Supportive Housing for Justice-Involved Frequent Users of County Public Systems

A GUIDE FOR COUNTY OFFICIALS

NACo — National Association of Counties
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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*.

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About CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit *www.csh.org* to learn how CSH has made and can make a difference where you live.

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Introduction

Nationwide, county-run jails book approximately 12 million individuals and release over 7 million individuals a year from these facilities.[1] Of all the issues facing individuals released from jail, experts say that none is more immediate than the need to secure permanent housing. Without housing, it is more challenging for individuals to successfully reenter their communities as contributing members. Individuals released without housing are seven times more likely to violate parole, are 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.[2]

Without intervention at the time they are released, many of the chronically homeless individuals return to the streets, continuing a cycle of homelessness and incarceration which often leaves them with serious, recurring, preventable health care needs at immense public expense and often with tragic outcomes.

Targeting frequent users – individuals who frequently come into contact with law enforcement, jails, homeless shelters, emergency rooms and other emergency services – allows intervention programs to focus on high-risk individuals who repeatedly cycle in and out of county-funded crisis systems of care at significant cost. This population's needs often include housing, adequate preventive health care, service coordination, substance abuse and mental health counseling and treatment, employment and educational assistance, and other related support services needed to help an individual to successfully live independently.

By providing a home coupled with individually tailored wrap-around services, a person is provided with a way to reduce and/or end their cyclical use of crisis public services. Once stably housed, a person is better equipped to access and engage in case management and other services that will help them reduce their dependency on public crisis services and improve their lives. Supportive housing is an intervention that has been shown to have positive outcomes for frequent users of jails, shelters, hospitals and other (often county funded) public systems and provides access to affordable housing coupled with wrap-around services and supports. Services provided through supportive housing are designed to address these needs and any others that might arise that would prohibit or delay a person from decreasing their reliance on emergency public services. By providing persons with the tools necessary to thrive in their community, supportive housing has proved a successful way to break the cycle of incarceration and homelessness for these high-risk individuals at a significant cost savings to counties.

- Of the 12 million individuals booked into county jails each year, approximately 10 percent experienced homelessness immediately before incarceration and 15.3 percent experienced homelessness within a year after incarceration.[3]
- Approximately 1,593,150 individuals in the United States experience homelessness over the course of a year.[4]
- Of adults who entered shelters in 2008 and 2009, approximately 6 percent had spent the previous night in a jail or prison.[5]
- Seventy-five percent of jail inmates who were homeless within the year prior to incarceration showed signs indicating the presence of a mental illness, while 79 percent showed symptoms indicative of a history of substance use.[6]

Impact on Counties and the Supportive Housing Opportunity

There are many benefits to be gained from initiating a supportive housing project for frequent users. Because a significant portion of this frequent user population lacks health care coverage, the cost of their care often falls to county-funded health and human services agencies. Additionally, since 1982, counties have seen an overall increase in jail spending of more than 500 percent.[7] As corrections and law enforcement spending continues to grow, jails have become increasingly costly and challenged with jail population management. Perhaps this gets at the pretrial population stats we know are unchanged and in some cases increasing.

More specifically, the following county-funded services are often hardest hit by this population:

- criminal justice services and lock-ups;
- correctional health care and psychotropic medications;
- county hospital, emergency transport and medical care, and detox facilities; and
- county-funded emergency shelters.

Supportive housing initiatives across the country have been focused on the frequent user population as it tends to use a disproportionately high amount of health and public safety resources. As illustrated in the following chart, targeting the population of frequent users based on the *Frequent Users Systems Engagement (FUSE)* concept with supportive housing also has the ability to significantly reduce public expenditures and the need for emergency services.[9]

PROGRAM SITE	RESULT
New York	When compared with a matched comparison group, the number of days that program participants spent in jail decreased by over 50 percent and, compared with 98 percent of the comparison group, only 16 percent of the program group experienced any shelter admission.
Hennepin County, Minnesota	An evaluation has shown a 39 percent reduction in jail days and, over the course of 22 months, a 43 percent reduction in the number of nights spent by participants in Hennepin County's shelters.
Los Angeles County, California	Providing supportive housing for just 43 people saved $492,000 in hospital costs.
San Diego County, California	With 35 individuals enrolled, in its first year of operation, San Diego County's supportive housing initiative, Project 25, saved taxpayers an estimated $5 million.[10]
Illinois	A 2009 study of nine supportive housing participants in Illinois found that, when in supportive housing, the number of participants' overnight stays in county jails decreased 86 percent.[11] This resulted in a cost savings to local, county jails of approximately $3,000 per participant, or $27,000 in total.[12]

(Source: CSH)

In addition to the cost savings, research has shown that when supportive housing programs are effectively implemented, there is significant potential for better human outcomes. For example, while in supportive housing programs, residents in Illinois discussed learning how to pay bills, budget for expenses, abstain from substance abuse and regain confidence.[8] By ending the cycle of dependency, decreased county jail and shelter usage enables one to advance towards the ultimate goal of becoming self-sufficient.

# Frequent Users Systems Engagement (FUSE) Model

While there are many variations and different models used to advance supportive housing, one that has been successfully implemented at the county level is the *Frequent Users Systems Engagement (FUSE) blueprint*.[13] This model provides a framework that can be adapted and refined to meet the unique needs of individual county budgets and programs. FUSE relies upon three pillars and nine steps to create a supportive housing model (shown in Figure 1: FUSE Blueprint).

Pillar 1: Data-Driven Problem Solving
Using data to make informed decisions and drive policies

When starting a FUSE project, one of the first steps is to conduct a cross-system data match to identify the most costly frequent users of county public services. While some agencies might already conduct an internal frequent user analysis, such as a list of the top 50 or 100 most frequently booked in the county jail or the longest shelter stays, many agencies and counties do not.

In those cases, while keeping in mind data sharing limitations and using due diligence to adhere to all legal and privacy constraints, counties have benefited from starting their data matches with already accessible public data. This might include jail data, court data, police arrest/contact data, and, when available, data from the Homeless Management Information System (HMIS) and other human services agencies, such as behavioral health services and/or hospitals. Once the lists of frequent users of each crisis care system are compared and cross-checked, it then becomes possible to identify the frequent user population. From there, data continues to play a large role in tracking progress and measuring outcomes.
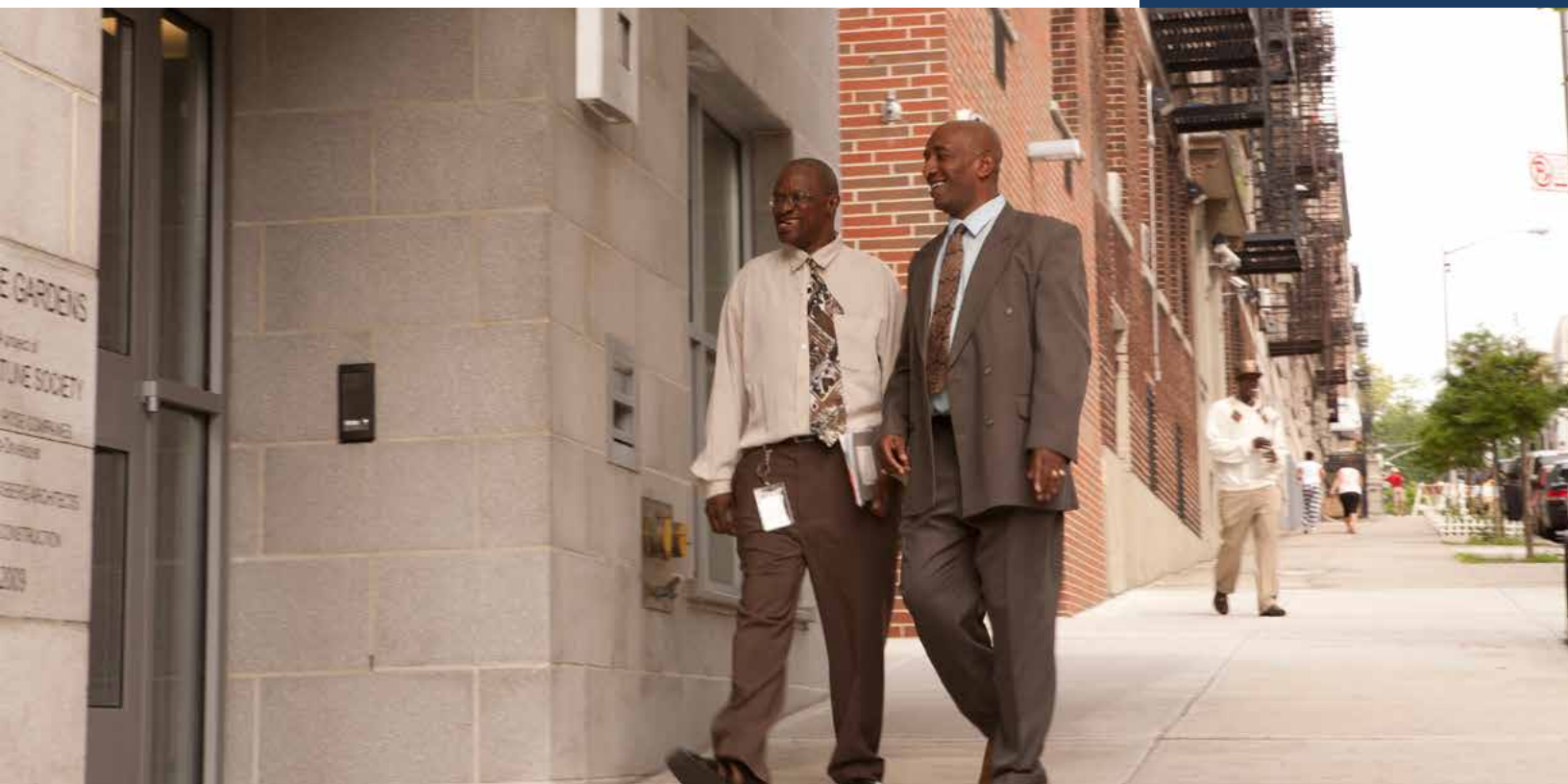
Pillar 2: Policy and Systems Reform
Identifying and Engaging Stakeholders

Through their behavior, the frequent user population often touches many different county systems. In order for FUSE to succeed, it is important to have all stakeholders on board. Key partners include governmental and nongovernmental agencies that have a vital stake in ensuring the well-being of the frequent user population and/or are in a position to supply data, provide access to the population, supply financing for housing and services, and can include the following:

- county sheriff and/or criminal justice or jail lead;
- county behavioral health agencies (substance abuse and mental health);
- local housing authorities; and
- county OMB or other county finance equivalent.

This same group of stakeholders, spearheaded by a lead agency or county office that convenes stakeholder meetings and keeps the group on task and focused on the overall goals of the program, can help agencies troubleshoot barriers, educate the public to gain support for supportive housing initiatives, and see the project through to fruition, and, potentially, expansion. Throughout the process, the involvement of county board leadership to convene supportive housing partners, identify a lead agency and serve as local champions for a FUSE supportive housing intervention is essential to the project's success.

Pillar 3: Targeted Housing and Services
Identifying and securing housing units and services

Once those pieces are in place, the program is ready to begin recruiting and placing clients into housing through an assertive recruitment process and to begin to stabilize tenants with services. In Cook County, Ill.; Denver County, Colo.; and Los Angeles County, Calif., recruiting the pre-identified frequent users often occurs through community outreach and jail in-reach. While a successful community outreach strategy educates prospective clients, the jail in-reach involves making an initial connection while an individual is still incarcerated, developing a release plan to ensure a successful transition into supportive housing and seeing the release plan through to completion. Ultimately, armed with good data to support the successes of the program, the model can be expanded to house and support additional clients ("scaling up").

Designing and Assembling Resources

When developing the budget for a FUSE supportive housing initiative, it is important to recognize the three major budgeting areas – operating costs, service costs and possible capital costs. Funding for these projects often comes in the form of a grant, such as from the local Continuum of Care coordinating agency, or from non-profits or from a housing authority, as well as private foundations. In addition, there may also be a variety of county, state or federal funding sources available to help offset the cost of starting a supportive housing project. However, each of these funding sources contains their own set of funding restrictions which are important factors to consider when determining possible funding streams.

The following table outlines how two counties – Denver County, Colo., and Hennepin County, Minn. – were able to assemble and leverage resources:

FUNDING NEEDS	DENVER COUNTY, COLO.	HENNEPIN COUNTY, MINN.
Vouchers to pay rent on apartments in the community ("scattered-site" supportive housing)	Provided by the Denver Housing Authority	Minnesota Group Residential Housing (GRH) vouchers, long-term homelessness (LTH) vouchers from Minnesota Housing Finance Agency (MHFA)
In-reach or service enhancement funding to cover the costs of assertive outreach and recruitment efforts required for engagement of frequent user populations	Leveraged existing contract between service provider of mental health services in county jail	None; has been a challenge for provider
Supportive services in housing	Mental Health Center of Denver (MHCD) through funding from Denver Human Services and Medicaid	St. Stephens provides services through funding by GRH
Other costs/funding	CSH and the Robert Wood Johnson Foundation supplied funding for initial planning, program start up, and implementation	CSH and the Robert Wood Johnson Foundation supplied funding for planning and program start-up, initial costs before tenants were housed, and evaluation funding for the University of Minnesota

(Source: CSH)

As seen in these two examples, the funding streams utilized to support different supportive housing projects vary. In addition, there are three major types of budgeting areas that need to be considered – operating costs, service costs and capital costs.

Once housing is secured, rental subsidies and operating costs are necessary expenses to underwrite the costs associated with occupying and maintaining the residences. These costs may include rent, utilities, maintenance and renters' insurance. The target population and location will play a large role in determining funding opportunities for a supportive housing program. The U.S. Department of Housing and Urban Development (HUD) often serves as one of the primary federal funding sources to defray operational costs through programs such as Shelter Plus Care, Project Based Section 8, Section 811, HUD VASH and HUD Continuum of Care (CoCs) programs, among others.

Shirley cycled in and out jail, prison and homelessness for years before being housed in Castle Gardens, a single-site residence run by the Fortune Society in New York City.

Importantly, local public housing authorities also administer the Section 8 Housing Choice Voucher Program (and other rent subsidy programs) that may be accessed to provide rental assistance to the target population. When investigating housing options, there are five primary types: single-site, single purpose housing; single-site, integrated housing; clustered scattered-site housing; scattered-site housing; and set-asides. Scattered-site housing stock tends to be the most frequently used housing model for FUSE.

Service costs for frequent users can vary, but, in general, the needs of the population are such that higher case management to participant ratios are recommended (e.g. 1:10), which could result in slightly higher than average supportive housing service costs. It is important when developing a budget that the target population be clearly defined; programs that, for example, target mentally ill offenders are strongly encouraged to implement an Assertive Community Treatment (ACT) or Intensive Clinical Management (ICM) model that addresses the complex issues of these individuals. Options include contracting directly to provide a set of services to eligible clients and/or grant funding to help cover client service expenses. Identifying and aggregating the resources necessary to finance services involves:

- identifying local service providers;
- identifying and tapping into existing federal, state, and local financing streams and/or staff; and
- identifying gaps where philanthropic support is necessary.

County Examples

Los Angeles County, Calif.

Los Angeles County, Calif., home to 12,000 chronically homeless people and dubbed "the homeless capital of the nation," was an ideal site because, as the Hilton Foundation stated, "If homelessness can be eliminated here, it can be eliminated anywhere."[14] The top 10 percent of homeless, single adults in Los Angeles County that incur the greatest public expense cost taxpayers an average of $6,529 per month.[15] The remaining 90 percent cost an average of just $574 per month.[16]

In 2011, CSH began a pilot program of the FUSE initiative and, in 2012, that program was joined by the 10th Decile Project – Social Innovation Fund (SIF), specifically targeting the 10 percent of the population incurring the highest public cost. The FUSE-SIF model consists of case management and housing navigation, primary and specialty care, mental health services, substance abuse treatment, and supportive housing. Together, the two programs target seven geographic regions in Los Angeles County – the Westside, downtown, Hollywood, Glendale, Pasadena, the San Fernando Valley and South Los Angeles – and have created a network consisting of 14 hospitals, eight Federal Qualified Health Centers (FQHCs), seven homeless navigators and 10 housing providers.

A small sample of 20 FUSE clients shows that after one year in FUSE, when compared to the year prior to FUSE enrollment, the number of emergency room visits by these 20 individuals dropped by 57 percent (from 49 visits to 21 visits); the number of days spent in the emergency room dropped by 69 percent (from 78 days to 24 days); and the total emergency room cost dropped by 59 percent (from $28,450 to $11,600 – a savings of $16,850).[17]

Meanwhile, the number of hospital readmissions decreased by 67 percent (from 39 readmissions to 13 readmissions) and the length of those stays dropped by 80 percent (from 199 days to 40 days), resulting in a 75 percent savings (total cost decreased from $253,700 to $62,350).[18] In addition, when compared to similar individuals who are still homeless, a study by the Economic Roundtable found a 95 percent reduction in costs to the Los Angeles County Jail by individuals in supportive housing and a 67 percent savings on mental health jail services.[19] Overall, when living in supportive housing, the reductions in public costs have totaled $4,589 per month per person, or $55,068 per year.[20] By the end of 2013, the programs hope to have identified and housed 187 of Los Angeles County's highest-cost, highest-need homeless frequent users.

Scotty, a participant in the Los Angeles FUSE program, long suffered from a chronic medical condition that had him in and out of hospitals and homelessness. One year after housing, his annual hospital visits have gone from 52 to just three visits. [His story was featured here: http://docs.geofunders.org/?filename=csh_final.pdf.]

In Hennepin County, MN, Jeffrey (left) visits with his case manager Doug of St. Stephens Human Services.

Hennepin County, Minn.

In 2006, the Minneapolis/Hennepin County Commission to End Homelessness – a 70-member commission consisting of city and county elected officials, service providers, businesses, faith leaders, homeless and formerly homeless citizens, and others – produced a report, "Heading Home Hennepin: A Plan to End Homelessness," which identified six goals: prevent homelessness; provide coordinated outreach; develop housing opportunities; improve service delivery; build capacity for self-support; and implement system improvements.[21] In addition, a 2007 study conducted by Hennepin County determined that, over a five-year period, 266 of the county's top frequent users used approximately 70,000 nights of stay in shelters, jails and detox facilities at a total cost of $4.2 million.

As a result of this new information, in collaboration with a local nonprofit agency – St. Stephen's Human Services, the Hennepin County FUSE Program was launched in April 2008. It relies upon a "housing first" model to place eligible persons in affordable, supportive housing, specifically targeting frequent users of homeless shelters and individuals frequently involved in the criminal justice system – a decision which has generated an average cost savings to Hennepin County of $13,000 per person per year.[22] As a result, 85 percent of program participants remained housed after six months, 90 percent were able to avoid returning to shelters and 80 percent avoided returning to jail. Among its participants, between pre- and post-enrollment, Hennepin County has seen a total reduction of 1,704 shelter nights (a 43 percent reduction) and a reduction of 700 fewer nights in jail (a 39 percent reduction). The program currently provides services to over 70 individuals.

As an Elected Official, What is Your Role?

Elected officials play an important role in beginning a FUSE supportive housing model. County officials around the country have already brought supportive housing concepts to the forefront of their county's agenda, realigning policies and spending priorities to promote supportive housing. They have encouraged the formation of working groups to pinpoint problems, gather data, identify and recruit a target population, provide housing stock and services, and engage the community in efforts to establish or enhance supportive housing programs.

Elected officials have the ability to sanction and encourage collaboration between and among agencies, with outside partners, and to develop the relationships needed in order to launch a successful supportive housing initiative. As an elected official, it is important to identify and assess the problem at the county level. What challenges does the community face, and what systems/agencies/facilities are most affected by frequent users? Once identified, these systems and agencies will become a part of the FUSE project's stakeholder group. For common agencies that are often included, see the table below, Identifying Stakeholders. These stakeholders identify what data is needed; evaluate whether or not that data is currently being collected; and, if so, what agencies have that data. It is also important to identify existing programs at the county level and how these programs can be leveraged to address the unique set of needs posed by those who frequently cycle out of jails and other emergency crisis systems. Additionally, which of those programs or others could be tapped to start a pilot program for frequent users of public services? What additional development resources, operating resources and support services would be needed?

Identifying Stakeholders

STAKEHOLDER/PARTNER	DATA MATCH?	WORK-GROUP?	EXAMPLE ROLE
County leaders (commissioners, managers, executives)		✓	Policy implementation and support at county levels
County corrections department	✓	✓	Data matching, program oversight, policy advocacy, service enhancement funding, facilitate jail in-reach
County department of social services	✓	✓	Data matching, program oversight, policy advocacy, service enhancement funding, facilitate shelter in-reach
Local or state behavioral health agency (for frequent users of mental health services)	✓	✓	Data matching, program oversight, policy advocacy, service enhancement funding, facilitate hospital in-reach
City leadership partners – executive leadership, police, housing authorities	✓	✓	Can commit city-specific resources such as vouchers, data (e.g. police arrest data), and overall support
Supportive housing providers		✓	Provide slots in future or existing supportive housing sites, perform outreach to potential tenants, service provision
CSH (where applicable)	✓	✓	Program design, assembled and coordinated funding, program oversight and troubleshooting, TA/training
State or local housing authority		✓	Provide Section 8 or other housing vouchers
Foundation support		✓	Provide funding for service enhancements and evaluation

Identifying Stakeholders (Source: CSH)

Conclusion

Throughout a variety of jurisdictions, the FUSE model has shown an ability to reduce stress on local jails, shelters and other often county-funded emergency services and to do so in a cost-effective manner. By providing housing and services that are often challenging for formerly incarcerated people to access upon release and addressing the underlying causes of incarceration, homelessness, mental illness and substance abuse, the FUSE model is able to enhance public safety in communities, promote stability and improve outcomes for individuals. Further, these individuals would likely return to homelessness, relapse and/or recidivate, and continue to cycle through county-funded systems.

Because counties bear much of the cost of running these services, county officials are positioned leaders to initiate conversations about safely and effectively reducing the demand of frequent user populations in order to achieve meaningful results.
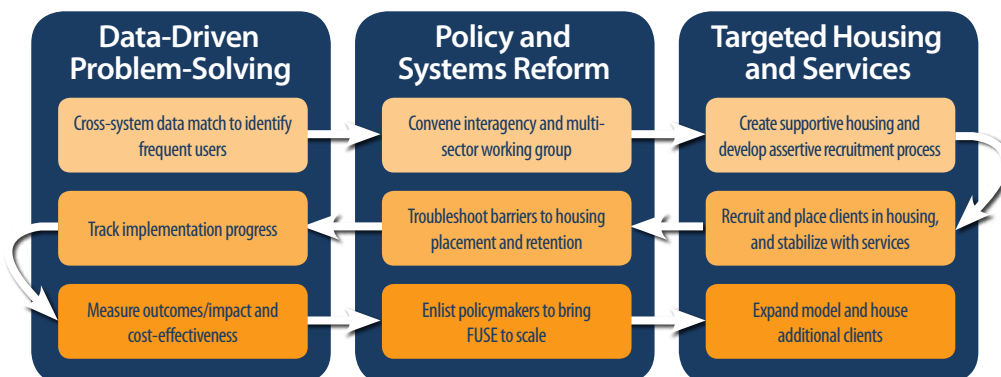
Appendix
Figure 1: FUSE Blueprint

CSH's Frequent Users Systems Engagement (FUSE) model is being used as part of the Returning Home Initiative to help communities to break the cycle of incarceration and homelessness among individuals with complex behavioral health challenges who are the highest users of jails, homeless shelters and other crisis service systems. FUSE increases housing stability, reduces recidivism and breaks the cycle of multiple crisis service use, resulting in public cost offsets. While CSH has helped each of the communities implementing FUSE to adapt the model to suit its unique local contexts and conditions, at the core of FUSE are three essential pillars:

- Data-Driven Problem-Solving Data is used to identify a specific target population of high-cost, high-need individuals who are shared clients of multiple systems (jails, homeless shelters and crisis health services) and whose persistent cycling indicates the failure of traditional approaches. Data is also used to develop a new shared definition of success that takes into account both human and public costs, and where the focus is on avoiding institutions altogether, as opposed to simply offloading clients from one system to another.
- Policy and Systems Reform Public systems and policymakers are engaged in a collective effort to address the needs of shared clients and to shift resources away from costly crisis services and towards a more cost-effective and humane solution: permanent housing and supportive services.
- Targeted Housing and Services Supportive housing—permanent housing linked to individualized supportive services—is enhanced with targeted and assertive recruitment through in-reach into jails, shelters, hospitals and other settings, in order to help clients obtain housing stability and avoid returns to costly crisis services and institutions.

These three pillars also contain the nine key steps involved in the adoption of FUSE (see below). It should be noted that the real-life process for implementing FUSE is not always linear. For instance, some communities will form their interagency working groups prior to conducting a cross-system data match, and the data match itself may bring new willing partners to the table. Also, while outcome measurement takes place during and after implementation, the design of the evaluation or outcome tracking methods takes place prior to implementation. However, while the specific sequence may vary, these steps represent the basic blueprint to guide communities in their replication of FUSE. First and foremost, communities should contact CSH to obtain assistance in pursuing these steps.

Data-Driven Problem-Solving	Policy and Systems Reform	Targeted Housing and Services
Cross-system data match to identify frequent users	Convene interagency and multi-sector working group	Create supportive housing and develop assertive recruitment process
Track implementation progress	Troubleshoot barriers to housing placement and retention	Recruit and place clients in housing, and stabilize with services
Measure outcomes/impact and cost-effectiveness	Enlist policymakers to bring FUSE to scale	Expand model and house additional clients

(Source: CSH)

FUSE Blueprint: Nine Key Steps

1 **Conduct Cross-System Data Match to Identify Frequent User Cohort**
Match administrative data across corrections, homeless services and other crisis public services to develop a list of shared clients who meet specified thresholds of high service use (e.g. 4 jail and 4 shelter admissions in last 3 years).

2 **Convene Stakeholders & Create Interagency, Multi-Sector Working Group**
Convene key public agencies, policymakers, and community stakeholders into a working group to help adapt the model, assemble resources, track and troubleshoot process, oversee outcomes, and advocate for the expansion of the model.

3 **Design and Assemble Resources for Supportive Housing and Assertive Recruitment through In-Reach into Jails, Shelters and Other Services**
Work with partners to design the intervention—supportive housing coupled with assertive client engagement and recruitment through in-reach into jails, shelters, and other settings—assemble the resources needed for the intervention (e.g. rent subsidies, unit set-asides, services funding), and select participating providers.

4 **Recruit and Place Clients into Housing and Stabilize with Services**
Work with and train selected supportive housing providers to proactively recruit frequent user clients from the data-generated list by conducting in-reach into jails, shelters, and other crisis service settings. Providers engage and build motivation among clients and place them into supportive housing rapidly. Once placed, clients are assisted in developing and meeting service goals to increase housing stability and prevent returns to jails, shelters, and other services.

5 **Troubleshoot Barriers to Facilitate Housing Placement and Retention**
Through routine oversight meetings, the working group reviews and troubleshoots barriers to housing placement and retention, especially barriers that stem from bureaucratic approval processes.

6 **Track Recruitments, Placements and Avoidance of Crisis Services**
Systems and procedures are created to conduct real-time tracking of client recruitment, housing placement, and client use/avoidance of jail, shelter, and other services.

7 **Measure Reductions in Crisis Services and Cost-Effectiveness of Model**
Outcomes and impact are measured either through a formal evaluation or informal outcomes tracking process, which measures reductions in jail, shelter and other crisis services used and attendant cost offsets. These cost offsets are compared against the cost of supportive housing.

8 **Enlist Policymakers to Bring FUSE to Scale**
Based upon the success of the model in reducing crisis services use and costs, the working group engages key policymakers to commit additional resources to bring the model to full scale, that is, enough units to reach the full set of individuals identified in the data match.

9 **Expand the Model, Participating Providers and House New Clients**
With newly committed resources, expand capacity of current providers and recruit and train new providers to recruit and house new frequent user clients.

(Source: CSH)

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