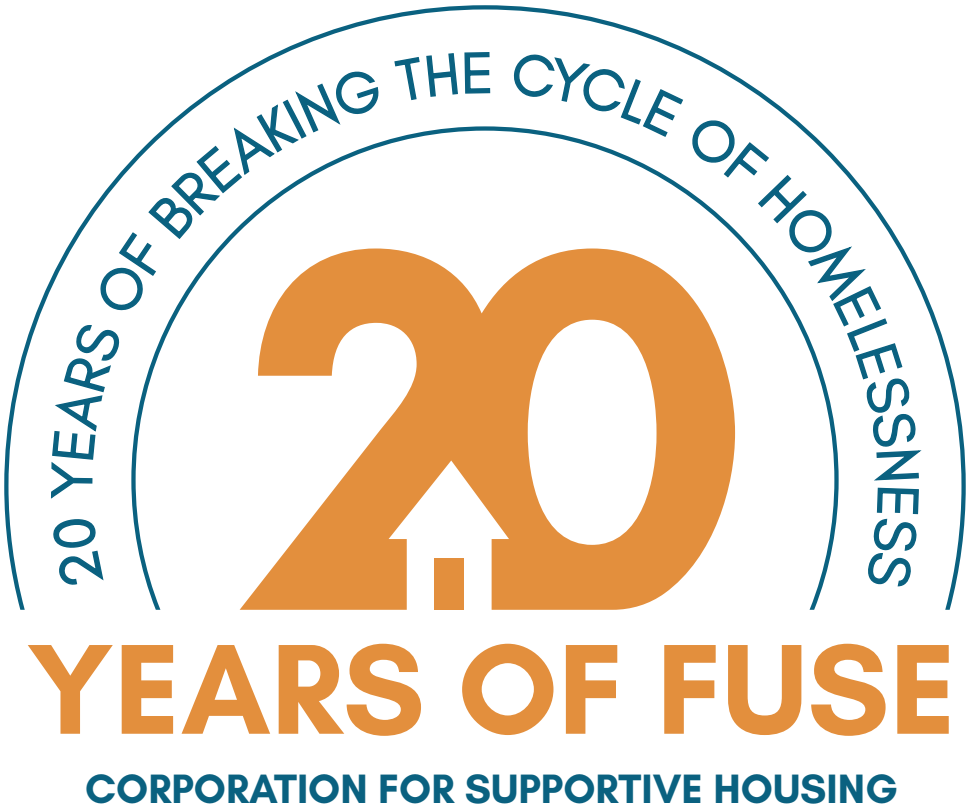


CSH FUSE INITIATIVE

20 YEARS OF BREAKING THE CYCLE OF HOMELESSNESS

DECEMBER 2025

CSH

20 YEARS OF BREAKING THE CYCLE OF HOMELESSNESS
20 YEARS OF FUSE
CORPORATION FOR SUPPORTIVE HOUSING

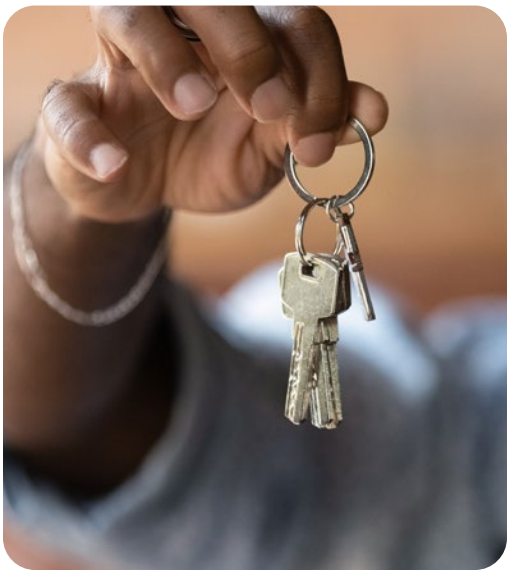
CSH

THE CHALLENGE

Across the United States, a small group of individuals—often called "frequent system users"—remains trapped in a cycle of crisis services such as shelters, jails, and emergency healthcare. Addressing these individuals through fragmented systems—where each operates separately and without coordination—consumes enormous public resources yet fails to deliver lasting results. The real cost lies in these gaps: disconnected services, missed opportunities for prevention, and the absence of stable housing. A major barrier is that data does not flow across systems, making it difficult to identify high-need individuals and coordinate care. Without the ability to securely capture and track data while honoring privacy protections, communities cannot design effective interventions.

How Supportive Housing Can Help

Supportive housing addresses these challenges by creating a foundation for integrated care and enabling cross-system collaboration. Decades of research and rising costs confirm that fragmented crisis responses are ineffective, while evidence shows that supportive housing is a proven, cost-effective solution. By investing in supportive housing, communities can reduce public spending, alleviate pressure on health and justice systems, and create pathways to stability and independence for those most in need.



THE CSH FUSE SOLUTION

Twenty years ago, CSH developed the FUSE (Frequently Used Systems Engagement) model to deliver a transformative solution that aligns housing, health, and justice systems to provide supportive housing and coordinated care. With a proven track record of success, FUSE has become a national model for cross-sector collaboration and data-driven intervention.

For 20 years, CSH has partnered with communities across the country to identify people with complex needs who frequently cycle through emergency systems—such as shelters, hospitals, and jails—and connect them to the housing and services they need to break the cycle, achieve stability, and thrive.

HOW FUSE WORKS

FUSE helps communities break long-standing cycles of crisis system involvement by combining five core elements.

SUPPORTIVE HOUSING

Long-term, affordable housing paired with services provides the stability necessary for improved health, reduced justice involvement, and sustained engagement with care.

MULTI-SYSTEM DATA SHARING AND MATCHING

Cross-sector data matching identifies individuals who cycle repeatedly through shelters, jails, and emergency health systems. This allows communities to prioritize housing and services based on need, frequency, and cost.

CROSS-SYSTEM ENGAGEMENT

Housing, health, human services, and justice system leaders collaborate to design and implement a shared strategy. This coordination ensures that partners align workflows, resources, and decision-making.

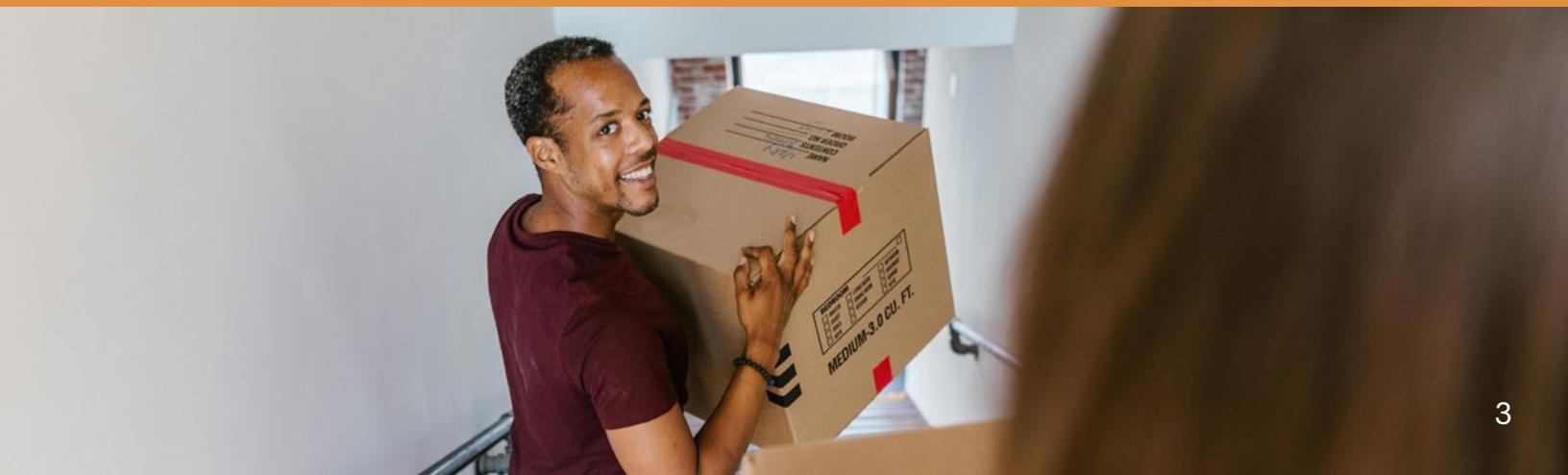
INCLUSION & LEADERSHIP OF PEOPLE WITH LIVED EXPERIENCE

People who have experienced homelessness and crisis services help shape program design, practice, and accountability.

COST-EFFECTIVE SOLUTIONS

Evaluations across multiple communities have shown that reductions in crisis service use often offset or exceed the cost of supportive housing.

Since launching FUSE in 2005, CSH has helped more than 50 communities build and scale supportive housing interventions that target people with complex needs who are the most frequent users of crisis systems. More than 3,000 individuals have been stably housed through FUSE initiatives nationwide.



FUSE IS A PROVEN MODEL FOR BREAKING THE CYCLE OF HOMELESSNESS

Highlights from the Case Study Outcomes

FUSE IMPLEMENTATION COMMUNITY	JUSTICE SYSTEM OUTCOMES	HEALTHCARE SYSTEM OUTCOMES	SHELTER SYSTEM OUTCOMES
Mecklenburg County, North Carolina (City of Charlotte and surrounding areas)	Reduced tenant arrests by **50%.**	Reduced ambulance costs by **24%.** Decreased hospitalization costs by **43%.**	Reduced days spent in shelters by **87%.**
Los Angeles, California	Reduced jail, medical, and behavioral health costs by an estimated **$1,780 per resident** every year.	Reduced average annual emergency room visits for tenants by **50%.**	Increased housing rate of participants and reduced time to secure housing. **84% of participants were housed within 1 year.**
Multnomah County, Oregon (City of Portland and surrounding areas)	Reduced jail bookings by **400 per year** compared to a comparison group.	Reduced emergency room visits by **17,000** and hospitalizations by **200 per year.** Reduced psychiatric inpatient stays by **50 per year.**	**More than 90% of residents** achieved housing stability after 1 year.
Bozeman, Montana	Reduced time spent in jail or prison by **49 days per year.**	Reduced emergency room visits by **380%** and inpatient admissions by **500%.**	**100% of residents** achieved housing stability after 1 year.

Note: Outcome data for Multnomah County, Oregon is based on anticipated outcomes with a scaled FUSE program. Data for Los Angeles, California is based on a 2013 report of the Los Angeles 10th Decile Project.

Case Study

CROSS-SECTOR COLLABORATION LEADS TO REDUCED CRISIS SYSTEM COSTS

FUSE Implementation Community

Mecklenburg County, North Carolina

Background

With chronic homelessness and the cost of crisis systems on the rise, Mecklenburg County—which includes the City of Charlotte and is the second most populous county in North Carolina—needed to find new solutions. When Mecklenburg County staff examined their community's response to chronic homelessness, they saw a troubling pattern. Traditional approaches—rotating people through shelters or jails—consumed enormous resources while producing minimal positive change. County leaders knew supportive housing worked in theory, but they needed help making it work in practice.

The Challenge

The biggest obstacle wasn't funding or housing availability. It was siloed systems. Healthcare providers, justice agencies, and housing organizations operated independently, often serving the same high-need individuals without realizing it or coordinating their efforts.

The Solution and Outcomes

Working with CSH, Mecklenburg County launched MeckFUSE in 2013. The initiative brought together county agencies, nonprofits like Roof Above, and healthcare providers in a new model of collaboration. The work was challenging—aligning data systems, workflows, and institutional priorities required patience and persistence. But the results justified the effort.

The transformation was measurable across every system.

- **50% reduction in tenant arrests**
- **24% reduction in ambulance costs**
- **43% reduction in hospitalization costs**
- **87% reduction in shelter days**

These outcomes demonstrated that supportive housing could reduce both system strain and public spending while improving stability for residents.

PARTNER REFLECTIONS

"To get cross-sector partners to see the value of housing as that platform for stability and how it impacts all the Health and Human Services that we do in the county is huge."

Stacy Lowry, Director of Community Support Services, Mecklenburg County, NC

"Engaging with people who work in data systems across other sectors opens up meaningful conversations about what's possible—and how we can better serve communities through cross-sector collaboration."

MaryAnn Priester, Senior Management Analyst, Community Support Services, Mecklenburg County, NC

Case Study

CARE COORDINATION HELPS RESIDENTS NAVIGATE COMPLEX HEALTH SYSTEMS

FUSE Implementation Community

Los Angeles, California

Background

In 2011, CSH awarded The Economic Roundtable a grant from the federal Social Innovation Fund to test how supportive housing could transform lives of people scoring highly on their data-driven 10th Decile Triage Tool. The grant helped to create the LA FUSE project and advance The Economic Roundtable's 10th Decile Project, which identified people experiencing homelessness and who are frequently served by public services like hospitals and provides them with immediate and ongoing supportive housing. The Economic Roundtable partnered with regional groups of housing providers, hospitals, and health clinics to intervene by connecting patients who scored highly on the Triage Tool to housing. Patients with complex health conditions were referred to supportive housing when they scored in the top 10% for healthcare costs.

The Challenge

Los Angeles faced a homelessness crisis that overwhelmed every system meant to address it. Wait times for supportive housing stretched beyond six months. Emergency rooms functioned as de facto social services for people with nowhere else to turn. And those with the most complex health needs and highest system costs fell through every gap.

The Solution and Outcomes

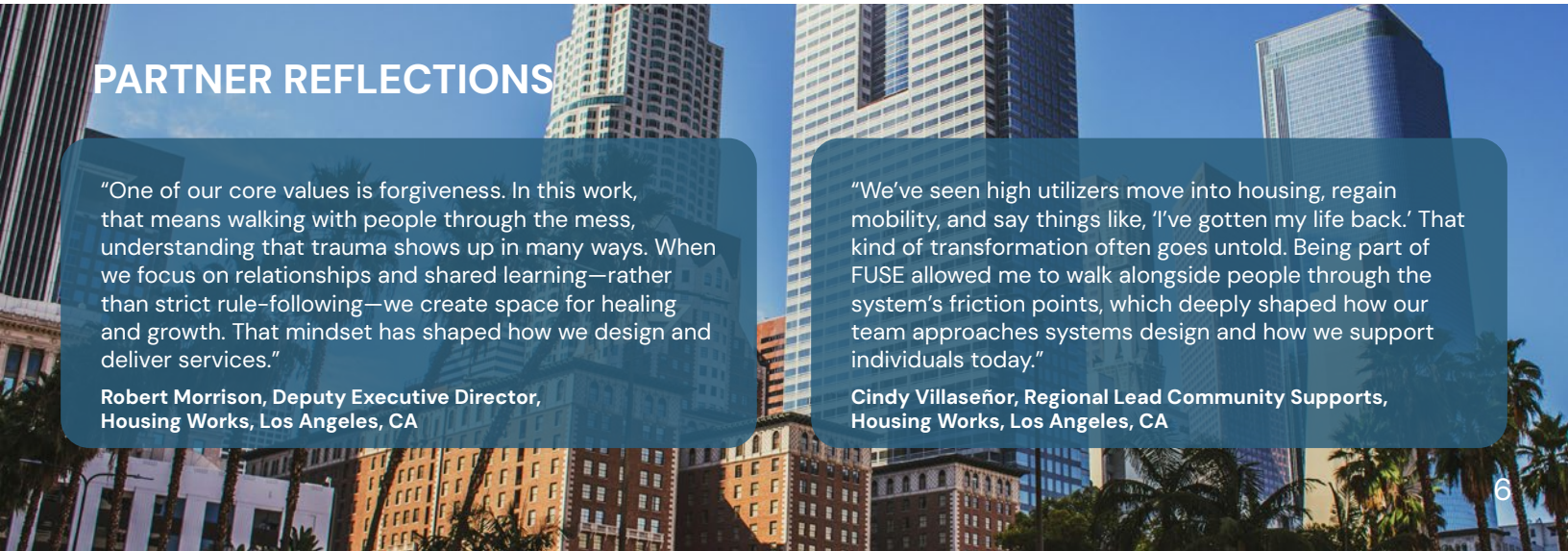
The LA FUSE project provided participants with immediate bridge housing and connections to supportive housing, paired with intensive care coordination. The care coordination component proved essential. A dedicated team accompanied participants from their first hospital encounter through discharge and beyond—to shelters, medical respite, or higher levels of care. This team worked directly with medical providers at California Hospital Medical Center, sharing crucial context about participants' lives outside the hospital. Medical staff, in turn, helped the FUSE team understand how to better support people within the hospital environment.

This two-way flow of information transformed care. Hospital leadership embraced the partnership, recognizing that housing and care coordination didn't just help individuals—it helped hospitals function more effectively.

The outcomes demonstrated the program's value:

- **Approx. $1,780 reduction per resident annually in combined jail, medical, and behavioral health costs**
- **50% reduction in annual emergency room visits**
- **84% of participants housed within one year**

These outcomes reflected both system savings and substantial improvements in service connection and housing access.



PARTNER REFLECTIONS

"One of our core values is forgiveness. In this work, that means walking with people through the mess, understanding that trauma shows up in many ways. When we focus on relationships and shared learning—rather than strict rule-following—we create space for healing and growth. That mindset has shaped how we design and deliver services."

Robert Morrison, Deputy Executive Director, Housing Works, Los Angeles, CA

"We've seen high utilizers move into housing, regain mobility, and say things like, 'I've gotten my life back.' That kind of transformation often goes untold. Being part of FUSE allowed me to walk alongside people through the system's friction points, which deeply shaped how our team approaches systems design and how we support individuals today."

Cindy Villaseñor, Regional Lead Community Supports, Housing Works, Los Angeles, CA

Case Study

DATA SHARING PAVES THE WAY FOR CROSS-SYSTEM COLLABORATION

FUSE Implementation Community

Multnomah County, Oregon

Background

In 2018, the City of Portland and Multnomah County's Joint Office of Homeless Services, Health Share of Oregon, and County's Local Public Safety Coordinating Council joined together to study housing solutions for community members who cycled through crisis systems like local jails, homeless services, and Medicaid-supported health systems. Community partners also studied the frequency of crisis system use for people who lived in supportive housing. Findings prompted the launch of a FUSE pilot in 2024.

The Challenge

Data sharing across health, housing, and justice partners was limited, hindering the community's ability to identify frequent system users and coordinate effective interventions. Without the ability to match client data across systems, partners couldn't identify people served by multiple agencies or coordinate their interventions effectively. Client privacy protections, institutional policies, and technical limitations all created barriers.

The Solution and Outcomes

The Joint Office of Homeless Services tackled this challenge directly, developing a comprehensive data-sharing agreement that balanced privacy protection with practical functionality. The agreement enabled regular, large-scale data matching between the county and health providers, including medical case conferencing where teams could discuss specific cases together.

This breakthrough in data infrastructure enabled meaningful collaboration. The county created a program offering long-term rental assistance, dedicated housing navigation staff, ongoing support for tenants, behavioral health partnerships, and connections to mainstream community resources. With the ability to identify and track participants across systems, partners could see the program's impact in real time.

The projected outcomes at full scale are substantial.

- **400 fewer jail bookings annually**
- **17,000 fewer emergency room visits per year**
- **200 fewer hospitalizations per year**
- **50 fewer psychiatric inpatient hospitalizations annually**
- **More than 90% of participants stably housed after one year**

These results showed the power of combining accurate data, shared accountability, and supportive housing.

PARTNER REFLECTIONS

"The partnerships and communication are in motion. We are building on our original data-sharing agreement, but it's still a work in progress. We recently launched cross-sector case conferencing, bringing in Health Share of Oregon, behavioral health providers, and other partners into the same space. This initiative helped pave the way for that collaboration, and we're already seeing meaningful impacts on our work and our community."

Kristina Goodman, Senior Program Specialist, Multnomah County, OR

Case Study

RESIDENTS FIND HOUSING STABILITY AFTER DECADES OF CHRONIC HOMELESSNESS

FUSE Implementation Community

Bozeman, Montana

Background

Montana communities have seen a dramatic rise in chronic homelessness of around 500% in the last 15 years. In many cases, community members cycle through homelessness and health systems for decades. CSH partnered with the Mountana Healthcare Foundation to launch the Housing is Healthcare Initiative which helped to scale supportive housing through FUSE to the largest seven cities in Montana (Billings, Butte, Bozeman, Helena, Missoula, Great Falls and Kalispell). Located in the southern central region of the state, Bozeman is Montana's fourth largest city, and affordable housing development has not kept pace with the growth in population. Many of Bozeman's longtime residents have been priced out of the rental market. Those experiencing long-term homelessness were cycling in and out of emergency health and carceral systems. CSH partnered with HRDC to launch the Montana FUSE with a clear mission: to address the intersection of chronic homelessness and frequent use of emergency systems.

The Challenge

Before FUSE, agencies across housing, health, and justice systems operated independently. Providers saw the same individuals repeatedly but lacked a unified approach to break the cycle.

The Solution and Outcomes

Montana FUSE connected participants to supportive housing and intensive services tailored to those with the highest needs.

The outcomes were dramatic:

- **380% reduction in emergency room visits**
- **500% reduction in inpatient hospital admissions**
- **49 fewer days spent in jail or prison per year**
- **100% of FUSE residents stably housed after one year**

Providers noted that several individuals with a combined 80 years of homelessness achieved long-term stability for the first time.

PARTNER REFLECTIONS

"We have a participant who has been with us since the start of FUSE, she lives in Unit F and she always says, 'You know, Unit F means forever.' She believes that she is going to live there for the rest of her life. And guess what? She will. And that's special."

Greg Overman, Supportive Housing Manager, HRDC IX, Bozeman, MT

"Homelessness isn't free—it's incredibly expensive and leads to terrible outcomes for both individuals and the community. With the same amount of money, or even less, we can create better outcomes for everyone. People often don't realize just how costly homelessness is, or how deeply harmful it is for everyone involved."

Tracy Menuez, Senior Program Officer, Montana Healthcare Foundation

Growing FUSE to Scale

ADDRESSING SYSTEM GAPS AND BUILDING LOCAL PATHWAYS

For decades, communities have struggled with fragmented systems, limited data integration, and inconsistent eligibility criteria that prevent early identification of people who use crisis services the most. As homelessness and behavioral health needs rise, these structural issues have only intensified.

A central barrier is that federal definition of homelessness leaves behind the population cycling through hospitals, jails, detox facilities, or other institutions. Because people remain in these settings long enough to interrupt an episode of chronic homelessness, they are rendered ineligible for federal supportive housing assistance—even after years of repeated system involvement. As a result, many people fall through the gaps in federal housing programs despite overwhelming evidence of need.

This tension has significant implications for local planning. Communities seeking to scale supportive housing must grapple with the mismatch between **federal eligibility rules and local realities,** particularly for individuals whose homelessness is episodic, institution-interrupted, or masked by frequent institutional stays.

How Communities Overcome These Barriers

Communities implementing FUSE have demonstrated that scaling is possible when they use **locally controlled strategies** to identify frequent system users and prioritize supportive housing. These strategies have allowed communities to transition from small pilots to scalable, population-level interventions.

Creating local definitions of high utilizers that reflect real patterns of crisis system use—not just federal housing categories

Using cross-system data matching to identify individuals with repeated jail bookings, ER visits, or shelter stays, even when those stays don't align with federal homelessness definitions

Developing flexible referral pathways led by carceral/justice systems, behavioral health, homeless services, and hospital partners

Designing eligibility criteria at the local level, ensuring that people with the highest public costs and the highest risks are not excluded due to technicalities

Leveraging local funding sources to pair supportive housing with services, giving communities the discretion to prioritize based on need rather than federal definitions alone

IDENTIFYING LOCAL RESOURCES TO FUND FUSE AT SCALE

Scaling FUSE requires reliable funding for housing subsidies, tenancy supports, and care coordination. Communities have successfully expanded their initiatives by blending and braiding:

- **Local general funds**
- **County human services and public health budgets**
- **Behavioral health funding (including crisis system reinvestments)**
- **Managed care resources and value-based payment arrangements**
- **Justice system reinvestment dollars tied to reduced bookings, jail days, and court involvement**
- **Hospital community benefit funds and health system partnerships**
- **Philanthropy catalyzing early-stage design and data system improvements**
- **Financing strategies such as flexible housing pools or Pay for Success**

By aligning local dollars with a clear understanding of system costs, communities gain the flexibility to serve high-need individuals who do not fit neatly within federal program rules. This local control allows communities to scale in ways that reflect their unique service environments, geographic challenges, and data capabilities.

PATHWAYS TO SCALE

Evaluations from Denver, New York City, and other communities have shown that **as FUSE scales,** outcomes improve across the board: higher housing stability, lower crisis utilization, and more efficient system operations. Scaling succeeds when communities:

Establish **shared governance** across systems

Use **multi-system data** to drive eligibility and prioritization

Implement **continuous quality improvement (CQI)** to refine operations

Align supportive housing investments with **local definitions** of frequent system use

Ensure **sustainable funding structures** through blended public resources

Conclusion

FUSE AS A BLUEPRINT FOR SYSTEM TRANSFORMATION

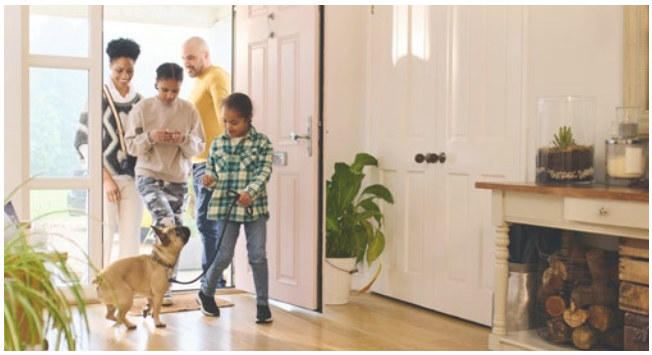
Twenty years of implementation have shown that FUSE is a durable, evidence-based model for addressing the complex intersections of homelessness, behavioral health needs, and repeated crisis system use. Communities nationwide have demonstrated that when housing, healthcare, and justice systems align around data, shared accountability, and supportive housing, the results are clear: **lower system costs, reduced crisis use, and sustained improvements in individual stability.**

As homelessness and behavioral health needs continue to rise—and as many regions consider punitive or fragmented responses—FUSE provides a practical alternative: a coordinated, cost-effective, and humane strategy that addresses root causes rather than symptoms.

FUSE's next decade will focus on scaling proven practices, strengthening data integration, advancing equity, and supporting communities in designing system responses that work. With reliable implementation and cross-sector partnership, FUSE remains one of the strongest tools available to help communities break the cycle of homelessness and build long-term stability for people with complex needs.

"Having trusted, productive relationships across the systems really contributed to our success. CSH technical assistance helped us and remained a neutral partner. CSH is there to help all the cross-sector systems have an equal playing field and meet shared goals. CSH leverages the experience of other FUSE communities to learn from their valuable lessons."

Stacy Lowry, Director of Community Support Services, Mecklenburg County, NC



"We worked with CSH, who served as our technical assistance lead throughout the design process. They were instrumental in helping us shape service packages, draft MOUs, establish data-sharing agreements, and develop the operating policies we needed to move forward."

Tracy Menuez, Senior Program Officer, Montana Healthcare Foundation

"CSH's support at the beginning was essential—not just in helping us collect and use data, but in showing us how to serve the population behind the numbers. Our program would not have had success without that early support. We learned a lot, and there was real teaching through CSH's technical assistance."

Greg Overman, Supportive Housing Manager, HRDC IX, Bozeman, MT

THE FUSE IMPLEMENTATION PROCESS

DISCOVERY	PLANNING	IMPLEMENTATION	EVALUATION + SCALING
We work with communities to identify their unique challenges around cross-system data sharing. We establish a local champion and identify the right system partners for the project.	In this phase, we begin to analyze the data, break into work groups and focus on data sharing and planning and resource identification.	Once the participants are identified through a cross-system data match, we collaborate with communities to establish referral pathways to housing and services for the participants.	After implementation, we continue the work by evaluating the impact of the initiative and identifying opportunities to scale.

ABOUT CSH

Since 1991, CSH has helped communities create supportive housing by providing funding, expertise, and loans to organizations and housing providers working to end homelessness. We advance affordable and accessible housing aligned with services by advocating for effective policies and funding, investing fairly in communities, and strengthening the supportive housing field. Since we do not directly develop or operate housing, we center our approach on true collaboration with a wide range of people, partners, and sectors. Visit csh.org to learn more.

Corporation for Supportive Housing
info@csh.org | www.csh.org