping in to give support to current shelter guests.

Headrest is able to accommodate only between five and eight lodgers at one time. We are expanding the shelter in order to add another five beds in late winter or spring of 1992. Even then we will be small enough to insist on carrying out the demands of our case management technique with our homeless clients. Clearly, large urban shelters that have many dozens more beds and homeless people to just feed and keep safe overnight could not have the staff or resources to work so closely with lodgers to resolve the issues that made them homeless. Big-city shelters are about keeping people alive, whereas small-town shelters like Headrest are about empowering people to take charge of their lives — or should be!

Being small, Headrest annually turns away nearly one person for every one we are able to take in. Some of the people who do not stay with us are unwilling to accept our lodging rules and the need to confront their addictions and other problems. Lately, a lack of space has been the most frequent reason someone who requested lodging was not able to stay with us. The New Hampshire economy has had a direct

effect on our ability to serve people in need by making it so much harder for us to move clients through successfully and get them back on their feet. Jobs simply are not available in our area the way they were in the past. Competition for the few jobs that do become available is always fierce.

This is a particularly hard time for our lower functioning clients, people whose IQs are low, but not low enough to qualify them for Supplemental Security Income. Like every area, the Upper Valley's workplace historically has included a certain number of jobs people of lower intelligence would have done, from washing dishes overnight at the local truck stop to mopping floors at nursing homes. In this highly restrictive job market, those jobs go to considerably higher functioning people than previously, thus blocking out those at the lower end of the job skills and intelligence scales.

Despite all the problems the New Hampshire socioeconomic-political culture throws at us, we still have success stories like Hank and Sam, and we still believe our case management advantage is worthwhile. We have learned to be more austere in our approach to budgeting our scarce shelter resources because we believe our mission calls for us to serve disadvantaged and addicted people by empowering them.

Another big advantage we have created for ourselves in our rural surroundings is one that comes from being able to work so very effectively with our sister agencies and community groups. We clearly recognize that the problem of homelessness is too big and too complex for a single small agency to have an appreciable impact on it.

In August 1991, Headrest was named the 526th national Daily Point of Light by the White House. We were the fourth point of light so designated in New Hampshire, and the first in the Upper Valley. The purpose of the designation is to recognize and honor people and groups that have taken leadership roles in combating problems in the community, and to promote volunteerism. Headrest was considered worthy of this honor because we have been heavily dependent on volunteer help to get the job done, and we have always tried to encourage the joining of community resources as the way to approach complex problems.

The leadership role the thousand points of light criteria uses is illustrated by Headrest's involvement in many committees and coalitions that involve people combining forces to better the community's approach to the problems of the day. Headrest was instrumental in raising the alarm about rural homelessness that led to the formation of the Upper Valley Interfaith Coalition Against Homelessness; we play a major role with the statewide New Hampshire Coalition for the Homeless; and we continue to work hard with our social service and medical community colleagues to make sure the Good Neighbor Medical Clinic will have a successful opening and fulfill its mission of making free basic medical care available to people who have inadequate or no health insurance.

When we talk about homelessness in the community, we make it an important point to mention the work our sister agencies do on this issue. We let people know that the work each of the other agencies is doing is absolutely vital to Headrest's efforts to help the homeless. Audiences are surprised to hear us say that we consider a financial or in-kind donation or volunteer commitment to the Haven, WISE, or LISTEN just as important to Headrest's ability to provide services as a donation to Headrest itself.

We really think this is true. Further, the ability of the human service community in the Upper Valley to respond to community needs has been improved significantly by

coalition building. Nowhere is this more true than with groups whose purpose is to provide services to the homeless or nearly homeless. In our area, the Upper Valley Interfaith Coalition Against Homelessness is a shining example, and its success has been matched by a group of human service agencies and health care professionals who are planning the opening of the Good Neighbor Medical Clinic. On a statewide basis, the New Hampshire Coalition for the Homeless, with whom Headrest and LISTEN regularly participate, has been a unifying force for agencies that provide shelter and basic services to people in need. The New Hampshire Coalition also benefits from participation of state agency personnel who are involved with homeless issues.

Because complex social issues like homelessness are not solvable by agencies and individuals working alone, we believe there is power to be realized from networking and forming coalitions to coordinate services and advocacy efforts. The benefits can be wide ranging.

- We can coordinate our programs more successfully — federal, state, foundation, and community funding often rightfully require coordination of services to avoid duplication and improve the quality of services. In the Upper Valley, services offered by Headrest, LISTEN, WISE, the Haven, Habitat for Humanity, and Twin Pines Housing Trust complement one another without overlap, so that all can be actively promoted by the Upper Valley Interfaith Coalition Against Homelessness.
- Service providers can share information on what works and what doesn't in their programs, increasing the potential for successful case management with homeless and disadvantaged clients. As an example, the New Hampshire Coalition offers monthly statewide training programs on issues of importance to service providers to enhance each agency's potential. In September, Headrest put on a full-day training program on alcohol and other drug-abuse issues affecting homeless shelters for the statewide meeting.
- Collecting and sharing data are useful for lobbying government officials and making the public aware of developments. The New Hampshire Coalition has been able to let the state know that the trend in shelters is for homeless people to stay longer, so we are able to serve fewer individuals overall. We know that the reason for this is found in nearly all parts of the state: the tight job market has made it so much harder for our clients to find work and get started on the business of learning to support themselves once again.
- Broad representation — the Good Neighbor Medical Clinic steering committee, for instance, includes doctors, nurses, nurse practitioners, and administrators from both of our major area hospitals, plus private practitioners and several directors of social service agencies. The breadth of involvement in this coalition has already resulted in funding commitments from both hospitals and enthusiastic support from government officials in both Vermont and New Hampshire.

The story of Headrest's participation in the formation of the Upper Valley Interfaith Coalition Against Homelessness is interesting, because it demonstrates the potential of efforts to organize on the community level. In 1988, Headrest received a small grant from the Lou and Lutz Smith Foundation, administered by the New Hampshire Charitable Fund, for the purpose of putting together a publicity campaign that would make our services more accessible to the public. The primary focus was to be making people more aware of our crisis intervention, information and referral, substance-abuse counseling, and emergency shelter availability.

A portion of the grant was used to create a brochure specifically about the incidence of rural homelessness in the Upper Valley. We persuaded two of our sister agencies, WISE and the Haven, to let us highlight their shelter programs as well as our own in the brochure. The attractive flyer we created caught people's attention with a cover page that read: "Homelessness. If you think it's only a big city problem, Think again . . ." The information that followed used lodging statistics from all three agencies and created a convincing picture of homelessness in our area. It also suggested many ways in which concerned citizens could respond to help the three agencies in their missions of helping the homeless.

After we had circulated the brochure in the community and in area churches for several months, in July 1989 a Headrest board member used it as an entry to arrange for a small group to speak at a monthly meeting of the area's Ecumenical Council of Churches. At that pivotal gathering, Paul Feeny of the Haven, a lay preacher, together with Donlon Wade and Gregory Norman of Headrest, spent an emotional evening enlightening the representatives of fifteen churches in attendance about the growing problem of homelessness in our area. The council was asked to find ways to help out, especially since Headrest was turning people away from its five-bed shelter nightly. It was especially effective to have Paul Feeny deliver his opinion that the first priority for improving the area's ability to fight homelessness ought to be expanding the Headrest shelter.

From our perspective, what followed that meeting was fairly miraculous. Several of the participants, led by Dr. Paul Manganiello, continued to discuss the question of how they might have an effect on the problem. Dr. Manganiello managed to get at least one person to be a representative for each of a dozen churches that came together that September for an organizational meeting of a coalition to fight homelessness in the Upper Valley. The first few monthly meetings were spent raising consciousness about homelessness in general and issues the shelters were facing, and discussing all the ways such a coalition could possibly help.

The group agreed that expanding Headrest's shelter capacity would be the most ideal thing that could happen in the community, since the services Headrest offers homeless individuals are the most effective way to make an impact. However, since Headrest had only rough building plans at the time and no capital campaign under way, the group searched for an interim plan, something that would make it more immediately possible for Headrest to take in more people and turn away fewer people in need.

While most of the participants in the discussion group were lay people, a concept voiced by one of the Protestant pastors present began to catch on, specifically, "Why don't we concentrate on ways to use God's churches to do God's work?" With that

in mind, a plan had taken shape by January 1990. The group, organized as the Upper Valley Interfaith Coalition Against Homelessness, set about lining up area churches to provide bed space in rotation for the overflow of lodgers from Headrest's shelter. The coalition's representatives in each church continued to speak to the issue of homelessness whenever possible, as presentations during church services and in discussions with various groups within their churches. This consciousness-raising effort made it possible to recruit volunteers from among the several congregations to be overnight companions to the lodgers being sent from Headrest to the churches.

In March 1990, on Vermont Town Meeting Day, the coalition held a training for overnight volunteers at the Norwich, Vermont, Congregational Church. Those of us who had been involved with the coalition all along were stunned when seventy volunteers walked through the door and put their names on a list to be used for scheduling the overnights! We proceeded to train the volunteers in protocols the coalition had agreed to use, gave a few hints on active listening and how to converse with homeless people, and explained to the group how Headrest would handle its role.

Headrest's agreement has been to admit up to three homeless lodgers in excess of our bed space. Each night we designate one, two, or even three of the people in our shelter to spend the night at whatever church is on the rotation schedule for that week. One of the coalition's overnight volunteers comes to Headrest at 10:00 P.M. to pick up the lodgers who are going out to the church, take them there, and spend the night on beds or cots provided by the church supervising the lodgers. The clients are brought back to Headrest just before seven the next morning.

We now have eight churches in four communities participating in the program, so that each one is on the schedule for a week's time every eight weeks. We have had such a good response that the overnight volunteers are usually not asked to commit to more than one night each month. We try to use volunteers who belong to the church that is providing the beds that week, but it is not always possible to do so. Schedulers do try to make sure that one woman is paired up with one male volunteer to make it possible for Headrest to send lodgers of either or both sexes to the church.

Headrest's part of the bargain is to be very careful about whom we send. It's a rule that no lodgers are sent to the churches for overnights until they have been at Headrest for at least a couple of days, so that our shelter people get to know them. We do not send anyone who we think might cause problems for the overnight volunteers, or who might still be in an alcohol or drug crisis following detox. Some volunteer overnight companions are elderly men and women who generously give their time to help the homeless. We have dedicated ourselves to making sure that the program runs smoothly and does not result in any uncomfortable or dangerous situations for the volunteers. In fact, looking back at almost two years of this overnight program, the only incident we can recall hearing about was when two Headrest lodgers who were going out to the churches regularly figured out that they could convince some of the overnight companions that the volunteers were supposed to bring along a box of doughnuts for the overnight.

The benefits we have realized from the Upper Valley Interfaith Coalition Against Homelessness overnight companion program have been many. In addition to the obvious one of being able to take in more homeless lodgers at Headrest, there have been several pluses that were pleasant surprises along the way. We have been able to

get the attention and involvement of a significant group of middle- to upper-middle-class concerned citizens, mostly liberal in their orientation, for the problem of fighting homelessness in our area. With 150 to 200 such people from fifteen churches involved with the coalition, we have had a ready-made audience for funding appeals, for in-kind donations for the shelters, and a group that could help spread the word among the much wider circle of their church congregations.

Early in 1991, when it came time for Headrest to get its capital campaign to fund the shelter expansion off the ground, the coalition members were very active. They not only contributed substantial donations themselves and encouraged groups at their churches to hold fund-raising events to support the project, but a core group of five to six persons stepped forward and asked to be trained to go out to solicit money from potential large donors we had targeted. Their efforts turned out to be enormously important to an agency that had never conducted a capital campaign, and, in fact, lacked sophistication in doing one alongside its general annual fund drive. In late 1991, construction was well under way at Headrest, and we expected to have twice as many beds available for homeless lodgers by midwinter.

The Upper Valley Interfaith Coalition Against Homelessness continues to meet monthly. The group includes a publicity committee that puts out a quarterly newsletter to be distributed at all the churches in the area. In it, activities, issues, and projects involving all Upper Valley agencies that work on alleviating homelessness and increasing affordable housing are highlighted. The fall 1991 issue, for instance, carried a banner headline, "Eight Ways to Help the Homeless," and identified eight projects that either needed contributions, in-kind donations, or special volunteer support. Another committee is studying transitional housing issues with the idea of identifying the next project for the coalition to take on once Headrest's building expansion is completed.

Agency heads and coalition members have become better known in the community as we have all done our part to help get the word out about fighting rural homelessness. This has led to many of us being asked to give talks and interviews and be on panels about homeless issues. One of the most pivotal of these occurred in November 1990, when the League of Women Voters held a public forum in Hanover, New Hampshire to discuss homelessness. Before a packed house of five hundred citizens, a panel of "experts" that included Headrest, the Haven, and LISTEN directors and representatives from the coalition answered questions for over two hours.

When a member of the audience asked what sort of medical assistance was available for homeless people in the Upper Valley, a coalition and Headrest board member, Sandra Zubkoff, who is a nurse practitioner, stood up and challenged the area's medical community. She stated that the Upper Valley, which includes two of the best-known hospitals in northern New England, had only one doctor who was willing to see homeless persons. The very next night, Dr. Paul Manganiello took that message to a meeting of the Grafton County Medical Association, which passed a unanimous resolution supporting an action plan for making medical care accessible to people who lack insurance and resources to afford adequate medical care.

Since then, a spin-off group from the Upper Valley Interfaith Coalition Against Homelessness, including social service agency people, church representatives, plus doctors, nurses, and nurse practitioners from the Dartmouth-Hitchcock Medical Center and Alice Peck Day Hospital have been meeting to plan the establishment of a free medical clinic. It materialized in January 1992, with the opening of the Good

Neighbor Health Clinic in space provided by Saint Paul's Episcopal Church in White River Junction, Vermont.

We started with the premise that because our work with the rural homeless involved a smaller population than that served by larger shelters in urban areas, we could not expect to have the same access to state and federal funding sources. However, being small has some distinct advantages in the quality of our case management with shelter clients. Also, being able to work effectively to organize community support has, in Headrest's case, been an interesting compensation for our rural setting.

Within the shelter, Headrest's shelter coordinator and substance-abuse counselors are able to accomplish their work with homeless lodgers in a way that is the envy of shelter providers in more heavily populated areas. Treating homeless people with dignity and respect is certainly part of this. It is only because we care so much about the people who come to us for help that we are able to make sure we are really contributing to their recovery, whether it's about their economic well-being, emotional outlook, or breaking free of a dependence on alcohol or other addictive drugs.

It is Headrest's success stories from working with our homeless clients that has created the climate for our successful networking in the community. The Upper Valley Interfaith Coalition Against Homelessness and its members have contributed financially and with many hundreds of volunteer hours specifically because they have looked closely at the quality of Headrest's case management with the homeless, and determined for themselves that this represents a realistic way of helping the homeless that they are inclined to support.

The problem of homelessness, whether urban or rural, is really far too complex for one organization to have an impact, even in a small area, acting alone and in a vacuum. We recognize that each agency and group has input to give and an important role to play if we are serious about helping people in need. It seems rather ironic that in the midst of the world's most advanced capitalistic society, right here in northern New England, the answer that has worked best for us is cooperative effort and a repudiation of competition among social service providers. ♣

Notes

1. "The New Hampshire Emergency Shelter Commission statistical report of Emergency Shelter Use in New Hampshire, FY 90 vs FY 91."
2. Jeff Feingold, "Henrietta Charest: Advocate for New Hampshire's Homeless," *The Spectator*, April 1991, 23.
3. Peter Marin, "The Prejudice Against Men," *The Nation*, July 8, 1991, 48.
4. Ibid.
5. Ibid.
6. Ibid., 51.
7. Peter Anderson, "The Rural Poor," *Boston Globe Magazine*, September 16, 1990, 34.