

The FUSE Model: Frequent Users Systems Engagement



Background/Tonight's Discussion

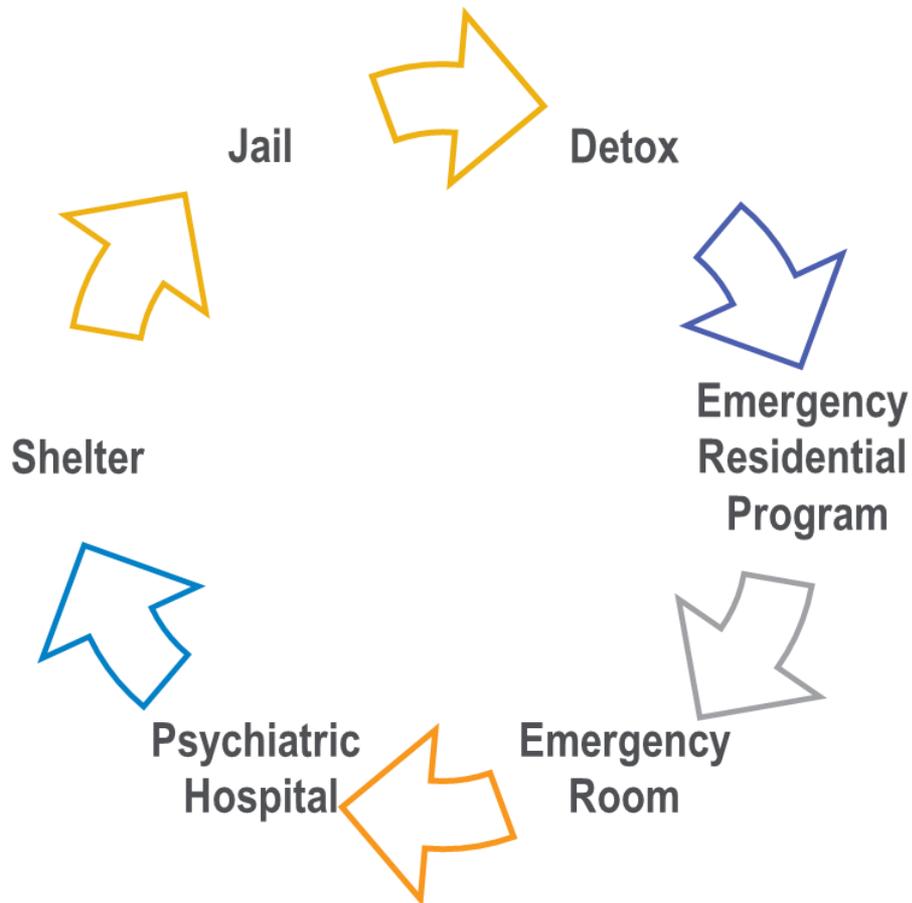
- **VCEH entered into agreement with the Corporation for Supportive Housing to develop a template for implementing the FUSE model in Virginia.**
- **VCEH was asked to attend the Commission's *Issues of Homelessness and Affordable Housing Leadership Team's* October meeting to advise on homelessness in Fredericksburg. VCEH discussed directing the team's efforts on homelessness toward those with the highest needs.**
- **Team recommended that the Commission consider implementing a FUSE pilot in partnership with the Continuum of Care and under VCEH's leadership.**
- **Tonight's Discussion:**
 - Overview of FUSE
 - Why should we implement in PD-16?
 - Next Steps

FUSE is Supportive Housing



**Permanent, affordable, independent, tenant
centered, flexible, voluntary**

The Institutional Circuit of Homelessness and Crisis Service Systems



The Institutional Circuit

- “Million-Dollar Murray”
- Indicates complex, co-occurring social, health and behavioral health problems
- Reflects failure of mainstream systems of care to adequately address needs
- Demands more comprehensive intervention with coordinated system response

A Spectrum of Needs

Low Need

Individuals who are able-bodied and employable, who face an income/affordability gap; also may need short-term assistance with community reintegration

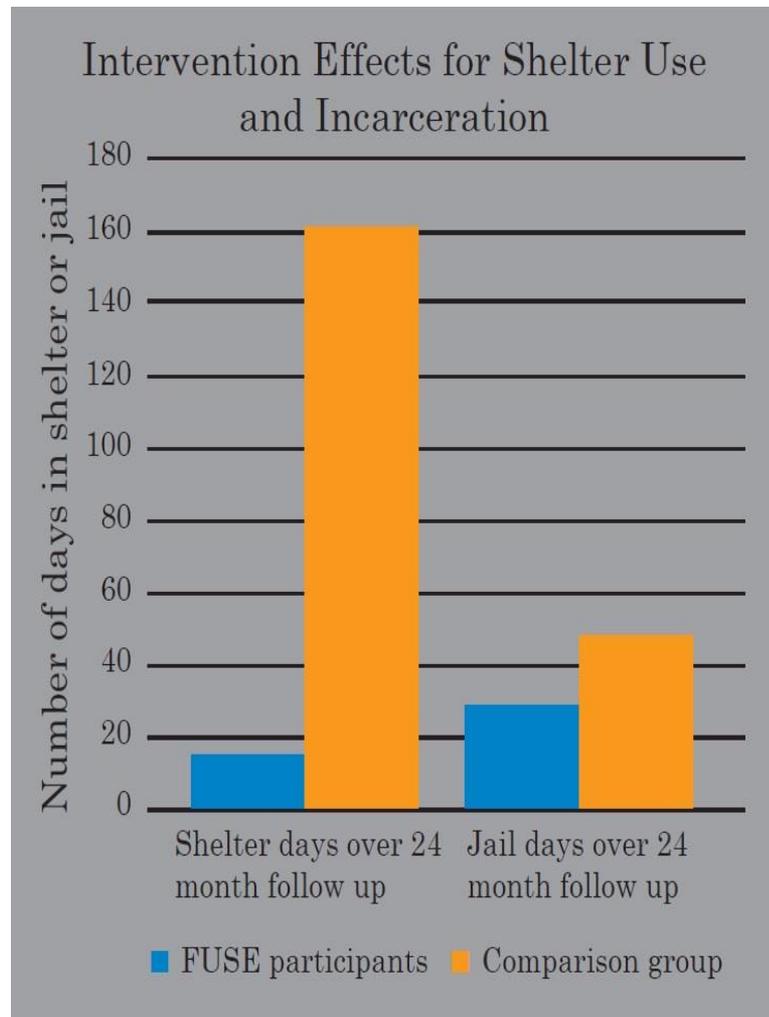
Moderate Need

Individuals with limited employment history and educational achievement, and who may have substance abuse, health or mental health challenges

★ High Need

Individuals with disabilities such as serious mental illness and chronic health and substance abuse issues who will need longer-term services

FUSE is Evidence-Based and Reduces Recidivism



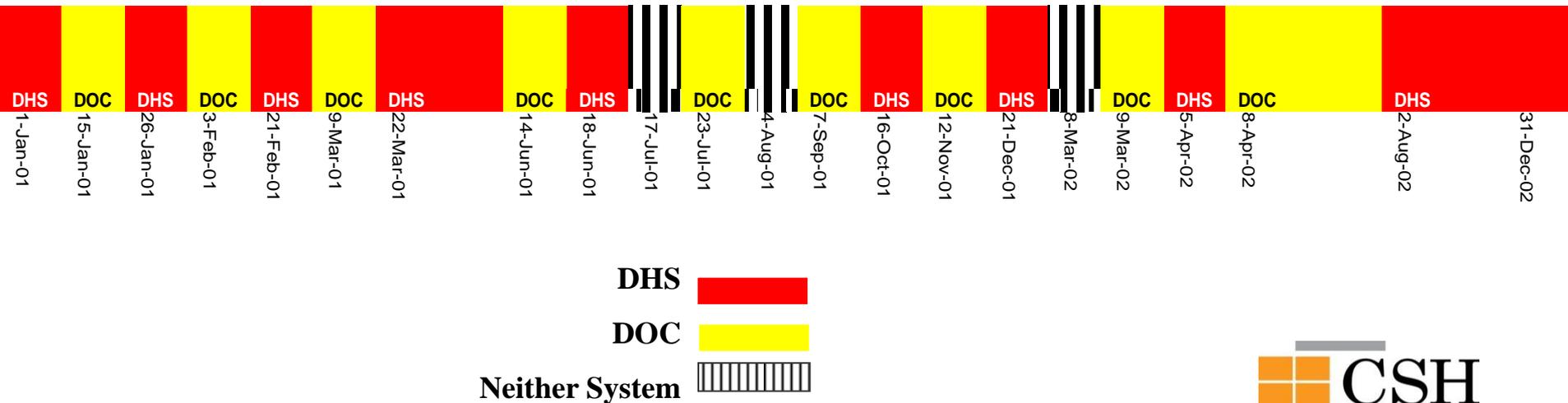
Results from Columbia University's evaluation of the New York City FUSE program, released in November 2013

- 40% fewer jail days
- 91% fewer shelter days
- 50% fewer psychiatric inpatient hospitalizations (not shown)
- 86% in housing after 2 years
- *Cost benefit analysis showed \$15,000 in savings per client*

Typical FUSE Client

- FUSE clients cycle between systems, with little opportunity for engagement in each. Outcomes for this client are poor, and typically they have many issues stemming from mental illness, substance use, and chronic health conditions
- Supportive housing can break cycle of homelessness and incarceration among individuals who are known “frequent flyers” of jail and shelter

Frequent User Case Study



CSH is the National Expert on Frequent User Initiatives



Why PD-16?

- One of the five central goals of the FRCoC's 10-Year Plan to End Homelessness reads,

“Create a system that eliminates correctional, emergency healthcare and other public service agency burden for servicing homeless clients by directing resources at data-driven discharge planning, targeted housing, and case-management solutions.”

- The FUSE Initiative is the only evidenced-based practice that focuses directly on this goal to answer the question, “Can permanent supportive housing reduce the cost and frequency with which public institutions have to serve the most vulnerable homeless in the community?”
- A way for the Commission to determine how much it costs to jail and/or provide emergency healthcare services to the area's high need homeless population, and determine if there are savings associated with housing and wrapping intensive supportive services around these individuals.

Key Components of the FUSE Model



- **Cross-systems, data-driven identification of target population**
- **Assertive targeting, outreach and recruitment**
- **Supportive housing**
- **Enhanced service coordination and care management**
- **Measure reductions in use and cost effectiveness**

CSH's FUSE Blueprint

Data-Driven Problem-Solving

Cross-system data match to identify frequent users

Track implementation progress

Measure outcomes/impact and cost-effectiveness

Policy and Systems Reform

Convene interagency and multi-sector working group

Troubleshoot barriers to housing placement and retention

Enlist policymakers to bring FUSE to scale

Targeted Housing and Services

Create supportive housing and develop assertive recruitment process

Recruit and place clients into housing, and stabilize with services

Expand model and house additional clients

Next Steps

- **With the Commission's support, VCEH will provide the following:**
 - **Invite stakeholder group (hospital and RRJ reps, CoC members, UMW data support, etc.) to a December kick-off with CSH's Senior Program Manager and leading expert on FUSE implementation.**
 - **Begin working with stakeholders to complete data-match and determine target population.**
 - **Assist Micah in lining up supportive housing units and case management.**
 - **Approach FUSE clients with housing and supportive services.**
 - **House study group, track the impact against control group and report out to GWRC.**

Questions?

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