

New London Homeless Hospitality Center Budget Presentation

July 2011-June 2012

[Table of Contents](#)

New London Homeless Hospitality Center Line Item Budget	2
Budget Allocation by Function	3
Homeward Bound Treasures Operating Budget	4
Functional Budget-Summary	5
1.Overnight Shelter and Daytime Hospitality Center	6
2. Outreach to guests with special needs	9
3. Rapid re-housing and Housing for Health	12
4. Reducing recidivism	14
5. Homeless veterans	15
6. Administration	17

NOTE:

We are working to better integrate our financial and program planning. For a traditional line item budget, please see page 3. This operating budget does not include capital costs associated with the planned acquisition of the St. Peter and Paul Polish National Catholic Church. This operating budget also excludes rent subsidies that are a simple pass through from HUD. This budget assumes that our daytime hospitality center will be moving to the Polish Church in October but this plan is subject to change based on the outcome of Planning and Zoning hearings and renovation requirements at the new site.

A separate budget for our Thrift Store—Homeward Bound Treasures—can be found on page 4.

The remaining pages of this budget presentation represent our initial effort to tie resources to specific functional objectives. Our goal is to provide greater clarity on what we hope to accomplish in each functional area, to describe the key assumptions that underlie our work in that area and how we plan to measure outcomes in each area.

Line Item Budget

NLHHC Operations Only (Excludes Capital and HUD Rent Subsidies)

Income Budget

Faith Community Gifts	28,000
Foundations	135,100
Individual and Business	61,000
Surrounding Towns	11,000
Special Events	36,000
Thrift Store	23,000
Federal Funds	
Community Development Block Grant	10,500
Emergency Food and Shelter	25,000
VA (based on 7 beds)	88,200
HUD (HPRP)	10,500
Housing for Health	4,500
State Funds	
State DSS	77,000
FUSE	48,000
SMHA (PATH)	46,000
SMHA (other)	4,000
Total Income	607,800

Expense Budget

Staff	388,100
Fringe	62,650
Staff Development	6,000
Insurance	6,500
Accounting Fees	9,500
Space Donation	21,300
Other Space	14,000
Mountain Ave. (VA)	16,750
Shelter Supplies and Services	21,100
Administration Supplies and Services	5,000
Staff Travel	6,000
Repairs and Maintenance	8,200
Professional Fees	7,200
Payments for Guests	26,500
Telephone	6,300
Copier	1,500
Interest Expense	1,200
Total Expense	607,800

Budget Allocation by Function

Allocation by Function

	Total	Day/Night Shelter	Outreach (PATH)	Other Housing	FUSE	VA	Admin. and General
Executive Director (Cathy)	24,000	2,400		2,400	2,400	4,800	12,000
Operations Manager (Charles)	35,088	17,544	3,509			14,035	
Outreach Manager (Dana)	37,152	11,146	26,006				
Case Manager (Marilyn)	24,381	20,724	2,438			1,219	
Case Manager (Greg)	16,300	16,300					
Housing Advocate (Jessica)	34,056			10,217	6,811	17,028	
FUSE Coordinator (Charlie)	10,234				10,234		
Housing Case Manager (Tony)	24,768	2,477		4,954	14,861	2,477	
Building Management	2,786	2,786					
New Outreach Worker	13,416		13,416				
Admin Manager (Alyssa)	26,832						26,832
Fundraising support (Vista)	12,000						12,000
Direct Hourly cost-shelter staff	88,765	88,765					
Direct Hourly Cost-hospitality center	21,878	21,878					
Chore Supervision (hourly)	5,805	5,805					
Accounting hourly	2,400						2,400
Staff Training	6,000	3,000		600	600	600	1,200
Van driver	8,224	8,224					
Fringe Benefits	62,651	31,325	6,265	3,133	6,265	12,530	3,133
Insurance (liability and D&O)	3,700						3,700
Insurance (auto)	2,800	2,800					
Accounting Fees	9,500						9,500
Shelter space donation	18,000	18,000					
Hospitality Center space	3,300	3,300					
Other Space (Polish Church)	14,000	14,000					
Trash Removal	3,600	3,600					
Mountain Ave. mortgage	2,256						2,256
Mountain Ave. operations	14,500					14,500	
Supplies--shelter and center	17,500	13,125	875	875	875	1,750	
Admin. Supplies	5,000	3,000					2,000
Staff travel	6,000	3,600	600	600	600	600	
Repairs & Maintenance	8,200	8,200					
Professional Fees (LCSW and tech support)	7,200				3,600	1,800	1,800
Payments for Guests	15,000	5,250	2,250	5,250	2,250		
Other payments veterans	11,500					11,500	
Telephone	6,300	4,410					1,890
Interest Expense	1,200						1,200
Copier	1,500	750					750
Total	607,793	312,410	55,359	28,028	48,496	82,839	80,661

Homeward Bound Treasures Operating Budget

Homeward Bound Treasures 2011-2012 Budget

	<u>Annual</u>
<u>Income</u>	
Store Sales-Regular (net of sales tax)	163,000
Moving Fees	6,000
Delivery Charges	3,000
Income	172,000
<u>Expenses (salary lines include fringe)</u>	
Store Manager	39,629
Store administration	4,180
Trucking Staff (40 hours/week)	26,532
Other store coverage	9,076
Other Labor (in store)	7,680
Moving Hours (@15/hour)	4,500
Accounting	1,200
Rent	39,000
Utilities	3,600
Minor Repairs	1,900
Telephone	1,800
Supplies	1,800
Insurance-space	1,000
Insurance-truck	1,000
Gas	4,800
Parking	900
Total Expenses	148,596
 Net Income (Contributed to HHC general fund)	 23,404

Functional Budget-Summary

The New London Homeless Hospitality Center (HHC) embraces a two-fold mission:

First, our mission is to provide a place of safety and welcome to our adult homeless neighbors. We address this goal by providing overnight shelter and daytime access to a hospitality center.

Second, our mission is to assist our homeless guests move from homelessness to permanent housing. What every homeless person most needs is a permanent home. Through a staff located at our daytime hospitality center and by partnering with others, we seek to assist our guests to chart a path back to housing.

Key Objectives	Estimated Budget
1. Overnight shelter and daytime hospitality center Provide an overnight shelter where single adults experiencing homelessness can find a place of safety and hospitality. Offer homeless individuals access to supports needed to make day-to-day life manageable including: a place to sit during the day, get mail, use phones, access showers, get financial help with transportation/ laundry and get assistance in solving day-to-day problems with identification, scheduling appointments and finding resources.	\$312,410 (see pages 6-8)
2. Outreach to guests with special needs Improve health status by assisting guests in accessing and effectively utilizing available community services to address health, mental health and substance abuse challenges.	\$55,360 (see pages 9-11)
3. Rapid Re-housing and Housing for Health Provide guests <u>who have income</u> , or the ability to access supportive/subsidized housing, with intensive support in moving quickly to permanent housing. (Rapid Re-housing) Manage three subsidized apartments serving formerly homeless individuals with serious health challenges. (Housing for Health)	\$28,030 (see pages 12-13)
4. Reduce recidivism Provide intensive case management and support for five individuals identified as high users of the criminal justice and shelter system. (FUSE)	\$48,500 (see page 14)
5. Veterans Provide transitional housing for homeless veterans.	\$82,840 (see pages 15-16)
6. Administration and General Provide overall management of HHC administrative and fiscal functions. Also includes accounting and insurance for all program areas.	\$80,660 (see page 17)
Total	\$607,800

1. Overnight Shelter and Daytime Hospitality Center

Single adults experiencing homelessness need a place of safety where they can spend the night.

Single adults experiencing homelessness face many day-to-day challenges in daily living in addition to the need for shelter.

What do we hope to achieve?

Shelter:

- All single homeless adults with ties to SE CT in need of emergency shelter—and able to follow basic HHC rules--will have year round access to overnight shelter within three days of application. (Individuals from outside our region would be provided up to three nights of shelter plus assistance in returning to their town of origin.)
- Individuals utilizing the shelter will experience a safe, clean, hospitable and comfortable environment.
- The emergency shelter will be organized in a way that supports transition to permanent housing and the shortest possible shelter stay without imposing arbitrary time limits.
- During severe weather, any adult in need (but not a danger to themselves or others) will be provided access to shelter on the first day needed.
- Emergency shelter will operate in a way that minimizes impact on the surrounding community.

Hospitality Center

- Homeless individuals will have access to a daytime hospitality center from 8:30-4:30 on weekdays. (During the winter, Saturday access will also be provided).
- The hospitality center will provide supports usually provided by a home: showers, mail delivery, phones, computers, sitting area and coffee. Guests who are sick, have worked overnight or have other special needs will be provided a place to sleep during the day
- Guests will be provided with practical assistance in securing new identification documents, in connecting with relatives, in storing important papers, in interacting with the court system and with other short term problems they identify. This help will be provided primarily in response to direct requests from guests.

- Individuals with very limited income will be assisted to explore creative approaches to securing housing including finding roommates and returning to family. Emergency shelter should not become a person's permanent home.
- HHC will provide practical and financial support to help guests seek employment including replacing ID's, providing transportation to interviews, accessing appropriate clothing and providing financial support for needed licenses.
- Individuals will be assisted in accessing job search, training, education and other job readiness programs.
- After two months of shelter usage, every guest will have individualized support in preparing and implementing a housing plan.

What are the key assumptions that inform our approach?

Shelter

- Controlling the number of people using the shelter needs to be a very high priority because we cannot effectively provide hospitality when our nightly census exceeds about 50. Equally important, however, our mission is to provide shelter access for all in need. We are not a "program" offering a fifty bed shelter. We are a non-denominational "ministry" committed to assuring that all our adult homeless neighbors have a place of safety when they need it.
- Not everyone seeking access to the shelter is truly homeless. An effective "front end" process is needed to divert individuals who have other housing alternatives.
- Shelter requirements must be structured in a way that encourages transition to permanent housing. Effective strategies toward this focus include: required savings toward housing, participation in shelter operation (chores), and a continual encouragement/mandate to seek out housing when feasible.
- Effective staffing is the key to achieving the hospitality we seek to offer. Staffing levels must be sufficient to assure effective operation of the shelter. Staff must also be thoroughly trained, adequately compensated, carefully supervised and continually encouraged to assure that guests experience a deep sense of hospitality even in the difficult environment of the shelter.

Hospitality Center

- Very few public locations are welcoming to homeless individuals. People need a place that is welcoming and safe where they can spend daytime hours. Having a place to be during the day improves our guest's quality of life and provides us the opportunity to get to know people on a personal basis.

- Access to mail, phone and computers helps homeless individuals stay connected to their broader social network. Staying connected to social networks improves the likelihood of finding housing.
- The needs of homeless individuals vary widely—we serve these needs best by being available and responsive to needs as identified by guests. In this phase of our work, our priority is being responsive to the problems guests ask us to help them solve.
- Each situation is different and assisting guests to move toward higher income and/or creative housing alternatives requires time and ongoing follow-up. Volunteers are a key resource in efforts to find enough time to work one-on-one with individuals whose lack of income places market rate housing out of reach.

How will we measure progress?

- Provide up to 18,250 nights of shelter during the fiscal year.
- Provide shelter to all single adults in need during the winter months (mid-November to mid-March). During this period, loosen some shelter rules and expand capacity as needed to bring in individuals who would otherwise remain outdoors.
- Record 20,000 visits to the daytime hospitality center.

2. Outreach to guests with special needs

Some of our guests face serious health issues: physical health, mental health and substance abuse. Health issues impact our guest's overall quality of life and often become a barrier to securing permanent housing.

What do we hope to achieve?

- All guests will be assisted to secure SAGA health insurance if they are not currently insured to provide the financial foundation for access to needed health care.
- Any guest interested in entering substance abuse treatment will be linked to the appropriate program and ongoing support.
- Guests with identified health issues will be referred to VNA on-site staff and/or to a new on-site community health center outreach office.
- For guests with significant health concerns, we will provide coordinated support to help the individual find and utilize necessary services.
- Reduce inappropriate use of the emergency room by helping people connect to more appropriate treatment alternatives.
- Increase treatment compliance by helping maintain access to necessary prescriptions, by providing support in making/keeping appointments and by implementing individualized health education.
- Individuals who cannot work will be assisted to apply for SSI/SSDI.
- Downtown business owners and other community members will know how to contact HHC if they are experiencing an issue with one or more homeless individuals.
- HHC staff will be a regular presence at public locations including the train station and public library working to improve relationships between homeless individuals and other parts of the community.

What are the key assumptions that inform our approach?

- For most disabled guests, SSI/SSDI is the only avenue that will provide access to financial independence. Success in applying for SSI/SSDI will be greatly increased with assistance from staff trained in proven approaches such as SOAR.
- We need to make special efforts to engage individuals facing the most serious mental health and substance abuse challenges. These individuals are often reluctant to connect to existing services. To maintain contact we must keep HHC

“requirements” to a minimum, offer access to supports people want and be engaged in continual outreach in the community.

- Getting insurance is a critical first step in addressing health concerns.
- Individuals with serious health concerns will often require assistance from a variety of sources. These resources are often difficult to access and not effectively coordinated with each other. The community care team continues to be an invaluable forum for increasing this coordination and improving access to services.
- There are people we cannot safely serve. We need to have procedures and staffing in place to assist these individuals to find the services they need in other settings.
- Readiness for substance abuse treatment can come at any time—we need to be ready to move quickly to help guests enter treatment quickly once they express an interest. We also need to use access to the shelter as an incentive to encourage treatment.
- Recovery is the hope for every person and should be central in our thinking. We also, however, seek to utilize a harm reduction model until individuals are ready to move toward recovery.
- A very small number of individuals—many with chronic substance abuse challenges—are making inappropriate use of the emergency room. With creative, intensive and persistent engagement and follow-up many of these individuals could be redirected into more appropriate service alternatives.
- Improving health outcomes can take time and patience. We need to adopt a strategy of ongoing engagement and careful planning even with individuals not yet ready to take the steps necessary to address health issues.
- We need to be known in the community and develop one-on-one relationships with key New London business owners and staff at public facilities. While our first priority is to advocate for our homeless guests, we must also seek to respond to inappropriate behavior when it occurs. We want business owners and the general public to let us know if they have a problem so we can work toward solutions.
- We know from experience that tensions between the community and homeless individuals are particularly intense in certain locations: public library, train station, parade and pier. We need to be proactive in working to improve relationships in these locations by having a continuing presence.
- The vast majority of our homeless guests have no negative interactions with the surrounding community. A very small number of individuals, however, do create friction by panhandling, littering, drinking in public, abusing public facilities and trespassing. Patient and consistent engagement with this small number of individuals can lead to noticeable reductions in inappropriate behavior.

- The New London Police and Fire Departments are key partners in our efforts to improve relationships with the broader community. We need to be responsive to issues brought to our attention by the police and fire department.

How will we measure progress?

- At least 50 individuals will be assisted in securing health insurance coverage.
- We will do outreach to at least 200 individuals to determine if serious mental illness requires their referral to appropriate support services.
- At least 50 different individuals with serious mental illness will receive extended attention from the community care team and NLHHC outreach staff in an effort to identify needed resources and achieve improved health outcomes.
- At least six individuals currently making inappropriate use of emergency room services will be identified for intensive engagement in the hope of assisting them to more effective treatment resources.
- At least 10 individuals will be linked to intensive case management services provided by the Southeastern Mental Health Authority (SMHA), local mental health providers or the Eastern Region Service Council (ERSC)

3. Rapid Re-housing and Housing for Health

Housing is the answer to homelessness. Guests with the ability to access permanent housing should do so quickly.

Stable housing plays a key role in improving health and reducing inappropriate use of the emergency room. Utilizing funding from HUD we will manage three apartments and seek to improve selected tenant's health outcomes.

What do we hope to achieve?

- Some of our guests arrive at HHC with income sufficient to pay for market rate housing. These individuals will transition to permanent housing within sixty days of entry into the shelter.
- Some of our guests are eligible for very low cost housing due to their disability or age. These individuals will complete necessary applications within thirty days of entry into the shelter. Ongoing advocacy will seek to expedite access to these specialized housing placements.
- Newly housed guests will retain the housing they secure.
- With funding provided by HUD we will continue to subsidize three apartments and assist these residents to improve health outcomes and avoid unnecessary hospitalizations.

What are the key assumptions that inform our approach?

- People with income can afford permanent housing. The shelter cannot become a vehicle for avoiding the need to pay housing costs. Our policies must require individuals to devote their income to housing.
- Guests are often unaware of specialized housing options (supportive housing, subsidized housing, senior housing, other shelters and residential programs). We need to provide intensive one-on-one support to help guests access these opportunities. Advocacy also helps people move through the approval and/or waiting list process more quickly.
- Even people with income and a desire for permanent housing often need assistance in locating, renting and moving into new apartments. Advocacy with landlords and one-on-one support for guests in the housing search significantly increases the speed at which people find housing.
- Most guests do not have sufficient savings to handle security deposits and costs in the first few months of a rental. Targeted short-term financial assistance is needed

to help guests overcome this barrier and get people into housing as quickly as possible.

- For some individuals money management is the key barrier that keeps them from permanent housing. These individuals may need the assistance of a representative payee.
- Individuals with limited income will benefit significantly from linkages with so called mainstream services (food stamps, tax credits, medical benefits). Getting these supports in place along with permanent housing will increase housing stability.
- Most homeless individuals will transition successfully to permanent housing without the need for long-term social service support. These individuals often, however, benefit from appropriately scaled and short-term support in the time right after they move into permanent housing. To achieve our goal of housing stability we need to provide these limited supports in an appropriate and cost effective manner.

How will we measure progress?

- Provide housing location support to at least 60 different individuals.
- Assist at least 35 guests to move from homelessness to permanent housing.
- Provide sufficient support to maintain at least 70% of guests for whom we provide or broker financial assistance in housing for at least six months.
- Link at least 70% of all housed guests with food stamps and other programs for which they are eligible.
- Reduce emergency room use for Housing for Health participants when compared to their pre-housing incidence rate.

4. Reducing recidivism with FUSE

The State of Connecticut has funded a special project (FUSE) to provide intensive services and housing support to individuals who have multiple engagements with both the criminal justice and shelter system. NLHHC has been selected to offer this support to five individuals from New London in the expectation of reducing recidivism.

What do we hope to achieve?

- Utilizing a list of eligible participants provided by DMHAS, we will successfully house five individuals and provide them appropriate support services.
- Individuals participating in the FUSE program will be assisted to develop strategies that will eliminate further involvement with the criminal justice system.

What are the key assumptions that inform our approach?

- Research continues to indicate that for some individuals homelessness increases a variety of negative behaviors including criminal activity. For these individuals, multiple incarcerations do little to change the underlying causes of criminal behavior. The expectation is that stable housing and intensive support will reduce criminal activity.
- Participants in the FUSE program will face multiple challenges in remaining housed, achieving integration into the job market and avoiding criminal activity. We will need to provide intensive, individualized and skillful support to these participants in an effort to assist them in achieving personal goals and avoiding new contact with the criminal justice system.

How will we measure progress?

- By October 2011 five FUSE eligible individuals will be stably housed and receiving support services from NLHHC.

5. Homeless veterans

Provide transitional housing and support services to homeless veterans.

What do we hope to achieve?

- Continue to operate a seven bed transitional housing site on Mountain Avenue to provide transitional housing for eligible homeless veterans.
- Identify qualified veterans and achieve at least 85% occupancy rate.
- Provide outstanding support services to enrolled veterans and meet all VA contract performance goals.

What are the key assumptions that inform our approach?

- Our responsibilities under this grant are spelled out in great detail in our agreement with the VA. We need to continue to offer a high quality program and maintain a careful record keeping system to achieve all stated goals.
- Intensive engagement with each veteran and a focus on increasing income are central features of our design.
- VA regulations require that this property provide a “sober environment”. We will need to continue to experiment and learn from best practices elsewhere as we work to achieve this goal while also providing a broad range of homeless veterans with the chance to take part in this program.

How will we measure progress?

Our grant proposal includes detailed outcomes. All outcome measures apply to veterans who successfully complete a one-month “probationary” period in transitional housing.

- 80% of veterans in transitional housing will demonstrate effective money management skills by contributing the greater of 30% of their income, the full amount of any direct rental subsidy or \$25/week toward a housing savings account as measured by weekly collection reports.
- 80% of veterans in transitional housing will achieve a rating of at least “good” as measured by the weekly house manager’s assessment of tenant compliance with occupancy standards related to noise, appropriate visitation, apartment maintenance and avoidance of behaviors that disrupt other tenants.
- 50% of veterans accessing transitional housing will secure permanent housing within nine months and 75% will secure permanent housing within one year as measured by review of case records.

- 100% of veterans accessing transitional housing will be carefully screened for potential eligibility for public benefits including VA, SSI/SSDI, unemployment, public assistance in their first one month of housing as documented in the individual's case file.
- 100% of veterans in transitional housing and deemed potentially eligible for one or more public benefits who wish to pursue applications will have an initial application filed for such benefits within 60 days of the initial assessment date as documented in the individual's case file.
- 80% of veterans utilizing transitional housing will have at least twenty hours of documented work (paid or unpaid) each month.
- 80% of veterans utilizing transitional housing and working less than 20 hours/week will have at least three employment related activities each month (e.g. meeting with DOL VA representative, resume workshops, skills training, meeting with mentors) as documented by a month end review of the client's case file.
- 50% of veterans utilizing transitional housing will have income from paid employment when they leave transitional housing.
- 90% of veterans in transitional housing will have a "change plan" on file that they have developed or updated within the last month which includes concrete specific goals and action plans as evidenced in their case files.
- 80% of veterans in transitional housing will report a greater confidence in their ability to work toward and achieve positive goals as measured by a quarterly survey administered by an independent evaluator.

6. Administration

HHC has multiple diverse funding sources that must be managed with the highest level of effectiveness and accountability.

What do we hope to achieve?

- HHC will operate a comprehensive year round fundraising effort guided by an annual fundraising plan.
- HHC will maintain an accounting system that meets all applicable standards.
- HHC will be in compliance with all contract requirements.
- Volunteers and donors will receive regular updates on HHC activities.

What are the key assumptions that inform our approach?

- We will continue to need to rely on multiple funding sources—many of them small. Cultivating relationships with donors of all kinds will be key.
- We must devote the resources needed to assure that all accounting and record keeping meets the highest standards.

How will we measure progress?

- Meet fundraising goals established in the annual plan.
- Secure an unqualified audit.