

## HUMAN AFFAIRS COMMITTEE

October 16, 2023

A meeting of the Human Affairs Committee was held Monday, October 16, 2023 at 7:00 p.m. in the Aldermanic Chamber.

Alderman Thomas Lopez, Chairman, presided.

Members of the Committee present:           Alderman Thomas Lopez, Chairman  
Alderwoman-at-Large Shoshanna Kelly, Vice-Chair  
Alderman Patricia Klee, Clerk  
Alderman-at-Large Melbourne Moran, Jr.  
Alderwoman-at-Large Gloria Timmons

Members of the Committee absent:

Also in Attendance:                           Amanda Robichaud, Northeast Director of Business Development,  
Gatehouse Treatment  
Matt Sullivan, Community Development Director  
Kevin Pucillo, NPD Grants Manager

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PUBLIC COMMENT - None

### DISCUSSION

#### Chairman Lopez

So just by way of introduction to the public. If you check our last couple of meetings out, we've been trying to explore some of the different resources and things that the City interacts with to address different needs, particularly we're focusing on sober housing, recovery housing, which ones which, how did these programs run, what does our City do to support them, and how can we continue to do so?

So Amanda if you want to introduce yourself and your organization, maybe give us a summary of what kind of stuff you guys do.

- Presentation from Gatehouse

#### Amanda Robichaud, LNA, GateHouse Treatment

Amanda Robichaud, GateHouse Treatment, 491 Amherst Street, Nashua.

So GateHouse Treatment is a PHP/IOP Program right here in Nashua. Typically, we're helping individuals for on average about 45 days kind of navigate through the early stages of recovery. We're not your detox level of care or residential, so we're just below that which is at 3.5. We do the PHP portion with housing through our programs. So it's a little bit different than other programs maybe in the State. Our sober living is what's connected and that's where individuals stay with us.

#### Chairman Lopez

And just as a point of clarification, PHP is "partial hospitalization program" and then IOP is "inpatient/ outpatient".

#### Amanda Robichaud, LNA, GateHouse Treatment

Intensive outpatient program.

#### Chairman Lopez

So those would look like a group that meets for a long period of the day or something to that effect.

#### Amanda Robichaud

Yep. Then we also have what's called the "MAT care clinic" which is on Main Dunstable Road, 155 Main Dunstable and through there, we're able to do outpatient opioid and like fentanyl detoxing now for individuals that are either going to drive

in from home they have to have like a stable housing environment or we've partnered with like the Nashua respite so they're able to go there and also receive those outpatient detoxing services.

Chairman Lopez

And MAT is "medically assisted treatment".

Amanda Robichaud, LNA, GateHouse Treatment

Yep.

Chairman Lopez

So just so no one in the public thinks we have someone who's driving on opioids in here that they're part of a long-term program, they have medical supervision, and there's aiding and physiological symptoms typically.

Amanda Robichaud, LNA, GateHouse Treatment

Yes. All right. I'm gonna let you lead the discussion.

Chairman Lopez

That's okay. I didn't mean to step on too many things. It's just I try to keep in mind that people who are watching might not have the same background.

So GateHouse is pretty big. How large your program is it?

Amanda Robichaud, LNA, GateHouse Treatment

So we have about 150 beds for individuals right here in Nashua and then we also started offering telehealth services. So we have an evening IOP that runs Monday through Friday from 6:00 to 9:00 so if anybody is looking to maybe do treatment services from home that, again, is an IOP level of care so the intensive outpatient program. That's just an added benefit for individuals who maybe are working all day, they want to go home to their families at the end of the night, they can't do an in-person program.

Chairman Lopez

So citywide a recent estimate I got from our development office was somewhere around 350 beds estimated in the City. It's a little hard to pin down because not all recovery programs actually like feel the need to report to the City, or tell us that they're there, or that type of thing.

Last month we were talking about how Code Enforcement typically would have identified a lot of the facilities as something like a boarding house or we have legislation that if a number of people are living within a facility that aren't related to each other certain rules apply. So can you tell me a little bit about what the different locations you have might look like? How many people would be in each one? Any interaction with the City you care to comment on?

Amanda Robichaud, LNA, GateHouse Treatment

Yeah so our houses are, they're all NHCORR certified. So I think that's maybe where some of the like other coding and things like that come into play and depending on how many people are in each house. So typically if you're gonna get your home certified in any City in the State of New Hampshire, you'd want to make sure that you're following rules and regulations from the fire department. So usually you'll have like the Fire Marshal walk through and they'll kind of just check everything out make sure structurally the building is okay. They'll let you know how many occupants you can have in there. In some cases, some buildings might need like updated sprinkler systems, fire extinguishers, just very basic things like that.

Our houses are all - we lease them or they're leased to us. Sorry. They're leased to us so we technically rent them and then what we do is we have about five individuals per house for men and women. So we do have gender specific housing. I don't really see any non-gender specific housing in any of the programs I work with. So I think they're pretty much all pretty straightforward.

Chairman Lopez

That creates a little bit of gap if you have to identify a certain way. I know we crossed that hurdle only I want to say like five years ago in the emergency shelters where we kind of realized that some people weren't fitting in the boxes we thought they were. They were basically being shunned out of places inadvertently. So could be something we look at collectively as a community. When you said core certified, they're actually up to present next month. They were going to come here this week but there's a little bit of scheduling snafu. Are there benefits or advantages to being CORR certified?

Amanda Robichaud, LNA, GateHouse Treatment

I think that there is. I mean because you have to - it's kind of like having a joint commission accreditation in my mind but for a sober living home. So you know that they're following some structure and some basic rules. Like typically there's a bit of programming that falls into it. The guests of that house would maybe go to like an outside AA or NA meeting. They're required to do so many per week. They have a job. They're getting urine tested. Specific medications would be locked in a lockbox or a safe so that not everybody in the house has access to them.

I mean in my mind when I make a lot of referrals out for aftercare, I personally try to find the houses that are NHCORR certified over others just because at the end of the day if somebody's playing by the rules, they're going to be making sure that all their i's are dotted and their t's are crossed so I can feel a little bit more confident about my client and their experience in their aftercare opposed to maybe sending them somewhere where, you know, maybe somebody doesn't care if they have extra people in the house or something. Like that to me if you're helping somebody get better, you really want to set them up for the best-case scenario in all possible cases, right. You wouldn't want to put them in an overcrowded house. The NHCORR certifications it prevents them from having that.

Chairman Lopez

So that's encouraging for me to hear particularly because it was presented to us that they're a major resource that our City like points people towards when we encounter places that might not be you know necessarily in compliance with the Fire Marshal or Code Enforcement. It is a tradition or maybe a policy of our Code Enforcement and Building Inspectors to be as much educators as administrators. They don't just like check you off and then say hey go fix your duct work. They'll try to help you figure out what is needed, and why you're getting a certain score, or whatever. So it's reassuring to know that the resource that they're pointing at is highly regarded by the providers, particularly when it's like represents at least 40% of the beds in our City is impactful and has that weight of reputation. What about are you aware of programs that might be based in other states that operate here? Do you think they have the same kind of desire to be CORR certified or?

Amanda Robichaud, LNA, GateHouse Treatment

I think anybody in our space like typically when I meet with individuals if it's another treatment facility or a sober living home for the most part in time I guess, the majority of them all want to have either that joint commission accreditation or your NHCORR. Like they want to be doing the things that you can put that, you know, gold star seal of approval on your website that says yes we fall in line with all these different organizations and compliance.

Anybody who's not maybe on that list yet, I'm assuming that they've got to be trying to get there. I can only imagine that some things would take a little longer. Like if you do have to instill a different type of sprinkler system into your house. Like those are modifications that the homeowner, I believe, has to cover. That's an expense on their behalf. I don't know if there's funds that cover that for them or like a handicap accessible ramps just things like that. So I imagine that would take time but for the most part, I would have to say I think everybody kind of strives to get that like Goldstar seal of approval.

Chairman Lopez

Good. Like I said, it's very encouraging because you would hear from people, you know, on the street or, you know, without firsthand knowledge and it kind of makes you wonder what the mechanism is. If the community itself is at least self-organizing and recognizing that, that's encouraging.

Do you as GateHouse - I know there have been some recent organizational changes and you might want to speak to that a little bit. I know GateHouse has in the past been involved with the continuum of care. Are you still involved with a Greater Nashua Continuum of Care and are you involved with the substance use/misuse continuum of care organized by the Mayor's Opioid Task Force? They changed the name but I forget what it is.

Amanda Robichaud, LNA, GateHouse Treatment

So I believe my COO Mitch Pierce was the one coming to all these meetings. I did ask if I could start joining them because I'd love to just kind of be you know a fly on the wall and hear what's going on. I did bring with me tonight - I don't know if you guys want to talk about this or not but it was basically a proposal for homelessness and substance use disorder. It's the exact proposal that I used up in the City of Manchester but this is a pilot that we've started last year. It's been working very well and they actually just signed on with us to do a second round. So it's now 120 people. We do a lot of work with the City's Director of Homelessness. I know she's collecting a ton of data from our information and then she brings it to the initiatives and the different collaborations and kind of shares that with them as well. I don't necessarily go and sit in on those meetings but she is there to do that.

Chairman Lopez

Is that the GateHouse Treatment triage or is that the Manchester outreach highlights?

Amanda Robichaud, LNA, GateHouse Treatment

Yeah so this is it's called the "TST". So it's basically it just stands for triage, stabilization, and transition. It was something that I kind of thought up. So I've been doing outreach, homeless outreach specifically for about the past six years. In the City of Manchester just because it's close to my home, that's one of the places I tend to land a lot. There's about 536 homeless individuals up there right now. Over just one of the years in 2021, I was doing a pilot and I was able to pull 76 people off the street and put them into housing...

Chairman Lopez

Nice job.

Amanda Robichaud, LNA, GateHouse Treatment

...and that happened in an 8-month period of time. So it's tiring. There's a lot of work and effort that go into it. It's not typical that you walk up to somebody and in the first 10 minutes they tell you they want to end their homelessness and end up in a house. It's a lot of, you know, constant follow up and just being in front of them but if you do it in the right manner and you use sometimes your own personal life experiences, you're able to help people kind of break down those barriers that stop them from trusting others or, you know, just kind of that fear that they have in place of what if my life gets better today. So I kind of - I did bring that for you guys to check out and then there's another packet that just has, you know, all the statistics. So it says the Homeless Outreach Highlights. This is direct data from our pilot that we did the first run of it. The initial 60 people that we were able to get off the street turned into 124 people and of them, there's 25 that have been placed into housing. So they're no longer experiencing homelessness. Then there's another subset of individuals that are still currently enrolled in a PHP or IOP Program. So in my opinion, they are not homeless. They are in an actual program at this time.

But some really important statistics from that is of those 124 people, there were 23 of them that were all on probation and parole for various acts of, you know, theft or anything that really was related to them misusing substances. So they committed a crime because they were trying to get money so they could cover the cost of their substance use. To me, I thought that was really important information to have because by getting these individuals off the streets and into a PHP Program and the ultimate goal is to get them into sober living at the end of the day so that they have a structured place to stay. They can stay there for up to two years if it is an NHCORR certified sober home. Then from there, you know, you'd hope that they'd be able to start the progression and pay for themselves to live wherever they chose.

Chairman Lopez

Well I don't necessarily want someone to be stuck with a label for the rest of their life. I do think it is helpful for organizations to like particularly during transitional housing. Transitional housing is covered under HUD definitions of homelessness so you don't lose your eligibility for interventions or supports just because you were taken care of for long enough to become ineligible for further assistance. You know recently in Nashua, we sort of realized that we had a giant boomerang that we threw four years ago, maybe three years ago, come back at us where we put a lot of people into emergency housing first vouchers for chronically homeless individuals. We've managed to keep them in their placements just about long enough for those placements to fall apart, the vouchers to expire, and now they're not eligible for the level of supports that they were when they went into it but we didn't do any of the case management outreaches or follow ups that really needed to move them well beyond that and establish some kind of security from regression. So that's the only reason why I would say like it's helpful sometimes to identify the different criteria but HUD has very exhaustive definitions of homeless too which I think maybe get over simplified by some of our daily operations people. Someone trying to fill in

an HMIS entry for example isn't going to necessarily go down all 50 definitions to get it but that also means we have people who would be eligible for higher levels of support than they might necessarily realize.

Amanda Robichaud, LNA, GateHouse Treatment

I agree. I mean also like one of the things that I noticed just being somebody in this State of New Hampshire and providing this type of outreach a lot of times - and it's starting to shift a little bit. We now have Live Free that does detox, NH Detox up in Bethlehem. They'll take individuals in but each place has like a nuance I guess you could say, right. I hate to call it a nuance because I'm so grateful that they're actually able to take a number of clients in. But like New Hampshire Healthy Families, they don't do opioid detox. Maybe NH Detox up in Bethlehem, they can't take you if its alcohol related. Then if you don't have health insurance at all, maybe you have a New Hampshire Medicare Plan. You really - your only option is to go to the City of Manchester and go into Farnham.

The hospitals are here. They're always available but that's not where you really want to go. But it's not where you want to go for a detox, right? I'm going to speak from experience on this one. I went to a very nice detox about 14 years ago. I've maintained my sobriety since then but I'll tell you it was in a hospital and it was not fun. You know you hear bells dinging all night and you're feeling pretty sick. It's worse than having the flu and to get no sleep on top of it. So like, to me, it's nice to have an actual place for people to go and to comfortably detox the way that they're supposed to. A lot of this all stems down to, just so you know it ties back to the sober living, but it's very vital and important that we take the right steps. So when we meet with these individuals on the street, sometimes what happens is if they don't have the right insurance, or they can't get into a detox, maybe they're banned from all the detoxes because of unfortunate circumstances, then we look for the next best thing. Well let's get you into a PHP. So they go into a PHP but you have undiagnosed mental health that is sitting there and it's usually very prevalent, and it prevents them from actually learning, and getting the services they need, and the ability to comprehend the treatment that they're receiving. So what I've seen through this TST program is these individuals who would otherwise come in for PHP and leave in a week or two sometimes even a day, we're getting them detoxed first, then they're coming through, and we had over 30 people successfully complete PHP. I mean I've never seen numbers like that before. These were homeless individuals that were completing at that success rate which is I mean it's mind blowing to me when you see the difference between someone who's actually detoxed and the fact that they can come in and participate in this program. Then they want to stay and those are the ideal candidate going into sober living. I think that's like the most important thing.

Alderman Lopez

If we could touch on that a little bit just because it came up a lot during safe station organization issues. We have hospitals here that have emergency rooms but they're also chronically over populated. You could wait for eight or nine hours before you get seen in some cases. Then when you're evaluated, you might have actually sobered up, or you might have different issues, or have just left, and then you could be looking at something like there isn't a room available so you're gonna stay in a hallway on a gurney until the one is available. So the hospital has always been meant to be like a Plan C not a Plan A for people seeking recovery. We've built up different programs in the past like Keystone and other partners that don't offer the same level of intervention now. I think the recovery community itself has really stepped forward - Peer Supports, to Revive Outreach, Rise Evolve, GateHouse have done a lot of engaging people and helping stabilize them in place where the hospital you would think oh you just go in the hospital, and you come out, and you're ready to go but it's nowhere near that simple.

You also touched on the co-occurring disorders/dual diagnosis component. I don't know if Alderman Moran wants to touch on that but recognizing that more than one thing can be happening at a time is very important from a clinical perspective. We don't necessarily do it from an administrative eligibility perspective. We'll identify someone as a person whose, you know, doing substance abuse, misuse, and all that and you see in the public a lot of people saying well if these people were sober then they could go to the shelters but they're not necessarily defined by their substance use or misuse administratively. That can be ascribed to them because of issues that they've had.

I think that's where sober housing, and outreach, and the engagement program that you've apparently been very successful in Manchester comes into play. I mean if we didn't have the regional housing crisis, this program that you're describing the results you have would have been significantly more impactful. I can't commend you enough for being able to engage people in Veteran's Park in this kind of a situation like that we've seen over the last two years and still pull out the results that you're seeing. It's amazing. We could definitely use more of it.

Alderman Moran

Thank you, Mr. Chairman. One thing to point out, specifically one of the things that you mentioned so the public hears it and understands it, Medicare - the federal health insurance for retirees and disabled people who are on social security

disability does not pay for detox. The only type of detox someone on Medicare can obtain whether it's straight unmanaged Medicare, which means that you just have the Medicare card, or whether it's managed by Harvard Pilgrim, Aetna, Humana, whomever it might be is to go to a hospital and get admitted for a detox.

Locally, there's the Farnum Center, AdCare, and then there's also Emerson Hospital in Massachusetts that does that. Those are very limited accesses to so many people who have that health insurance. So, you know, I was at a community meeting last week and I heard why aren't they in treatment, why aren't blah, blah, whatever it might be. Some folks may want to be in treatment but their health insurance doesn't pay for it or they don't have health insurance and they can't afford to pay out of pocket. There's so many barriers to treatment and care for substance use and mental health that a lay person just does not understand and it's even more difficult to explain it because it's so nuanced. It's like, you know, hearing Director Sullivan talk about zoning for an hour. It's so subject matter specific that it might not make sense if you don't live it every day. So there is a big need for our petra delegation to help change those rules. Then on top of it, someone might have Medicare/Medicaid but in order for Medicare to pay, they will only pay if it's in the fee schedule for Medicare. If it's not in the fee schedule for Medicare, it just gets denied and Medicaid won't pay it because it's not in the Medicare fee schedule. It might be in the Medicaid fee schedule. See how confusing it is already but it's not, it's gonna say denied/not payable and Medicaid is not gonna pick up the extra cost of it. So that's just one of many barriers to treatment for anyone accessing detox care. You might think oh how many retirees need any access to detox? I used to work in an emergency room as a psychiatric social worker. The answer is a lot and then there's also disabled people who are younger. If you're disabled, it's very common that if your life has been taken away from you where you worked for so many years, and now you've broken your leg, and you can't go back to work that you might fall into a substance disorder. So be mindful that there are other barriers out there besides people just not wanting to go down to the hospital and get treatment or a bed that's available. There's other barriers and I could spend weeks discussing just this one subject.

#### Amanda Robichaud, LNA, GateHouse Treatment

No you're right. I mean in this packet for you guys, there's 44 people out of the 60 that either had MassHealth, Medicare, no insurance at all, or they had New Hampshire Healthy Families which doesn't do opioid detox. So out of 60 people, we had 44 that would have not gotten detoxed if we didn't put together this program that allowed them to go to detox regardless. All 60 of them were detoxed because of it and I thought that was really important because I mean that's 44 people we would have had out on the streets committing crimes and overdosing. I mean the cities - I don't know if Nashua does it but Manchester I mean they pay for the bodies? I mean I hate to say that anywhere, right, but that is a true statement. Like why wait till they're gone to pay for them. Like let's pay for them when we can help them.

#### Chairman Lopez

Alderman Klee you had your hand up.

#### Alderman Klee

Thank you Miss Robichaud. I truly enjoyed meeting you about a month or so ago. I was quite impressed with the program as you explained it to us. I know that this is a program that's actually going in Manchester but you did talk about how you have this if someone is calling late at night and nothing is open that you do have this kind of housing - temporary kind of to help them and so on. In keeping with the thought about insurance, one of the things that impressed me was when you talked about how if someone doesn't have insurance how you work with them in trying to figure out where they can go and how they can get insurance and so on. So can you kind of explain that and also explain that if it's a late-night call and you have to go and help someone and kind of what the process is. Just to kind of add to that for those that are listening, Manchester does supplement this program that's in there. I think that's a good thing as you said, pay for the bodies while they're alive rather than after the fact. So I just want to get that out there though so if you wouldn't mind. Thank you.

#### Amanda Robichaud, LNA, GateHouse Treatment

Yeah so for anybody if they're struggling with opioid, or you know it could be heroin, fentanyl, methamphetamines, cocaine just in case somebody doesn't know these words what we do is we're able to call into 211 together. If for some reason maybe they didn't answer the phone, it was busy, or anything like that, we have ways around that but we would essentially call into 211 together. I'd actually assist them on the phone call. Doesn't matter what time of day it is, doesn't matter if it's two o'clock in the morning. I literally work 24/7 because addiction does not sleep and doesn't take holidays. I don't want somebody to wait until, you know, 8:00 am. They might not make it that long. But essentially what we'll do is we'll call 211 together and then we'll talk with the operator. She'll connect us to the after-hours clinician that's on and then we'll walk them through the steps on how to get into either the men's respite or the women's respite.

So Nashua specifically only takes individuals with methamphetamine or opioid. There can't be any alcohol or benzodiazepine involved but in Manchester, I believe it's through the Farnum Center, they would be able to take somebody in if they did have alcohol or maybe been benzo's in their system but it's still all the same process. The biggest thing to me is that the individual that calls in or calls me, they're not on the phone alone trying to figure out what to say to the clinicians. I can't tell you how many times somebody calls me back or has called me and said hey I called. They told me they don't do that. They don't do what you said so I can't go anywhere. I'm like no. I'm gonna call with you and then we call together and within, you know, minutes, they're getting picked up. The after-hours doorway or the 211, they'll actually send an Uber or taxi to pick that individual up where they are in the State of New Hampshire and bring them to the respite. So transportation isn't an issue. If for some reason they've missed it, I mean I can't tell you how many times I've personally funded an Uber or Lyft myself for somebody to get to the respite house.

The respite itself, the ones we operate here in Nashua, we have a men's respite that has 12 beds - or has 14 beds sorry, and then a female respite house that has 12 beds. They are in separate locations. I'm not able to give out the address just for you know if there's domestic violence or anything like that but gender specific and then the houses, there's typically two beds in each room. It's very low key. We've got like cable, Netflix in the houses, there's food being delivered every day so that they have breakfast, lunch, and dinner. We basically are just, we have it staffed so that the individuals coming in can have it as like a safe haven. So it's a place for them to go to lay their head down shower, eat, let their body physically rest before they either you know go into detox, or a PHP program, or even sober living.

#### Chairman Lopez

Just to touch on that a little bit. If people don't understand the physiological toll and the kind of psychological experience of somebody who's taking this big journey, this big step to address something that is, you know, so much a part of their life and starting to at least acknowledge that in some future point they're going to come to terms with all the things that they've had to do that got them to this point. Giving them Netflix is not a luxury. It's a necessity because they say idle hands are the devil's workshop. Imagine all of the hands, and it's not idle, it's you're literally spending 24/7 trying to convince yourself to stay the course and not to look for any excuse such as I'm just bored to not deviate from your chance. So I mean sometimes people might look at this, aw they've got a cushy you know, whatever. I mean anybody who has to go through that in order to watch on Netflix, no that's not cushy. It's a ridiculous amount of physical and psychological trauma that they're trying to process with, you know, very cost effective - I mean maybe back in the 80s or 90s, there would have been a ridiculous number of magazines, or books, or that kind of stuff and some places still have a lot of that. A lot of people really take up reading, or knitting, or all that stuff but you have to give people things to keep themselves busy during the necessary downtime in between moments of transition.

#### Amanda Robichaud, LNA, GateHouse Treatment

A hundred percent. I mean when you're going through an opioid withdrawal, I mean just to bend your finger like that is it's excruciatingly painful. I mean we're talking people who have been self-medicating for, you know, sometimes it's just a few years but in other cases it's decades. So when you think about your body functioning every day on pain medication and you're using all these muscles well when you stop getting that pain medication and your muscles have to actually do the work and they feel the work, I mean those are withdrawals that you want to kill yourself. I mean I hate to say it but that's just the truth. I mean it hurts so badly that you need some help, and you need some comfort, and some assistance to get you through that hurdle. I mean sometimes it's nice to just have the social workers that are in there or the CRSWs to talk with the clients and keep them like on course. I mean the agony that you're going through and physical - just the physical agony is enough to make people want to leave never mind the mental piece that's falling into place.

#### Chairman Lopez

Right. I mean so again Alderman Moran can probably speak to this better but it wasn't an accident that when Nashua had a safe station program they co-located it with our Mobile Response Program because there was that aspect of suddenly feeling those deep emotions, feelings, and all that stuff and there's risk. People can try to do it on their own and some people pull it off and you have to give them credit for what they did but there's also a lot of people who can succeed with the proper supports. Alderman Klee.

#### Alderman Klee

Thank you. I just want to some of the data that you gave us for Manchester. It is really quite impressive but one of the things that I had noticed also was when you gave the locations of where people had come from - the cities and so on - Concord, Derry, and with the majority of them being I think over half of them were from Manchester but 18 of them were from Nashua. One of the things we hear quite often from people is that, you know, we get people from all over not just Nashua where I don't disagree with that. I'm sure that if people know that there are services that can help them, they do want to be helped. I do think the average person does want to be helped. So when I'm looking at this number and I see

that 2 are from Concord, 2 Derry, 2 Keene, 36 from Manchester and 18. The 50% of those from Manchester or from Nashua is that correct? Am I reading it right?

Amanda Robichaud, LNA, GateHouse Treatment

That is actually where they ended up going for sober living.

Alderman Klee

Oh okay.

Amanda Robichaud, LNA, GateHouse Treatment

So those were people that completed the PHP and IOP course and then they were placed in the sober living. The page right before that actually has our locations of engagement so where we were finding these individuals in Manchester specifically. So we had - there was a number that, you know, came from just calling into our admissions line because I was going to City Hall so much that they would start to hear it and they'd call in.

Then there was the homeless shelter which is 199 Manchester Street. The 1269 Café which is a non-profit program that's doing a phenomenal job. I mean we were - I mean you'll see Bunny Supermarket like that was a police task force called us and said they were about to apprehend somebody. Can you come down here and we dropped what we were doing, went to the supermarket, and got that person into treatment which was great because the police are not seeing the revolving door of let me apprehend you, let me fill out all of this paperwork, and then let's see you get released on PR in less than three hours. It's terrible that that happens because I value our police officers. I mean my husband's a first responder so I know what they're dealing with and that's not what their jobs were. Back in the day, they didn't go to school. I mean even my husband has been a fireman for about 10 years. His training did not consist of how to administer Narcan every single day. He learned how to put out building fires and the chemicals that cause different fires. Now his job has evolved to administering Narcan every day and the same with our police. Like that's not what they went to school for and to me, this is just another way to like help bridge that gap and kind of take some of that pressure off of their teams you know.

Alderman Klee

Can I just?

Chairman Lopez

Yes but I'd like to just chime in. I have worked with a lot of different people in different communities as well. I recall as a case study, I went to Concord for my high school class reunion. I found I think six people sleeping on the steps of the State House because Concord had recently decided to clear its railroad tracks and yeah, somewhat familiar story. The two guys that were there were people that I'd worked with like four years ago in Nashua. Then my reunion wasn't recent. It was like five years ago. So more recently, I have been in contact with them in Manchester and they're back in Nashua. One thing that I noticed is that they are identified as Manchester referrals because it's been so long but they started in Nashua. So it's when people talk about how Nashua is supposedly helping all these people from other communities, you know, that are coming in, a lot of them grew up here and they've just been ping-ponged around the State looking for someone who will help them with the answer that that they need. Alderman Klee.

Alderman Klee

Thank you. Again, I have nothing but kind words to say about your program. I am quite impressed with everything that you've done.

Two things. One is I've worked with NAMI and I've learned from them that peer-to-peer is one of the best tools that we have. So someone that's been through it as yourself can talk firsthand with someone and you can relate to their pain. They can relate to your understanding.

But I went on a ride along about a year or so ago with our Nashua PD. There was someone who had overdosed and they gave them one dosage of Narcan and nothing. Then they give them the second dosage and I learned really quickly that when it does affect them, they kind of like start up. One of the comments that I heard from the emergency rescue people was he wouldn't go in the ambulance. He would not do anything and they said their worry was that he was feeling so good that he would use and it wouldn't - so he'd use more, and more, and that there was a chance that he would overdose.



Have you ever partnered with a PD like Manchester? I know you're in Manchester and so on to work with them so that if a case like that happened, you could be called there to even though he doesn't want to go into the ambulance that you or someone from your organization could work with them? I'm not trying to put anything on - you're doing phenomenal work so if the answer's no, that's fine I just.

Amanda Robichaud, LNA, GateHouse Treatment

Yeah, no, no you're not wrong at all. I mean so we work so close with the Manchester Police Department and actually the reason this entire pilot started is because I had such a strong relationship with the Manchester Fire Department. Because they go on my husband's shift, he does the rescue so they really go on pretty much every call in the City. I would get a number of calls. When Manchester had the safe station once some of the respites in the local area were full, you know, two, three o'clock in the morning would roll around and they would have nowhere for them to go. So my husband would start calling me in the middle of the night and say, hey I have these people. I need your help. Can you help me? I was getting them placed and the Chief was kind of like how come nobody else is getting these individuals placed like this? So they just started to call me. So we do. I mean, yeah, we definitely will show up to any call that we can. We would love for the police to utilize us more but they do have some other - like there's some other nonprofit organizations too in the City that I think they partner with as well. So they've got a number of people coming in now but I'll be honest whatever we can do to help.

Alderman Klee

Thank you and I know our PD does a phenomenal job but I appreciate your answer. Thank you.

Chairman Lopez

Alderman Moran.

Alderman Moran

Thank you, Mr. Chairman. Has GateHouse partnered with the office of Public Health here in Nashua to potentially utilize this program here in the City?

Amanda Robichaud, LNA, GateHouse Treatment

Not yet. Is that the like the Department of Health and Human Services?

Alderman Moran

Yes, yes. Well no not the Department Health that's the State but Public Health City of Nashua.

Amanda Robichaud, LNA, GateHouse Treatment

I don't think so. Is that Bobbie Bagley?

Alderman Moran

Yes.

Amanda Robichaud, LNA, GateHouse Treatment

So I've worked with her quite a bit over the past couple of weeks trying to really like let her know that I'm here. I'm willing to help out however I possibly can. So far, I think we've done a pretty good job. I know she had a concern where she didn't really want funding to be used out of State which I completely understand. I'll be honest, I mean I'm in New Hampshire. I'm in New Hampshire right? I want to keep things in our own State but at the same time when I developed this whole protocol here, I started reaching out to every single detox to see who could help me, who would be willing to bring the cost down so that a City could afford this, and I got a lot of nos. I got a lot of nos. The one facility is Sunrise Detox and Millbury, MA. They were able to come down to \$500 a day private detox which is really unheard of. It's still to this day, they're the only ones who are willing to do it that low.

Alderman Moran

Follow up?

Chairman Lopez

Yes.

Alderman Moran

I found that an unusual barrier to have someone who is in treatment. I used to send people that came into HarborCare to Florida and various other places to get detox and they always came home afterwards.

Amanda Robichaud, LNA, GateHouse Treatment

Yes.

Alderman Moran

So hearing that I'd like to make a motion.

Chairman Lopez

Okay. There's other speakers though.

Alderman Moran

Well we can always speak on it but and then we can discuss it.

Chairman Lopez

Okay.

Alderman Moran

I'd like to make a Motion to ask the Office of Public Health is that what it's called?

**MOTION BY ALDERMAN MORAN TO ASK THE COMMUNITY HEALTH DEPARTMENT TO PARTNER WITH GATEHOUSE AND REPORT TO THE HUMAN AFFAIRS COMMITTEE ON THE VIABILITY OF FUNDING SUCH A PROGRAM THROUGH ACTION THROUGH THE BOARD OF ALDERMEN**

ON THE QUESTION

Chairman Lopez

Okay. Well the motion on table is to ask them to work with GateHouse. Just to clarify, we're a subcommittee so we can ask. I don't see why they wouldn't and I would be surprised if they didn't consider themselves already to be working but if there's a resource, we want to make sure everybody's working together so I'd support it.

Alderman Klee

Can you reword that? I have to put the motion in.

Chairman Lopez

So Alderman Moran your motion was to ask that?

Alderman Moran

I wouldn't like to - so I believe through after reading the Charter in detail, I believe we can still ask through a subcommittee to create legislation that may come back to the full Board at some point but my motion would be to ask the Public Health to partner with GateHouse and or any other program and report back on the viability of financially funding the TST Program for the City of Nashua.

Chairman Lopez

I would get a little bit hung up on the idea of asking them to partner. As long as the emphasis is on asking them, I wouldn't want to try to in a subcommittee meeting like suddenly commit them to agreeing to whatever.

Alderman Moran

No, no. I'm asking if they can come back with a proposal to us if it's financially feasible for the Board to authorize such a program and fund it.

Chairman Lopez

Okay. So to review the program that GateHouse has done in Manchester...

Alderman Moran

Just see if that's something that we can fund here in the City through legislation.

Chairman Lopez

Okay.

Alderman Moran

Because we would have to authorize funding I believe, right?

Chairman Lopez

Yes. Alderwoman Kelly.

Alderwoman Kelly

Well I had a question but I'm going to talk on the motion. I don't think we need a motion for this. I think we can just say that the Committee would like to request this. We don't need a formal motion or vote. We've done that in the past as long as it's just documented, we know exactly what he's looking for. We can send an email on the behalf of the Committee through Donna to Public Health.

Alderman Moran

Either one works for me, yes.

Alderwoman Kelly

But I did have another question so...

Chairman Lopez

Please you've been very patient so.

Alderwoman Kelly

I appreciate it. Do we want to put this motion to bed?

Alderman Moran

I withdraw my motion if the Chairman is agreeable to send that on behalf of us.

**MOTION WITHDREW BY ALDERMAN MORAN**

Chairman Lopez

100%. I agree.

Alderwoman Kelly

Yup no problem and I think it's a really good thing to do absolutely.

I had a question. You were talking about how in Manchester, you know, the whole breadth of addiction was you were able to take those people in but Nashua doesn't allow us to do alcohol. Is that because of the programming, because of the City Charter? Like what is it that makes that limitation on the type of for the respite?

Amanda Robichaud, LNA, GateHouse Treatment

For the respite? I honestly don't know what it is within the respite contract between I think it's between the State and GateHouse or the NH Respite that we have in Nashua. I know we don't have clinicians like doctors on staff at the respite location. So I think that's our bigger concern is if it's alcohol or benzos, somebody could have a seizure, or something like that, and they end up passing away or something. I think that's what that part is.

Chairman Lopez

If I may allow, I think Alderman Moran can clarify some of that.

Alderman Moran

So in order to have - it needs to be a medically detox facility licensed by DHHS that has 24/7 medical staffing because of that risk of withdrawal, seizures, delirium, tremors, and very other complicated medical conditions that happen with benzodiazepine withdrawal and alcohol withdrawal. So the respite here in Nashua is basically able to provide outpatient detox for opiate use because there's no substantial risk of death from an opiate. It's extremely uncomfortable, and painful, and miserable but there's no risk of withdrawal seizures or other complicated medical conditions.

Alderwoman Kelly

So my follow up if I could is would this proposal that you are requesting would that allow us to start accepting more patients along the realm that you would have? Would we actually have that clinician and all that stuff in here?

Amanda Robichaud, LNA, GateHouse Treatment

So this proposal would be to utilize - it would be two ways and it's actually a little different and it's not all written in here. I kind of wanted to talk to you guys and negotiate this a little differently if we could.

So essentially if there was anybody who was opioid, or fentanyl, methamphetamines I'd like for them to come through the NH Respite and GateHouse for the detox which I think would also alleviate happening to send so many people out of State. But for the ones that are maybe more acute like it's a pregnant female whose fentanyl or methamphetamines, I'd like to be able to divert them to the Sunrise Detox in Millbury and then anybody who was alcohol or benzos to Sunrise Detox as well. Some of the built-in pillars that I put into place where, you know, Sunrise actually provides the transportation right down there. If somebody completes, they're getting door to door transportation back to their respective program for aftercare. There have been a few instances where I think we had the first round there was four people who left against medical advice but even with them leaving against medical advice, they were put in an Uber and sent back to Manchester where they landed at the doorway and we'd intercept them in hopes to try to like get them to further thereafter care. Maybe they didn't like some part of detox, bad food, something, you know, whatever it was but we tried to like redirect so that it wasn't just you know well now you're homeless again in Manchester. We would do the same exact thing here in Nashua because I think that it's really important to for anybody listening that they don't think like hey, Nashua's going to take all these people, send them down to Middlebury, Massachusetts, and we're never going to see them again. No, they're going to come back. I mean if their roots are here, we want to give them the support that they have where they're most comfortable. To send them out of State to another City would be probably worse because they wouldn't know where they were or who they are with.

Chairman Lopez

Alderwoman Kelly any follow up?

Alderwoman Kelly

I'm good, thank you.

Chairman Lopez

Alderman Timmons.

Alderman Timmons

Thank you, Chairman Lopez. At this point, I think that the removal of your proposals is in order because the Health Department is very aware of this program. I spoke to Director Bagley at length about Gate City and I'd like her to come here and speak to the body before we do that because I don't think she's in favor of it and she should be the one to tell you why. So I think that would be the most appropriate thing to do at this particular time.

Chairman Lopez

Right. So as a point of order, the motion was withdrawn. We're discussing it...

Alderman Timmons

Okay. I'm just saying I'm glad it was withdrawn because of that reason.

Chairman Lopez

Right. I don't think any of us here planned on building up a structure that our actual Community Health Department and then later funding has to be found. So this is just a discussion.

Alderman Timmons

Right. I just want to make that perfectly clear because they are very aware of the program so.

Chairman Lopez

But it really is encouraging to have an organization with a very clear vision of what this could look like. At least some statistics on how it was actually applied because I mean it's been a struggle. As Aldermen, we don't get a lot of direct information given to the Board in a formal manner on how these partnerships are developed. I and I think also Alderman Moran were on the ground floor of starting safe station but we weren't advising the public about it because it was being developed as we went. Every time we thought we knew what we were presenting and how it was going to work, something would change, something would adjust so, you know, committees are great for exploring options and discussing topics but we do get to leave the work to people who are doing it 24/7 instead of 17/7. Alderman Klee.

Amanda Robichaud, LNA, GateHouse Treatment

All right. Great.

Alderman Klee

Thank you. I do understand Director Bagley's concerns and I didn't talk necessarily at length but I did hear some of the things that she had to say to us but I still always believe that I think when we get everybody into a room, we can talk about certain things. My concern I would have said about the legislation that was possibly proposed was that I don't think as a City we could contract with somebody without having put an RFP or something like that. I think we can develop programs with people and I think that's what Alderman Moran was kind of hoping is that we could talk about developing programs is that...?

Alderman Moran

Yeah I was not asking you to contract with you, no offense.

Alderman Klee

Yeah just for the public to hear.

Alderman Moran

I want to hear because I've spoken to others about it. I haven't spoken directly with Director Bagley but I wanted to hear when it comes to funding, which is where we have the control, we clearly don't administer these programs to know what is available if something like this were to work for the City because we know we're not in the business of managing the City departments. We're in the business of funding their programs.

Chairman Lopez

It's worth pointing out also that the Division of Public Health was invited to this meeting but we also invited them to a joint committee meeting tomorrow so I think they're focusing on that. They're very, very busy this time of year. They have a lot of things going on. So it's kind of understandable that they couldn't be here tonight but it would be good to get some direct input information and to kind of see how this is all going. Alderman Klee.

Alderman Klee

Yeah thank you. Just a quick follow up. It's something that I kind of mentioned before. In looking through your Manchester documentation, you mentioned that the cost to the City I think was approximately \$5,000 per person. Is that correct?

Amanda Robichaud, LNA, GateHouse Treatment

Yes.

Alderman Klee

Do you still feel that with in the same range? If we were to start something here in Nashua, and I'm not saying that we are and I'm not saying that we won't, but just kind of on a...

Amanda Robichaud, LNA, GateHouse Treatment

Wider scale. Yeah. I had it broken down to it was about three \$300,000 in total. So it was \$200,000 to Sunrise Detox because that was about \$5,000 per person for 60 individuals. I know your population is a little smaller here so I wouldn't know that you guys would even want to start off with 60 individuals. It could be less than that and that's where like, you know, I figured if we all sat down together and you wanted to negotiate things like we could go through it line by line and do that but one big thing that I really wanted to point out and it doesn't really say it anywhere on these documents is that this program was designed for collaboration with everybody. So it's not even just GateHouse. Like we're not strictly tied to being the only people who can use this. We just oversee it because I'm collecting all the data from it and then I'd be able to give you guys monthly updates so you know how many people are going through, where they're landing, but we utilized I mean The Doorway, CMC Hospital, Elliot Hospital, the Nashua Doorway, Southern New Hampshire.

When they had a homeless individual from Manchester, they called me and it was like instant. I mean you're talking individuals, case managers who are sitting with a client for, you know, maybe hours making phone calls to every detox center, every PHP, and they're not getting that person in. They made one phone call to me and within five minutes that person was in an Uber and on their way to Sunrise Detox. You don't know how many times like you'd hear on the other end like that huge sigh of relief because you have a mental health like clinician who's been trapped. I don't want to say that they're trapped but they feel trapped and they feel like they're losing hope for their client. Like how long can they sit there before they say, well forget it I'm so damaged nobody will take me and then they leave. We kind of alleviated that and my biggest thing was I didn't want it to be just GateHouse because I'm not selfish. I believe in us being a community like how do you work together if you don't include everybody? Like this, this is meant to be inclusive so you could be a nonprofit here in the City and if you get that person in front of you, you call us we're helping you. Like they're a hero at the end of the day when they're sitting across from that person and that's when it matters.

Alderman Klee

Thank you.

Chairman Lopez

Yeah just to clarify and then make your statement. I think when we started Safe Station it was the City, the Fire Department, and Harbor Homes, and then The Doorway came in. I know The Doorway now is run by foundation I believe

but was GateHouse already one of the partners? I know they were definitely involved in Safe Station even when that was happening.

Alderman Moran

They were part of the Mayor's Opiate Task Force and the Safe Station Task Force. There was representation and they were there for aftercare for those who at the time private insurance because I believe they didn't take Medicaid at that point in time.

Chairman Lopez

So we do have a Substance Use Continuum of Care that is similar to the Greater Nashua Continuum of Care. It's overseen by the Community Division of Public Health and they do operate in that kind of collegial manner that you're describing where they partner with different agencies. So I think that would certainly be part of it. I don't think that anybody would expect one organization to lift the whole issue and the whole problem. I think it would be a collaborative but with all the models that we've done in the past, there has always been an identified leader and that's probably the RFP process of like okay who wants to take this, and what would your program look like, how would you engage everyone in doing that? Alderman Moran.

Alderman Moran

Thank you, Mr. Chairman. I just wanted to follow up on the complexities of getting people into the detox and residential program. I can tell you it takes weeks from personal experience of getting my patients into Farnum and Keystone Hall. There's an extensive packet you have to complete first and we're just talking about just the detox. It took six weeks for one of my clients to get in to Farnum and that was with being in contact with their former Chief Clinical Officer who I'm professionally friends with. Then Keystone Hall another patient six to eight weeks to get them in. It's hard to say this but New Hampshire when it comes to admitting people into these programs are very, very rigid. Very rigid as if like there's that case manager, the intake person who's not really maybe they've seen the person but they're really just going checkboxes and then waitlist, etc.

Where Massachusetts, I don't know if its legislation or whatever it might be, but you're diagnosed with alcohol withdrawal. You need to be admitted immediately if there's a bed. You show up on site, you have to be admitted if there's a bed unless there's an acute medical condition. I think that's why sometimes it's easier to go out of State because I've had to send my patients out of State. I send people to Anna Jaques all the time. These people have resources that can get them there but when our system is not able to maintain what we are supposed to be responsible for, I don't think there's anything wrong with reaching out to our neighboring states who have access and can support you because we're all American citizens at the end of the day. It doesn't matter if this imaginary boundary dictates where you get the treatment because the person who's going through it doesn't care. They need it whether it's in New Hampshire, Vermont, Massachusetts, Florida, whatever.

Chairman Lopez

Yeah and to double down on that, the City and State Charter and Constitution define people who are staying a night in Nashua as a Nashua resident.

So with all of the obligations that are entailed by that - just to bring us back to the sober housing programs, I know Alderman Klee had brought up any kind of what does it look like if there's discharge, referral, and you had also mentioned yourself that you try to give people a soft landing and all that kind of stuff. Do you take referrals from other sober housing programs in the City that might have somebody who's struggling and maybe a different program models is more effective?

Amanda Robichaud, LNA, GateHouse Treatment

We do. We take referrals from a number of the sober living right here in the City of Nashua. Actually all over the State of New Hampshire. I have to say - I mean we work with so many sober living programs here in the State. They all have like that special uniqueness about them. Some of them, you know, some of the women's programs you have really great groups of women, strong leaders, who really empower each other and build each other up. Then you have some that are a little bit more quiet, low key but it's all about the individual. So you know if I need a person who's really, you know, they don't do well in large groups, or they're kind of shy, or they don't like to talk to a lot of individuals, I automatically start thinking about my resources and where I'm going to send that person or get them on the phone to try and do an intake with because really at the end of the day, it's like you're matching their personality with their clinical needs and then, you

know, just a number of other pillars. But my job is to know all of our resources and to be able to make those connections for people. So I try to get out as much as possible and be in front of everybody as much as I possibly can.

Chairman Lopez

Alderman Timmons do you have your hand up or are you just...?

Alderman Timmons

No, thank you.

Amanda Robichaud, LNA, GateHouse Treatment

You're welcome.

Chairman Lopez

Alderman Kelly are you doing anything over there?

Alderman Kelly

I'm good. Thank you.

Chairman Lopez

All right. So it sounds like everybody's good. Is there any final comments you'd like to make?

Amanda Robichaud, LNA, GateHouse Treatment

No. Thank you so much though for letting me come and talk with you guys.

Chairman Lopez

Thank you for coming. This is very informative. Before you go, we have to make a motion to accept these two communications that were received.

From: Amanda Robichaud, LNA, Northeast Director of Business Development, GateHouse  
Re: Homeless Outreach Highlights – The City of Manchester, NH

From: Amanda Robichaud, LNA, Northeast Director of Business Development, GateHouse  
Re: GateHouse Treatment TST (Triage, Stabilization, and Transition) Initiative

**MOTION BY ALDERMAN KLEE TO ACCEPT THE TWO PIECES OF COMMUNICATIONS FROM GATEHOUSE FOR THE RECORD  
MOTION CARRIED**

Chairman Lopez

Thank you for coming Ms. Robichaud. We appreciate all your information, all your knowledge, and all your work in the community.

Amanda Robichaud, LNA, GateHouse Treatment

Thank you.

Alderman Klee

Thank you for your time really and for all the almost comings and....

Amanda Robichaud, LNA, GateHouse Treatment



Hey it's okay. It just added a build up to the meeting you know. So thank you. Thank you guys for what you do.

Alderman Klee

Thank you.

Chairman Lopez

We did invite Lotus House. Looks like they didn't make it so I will invite them to the next meeting.

COMMUNICATIONS

From: Julian Long, Urban Programs Manager  
Re: Urban Programs Department Updates – September 2023

From: Julian Long, Urban Programs Manager  
Re: Community Development Block Grant CARES Act Reallocation – HVAC Projects

***There being no objection, Chairman Lopez accepted the communication and placed it on file.***

Chairman Lopez

That really sounds like what we did last time. I wonder if this is a typo? Director Sullivan do you have any comment on this?

Matt Sullivan, Community Development Director

Yes, good evening. I believe that there may be a typographical error in the agenda. Manager Long is not able to attend this evening's meeting but did provide a departmental update. That was the sole communication that was intended to be passed along to the Committee. I'm happy to answer any questions about that update. I believe that the Cares Act Reallocation was the precedent meeting in September and should not apply to this evening's agenda.

Chairman Lopez

Okay. Yeah it sounded very familiar so thanks for clarifying.

Matt Sullivan, Community Development Director

Of course.

UNFINISHED BUSINESS – None

NEW BUSINESS – RESOLUTIONS

**R-23-157**

- Endorsers: Mayor Jim Donchess  
Alderman-at-Large Michael B. O'Brien, Sr.  
Alderman John Sullivan  
Alderman Patricia Klee  
Alderman-at-Large Melbourne Moran, Jr.  
Alderman Thomas Lopez  
Alderman Alex Comeau  
Alderman Richard A. Dowd  
Alderman Tyler Gouveia  
Alderman June M. Caron  
Alderman Derek Thibeault  
Alderwoman-at-Large Gloria Timmons  
Alderwoman-at-Large Shoshanna Kelly  
Alderman-at-Large Lori Wilshire

**RELATIVE TO THE ACCEPTANCE OF GRANT FUNDS IN THE AMOUNT OF \$1,054,000 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO VARIOUS PUBLIC HEALTH AND**

**COMMUNITY SERVICES GRANT ACTIVITIES**

**MOTION BY ALDERMAN KLEE TO RECOMMEND FINAL PASSAGE**

ON THE QUESTION

Chairman Lopez

Is there anybody here to speak on that? I don't want to accept a million dollars without saying what it's for.

Matt Sullivan, Community Development Director

I am not here to speak to this but I would be happy to try and at least answer any questions that the Committee has or certainly bring those to Director Bagley's attention. I know she wasn't able to be here this evening. As the agenda states relative to R-23-157, this is the acceptance of approximately a million dollars for really six specific purposes as identified within the legislation itself totaling that million dollars. Those six purposes being immunization generally, STD prevention, HIV prevention, a TB and Lead Poisoning Prevention Fund, and immunization of COVID-19. That being a Fiscal Year '24 expense. You can see the State fiscal year total amounts to the right-hand side of the table that's been provided but this is before and this is a five-year fiscal year grant to be clear. This is before the committee for acceptance this evening. Again, I'd be happy to attempt to answer any questions but would likely have to direct those to Director Bagley for more specific answers.

Alderman Klee

Mr. Chairman?

Chairman Lopez

Alderman Klee.

Alderman Klee

Thank you. I do believe in the Resolution itself is that table that was discussed by Director Sullivan there. So I think it's pretty self-evident. Then basically looking at the fiscal note, it's just the impact is the one million dollars plus grant funds to be used for those specific purposes so I personally don't have an issue with approving this or passing this.

Chairman Lopez

No, I'm pretty familiar with these programs too. So are there any other comments?

**MOTION CARRIED**

**R-23-158**

Endorsers: Mayor Jim Donchess  
Alderman-at-Large Michael B. O'Brien, Sr.  
Alderman John Sullivan  
Alderman Patricia Klee  
Alderman-at-Large Melbourne Moran, Jr.  
Alderman Thomas Lopez  
Alderman Alex Comeau  
Alderman Richard A. Dowd  
Alderman June M. Caron  
Alderman Derek Thibeault  
Alderwoman-at-Large Gloria Timmons  
Alderman-at-Large Lori Wilshire

**RELATIVE TO THE ACCEPTANCE OF \$331,539 FROM THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF TRANSPORTATION INTO TRANSIT GRANT ACTIVITY "FEDERAL TRANSIT AUTHORITY ("FTA") OPERATING GRANT"**

**MOTION BY ALDERMAN KLEE TO RECOMMEND FINAL PASSAGE**

ON THE QUESTION

Chairman Lopez

Director Sullivan, this is what you came for?

Matt Sullivan, Community Development Director

Good evening, Mr. Chair. This is why I'm here for this.

Chairman Lopez

Now that we've used you for literally everything else.

Matt Sullivan, Community Development Director

No that's quite all right. That's why I'm here.

So this is acceptance of grant funds through New Hampshire Department of Transportation. I'm going to tell you a quick story because I've been to this group and other groups talking about transportation funding recently. You might wonder where this piece fits in. You may even recall that at a prior hearing when talking about our transit contract services that I mentioned, the State of New Hampshire allocates about \$200,000 annually across all transit agencies in the State of New Hampshire. I emphasized just how small that number was.

Well as part of the budgeting process, the last State budgeting process, there was a concerted effort by transit providers, legislators, and others to increase that \$200,000 allocation and provide more State transportation funding to local transit agencies to match the money that comes from the federal government. To get that federal government money, we need to have match in hand whether from the City or other agencies. That actually that effort was carried through and although we didn't get the full ask that was initially made of our legislators as part of the budgeting process, I'm happy to report that this acceptance of \$331,000 represents a State Fiscal Year '24 allocation of \$32,000, then State Fiscal Year '25 an allocation to the City of \$299,000. Again, this used to be \$200,000 across the State. In State Fiscal Year, we're getting about \$300,000 just for the City of Nashua and Nashua Transit.

So I'd be remiss if I didn't thank our elected officials who advocated for this but what this really means is it positions Nashua to effectively leverage transportation funding that was provided through the IJ, the Infrastructure Investment Jobs Act, and to allow us to seek that Federal Transit Administration money and effectively implement it here in the community. This action this evening in front of the Committee is simply a recommendation to accept the DOT money that was allocated through the budget to allow us to actually do that.

Happy to answer any questions that you may have but very pleased to be bringing this forward in light of prior stories that I've told to this Committee.

Chairman Lopez

Now we can't turn the whole bus station into the hexagon we talked about this morning. This is reasonable. Does anybody have any questions?

**MOTION CARRIED**

**R-23-159**

Endorsers: Mayor Jim Donchess

Alderman-at-Large Michael B. O'Brien, Sr.  
Alderman John Sullivan  
Alderman Patricia Klee  
Alderman-at-Large Melbourne Moran, Jr.  
Alderman Thomas Lopez  
Alderman Alex Comeau  
Alderman Richard A. Dowd  
Alderman Tyler Gouveia  
Alderman June M. Caron  
Alderman Derek Thibeault

Alderswoman-at-Large Gloria Timmons  
Alderman-at-Large Lori Wilshire

**RELATIVE TO THE ACCEPTANCE OF \$110,000 FROM THE UNITED STATES DEPARTMENT OF JUSTICE,  
BUREAU OF JUSTICE ASSISTANCE INTO POLICE GRANT ACTIVITY “FY2024 HAZARDOUS DEVICE UNIT  
EQUIPMENT GRANT”**

**MOTION BY ALDERMAN KLEE TO RECOMMEND FINAL PASSAGE**

ON THE QUESTION

Alderman Klee

And he's been so patient.

Kevin Pucillo, NPD Grants Manager

Good evening, everyone. Kevin Pucillo with the Police Department. Yes this grant is from the DOJ under their Byrne Discretionary Grant Program. We applied for and received \$110,000 to purchase two new Hetz device suits along with helmets and visors. The suits that we're currently operate with have expired since 2020. So yeah this was long overdue but they're expensive so we had to find grant funds.

Chairman Lopez

Okay. Any questions from the Committee?

Alderswoman Timmons

I have a question because (inaudible). I didn't recognize him in civilian clothes but I do have a question. How does this particular device work? How does it look? What do you get with it?

Kevin Pucillo, NPD Grants Manager

So they're very bulky bomb suit like you see in the movies. That's exactly that that is.

Alderswoman Timmons

Yes, okay.

Kevin Pucillo, NPD Grants Manager

They are like beyond ballistic like Kevlar. I forget how much they can actually absorb but these suits that we're getting are state of the art. They're more flexible which they didn't have like most of the time you couldn't even move your arms and stuff. So they're more flexible. They breathe better too so the officers can stay in longer. Same with the helmets too. It's just obviously technology gets more advanced and brighter and safer for the officers so we have one bottom, and two tops, and two helmets with visors.

Alderswoman Timmons

Can I have a follow up?

Chairman Lopez

Alderswoman Timmons.

Alderswoman Timmons

Thank you. Are we keeping them here in Nashua or are we going to lend them?

Kevin Pucillo, NPD Grants Manager

Nope, nope. So just so everyone knows, the State of New Hampshire only has two bomb units. One is with the State

Police and here in Nashua. All our equipment is for our unit. We don't lend the equipment out. So same with State Police. They have their own program and they have their own equipment so.

Chairman Lopez

All right. Does that satisfy your questions?

Alderman Timmons

Yes, thank you.

Chairman Lopez

All right if there are no other further questions.

**MOTION CARRIED**

**R-23-161**

Endorsers: Mayor Jim Donchess

Alderman-at-Large Michael B. O'Brien, Sr.

Alderman Patricia Klee

Alderman-at-Large Melbourne Moran, Jr.

Alderman Thomas Lopez

Alderman Richard A. Dowd

Alderman June M. Caron

Alderman Derek Thibeault

Alderman-at-Large Gloria Timmons

Alderman-at-Large Lori Wilshire

**RELATIVE TO THE ACCEPTANCE OF ADDITIONAL GRANT FUNDS PURSUANT TO CONTRACT AMENDMENT #4 OF THE FISCAL YEAR 2024 INFECTIOUS DISEASE CONTRACT IN THE AMOUNT OF \$10,000 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE PURCHASE OF VACCINES**

**MOTION BY ALDERMAN KLEE TO RECOMMEND FINAL PASSAGE**

ON THE MOTION

Chairman Lopez

Okay. Any comments or questions from the Committee? Appears to be an add-on fund to programs we already run. So I was a little curious. Normally I would ask Public Health if they were here specifically what they'd doing with it but again, we're already running the program and it's pursuant to a contract we already have.

**MOTION CARRIED**

Alderman Klee

Before we get to that, Mr. Chairman I would like to comment that in the actual physical agenda, it looks like there's an extraneous page just prior to this particular thing. It looks like it was the results of the election. I think it just kind of got...

Chairman Lopez

We have election results in our agenda?

Alderman Klee

We do have election results in our agenda. It's always nice to get those but it's just an extraneous. I just didn't want people to think that it was something that we were supposed to vote upon and that we have ignored it. It looks like it was probably just picked up and scanned. It's after R-23-158. It's in between those two pages. I don't think we need to address it but I just wanted to make...

Chairman Lopez

I'm not going to vote to remove the results.

Alderman Klee

I just want to acknowledge that it was probably a mistake and that we can move on from that.

Chairman Lopez

Because it's not really germane to our agenda.

NEW BUSINESS – ORDINANCES - None

TABLED IN COMMITTEE - None

GENERAL DISCUSSION - None

PUBLIC COMMENT - None

REMARKS BY THE ALDERMEN

Alderman Klee

Mr. Chairman, again, I want to commend you for having people come and speak to us. I find it very engaging. I find it very educational and especially considering a lot of the I know there'll be more conversation tomorrow at the joint meeting but considering the public's need for more knowledge, I think you do help by bringing these topics to it. So I really appreciate all that you're doing. Thank you.

Chairman Lopez

Anyone else like to make any comments?

Alderman Moran

No.

Chairman Lopez

I will announce that tomorrow we have the Joint Meeting of Human Affairs and Planning and Economic Development. Among the topics is we are going to try to get an update on what we're doing with unsheltered residents and how we're generally approaching issues of homelessness and what our work partners are. So definitely I would check in on that meeting. Anyone who is interested in tonight's meeting, GateHouse had a lot of really interesting information. I think a lot of us were chomping at the bit like oh my god they sound like they could solve things that we really want to solve. So very exciting to hear that kind of information, expertise, and results tonight. Looking forward to the conversation tomorrow. Presentation more by the Public Health Department and City Departments.

Additionally just an additional announcement. On Wednesday morning, we're doing a Main Street Crime Watch at Caribbean Breeze at 9:00 am. If anybody would like to come, it's mostly for Main Street businesses and residents, the public. The Community Health Department is typically there and then the police. They talk not just about the law enforcement side of things but about public safety, and resources, and current happenings. So again, that will be Wednesday at 9:00 am at Caribbean Breeze.

ADJOURNMENT

**MOTION BY ALDERWOMAN KELLY TO ADJOURN  
MOTION CARRIED**

The meeting was declared adjourned at 8:18 p.m.

Alderman Patricia Klee  
Committee Clerk



# Homeless Outreach Highlights



**Amanda Robichaud, LNA**

NORTHEAST DIRECTOR OF BUSINESS DEVELOPMENT

(844) 688-3987 **ADMISSIONS**

(603) 438-6668 **CELL (WORK)**

(603) 370-7762 **CELL (PERSONAL)**

[arobichaud@gatehousetreatment.com](mailto:arobichaud@gatehousetreatment.com)



**The City of  
Manchester, NH**

# SCOPE of work

This proposed funding will sustain an existing program, administered by Life Services for Recovery, LLC DBA, GH Recovery Solutions, whose funding ends on March 1, 2024: Life Services for Recovery, LLC DBA, GH Recovery Solutions, a triage through intensive street outreach with a goal of detox and placement for individuals with co-occurring mental health and substance use disorders. This program aligns with the ARPA's eligible

## 1. OVERVIEW OF SERVICES

The Contractor is responsible for connecting willing, eligible individuals with to SUD treatment services including detox, a residential level of care, PIIP/OP with supportive housing, and sober housing, without coercion or intimidation, and promptly providing the required data, reports and invoices to the City.

The Contractor will deploy four (4) outreach workers, ("GH Outreach Workers"), all of whom shall be employees of the Contractor, each of whom shall be employed in this capacity for forty (40) hours per week at an annual salary of between \$50,000 and \$55,000, to offer access to substance use disorder ("SUD") services to members of the homeless population in the City.

Only participants who self-identify as homeless, meaning that they are living in Manchester outdoors or in an emergency shelter arrangement, and are age 18 or older, are eligible for the available SUD services.



# Executive Summary

Initial outreach efforts showed positive results with 60 people admitting for detox services and 36 people still engaged in the next stage of their care plan.

Contract was executed March 30, 2023, and the data being spoken of today is for 124 days of effort (8/01/23)

It takes many interactions with a person before they trust, engage, and consider furthering their care...

47% of participants have been homeless in Manchester for > 1 year.

Detoxing from Opiates, as the primary concern, was only 10% higher than Alcohol.

*We cannot underestimate the importance of clinical detoxing for Alcohol, as it's documented as being the most dangerous of the two...*

Documenting the many facets of conversation and data points is challenging with this transient population.

Community partnerships are strengthening as facts are being shared and lines of communication are strengthened.

# Population Summary:

After 17 weeks into the program, 60 unique members of the community were helped through the GateHouse TST program; all presented with SUD, and many also reported with a secondary mental health concern of anxiety or depression.

## Who are they?

- 46 males, 14 females
- 2 person reported being a Veteran
- 47% of participants have been homeless in Manchester for > 1yr
- Majority are Medicaid beneficiaries
- Many identified as having a Mental Health concern, in addition to SUD
- They engaged with us at a variety of locations in the City

Number	
Female	14
Male	46
<b>Grand Total</b>	<b>60</b>

\*\* Data pulled from tracking sheet includes 2 people who participated in detox 2x

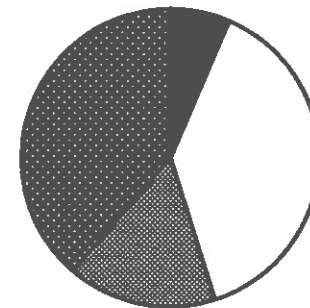
# Information about the population supported.

Insurance	Number
Amerihealth	6
Mass Health	1
Medicaid	6
Medicare	12
NH Healthy Families	10
None	11
Wellsense	14
<b>Grand Total</b>	<b>60</b>

Veteran	Count of Veteran
No	58
Yes	2
<b>Grand Total</b>	<b>60</b>

MH Concern	Count of MH Concern
Anxiety	34
Depression	26
<b>Grand Total</b>	<b>60</b>

Length of time Homeless in Manchester



■ > 3 years □ 1 year-3 years ▨ 3-6 months ■ 6 mo-1 yr

# Locations of engagement

Location	Count
1269 Cafe	11
199 Manchester Street	14
217 Union Street/401 Cypress Street	4
Call In to admissions	11
Bunnys Super Market	1
Oak/Massabesic/Laurel Street/Laurier/Temple St	5
Respite/Hope Center	1
RITE Aide	1
Street	6
Veterans park	3
Woods/Other	2

# Starting the continuum

100% of participants needed Detox/Stabilization before beginning a new level of care

After detox, 41 participants admitted to a PHP level of care

At this point, 36 of the participants have returned to Manchester  
 33% of the 36 are currently in Sober Living

Level of Care	Count of Level of Care
Detox/Stabilization	60
<b>Grand Total</b>	<b>60</b>



Next Steps/ Outcome	Count of Next Steps/ Outcome
Doorway	5
Other	9
PHP	35 (1 went to Doorway for insurance prior to going to PHP)
Respite	3
Sober Living	9
<b>Grand Total</b>	<b>60</b>



Did client return to Manchester?	Count of Did client return to Manchester?
No	24
Yes	36
<b>Grand Total</b>	<b>60</b>



City	Count of City
Concord	2
Derry	2
Keene	2
Manchester	36
Nashua	18

## SUMMARY-

- 60 participants to start with
- 60 admissions for Detox/Stabilization (paid for by the City)
- Of those detoxed, where are they today?
- 8 in PHP/IOP
- 11 Moved back in with estranged family members
- 9 in Sober Living
- 14 Actively contemplating treatment services (Also engaging w. other community partners such as: FIT, 1269 Café, Greater Manchester Mental Health Center, Cypress Center, Doorways, and Waypoint)
- 1 is back at FIT due to nature of past criminal charges
- 10 Declined further treatment
- 7 Successful Completion of services

## As a result of GateHouse partnerships....

- 64 additional homeless residents in Manchester, through collaboration with Community Partners, have been connected to recovery services at no additional cost to the City of Manchester.

This brings the total to **124 individuals helped, with 60+ individuals currently off the streets of Manchester in 124 days**

# GATEHOUSE TREATMENT TST (TRIAGE, STABILIZATION, AND TRANSITION) INITIATIVE



(IN 2021, GATEHOUSE TREATMENT PROVIDED INTENSIVE STREET OUTREACH AND SUPPORT SERVICES, TO THE CITY OF MANCHESTER'S CHRONIC HOMELESS POPULATION EXPERIENCING MENTAL HEALTH / ADDICTION. WE HAVE SAVED THE LIVES OF **76 INDIVIDUALS** EXPERIENCING MENTAL HEALTH / ADDICTION WITHIN AN EIGHT MONTH TIME PERIOD.)

Amanda Robichaud, LNA | 155 Main Dunstable Rd. Nashua, NH 03060 | Phone: 603.370.7762  
Email: [ARobichaud@GateHouseTreatment.com](mailto:ARobichaud@GateHouseTreatment.com)



**Data from the Centers for Disease Control (CDC) and  
Preventions states that “Homelessness is a Public Health Law**

“These people might be chronically homeless, have temporarily lost their shelter, be fleeing domestic violence, or facing any number of other issues.<sup>2</sup> Homelessness is closely connected to declines in physical and mental health; homeless persons experience high rates of health problems such as HIV infection, alcohol and drug abuse, mental illness, tuberculosis, and other conditions.<sup>3</sup> Health problems among homeless persons result from various factors, such as barriers to care, lack of access to adequate food and protection, and limited resources and social services.<sup>4</sup> As each of these factors have legal underpinnings, legal and policy interventions have often been used to attempt to address homelessness, although not always from a public health perspective.” [WWW.CDC.GOV](http://WWW.CDC.GOV)

*GateHouse Treatment understands this matter to be an urgent issue that must be addressed from both a public health perspective and is minimizing the barriers to proper treatment care.*



Outreach members of GateHouse on location at Victory Park in Manchester. Courtesy Photo Manchester Ink Link /December 8, 2021.

## **TST Committee**

The GateHouse Treatment's TST (Triage, Stabilization, and Transition) committee members are pleased to submit this proposal for funding to support the City of Manchester in achieving its goals for improving the number of chronic homeless individuals experiencing Mental Health /Addiction issues. GateHouse Treatment has partnered with dozens of programs throughout the Northeast- committed to improving the overall quality of life, for individuals suffering from Mental Health / Addiction. GateHouse Treatment is capable and willing to facilitate all levels of substance abuse and mental health care for the chronic homeless population residing in the City of Manchester, NH.

## **Our Objective**

*Reduce the number of individuals experiencing chronic homelessness due to mental health and /or drug addiction in the city of Manchester.*

- Triage through Intensive Street Outreach with a goal of detox and placement for individuals with co-occurring mental health and substance use disorders.
- Stabilization will include a continuum of care for all individuals screened and placed in triage from phase one only. Stabilization may include a psychiatric unit, residential level of care, partial hospitalization program, intensive outpatient program with housing, and supportive housing.
- Transition will consist of sober living homes throughout the city of Manchester and throughout the state of New Hampshire.
- GateHouse Treatment will provide our City Officials, Business Owners, and Residents of the City of Manchester with an online zoom educational meeting addressing Enabling and Holding Boundaries with individuals in active addiction. In addition, the meeting will also address some of the direct issues we, as a city, without knowing, have unwillingly caused.

## Our Solution and Process

- Phase One: The Triage solution will provide detox for a minimum of 3-7 days with the short-term private detox options. Timeframe: 3-7 days of detox.
- Phase Two: Stabilization includes a continuum of care for all individuals screened and placed in triage from phase one only. Stabilization may contain psychiatric unit, residential level of care, partial hospitalization program, intensive outpatient with housing. Timeframe: 30-45 days of Partial Hospital Program and/or Intensive Outpatient Program.
- Phase Three: This Transition includes use of all New Hampshire Coalition of Recovery Residences, (NHCORR) certified sober homes. Timeframe: Emergency housing 30-90 days. Transitional/supportive housing typically not to exceed two years.

## Execution Strategy

Our execution strategy incorporates proven methodologies, extremely qualified personnel, and a highly responsive approach to managing deliverables. Following is a description of our project methods, including how the project will be developed, a proposed timeline of events, and reasons for why we suggest developing the project as described.

GateHouse Treatment will remain Point of Contact for all areas of this project. This will include providing data such as number of chronic homeless individuals entering detox each week, number of chronic homeless individuals proceeding to Partial Hospital Program, Intensive Outpatient Programs, Outpatient levels of care, and the number of chronic homeless individuals transitioning to sober living or supportive housing. Data will include how many individuals return to Manchester pre-completion of services and post-completion of services.

GateHouse Treatment will be the first call for any chronic homeless individuals needing treatment. Admissions team will prescreen to determine if detox is necessary. Once determined, GateHouse will then connect individuals to private detox teams and/or provide necessary code to authorize services for detox.

GateHouse will provide monthly updates to City of Manchester. This will allow an open line of communication and provide opportunity to discuss any unforeseen circumstances immediately.

### **Program Requirements/Priorities**

- Priority #1: The City of Manchester to provide funding to help defray the cost of hiring two additional outreach workers to create a team of four full time employees dedicated to outreach on the streets of Manchester, New Hampshire.
- Priority #2: The City of Manchester shall release funds for the detoxing requirements of phase one in the amount of \$200,000 for sixty unhoused individuals of Manchester, New Hampshire.
- Priority #3: TST Committee is currently working towards making revisions on the New Hampshire Committal Laws, to include verbiage that includes individuals with substance use disorder. This revision would be eligible for updating in September 2023 and could be brought before the state in January, 2024.
- Priority #4: TST Committee is actively working towards a plan that would include Judges, Attorneys, Probation and Parole Officers, and Public Defenders offering treatment programs with housing to individuals apprehended on substance related charges.
- Priority #5: TST Committee Members will use other means to raise donations to help offset and support the Triage, Stabilization, and Transition (TST) Program Services offered to the City of Manchester's chronic homeless population.

**Project Deliverables**

<b>Deliverable</b>	<b>Description</b>
Short Term Detox at private pay rate	Short term detox centers have agreed to partner with Gatehouse Treatment to detox individuals at a reduced private pay rate of five hundred and fifty dollars per day.
Long Term Stabilization	Long term stabilization requirements will be provided by GateHouse Treatment and other contractual treatment providers.
Reduction in the chronic homeless population in the City of Manchester, those suffering with co-occurring disorders such as mental health and substance use.	Reduce the number of chronic homeless individuals in the City of Manchester by providing adequate services to those struggling with substance use disorder and mental health needs.



**The GateHouse Team doing Street Outreach in the City of Manchester, NH. Helping people get off the streets, and into treatment and recovery. Saving lives and spreading hope in 2021. We saved the lives of 76 persons that year.**

## Proposed Project Timeline

Description	Start Date	End Date	Duration
TST Program Start Date	1/18/2023	1/17/2024	1 Year
Hire 4 Outreach workers under GateHouse Treatment team	1/25/2023	2/25/2023	30 Days
Commencement of Street Outreach	2/1/2023	1/17/2024	11 Months
TST Program Operational	2/1/2023	1/17/2024	11 Months
TST Annual Report to City of Manchester	1/17/2024	2/1/2024	30 Days

## BUDGET NARRATIVE

The following table details the prices for the delivery of services for 60 persons as outlined in this proposal.

Description	Amount
GateHouse Administration cost Legal Structure, Professional Licensing, Program Support Staff, Program Supplies, Program Communications, and Marketing Supplies.	\$45,000
Project Financial Accounting with year-end report	\$5,000
A. Private Detox Rate: (Transportation and housing included) \$550/ per day.	
B. Severe Alcohol Use: (Transportation and housing included) 5 days \$2,750.	
C. Opiate Use: (Transportation and housing included) 5-7 days depending on usage \$2,750 - \$3,850	

<b>Budget Narrative continued.</b>	
D. Stabilization for Methamphetamines/Cocaine: (Transportation and housing included) 3 days \$1,650	
Total of A, B, C, and D Cost for Detoxing and Housing of 60 unhoused persons, 30 with opioid/fentanyl addiction and 30 with alcohol addiction: \$200,000	\$200,000
City of Manchester to assist in defraying the cost of hiring two additional GateHouse Treatment employees. ( <i>Street Outreach</i> )	\$50,000
<b><u>Total Cost</u></b>	<b><u>\$ 300,000</u></b>
<i>(The cost reflects \$5000 per person)</i>	

*Disclaimer: The Budget Narrative as presented, is subject to change if project specifications are changed. Cost of outsourced services to private detox are final and may not exceed the requested funds required.*

## QUALIFICATIONS

### **GateHouse Treatment:**

- The NH Respite contract that currently provides 26 beds to individuals looking for a safe environment to stay while looking for treatment programs. This is open to anyone struggling with opiate or methamphetamine use by dialing 2-1-1 and requesting respite services in Nashua, NH.
- GH Recovery Solutions is a Partial Hospital Program that GateHouse Treatment rolled out in 2019, to provide treatment services to all individuals in the state, our biggest priority was knowing we would be able to expand services to those individuals covered by the three Medicaid plans here in NH. We wanted our services to be inclusive to everyone.
- Recently, we opened our MAT Care Clinic and Integrative Healthcare Center to fill a gap in aftercare services critical to clients' ability to maintain their medication management and mental health services. Our services provide stability for clients' mental healthcare while increasing their ability to move forward with life.
- GateHouse takes pride in the services we offer, and we will require that all collaborative detox facilities meet the Joint Commission Standards of compliance.





**Testimonial:**

*Cj Walker /Facebook*

**This brings me back to when people reached out and saved my life, that was 19 years ago. Makes me realize how grateful I am, great job, you are special people.**

GateHouse looks forward to working with the City of Manchester, NH again and supporting your efforts to improve your cities public spaces. We are confident that we can meet the challenges ahead, and we are ready to take the next steps necessary in delivering you an effective short- and long-term solution.

If you have questions on this proposal, feel free to contact me, Amanda Robichaud at your convenience by email at [arobichaud@gatehousetreatment.com](mailto:arobichaud@gatehousetreatment.com) or by phone at (603) 370-7762.

Thank you for your consideration,

*Amanda Robichaud*

Amanda Robichaud

Northeast Director of Business Development | GateHouse Treatment