

Housing is Healthcare for Reentry Populations: The FUSE Intervention and 10yr Follow-up

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Educational Objectives

Objective 1: Point out the ways FUSE programs that provide coordinated access to supportive reentry housing prevents homelessness and facilitates community reentry

Objective 2: Restate the individual- and community-level outcomes demonstrated by FUSE programs: stable housing, reduced jail and shelter stays, reduced crisis health care service utilization, and cost reductions

Objective 3: Recognize the adaptability of the FUSE model to different jurisdictions, each overcoming unique implementation barriers and responding to contextual factors



Today's Conversation

Welcome & Introductions

FUSE 101

Why Supportive Housing?

Findings from multiple FUSE initiatives

NYC FUSE 10 Yr Follow-up Study

Supportive Housing & NYC Rikers Island



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A Century of Impact

1922–2022

Our mission is to educate the next generation of public health leaders, conduct groundbreaking discovery, and deliver solutions to protect and improve the health of people everywhere

Sociomedical Sciences

The Department of Sociomedical Sciences is dedicated to **understanding and addressing** the social, political, historical, cultural, psychological, economic forces that influence health

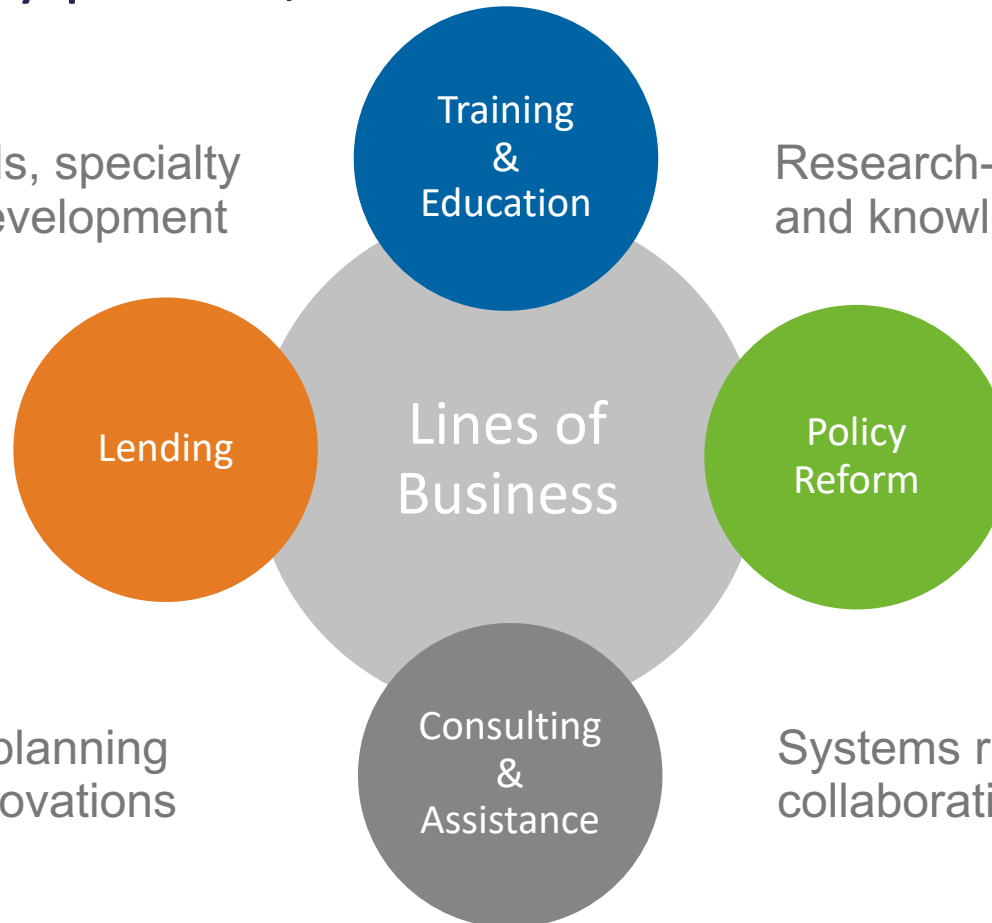
Faculty/ students engage in **action-oriented research** that deepens critical perspectives in the social and behavioral sciences and advances the practice of public health, and empowers communities, and informs public policy

Multiple areas of **collaborative research** and practice at MSPH/ SMS addresses housing/homelessness, incarceration and reentry, and health of individuals and their communities

CSH - What We Do

- CSH is a touchstone for new ideas and best practices, a collaborative and pragmatic community partner, and an influential advocate for supportive housing.

Powerful capital funds, specialty loan products and development expertise



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NYC FUSE 2008

CSH initiated demonstration project testing whether supportive housing with enhanced services can break the cycle of homelessness and incarceration

- **Population for program**

- Core criteria: People with at least 4 incarcerations and 4 shelter stays in 5 years prior to program admission indicated by administrative data match DOC & DHS
- Average # jail admissions =11.60 in the past 5 years
- Multiple complex health, behavioral health, and social needs

- **Program provides**

- Permanent housing in congregate, scatter-site or SRO settings
- On-site & off-site supportive services through case worker model

FUSE Evaluation Outcomes

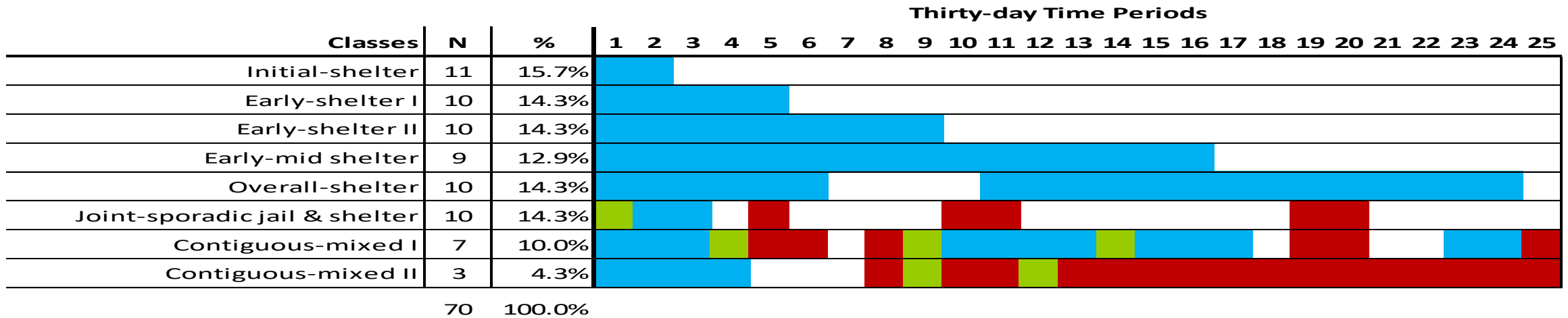


- FUSE participants stayed housed
- FUSE participants reduced jail involvement
- FUSE program had significant effect on drug use
- Promising indicators of improved mental health functioning
- Reduction in crisis care services
- Cost savings from reduced use of jails, shelters, crisis care health services

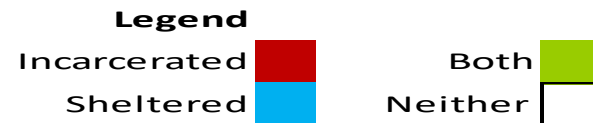
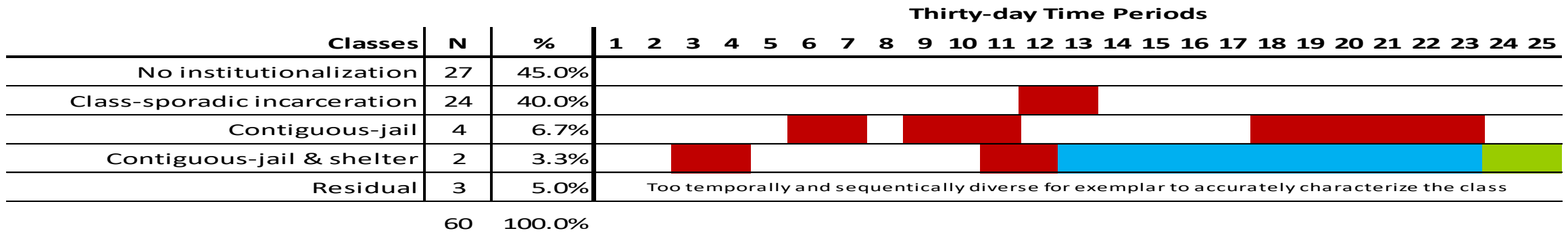
Program had joint institutionalization effects over follow-up

Table 7-4. Intervention Effects on Trajectory Groups for Incarceration, Shelter Use, Both or Neither

Panel A: Comparison Group Exemplars



Panel B: Intervention Group Exemplars



Supportive housing can pay for itself as it results in avoided costs from lower use of jails, hospitals, and homeless services

Cost-analysis from FUSE study

FUSE II intervention \$23,290

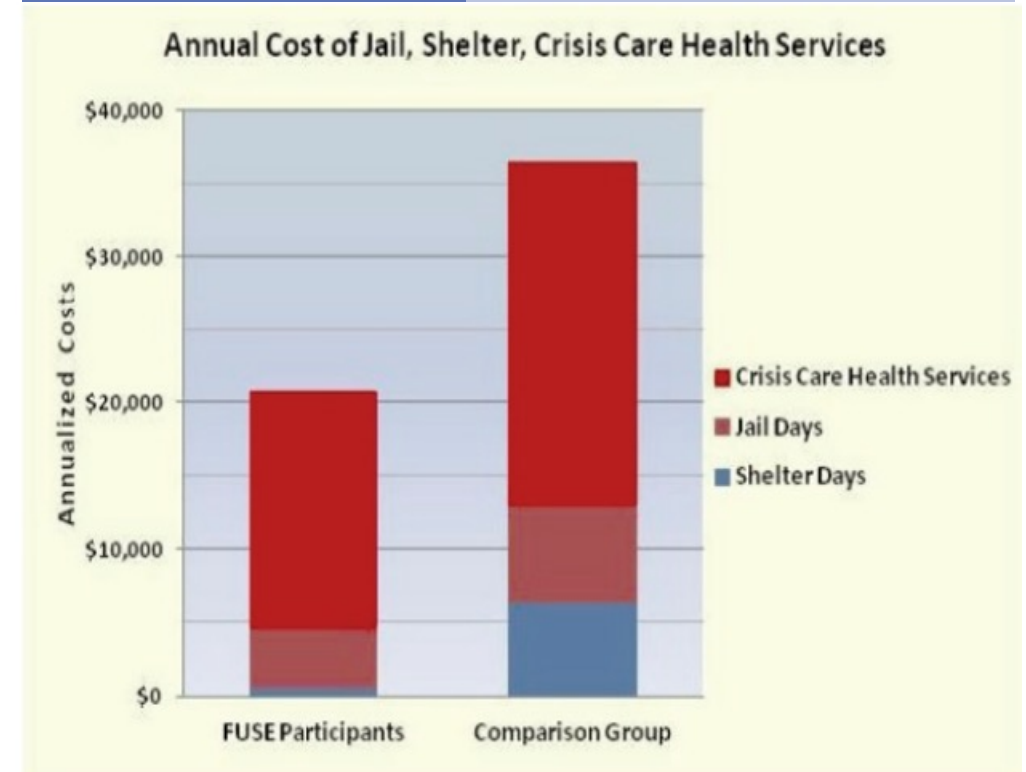
- Including \$14,624 annual investment in wrap-around supportive service and costs

Overall, FUSE participants had less spending:

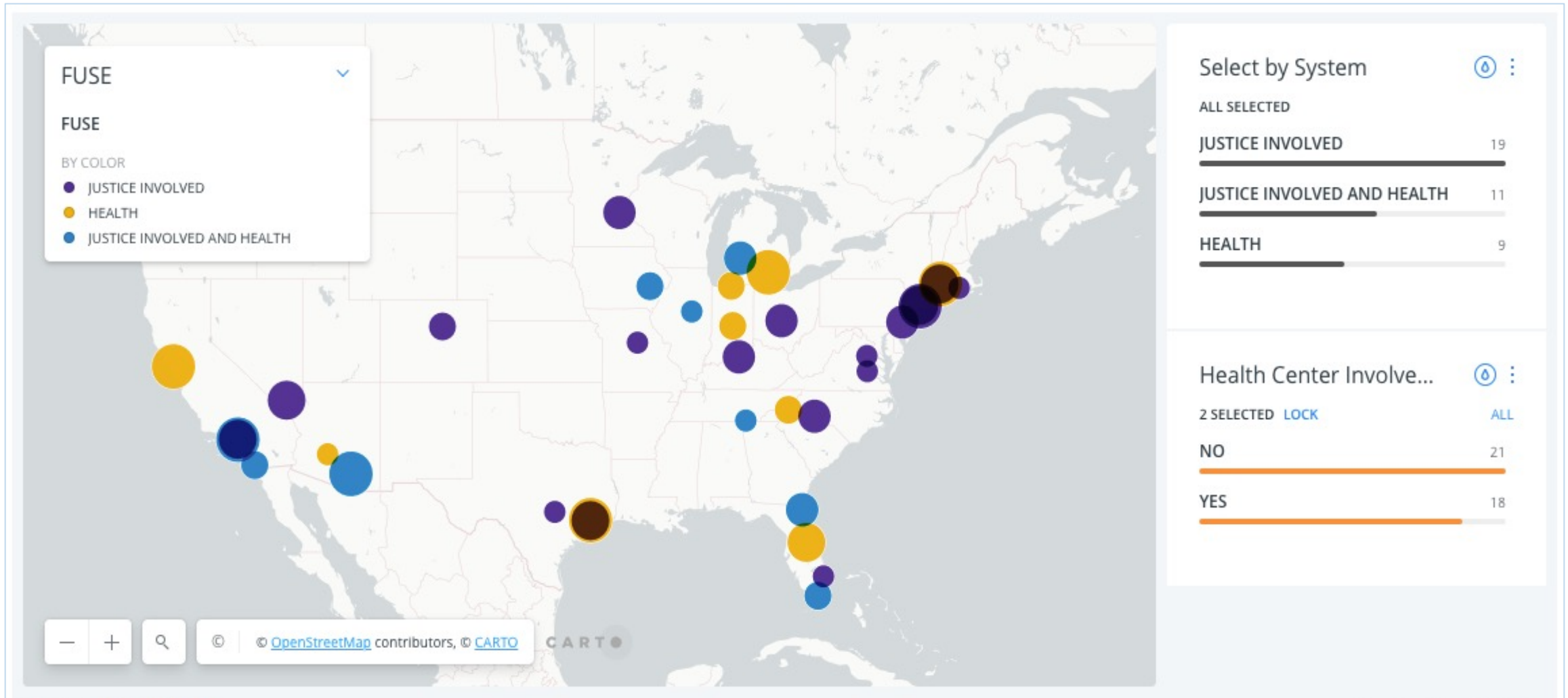
- Jails + shelters: \$8,372 less
- Medical, mental health + addiction service costs: \$7,308 less

\$15,690 less per person in FUSE

These cost avoidances virtually offset the entire cost of the wrap-around services

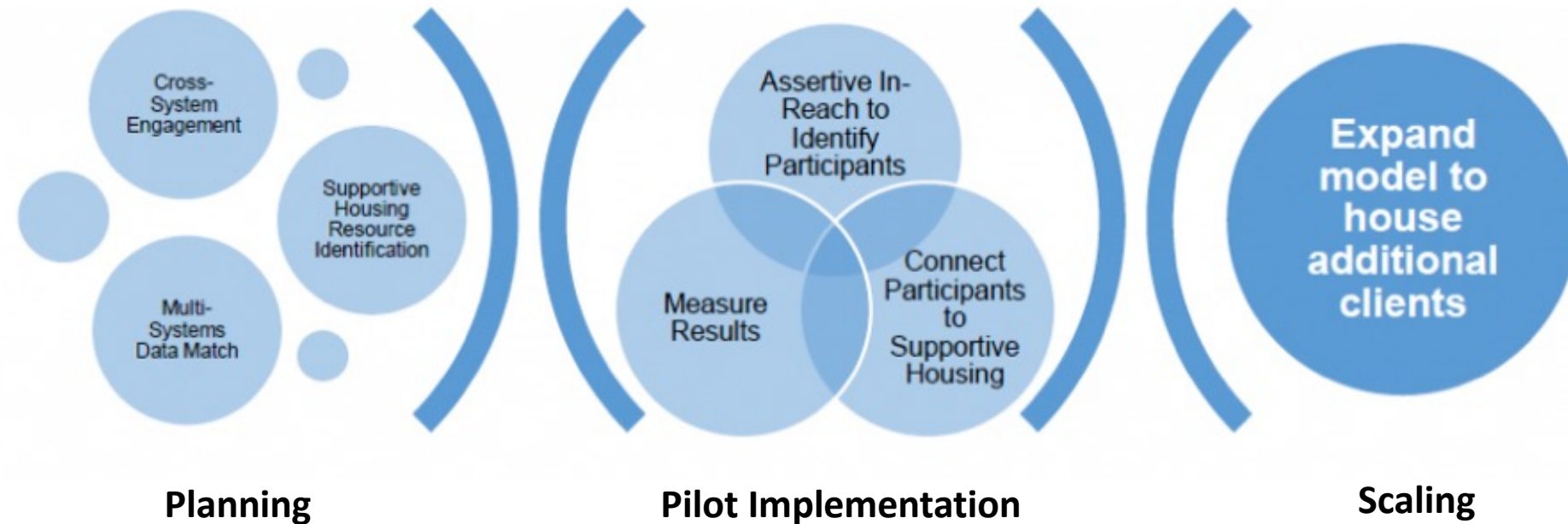


FUSE Replication



FUSE Model

*Roadmap for
jurisdictions
implementing FUSE*



- Cross-sector collaboration (e.g., across local jail and shelter systems)
 - Administrative cross-system data match
 - Local champions - e.g. local officials, provider organizations
- Tailored supportive housing
- CSH technical assistance and/or centralized implementation steering committee

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Justice Impacted & Homeless

Formerly incarcerated people are almost 10 times more likely to be homeless than the general public

Rates of homelessness are highest for:

- People who have been incarcerated more than once
- People recently released from prison
- People of color and women
- Women are more likely to be homeless than men, but men more likely to be unsheltered homeless



Incarceration and Homelessness

Incarceration increases risk for homelessness

- Disrupts family and community connections
- Decreases employment prospects
- Interrupts benefits
- Policies limit public housing assistance and access to housing
- Communities resist, landlords discriminate

Housing instability/homelessness increases risk for incarceration

- Increased social control of 'unruly' populations
- Criminalization of homelessness
- Homeless existence visible to authorities, 'respectable' citizens
- Escalation of minor arrest
- Extreme poverty – cannot make bail or pay fines





What is Supportive Housing?

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity

What is Affordable Housing?

- Housing is considered affordable if it costs 30% or less of a household's income.
- A variety of local, state, and federal programs exist to increase housing affordability
- Income guidelines may vary for these programs according to Area Median Income (AMI)



Who lives in Supportive Housing?

- Chronically Homeless Individuals
- Aging Adults
- Child Welfare Involved Families
- Justice-Involved
- Adults with Intellectual & Development Disabilities
- Adults with Behavioral Health Needs
- Homeless Youth



Key Components of Quality Supportive Housing

Housing is
affordable

It's permanent

Targets
households with
multiple barriers

Provides tenants
with a lease

Engages tenants in
flexible, voluntary
services

Coordinates
among key
partners

Supports
connecting
tenants with their
community

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Over 17,000 fewer
Emergency Department
(ED) visits



Over 5,000 fewer
Avoidable ED visits



Over 200 fewer
Hospitalizations



Over 400 fewer
jail bookings



Over 50 fewer
inpatient psychiatric stays

Multnomah County FUSE

Highlights of the study

- With supportive housing as an intervention, there were more than:
 - 5,000 fewer avoidable emergency department visits,
 - 400 fewer jail bookings,
 - 50 fewer inpatient psychiatric stays



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Emergency Department
(ED) visits



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Highlights of the study

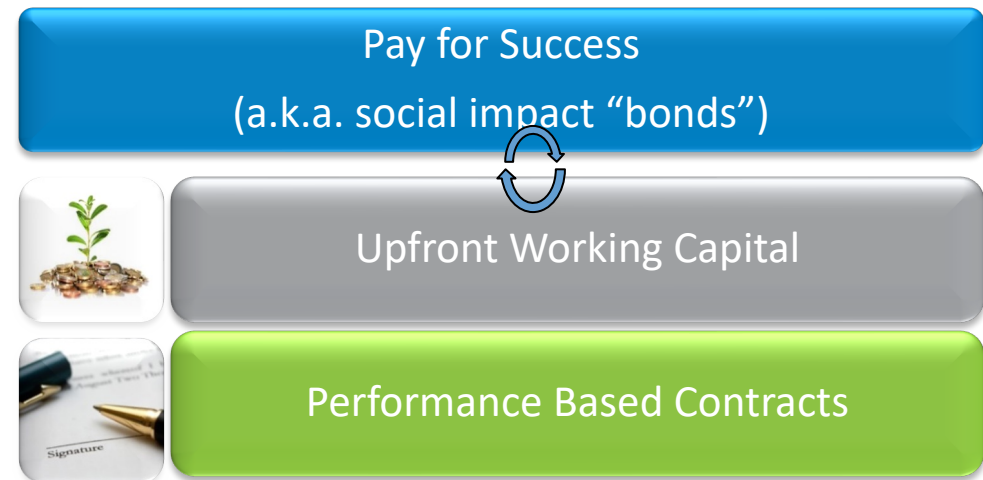
- If all chronically homeless individuals in the study (n = 1,138) either avoided or ended their experience of chronic homelessness with supportive housing, **\$10.2** million would be realized in Medicaid savings
- Racial disparities were observed across communities and across system indicators - greatest disparities were for people identifying as
 - American Indian/Alaska Native
 - Other/Multi-Racial
 - Black/African American

Denver Social Impact Bond Initiative

Background

- Championed by Mayor Hancock
- Provided low-barrier housing first supportive housing
- Prioritized individuals cycling between homelessness and criminal legal systems
- Launched in 2016- has housed 365 people
- RCT by Urban Institute between 2016 and 2020

Unique financing approach



Denver Social Impact Bond Initiative

Outcomes

- **Housing stability:** 86% after year one, 77% after year three
- **Criminal legal system involvement** compared to control group
 - 34% reduction in police interactions
 - 40% reduction in arrests
 - 27% reduction in jail days
- **Behavioral health:** 65% reduction in use of detoxification services compared to control group
- Significant cost offsets - investor repayment

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FUSE 10Yr Follow-up Study Initial Findings

FUSE 10Yr Study Goals

- 10 years later provides a strategic research opportunity to investigate sustained positive impacts on life outcomes of providing housing to formerly homeless frequent users of jail and crisis care systems
- To what extent has addressing housing needs contributed to building a successful life for program participants?
- What have been impacts on:
 - housing
 - criminal justice involvement
 - family and social participation
 - health, mental health, quality of life
- What patterns do we see in institutional involvement taken as a whole beyond participants use of individual public systems?

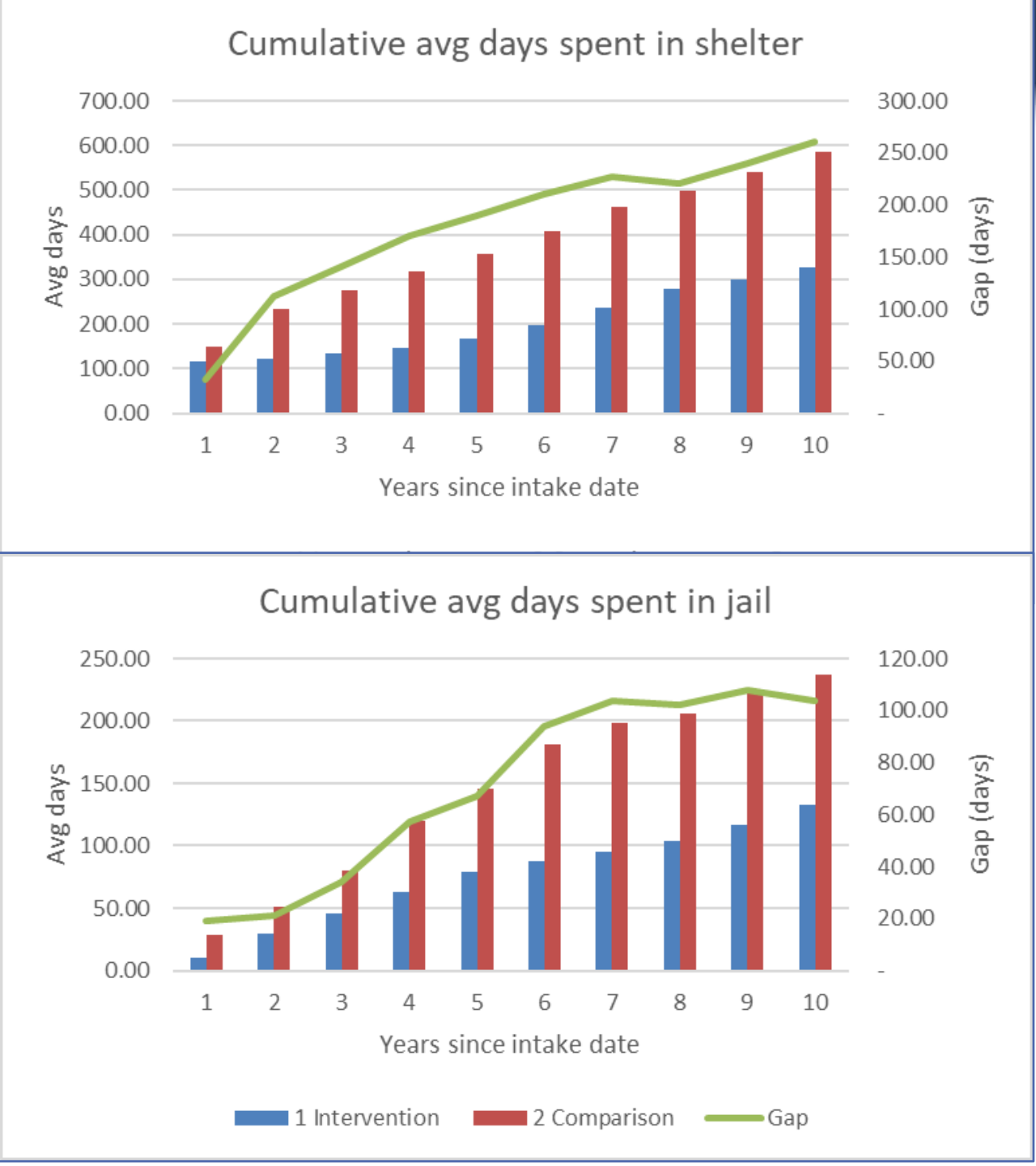


FUSE 10Yr Methods

- **Continue basic two-group pre-post design**
 - Intent-to-treat (program group) and non-treated (comparison group) with 10 yr follow up
- **Analysis using linked administrative data sets**
 - NYC Homeless Services, Corrections, NYS Hospital ER, inpatient
 - From 5yrs before baseline (pre) to 10 years after (post)
- **Trajectory statistical analysis**
 - Examine longitudinal trajectories among multiple life domains: incarceration, housing, and health
 - Analyze interdependencies and policy and institutional contexts
- **Key informant interviews with FUSE housing providers**
 - Process and implementation information on agency's services and program activities

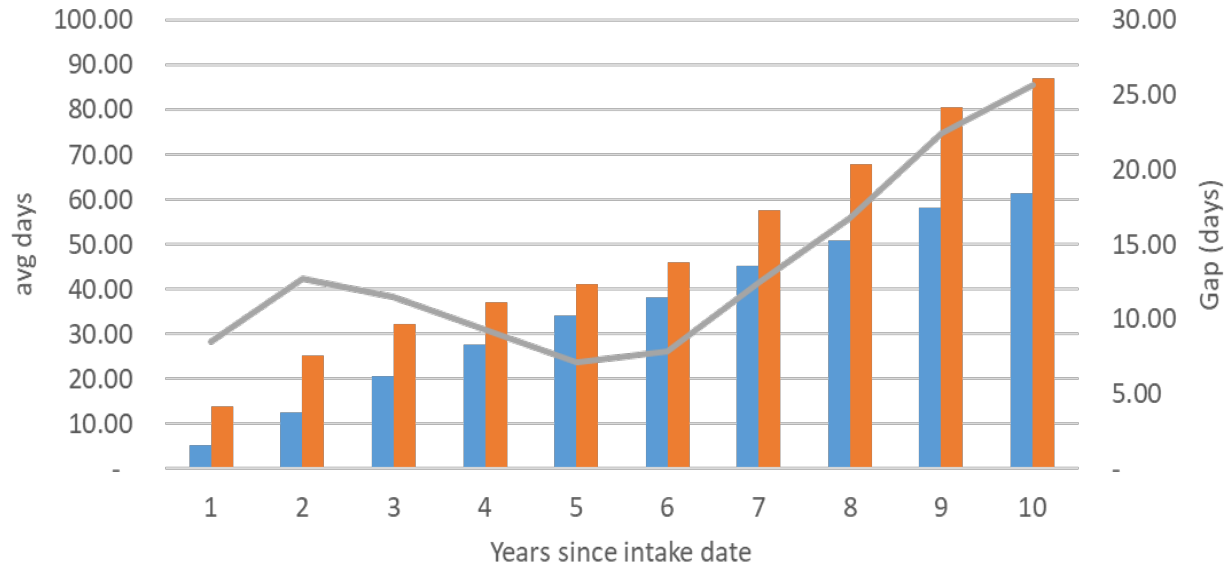
Total Days in Shelter or Jail

- We examined aggregated and point-in-time program effects over the 10 years post baseline
- Top graph shows cumulative ave. days spent in shelter and bottom graph days spent in jail over study period
- Compares averages among FUSE intervention group (blue bars) and comparison group members (red)
- Green line shows gap - consistently favoring FUSE program participants

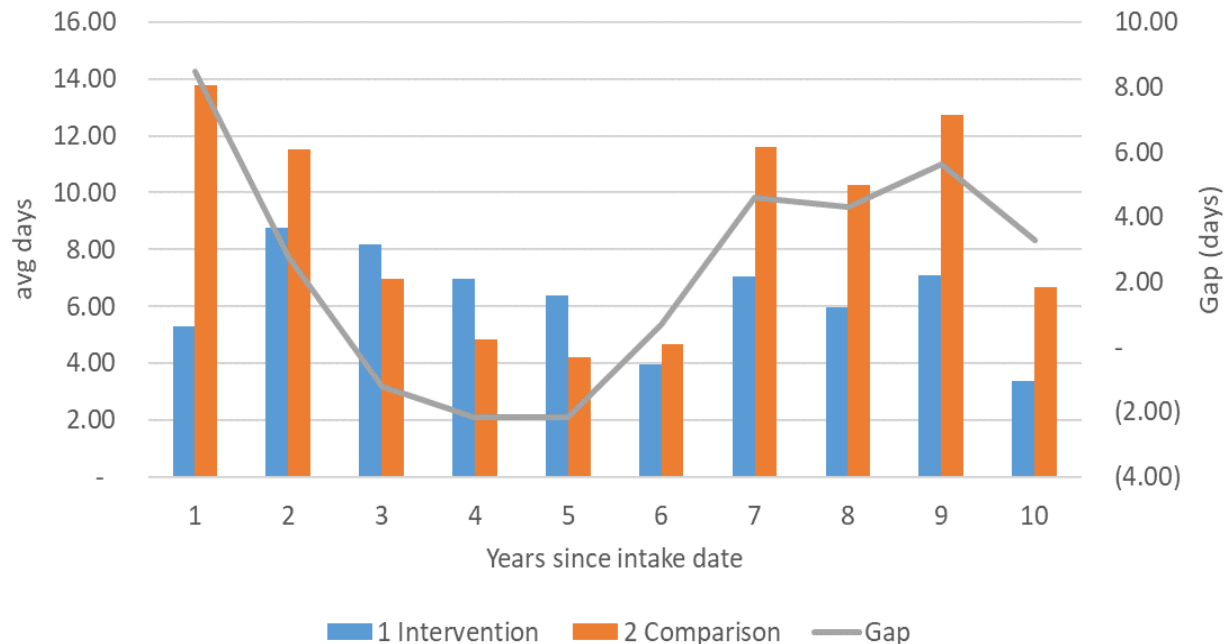


First Look Health Data

Cumulative avg days spent in hospital



Per year avg days spent in hospital

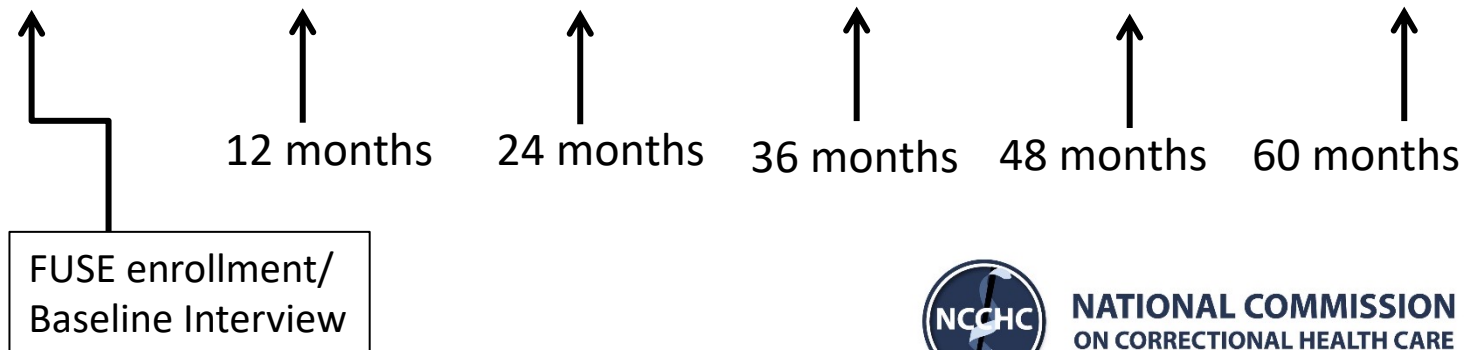
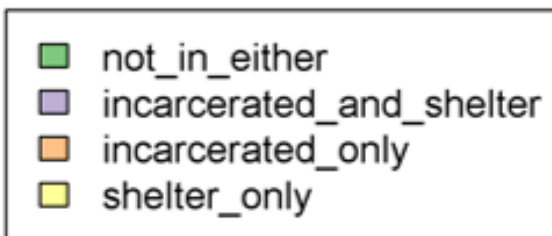
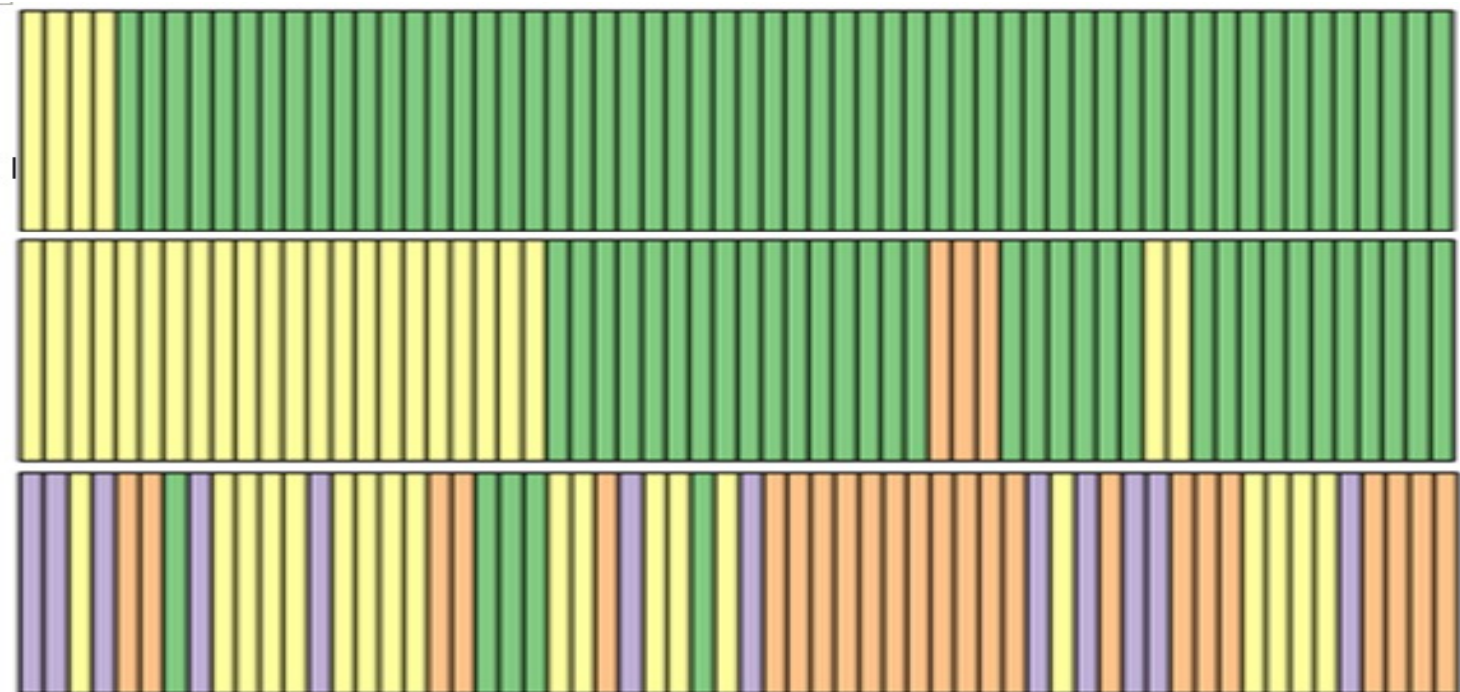


- Comparison of cumulative average days in hospital and year-by-year average days
- On average FUSE intervention group spent fewer days in hospital than comparison group members
- Varied pattern in year-by-year comparison
 - Seems to favor FUSE group in early years, and comparison group later
 - Further analysis needed!



Intervention Effects for Trajectory Groups over 5-years

	N (%)		
	Intervention	Comparison	Total
Cluster 1	44 (78%)	37 (53%)	81
Cluster 2	11 (20%)	28 (40%)	39
Cluster 3	1 (2%)	5 (7%)	6



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FUSE 10 Yr Follow-up: Dissemination & Implementation

Methods

- Retrospective analysis of NYC FUSE implementation
 - Emphasis on NYC FUSE origins
- Comparative case study analysis: NYC FUSE, NYC JISH, Denver SIB



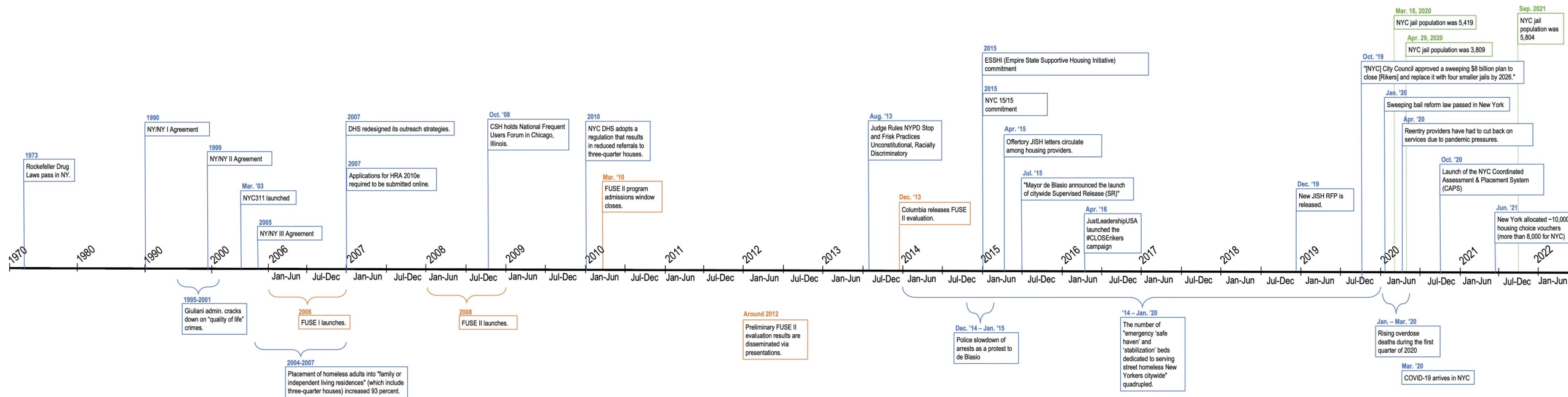
FUSE 10 Yr Follow-up: Dissemination & Implementation

Preliminary findings: *Implementation facilitators*

- Adaptability of the FUSE approach
 - Champions
 - Technical assistance (CSH)
 - Implementation steering committee
- Flexible supportive housing models and funding
 - Client choice
 - Individualized services



Context Matters: Political, criminal justice, housing policies and other contextual factors shape programs and individual lives



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Supportive Housing & Decarceration



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Advancing Supportive Housing
Solutions to Reduce Homelessness
for People Impacted by the
Criminal Legal System

A Report for New York City Leaders

Winter 2022

Report Highlights

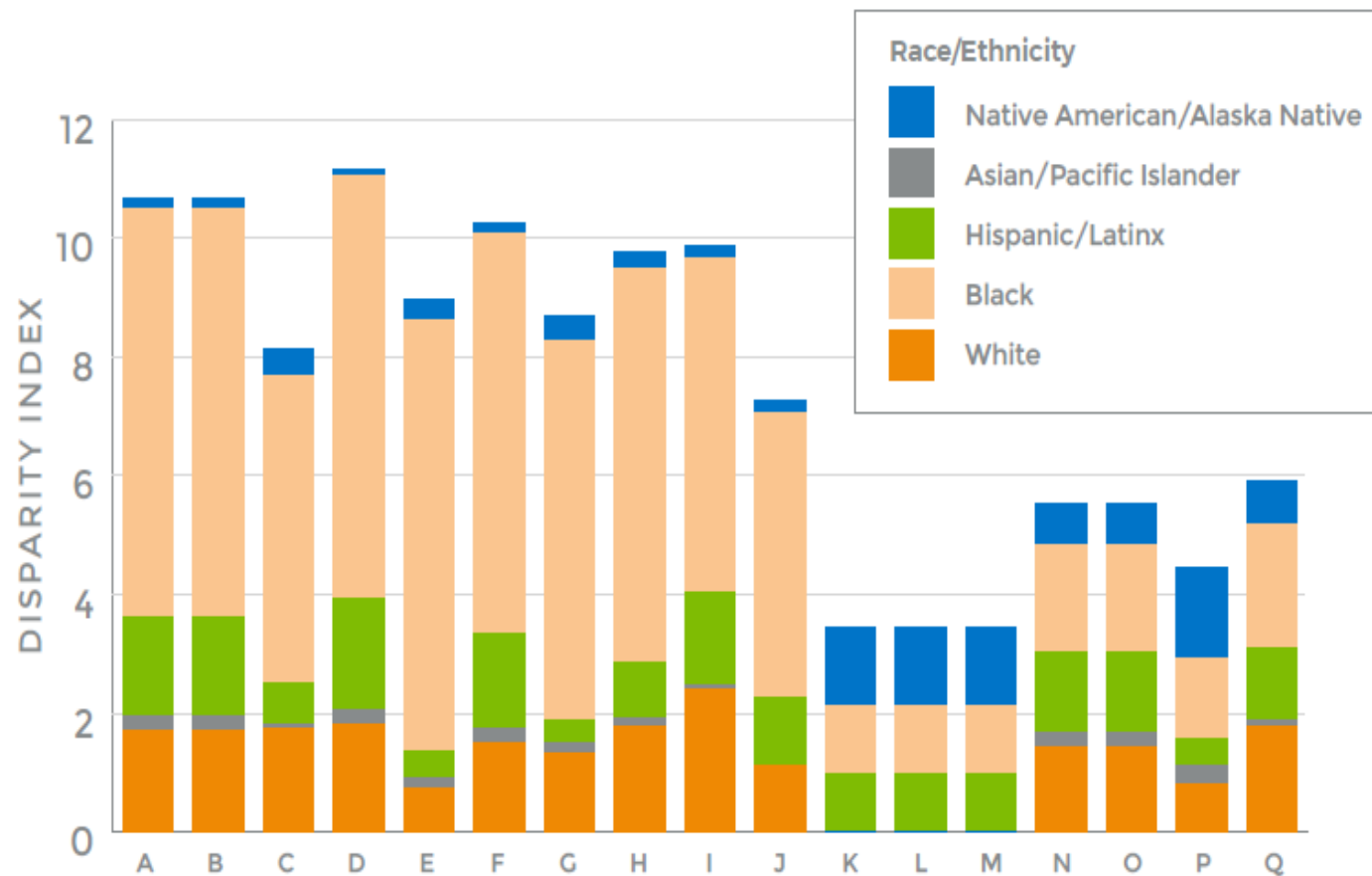
- Racial Disparities in the Homeless and Criminal Legal System
- Rikers Island's Population & Supportive Housing Needs
- Jail Cost vs. Supportive Housing Cost
- Key Recommendations



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Racial Disparities in the Homeless and Criminal Legal Systems

Disparity Indices in New York by Race/Ethnicity and Chronic Homelessness



A. Chronic Homeless B. Non Chronic Homeless C. Veterans D. Homeless Families E. Child Welfare Families
F. Unaccompanied Transition Age Youth* G. Child Welfare Transition Age Youth H. Justice Involved Transition
Age Youth I. Prison J. Jail K. Developmental Disabilities Waitlist** L. Developmental Disabilities Residential
M. Developmental Disabilities Intermediate Care Facility N. Mental Health*** Institutional O. Mental Health
Residential P. Aging Q. Substance Use

Jail admissions in 2020⁴

23,317

Unique admissions in 2020

13,624

Average daily population in 2020⁵

5,841

**222
days**

Is the average length of stay
for the general population on
January 13, 2022⁶

**357
days**

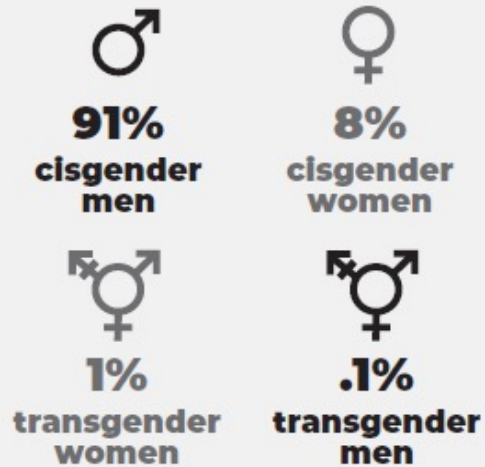
Is the average length
of stay for the
Brad H* population⁷



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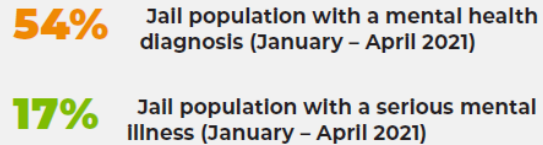
Gender Identity at “Rikers Island”

*based on a one-day snapshot on 6/1/2021⁸



Behavioral Health¹⁰

*Qualitative evidence tells us that behavioral health needs are often unreported



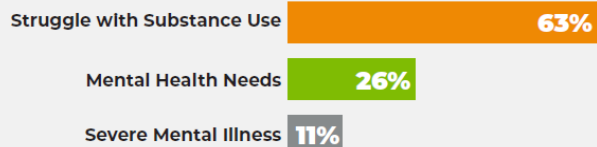
Homeless

2,930

people between 2015-2018 self-reported homelessness while incarcerated on Rikers Island⁹

An estimated 2,589 people in one year need supportive housing.

Additional reports state that people discharged from a NYC jail in 2018 reported the following:¹²



Behavioral Health Needs

Behavioral Health¹⁰

*Qualitative evidence tells us that behavioral health needs are often unreported

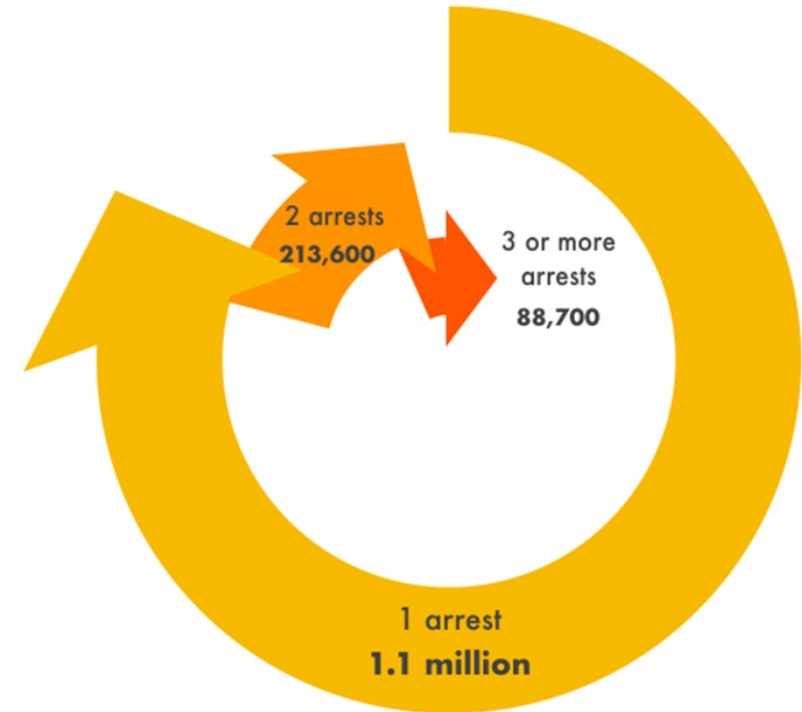
54% Jail population with a mental health diagnosis (January – April 2021)

17% Jail population with a serious mental illness (January – April 2021)

- Repeated admissions more likely to have mental health and/or substance use disorder
- Women are more likely to have multiple jail admissions and more likely to need behavioral health services

At least **1.4 million women** are jailed each year

More than 1 in 5 are jailed multiple times



Jail vs. Supportive Housing

Total yearly cost of 2,589 people on **Rikers Island** who need supportive housing: **\$1.4 Billion**

\$1.4 Billion



\$108 Million



Total yearly cost of 2,589 people in **supportive housing**: **\$108 Million**

IMPACT

Housing the estimated 2,589 people incarcerated on Rikers Island in a given year that need supportive housing would cost NYC **\$1.2B less** than incarcerating the same number of people in one year



Key Actions

- **Significant Investment in Supportive Housing**
- **Improve Access to Supportive Housing**
- **Develop Data and Reporting Infrastructure**



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Thank you!

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