We face a number of important decisions about emergency shelter and the broader issue of homelessness in our region. How we evaluate proposed alternatives depends, in part, on our understanding of the nature of the homelessness in New London County.

There are, of course, competing ways of thinking about homelessness. This paper attempts to briefly outline the key assumptions that inform our approach at the New London Homeless Hospitality Center as wee seek to address the challenge of homelessness among single individuals

1. There is no one size fits all solution to homelessness.

There are at least three different kinds of homelessness. We need to tailor solutions to the unique needs of each group.

a. **Temporary**--Most of the individuals we serve in the emergency shelter are homeless due to a temporary disruption in their housing and/or income. This includes people who have lost jobs, need to leave unsafe relationships, are just coming out of prison or have other temporary disruptions in their source of income. With the stability provided by a well organized shelter, these individuals can quickly reconnect to housing with just short term supports such as assistance with housing search and possibly one-time rental assistance. These individuals return to permanent housing quickly and are unlikely to return to homelessness.

b. **Episodic**--The second largest segment of individuals we serve in the shelter have incomes that barely sustain even minimal housing. These individuals work in low paid, part time and seasonal jobs. These individuals experience multiple short-term episodes of homelessness whenever illness or lack of work disrupts their income stream. The focus of assistance in this group is improving employment stability by finding better work and/or reducing the barriers (including illness, mental health challenges, substance abuse and transportation) that prevent people from reporting to work.

c. **Chronic--**The smallest, but most difficult, segment of individuals we serve have no income and/or suffer from health, mental health and substance abuse challenges that prevent them from maintaining stable housing. This relatively small group of individuals accounts for most of the public costs (police, fire and hospital) related to homelessness.

   Many individuals in this category avoid (or are banned from) shelter use because they cannot live within even our limited rules. Mental health challenges also make the tight quarters of the shelter difficult for many chronically homeless individuals to manage. Individuals in this group often have years of experience living outdoors in places not intended for human

habitation and accept these living conditions except in the most extreme weather. Individuals in this group are also frequently "service resistant" and actively refuse engagement with mental health or substance abuse treatment programs.

Our primary initial objective with this group is engagement. Our goal is to attract these individuals into the shelter (or at least contact them during the day) in the hope of helping them link to specialized housing.

2. Shelters address the symptoms of homelessness. Affordable housing, increased income and better health, on the other hand, address the causes of homelessness. While it is important to address the symptoms of homelessness, we should, wherever possible, concentrate our resources on addressing the causes of homelessness.

Shelter matters and is a life saving short-term response to homelessness. We need, however, to always strive to offer our shelter services in a way that maximizes each individual's ability to transition quickly to permanent housing. Shelter must be structured in a way that reduces the psychological impact of homelessness while simultaneously supporting rapid reintegration into housing. In a well designed and properly funded system, shelter stays should be very short.

To achieve shorter shelter stays we need to:

Increase access to affordable and appropriate housing.

Housing is the answer to homelessness. The key challenge is to match the housing intervention to the level of need. Providing more housing related support than an individual needs wastes public resources and may create inappropriate incentives. Providing less housing support than an individual needs leads to a rapid return to homelessness.

i. **Specialized housing** provides very intensive staff support for individuals who cannot live independently. This includes nursing homes and board and care.

ii. **Supportive housing** includes a mix of rental subsidies and case management services. This type of housing is appropriate for individuals with serious mental health and substance abuse challenges who need some support to live independently.

iii. **Subsidized housing**—housing where rent is calculated as a percentage of income is needed to make stable housing accessible to very low-income individuals.

iv. **Affordable market rate housing**—apartments available on the general market that are affordable on a modest income. Many individuals experiencing homelessness can access this type of housing with assistance for security deposits and possibly some shallow monthly rent subsidies while they stabilize financially. In New London the least expensive market housing option is a room with shared cooking/bathroom facilities, which can be secured for about $125/week.

Increase income to allow people to afford the housing they need.

People with income can afford housing. This income can come from employment and/or from public benefits such as SSI. Other mainstream programs such as food stamps and energy assistance are also resources for achieving financial stability. Increasing income increases access to housing and reduces homelessness.

Improve health to allow people to maintain housing.

Simply having housing is proven to improve health. For many individuals, however, health challenges need to be addressed if the person is to maintain housing stability. Securing access to mental health treatment, medical management of chronic illnesses and assistance with addressing substance abuse issues are all critical to housing stability. Improving health increases access to housing and reduces homelessness.

3. No one agency, or program or part of our community can address homelessness alone.

Ending homelessness—for a single individual or for our entire region—requires cooperation between multiple actors. Collaboration works and it makes cost effective use of the very limited resources we have available. Components of the system include providers focused on homelessness and, equally important, mainstream systems including Social Security, Department of Labor, Department of Social Services, hospitals, primary care providers, Veterans Administration, Housing Authorities, mental health providers and substance abuse treatment providers. Also critically important are community supports including family, faith communities, employers and landlords.

4. Our proposed solutions should be based on proven strategies.

In times of limited resources, every organization must measure effectiveness and utilize proven approaches whenever possible. The federal government has spent considerable effort to identify evidence-based practices in the area of homelessness. These are interventions that have been proven effective in controlled

experimental designs. Several of these evidence-based practices are central to our work at the Homeless Hospitality Center.

a. **Housing First**—the most effective intervention for chronically homeless individuals is to provide stable housing first then tackle other issues. This completely reverses approaches that sought to require people to be "housing ready" or "clean and sober" before they were offered housing. Where we have a choice between shelter and housing, we should choose supportive housing for individuals with serious mental illness.

b. **Increasing Motivation and Building on Strengths**—Social scientists have begun to better understand how people change. Research demonstrates over and over that lasting change cannot be reliably imposed from the outside but must originate in each person's motivation to move toward goals he/she values. An approach called Motivational Interviewing provides an intervention framework that values collaboration, honors the individual's autonomy and focuses on strengths. It also includes a variety of techniques for increasing motivation and supporting positive change. Research across the country has demonstrated that this spirit and approach informs the most effective responses to homelessness.

   Clearly not everyone is prepared to work in his or her own best interest. Obviously a small number of individuals experiencing homelessness will fail to embrace efforts to move toward recovery and social integration. These individuals may remain homeless for very extended periods of time. An even smaller number will continue illegal activities despite our best efforts at offering alternatives. For these individuals, the law enforcement system will need to be the primary response.

c. **Trauma informed care**—Recent research has demonstrated that the majority of individuals who become homeless have experienced significant trauma in their lives. This trauma could date to early experiences of abuse as a child or adult experiences of trauma in the form of domestic violence or crime. The presence of severe trauma in an individual's history has profound implications for their reaction to situations of stress. The stress of homelessness can trigger adverse psychological reactions that can prevent a person from functioning effectively. Emergency responses to homelessness such as shelters must be structured, as much as possible, to reduce these adverse psychological reactions by providing a place of safety.

5. We must design our emergency shelter response carefully to match the level and type of need.

Of the 467 different individuals who stayed at least one night in the NLHHC shelter in 2010, about 90% were experiencing temporary or episodic homelessness. Almost half the people who use the shelter stayed less than ten days.

We would estimate that about 10% (or about 45 people) who used the shelter in 2010 could be classified as chronically homeless. Many of these individuals are resistant to shelter use and will stay outdoors if shelter is difficult to access or viewed as overly restrictive. Providing more shelter beds will not automatically reach this population.

Overall our region has a peak capacity of about 92 emergency shelter beds for single individuals. (Additional resources for families are not reflected here.)

NLHHC	50
Covenant Shelter	17
Norwich (winter)	18
Reliance House	7

Our regional shelter system for single individuals currently operates at, or even slightly above, capacity. Ideally a shelter system should operate at closer to 80% of capacity to provide easy access to emergency shelter services in times of peak need. The possibility of growing demand due to the faltering economy is a continuing concern especially as people exhaust their unemployment benefits.

Despite this heavy utilization, at NLHHC we believe adding shelter beds is not the best response. Instead, we advocate increased use of strategies that shorten shelter stays and thereby reduce shelter demand. If our region has resources to invest, we would advocate investment strategies that address the causes of homelessness with the expectation that such investments will reduce shelter demand.

6. People experiencing homelessness are very mobile and many factors influence where they end up.

After panhandling, trespassing and littering the single most charged issue related to homelessness is the fear that a city with appropriate services will attract larger numbers of individuals experiencing homelessness who will, in turn, become a strain on public resources. This is a real issue that every urban center encounters. Being a city has many benefits but it also means that there will be special challenges in addressing the needs of the most vulnerable.

To begin, however, it is important to remember that the vast majority of individuals experiencing homelessness have virtually no negative impact on the broader community. As indicated earlier, 467 different people stayed in our emergency shelter and only a handful had any negative contact with police, hospital or the local business community.

While most individuals experiencing homelessness blend into the New London community, a few do behave in ways that tax fire, health and police resources. For us at NLHHC, the key is to foster collaboration between emergency medical providers, police and service providers in an effort to engage individuals who are having a major impact on the public. With such engagement, it is often possible to address the underlying causes of the individual's behavior and eliminate the source of the problem.

Second, it is important to recognize that individuals experiencing homelessness are, of necessity, often very mobile. When people hit economic hardship they generally try first to manage where they are—hanging on to an apartment until they are evicted and exhausting any savings. After these options are exhausted, people turn to family and friends. The great majority of people we see in the shelter who are from out of state came first to New London because they had family or friends who offered them temporary living space. As weeks drag into months many of these living arrangements break down and the individual becomes homeless.

Additional people end up in New London for more reasons than we can count. Individuals released from prison are retuned to the town from which they were sentenced—every week people are dropped off in New London at the end of their sentence with nowhere to go. We have young people who come to New London to pursue an on line relationship that then turns sour. Recently a group of young people was literally thrown out of a car by the magazine sales company they were working for because they had not met the required sales quota.

NLHHC makes a real effort to help people from outside our region to return home. While our budget is limited, NLHHC staff members are well known at the bus station where we assist people who want to leave New London by providing bus tickets. Without our assistance many of these individuals would be forced to stay in our area where they have no support system.

Third, we need to recognize that because it is not cost effective for every town to offer emergency shelter, people with deep ties to our neighboring towns will end up in a New London shelter in times of need. Their shelter use will generally be short and their goal will usually be to find a way to return to the town they know best.

This is our current experience. We measure town of origin by determining the last place they had a permanent address. An analysis of the 120 people who stayed with us in April 2010 shows the following distribution.

Town of most recent permanent address	Number	%
New London	49	41%
Groton	16	13%
Norwich	11	9%
Other Eastern CT	16	13%
Other CT	12	10%
Other New England	4	3%
New York	4	3%
Other States	8	7%
Total	120	

Clearly NLHHC is providing a cost effective way of meeting what is, for most people, a very temporary need for emergency shelter.

Our guests come from throughout our region. Our financing also draws on a regional pool of generosity. In 2010 six towns provided direct support to our work at the Hospitality Center: New London, Groton, Montville, East Lyme, Stonington and Waterford. Additional regional support came from almost 500 individual and business supporters, over a dozen faith communities and a wide range of foundations. These supporters came from every town in our region. Volunteers from New London and surrounding towns provide thousands of volunteer hours each year. The remainder of our funding was provided by state and federal grants. (For more detail on both NLHHC income and expenses, please see our detailed budget available on our website at nlhhc.org.)

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