

A Targeted Solution to Chronic Homelessness

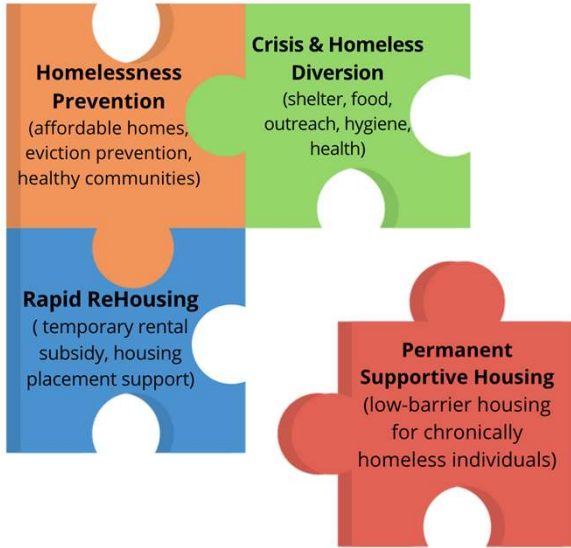
FUSE targets intensive long-term resources to our most vulnerable chronically homeless individuals.

Lower vulnerability → High vulnerability (FY '18-'19 CES data)

- Homelessness has nearly doubled since 2013. Now at **≈ 1,000**
- Compounded by housing affordability / availability crisis.
- Service providers are overstretched, unable to meet need.
- Limited resources to respond. Need to know how to prioritize.

- People with severe health conditions and a long period of homelessness increased from 160 to 286 between 2019-2020. (79% increase)
- Resources for chronic homelessness is a well-known & devastating gap in our continuum.

FUSE is Working to Close the Gap



Coordinated Entry System assessments documented a local need for at least:

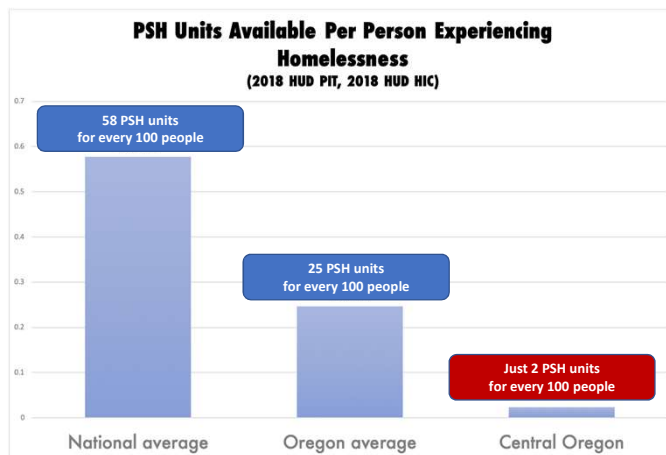
220

PSH units & corresponding services in 2019.

Permanent Supportive Housing

- Combines affordable housing with supportive services. No preconditions (“housing first”)
- Nationally recognized as best practice. Cost-effective, data-backed. Most prevalent homelessness intervention in the country.
- Credited with reducing US chronic homelessness by 20% since 2007.
- Every regional housing or health analysis and annual plan has cited PSH as a priority here, yet it’s still largely missing.

Bringing the ‘Housing First’ Model to Central Oregon



Central Oregon’s supply of Permanent Supportive Housing is significantly behind most other regions.

Central Oregon FUSE Organization

- FUSE evolved as a collaboration to address “high user / frequent user” of health care and law enforcement services.
- **Engaged key partners** (healthcare, law enforcement, CoC, CDBG, DCBH, HUD, HousingWorks, NeighborImpact)
- **Raised significant funding and awareness** of issue.
- Developed **MOU with DCBH** to provide outreach and housing placement and supportive services for 8 FUSE participants
- Applied to and was accepted as a **participant in the 2020-21 Oregon Supportive Housing Institute (OSHI)** which will give us a potential leg up in funding for PSH construction and services
- Exploring **potential COIC-FUSE partnership** to increase organizational capacity.

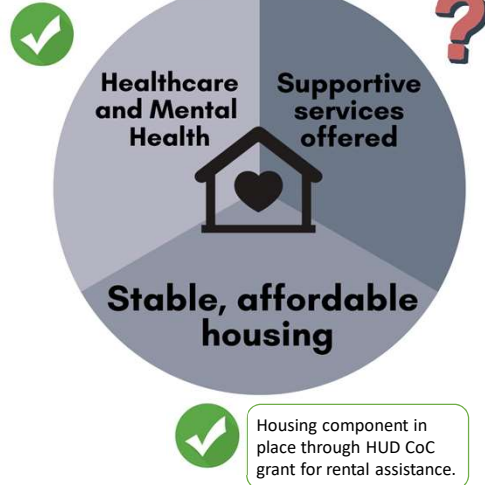
Project Concept: Permanent Supportive Housing

FUSE Program:

- Combines: Healthcare, Supportive Services & Stable Housing. No time limit.
- “Housing First” approach for 8 ‘highly vulnerable’ individuals selected through Coordinated Entry System.
- High vulnerability to COVID-19. Some current FUSE participants in COVID-19 isolation motel; will be moving to permanent housing.
- Utilizing “scattered site” model currently.
- Services provided by PT FUSE Project Manager, and both in-kind & paid staff from DCBH, and collaborations with other providers (REACH, High Desert Access, etc.)
- Supportive services include:
 - pre-tenancy support/outreach services,
 - development of participant action plans & goal setting
 - referrals and transportation to community services/health care,
 - addressing basic needs & regular home check-ins
 - skill building/training, allocation of housing flex funds, etc.

Health component in place through Deschutes County Behavioral Health & connections to OHP, Mosaic Medical, St Charles.

Missing piece. Seeking CDBG funding for supportive services.



Housing component in place through HUD CoC grant for rental assistance.

Project Budget & Goals

Projected FUSE Program Budget:

- **Rental Assistance:** \$90k from HUD/PSH grant. (12 months for 8 individuals.)
- **Services Funding:** \$35k paid to DCHS, plus \$19.5 in-kind from DCBH, \$14k HUD
- **Housing Flex Funds:** \$7k to remove participant barriers to housing
- Organizational Development: future oriented, not using CDBG \$

CDBG funds would be used for:

- DCHS personnel (**\$25,000**) and CO FUSE (**\$6,300**) [*Case management & supportive services to locate and retain housing.*]
- Support Services-non personnel (**\$5,000**)
- Program Admin: (**\$3,700**) [*small portion of overall admin expenses*]

Future Program Budget Plan:

- Rental Assistance funds likely to continue in HUD Continuum of Care grant (not guaranteed)
- Medical/Health care access is secure.
- We will write grants and seek partnerships and government support to cover future services and admin expenses.
- Project development – future oriented, not relying on CDBG.

FUSE Project Goals:

- At least 80% of individuals remain housed after 1 year.
- 100% participants offered weekly services.
- Improved physical & mental health.
- Reduction in participant healthcare & law enforcement costs.

FUSE Org Goals:

- Continue to raise community awareness, raise funds, strengthen and develop new partnerships.
- Expand scattered-site and develop designated residence in the future.
- Develop sustainable source of funding for Services.
- Advocate for policies & community investment that serve chronically homeless individuals.