Pilot Program Helps Connecticut’s Homeless

By Mary Branhm Dusenberry

Homelessness is often a proxy for a host of other problems. “The people that wind up homeless are typically people who have a bunch of other problems,” said Patrick Hynes, director of Offender Programs and Victims Services for the Connecticut Department of Corrections.

If they have cycled in and out of jails or prisons, making connections that will eliminate the recurring path to homelessness is often difficult.

That’s where Connecticut’s Supportive Housing Pilot Program comes in. The program is one of eight national winners of CSG Innovations Awards.

The program, a collaboration of the state, the nonprofit Community Renewal Team and the Connecticut Coalition to End Homelessness, seeks to address the revolving door relationship between homelessness and prison. It assists those people cycling through prison and shelters with housing and total wraparound services, including mental health, employment assistance and food vouchers, according to Christopher McCluskey, director of forensic services for CRT.

CRT is a community action agency, which also operates shelters throughout the Hartford region. Clients are assessed for all possible services, including housing, when they come in, according to McCluskey.

“Automatically, in real time, the clinician or case worker can see what this client is eligible for,” he said.

McCluskey said many times, clients will not get all the assistance for which they are eligible because they may have to fill out multiple applications.

“They’re apprehensive about going and sharing information with multiple people,” said McCluskey. But CRT can identify in one interview any part of the human services infrastructure that can benefit clients.

“I think the biggest reason for our success in this program is our staff,” said McCluskey. “They’re truly committed to these clients. These are individuals who come with multiple issues. The need is so great and there are no other services available that are consistent with what we do in this model.”

CRT has worked with landlords and businesses to help place clients in the pilot housing program in apartments and jobs. McCluskey said CRT has developed a database of employers willing to work with clients.

“We’re seeing more and more success in getting these clients employed,” McCluskey said. “They’re addressing the substance abuse, and getting gainful employment they can be proud of.”

The Department of Corrections provides funding for apartments, but landlords didn’t like the idea of having former inmates lease from them. CRT found it was easier to take on master leases of all its clients in this program, with a goal of eventually turning over the lease to individual clients.

“Once the landlords know our clients and know us, we’re in a much better position to have those leases signed over to a client,” McCluskey said.

Fifteen participants now live in the CRT-leased apartments, and are working and participating in treatment.

“We’re putting them in a spot where they can be successful,” McCluskey said. “We get their foot in the door and provide them with the tools to be successful and take it on their own.”

And most have been. McCluskey said one of the biggest obstacles for individuals with chronic substance abuse is avoiding relapse. Parolees face strict provisions and responsibilities to the Department of Corrections. Technical violations, in which an individual becomes a user again, are the primary reasons program participants return to prison.

Hynes said the state evaluated the program in September. He believes there will be enough support to expand the program with CRT and replicate it in another city.

“I think it’s working because we are wrapping a whole bunch of services around people and are identifying a certain population,” said Hynes. “It’s designed for a population that has a history of homelessness.”

CRT is actively recruiting individuals directly from shelters in the Hartford region to expand the program. McCluskey said changes have been made as the program has progressed, based on research and opinions of participants. For instance, clients in the beginning were placed in congregate facilities instead of scattered site apartments.

“In my personal viewpoint, putting individuals into their own scattered site apartment where there’s no stigma attached … this is individuals being successfully reintegrated into society,” McCluskey said.

“We could sit in this room and put together a tremendous program. We could have some brilliant people at the table, but if we don’t go to the individuals living it and (ask) what they need … We need to know what our population is saying they need in order for the program to be successful,” he said.