



Phases of FUSE

PLANNING AND IMPLEMENTING
SUCCESSFUL SUPPORTIVE HOUSING





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Introduction

Counties are increasingly dealing with shrinking budgets and growing demand for public services. Individuals with mental illness who frequent local jails, shelters and emergency rooms are often high-cost utilizers with multiple needs – no single county agency can address this problem alone. Without cross-agency coordination, assisting this population at the points of entry into county-funded crisis care services often results in high costs and duplication of numerous services with little to show for results. Supportive housing – housing that is provided along with wrap-around services – has been demonstrated to yield better human outcomes in addition to more effectively and efficiently using public dollars. In this issue brief we detail how a county can develop supportive housing to address these issues and provide some examples of counties implementing supportive housing efforts.

Per capita aggregate federal, state and local corrections spending has increased by more than 500 percent since 1982. Counties spend more than \$70 billion each year on criminal justice and more than \$68 billion on health and human services. Currently, there are over 2 million people incarcerated in U.S. prisons or jails and over 10 million people are booked into U.S. jails over the course of a year. Much of this population has a history of substance abuse, mental illness and prior arrest; moreover, 9 percent were homeless in the 12 months prior to their arrest.¹ Without intervention, many of these chronically homeless individuals return back to the streets and shelters upon release, perpetuating a cycle of homelessness at significant expense to county taxpayers and often with tragic outcomes.

The Frequent Users Systems Engagement (FUSE) model uses three pillars – data-driven problem solving; policy and systems reform; and targeted housing and services – and nine steps as a framework for developing supportive housing that targets “frequent users.” Frequent users are individuals who frequently come into contact with law enforcement, jails, homeless shelters, emergency rooms and other emergency services. Targeting this small but select group of

individuals allows the intervention to focus primarily on the highest-risk, most vulnerable individuals who repeatedly cycle in and out of county-funded crisis systems of care and utilize a disproportionate amount of health, human services and public safety resources.

The FUSE model uses housing coupled with wrap-around services and supports to intervene and break the cycle of homelessness, incarceration and hospitalization that is often prevalent among this population. Homeless and incarcerated frequent users’ first and foremost need is housing. When housing is coupled with intensive case management, service coordination, behavioral health services, employment and educational assistance and other related support services, these individuals can get the help they need

INDIVIDUALS RELEASED FROM JAIL WITHOUT HOUSING ARE:

- › seven times more likely to violate parole;
- › more likely to suffer from mental illness and/or substance abuse issues; and
- › face increased rates of unemployment, risk of re-arrest and risks of relapsing into substance abuse.

Source: The Council of State Governments Justice Center. NRRC Facts and Trends. <http://csgjusticecenter.org/nrrc/facts-and-trends/>; Greenberg, G.A. & Rosenheck, R. Jail Incarceration, Homelessness, and Mental Health: A National Study. (Psychiatric Services).

to successfully live independently. Services provided through FUSE are designed to address those needs and any others that might arise that would continue these users’ reliance on costly emergency public services. By providing frequent users with the tools necessary to thrive in their community, the FUSE model has proved to be a successful intervention method for these high-risk individuals at substantial cost savings to counties and their taxpayers.

THE FIRST FUSE PROGRAM

New York City was the home of the very first FUSE program. As the story has it, the Commissioners of Corrections and Homeless Services shared an elevator ride and traded accusations that each was stuck serving the others' clients. After a data match between the jail and shelter systems verified this as true, the FUSE model was created and several providers were engaged to test the model. The program eventually served more than 200 individuals through a complex blend of local, state, federal and private dollars. In November of 2013, Columbia University released the final evaluation report of the FUSE NYC program. Below are some of the dramatic results.

- » 86 percent of FUSE participants remained housed after 2 years.
- » Use of shelters dropped by 70 percent.

- » Time spent in jail decreased by 40 percent compared to a group not in the FUSE program.
- » Cycling between jail and shelter decreased, resulting in more stable lives.
- » Comparison group members spent twice as many days in psychiatric inpatient centers as FUSE participants.
- » Every person housed through FUSE generated an estimated \$15,000 in public cost offsets after accounting for the cost of housing and services. These savings were realized through reduced hospitalizations and days spent in jail and shelter.

Source: Aidala, A., McAllister, W., et al. The Frequent User Service Enhancement 'FUSE' Initiative: New York City FUSE II, Evaluation Report. http://www.csh.org/wp-content/uploads/2013/12/FUSE_Eval_Report_Final.pdf.

SUCCESSFUL COUNTY EXAMPLE

San Diego County, Calif., home to the fourth largest homeless population among major American cities,² launched Project 25 in 2010 to provide permanent housing, supportive services and a comprehensive case management program to San Diego's chronically homeless – some of the most frequent users of emergency rooms, jails and other public resources. In conjunction with United Way and its Home Again Initiative, service provider St. Vincent de Paul Village developed an initial list of participants by cross-referencing lists of high users from local hospitals, ambulance operators, law enforcement and in-patient behavioral health institutions, and then performed outreach to enroll the 25 most costly chronically homeless individuals. 10 additional individuals were added when further funding was identified for services and housing. Outreach strategies included flagging client records at participating hospitals, the county jail and other service sites, along with a bi-monthly outreach meeting with homeless services staff, police officers and hospital social workers.

In addition to significantly and positively affecting the lives of those participating in this program, the public funds saved by providing the chronically homeless with permanent housing and supportive services is considerable. The total cost of public resources for project participants decreased from more than

\$4.2 million in 2010 (the year before the provision of housing) to under \$2 million from October 2011 to September 2012.³ This decrease included more than 55 percent reductions in ER visits, in-patient hospitalizations, ambulance transports and arrests.⁴ Additionally, 20 of the Project 25 clients were housed the entire year and 75 percent have a permanent source of income, compared to only 39 percent at entry.⁵ CSH has provided technical assistance for Project 25 during the model and evaluation design phase, and continues to serve in an advisory role.

PHASES OF FUSE

When considering the launch of a supportive housing model, there are four key phases, or stages, that are essential to the planning process:

- » **Phase I:** Initiative Design
- » **Phase II:** Implementation Planning
- » **Phase III:** Training and Implementation
- » **Phase IV:** Evaluation, Expansion, and Improvements

Each of the four phases illustrates an essential element in the process of developing a FUSE supportive housing initiative and is described in detail in the following pages.

PHASE I: Initiative Design

IDENTIFYING PARTNERS, DEVELOPING A STAKEHOLDER GROUP AND CONDUCTING A DATA MATCH

Who are your frequent users and what systems are they engaging with most often? It is critical to use data to accurately define the scope of the problem when determining partners and planning a FUSE initiative. While some county agencies may already compile an internal list of frequent users, such as a top 50 or 100 list, many do not. Because it is essential that the frequent user analysis include individuals from multiple agencies and county systems, the best course is to cross-reference or “match” agency lists to determine the frequent user population. Many counties have started their data match using more easily accessible corrections data and implementing memorandums of understanding (MOUs) to guide information sharing across systems and agencies, which can help mitigate data sharing and privacy concerns.

Establishing a stakeholder group that meets regularly can help guide the data matching process outlined above. This same stakeholder group will also prove essential as planning for the supportive housing program progresses. The chart below outlines several common stakeholder group members and illustrates the role that each can play. Depending upon your county’s needs and structure, there may be other individuals, agencies or groups that you would wish to engage in a stakeholder group.

PARTNER SELECTION CRITERIA

THE ORGANIZATION’S MISSION AND GOALS:

- » What do you think the goals of this program should be?
- » What populations are you interested in serving and why (e.g., singles, families, people with special needs)?
- » What are the reasons you want/need to partner with another organization?

THE ORGANIZATION’S VALUES AND PHILOSOPHY:

- » Does your agency have an approach to services in supportive housing?
- » What motivates your agency to be involved in this project?

THE ORGANIZATION’S EXPERIENCE WITH SIMILAR PROJECTS:

- » How much experience does your organization have with projects of this type?
- » What experience do you have working with a partner?

THE ORGANIZATION’S COMMITMENT TO TENANT-CENTERED PLANNING:

- » What kinds of input do you think tenants should have in planning the supporting housing project?
- » What leadership opportunities will you provide to tenants?
- » How will you incorporate tenant feedback into the supportive housing?
- » How will you encourage tenants to take advantage of the voluntary services available?
- » How will you balance tenants’ rights and privacy with ensuring the property remains in good condition/receives needed maintenance?

THE ORGANIZATION’S MANAGEMENT STYLE/ ORGANIZATIONAL CULTURE:

- » What are the characteristics of your staff (e.g. staff patterns, expertise, hours, supervisory hierarchy)?
- » What decisions do you think should be made jointly between property management and social service teams?
- » How does your agency handle conflicts in working relationships?
- » How do you propose to handle tenant information sharing between your agency and staff from other agencies, including your partners?

THE ORGANIZATION’S VISION FOR COLLABORATION:

- » What kinds of issues do you think your partner agency should be responsible for (house rules enforcement, evictions, staff hiring, etc.)?

Source: Center for Urban Community Services and CSH. HUD Curriculum: Developing a Supportive Housing Program. <https://www.onecpd.info/resources/documents/SHPDevelopingSHP.pdf>; CSH. Dimensions of Quality Supportive Housing. http://www.csh.org/wp-content/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf.

SAMPLE STAKEHOLDER GROUP – ALIGNING MULTIPLE SYSTEMS FOR BETTER RESULTS

PARTNER	ROLE
County Leader, such as a County Manager or agency with Continuum of Care (CoC) or homeless services oversight	Project lead; provide oversight, coordination and management of stakeholders; ensure quality assurance
County/Local Behavioral Health Services	Leverage relationship to services and providers for behavioral health services; review of clinical concerns
County Criminal Justice Services	Data matching; facilitate jail in-reach; provide referrals to FUSE case managers and coordinate release with case managers to ensure a successful transition into the FUSE program
Homeless Shelter(s)	Assistance with locating potential program participants; provide referrals to case managers; provide temporary housing while tenant is engaged and housing is located
Housing Authority	Can administer vouchers; master lease apartments; provide property management
CSH	Technical assistance around program design and implementation; training and peer learning
Local Universities	Program evaluation; report outcomes and impacts

Source: Corporation for Supportive Housing. *Supportive Housing: What You Need to Know about Getting Started* webinar. <https://www2.gotomeeting.com/register/357817266>.



PHASE II: Implementation

Planning

SUPPORT SERVICES

Once a target population has been identified, it is important to assess provider capacity to meet the needs of the vulnerable frequent user population. In other words, what services does this population need and are your community providers up to speed on current best practices? Tenants of supportive housing face complex challenges and require significant supports in order to thrive in independent living. While there is no specific formula for the funding or design of services within supportive housing, typical service plans will consist of a blend of on-site and off-site supports in order to best meet the varied needs of those living in the housing. Some factors that can influence whether services are provided on- or off-site include the tenants' needs, agency capacity, established partnerships, resource availability and funding opportunities.⁶

Once in housing, some individuals may require minimal levels of support after stabilization, while others may require significant assistance to continue to remain stable. The ratio of case managers and other service providers to program participants should initially be kept low (1:10 to 1:15) and can be evaluated as program participants become increasingly stable and independent.⁷ This allows case managers to provide the level of attention needed to reduce risky behaviors, advocate for the client and coordinate the provision of various services. FUSE program personnel should include direct service staff (counselors, case managers, nurses, etc.) and supervisory staff (direct supervisors, program directors, administrative staff, executive director, financial manager, etc.).⁸

In addition to personnel expenses, other programmatic expenses accounted for in a support services budget can include travel for case managers to visit clients in scattered-site apartments, supplies and materials related to the provision of services, general office supplies, tenant transportation and staff training and recruitment.

During the start-up phase for a FUSE initiative, counties should determine the funding source for supportive services, and consider issuing a "request for proposals" to procure a qualified provider in the community. Because early operations will likely require

COMMON SERVICE ACTIVITIES INCLUDED IN A SUPPORT SERVICES BUDGET:

- » Case Management
- » Life Skills Training
- » Chemical Dependence Treatment
- » Mental Health Rehabilitation
- » Services for the Chronically Ill, Including Those Living with HIV/AIDS
- » Child Care and Parenting Skills Training
- » Housing Placement Assistance
- » Employment and Education Services
- » Transportation Services or Subsidies
- » Money Management Services
- » Community Building Activities or Events
- » Training Costs

Source: CSH. *Considerations for Developing and Managing the Supportive Services Budget (and Sample Budget)*. <http://www.csh.org/wp-content/uploads/2012/07/ServicesBudgetingpdf.pdf>.

STRATEGIES TO SUPPORT COMPREHENSIVE AND COORDINATED SERVICES:

- » Fee-for-services arrangements, such as those provided by Medicaid, where providers are reimbursed for specific services, like attendance at a clinic. Reimbursement is generally according to a fixed rate (per visit or per day, etc.) and occurs only when an eligible tenant receives the service.
- » Through a publicly funded contract under which the organization provides specified supportive services according to an established budget. For example, this is how HUD pays for supportive services in the McKinney Supportive Housing Program, or may be how a contract with a local government agency is structured.
- » Through fundraising from private sources, such as grants from private foundations or corporations, special events, or revenues generated from businesses operated by the non-profit organization, such as thrift shops.

Source: CSH. *Considerations for Developing and Managing the Supportive Services Budget (and Sample Budget)*. <http://www.csh.org/wp-content/uploads/2012/07/ServicesBudgetingpdf.pdf>.

additional, one-time incurred costs – recruiting and training staff, securing office space if needed, conducting outreach and screening, etc. – contracts and grants are generally better able to help cover these start-up costs than fee-for-service arrangements.⁹ In some cases, service providers may be able to bill Medicaid/Medicare or another health care provider for some portion of service costs. While tougher to manage from the provider’s perspective, this ability leverages existing funding for services that would not have to be identified locally.

HOUSING OPERATIONS AND PARTICIPANT OUTREACH

Organizations that develop a supportive housing project, many of which have vast experience in supportive services provision, are often inexperienced in managing properties and housing operations. Not only must providers identify and address the needs of their residents through support services, they must also provide quality, affordable housing options.

Project sponsors and stakeholders should ensure that all team members understand the unique nature and needs of frequent users living in housing in the community (scattered-site). Property owners/landlords typically require background checks, credit histories and often proof of past residency; they also strictly

enforce practices on lease violations and in general have a commitment to the bottom line. Management of supportive housing requires a different mindset and support for “mission-driven housing” principles.¹⁰

Unlike other supportive housing models where clients may be selected through a waiting list or lottery system, identifying and attracting FUSE clients into a supportive housing program often requires targeting and aggressive outreach strategies. Individuals who have cycled in and out of institutions (jail, shelters, detox, etc.) are usually wary and distrusting of promises of housing. It often takes assertive client engagement to gain that trust and enroll them into FUSE housing. Using the matched frequent user list, providers should perform “in-reach” into jails, shelters and other crisis service settings as appropriate to initiate an initial contact with a FUSE candidate. Often, it will take more than one visit to a candidate to convince him/her to move forward with the program. Once engaged, service provision should start at once, with the provider working simultaneously to rapidly secure housing. Once housed, clients often will need housing stability services to help them live independently, such as assistance with shopping and cooking and good-neighbor training. Eventually, case managers can work with clients to develop further service goals, such as treatment, community involvement, education and employment.

MISSION-DRIVEN HOUSING PRINCIPLES

PRINCIPLE 1: PROPERTY MANAGEMENT SUPPORTS MISSION-DRIVEN HOUSING

- » All partners, including property management, must have a shared commitment to the success of the community and each of the tenants that resides in the building.
- » All partners must have a shared commitment to coordinated communication between social services, property management and tenant organizations.

PRINCIPLE 2: ESTABLISH CLEAR ROLES AND RESPONSIBILITIES

- » Commitment to clear roles and responsibilities for all stakeholders.
- » Establishment of ongoing forum(s) for talking about and re-negotiating roles and responsibilities.

PRINCIPLE 3: RECOGNIZE OVERLAP AND BUILT-IN TENSION BETWEEN ROLES

- » Respect for the different roles of social service provider, property manager, owner and tenant council; each is necessary and important for a well-maintained building.
- » Acknowledgement and productive use of the built-in tension between these roles/functions.

Source: CSH. *Key Principles for Coordinating Property Management and Supportive Services in Supportive Housing.*

PHASE III: Training and Implementation

TRAINING

SAMPLE TRAINING TOPICS

- » Traumatic Brain Injury
- » Trauma-Informed Care
- » Navigating Criminal Justice System
- » Harm Reduction
- » Service Plan/Goal Development
- » Crisis Planning
- » Involuntary Commitment
- » Cultural Competency
- » Motivational Interviewing
- » Cognitive Behavioral Therapy
- » Recovery Orientated Systems of Care
- » Family Reunification Issues
- » Housing First Approach

Source: CSH.

Because of the unique challenges of FUSE-eligible tenants, a “housing first” supportive housing approach is the most appropriate model for this group. A person living on the streets without affordable, permanent housing faces significantly greater barriers to addressing the complex causes of their involvement with the justice system and other crisis care services than an individual who, at minimum, has a safe, affordable living situation. The “housing first” approach works to ensure permanent, affordable housing as quickly as possible for an individual as the first priority, with or without the ability of the individual to initially establish “housing readiness” – i.e. sobriety, enrollment in a treatment program, etc. Housing provides the foundation from which a tenant can access any services or supports he or she needs in order to achieve stability and pursue individual goals.¹¹

Because the FUSE model is predicated on working with the most frequent users, some of whom may never before have had a stable housing arrangement, it is important that staff and other support systems in place convey that the housing supported by the FUSE model is not a residential treatment program but the

tenant’s home; that services remain driven by tenant needs; and that tenants are empowered to make their own lifestyle choices and decisions.¹² Though service providers should actively encourage tenants to participate in services and should work with tenants to identify ways to best address their needs, it is also important to note that in many supportive housing programs tenant participation in services is not a required condition of tenancy, though at all times the service provider will continue to attempt to engage the tenant.¹³

In addition, it is important that staff are properly qualified and feel comfortable working with this population. There are a wide variety of evidence-based techniques that should be included in staff’s standard training package – e.g. motivational interviewing¹⁴ and critical time intervention (CTI).¹⁵

RECRUITING CLIENTS

Once identified via a data match or other frequent user identifying system, the next step in engagement is recruiting the client. By establishing a strong relationship with corrections, some FUSE programs have successfully used local jails to facilitate referrals to supportive housing and have even begun to work with clients while they were still incarcerated. In-reach services provided by FUSE staff and/or service providers seek to obtain referrals of prospective clients, engage individuals to develop a relationship or rapport and, ultimately, ensure a smooth transition into the FUSE program.

The importance of communication between FUSE providers, the correctional system and prospective clients cannot be overstated. An individual’s release from jail can often be hard to predict, and it is in this time immediately post-release that an individual is at the highest risk of returning to homelessness. While permanent housing may not be immediately available upon release, temporary or interim housing can serve as a resting place during this crucial period. Because many justice-involved individuals can be difficult to locate after release, the consistency of contact that is made possible through jail in-reach can ensure a continuum of care is maintained.

Phase IV: Evaluation, Expansion and Improvements

Once clients are recruited, placed into housing and stabilized with services, it is important for stakeholders to continue to convene on a regular basis. These meetings will help to problem solve around tenant issues with access to benefits, correctional involvement and housing stability. Stakeholders should also continually review data on jail, shelter and other crisis services; monitor usage; and look for ways to identify cost offsets. By tracking appropriate data either through a formal evaluation or through an informal outcomes tracking process, stakeholders can monitor program outcomes. Typically, funding streams require some form of evaluation. If program results do not positively compare with the original goals, stakeholders can use this information to identify and implement changes that may be required.

Realistically, the capacity for data collection varies by county and even by agency within a county. If not already done in your county, consistent, routine data collection is something that takes time to develop and may, initially, require some manual entry and cleanup. Several counties have successfully partnered with local universities to collect data, conduct evaluations and enhance capacity. However, even without extensive resources available, an informative program evaluation is not out of reach. Successful evaluations do not need to be overly complicated or onerous to yield valuable results. However, by collecting and gathering data, conducting evaluations and identifying cost offsets, programs will be in a better position to approach funders and others to gain support for the program and, eventually, its expansion.

SAMPLE STAKEHOLDER GROUP – ALIGNING MULTIPLE SYSTEMS FOR BETTER RESULTS

<p>Step #1 Determine What You Want to Evaluate</p>	<ul style="list-style-type: none"> » Decide what you want to measure or evaluate and what types of resources you have to dedicate » To ensure evaluation goals remain realistic, it is important to consider the estimated time frame, available personnel or staff to conduct the evaluation and the estimated cost
<p>Step #2 Choose and Implement Methods to Gather Information</p>	<ul style="list-style-type: none"> » Determine which stakeholders already have information that you will need and how you will obtain missing information (interviews, surveys, focus groups, observation, etc.)
<p>Step #3 Analyze Information Gathered</p>	<ul style="list-style-type: none"> » Review organizational goals and match the results or realized outcomes of data gathered to the initial goals
<p>Step #4 Develop a Plan to Make Modifications</p>	<ul style="list-style-type: none"> » Ensure all stakeholders and affected staff are able to review and comment on the results of information gathered; work with all parties to develop action plans

Source: Center for Urban Community Services and CSH. HUD Curriculum: Developing a Supportive Housing Program. <https://www.onecpd.info/resources/documents/SHPDevelopingSHP.pdf>.



James, a participant in MeckFUSE, is shown here with his case manager, Colleen, and her supervisor, Marcus. MeckFUSE works with 45 men and women who are frequent users of county emergency services.

MECKFUSE HELPS PEOPLE WITH UNMET NEEDS

In Mecklenburg County, N.C., county officials knew there was a small set of people with complex unmet needs such as histories of long-term homelessness, chronic health conditions and/or untreated mental illness and addictions, which play a significant role in driving escalating health, emergency service and correctional systems costs. Realizing that much of this cost is avoidable through more appropriate models of care that result in better individual and systemic outcomes, the county implemented “MeckFUSE.” The program targets 45 men and women with a behavioral health condition who cycle through the county jail and local homeless service systems.

Using data match between the Mecklenburg County Jail and the local Homeless Management Information System, MeckFUSE identifies individuals who have had four or more each of incarcerations and shelter stays in the previous five years, or are known to street outreach workers. This data match initially identified 199 individuals. Through a competitive RFP process, Mecklenburg County contracted with an experienced supportive housing provider, Urban Ministry Center, that uses the data matched list to perform in-reach to shelters and the county jail. Individuals are engaged, assessed and, if eligible, moved into their own apartments within 30 days. Supportive services begin upon engagement. Paid for entirely with county diversion funds, the MeckFUSE program uses public dollars responsibly by reducing costs associated with frequent contact with the criminal justice and emergency shelter systems.

Source: Mecklenburg County Government. MeckFUSE Program. <http://charmec.org/mecklenburg/county/CommunitySupportServices/Pages/MeckFuse.aspx>.

Conclusion

Supportive housing and, more specifically, the FUSE model have demonstrated the ability to reduce reliance on often publically funded crisis care services in a cost-effective manner. In San Diego County, Calif., the FUSE program saved the county more than \$2 million in one year, and dramatically reduced participants’ ER visits, in-patient hospitalizations, ambulance transports and arrests. Not only do these reductions result in tangible cost savings for counties, they also

improve outcomes and break the cycle of reliance upon public systems that frequent users are often trapped in. Moreover, the benefits of the inter-agency cooperation required in counties that launch FUSE can extend beyond the frequent user population and can encourage further collaboration in other areas and on other projects to work across systems in a cost-effective and value-added manner.

Action Steps

PHASE I: INITIATIVE DESIGN

- » Review available data to determine the scope of the problem
- » Develop a stakeholder group to help guide the data matching and planning process
- » Target the types of individuals to serve and design eligibility standards

PHASE II: IMPLEMENTATION PLANNING

- » Assess the needs of the target population and the current capacity of existing service providers
- » Look for ways to align existing services with anticipated need
- » Identify gaps in existing services and work with the stakeholder group to brainstorm possible solutions to fill gaps
- » Analyze different funding options to support the provision of services, identify available funding, and seek out additional funding if necessary
- » Identify housing options and build consensus around “Mission-Driven Housing” principles

PHASE III: TRAINING AND IMPLEMENTATION

- » Hire and train staff on a “housing first” model to ensure they are prepared to work with FUSE clients and understand the unique nature of the program
- » Begin an aggressive outreach plan to identify and engage potential participants
- » Once engaged, secure housing and begin provision of services for FUSE participants

PHASE IV: EVALUATION, EXPANSION AND IMPROVEMENTS

- » Continue to convene a stakeholder group on a regular basis
- » Review outcomes and data as information becomes available
- » Use outcomes and data to conduct a program evaluation
- » Review evaluation results and make modifications as necessary

Q&A Guide

SUGGESTED QUESTION	WHO SHOULD ANSWER	MY ANSWER
Where is the challenge in the community (overcrowded jails, numerous street homelessness, etc.)?	Directors of criminal justice, human services, homeless agencies and/or any other organizations that might provide services to this population	
What systems/agencies/facilities are most heavily affected by frequent users?	Directors of criminal justice, human services, homeless agencies and/or any other organizations that might provide services to this population	
In what systems/agencies/facilities is the cost of utilization by frequent users greatest?	Directors of criminal justice, human services, homeless agencies and/or any other organizations that might provide services to this population	
What data will is needed?	Other county elected officials, directors of criminal justice, human services, homeless agencies and/or any other organizations that might provide services to this population	
Is the data currently being analyzed on frequent users? If so, what agencies have that data?	Directors of criminal justice, human services, homeless agencies and/or any other organizations that might provide services to this population	
Does the county corrections/county jail collaborate with other county agencies? If so, how can that relationship be expanded to include a FUSE initiative?	County sheriff or other jail administrator	
Does the county have a body that oversees a plan to end homelessness or a criminal justice system coordinating body?	County administrator or county manager	
Who are possible potential (or existing) champions for a FUSE model? Who should be included in conversations? What relationships already exist versus what relationships need to be forged?	Other county elected officials, directors of criminal justice, human services, homeless agencies and/or any other organizations that might provide services to this population	
What supportive housing resources (development, support and operating) in the community could be tapped to serve a pilot program for frequent users of public services?	County administrator or county manager, local community organizations	
Are there specialty court and/or jail diversion services in the county?	County judges, district attorney, public defender, probation officer, parole officer and/or county sheriff	
Are there local businesses and/or philanthropy that would invest in a project like this?	Other nonprofit organizations, groups engaging in public-private enterprises	

Endnotes

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ABOUT NACO

The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation's 3,069 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACo, please visit www.naco.org.

ABOUT CSH

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