

Annual Report

July 1, 2019-June 30, 2020

The New London Homeless Hospitality Center does many things, but emergency shelter has always been our foundation. How we think about emergency shelter, however, has changed since our founding almost fifteen years ago. In this year's annual report, we continue to report on progress measured against specific goals that have guided our work in addressing homelessness. We also outline some new directions we plan to explore.

This year's report also shares some of the many ways Covid 19 has forced us to adapt in order to continue providing essential supports in the safest possible way. With the hard work of our staff, we have changed how we operate, but we have not missed a single day providing essential supports to our neighbors experiencing homelessness. We have not done this alone. Volunteers have continued to serve. Our board of directors has been fully engaged. The City of New London under the leadership of Mayor Passero and Social Service Director Jeanne Milstein have been remarkable partners on many fronts. The network of providers that make up the homeless response system continues to work as a team. Also critical has been support from Ledge Light Health District, the CT Department of Housing, L+M Hospital, the Community Health Center and the VNA of SE CT.

PROGRESS TOWARD CORE GOALS

I. FROM HOMELESSNESS TO SAFETY

Homelessness is a crisis. People need someone to talk with—quickly. People need help figuring out steps they can take to address the crisis they are experiencing. People need to be able to get a shelter bed if they have no other options.

When we began, people facing homelessness had to call from shelter to shelter, usually being told the shelter was full. Today, all of Connecticut has a coordinated access system that allows people to call 211 and be linked immediately to a face-to-face meeting to discuss their situation. For individuals in our region, most of these initial appointments take place at NLHHC.

When we started, people faced long waiting lists for shelter entry, leaving many of our neighbors outside while they waited for a shelter bed. Today, our system works more effectively allowing us to offer much quicker access to life-saving supports.

A. Quick access to help

Goal: People facing homelessness should have rapid access to a person who can discuss their situation and provide information on services available.

Actual: Individuals facing homelessness in our region were able to access an appointment to discuss their options in addressing their housing crisis within 2 days of their call to 211.

In the past fiscal year, we also added same day “emergency” appointments seven days a week: a person who would otherwise be unsheltered that night was able to talk with an HHC staff member that same day.

Our “front door” has stayed open this whole year though we have needed to adapt to the Covid-19 crisis in a variety of ways. We are using virtual tools where possible. Many initial appointments are now completed over the phone. Our CAN (Coordinated Access Network) assessment staff have been trained in conducting health screenings and linking people to appropriate quarantine and isolation options.

B. Diversion when possible

Goal: Our first effort should be to assist people in solving their housing crisis quickly, avoiding their need for emergency shelter.

Actual: In 2019-20 we expanded our diversion staffing with funding from the federal Community Development Block Grant (CDGB), graciously administered for our region through the Town of Stonington. Every initial CAN interview included an effective focus on discussing alternatives to shelter. This effort helped people remain in housing and freed up shelter beds for people without options. Approximately a quarter of those reporting to their CAN assessment interview were diverted—that is, helped to find alternative solutions to their housing crisis.

The effort to find shelter alternatives did not, however, end at the conclusion of the initial CAN interview. Staff continued to encourage people waiting for shelter admission to explore possible housing options. This added discussion has paid off, as 20% of those who initially felt shelter was their only option resolved their housing challenge and never came in to shelter.

C. Shelter bed when needed

Goal: People facing homelessness should have quick access to safe and well managed emergency shelter if they need it.

Actual: Vulnerable people in need of shelter were admitted immediately. Our shelter wait list rarely required people without other options to wait more than a few days to get access. A total of 395 different individuals were enrolled in our emergency shelter. Especially vulnerable individuals were offered access to Department of Housing hotel rooms beginning in April. In addition, during the cold weather, HHC operated a winter warming center to assure that people waiting for regular shelter had at least a warm place to be at night.

The Covid-19 crisis presented multiple challenges to achieving our goal of quick access to safe shelter for all who need it. In March, we reconfigured our shelter layout to achieve the social distancing required to control virus spread. This reduced our capacity by about 20%. Operating safely also required the implementation of multiple protocols including the following: mask wearing, reconfiguring seating areas, stepped up cleaning, staff training, health screening protocols and intensive efforts to inform guests about hand washing.

As the Covid crisis accelerated in March, we feared a major surge of Covid positive cases and worked with the City of New London to create an off-site Covid isolation site on Viets Street. While the surge fortunately did not occur, Viets Street safely housed 25 individuals who were symptomatic or Covid positive. The site allowed us to provide discharge options for L+M hospital to free up in-patient beds, provided a place for recuperation for those impacted by Covid, and kept the general shelter population safer. As cases declined, we were able to close the Viets Street site but continue to have an organized quarantine section within our existing shelter.

In total, approximately 500 people accessed a shelter option through HHC during the last fiscal year.

D. Fewer barriers to shelter use

Goal: Shelter needs to be organized to provide people facing multiple challenges, particularly substance use disorders and mental health challenges, with the opportunity to use shelter successfully. To operate safely and effectively the shelter must set behavioral expectations. Staff must strive, however, to implement these expectations with flexibility and skill, so as to minimize the number of people who need to be excluded from shelter involuntarily.

Actual: Overall, negative exits declined to 8%.

E. Treatment when requested

Goal: Individuals who seek assistance in addressing substance use disorders should have access to recovery supports that complement rehousing efforts.

Actual: Shelter staff worked closely with Recovery Navigators, treatment programs and community-based options to help people link to recovery support. Last fiscal year we assisted 46 individuals to find intensive treatment options and 118 individuals to locate other program options that eliminated the need to remain in the HHC shelter.

II. FROM SHELTER TO HOUSING

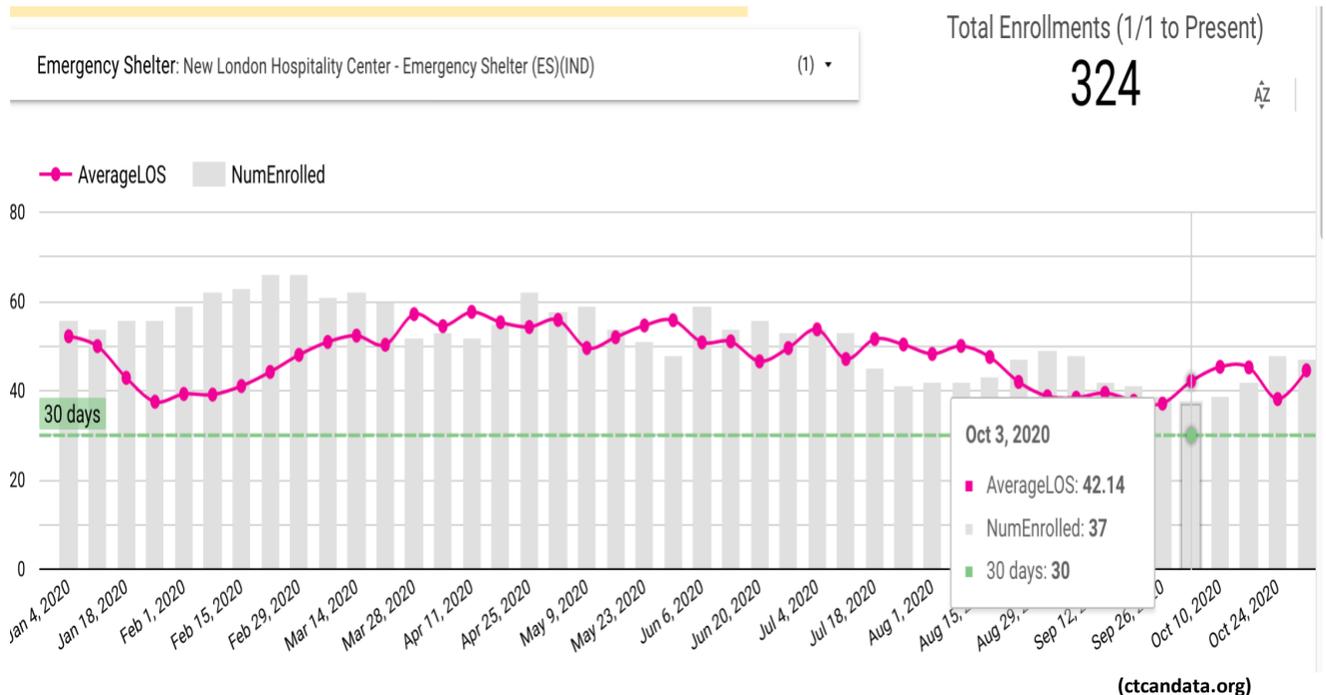
When we started, HHC provided only a place to sleep. Early on, however, we saw that housing, not just emergency shelter, is the ultimate answer to homelessness. Today we have a robust program of housing location support and short-term rental assistance that helps people

get back to housing more quickly. Someone who gets a job or has some income can now get into housing right away, without having to wait weeks or even months to save enough for a security deposit and first month’s rent. These supports are dramatically shortening the amount of time people spend in shelter and allowing them to get back to their jobs and community more quickly.

A. Shorter shelter stays

Goal: Shelter is a lifesaving resource but should be like a trampoline: helping people bounce back to housing as soon as possible. Shorter shelter stays are better for our guests and also free up capacity to serve new people in need. Our goal is to reduce the average length of stay in shelter to 30 days by helping people exit more quickly for housing.

Actual: While our shelter stays are 40% shorter than the statewide average for similar shelters, we have not yet achieved our target of 30-day average length of stay.



B. More exits to housing

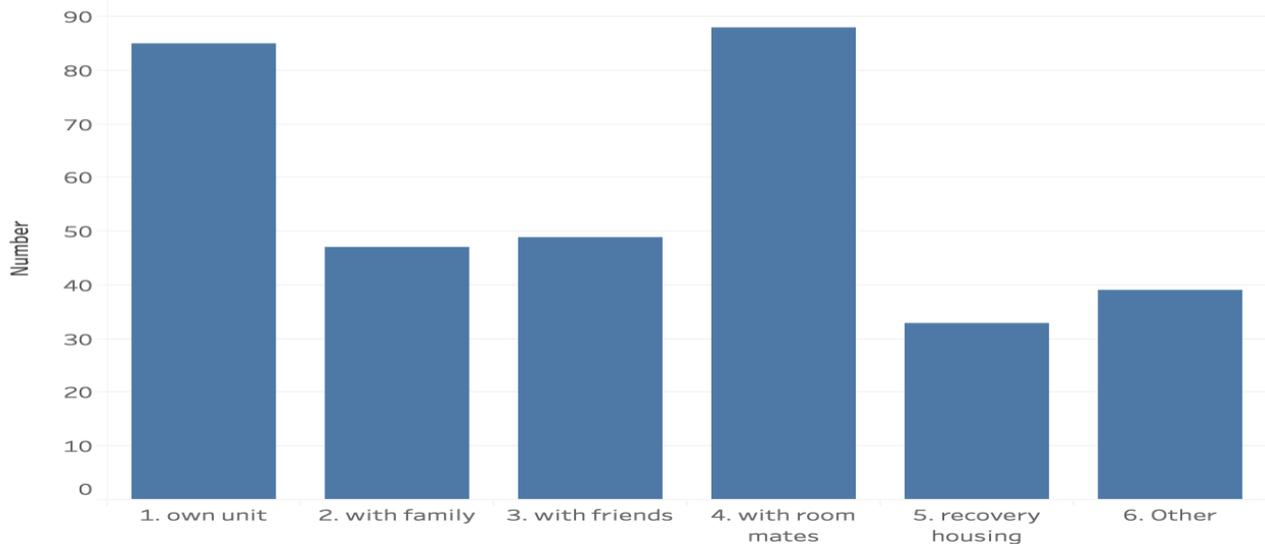
Goal: With the right supports, many people can reconnect to housing quickly. HHC housing location staff help people find vacancies, and our shelter staff help guests address other issues that stand in the way of housing.

Actual: Housing is the answer to homelessness. NLHHC continued to make progress in maximizing entries to housing, beginning with the CAN appointment and continuing through shelter enrollment. 52% of NLHHC shelter exits were to permanent housing compared with a statewide average of 38%. Housing placements were also achieved in the diversion process and

through outreach efforts to people who were unsheltered. Overall, we recorded 341 exits to housing in the last fiscal year.

The majority of our guests have very limited income. Increasing housing placements, therefore, required great staff support but also creativity in helping people with find housing options they can afford. As indicated below, for most people this meant sharing housing with others.

Housing by Type
2019-20



C. Greater housing stability

Goal: While housing is the start, keeping housing is the longer-term goal. Short-term rental assistance (security deposits and help paying rent) is a critical resource to allow very low-income people to stabilize in housing. With the onset of the Covid crisis, the CARES act provided new resources for housing assistance.

Actual: We began using new CARES Act resources to invest heavily in increasing our housing capacity at the end of 2019-20, with an intense focus on building relationships with local landlords. As these relationships brought housing leads, we developed the infrastructure to process rental assistance requests and meet multiple documentation requirements from different new funding sources. These efforts generated increased housing placements and allowed us to help people access over \$234,000 in rental assistance payments (outside HHC’s budget!) in the first four months of the current fiscal year.

NEW DIRECTIONS

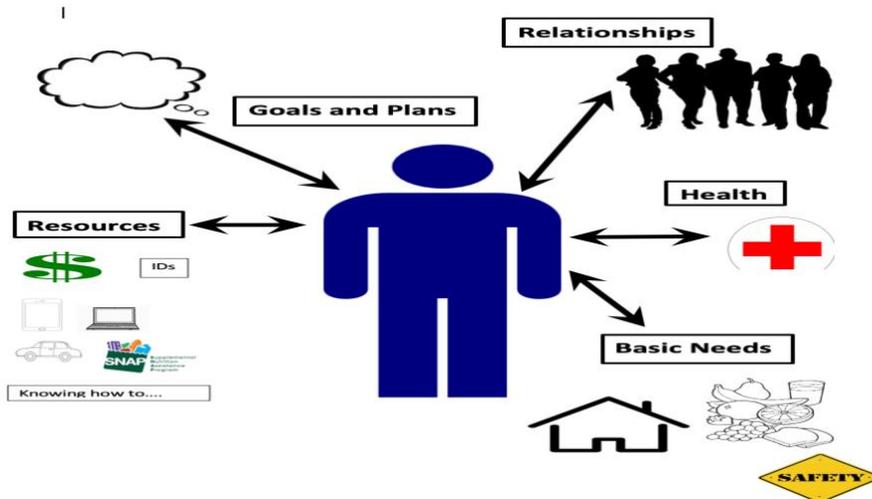
SEEING THE WHOLE PERSON

As a nation we have approached homelessness as a problem that can be solved with **programs**. When HHC started in 2006, emergency shelter was the **program** tapped to address the problem of homelessness. Then about ten years ago, a new national focus called “HOUSING FIRST” shifted attention to housing as the most effective **program** intervention.

As the earlier parts of this report make clear (see especially Sec. II), much has been accomplished with an investment in effective **programs**. We increasingly see, however, that lack of income, physical/mental health issues, substance-use disorders, limited social networks and other challenges remain even after housing is in place. All these challenges are easier to solve once a person is housed. But without added supports, they can drag a person back onto the path of homelessness all too quickly.

Many social service thinkers therefore see the need to add a more **person-centered** approach, one which recognizes that external realities (lack of housing or income) can be addressed with good **programs**, but that the individual’s own internal capacity (resilience, focus, motivating goals, knowledge) are critical to long-term success. A **person-centered** approach understands that each person faces a unique set of challenges and brings a unique combination of strengths to the task of maintaining housing.

What increases a person’s capacity to stay stably housed?



A **person-centered** approach also recognizes that solving problems is not the same as setting people up to really thriving. To use a medical analogy, being free of the problem of disease is not the same as the thriving we call health. We survive when we solve problems...we

thrive when we embrace possibilities that give our lives meaning. A **person-centered** plan addresses challenges but also asks “what kind of life do you want?” and “how can we build that?”.

A **person-centered** approach therefore seeks to help build each person’s unique capacity to achieve the goals that matter to them. Such an approach has to be:

- flexible (each of our challenges and dreams differ),
- focused on possibilities (we are each more than our problems)
- focused on relationships (change happens and people thrive when they feel supported in strong human relationships),
- available over the longer term (capacity takes time to build) and
- empowering of individual agency (as opposed to the dependency encouraged by some program approaches).

Adopting a more **person-centered** approach at HHC does not, of course, mean that we can lessen our focus on offering quality housing programs. It also does not mean that HHC can provide all the supports an individual identifies as important. We believe HHC can, however, still organize the help we have in a more person-centered way.

Program Centered	Person Centered
Agency led	Participant led
Problem focused	Possibility focused
Narrowly focused financial assistance	Flexible financial assistance
Assigned provider	Choice of provider
Directing and telling	Listening and guiding
Case management	Navigation and accompaniment
Episodic	Longer term if desired
Office based	Community based

The Covid crisis has slowed our work on implementing this person-centered effort. We continue, however, to invest in our Help Center, which has been grounded in a person-centered approach for years: offering flexible financial assistance, access to technology that allows people to act on their own behalf and individualized information on resources. One new step has been the creation of a Navigation Center, where we are experimenting with offering more in-depth one-on-one assistance informed by person-centered approaches.

ADDRESSING RACIAL INEQUITY

The deep-seated impact of racial injustice on every aspect of American society is becoming increasingly clear. HHC is not immune from a need for deep reflection and analysis on the impact

of racial inequality. This process has just begun, but we have identified a few initial areas of focus.

Homelessness exposes the impact of racial inequality. According to a report by the Pew Charitable Trust, for example, African Americans represent 13% of the general population, 21% of those living in poverty and 40% of those experiencing homelessness. More effective housing programs help address this inequity by provide the financial resources that help people pay for housing. Working with people as unique individuals, focusing on strengths, emphasizing possibility, building relationship that increase people’s feeling of connection will also reduce the incidence of homelessness.

We have begun the work of analyzing our data and procedures to look for areas of improvement. One initial finding was the realization that the way we have organized access to our resources has resulted in underserving the local LatinX population—especially individuals who are undocumented and experiencing homelessness.

We are, therefore, working to better reach the LatinX community in partnership with the Hispanic Alliance. Special funding from the Department of Housing through the Connecticut Institute for Refugees and Immigrants (CIRI) has, for example, allowed us to launch a rental assistance program for undocumented individuals and families in partnership with the Hispanic Alliance. Our goal is to reach over 200 undocumented individuals and families with this assistance by February 2021.

Our initial assessment also identified organizational strengths upon which we can build. Our HHC staff is currently over 50% people of color and includes many individuals who have experienced homelessness themselves. They bring a rich mix of experience to our work. Our next challenge is to do more to let this experience deeply inform our work, offer this outstanding staff better pay and increased opportunities for promotion within HHC.

THANK YOU

For more information on our work please visit our website at NLHHC.org where you will find our financial statements, a list of our board of directors, more information on our services and information about our donors.

None of this work would be possible without the financial and volunteer support of so many generous members of our community. We appreciate your help and invite you into ever deeper partnership in the effort to make homelessness rare, brief and non-recurring in our area. Information about volunteering and donating can be found on our website.

Catherine Zall
Executive Director
NLHHC.org