

Multnomah County FUSE 2.0

LPSCC Update 3/27/23

What is Frequent User System Engagement?

THE CHALLENGE

- People cycle through multiple systems and the streets without their needs being met
- Resources are uncoordinated and scarce
- Services focus on emergency interventions
- Systems are failing people, people are not failing systems

THE SOLUTION

- Use data to understand who is cycling through systems
- Equitable prioritization of durable supportive housing resources with the appropriate service supports
- Lived expertise voice in decision-making roles for program and policy direction

Who are Frequent Users?

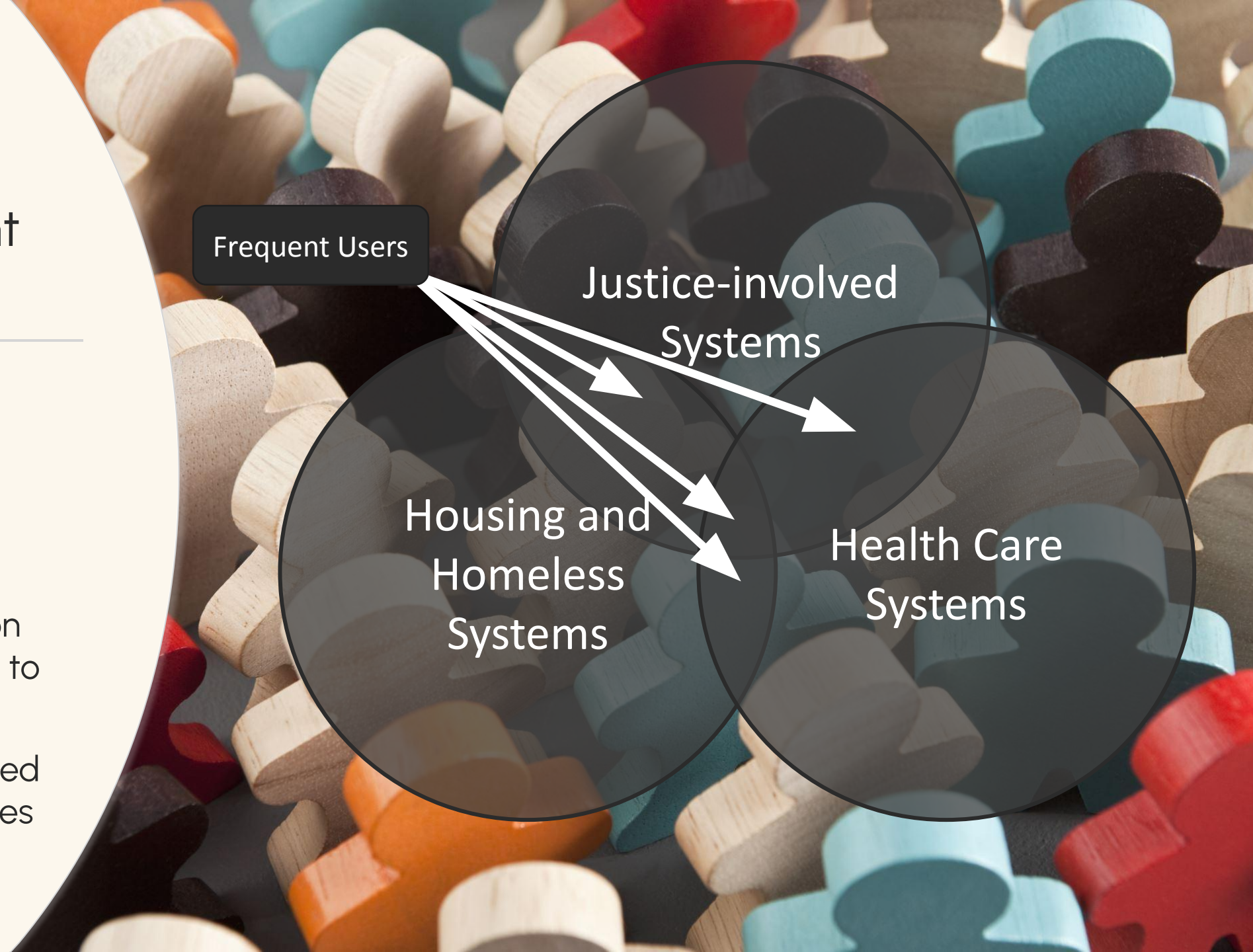
- Periods of institutional involvement and homelessness
- Often lack "chronicity" status
- Siloed service provision allow for frequent use to go undetected
- Community-determined definition and measures

Frequent Users

Justice-involved
Systems

Housing and
Homeless
Systems

Health Care
Systems



FUSE OVERVIEW

- **Step 1: Identify a Champion and Project Manager**
- **Step 2: Assemble a Cross Systems Planning Team**
- **Step 3: Execute a Cross Systems Data Match**
- **Step 4: Create SH Pipeline**

Planning



- **Step 5: Create Referral Process**
- **Step 6: Inreach /Outreach, Lease up**
- **Step 7: Implementation Monitoring & Support + Ongoing Community Engag.**

Implementation

- **Step 8: Determine Scaling Needs**
- **Step 9: Identify Financing for Scaled FUSE**
- **Step 10: Replicate**

Scaling &
Replication

FUSE 1.0 Key Findings

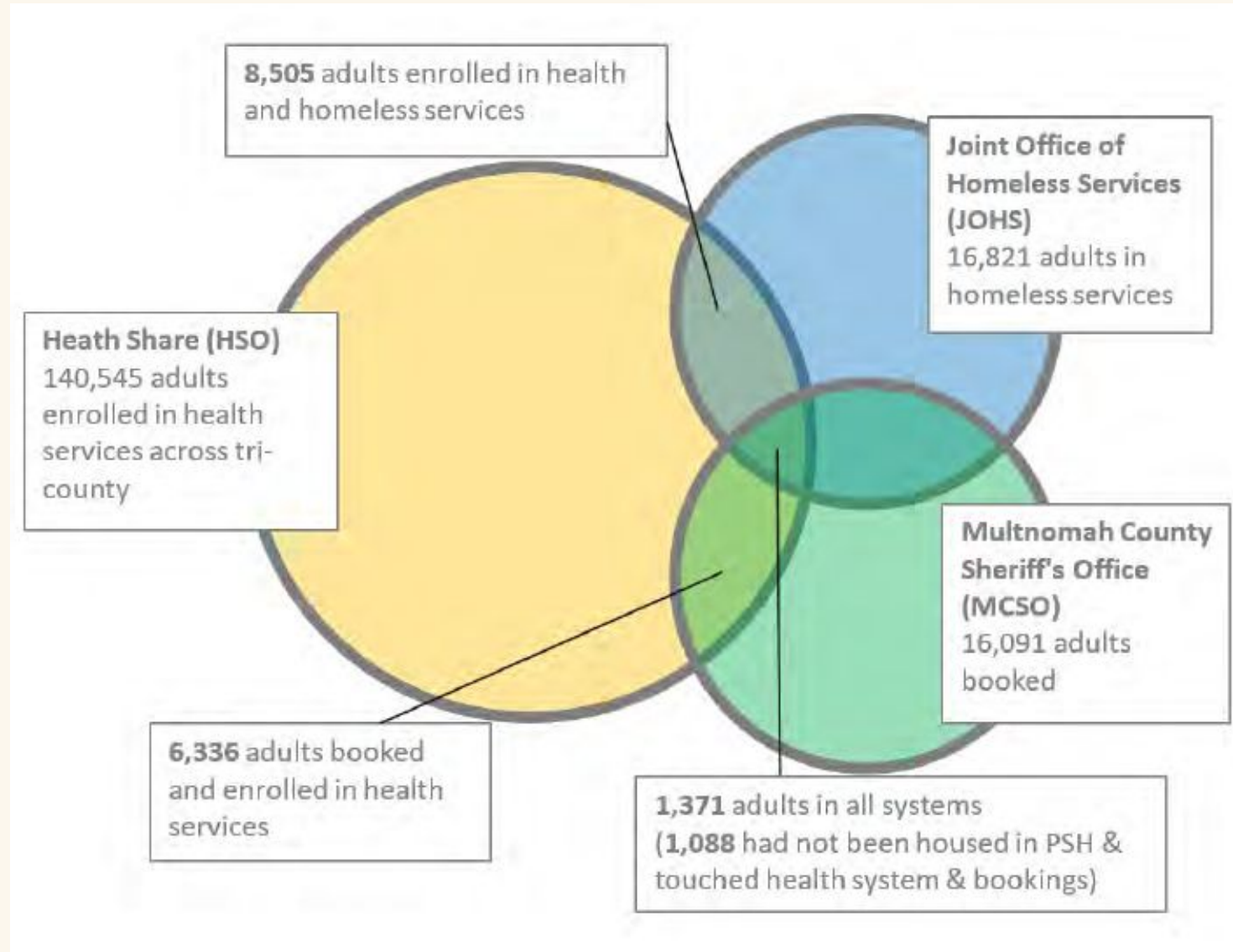
Highly impacted people often cycle through and are overrepresented in jails, shelters [and on the streets], hospitals and other crisis services

Supportive Housing reduces adverse system interactions & need for high system utilization particularly for inpatient psych

Supportive Housing demonstrates cost savings

Need to identify people touching multiple systems to coordinate services & connect to housing

Need intensive & individualized support across systems



Goals of FUSE 2.0 project

- Move forward on the lessons learned from FUSE 1.0
- Use FUSE as a catalyst for system change
- Fund providers in a new or different way for serving FUSE population
- Build partnerships and referrals pathways to house and provide services to FUSE population, *and* keep them housed
- Use FUSE implementation to further engage providers and participants about service, funding and partnership needs

Where we are now?

✓ • Step 1: Identify a Champion and Project Manager

✓ • Step 2: Assemble a Cross Systems Planning Team

• Step 3: Execute a Cross Systems Data Match

• Step 4: Create SH Pipeline

Planning



• Step 5: Create Referral Process

• Step 6: Inreach /Outreach, Lease up

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Implementation

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• Step 10: Replicate

Scaling & Replication

Incorporating 1.0 Recommendations

Data and Analytics

- Conduct another analysis using data that are more recent
- Add additional Systems in the Justice Sector (beyond bookings)
- Use the FUSE (or FUSE-like) model as a platform for long-term data alignment between systems
- Engage community voice to add qualitative information to the analysis
- Continue to use a racial equity approach to the analysis
- Identify people who are touching multiple systems to coordinate services and connect them to housing
- Use data to inform policy and program change

Advancing Programs

- Invest in long-term solutions, such as supportive housing
- Apply more intensive and individualized supports (including trauma informed care) with housing to address complex needs of people who touch multiple systems.
- Use information (i.e., names) from data analysis to prioritize highly impacted people for housing
- Increase funding for culturally specific programs to build and sustain partnerships that add access to SH

Data Sharing

Why Data Sharing is Critical to FUSE and Systems Alignment:

- Landscape assessments – populations, service use,, needs, gaps, process, and equity
- Service provision and prioritization – what connections are lacking or need to be strengthened across/within systems, policy, and programs changes
- Evaluation – thinking more long-term, Continuous Quality Improvement (CQI) and monitoring for successes/course corrections
- Advocacy – taking data to policymakers and political leadership to scale resources

Data we are matching:

- Healthcare Data - Healthshare Oregon
- Criminal Justice Data - Sheriff's Office, HOPE Team, DCJ
- Homelessness Data - HMIS

Using FUSE as a catalyst for innovative and long-term data sharing solutions across systems

Program Design

- Designing a program in partnership with DCCHS, BHD, Health Dept., DCJ, JOHS, and Healthshare with support from CSH
- NOFA to be released in the Spring
- Service model considerations:

- Permanent Supportive Housing provided
- <1:15 client ratio
- Multidisciplinary team approach
- Behavioral Health and Substance Use Disorder services in-house or through established connections

- Ability to offer culturally specific services
- Use of trauma informed care and assertive engagement
- Peer support services
- Housing navigation and tenancy support services

Questions?