



Office Hours: COVID-19 Planning and Response

June 26, 2020



Housekeeping

- A recording of today's session, along with the slide deck and a copy of the Chat and Q&A content will be posted to the HUD Exchange within 2-3 business days
- Event information for upcoming Office Hours, along with copies of all materials can be found here:

<https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-webinars-and-office-hours>

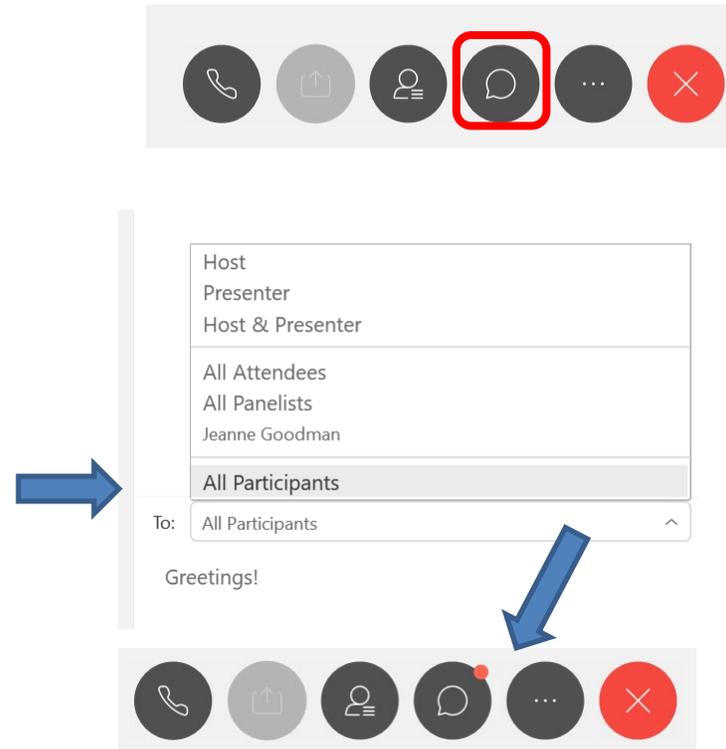
- To join the webinar via the phone, please call in using:
1-855-797-9485 Access code: 610 976 677

Chat Feature

Select the Chat icon to make a comment or ask a question.

Be certain the To field is set to **All Participants**

An orange dot on the Chat icon indicates that you have unread messages.



Speakers & Resource Advisors

Department of Housing and Urban Development

- Office of Special Needs Assistance Programs
 - Norm Suchar
 - Brett Esders
 - Marlisa Grogan
 - Abby Miller
 - Ebony Rankin

The Council of State Governments Justice Center

- Thomas Coyne, Senior Policy Analyst
- Risë Haneberg, Deputy Division Director

Connecticut Coalition to End Homelessness

- Richard S. Cho, PhD, Chief Executive Officer



Speakers & Resource Advisors

Centers for Disease Control and Prevention

- Emily Mosites, PhD MPH- COVID-19 At-Risk Population Task Force, Senior Advisor on Health and Homelessness

Department of Veterans Affairs

- Jillian Weber, PhD, RN, CNL, Homeless-PACT National Program Manager, VHA Homeless Program Office

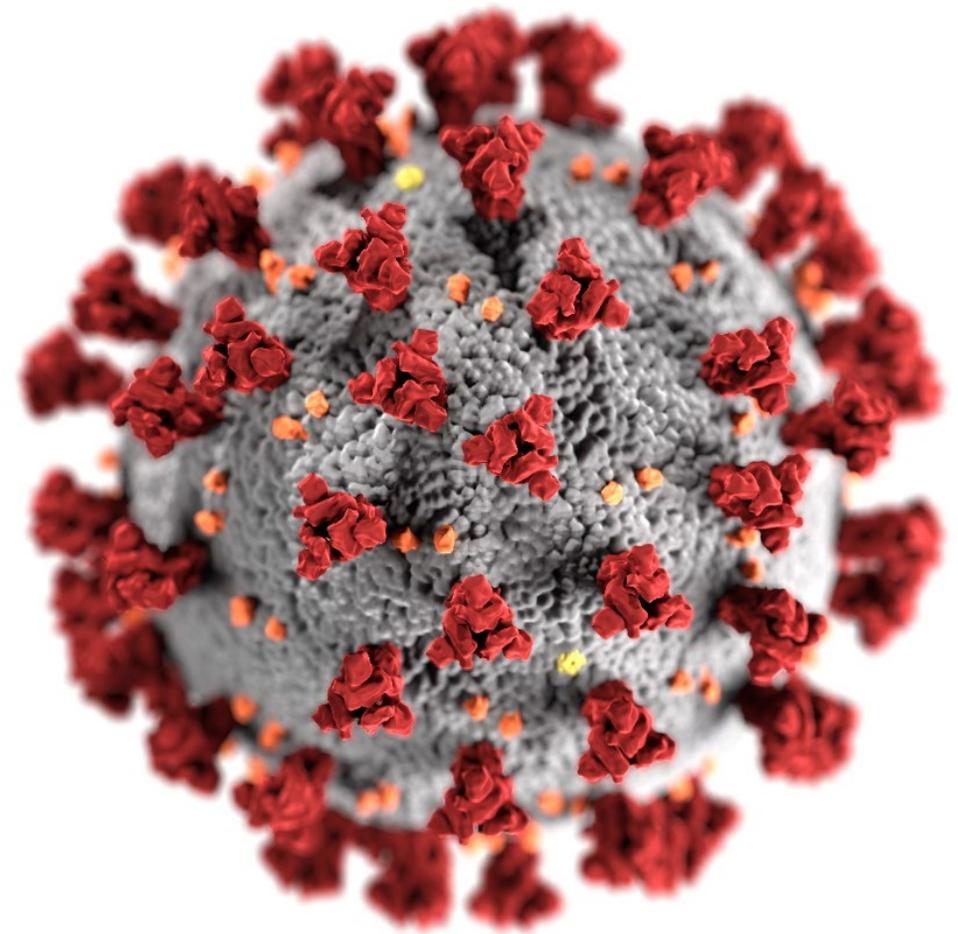
Abt Associates Inc.

- Tara Reed
- Ann McCreedy



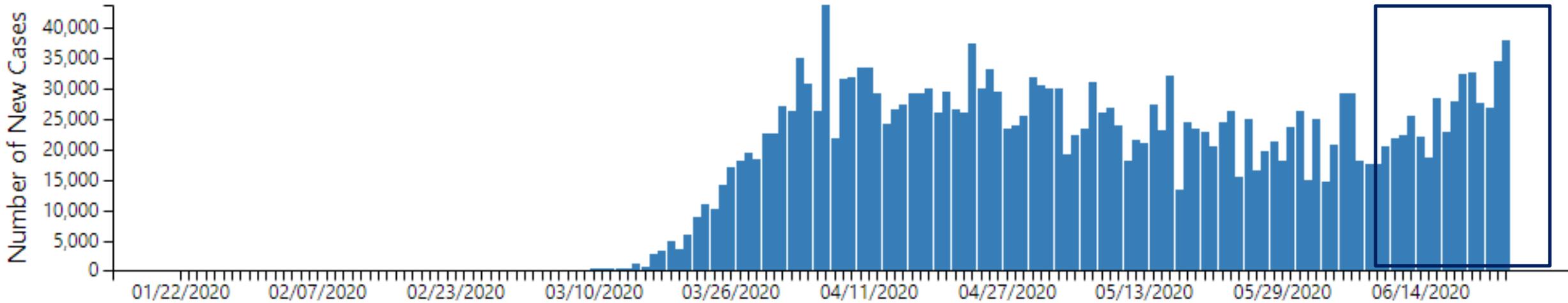
Emily Mosites, PhD MPH
COVID-19 Response
Centers for Disease Control and Prevention

COVID-19 and Homelessness



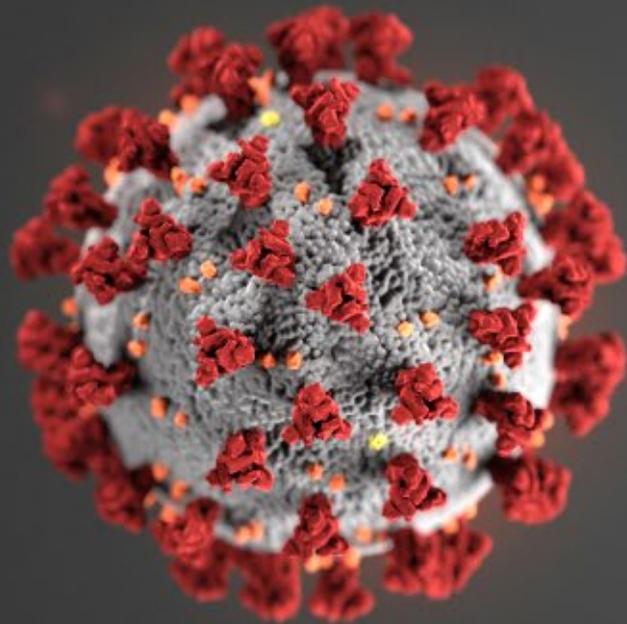
For more information: www.cdc.gov/COVID19

Over 2.3 million cases reported in the United States*



*as of 6/25/20





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Reentry and Homelessness Service Providers During COVID-19: Policies, Processes, and Partnerships

Thomas Coyne, Senior Policy Analyst

Risë Haneberg, Deputy Division Director

| June 26, 2020

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

Overview

- 1) The Importance of Addressing Homelessness as People Leave Incarceration
- 2) Observations from around the Country
- 3) Opportunities to Engage New Partners
- 4) Resources

The Importance of Addressing Homelessness as People Leave Incarceration

Why is Addressing Barriers For People With Criminal Justice Involvement Key To Ending Homelessness?

If Housing First demonstrates that:

- Nearly everyone, regardless of health status, can successfully achieve housing stability with the right supports
- There is (almost) never a good reason to delay access to housing. On the other hand, lengthening the experience of homelessness worsens outcomes.

And we know that:

- Criminal justice involvement and disconnection to housing resources disrupts people's path to housing stability.

Then...

Ending homelessness, and providing housing for people who need it, must also encompass reducing criminal justice system involvement, reducing housing barriers for people with justice histories, and strengthening connections to housing for people involved in the justice system.

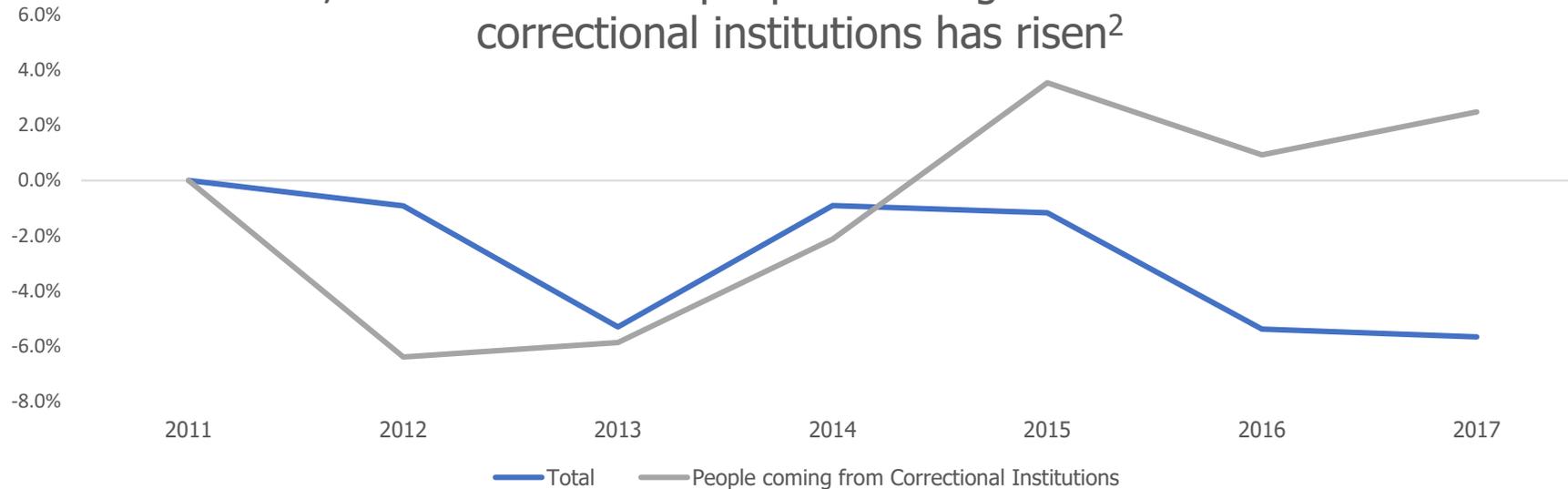


Source: "Wichita homeless woman grateful for gift of surgery to restore vision," (Wichita, KS: KWCW, 2020) <https://www.kwch.com/content/news/WPDs-Homeless-Outreach-Team-works-to-provide-cataract-surgery-for-woman-in-need-568020211.html>.

Moving from the Criminal Justice System to the Homelessness System

Prior to COVID-19, over **50,000 people** were entering emergency shelters directly from prison or jail each year¹

Since 2011, the number of people experiencing homelessness has fallen, while the number people entering homelessness from correctional institutions has risen²



Source:

1. Office of Planning and Development, "The 2017 Annual Homeless Assessment Report (AHAR) to Congress: Part 2: Estimates of Homelessness in the United States," U.S. Department of Housing and Urban Development, October 2018, <https://www.hudexchange.info/resources/documents/2017-AHAR-Part-2.pdf>

2. CSG Justice Center staff analysis of HUD AHAR data, 2019.

Lack of Housing And Involvement In The Justice System Disproportionately Impacts Black Communities

Homelessness



Black people make up **13%** of general population, yet **40%** of people experiencing homelessness.

Criminal Justice



Black people are incarcerated in state prisons at a rate that is **5.1 times** the rate of white people.

Health and Behavioral Health



Less likely to access community mental health services, less likely to use community mental health services, more likely to use inpatient hospitals and emergency rooms, and **more likely to receive lower quality care.**

Housing Instability and Criminal Justice Involvement: A Cyclical Relationship

1. Law enforcement policies and procedures that contribute to arrest for behaviors associated with experiencing homelessness.

2. Lack of stable housing viewed as a risk factor and reduces courts' willingness to divert individuals from jail or prison.



4. Lack of stable housing upon exit from jail contributes to supervision failure, increases risk of recidivism.

3. Criminal history serves as a barrier to housing, contributing to housing instability and homelessness.

Observations from Around the Country



What We've Seen Across the Country

"We asked that (law enforcement) only arrest and bring to the jail those persons charged with serious or violent crimes and they embraced that," said Jeffrey Balzer, the chief deputy who oversees the Delaware County jail.

Los Angeles Times

In short order, the coronavirus pandemic has ushered in a sweeping and historic emptying of California's overcrowded prisons and jails, as officials have dramatically lowered the number of people held in custody to avert deadly outbreaks.



Thousands were freed from Kentucky jails to avoid COVID-19. Few have re-offended.

Source: <https://abc6onyourside.com/news/local/fighting-crime-while-fighting-coronavirus-delaware-jail-tries-to-keep-coronavirus-out/>; <https://www.latimes.com/california/story/2020-05-17/coronavirus-prison-jail-releases>; and <https://www.kentucky.com/news/coronavirus/article243363411.html>.

Engaging Jail, Prisons, and Community Corrections in Collaboration

- **Collaboration is key** to ensure people do not fall between the gaps of our public systems.
 - Criminal justice stakeholders: Sheriffs, jail administrators, reentry councils, local Stepping Up initiatives, community supervision (parole & probation).
- Relationships integral to **in-reach, data sharing, aligning policies and procedures.**
- Collaboration results in new funding for **PSH, screening and assessment staff, and emergency shelter.**



Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails.



Justice Center
THE COUNCIL OF STATE GOVERNMENTS



#StepUp4MentalHealth
www.StepUpTogether.org

THE
STEPPINGUP
INITIATIVE

5 Years
AND COUNTING

More than **500** counties across **43** states have joined Stepping Up to reduce the prevalence of mental illness in jails.



47%

of the U.S. population lives in a Stepping Up county.



Approximately **2 million** times each year, people who have serious mental illnesses are admitted to jails.



21 Innovator Counties are blazing the trail in data collection.

3 states have launched statewide Stepping Up initiatives.



JANUARY 2017

Reducing the Number of People with Mental Illnesses in Jail

Six Questions County Leaders Need to Ask

Risë Haneberg, Dr. Tony Fabelo, Dr. Fred Osher, and Michael Thompson

Introduction

Not long ago the observation that the Los Angeles County Jail serves more people with mental illnesses than any single mental health facility in the United States elicited gasps among elected officials. Today, most county leaders are quick to point out that the large number of people with mental illnesses in their jails is nothing short of a public health crisis, and doing something about it is a top priority.

Over the past decade, police, judges, corrections administrators, public defenders, prosecutors, community-based service providers, and advocates have mobilized to better respond to people with mental illnesses. Most large urban counties, and many smaller counties, have created specialized police response programs, established programs to divert people with mental illnesses charged with low-level crimes from the justice system, launched specialized courts to meet the unique needs of defendants with mental illnesses, and embedded mental health professionals in the jail to improve the likelihood that people with mental illnesses are connected to community-based services.

Despite these tremendous efforts, the problem persists. By some measures, it is more acute today than it was ten years ago, as counties report a greater number of people with mental illnesses in local jails than ever before.¹ Why?

After reviewing a growing body of research about the characteristics of people with mental illnesses who are in contact with local criminal justice systems; analyzing millions of individual arrest, jail, and behavioral health records in a cross-section of counties across the United States; examining initiatives designed to improve outcomes for this population; and meeting with countless people who work in local justice and behavioral health systems, as well as people with mental illnesses and their families, the authors of this brief offer four reasons why efforts to date have not had the impact counties are desperate to see:

There are insufficient data to identify the target population and to inform efforts to develop a system-wide response. New initiatives are frequently designed and launched after considerable discussion but without sufficient local data. Data that establish a baseline in a jurisdiction—such as the number of people with mental illnesses currently booked into jail and their length of stay once incarcerated, their connection to treatment, and their rate of re-arrest—inform a plan's design and maximize its impact. Furthermore, eligibility criteria are frequently established for diversion programs without the data that would show how many people actually meet these criteria. As a result, county leaders subsequently find themselves disappointed by the impact of their initiative. Counties that recognize the importance of using this data to plan their effort often find the data they need do not exist. It is rare to find a county that effectively and systematically collects information about the mental health and substance use treatment needs of each person booked into the jail, and records this information so it can be analyzed at a system level.

Program design and implementation is not evidence based. Research that is emerging on the subject of people with mental illnesses in the justice system demonstrates that it is not just a person's untreated mental illness but also co-occurring substance use disorders and criminogenic risk factors that contribute to his or her involvement in the justice system. Programs that treat only a person's mental illness and/or substance use disorder but do not address other factors that contribute to the likelihood of a person reoffending are unlikely to have much of an impact. Further, intensive supervision and limited treatment resources are often not targeted to the people who will benefit most from them, and community-based behavioral health care providers are rarely familiar with (or skilled in delivering) the approaches that need to be integrated into their treatment models to reduce the likelihood of someone reoffending.

1

Is our leadership committed?

2

Do we conduct timely screening and assessments?

3

Do we have baseline data?

4

Have we conducted a comprehensive process analysis & inventory of services?

5

Have we prioritized policy, practice, and funding improvements?

6

Do we track progress?



1. Reduce the number of people who have mental illnesses booked into jails



2. Shorten the length of stay in jails for people who have mental illnesses



3. Increase connection to treatment for people who have mental illnesses



4. Reduce recidivism rates for people who have mental illnesses

Prioritizing System Improvements

1.

Jail Bookings

- Police-Mental Health Collaboration programs
- CIT training
- Co-responder model
- Crisis diversion centers
- Policing of quality of life offenses

2.

Jail Length of Stay

- Routine screening and assessment for mental health and SUDs in jail
- Pretrial mental health diversion
- Pretrial risk screening, release, and supervision
- Bail policy reform

3.

Connection to Treatment

- Expand community-based treatment & housing options
- Streamline access to services
- Leverage Medicaid and other federal, state, and local resources

4.

Recidivism

- Apply Risk-Need-Responsivity principle
- Use evidence-based practices
- Apply the Behavioral Health Framework
- Specialized Probation
- Ongoing program evaluation

Stepping Up Resources Toolkit

Resources Toolkit

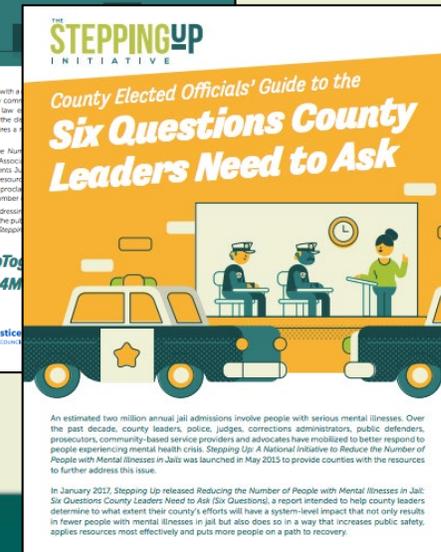
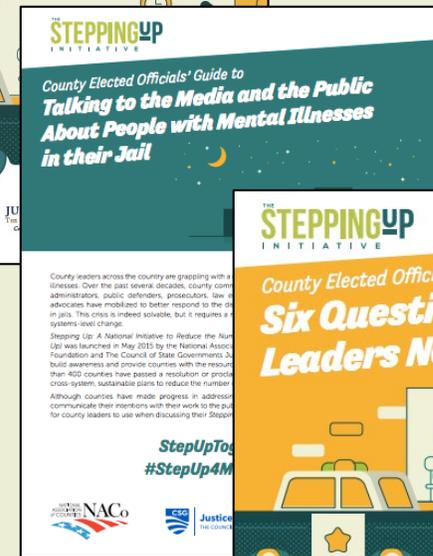
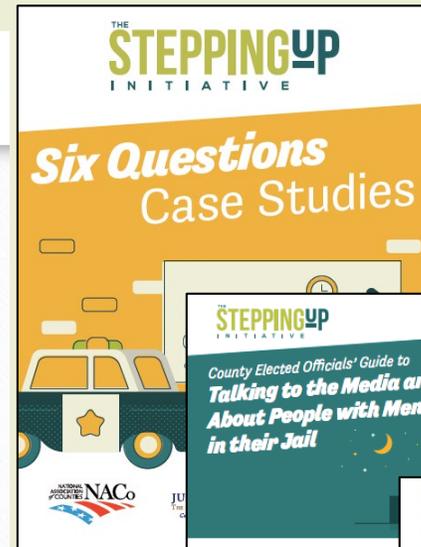
The Stepping Up Resources Toolkit provides key resources intended to assist counties with developing and implementing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses in local jails.

Upcoming Webinar:
Stepping Up 101:
A Primer for Sheriffs
(February 11th)
[Register >>](#)

View the Report [PDF]

Reducing the Number of People with Mental Illnesses in Jail
Six Questions County Leaders Need to Ask

Quarterly Network Calls for Rural, Urban, and Mid-Size Stepping Up Counties



stepuptogether.org/toolkit

Additional Resources

Online County Self-Assessment

Project Coordinator's Handbook

Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask

The Project Coordinator's Handbook

Choosing a Stepping Up Project Coordinator

Determining who will serve as the project coordinator is the first step for a jurisdiction in the Stepping Up planning process. A criminal justice coordinator can fill this role, if that position already exists. If not, the county can contract for these services, or the county planning team can designate someone to serve in this role—such as a staff member from the jail, behavioral health care provider, or community supervision agency—in addition to that person's regular duties. The person selected should have knowledge of the local criminal justice and behavioral health systems, have excellent facilitation and organizational skills, and demonstrate the ability to proactively drive the planning process to ensure progress.

This handbook is designed to complement the [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask \(Six Questions\)](#) framework as a step-by-step facilitation guide for project coordinators. For each of the framework's six questions, this handbook provides:

- A summary of the question and its related objectives for the planning team;
- Facilitation tips to assist the project coordinator in managing the planning process; and
- Facilitation exercises designed to achieve objectives and establish an efficient process for capturing the work of the planning team.

The Role of the Project Coordinator

Your role as the project coordinator is critical to the success of your county's Stepping Up efforts. It is the project coordinator who ensures that key leaders are engaged, manages meeting agendas and minutes, coordinates subcommittee work, provides research and data to guide the decision-making process, and continuously motivates the planning team.

This handbook is designed to help you manage your county's planning process. It will guide and systematize the flow of your work as you develop meeting agendas and decide how best to utilize members of the planning team. Other members of the planning team may benefit from having access to this handbook, especially those who are providing facilitation support, such as leading subcommittee work. You are not required to fill out or submit this handbook to the Stepping Up partners.

Additional complementary training materials are available through the [Stepping Up Toolkit](#), including webinars, briefs that provide information and guidance for applying the Six Questions, and other [resources](#).

Here are Your Results
North Slope, AK

Overall
You: 45%
Others: 42%
Total Steps: 60
Total Participant Counties: 31

1. Is our leadership committed?
You: 100%
Others: 50%
Total Steps: 6
[Helpful Resources](#)
[Update Answers](#)

2. Do we conduct timely screening and assessments?
You: 18%
Others: 41%
Total Steps: 12
[Helpful Resources](#)
[Update Answers](#)

3. Do we have baseline data?
You: 46%
Others: 41%
Total Steps: 22
[Helpful Resources](#)
[Update Answers](#)

4. Have we conducted a comprehensive process analysis and inventory of services?
You: 42%
Others: 38%
Total Steps: 4
[Helpful Resources](#)
[Update Answers](#)

5. Have we prioritized policy, practice, and funding improvements?
You: 27%
Others: 41%
Total Steps: 9
[Helpful Resources](#)
[Update Answers](#)

6. Do we track progress?
You: 47%
Others: 43%
Total Steps: 7
[Helpful Resources](#)
[Update Answers](#)

Series of Briefs



IN FOCUS IMPLEMENTING MENTAL HEALTH SCREENING AND ASSESSMENT

This brief focuses on implementing a mental health screening and assessment process, specifically to identify the number of people booked into jails who have serious mental illnesses (SMI). While implementing this process may also identify people who have less serious mental illnesses and other behavioral health needs who may require treatment while in jail, this brief is focused on identifying the people who have SMI because this population tends to represent the greatest draw on scarce behavioral health and social service resources.¹ Determining the prevalence of people who have SMI in jails will allow counties to develop or refine a strategic plan that will have the greatest impact on addressing this population's needs.

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined *Stepping Up* are using the initiative's framework document, [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask \(Six Questions\)](#), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the Six Questions framework. For key resources related to *Stepping Up*, including case studies, webinars, and network calls, visit the [Stepping Up Toolkit](#).

WHY IT'S IMPORTANT

To reduce the number of people who have SMI in jails, counties need to have a clear and accurate understanding of the size of the population that has SMI. Prior to being booked into jail, some people who have SMI may never have been diagnosed and may be unaware of their mental illness, while others may have been diagnosed with a mental illness and received but discontinued treatment. Screening and assessment are essential to identifying who should be connected or reconnected to services and treatment to address their behavioral health needs, which may also decrease the likelihood that they return to jail. Having this information will make counties better able to determine the treatment resources required to address this population's behavioral health needs. Moreover, having the ability to accurately and consistently identify the number of people who have SMI will help counties to track progress toward their goals.

WHY IT'S CHALLENGING

Implementing a screening and assessment process can be difficult, especially for counties that do not already have the staff, tools, and procedures in place to systematically conduct these activities. Jails are fast-paced environments; with many people being released in less than 48 hours, there is little time to complete screenings and assessments.

¹ This brief does not include detailed information about additional screenings and assessments for suicide, substance addiction, and criminogenic risk, which are also beneficial to complete at the time of booking into jail to best match people with other services they need. For additional information on targeting resources based on behavioral health needs and criminogenic risk factors, refer to *Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery*.

Stepping Up Strategy Lab

- An interactive library of **over 65 programs, policies, and practices**
- Features **over 100 examples** from **40 counties**
- **Updated every 6 months** to reflect progress and changes in the field

The screenshot displays the 'STEPPING UP STRATEGY LAB' website. At the top, there is a navigation bar with links for 'Database', 'About', 'Submit a Suggestion', and 'Stepping Up Initiative'. The main heading is 'STEPPING UP STRATEGY LAB', followed by a search instruction: 'Enter your search parameters below to search our database of resources and view details about each matching one. If you do not see an intervention in the database that has been implemented in your county and you believe it should be included, please let us know by [submitting a suggestion](#).' Below this is a search bar and a 'Filters' section. The filters are categorized into 'TYPES' (Policy & Practice, Program), 'MEASURES' (1 - Reduce bookings into jail, 2 - Reduce length of stay, 3 - Increase connection to treatment, 4 - Reduce recidivism, N/A), and 'CATEGORIES' (Behavioral Health Services, Court, Crisis Services, Housing, Jail, Law Enforcement, Pretrial, Project Coordination, Reentry). There are 'Reset Search' and 'Export Results' buttons. The main content area shows a table of 'Interventions' with 68 results found. The table has columns for Title, Type, Measures, and Categories. Three interventions are visible: 1. 'Arrest warrants reviewed by mental health provider' (Policy & Practice) with measures '2 - Reduce length of stay' and '3 - Increase connection to treatment', and categories 'Behavioral Health Services', 'Court', 'Jail', 'Pretrial'. 2. 'Behavioral health assessment informs in-custody care' (Policy & Practice) with measure '3 - Increase connection to treatment' and category 'Jail'. 3. 'Case management team' (Program) with measures '1 - Reduce bookings into jail' and '3 - Increase connection to treatment', and categories 'Behavioral Health Services', 'Law Enforcement'. Each intervention entry includes a brief description of the program.

Resources for COVID-19

Resources

- Preparing People for Reentry: Checklist for Correctional Facilities:**
<https://csgjusticecenter.org/publications/preparing-people-for-reentry/>
- Draft collaboration assessment: Polices, Processes, and Partnerships: Reentry and Homelessness during COVID-19**

PREPARING PEOPLE FOR REENTRY: CHECKLIST FOR CORRECTIONAL FACILITIES



Reentry planners and other staff overseeing discharge have multiple challenges and needs to manage as they help prepare people for successful transitions back into the community. Addressing these needs helps to ensure the health and well-being of all who live and work within a facility, particularly people with behavioral health or chronic health conditions. Now, more than ever, as communities work to quickly reduce correctional populations to respond to the COVID-19 pandemic, it can be easy for jails and prisons to miss steps that ensure safety of employees and the people who are returning to their communities. The checklist below can be used to guide reentry planning during this critical time. If you check a colored box, see the corresponding guidance on the back for more information. Note: you should continue to monitor the most recent guidance from the Centers for Disease Control and Prevention (CDC) and to coordinate with community partners, including the courts, probation, and service providers.

COVID-19 CONSIDERATIONS	YES	NO
1. Are you using a CDC-approved method to screen people for COVID-19 symptoms?		
<input checked="" type="checkbox"/> If Yes, for people who screen positive, do you have the ability to test them for COVID-19?		
2. If the person is symptomatic for COVID-19, have you coordinated with medical personnel to establish a discharge plan for ongoing medical care?		
3. If the person is symptomatic for COVID-19, were they also medically quarantined for 14 days prior to their discharge?		
4. If the person is asymptomatic, do you have reason to suspect they might be COVID-19 positive, including that the person has been in contact with someone who has COVID-19 symptoms?		
5. Is a quarantine or medical isolation required (per CDC guidelines)?		
6. Do you have the resources to provide every person upon release with Personal Protective Equipment (PPE) and guidance from the CDC on social distancing and staying healthy?		
LEGAL DISCHARGE CONSIDERATIONS	YES	NO
7. If the person is on court-ordered supervision, has the assigned officer been informed and provided with the individual's contact information?		
8. If your jail has access to court-ordered reporting instructions, are they provided to the individual?		

Jail Booking or Release		
<i>Sheriffs, jail administrators, jail programming staff, and jail reentry staff are critical in making sure that jails have processes to identify people who are at-risk of experiencing homelessness upon release. Information from jails—including COVID-19 test results and other information contained in health records – is critical in moving people from jail into appropriate community settings and identifying people most at-risk of severe illness from COVID-19.</i>		
	Questions to assess	Current Status
Policies	Is the jail screening and tracking homelessness? At intake or release?	
	Are staff trained on asking questions about homelessness?	
	Does the jail have existing policies for coordination with community providers (in-reach, workflows, etc.)?	
	Is there an on-site health provider? For information sharing purposes, are they a "covered entity"?	
Data	Are responses to jail screenings of homelessness included or recorded in jail data systems?	
	Is the jail assessing staff and people who are incarcerated for risk of exposure to COVID-19 according to the CDC's "Verbal	

Resources

- Dedicated CSG Justice Center COVID-19 page: <https://csgjusticecenter.org/covid-19-resources-from-our-partners/>
- Financial Resources for Reentry Programs: <https://csgjusticecenter.org/persevering-in-a-pandemic-financial-resources-for-community-based-organizations/>
- Seven Questions about Reentry amid COVID Confusion: <https://csgjusticecenter.org/seven-questions-about-reentry-amid-covid-confusion/>
- Stepping Up Initiative: <https://stepuptogether.org/>
- Council of State Governments COVID-19 Resources for states: <https://web.csg.org/covid19/>

Thank You!

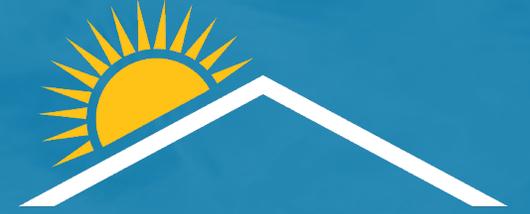
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For more information, please contact Thomas Coyne at
tcoyne@csj.org.

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

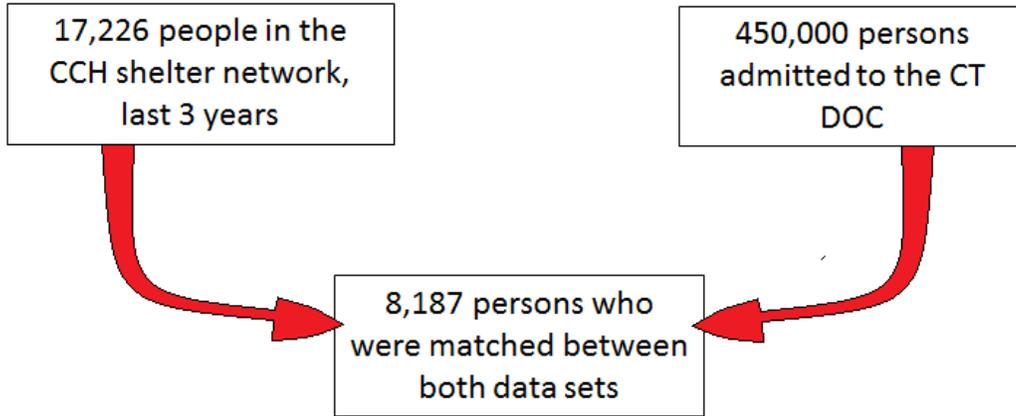
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Stopping the Revolving Door Between Homelessness and the Criminal Justice System in Connecticut

Richard Cho, CEO
June 2020

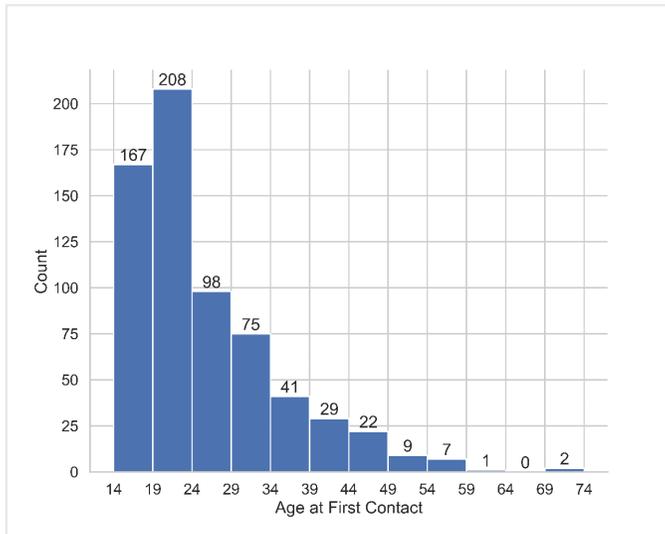
Data Match Shows Large Prison-Homelessness Overlap in CT



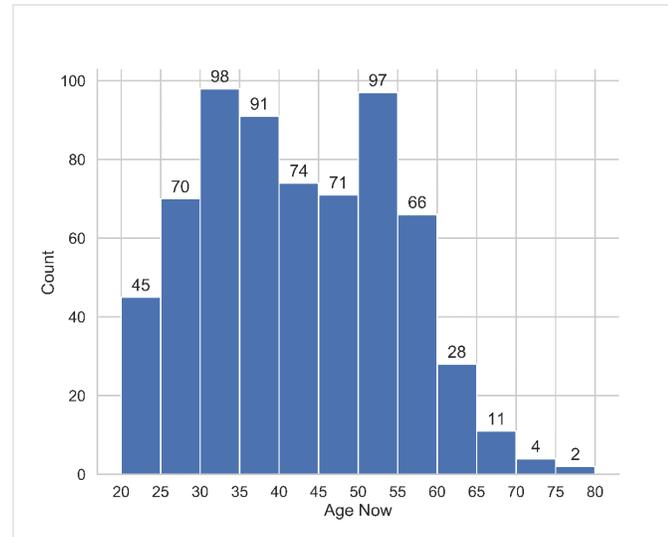
HMIS and DOC data match reveals:

- 48% of sheltered homeless have DOC history; 20% released from jail/prison in last 3 years.
- Roughly ½ sentenced, ½ pretrial; majority of sentenced persons released at end-of-sentence.
- 69% were homeless prior to last DOC release, and 28% became homeless only after most recent DOC release.
- 80% had 2+ DOC stays, 59% had 3+, and 44% had 4+.

Age at First DOC Contact



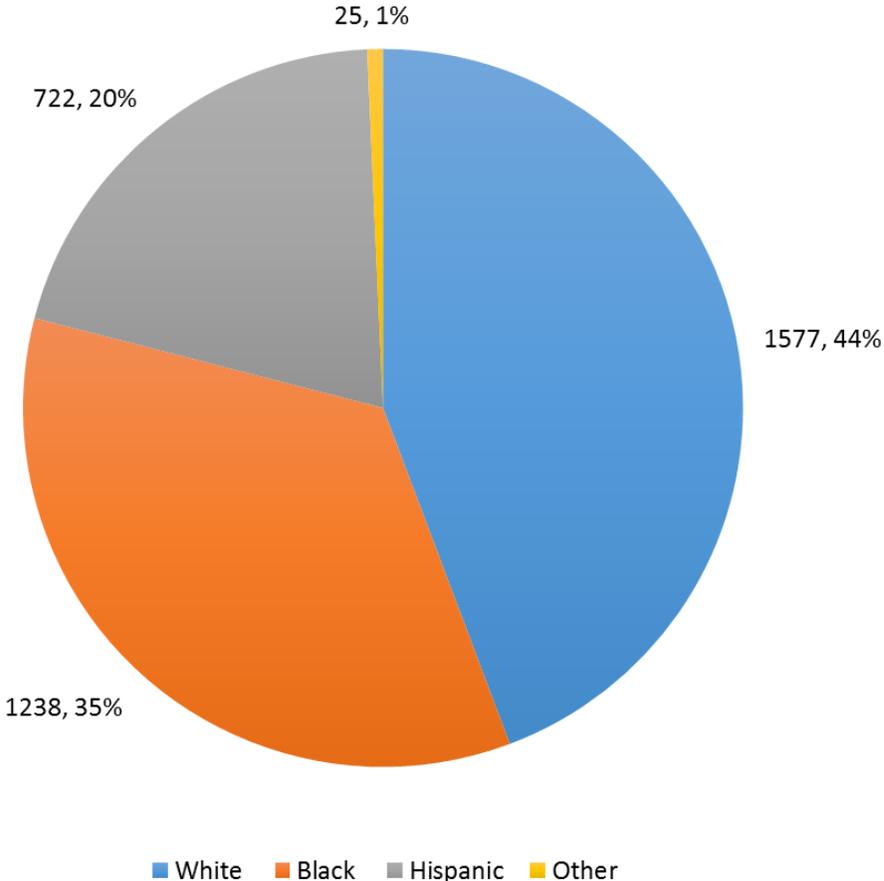
Current Age



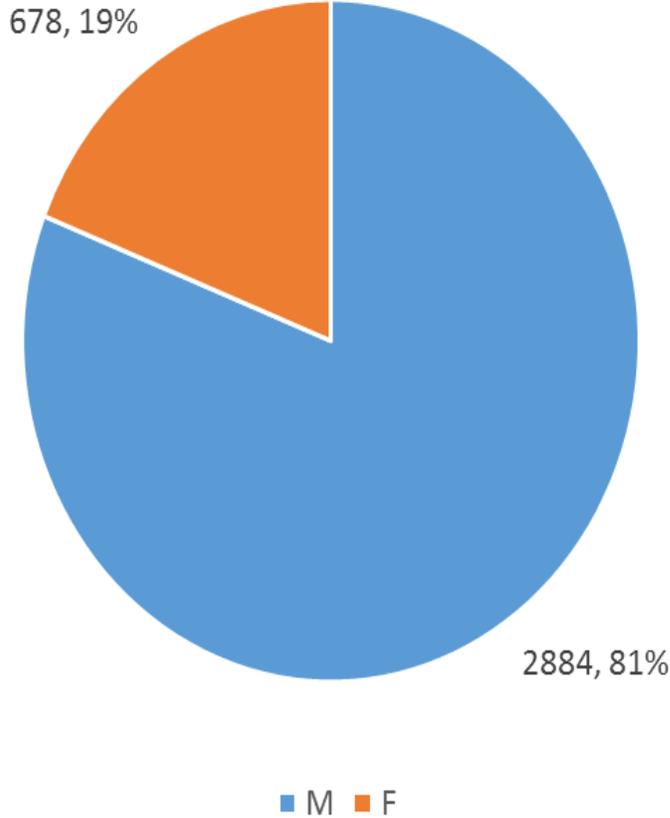
- 57% of matched individuals had their first-ever DOC contact as youth (32% between 19-24 years old and 25% at 14-19 years old).

Data Match Shows Large Prison-Homelessness Overlap in CT

Race/Ethnicity

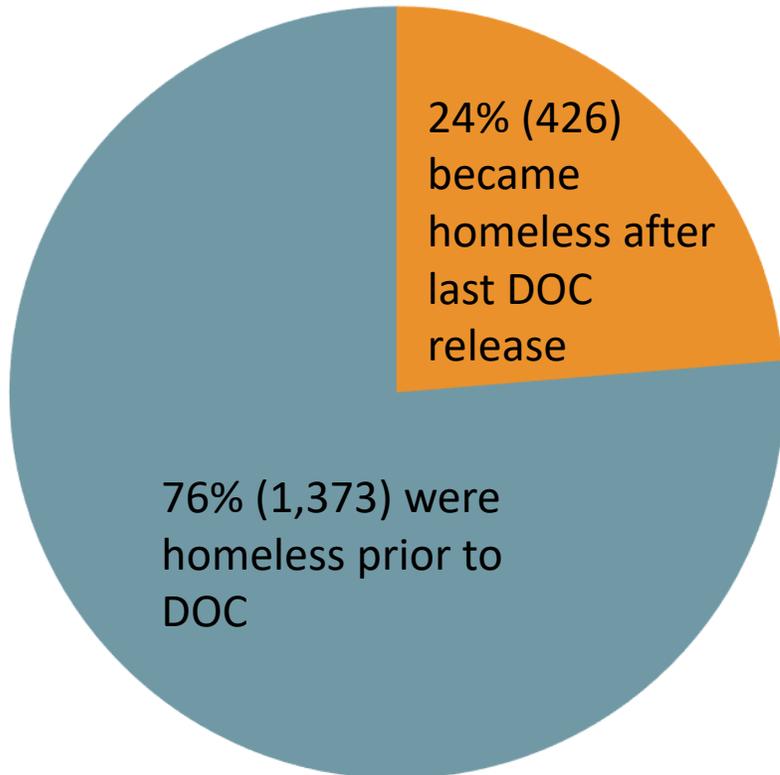


Gender

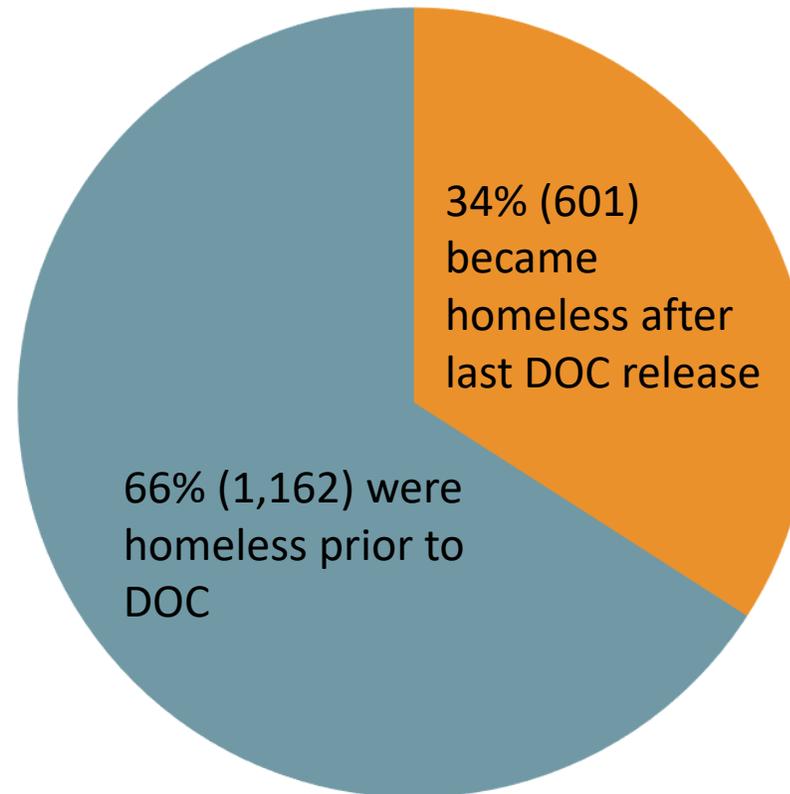


Antecedence: Homelessness or Incarceration?

Unsentenced



Sentenced



Among 3,652 matched individuals, 2,535 (69%) were homeless prior to last DOC release, and 1,027 (28%) became homeless only after last DOC release.

One Man's Journey Cycling Through the Criminal Justice and Homeless Systems in CT

Background

- Name: 'Paul'
- Age: 37 years old
- High school graduate
- Unknown employment history
- Has disabling conditions, most likely caused by alcohol, drug abuse, PTSD or brain injury (verified in 2016)

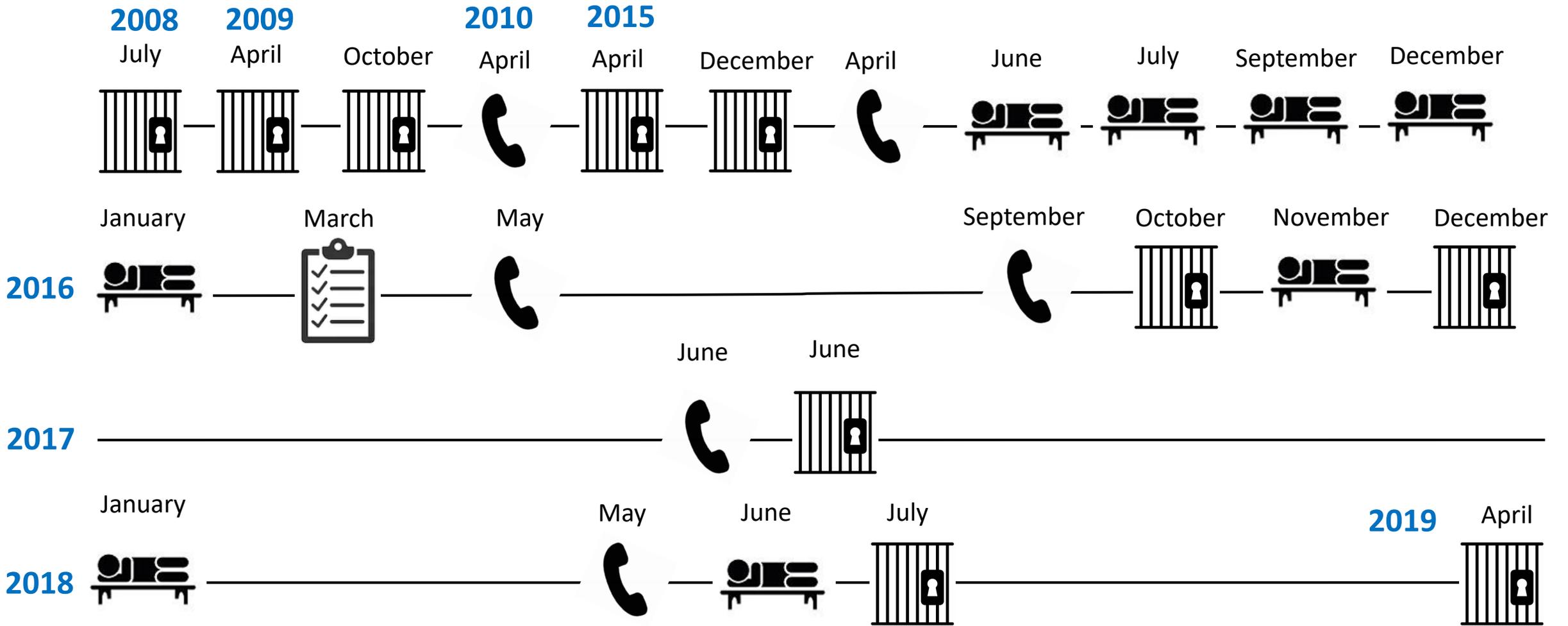
Criminal History

- First arrest at age 26
- 17 total arrests in 11 years in 8 different locations
- Two felony charges but other arrests were misdemeanors
- 2018: Arrested for larceny 5th and 6th degree
- 2019: Found guilty of violation of probation or conditional discharge
- Conditions:
 - Unconditional discharge for larceny 5th and 6th degree
 - Sentenced to 2 years jail for violation of probation

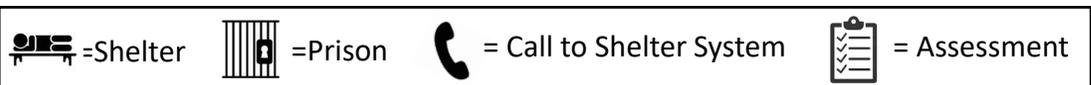
Homeless History

- Observed to be literally homeless since 2010 after discharge from DOC
- Living in places not meant for habitation
- Chronic homeless status verified in 2016
- Observed to be in and out of hospitals while making housing requests

Journey of 'Paul' Through Prison and Homeless Systems 2008-2019



LEGEND



CCEH's Re-entry Housing Policy Strategy (Pre-COVID)

- Shaping legislation to increase DOC, Probation, and court accountability and capacity to identify homelessness status of defendants/inmates and prevent homelessness, annualize data match to track progress
- Led legislative committee to proposed policy/legislation to limit landlords' use of criminal records in tenant selection and as the basis for denials
- Provide direct training, homelessness screening tool for use by DOC, probation, courts
- Leveraging state and federal funding for flexible rental assistance and case management program (rapid re-housing)

STATE OF CONNECTICUT
General Assembly
February Session, 2020

Raised Bill No. 5242
LCO No. 1481

Referred to Committee on HOUSING

Introduced by:
(HSG)

AN ACT CONCERNING THE RISK OF HOMELESSNESS FOR THOSE RELEASED FROM THE CUSTODY OF THE DEPARTMENT OF CORRECTION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 18-81z of the general statutes is repealed and the
2 following is substituted in lieu thereof (Effective October 1, 2020):

3 (a) The Department of Correction, the Board of Pardons and Paroles
4 and the Court Support Services Division of the Judicial Branch shall
5 develop a risk assessment strategy for offenders committed to the
6 custody of the Commissioner of Correction that will (1) utilize a risk
7 assessment tool that accurately rates an offender's likelihood to (A)
8 recidivate upon release from custody, and (B) become homeless upon
9 release from custody, in accordance with subsection (b) of this section,
10 and (2) identify the support programs that will best position the
11 offender for successful reentry into the community. Such strategy shall
12 incorporate use of both static and dynamic factors and utilize a gender-
13 responsive approach that recognizes the unique risks and needs of
14 female offenders. In the development of such risk assessment strategy,

LCO No. 1481 1 of 5

STATE OF CONNECTICUT
General Assembly
February Session, 2020

Raised Bill No. 5122
LCO No. 889

Referred to Committee on HOUSING

Introduced by:
(HSG)

AN ACT CONSIDERING CONSIDERATION OF CRIMINAL CONVICTIONS OF A PROSPECTIVE TENANT.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 46a-64b of the general statutes is repealed and the
2 following is substituted in lieu thereof (Effective October 1, 2020):

3 As used in sections 46a-51 to 46a-99, inclusive, as amended by this
4 act, and section 2 of this act:

5 (1) "Conviction" means a judgment entered by a court upon a plea of
6 guilty, a plea of nolo contendere or a finding of guilty by a jury or the
7 court, notwithstanding any pending appeal or habeas corpus
8 proceeding arising from such judgment.

9 [(1)] [(2)] "Discriminatory housing practice" means any discriminatory
10 practice specified in section 46a-64c, section 2 of this act or section 46a-
11 81e.

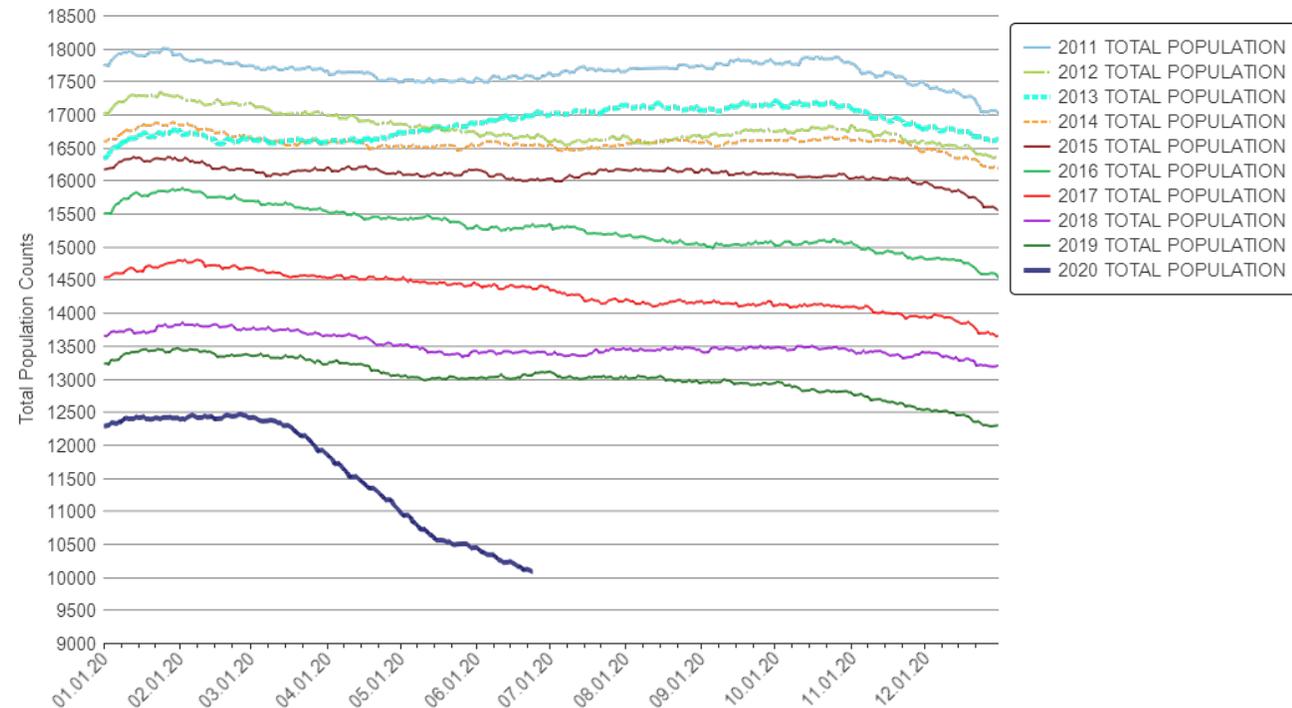
12 [(2)] [(3)] "Dwelling" means any building, structure, mobile
13 manufactured home park or portion thereof which is occupied as, or

LCO No. 889 1 of 13

COVID-19 Pandemic Creates New Context

- **Legislative session abruptly halted**
- **Homeless shelter system disrupted** – New shelter admissions reduced, major effort to “decompress” shelters into hotels
- **Advocacy to release inmates from prison** – Growing pressure from advocates to release more inmates from prison, lawsuit filed by ACLU
- **DOC census achieves historic low** – Through a variety of mechanisms, DOC prison population is at historic low (~10,000 inmates), but greater challenges with identifying stable housing upon release

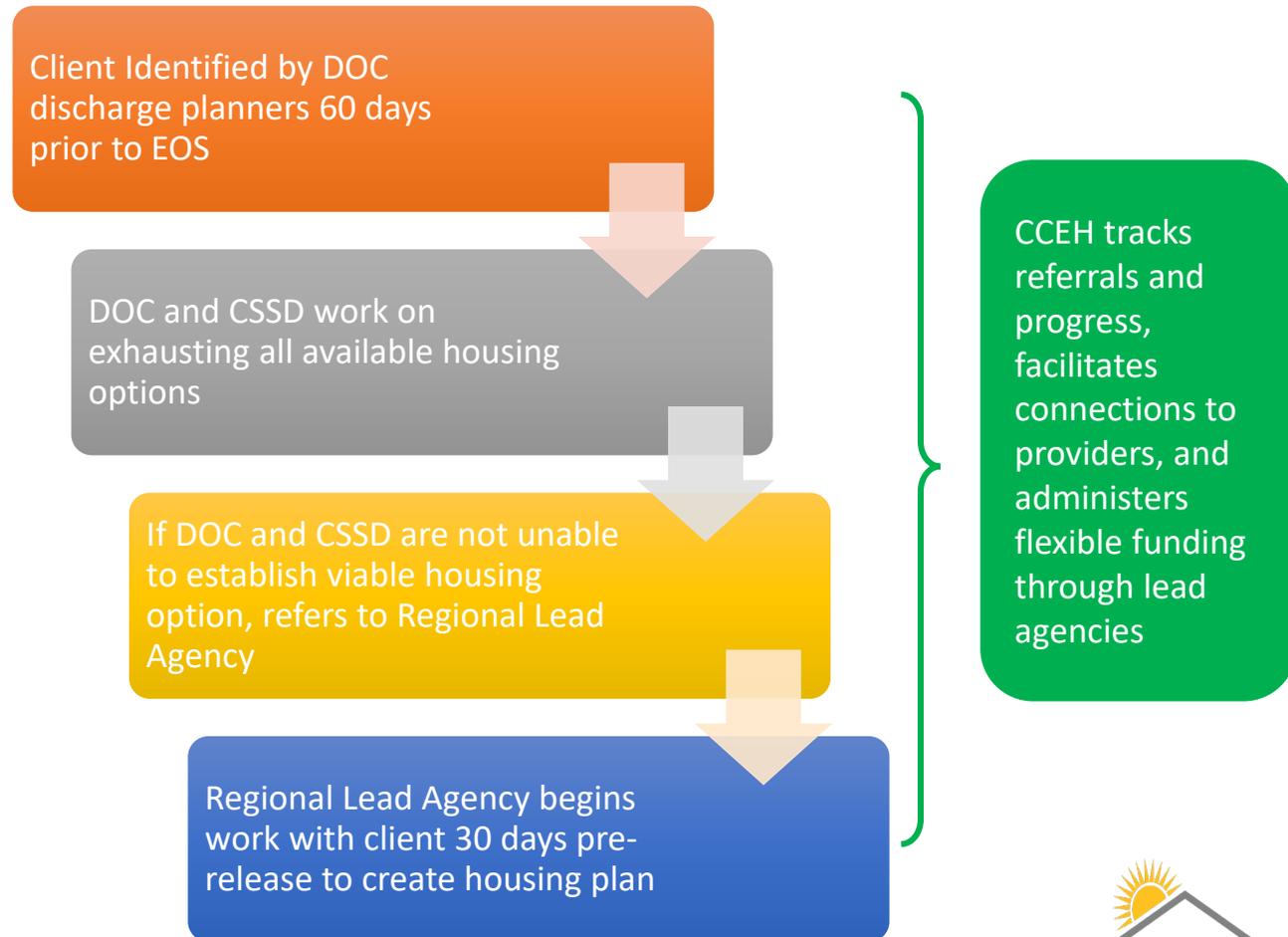
Total Connecticut Correctional Facility Population Count



CT DOC-Reentry Housing Assistance Program

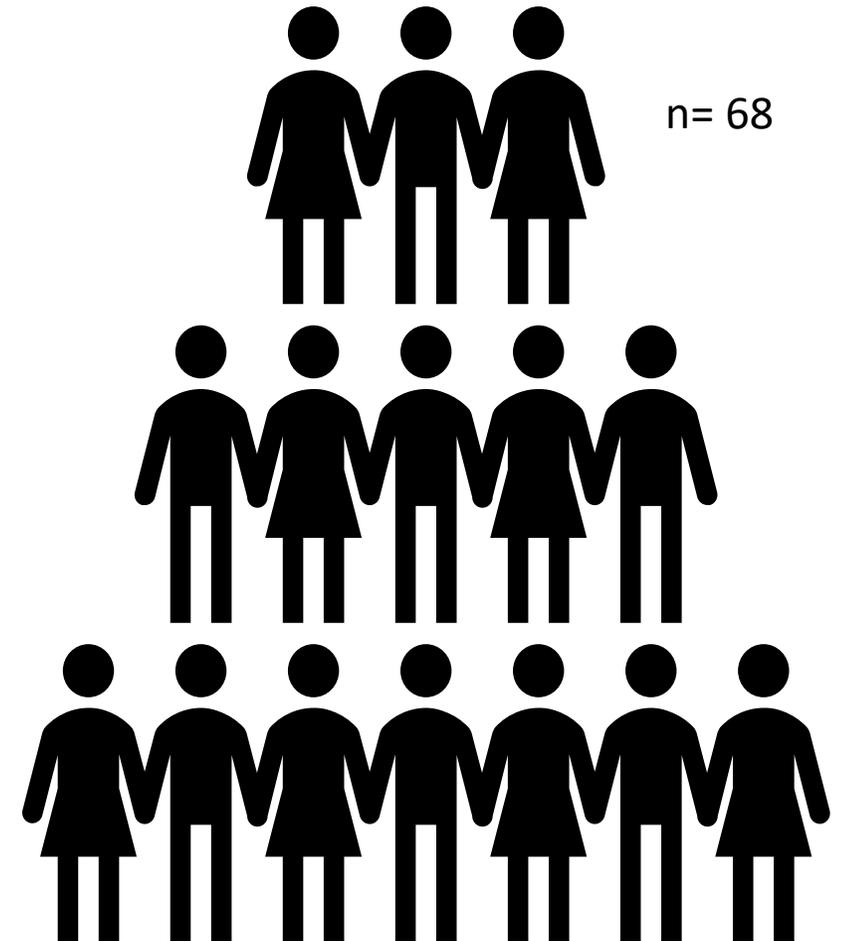
- **Funding** - \$180,000 in Justice Assistance Grant (JAG) funding + \$166,000 from philanthropy and municipal ESG funding to prevent homelessness among people released at end-of-sentence in the next 60 days; seeking additional (DOJ/BJA) funds through the CARES Act to sustain/expand program
- **Triage/Targeting** – Program flow ensures that DOC and Probation exhaust all other housing options before referral to DOC-RHAP program
- **Regional Model** – Regional lead agencies to ensure statewide coverage
- **Flexible Rental/Financial Assistance** – Covers security deposits, rental assistance, rent application fees, transportation, utility deposits, smartphones, hotel/motel stays

Program Flow



Referrals for D-RHAP

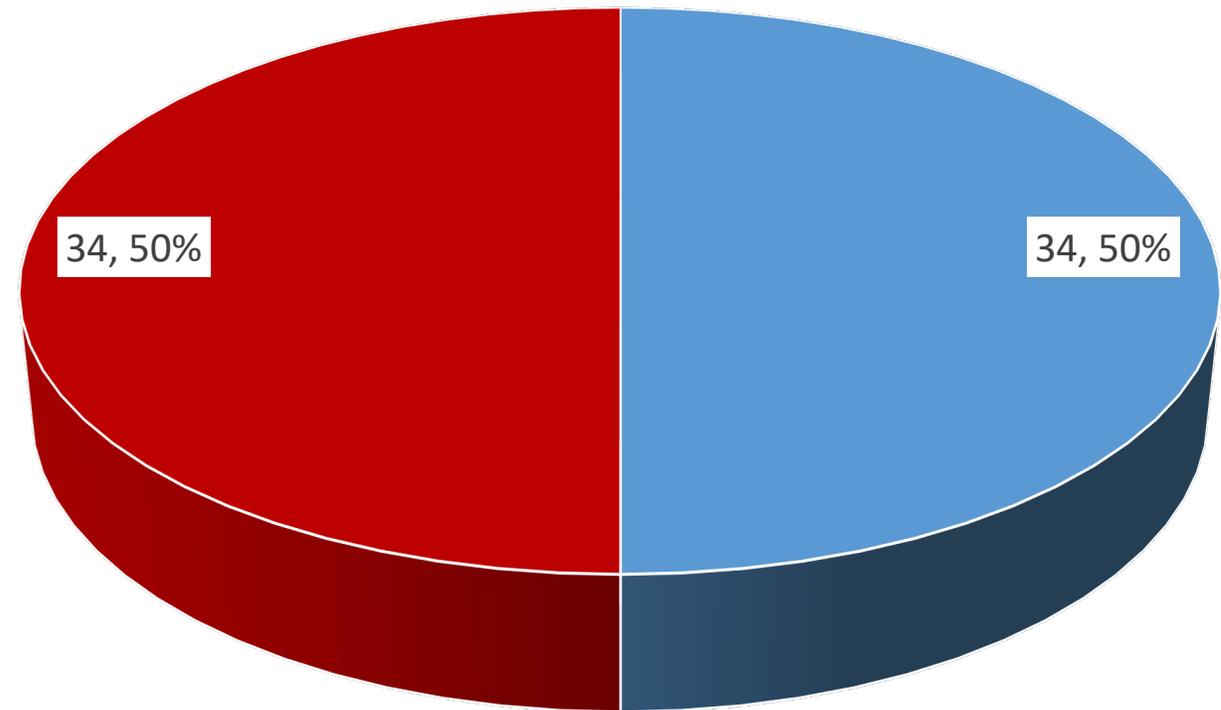
- 68 persons were referred in 44 days (April 1, 2020 – May 15, 2020)
- Average referrals per month @ 59
- Extrapolating for this numbers annually , it's estimated that about 708 individuals will be discharged from the DOC and also identified as needing housing assistance



How many D-RHAP Referrals are Under Probation Supervision?

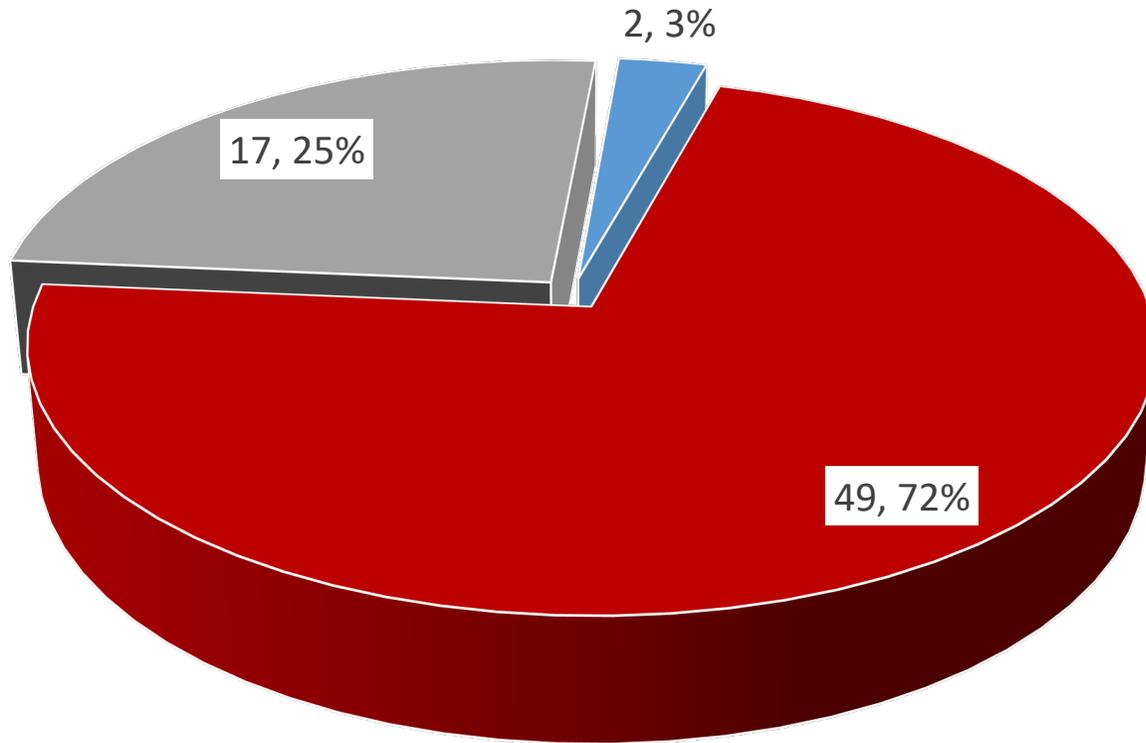
Of the 68 EOS individuals discharged during this time period, 50% were on probation.

Extrapolating for these numbers annually, it is estimated that 354 individuals will be discharged from the DOC, on probation and also identified as needing housing assistance. Some will be housed through CSSD Transitional Housing.



■ On Probation ■ Not On Probation

Age Distribution



■ 18-24 ■ 25-54 ■ 55+

3% of discharged individuals at EOS needing housing assistance are aged 18 – 24.

Extrapolating these numbers annually, it is estimated about 21 Youth with housing assistance needs will be discharged from DOC annually

72% of referred individuals are aged 25- 54 .

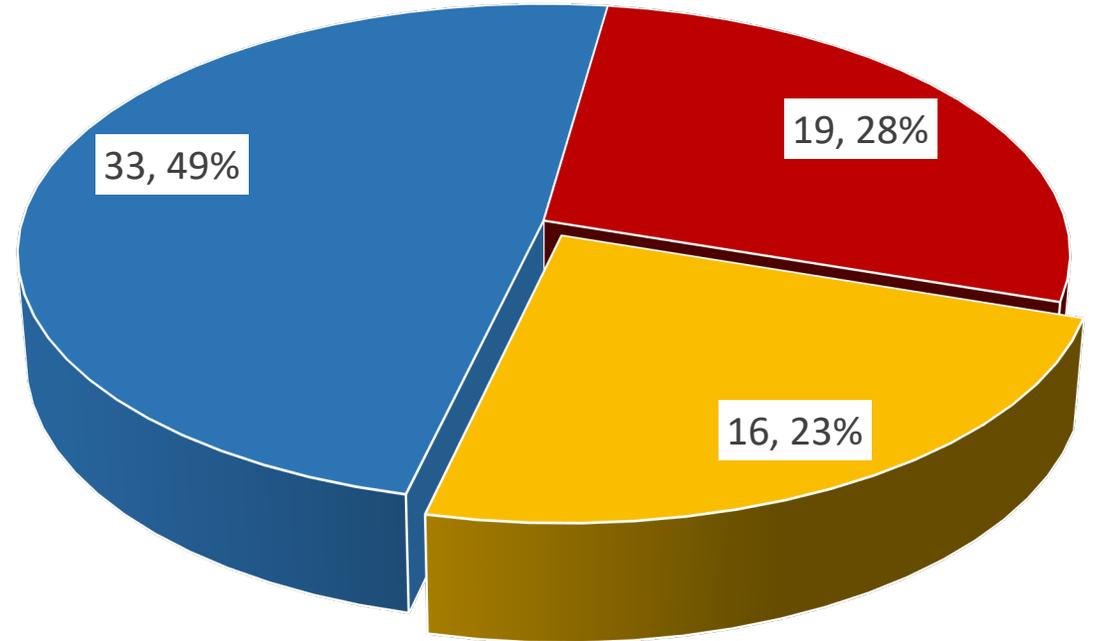
Annual extrapolation indicate about 510 individuals within this age range with housing assistance needs will be discharged from DOC at EOS annually

25% of referred individuals are above 55 years.

Annual extrapolation estimate , 177 individuals over 55 years will be discharged at EOS from DOC with housing assistance needs

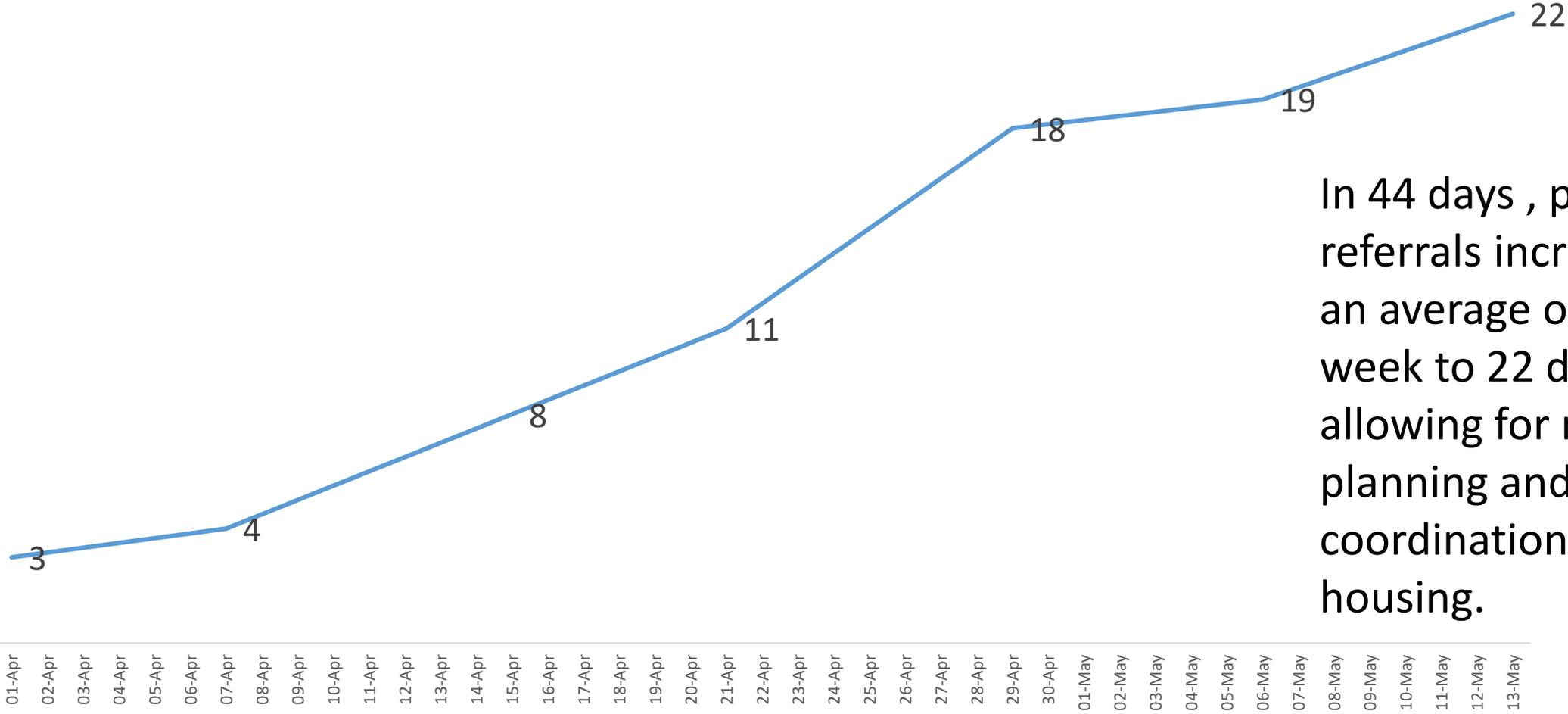
More Hispanics & Blacks were Discharged at EOS

- 51% individual released at EOS are in the minority groups
- Minority groups make up 26% of CT population, however 66% of CT DOC population are within the minority groups



■ BLACK ■ HISPANIC ■ WHITE

Days Between Referral and Release Increased Over Time



In 44 days , processing referrals increased from an average of 3 days per week to 22 days, allowing for more planning and coordination on housing.

Most Referred Individuals Have Behavioral, Medical and Mental Health Needs

Majority of referred persons are on levels 3-5, indicating an intervention is necessary in these areas



Mental Health

- 36(53%) have mental health needs
- It is estimated that about 375 homeless individuals discharged from DOC at EOS will have mental health needs annually



Medical Score

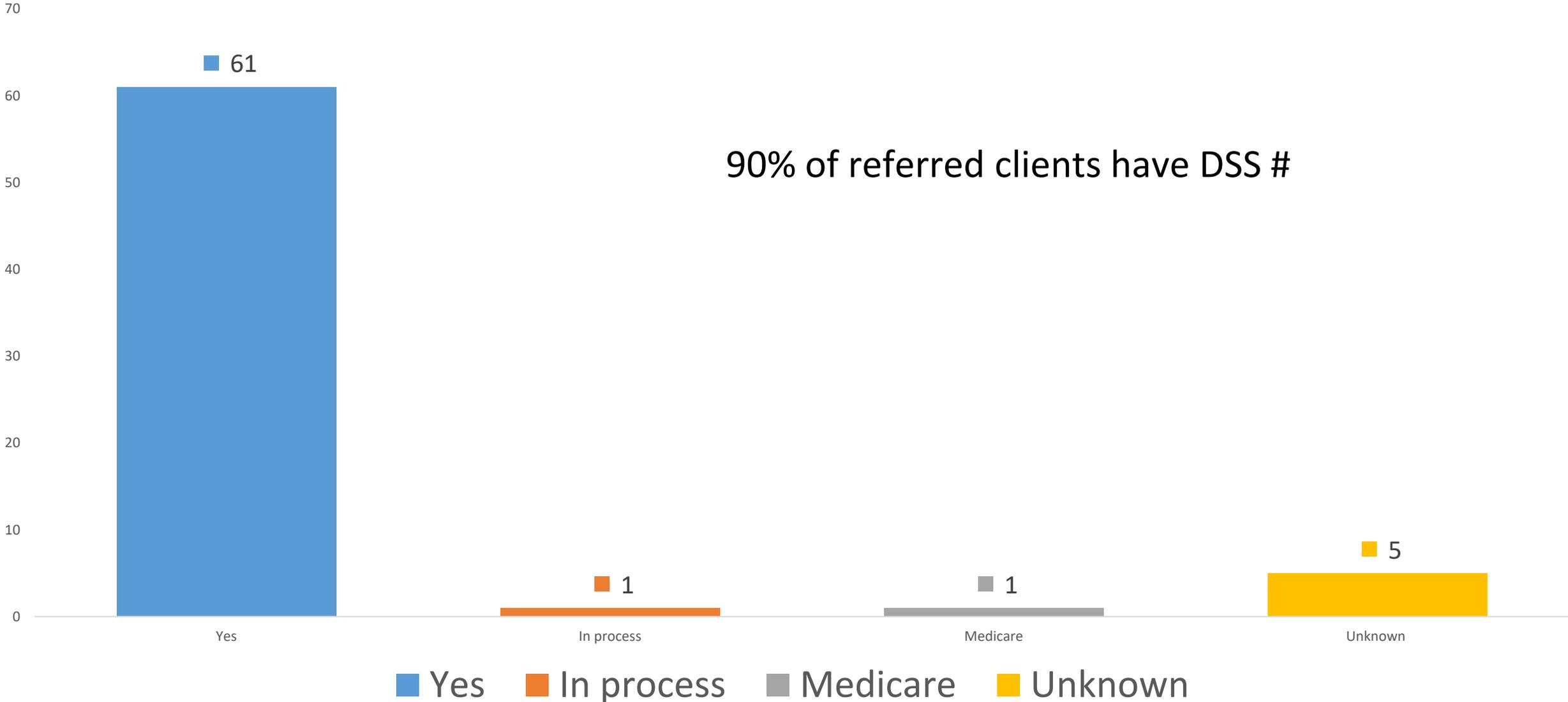
- 36(53%) have medical needs
- It is estimated that about 375 homeless individuals discharged from DOC at EOS will have medical needs annually



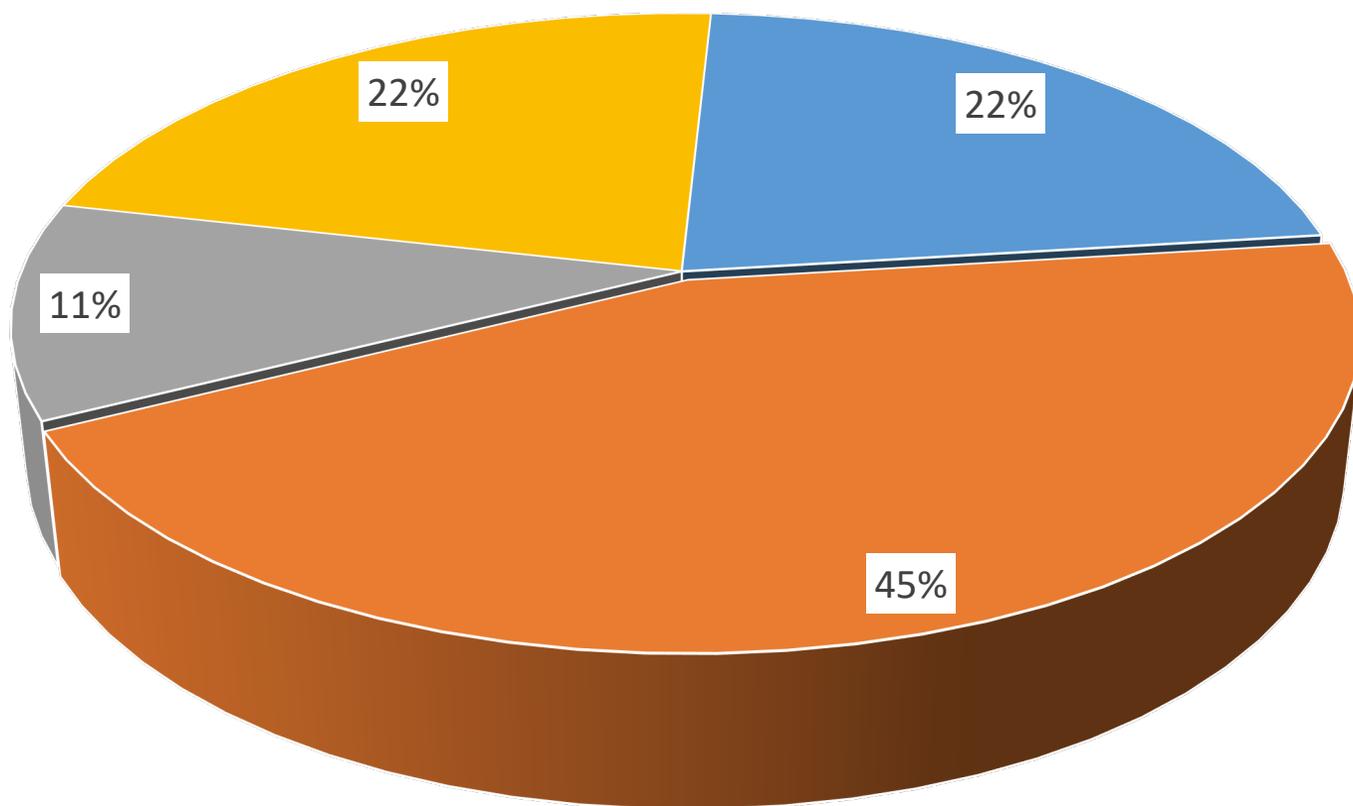
Drug & Alcohol Use

- 61(90%) have a great need for intervention
- It is estimated that 637 individuals discharged from DOC will have Drug & Alcohol intervention needs annually.

Discharged Clients with assigned DSS numbers



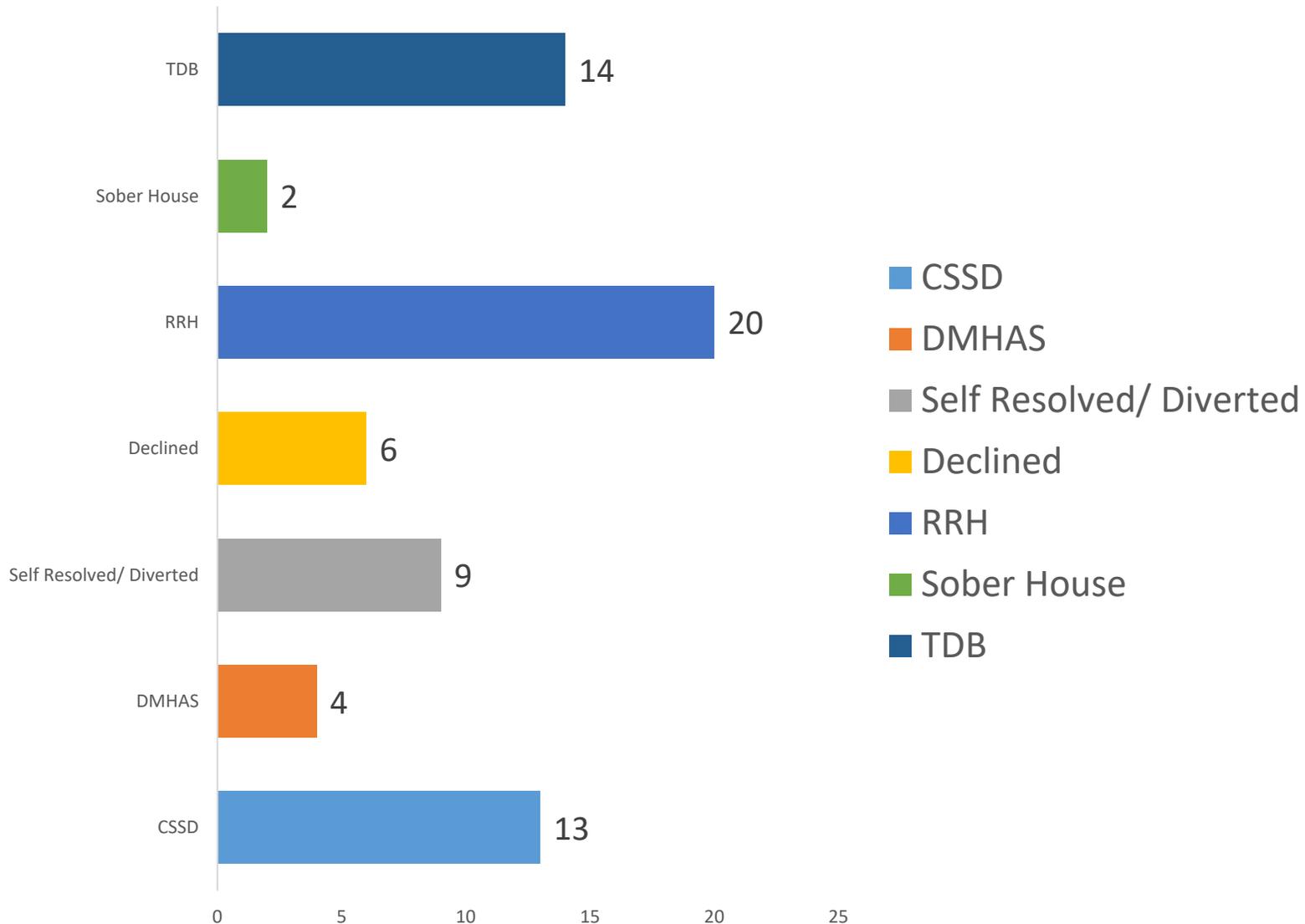
Clients within the revolving door of DOC & HMIS System – Homeless Episodes



45% have had at least one episode of homelessness

■ 0 ■ 1 ■ 2 ■ 3

Reentry for persons discharged from DOC



After 44 days, housing solutions were identified for 71% individuals with housing needs this includes CSSD, DHMAS, Self resolved/Diverted and Sober House

Housing solutions are in process for another 21%

While 8% declined assistance

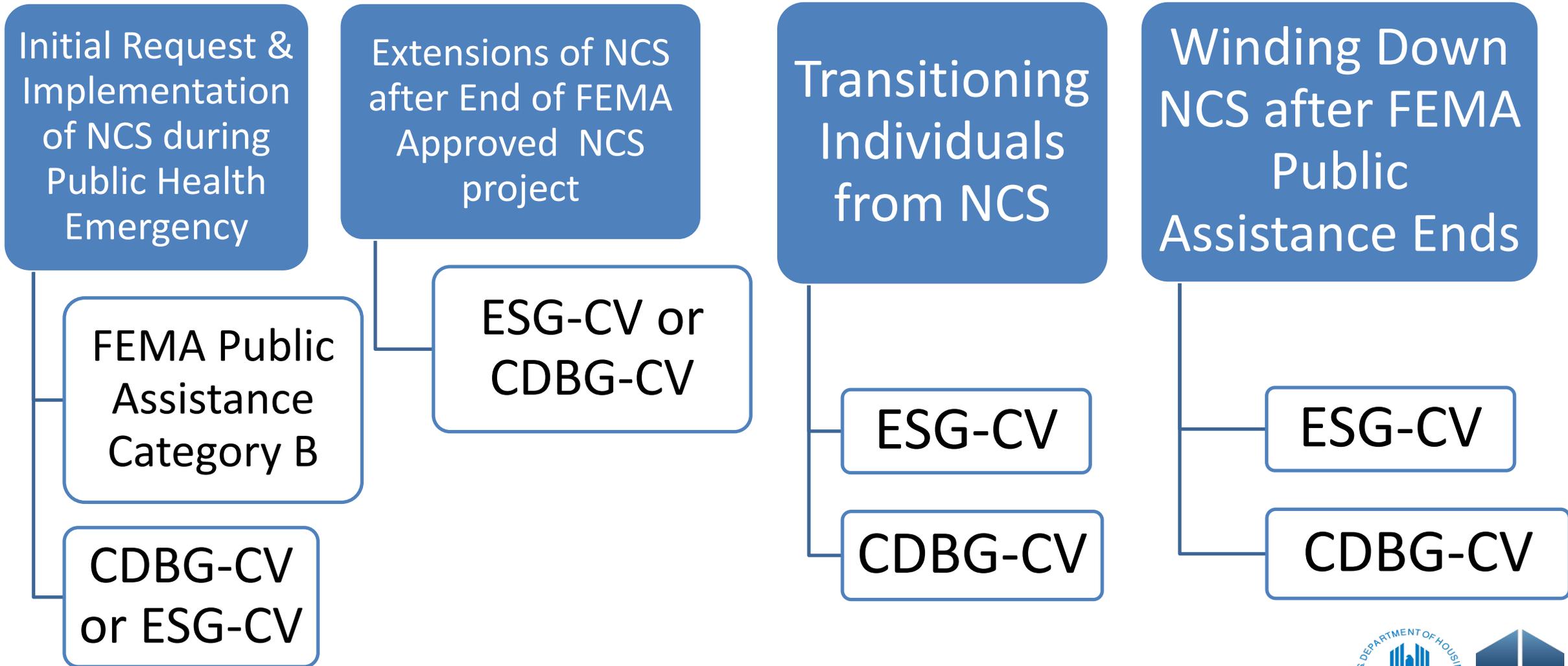
HUD UPDATES



Next Steps for Accessing Funds

- Submit your substantial amendment(s) – If you have not yet submitted an amendment for Round 1, you may include both Rounds 1 and 2 in your submission. Don't wait!
- There are known ESG costs that can address immediate needs:
 - **Rapid Re-housing** (e.g., Transitioning people from non-congregate shelter)
 - **Non-congregate shelter** (e.g., Continue congregate shelter decompression)
 - **HMIS** (e.g., Ramp up for ESG-CV quarterly reporting – HMIS Leads need additional funding to fulfill their increased role in CAPER reporting)

Federal Funding Priority Sources for NCS



Treasury Coronavirus Relief Fund (CRF) Eligible Costs

Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.



Using Treasury CRF for FEMA Cost-Share

May funds be used to satisfy non-federal matching requirements under the Stafford Act?

Yes, payments from the Fund may be used to meet the non-federal matching requirements for Stafford Act assistance to the extent such matching requirements entail COVID-19-related costs that otherwise satisfy the Fund's eligibility criteria and the Stafford Act. Regardless of the use of Fund payments for such purposes, FEMA funding is still dependent on FEMA's determination of eligibility under the Stafford Act.

<https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Frequently-Asked-Questions.pdf>



When to Use PPE

<h2>Medium to Very High Risk Use PPE</h2>	<h2>Lower Risk Use Fabric Covers</h2>
 <p>High population density environments including congregate shelters and encampments</p>	 <p>Remote workers, those working from home during the pandemic.</p>
 <p>Face-to-face, in person meetings to provide housing navigation, case management, and street outreach</p>	 <p>Workers providing only telehealth or remote services.</p>
 <p>Workers exposed to, or providing care for, known or suspected COVID-19 patients.</p>	 <p>Workers who do not have frequent close contact with others or work behind glass or protective barriers.</p>

Wellness Checklist - Engaging During COVID-19

Dimension	Example Inquiries
Physical	<ul style="list-style-type: none"> ● Have you been able to get the medications you need? ● Have you been able to see a doctor or dentist when you needed to? ● Are you getting enough food? Are you trying to eat healthy? ● Are you able to sleep OK? Where are you are staying? ● Are you using more alcohol, tobacco, or drugs recently? ● Have you changed your amount of daily physical activity?
Intellectual	<ul style="list-style-type: none"> ● How are you spending your time? ● Are you getting bored? ● What are some things you enjoy that you can't do right now?
Emotional	<ul style="list-style-type: none"> ● How are you feeling about the pandemic and social distancing? ● Are you worrying more than usual? ● Do you find yourself getting angry or upset more often? ● What are you doing about these feelings? Are you using any coping strategies?
Social	<ul style="list-style-type: none"> ● How have restrictions affected your relationships with friends and family? ● Have you noticed any difference in the way people treat you? ● How have the rules about masks, gloves and keeping distant affected the way you view others? View yourself?
Spiritual	<ul style="list-style-type: none"> ● Has the pandemic response and social distancing affected your ability to participate in religious or self-help communities?

Wellness Checklist - Engaging During COVID-19

Dimension	Example Inquiries
Spiritual	<ul style="list-style-type: none"> ● Has the pandemic response and social distancing affected your ability to participate in religious or self-help communities? ● Has everything that's going on changed your view on life or the world?
Vocational	<ul style="list-style-type: none"> ● How has the pandemic affected your daily routine? ● Have you lost employment as a result of this pandemic? ● Have you decreased hours at your job as a result of this pandemic? ● Do you see any opportunities for work from what is happening?
Financial	<ul style="list-style-type: none"> ● How has the pandemic affected your income? ● Have you been able to pay for your basic needs? ● How has it affected your efforts to get a place to stay OR maintaining where you are staying?
Environmental	<ul style="list-style-type: none"> ● Do you feel safe where you are staying? What are your concerns? ● Do you feel safe going to the places you need to go? ● Have some of the places or events you rely on been canceled or closed? What are you doing instead?

RESOURCE SPOTLIGHT



Other New Resources Posted

- [Privacy Considerations: Direct Service Staff Remote Work](#) (June 25, 2020)
- [Federal Funding Priority Order for Non-Congregate Shelter During COVID-19](#) (June 23, 2020)
- [Non-Congregate Sheltering: Approaches for COVID-19 Homeless Response and Recommendations for Requests for Assistance](#) (June 23, 2020)
- [Wellness Checklist for Client Engagement](#) (June 23, 2020)
- [Prevention to Promote Equity](#) (June 22, 2020)

Key Websites

HUD: <https://www.hudexchange.info/homelessness-assistance/diseases/infectious-disease-prevention-response/>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>

NHCHC: <https://nhchc.org/clinical-practice/diseases-and-conditions/influenza/>

USICH: <https://www.usich.gov/tools-for-action/coronavirus-covid-19-resources/>

VA: <https://www.publichealth.va.gov/n-coronavirus/index.asp>

HRSA: <https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html>

Federal Partner Contacts

For additional information or assistance, contact:

- Centers for Disease Control and Prevention:
www.cdc.gov/COVID19; 1-800-CDC-INFO (232-4636); TTY: 1-888-232-6348
- Department of Housing and Urban Development:
[HUD Exchange Ask-A-Question \(AAQ\) Portal](#)
- Department of Veterans Affairs High Consequence Infection (HCI) Preparedness Program:
vhahcigeneral@va.gov



Q & A

