

Program Title: Department of Correction Re-entry Housing Assistance Program

Purpose: To create a bridge between Department of Correction, housing providers, and CSSD, to coordinate housing solutions for DOC EOS discharges prior to release. Establish flexible funds, case management as needed, and other services to assist clients connect and sustain housing through the use of rapid exit/shelter diversion/rapid rehousing strategies and/or provide housing assistance.

CCEH may provide funds directly or contract with nonprofit, community or locally based organizations that are qualified to provide housing search and navigation services, housing-related case management, rapid rehousing and other support services.

Start date: March 15, 2020

Program Description: The DOC Re-entry Housing Assistance program is a collaborative effort between DOC, CCEH, CAN regional providers, CSSD, and other key partners working with the re-entry population. The program will begin with DOC discharge and re-entry planning staff working with clients prior to discharge to find housing options if someone has been identified as potentially homeless. If DOC is unable to find alternatives to discharge to shelter/homelessness, they will assist the client in making a CAN appointment or make a referral directly to a CAN provider in regions that are accepting direct referrals. Once that referral is made, identified providers will conduct a pre-release appointment(s) to assist in developing self-resolution, diversion alternatives, or housing options prior to discharge. A housing plan will be completed and upon release, provider will assist in implementing that housing plan with the client and any additional partners identified by DOC or CSSD to support the client with medical, mental health, substance use disorder needs.

Note: While this project was launched during the beginning of the Covid-19 crisis, the plans and advocacy to help stem the inflows into homelessness of individuals coming out of DOC incarceration have been in the works for some time. Due to the landscape of the homeless service system in the midst of the Covid-19 crisis, this program has been designed in two phases. The limited capacity of our homeless service providers during the crisis has necessitated the continued use of our existing 211-CAN appointment infrastructure for appointments to be made prior to release in all of the CANS with the exception of one. Phase 1 indicates initial process during COVID-19 emergency and will also include the ability to motel individuals temporarily while housing options are found. The goal will be for each region to advance to Phase 2 when capacity and funding permit.

Workflow:

Identification, Referrals and Linkages to Housing Solutions

Phase 1: Utilizing 211-CAN System

1. Clients are identified 30-60 days prior to discharge by DOC/CSSD.
2. If the client will be on probation, CSSD is contacted to begin housing planning/collaboration.
3. DOC completes housing planning forms and assessments.
4. A CAN remote appointment is set up 14-30 days prior to release (Phase 1)
5. DOC completes referral form to housing partner agencies and sends to regional lead agency (Phase 2)
6. Regional CAN provider enters information into HMIS for client referred and checks to see if the individual is already in the HMIS system.
7. Regional CAN provider connects with client and DOC discharge planners 15-30 days prior to release and creates a final housing plan for temporary housing if necessary and/or permanent housing solution if possible.
8. Regional CAN provider identifies financial assistance if needed and applies through CCEH Smart Sheet for funding.
9. CCEH reviews requests for eligibility, housing plan, and approves request.
10. CCEH delivers financial assistance to landlord or reimburses agency for other eligible expenses.
11. Regional CAN provider's case managers/housing navigators enter in exit destination and other relevant information into HMIS.
12. DOC, CSSD, and regional CAN provider will work together to ensure client is connected to services and supports needed for client to be sustainably housed. All partners will utilize the Yale Transitions Clinic to connect clients to medical and other services as needed.

Phase 2: ***Alternative Process for Direct DOC-Provider Referrals (can happen anytime)***

1. DOC supplies provider primary contact with name, id # and contact information for person pending discharge to that region. Providers need to know how to reach the individual while they are still in DOC custody so they can begin planning.

2. Provider assigns case manager/diversion specialist who will reach out to participant to:

- *Collect data needed for CAN appointment/assessment*
- *Identify housing preferences and resources*
- *Develop a housing plan--short term upon release if long term option not yet in place.*
- *Collect contact information for post release if available*

3. Provider case Manager will work with CAN staff to create a CAN appointment record in HMIS. This will be a provider registered call. (211 can assist in setting up the ability to do this)

- 4. Provider case manager will identify housing options or contact provider housing location team/housing navigator to assist in identifying housing options to share with the participant. Provider case manager will be in communication with the participant pre-release in an attempt to have housing options (temporary or permanent) ready upon discharge.*
- 5. Provider case manager will maintain contact with participant and housing location team in an effort to finalize housing plans--short and long term. Providers will use virtual tours and other means to convey a description of housing as feasible.*
- 6. Upon discharge, provider case manager will work with participant to access temporary housing and finalize long term housing option. Provider case manager will also assure that HMIS DOC Re-entry Housing Assistance Program enrollment is completed.*
- 7. Provider case manager will stay with participant until stable housing is achieved.*
- 8. Regional CAN provider identifies financial assistance if needed and applies through CCEH Smart Sheet for funding. Provider case manager or financial staff will complete and submit any paperwork needed for rental assistance, security deposit, or other financial services request (see eligible expenses in MOU and in application). Provider case manager will track payment of any financial assistance through to completion and maintain relevant paperwork required by the CCEH MOU.*
- 9. CCEH reviews requests for eligibility, housing plan, and approves request.*
- 10. CCEH delivers financial assistance to landlord or reimburses agency for other eligible expenses.*
- 11. Regional CAN provider's case managers/housing navigators enter in exit destination and other relevant information into HMIS.*
- 12. Provider case manager will develop a discharge plan specifying any additional follow up and include that in HMIS case notes.*
- 13. Provider case managers should maintain simple case notes to document work and upload required documents into HMIS as directed by CCEH.*
- 14. DOC, CSSD, and regional CAN provider will work together to ensure client is connected to services and supports needed for client to be sustainably housed. All partners will utilize the Yale Transitions Clinic to connect clients to medical and other services as needed.*

Role of CT Coalition to End Homelessness

- Administer funds as needed to prevent discharges to homelessness and establish sustainable housing solutions for clients re-entering communities from incarceration.
- Facilitate the flow of information between DOC, CSSD, and regional provider agencies.
- Provide technical support for provider staff accessing funding.
- Establish Memoranda of Understanding with regional provider agencies to enable them to access funds through CCEH.
- Create an HMIS program enrollment and share quarterly reports on uses of flexible funds and monitor expenditures.
- Collaborate with OPM, DOC, CSSD, DOH, and CAN providers to build and improve system of establishing housing solutions prior to discharge.
- Work with CANs, regional provider agencies, DOC, and CSSD to troubleshoot challenges and remove barriers to housing solutions as they arise.

Role of Department of Correction:

- Provide updated information to providers on housing status, probation housing and/or services available to client, contact information for assigned probation or discharge officer, location to be housed, and other information pertinent to finding housing solutions.
- Complete housing planning forms or its equivalent at least 30 days prior to release. Client can also complete these forms if DOC is unable to complete. Forms should be sent to regional provider agency prior to CAN appointment if possible.
- Ensure all clients have IDs.
- Ensure all clients have benefits lined up, whenever eligible, and ready upon release.
- Complete referral forms and submit to provider directly. (Phase 2)
- Work with CSSD to assist probation officers in housing planning pre-release.
- Establish medical, substance use, and mental health services prior to release and provide information to regional provider leads.

Role of Lead Agencies:

- Hold remote CAN diversion appointments 14-30 days prior to release. (Phase 1)
- Assist with housing plan and implementation of immediate and longer-term housing solutions.
- Receive referrals directly from DOC, complete a provider-generated appointment in HMIS, and work with clients directly to arrange housing pre-release. (See Phase 2)
- Coordinate directly with DOC discharge planning team or probation to problem-solve with discharge planners, probation officers and clients pre-release.
- If no other case management is available through CSSD or otherwise, provide case management services through regular RRH programs or assist in linking to other community-based case management services.
- Track referrals and put data into HMIS.
- Submit financial requests for flexible funding through CCEH Smart Sheet.
- Maintain relevant paperwork or data as needed.



CONNECTICUT COALITION to
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Proposed use of flexible funds: Funds would be to assist clients connect to housing through the use of rapid exit/shelter diversion/rapid rehousing strategies and/or provide housing assistance to persons who lack a plan for housing prior to release.

Eligible costs for flexible funding:

- Rental assistance
- Security Deposits
- Utility deposits (electricity, heat)
- Partial or full rental subsidy for up to three months
- Rental application fees
- Moving expenses
- Transportation expenses
- Motel/Hotel



Current Regional Lead Providers and Identified Supporting Organizations

CAN Region	Lead Agencies	CAN diversion appointment window	Contacts:	Supports
Fairfield County	Supportive Housing Works	30 days prior to release	Jessica Kubicki	CCEH, Bridgeport Re-entry Council; Yale Transitions Clinic, CSSD, DOC discharge planners, DOH, United Way 211
Northwest	Supportive Housing Works and Mental Health CT	14 days prior to release	Jessica Kubicki and Gabrielle Padilla	CCEH, Yale Transitions Clinic, United Way 211, DOH, CSSD
MMW	New Opportunities	14 days prior to release		CCEH, Yale Transitions Clinic, CSSD, DOH, United Way 211
Greater Hartford	Community Health Resources	30 days prior to release	Jen Greer	CCEH, Journey Home, Hartford Re-entry Council, Yale Transitions Clinic, DOH, United Way 211, CSSD
Central	Community Health Resources	30 days prior to release	Jen Greer	CCEH, Chrysalis (SAMHSA program), Yale Transitions Clinic, Journey Home, DOH
Greater New Haven	United Way of Greater New Haven	14 days prior to release	Kelly Fitzgerald and Juakia Inabinet	New Haven Re-entry Council, United Way 211, Yale Transitions Clinic, CSSD, DOH
Eastern	New London Homeless Hospitality and TVCCA	30 days prior to release	Jaime Parker (CAN Manager), Cathy Zall, Ida Parker, Jon-Paul Mandelburg	CCEH, United Way 211, Yale Transitions Clinic, CSSD