

Promising Practices

Disrupting the Cycle of Criminalization & Supporting High-Risk, High-Need Individuals: The FUSE Model



Supporting the population of individuals who consistently brush up against the criminal justice system and/or utilize publicly funded crisis services on a recurring basis requires specialized resources. These individuals are high-risk and high-need, often repeatedly encountering law enforcement, with frequent stays in jail, the emergency room and shelters. Traditional methods of support and stabilization are ineffective for this population. One solution to addressing their needs is through supportive housing, an evidence-based approach that provides affordable housing along with wraparound support services, allowing high-risk individuals to stabilize their lives and receive the help they need. Additionally, [supportive housing](#) reduces houselessness, improves health and lowers expenses for jails, crisis services, shelters and hospitals.

[The FUSE model](#), which stands for Frequent Users System Engagement, utilizes supportive housing as a framework to disrupt the cycle of houselessness and crisis among high system users with complex medical and behavioral health challenges. The model began in New York City as an endeavor between the Corporation for Supportive Housing, 10 nonprofit service providers and a slew of New York City agencies such as the Department of Homeless Services and the Department of Corrections.

Key Elements of the FUSE Model

The FUSE model targets the individuals who are at the highest risk for system involvement and most vulnerable, aiming to identify and support people who are repeatedly cycling in and out of shelters, jails and mental health facilities. Stable housing is combined with case management, services, and employment and educational assistance. [The key elements](#) are as follows:

- **Data-driven problem solving:** The use of data is critical to this model because it's key to identifying individuals who are high-need high-cost users of multiple systems, such as corrections and emergency rooms. Identifying frequent users can be done by cross-referencing various agencies' client lists or by cross-referencing corrections data and instituting memorandums of understanding (MOUs) for data sharing.
- **Policy and systems reform:** Collaboration between those who create policy and the affected public systems is vital to comprehensively address the needs of this population. An intentional effort needs to be made to shift from crisis mode to permanent supportive solutions.
- **Targeted housing and services:** Supportive housing is enhanced with targeted recruitment in jails, shelters and hospitals.

In addition to the three pillars above, [the model has nine key steps](#), which outline how to implement the program successfully.

Implementing FUSE: Where is the Model in Operation?

FUSE is a national model, utilized in over 30 communities with positive results. Two examples are [Mecklenburg County, NC](#) and [San Diego, CA](#).

Mecklenburg County uses data from the county jail and the local Homeless Management Information System to identify people with four or more incarcerations and four or more shelter stays in the last five years. If the program is a fit, individuals can be moved to apartments within 30 days. [MeckFUSE](#) is funded by county diversion funds.

In San Diego, by comparison, an initial list of participants was gathered from cross-referencing high users among law enforcement, local hospitals, ambulance operators and inpatient behavioral health institutions. The program saved the county more than \$2 million in a single year and successfully reduced ER visits, inpatient hospitalizations, ambulance transports and arrests.

Measuring Success



The very first FUSE program, operating out of New York City, was evaluated by Columbia University in 2013 against a control group of frequent users. [Key successes include:](#)

- A cost savings of \$15,700 per person, which paid for the majority of the program’s housing and service costs.
- 86 percent of participants remained housed after two years.
- Shelter use decreased by 70 percent and the length of time spent in jail dropped by 40 percent.

In addition to the original evaluation of New York City’s FUSE, a 10-year evaluation was conducted to determine long-term program impacts. This 10-year evaluation included both a quantitative and a qualitative phase, the latter of which is still in progress. [Findings from this evaluation include:](#)

- Participants spent 256 fewer days in a shelter than the control group.
- Over the 10 years, there was a 40 percent reduction in the average number of hospital inpatient days.
- The evaluation examined cost savings after five years, and after accounting for money saved due to decreased incarceration and homeless shelter stays, \$45,000 per person was saved.
- Positive program effects on participants are strong for the first five years, but effects lessen as the 10-year mark approaches. Further research is needed to determine why.

The FUSE model uses a supportive housing approach, which is backed by rigorous scientific evaluation, to provide affordable housing and wraparound services. With proven cost savings and improved outcomes for participants, the model attempts to prevent frequent users from continuous and unproductive interactions with various system entry points such as homeless shelters and law enforcement and ensure this high-need group of individuals receives needed care.



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