

Annual Report

July 1, 2020-June 30, 2021

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 Michael 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 continued 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. Most 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: We continue to benefit from expanded 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 over 25% of those who initially felt shelter was their only option resolved their housing challenge and never came into 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 283 different individuals were enrolled in our regular emergency shelter. 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 of 2020, we reconfigured our shelter layout to achieve the social distancing required to control virus spread. Later in 2020 we had to further reduce capacity by eliminating upper bunk beds that were proving increasingly unworkable for our shelter population which has been trending older and with more physical limitations. Overall, our bed capacity has been reduced by about 40% below our pre-Covid levels. Even with fewer beds, however, we continue to meet the demand for shelter by helping people exit shelter more quickly for housing. Shorter shelter stays means that each bed can serve more people over the course of a year.

As the Covid crisis accelerated the Department of Mental Health and Addiction Services asked us to open a Covid isolation site in Norwich. The site allowed us to provide isolation options for a variety of treatment and residential programs across the state. As cases declined, we were able to close the Norwich site, but we continue to have an organized isolation capacity for any positive cases we encounter in our shelter.

In total, approximately 400 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 4%. Half of this 4% was related to guests with income who would not agree to save a portion of this income toward future housing costs.

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 66 individuals to find intensive treatment options.

II. FROM SHELTER TO HOUSING

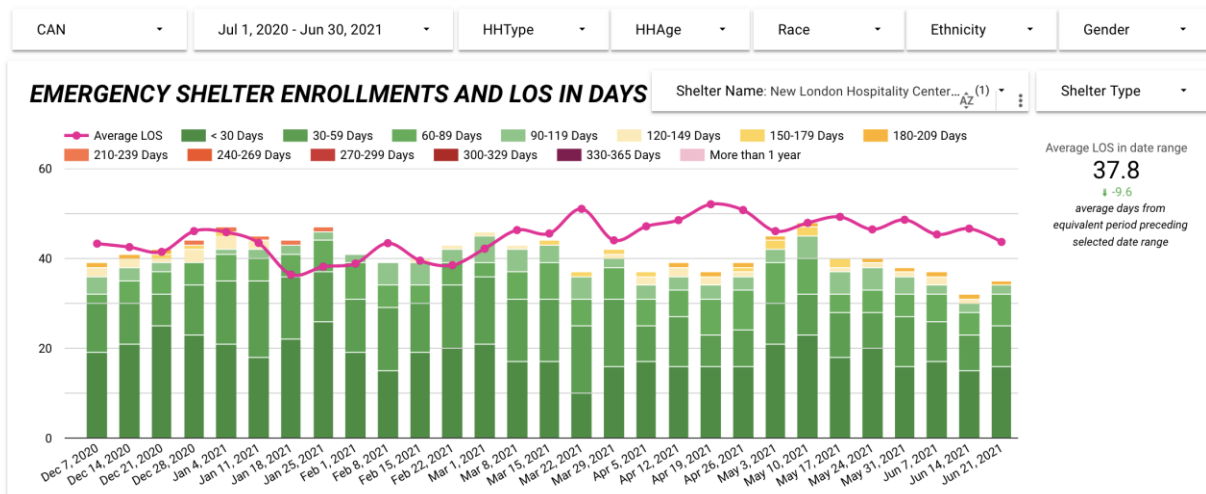
When we started, HHC provided only a place to sleep. Early on, however, we saw that housing, not just emergency shelter, is the ultimate answer to homelessness. Today we have a robust program of housing location support and short-term rental assistance that helps people

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: Our average shelter stay was about 38 days (compared to a statewide average of 138 days). We continue to work to achieve our target of 30-day average length of stay.



(ctcandata.org)

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. Sixty-eight percent of NLHHC shelter exits were to permanent housing compared with a statewide average of 46%. Housing placements were also achieved in the diversion process and through outreach efforts to people who were unsheltered.

C. Greater housing stability

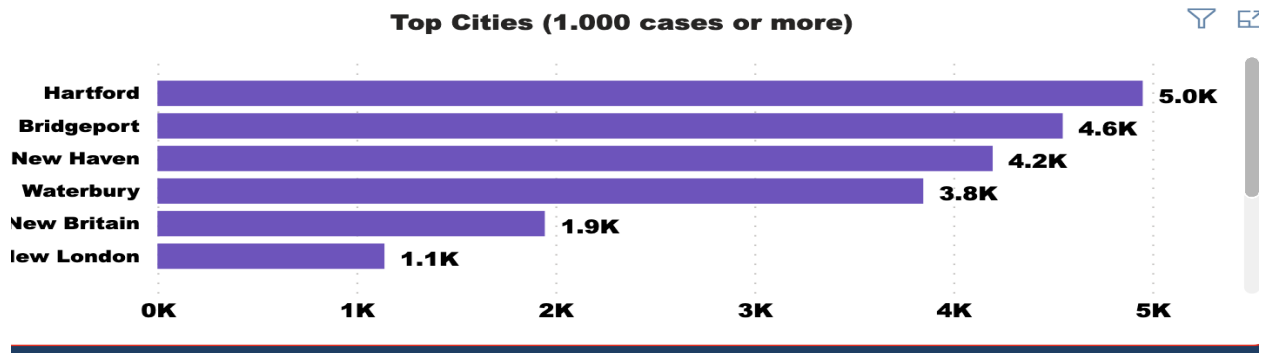
Goal: While housing is the start, keeping housing is the longer-term goal. Short-term rental assistance (security deposits and help paying rent) is a critical resource to allow very low-income people to stabilize in housing. With the onset of the Covid crisis, the CARES act provided new resources for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

Actual: We began using new CARES Act resources to invest heavily in increasing our housing capacity at the end of 2019-20 and this effort continue into the 2020-21 fiscal year. A key focus has been 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.

In the 2020-21 fiscal year HHC processed over \$800,000 in funding requests (outside HHC’s budget!) to help in diverting people from homelessness and in providing housing supports for people exiting shelter. This unprecedented level of investment flowing from Covid related funding sources far exceeds the resources we have previously had. Hundreds of people have been helped to secure stable housing demonstrating that, with appropriate investments, we can bend the curve on homelessness.

In the past fiscal year we also extended our housing support efforts to include people at risk of homelessness by providing support for people applying for UniteCT. UniteCT is Connecticut’s roll out of the federal Emergency Rental Assistance (ERA) program to provide help with rent and utilities for people impacted by Covid. HHC has provided one-on-one support (in person and over the phone) to thousands of applicants from the shoreline area of New London County. Given our location in New London, we have had a special ability to assist our neighbors to access this critical resource.

While the City of New London ranks 38th in population in the state, we had the 6th greatest number of UniteCT cases. We believe our work at HHC contributed to people in New London and the entire shoreline area getting access to assistance they needed to stay housed.



(<https://portal.ct.gov/DOH/DOH/Programs/UniteCT>)

NEW DIRECTIONS

Improving Housing Affordability, Stability and Access in New London

For over 15 years the New London Homeless Hospitality Center (NLHHC) has worked to implement effective responses to the crisis of homelessness. Foundational to this effort is offering safe, welcoming, low barrier emergency shelter. The solution to homelessness, however, is quality affordable housing.

In recognition of the central role played by available affordable housing, NLHHC has supplemented our emergency shelter work with an increasing focus on housing. A major investment in rapid rehousing strategies (housing location, rental subsidies, and support services) has dramatically reduced the time it takes people to move from homelessness to permanent housing. Rapid rehousing has helped hundreds secure housing, has reduced our shelter length of stay to among the shortest in the state and has allowed New London to avoid the long waiting lists for shelter experienced in some areas.

In the year ahead we hope to apply the skills we have developed in addressing homelessness to impact an area that is far too often the precursor to homelessness—people who are housed but severely rent or cost burdened and struggling to maintain the housing they have. Our goal is to reach both renters and homeowners with the supports they need before they find themselves facing serious financial hardship and even homelessness. An additional focus of our proposal is our desire to play a part in the effort to address historical inequities in access to home ownership which have so seriously impacted housing options and financial stability for people of color.

This new phase of our work builds upon (and will further strengthen) our work related to homelessness. Our connections to the community, knowledge of available resources, connections to landlords and the availability of our new Housing Resource Center at 727 Bank Street all position NLHHC to partner with others enter this new phase of improve housing affordability and options for New London residents.

A. KEY STRATEGIES

1. Add neighborhood focused outreach

While proposed supports would be available to all New London residents, we propose to add focused outreach to extremely low-income renters and cost burdened homeowners in up to four designated New London neighborhoods. Few social service interventions have

tapped the power of a neighborhood focus, but growing research indicates that geographically focused strategies can have significant impact. We believe a commitment to neighborhood outreach will help reach households with the greatest need, better integrate community assets into the solutions people develop and achieve not just individual but also collective impacts.

Recent analysis by the Urban Institute has identified specific areas in New London with the greatest need for housing related supports.

2. Offer flexible, comprehensive, person-centered supports

Many existing social safety net programs offer supports targeted to a very specific need—such as utility assistance, help with back rent and food banks. These can help but often address just one aspect of the housing challenge. Households who need help developing a comprehensive plan and require access to multiple resources are too often left without some key component needed to address their challenge. Our experience indicates that a radically person centered and flexible approach to partnering with people to address their housing challenges can amplify the impact of more narrowly targeted programs into greater change in people’s lives.

We are seeking to employ a framework that begins with engagement of households at risk...then moves to collaborating with households to assess root causes/create a plan...and finally provides robust access to a wide variety of practical supports (including linkage to other community resources) that people need to make their plan a reality.

Navigation support and access to flexible financial assistance are key components. In addition to program design, implementation is also key. Our goal is to offer support that is easy to access, offered in multiple languages and delivered by staff/volunteers reflective of the community we serve.

Not every household would want or need every support available. Our vision is not so much a program as a framework and a comprehensive menu of available supports from which households can chose the components they need. Households could choose to use only a single support (for example, emergency rental assistance or homebuyer support) or utilize more comprehensive support with developing a plan and securing multiple needed resources. Households would also be able to return on multiple occasions as their needs change. The key is meeting people where they are rather than beginning with a predetermined set of offerings.

3. Establish a HUD sanctioned Housing Counseling Agency (HCA)

NLHHC is working to establish a HUD-Approved Housing Counseling Agency (HCA) to provide an array of supports that increase housing stability and increase access to home ownership. Many federal and state programs available to support low- and moderate-income renters and homeowners also require the support of one-on-one housing counseling by a certified HUD Housing Counselor. This vital resource is missing from Southeastern Connecticut.

The nearest locations to New London are East Berlin, Hartford, and New Haven placing housing counseling services out of reach for most New Londoners who experience housing instability.

Establishing a HUD sanctioned HCA requires meeting a significant number of standards. Staff must become certified housing counsellors which requires a significant level of training. Managing this training effort is a key part of our first-year work plan. Given the structure of the certification process, a new proposed HCA also needs to partner with an already approved HCA during the application process. The Urban League of Southern Connecticut has agreed to work with us to develop such a partnership.

The expertise and resources that an effective HCA will bring to New London will have a direct impact on housing stability and provide support for efforts to increase home ownership.

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