

# Evaluation of the Palm Beach County Frequent Users System Engagement (PalmFUSE) Program



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## SECTION I. EXECUTIVE SUMMARY

### Introduction

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In 2020, a point-in-time count revealed that 1,510 people were experiencing homelessness in Palm Beach County (PBC)—a 15% increase over two years (Homeless and Housing Alliance of PBC, 2020). Of the 1,510 people experiencing homelessness, 480 were residing in either emergency shelter or transitional housing, while 1,039 were unsheltered. Unfortunately, people who experience homelessness are also more likely to have health conditions, such as serious mental illness and substance use disorders, that increase their risk of involvement in the criminal justice system (Greenberg & Rosenheck, 2008; McNiel et al., 2005).

Incarceration, in turn, increases the probability that a person will become homeless upon release, as people with criminal records often face a multitude of social, economic, and cultural barriers that undermine many facets of life, including housing stability (Moschion & Johnson, 2019). In fact, people who are homeless and have mental health issues and/or substance use disorders tend to be overrepresented within the criminal justice system, which is associated with significant costs and highlights the need for systemic change in the ways in which communities respond to people who cross the criminal justice, homelessness, and behavioral health systems.

Wanting to safely reduce the County jail population and help the most vulnerable residents of PBC, the PBC Criminal Justice Commission (CJC) applied for and was awarded a \$2 million MacArthur Foundation Safety and Justice Challenge Grant in 2017. The overarching emphasis of the grant was to implement system changes and programming to address over-incarceration and reform practices that take a heavy toll on people of color, low-income communities, and individuals with mental health issues and/or substance use problems (PBC CJC, 2021).

One initiative implemented with this funding was a Frequent Users System Engagement (FUSE) model, which has shown positive results in over 30 communities nationwide (Corporation for Supportive Housing [CSH], 2020a). The FUSE model begins with the central need of many people who are chronically involved in the criminal justice system—housing (Gunnison & Helfgott, 2011; Lutze et al., 2014; Roman & Travis, 2006). Accordingly, the FUSE model follows the “housing-first” approach, whereby individuals who are experiencing homelessness are provided stable and supportive housing with little to no preconditions, such as participating in rehabilitation or treatment services (United States Interagency Council on Homelessness, 2017). As a product of these efforts, the FUSE model (referred to as ‘PalmFUSE’ in PBC) seeks to increase housing stability, reduce justice system involvement, and decrease crisis health service utilization (CSH, 2020a).

### PalmFUSE Program Design

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After almost two years of cross-system collaboration and planning, in July 2019, the CJC contracted with The Lord’s Place and Gulfstream Goodwill Industries to provide housing, case management, and support services to PalmFUSE participants. Initially, the PalmFUSE pilot project was designed to

serve 12 participants. Over time, however, the scope of the project expanded, with a new goal of housing 25 participants through PalmFUSE by September 30, 2021.

Although the FUSE model is premised on providing participants with permanent supportive housing (PSH), the time-limitedness of the CJC funds required service providers to initially house participants in rapid rehousing, while providing PalmFUSE participants with case management and support services. PalmFUSE participants then transitioned to PSH, the cost of which the service providers absorbed.

To be eligible for PalmFUSE, participants had to meet the following criteria:

- 3 or more jail bookings in the last 24 months,
- 1 or more homeless episode in the last 12 months, and
- 1 or more contact with Southeast Florida Behavioral Health Network (SEFBHN) in last 24 months.

The following steps were taken to determine who was eligible for PalmFUSE:

1. PalmFUSE Project Coordinator obtained jail booking data every six weeks
2. PBC Community Services cross-referenced the jail booking list with the Homeless Management Information System (HMIS)
3. Southeast Florida Behavioral Health Network (SEFBHN) cross-referenced the jail booking and HMIS list with SEFBHN data.

Once the “PalmFUSE list” was created, the service provider who last had contact with the individual worked to locate and engage them through coordinated entry. Once an individual agreed to participate in PalmFUSE, they were provided safe, affordable, appropriate, and supportive housing—which typically took the form of rapid rehousing, at least initially. Participants were assessed utilizing the Service Prioritization Decision Assistance Tool (SPDAT) to determine their service and housing needs.

After the PalmFUSE participant was connected with stable and secure housing, a case manager worked with the participant to develop an individualized service plan. PalmFUSE participants were then provided, linked, or referred to any support service necessary to help them achieve independence and facilitate long-term recovery.

## **Program Evaluation**

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This final report provides findings from the process and outcome evaluation and cost-benefit analysis of the PalmFUSE pilot program conducted by the Florida Atlantic University (FAU) research team. The objective of the process evaluation was to document in detail PalmFUSE program operations and practices and to examine the extent to which PalmFUSE was implemented and operated as designed. To achieve this, the FAU research partner conducted site visits, interviewed stakeholders, attended meetings, and reviewed documents. The objective of the outcome evaluation was to examine

the intended and unintended effects of the PalmFUSE program on criminal justice system involvement, homelessness status, and receipt of behavioral healthcare services.

The cost benefit analysis explored the expense of the PalmFUSE program against the net cost avoidance and adherence of PalmFUSE participants over time. In doing so, behavioral changes in outcomes (namely incarceration, homeless service provisions, behavioral health service provisions, and adjusted income housing expenses) were observed.

Although the PalmFUSE pilot program ultimately served 22 individuals, only 16 participants were included in the outcome evaluation. This is primarily due to the delay in securing service providers for PalmFUSE.

### **Participant Characteristics**

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PalmFUSE participants were roughly split between women and men, with the majority being non-Hispanic/Latino white and averaging 44 years old when they were housed with PalmFUSE, although they ranged in age from 25 to 70 years old. Although not an eligibility requirement for PalmFUSE, 88% of PalmFUSE participants met the U.S. Department of Housing and Urban Development's (HUD) definition for chronically homeless. PalmFUSE participants initially scored 46 points (out of 60) on the SPDAT, indicating the need for PSH and intensive support services due to their complex needs.

Prior to being housed with PalmFUSE, participants had extensive criminal histories. Specifically, PalmFUSE participants were booked into the County jail a total of 204 times as adults, averaging almost 13 total bookings per person and ranging from 5 to 25 bookings. Cumulatively, they spent a total of 3,358 days in the jail as adults. During the 24 months prior to being identified as eligible for PalmFUSE, the participants spent a total of 1,283 days in custody, for an average of 80 days per person (ranging from 1 to 305 days).

Additionally, 94% of PalmFUSE participants were experiencing homelessness at the time of their enrollment in PalmFUSE, with 75% having experienced 4 or more homelessness episodes in their lifetime. The most recent homeless episode for PalmFUSE participants averaged approximately two years (719 days) and ranged from 7.46 months (227 days) to 4.19 years (1,530 days) homeless. In total, the 16 PalmFUSE participants spent 11,508 days (31.5 years) experiencing homelessness prior to being housed with PalmFUSE.

Participants also had extensive contact with the behavioral health service system. Of the available SEFBHN data, all but one had a documented contact with a behavioral health service provider within SEFBHN's network prior to being housed with PalmFUSE, for a total of 201 contacts. The number of contacts ranged from 0 to 117, with the average number of contacts being 16.8 per participant. On average, the participants spent 30 days in contact with behavioral health services. Seven PalmFUSE participants experienced 12 behavioral health crisis incidents that resulted in admission into a crisis stabilization unit (CSU). In total, these 12 PalmFUSE participants spent 333 days in contact with

behavioral health services prior to being housed with PalmFUSE—92, of which, were spent in crisis stabilization units.

## Program Implementation

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Despite operating amid a global pandemic, the PalmFUSE pilot program largely operated as intended, and most PalmFUSE participants included in the evaluation met or exceeded the eligibility criteria. Fifteen (94%) PalmFUSE participants were located through outreach—specifically PBC’s Continuum of Care Coordinated Entry—with the other participant living at a supportive housing location within PBC at the time of their identification of being eligible for PalmFUSE. Given the amount of time PalmFUSE participants experienced homelessness prior to being identified and located, engagement with PalmFUSE participants was a lengthy and challenging process. Specifically, PalmFUSE participants were contacted by homeless service providers an average of 20 times (ranging from 0 to 64 times) in the 12 months prior to being housed, while being reached on the street an average of 7 times (ranging from 0 to 18 times) in the 12 months prior to being housed. Once identified as eligible for PalmFUSE, participants were typically housed within eight months (248 days). This ranged from 35 days to approximately 1 year and 7 months (589 days).

Only one PalmFUSE participant was initially placed in PSH. The remaining 15 PalmFUSE participants were initially placed in rapid rehousing and/or transitional housing. For the 11 PalmFUSE participants who initially resided in rapid rehousing and/or transitional housing prior to moving into PSH (or being offered to move into PSH), they averaged 130 days (4.27 months) in rapid rehousing/transitional housing prior to moving into PSH.<sup>1</sup>

After being assessed and housed with PalmFUSE, participants receive targeted services to address their needs. Specifically, all PalmFUSE participants received case management services and housing (whether in transitional housing, rapid rehousing, or permanent supportive housing). Additionally, the majority of participants (n=12) received services to address basic needs, including clothing, material goods, phones, transportation, food, and hygiene kits. Moreover, half of PalmFUSE participants received assistance with securing their social security/disability benefits. Being housed also allowed individuals to receive services that were unable to be provided while they were experiencing homelessness, including peer support, individual therapy, and employment services—all of which are integral to overall life improvements.

While housed with PalmFUSE, four participants received behavioral health services beyond the services they were receiving from their housing provider. For those who continued to receive behavioral health services while residing in PalmFUSE housing, the services received (e.g., medical services for mental health, case management for behavioral health issues, individual therapy for behavioral health issues, and peer recovery support) were to improve their mental health condition and/or maintain their sobriety.

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<sup>1</sup> Four PalmFUSE participants were still living in rapid rehousing at the end of the evaluation period.



## **Program Outcomes**

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The primary goals of PalmFUSE were to 1) reduce recidivism, 2) reduce homeless service usage, and 3) reduce behavioral health crisis center usage. The outcome evaluation examined the effects of the PalmFUSE pilot program on recidivism, homelessness, and behavioral health outcomes for approximately two-years post-PalmFUSE implementation.

### **Criminal Justice System Outcomes.**

- Jail bookings decreased 91% after participants were housed in PalmFUSE housing (from 101 pre-housing to 9 post-housing).
- The number of total charges PalmFUSE participants received decreased 90% after being housed with PalmFUSE (from 155 to 15).
- The number of days spent in jail decreased by 95% once individuals were housed with PalmFUSE (from 1,778 days to 87 days).
- The nature of charges tended to decline in seriousness over time.

### **Homeless Service System Outcomes.**

- While all PalmFUSE participants were housed at some point, 81% of PalmFUSE participants remained housed at the end of the observation period.
- 56% of PalmFUSE participants were residing in PSH at the end of the observation period.
- PalmFUSE participants were housed for a total of 7,765 days, which averaged 16.2 months per person.
- There was an average 2.5-point decrease in SPDAT scores between PalmFUSE housing move-in (average score of 48.1) and PSH move-in (average score of 45.6).
- There was a decrease in SPDAT scores by an average of 7.4 points (from an average of 47.3 to 39.9 points) between PSH move-in and 270 days post-PSH move-in.
- The percent of PalmFUSE participants with health insurance increased pre- and post-PalmFUSE enrollment—from 50% to 75%.

### **Behavioral Health Service System Outcomes.**

- Contacts with behavioral health systems decreased by 32% after being housed, with only 5 PalmFUSE participants having contact with SEFBHN after being housed with PalmFUSE.
- After being housed with PalmFUSE, no PalmFUSE participants experienced a crisis event severe enough to warrant a Baker Act admission into a CSU.

### **Cost-Benefit Analysis Outcomes.**

- The annual net cost avoidance for jail expenditures was \$10,933.65 per PalmFUSE participant.
- The annual net cost avoidance for homeless outreach services was \$222.39 per PalmFUSE participant.

- The annual net cost avoidance for behavioral health service services was \$3,753.20 per PalmFUSE participant.
- The annual net cost avoidance based on adjusted income and housing expenses was \$24.90 per PalmFUSE participant.
- Based on the available data, the annual net cost avoidance of the PalmFUSE program per participant (\$14,934.14), however, did not exceed program expenses (\$20,000).
- Missing from these calculations were several important expenses, including tangible (e.g., hospitalization expenses) and intangible expenses (e.g., net cost avoidance of crime victimization).

## Conclusion and Recommendations

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Findings from the process evaluation show that, largely, PalmFUSE followed the CSH FUSE model and that substantial cross-system planning, which included identifying supportive housing resources and developing multi-system data collection strategies, led to connecting participants with supportive housing. Findings from the outcome evaluation, which utilized a pre-/post-test design, show that the PalmFUSE pilot program was successful at achieving its goals—reduce recidivism, homeless service usage, and behavioral health crisis center usage. Findings from the cost-benefit analysis indicate that the PalmFUSE program could be financially solvent with greater access to data. Even with the promising findings, opportunities for improvement of FUSE initiatives exist at both the national and local level. Specifically, FUSE programs should:

### 1. Obtain technical assistance

Communities should not have to navigate the planning, implementation, and operation of a FUSE program alone. Communities seeking to bring a FUSE program to their community should also partner with the Corporation for Supportive Housing (CSH) to receive tailored workshops, training, and technical assistance, because they invented the playbook for FUSE and it their signature initiative.

### 2. Consider the fiscal agent

While the CSH FUSE Roadmap encourages bringing together siloed funding streams and service providers to develop, implement, and scale a successful FUSE program, communities should carefully consider the FUSE program's fiscal agent.

### 3. Have consistent and clear communication between all stakeholders

For any program with multiple stakeholders, as is the case with FUSE initiatives, stakeholders must have consistent and clear communication with each other. According to CSH (2017), “roles and responsibilities for each of the partners must be clearly defined in writing and revisited regularly to support the overall success of the pilot to ensure continuity of care that is driven by a whole-person and tenant-centered care plan” (p. 10).

#### **4. Consider chronic homelessness as an eligibility criterion**

In PBC, almost all PSH units are HUD-funded. In fact, all PalmFUSE participants who went on to live in PSH were living in units funded exclusively or almost exclusively through HUD funds. However, to be eligible to live in HUD-funded PSH, a person must have verified and documented chronic homelessness.

Additionally, Palm Beach County should:

##### **1. Sustain and scale PalmFUSE**

Given the promising findings of the PalmFUSE pilot program—in terms of reduced criminal justice involvement, homelessness, and behavioral health crises—Palm Beach County should seek funding to sustain and scale the PalmFUSE initiative.

##### **2. Develop strategies to access and share physical health data**

To follow the CSH FUSE model as conceptualized, communities need to identify frequent users of hospitals and seek to reduce participant reliance on emergency health services, including visits to the emergency room (CSH, 2020a). If PalmFUSE is sustained, to ensure that it does, in fact, target the most vulnerable community members and receive the greatest return on investment, PalmFUSE should seek to enter into an MOU or business associate agreement with local-area hospitals.

##### **3. Ensure all participants meet eligibility criteria**

Relatedly, to make sure that the most frequent system users are housed, PalmFUSE should target and house those who meet all eligibility requirements. In the current evaluation of PalmFUSE, while most participants met (or exceeded) the eligibility criteria, not all did.

##### **4. Examine additional methods to locate participants**

While there were valid concerns related to sharing eligible participant names with law enforcement and other criminal justice-related entities (e.g., violating confidentiality, bringing an already vulnerable population to the attention of criminal justice authorities), PalmFUSE stakeholders should examine the ability of sharing names with emergency homeless shelters, crisis stabilization units, detox receiving centers, and local hospitals, which have the ability to help locate, engage, and house eligible individuals more promptly.

##### **5. House PalmFUSE participants in PSH at the outset**

Finally, and as mentioned throughout this report, if PalmFUSE is sustained, participants should be housed in PSH at the outset, as opposed to being housed in rapid rehousing initially and then moving into PSH. If housing an individual in rapid rehousing is necessary as an interim solution, it should follow the Housing First model on which FUSE is premised.

## SECTION II. INTRODUCTION

### SCOPE OF THE PROBLEM

Palm Beach County (PBC), Florida encompasses almost 2,000 square miles and is the third most populous county in Florida (see Figures 1 and 2). It is home to a diverse population of almost 1.5 million residents, 12% of who live below the poverty line. The median home value in PBC is just over \$300,000, with the median gross rent being \$1,452 (U.S. Census Bureau, 2021). As such, PBC ranks fourth in median home values, second in median gross rent in Florida (U.S. Census Bureau, 2021), and is the fourth most expensive area to live in the State of Florida (Homeless and Housing Alliance [HHA] of PBC, n.d.).

According to the National Homelessness Law Center (2019), a lack of affordable housing is the leading cause of homelessness. This holds true for PBC, with poverty being the second major driver of homelessness (HHA of PBC, n.d.). In 2020, a point-in-time count revealed that 1,510 people were experiencing homelessness in PBC—a 15% increase over two years (HHA of PBC, 2020). Of the 1,510 people experiencing homelessness, 480 were residing in either emergency shelter or transitional housing, while 1,039 were unsheltered.

Unfortunately, people who experience homelessness are also more likely to have health conditions, such as serious mental illness and substance use disorders, that increase their risk of involvement in the criminal justice system (Greenberg & Rosenheck, 2008; McNeil et al., 2005). Incarceration, in turn, increases the probability that a person will become homeless upon release, as people with a criminal record face a multitude of social, economic, and cultural barriers that undermine many facets of life, including housing stability (Moschion & Johnson, 2019). Ultimately, people who are homeless and/or have behavioral health issues are overrepresented within the criminal justice system, which is associated with significant costs and highlights the need for systemic change in the ways in which communities respond to people who cross the criminal justice, homelessness, and behavioral health systems.

Figure 1. Map of Florida (PBC outlined)

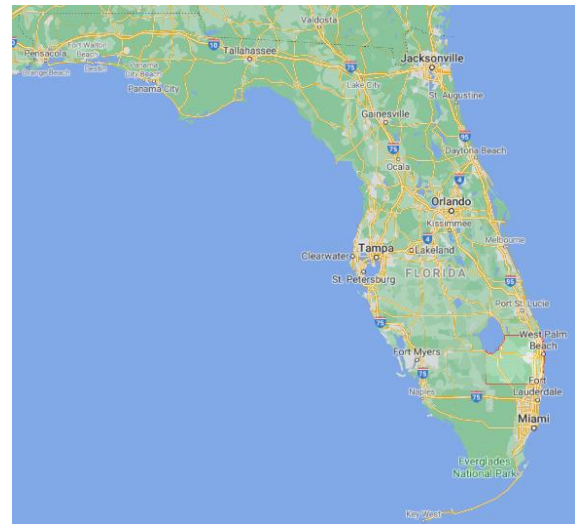
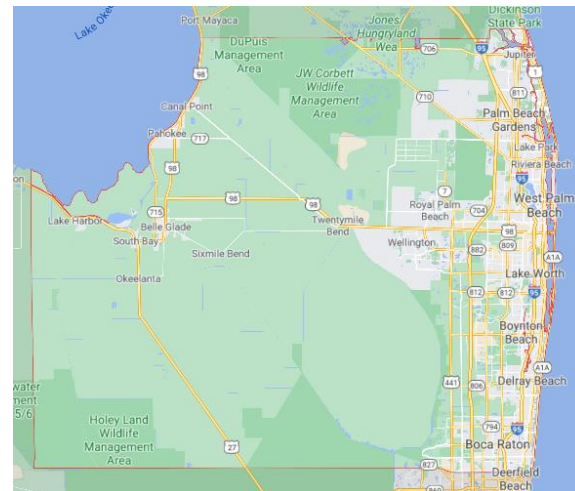


Figure 2. Map of Palm Beach County



In 2017, the PBC jail had a capacity of 3,116, with an average daily population of 2,210 (PBC Criminal Justice Commission [CJC], 2021). Moreover, From July 2016-June 2017, 108 individuals who accessed homeless services in PBC were also booked into the county jail three or more times, which resulted in 5,648 bed days that cost county taxpayers \$762,480 (PBC CJC, 2021). While PBC has an incarceration rate below the national average and below that of other comparable Florida counties (PBC CJC, n.d.; 2021), PBC recognized the need to reduce reliance on the jail as a temporary “fix” for social problems.

In an effort to safely reduce the county jail population, in 2015, the PBC Criminal Justice Commission (CJC) was one of twenty sites across the country to receive a MacArthur Foundation [Safety and Justice Challenge](#) Planning Grant. With this funding, the CJC engaged in data-driven exercises to examine methods to implement criminal justice system reforms and reduce the use of the County jail. During this planning phase, the CJC created a MacArthur Core Team, which developed three core strategies and two supportive strategies to reduce the jail population (see Figure 3).

**Figure 3. Palm Beach County MacArthur Safety and Justice Challenge Core and Supportive Strategies**

<b>Core Strategies</b>	<b>Supportive Strategies</b>
<ol style="list-style-type: none"> <li>1. Reduce pretrial jail population for low/medium risk defendants.</li> <li>2. Diversion and warrant reduction for low-level defendants.</li> <li>3. Case processing efficiencies for pretrial inmates.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduce racial and ethnic disparities</li> <li>2. Data capacity, analysis, and evaluation</li> </ol>

In 2016, the CJC continued its planning as a Partner Site with the MacArthur Foundation. This culminated in 2017 when the MacArthur Foundation awarded the CJC a \$2 million Safety and Justice Challenge Grant to implement system changes and programming to address over-incarceration and reform practices that take a heavy toll on people of color, low-income communities, and individuals with mental health issues and/or substance use problems (PBC CJC, 2021). Within Core Strategy #2—providing diversion and warrant reduction for low-level defendants—the PBC MacArthur Core Team included the Frequent Users System Engagement (FUSE) model as one initiative. Of the \$2 million Safety and Justice Challenge funding, \$498,744.94 was used to fund housing and case management services for the PBC FUSE program (henceforth ‘PalmFUSE’). The FUSE model, which has been implemented and shown positive results in over 30 communities nationwide (Corporation for Supportive Housing, 2020a), will be discussed in more detail [below](#).

Initially, PalmFUSE was planned as a 12-person pilot, which was projected to result in a reduction of the County jail’s average daily population (ADP) of only 0.55% (PBC CJC, 2021). Over time, the PalmFUSE pilot was expanded and ultimately served 22 individuals through November 2021. Despite

expanding the number of people served through PalmFUSE, the reduction in the jail’s ADP was still quite small. The PalmFUSE pilot program was, nevertheless, successful at targeting, housing, and servicing individuals who frequented multiple systems, which provided tangible and intangible benefits beyond the reduction in the jail population. These benefits, for example, included a reduction in homeless service usage and behavioral health crises and an increase in public safety. Moreover, PalmFUSE had positive impacts on the lives of some of the most vulnerable adults living in Palm Beach County.

This final report provides a process and outcome evaluation and cost-benefit analysis of the PalmFUSE pilot program conducted by the Florida Atlantic University (FAU) research team. The remainder of this section details the FUSE model, explains the evaluation methodology, and provides an outline for this report.

## THE FUSE MODEL

The Corporation for Supportive Housing (CSH) developed the FUSE model, which begins with the central need of many people who are chronically involved in the criminal justice system—housing (Gunnison & Helfgott, 2011; Lutze et al., 2014; Roman & Travis, 2006). Accordingly, the FUSE model follows the “housing-first” approach, whereby individuals who are experiencing homelessness are provided stable and supportive housing with little to no preconditions, such as participating in rehabilitation or treatment services (United States Interagency Council on Homelessness, 2017). As a product of these efforts, the FUSE model seeks to increase housing stability, reduce justice system involvement, and decrease crisis health service utilization (CSH, 2020a). When coupled with wrap-around services, such as case management, service coordination, behavioral health services, and employment and educational assistance, FUSE programs have been demonstrated to break the cycle of incarceration, homelessness, and hospitalization that is often concentrated among chronic justice-involved individuals (Culhane et al., 2002; Rogers et al., 2009). The services that are provided through FUSE programs are tailored to the participants’ needs with the expressed intent of reducing their reliance on already burdened public services. FUSE programs, therefore, represent a promising balance in providing chronic justice-involved individuals with the services they need to thrive in the community while reducing public expenditures (see Aidala, McAllister, Yomogida, & Shubert, n.d.). Figure 4 depicts the primary goals of FUSE models in general and PalmFUSE in particular.

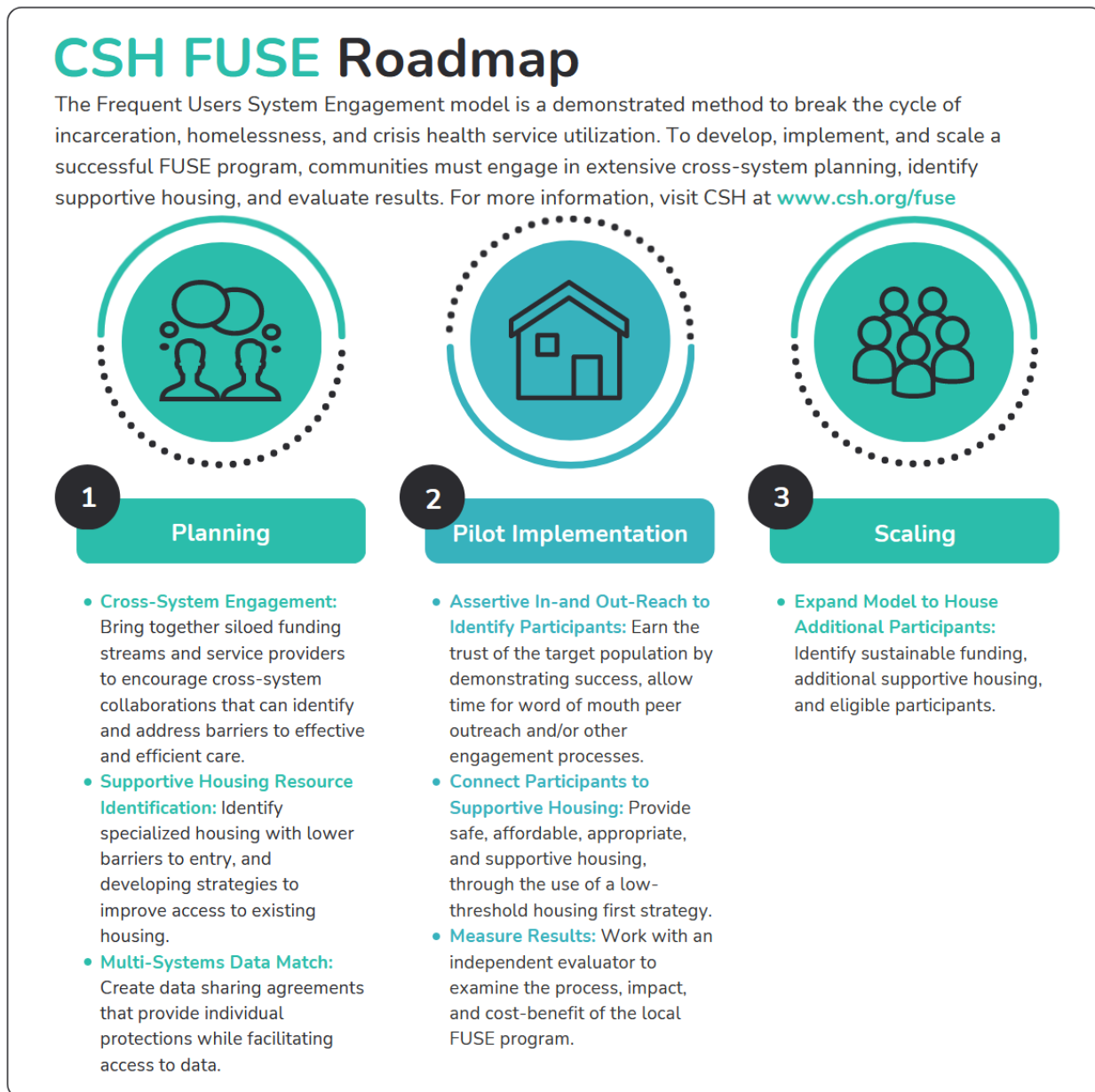
Figure 4. PalmFUSE Goals





Proper planning is crucial to the successful implementation and scaling of the FUSE model. During the planning phase, communities participate in extensive cross-system engagement, identify supportive housing resources, and develop multi-system data collection strategies. Pilot implementation requires identifying and locating participants, engaging in assertive in- and out-reach, connecting participants with supportive housing, and measuring the results of the FUSE program through evaluations (e.g., process, outcome, and cost-benefit). If found to be effective at achieving its goals, the FUSE model is expanded to house additional participants. Figure 5 shows the CSH FUSE Roadmap.<sup>2</sup>

Figure 5. CSH FUSE Roadmap



<sup>2</sup> The FAU research team created the roadmap using CSH (2009 & 2020a) as a frame of reference.

## EVALUATION METHODOLOGY

This report, which details the operations and results of the PalmFUSE initiative, presents a process and outcome evaluation of the PalmFUSE initiative conducted by the FAU research team—Drs. Cassandra Atkin-Plunk and Seth Fallik. This final evaluation report examines the extent that PalmFUSE was implemented and operated as intended (process evaluation), along with the intended and unintended effects of PalmFUSE on program participants, institutional involvement, community safety, and resource allocation (outcome evaluation). Additionally, we conducted a cost-benefit analysis to compare the estimated costs of PalmFUSE with the total projected benefits to participants and the County at large.

Although the PalmFUSE pilot program ultimately served 22 individuals from July 1, 2019 to November 18, 2021, the PBC CJC contracted with FAU to evaluate the initial 12-person PalmFUSE pilot. This contract was executed on August 14, 2018, so that the FAU research team could continue to be involved in the planning phases (which began in October 2017) and conduct a robust process evaluation. It was also anticipated that a contract between the CJC and a local service provider would be in place soon after the execution of the CJC/FAU contract. As will be discussed in the [Contracting with a Service Provider](#) section, there were numerous hurdles to contracting with a service provider, which resulted in housing delays among potential PalmFUSE participants. These delays also resulted in the CJC and FAU entering into multiple no cost extensions (NCE) so that the FAU research team would have a suitable amount of time to conduct the process and outcome evaluation.

Despite the delays, the FAU research team was able to evaluate the outcomes of the first 16 people housed with the PalmFUSE pilot. To complete the final evaluation report by the FAU contract end date, criminal justice data for all 16 PalmFUSE participants included in the evaluation were retrieved on April 1, 2021. Homeless service data for the 16 PalmFUSE participants were retrieved August 1, 2021. Finally, due to Southeast Florida Behavioral Health Network (SEFBHN)—the managing entity for behavioral health services in PBC—switching data management systems, behavioral health data was only able to be provided for 12 PalmFUSE participants. These data were retrieved July 19, 2021.

### Process Evaluation

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The objective of the process evaluation was to document, in detail, the PalmFUSE pilot program operations and practices. To carry out the process evaluation, the FAU research team utilized the following methods:

- **Site visits** – Included tours and observations at the permanent supportive housing locations, emergency shelter location, transitional housing/rapid rehousing locations, treatment facilities, case management offices, and other locations.
- **Interviews with stakeholders** – Included formal and informal interviews and discussions to understand stakeholder views regarding the implementation of the PalmFUSE pilot program. These interviews and discussions were held with the PalmFUSE Project Coordinator, CJC staff, and staff from Gulfstream Goodwill Industries, The Lord’s Place, and the Lewis Center.



- **Meeting attendance** – Included attendance and participation at the following meetings: PalmFUSE-related planning, implementation, technical assistance, subcommittee, and policy meetings; and CJC meetings.
- **Document review** – Included review of contracts between the CJC and the community-based service providers, PBC service provider reports, policy and procedure documents, checklists, and other documents, as applicable.

Four research questions guided the process evaluation:

1. How was PalmFUSE implemented in PBC?
2. Was PalmFUSE targeting the most frequent system users (i.e., chronic justice-involved individuals)?
3. What services were provided to PalmFUSE participants?
4. Did PalmFUSE operate as designed?

## Outcome Evaluation

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To isolate effects of the PalmFUSE program, the outcome evaluation used a pre-/post-test design, wherein outcomes of interest (i.e., criminal justice system involvement, homelessness status, and receipt of behavioral healthcare services) were examined prior to, during, and after PalmFUSE participation. Although there are limitations to this design (as will be discussed below), this research design allowed the FAU research team to examine change over time likely attributable to the impact of the program on PalmFUSE participants.

The FAU research team examined the impact of PalmFUSE across several outcome measures<sup>3</sup> and were guided by three research questions:

1. Did participation in PalmFUSE change an individual's involvement in the criminal justice system (e.g., arrests and jail bookings)?
  - a. If yes, how?
  - b. Was this effect sustained?
2. Did participation in PalmFUSE influence a person's homelessness status?
  - a. If yes, how?
  - b. Was this effect sustained?
3. Did participation in PalmFUSE affect an individual's receipt of behavioral health services?
  - a. If yes, how?
  - b. Was this effect sustained?

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<sup>3</sup> As mentioned above, a FUSE program that adheres to the CSH FUSE model identifies frequent users of hospitals (in addition to the jail, homeless shelters, and behavioral health centers) and seeks to reduce participant reliance on emergency health services including visits to the emergency department. While the outcome evaluation sought to examine if participation in PalmFUSE impacted the frequency of emergency department visits, as will be discussed below, the PalmFUSE Policy Team was unable to obtain HIPAA-protected health data from local-area hospitals.

The FAU research team worked in close collaboration with the PalmFUSE Data and Evaluation subcommittee and project stakeholders to develop a data collection matrix. This matrix, as can be seen in [Appendix A](#), identifies all data needed to successfully complete the outcome evaluation. The data collection matrix disaggregates data by system, and lists the measure, agency that was responsible for collecting the data, data source, and entity that provided the data to the FAU research team.

**A Note on the Evaluation.** Prior to the implementation of PalmFUSE, the FAU research team, with the support of all stakeholders, planned to interview PalmFUSE participants within 30 days, after six months, and after one year of being housed with the PalmFUSE program. These cross-sections would have established participant baselines and allowed the research team to examine more closely change over time on measures not captured within official data. As will be discussed in more detail in [Section VI](#), the FAU research team began conducting baseline interviews on February 20, 2019—over a year before the COVID-19 pandemic materialized locally. Prior to the stay-at-home order, the FAU research team conducted nine interviews (five baseline, three at six months, and one at a year after a PalmFUSE participant had been housed) and had half a dozen more scheduled.<sup>4</sup> When the deadly nature of the virus became known and it appeared to be spreading freely, the research team suspended all scheduled PalmFUSE participant interviews (prior to the stay-at-home order on April 1, 2020). This decision was made in the interest of the health, safety, and wellbeing of participants, case managers, and researchers and in consultation with the FAU Division of Research (DoR) and Institutional Review Board (IRB).

In summer 2020, the FAU research team began conversations with FAU’s DoR and IRB to explore adjusting the research protocol to align with FAU directives and lockdown conditions. After multiple meetings with stakeholders and service providers, the FAU research team determined that virtual interviews are not conducive for maintaining PalmFUSE participant confidentiality, as PalmFUSE participants were not equipped with the soft- or hardware technological capabilities necessary for safe and secure communications. Likewise, FAU’s DoR and IRB expressed concern for PalmFUSE participant confidentiality in virtual interviews. As such, interview data are not available to inform these analyses, which reduces the ability to draw reliable causal inferences. Nevertheless, the evaluation was able to rely on data collected as part of direct observations, project meetings, and official participant records.

## Cost-Benefit Analysis

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In determining the costs and benefits of operating PalmFUSE, we calculated expenses before and after PalmFUSE participants were housed. Calculations standardized, annualized, and individualized, the net cost and benefits of available expenses. Standardization was necessary to account for the differing periods of observation found in these data. More specifically, PalmFUSE participants were observed for 24 months prior to being identified (i.e., 730 days), it then took an average of 248 days to house PalmFUSE participants, and there were 434 and 545 days of observation in the criminal

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<sup>4</sup> The last interview was conducted on March 13, 2020. Prior to the stay-at-home order, an additional interview was canceled by the PalmFUSE participant who could not make the interview after receiving a day-labor job opportunity.

justice and behavioral health data, respectively, that followed being housed. The standardized daily count was then annualized by multiplying it by 365 days in the year. To individualize these data, this figure was divided by the number of PalmFUSE data points available: in some cases, it was 16, in other instances it was 11.

Unfortunately, the number and types of expenses available to these analyses were limited to 1) changes in the number of days spent in jail, 2) receipt of homeless street outreach, 3) modifications made to behavioral health services rendered, and 4) adjustments in income on housing expenses. Critical tangible and intangible expenses are omitted from these estimates because of missing data or the true expense is unknown. Additionally, estimating the costs and benefits of the PalmFUSE program is based on a number of assumptions, namely that the best predictor of future behavior (e.g., reliance on public goods and services) is based on past behavior.

Nevertheless, these analyses are guided by three questions:

1. How much does it cost to operate the PalmFUSE program annually?
2. How does enrollment in the PalmFUSE program impact the expense of the program as it relates to...?
  - a. changes in the number of days spent in jail
  - b. receipt of homeless street outreach
  - c. modifications made to behavioral health services rendered
  - d. adjustments in income on housing expenses
3. Does the PalmFUSE program have a financial net gain or loss based on these expenses?

## REPORT OUTLINE

This report is divided into six additional parts. The next part of the report explains how the FUSE model came to fruition in PBC by describing the multi-year planning process undertaken to [establish the PalmFUSE model](#). This section highlights the [cross-system collaboration](#) among PBC stakeholders that was integral to implementing PalmFUSE, the process of [contracting with service providers](#), the [identification and funding of permanent supportive housing](#), and [data access and sharing](#). This section concludes with a [planning phase timeline](#).

[Section IV](#) of this report outlines the implementation of the PalmFUSE model. More specifically, we describe the [eligibility criteria](#) for PalmFUSE participants and how most PalmFUSE participants [exceeded the eligibility criteria](#). We then describe the process for [creating the PalmFUSE list](#) and [locating and engaging with potential PalmFUSE participants](#). Following this is a description of the PalmFUSE participant [demographic characteristics](#) and how PalmFUSE participants were [housed](#) and the [services](#) they received while housed.

[Section V](#) examines the effectiveness of PalmFUSE on [criminal justice system involvement](#), [homeless system involvement](#), and [behavioral health system involvement](#). When examining criminal justice system involvement, we look at raw counts of jail bookings, charges, and days spent incarcerated among PalmFUSE participants over time. The nature of PalmFUSE participant charges over time are also discussed. To understand the impact of PalmFUSE on homeless system involvement, we examine the [housing status](#) of PalmFUSE participants, the number of [days PalmFUSE participants were housed](#), [change in SPDAT scores](#) over time, and [change in service utilization, insurance, and income](#) over time. To examine the effect of PalmFUSE on behavioral health system involvement, we examine the [change in behavioral health system contacts](#), [crisis stabilization events](#), and [behavioral health services](#) over time. This is followed by two descriptive [case studies](#)—one that describes the outcomes of someone who refused to move into PSH and one that highlights the positive impact of PSH on outcomes.

[Section VI](#) provides a cost-benefit analysis of PalmFUSE. Costs and benefits of operating PalmFUSE were based on data provided and are limited to the 1) changes in the number of days spent in jail, 2) receipt of homeless outreach, 3) modifications made to behavioral health services rendered, and 4) adjustments in income on housing expenses against the annual cost to house someone in permanent supportive housing. Unfortunately, critical tangible and intangible expenses are omitted from these estimates and their impact on these analyses are discussed.

[Section VII](#) examines the impact of the COVID-19 pandemic on [Florida and Palm Beach County, programmatic delivery](#), and the [evaluation of PalmFUSE](#).

This report concludes with [Section VIII](#), which provides a summary of findings from this evaluation and recommendations. The recommendations are disaggregated into four [general FUSE recommendations](#) and five [PalmFUSE specific recommendations](#).

## SECTION III. ESTABLISHING PalmFUSE

### CROSS-SYSTEM COLLABORATION

PalmFUSE sought to end the cycle of incarceration and homelessness for frequent low-level justice-involved individuals with behavioral health issues (PBC CJC, 2021). Following the CSH FUSE Roadmap, a PalmFUSE Policy Team was created to achieve the cross-system collaboration required of the FUSE model. The PalmFUSE Policy Team, which began meeting in October 2017, brought together leaders in PBC who were invested in the success of PalmFUSE participants. Stakeholders spanned the local criminal justice, homeless services, behavioral health, and hospital systems. Specifically, the PalmFUSE Policy Team was comprised of representatives from the following entities:

PBC Criminal Justice Commission	West Palm Beach Administration
Office of the Public Defender	Southeast Florida Behavioral Health Network
Office of the State Attorney	St. Mary's Medical Center (local area hospital)
Palm Beach County Sheriff's Office	JFK Medical Center-North (local area hospital)
The Lord's Place (homeless service provider)	PBC Community Services Department
Gulfstream Goodwill (homeless service provider)	PBC Public Safety Department
The Lewis Center (homeless shelter)	Florida Atlantic University

To facilitate PalmFUSE, the PalmFUSE Policy Team developed a list of guiding principles, which highlighted the purpose of PalmFUSE and reminded stakeholders of the reasons a FUSE model was implemented in PBC. Figure 6 shows the PalmFUSE guiding principles.

Figure 6. PalmFUSE Guiding Principles



In addition to the PalmFUSE Policy Team, a PalmFUSE Project Coordinator was hired in March 2018 to oversee the implementation of PalmFUSE, and multiple subcommittees were established to move forward various aspects of the PalmFUSE initiative. These subcommittees, which are depicted in Figure 7, met often during the planning phase to determine the best course of action for implementing PalmFUSE. Except for the Sustainability Subcommittee, after PalmFUSE began programmatic delivery, the subcommittees were dissolved.

Figure 7. PalmFUSE Policy Team Subcommittees



**Data and Evaluation Subcommittee.** The Data and Evaluation Subcommittee was established February 14, 2018 with additional members being added April 11, 2018. The Data and Evaluation Subcommittee was comprised of individuals from the PBC CJC, Florida Atlantic University, The Lord’s Place, and PBC Community Services Department. This subcommittee worked together to determine the data needs and process for obtaining data for the evaluation.

**Healthcare Subcommittee.** The Healthcare Subcommittee was also established February 14, 2018 and was comprised of individuals representing the PBC CJC, Southeast Florida Behavioral Health Network (SEFBHN), JFK Medical Center-North, and St. Mary’s Medical Center. This subcommittee worked together to determine ways to share healthcare-related data.

**Housing Subcommittee.** The Housing Subcommittee was established February 14, 2018 and was comprised of individuals from the PBC CJC, West Palm Beach Administration, Gulfstream Goodwill, and The Lord’s Place. This subcommittee worked together to find affordable supportive housing locations in PBC.

**Sustainability Subcommittee.** Understanding the importance of sustaining PalmFUSE, the Sustainability Subcommittee was established February 14, 2018 and was comprised of individuals from the PBC CJC, SEFBHN, The Lord’s Place, the West Palm Beach Administration, and Florida Atlantic University. The Sustainability Subcommittee worked to identify sources of potential funding and ensure that the capacity and goals of PalmFUSE endured.

**Release of Information Subcommittee.** The Release of Information (ROI) Subcommittee was established August 29, 2018 and was comprised of individuals from the PBC CJC, The Lewis Center, The Lord’s Place, and Florida Atlantic University. This subcommittee facilitated the data access and sharing process for confidential and non-publicly available information.



**Request for Proposals Subcommittee.** The Request for Proposals (RFP) Subcommittee was established August 29, 2018 and was comprised of individuals from the PBC CJC, Office of the Public Defender, and SEFBHN. The RFP Subcommittee worked together to develop the two requests for proposals that were posted in efforts to secure a service provider for PalmFUSE.

## CONTRACTING WITH A SERVICE PROVIDER

One of the largest impediments to the implementation of PalmFUSE was determining who would deliver housing and support services for PalmFUSE participants, as the CJC retained PalmFUSE funds. To overcome this barrier, during the planning phase of the PalmFUSE initiative, the RFP Subcommittee was formed and met frequently to determine the best strategy to contract with a local service provider to provide PalmFUSE services.

As depicted in Figure 8, in February 2019, approximately 16 months after the initial PalmFUSE Policy Team meeting, an RFP was posted on the PBC website for an organization to provide case management and housing services for 12 PalmFUSE participants. The CJC received no applications to the RFP. The homeless service providers on the PalmFUSE Policy Team (i.e., The Lord’s Place [TLP] and Gulfstream Goodwill Industries [GGI]) expressed concerns related to the initial RFP. This feedback included the following:

- the RFP listed permanent supportive housing (PSH) as the only housing option; the service providers believed PSH *and* rapid rehousing should be options.
- the RFP indicated that the PalmFUSE case manager should have a master’s degree; the service providers believed a bachelor’s degree was sufficient.
- the RFP required PalmFUSE participants to be housed within one week (or as soon as possible); the service providers believed this was unrealistic.
- the contract period to provide services was less than six months, which was not ideal.

Taking the feedback into account, the CJC amended the RFP, and a second RFP was issued in April 2019. Again, no applications were received in response to the second RFP. The PalmFUSE Policy Team homeless service providers continued to express concerns, which were related to the time limited CJC funds and the ability of providers to sustain PalmFUSE and continue to provide housing and services for PalmFUSE participants once funding from the CJC ended. With the FUSE model premised on participants receiving *permanent* supportive housing, appropriate resources and the sustainability of PalmFUSE

**Figure 8. Service Provider Contract Timeline**





were valid concerns. The current sustainability plan for PalmFUSE will be discussed in the [Sustainability](#) section below.

In July 2019, after no applications were received for the second RFP, the CJC scheduled a meeting with PBC Community Services, Gulfstream Goodwill, and The Lord's Place. After this meeting, the CJC executed contracts with The Lord's Place and Gulfstream Goodwill Industries to provide housing, case management, and support services to a total of 12 PalmFUSE participants. The initial contracts were scheduled to end September 30, 2020. Due in part to the COVID-19 pandemic and their involvement in the development of a new 125-bed homeless resource center, Gulfstream Goodwill Industries ended its contract with the CJC on July 1, 2020. This resulted in The Lord's Place becoming the sole provider of housing and services for PalmFUSE participants. A new contract between the CJC and The Lord's Place was executed on October 1, 2020. This contract expanded the PalmFUSE pilot to an additional 13 individuals, with the goal of housing 25 total participants through PalmFUSE by September 30, 2021. As of November 18, 2021, a total of 22 individuals had been housed with PalmFUSE.

### **The Lord's Place**

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The Lord's Place has served individuals experiencing homelessness in PBC for over 40 years. Their mission is to “break the cycle of homelessness by providing innovative, compassionate, and effective services to men, women, and children” in the community (The Lord's Place, 2021c). As one of the largest homeless service providers in PBC, The Lord's Place employs approximately 140 staff, including former clients and peer-support specialists, and has over 230 volunteers (The Lord's Place, 2021d). They operate multiple housing sites, including Burckle Place, Halle Place, the Family Campus, the William H. Mann Place for Men, and a Social Enterprise House. Additionally, they operate scattered site housing apartments for chronically homeless men, women, and families. Scattered housing sites are a mixture of rapid rehousing and permanent supportive housing.



In addition to housing, The Lord's Place offers 32 programs for individuals utilizing their services, including, but not limited to, Café Joshua Catering, employment training, job coaching, cognitive-behavioral therapy, Clean Team training, and Joshua Thrift Store. The Lord's Place also operates a Counseling Assessment, Resources, Education (CARE) Team. This is an assertive community treatment (ACT) program that provides comprehensive physical and mental health care to individuals experiencing homelessness in PBC (The Lord's Place, 2021a). The CARE Team is a multidisciplinary group comprised of case managers, peer specialists, a psychiatric nurse practitioner, therapists, and a medical liaison that provide wraparound care coordination for individuals with intensive behavioral health, substance abuse, and serious medical concerns.

According to The Lord's Place (2021d), between mid-2019 and mid-2020, 465 people received street outreach and engagement services. During the same period, The Lord's Place provided 102 individuals

with Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) services, 140 people with CARE Team services, and 185 people with reentry services (The Lord’s Place, 2021d). In total, The Lord’s Place served 1,668 and housed 400 individuals between mid-2019 and mid-2020. Of the individuals housed, 94% were no longer homeless at the end of the year (The Lord’s Place, 2020).

## **Gulfstream Goodwill Industries**

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Gulfstream Goodwill Industries, which was founded in 1966, is the largest health, human, and social services non-profit in the collective South Florida area, with over 900 employees (Gulfstream Goodwill Industries, 2021b).



They also operate and manage the Senator

Philip D. Lewis Homeless Resource Center—the only low-barrier homeless shelter in PBC—and are involved in the development of The Lewis Center Annex, a new 125-bed homeless resource center. Additionally, Gulfstream Goodwill Industries operates four rehabilitation facilities and numerous transitional housing facilities to assist those who are transitioning from homelessness (Gulfstream Goodwill Industries, 2021b), including the Home at Tamarind, the Belle Glade Transitional Shelter, and Lake Village at the Glades (Gulfstream Goodwill Industries, 2021c). Their homeless and residential programs utilize a mixture of rapid rehousing and permanent supportive housing.

In addition to housing programs, Gulfstream Goodwill Industries provides individuals with training, education, and job placement services and programs. Their employment training programs include career counseling, pre-employment training, work readiness training, and financial literacy training (Gulfstream Goodwill Industries, 2021a). They also operate reentry programming for adults and juveniles who are transitioning from incarceration to the community (Gulfstream Goodwill Industries, 2021b).

In 2019, Gulfstream Goodwill Industries served 12,877 individuals from five counties (including PBC) with navigation, shelter, and permanent supportive housing. They also provided 2,816 individuals with disabilities and those returning from incarceration with training, assessment, and employment related services (Gulfstream Goodwill Industries, 2019).

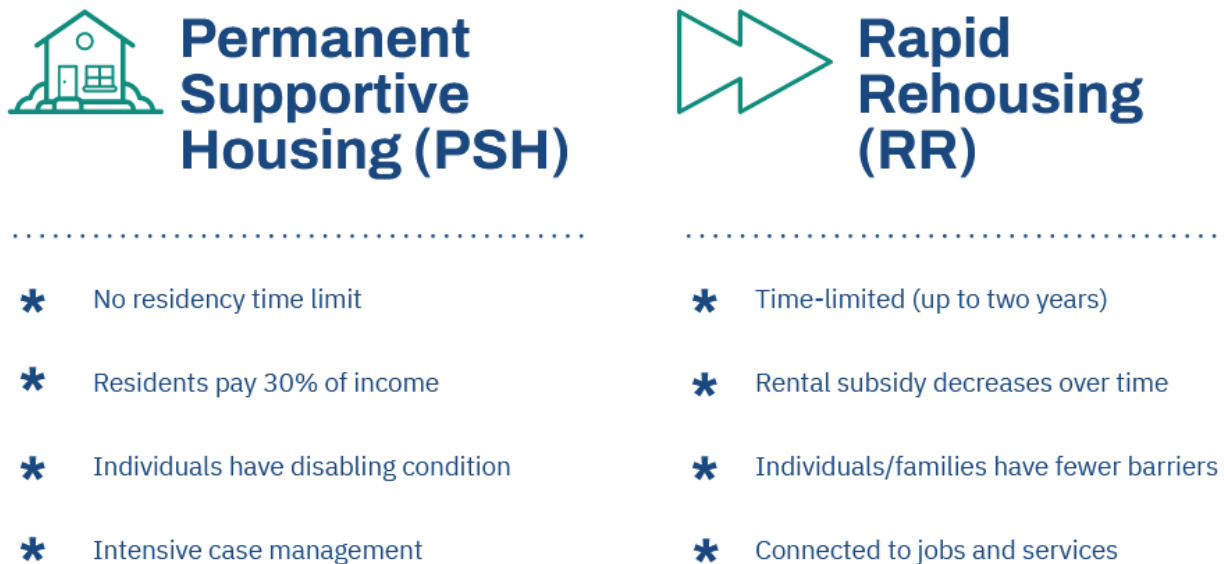
## **IDENTIFYING AND FUNDING SUPPORTIVE HOUSING**

Although The Lord’s Place and Gulfstream Goodwill Industries have robust supportive housing programs, they are continually seeking additional housing locations and funding to support individuals experiencing homelessness. Identifying and securing permanent supportive housing (PSH) is crucial to the successful operation of FUSE. The benefit of PSH is that it has no residency time limit and links residents with intensive case management and voluntary, life-improving services. This, however, can be costly to communities. Accordingly, there is a lack of supportive housing units in Palm Beach

County (Homeless and Housing Alliance [HHA] of PBC, n.d.). In fact, a recent analysis by CSH revealed that an additional 2,163 PSH units were needed in PBC alone to meet the needs of the chronically homeless, persons cycling through multiple systems, homeless youth, and persons exiting institutions—with 61% of these units needed for justice-involved individuals (HHA of PBC, n.d.). The benefits, however, outweigh the costs, as PSH “helps people who face the most complex challenges to live with stability, autonomy and dignity” (CSH, 2020b).

Figure 9 depicts the differences between PSH and rapid rehousing. Rapid rehousing is an alternative to transitional housing and is used for single individuals or families who are homeless, typically due to extenuating economic circumstances, but have fewer barriers than those seeking permanent supportive housing. Rapid rehousing is time limited, in that individuals can live in the housing for up to two years, with a rental subsidy that decreases over time. PSH, however, is designed for individuals who have a disabling condition, which can include substance use disorder or mental health diagnosis. Individuals can stay in PSH indefinitely, so long as they pay 30% of their income toward rent. Although utilizing CJC funds for rapid rehousing is consistent with the time-limitedness of the funds, rapid rehousing is less consistent with the overall FUSE model.

**Figure 9. Permanent Supportive Housing vs. Rapid Rehousing**



Gulfstream Goodwill Industries utilized housing that followed the same principles and policies as PSH to house PalmFUSE participants. At the conclusion of their contract, however, they absorbed the cost of housing PalmFUSE participants. The Lord’s Place, on the other hand, used the time limited CJC funds to house PalmFUSE participants in rapid rehousing, while also providing PalmFUSE participants with case management and support services. PalmFUSE participants then transitioned to PSH, the cost, of which, The Lord’s Place absorbed.

According to the PalmFUSE service providers, PSH costs approximately \$20,000 per person per year. Several sources of sustained funding for PalmFUSE have been identified, including:

- Existing service providers
- Federal programs
- Palm Beach County
- Foundations
- Private organizations

In 2018, The Lord’s Place received an \$850,000 grant from the U.S. Department of Housing and Urban Development (HUD), as part of the Home First project. This grant provided 15 scattered site PSH units and furnishings, 1.5 case managers, and resident transportation. Despite the absence of a contract to render PalmFUSE services, The Lord’s Place offered to prioritize some of these new units for PalmFUSE participants. This was done in the spirit of coordinated care and in an effort to leverage existing community resources in the hopes of reaching a greater number of potential PalmFUSE participants. Unfortunately, the PSH units—as a function of the grant—could not be held exclusively for PalmFUSE participants and were only available to HUD-defined chronically homeless individuals. Nine months after The Lord’s Place received the HUD funding, the first person meeting the PalmFUSE [eligibility criteria](#) was identified and ready to be housed. At that time, however, the individual was not documented as chronically homeless, as required by HUD. Substantively, program eligibility mismatches (e.g., lack of chronicity status), delays in developing a list of eligible PalmFUSE participants (see [Data Access and Sharing](#) section), and subsequently locating these individuals (see [Locating and Engaging Participants](#) section), contributed to a missed opportunity for utilizing this additional supportive housing funding.

As will be discussed in more detail in the [Housing Participants](#) section below, there are limitations to relying solely on HUD-funded PSH units. To be eligible for a HUD-funded bed, for example, a person must be chronically homeless. HUD defines a person as chronically homeless if they lived on the street for one or more years *or* had four episodes of homelessness in the last three years (totaling one full year) *and* have a HUD-defined disabling condition (e.g., mental health diagnosis, chronic disease, etc.). Chronic homelessness must be verified and documented. It is important to note that HUD does not consider an incarcerated person to be homeless. Therefore, if a person is homeless and then incarcerated, the time they spend incarcerated does not count toward their “homeless clock.” While some individuals on the PalmFUSE List did meet the eligibility criteria for HUD-funded housing, some were unable to document chronic homelessness. Relying on HUD-funded beds, therefore, may exclude some individuals from receiving housing and services for which they are otherwise eligible.

While HUD is the predominate funding source for PSH units in PBC, The Lord’s Place operates other non-HUD-funded PSH units. The County, for example, donated duplex units to The Lord’s Place, which they operate under a PSH model, and the United Way provides funding for PSH units. Similarly, Gulfstream Goodwill Industries operates HUD- and non-HUD-funded PSH programs. Specifically, Gulfstream Goodwill Industries operates a PSH program funded through the PBC Department of

Human and Veteran's Services. They also own two apartment buildings, which were built using funds from Florida Housing Finance Corporation and operate using similar policies to HUD-funded PSH.

More salient to the operation of PalmFUSE was the identification of rapid rehousing units, as The Lord's Place used rapid rehousing units to initially house PalmFUSE participants. To identify rapid rehousing units, The Lord's Place has a Property Management Department that locates property owners and landlords that are willing to house individuals experiencing homelessness. A master lease is then executed between the property owner/landlord and The Lord's Place. The Lord's Place then subleases rapid rehousing units to participants.

## DATA ACCESS AND SHARING

The third prong of the FUSE model planning phase is to develop multi-system data collection and sharing strategies. Given that the target FUSE population crosses multiple systems, this step is vital to the successful implementation of a FUSE program. To that end, the development of cross-system data collection and sharing strategies were necessary for identifying and locating the target population, ensuring appropriate supportive services were provided, protecting the data for this vulnerable population, and evaluating the results of FUSE. As can be seen in Figures 10-12, numerous data collection systems already existed and captured the necessary information to identify and track PalmFUSE participants. Therefore, the PalmFUSE Policy Team focused on data access and sharing strategies to avoid data collection effort duplication.

The CJC, which was the fiscal agent for PalmFUSE, has access to various criminal justice data systems. Unfortunately, the CJC had limited to no access to homelessness, behavioral health crisis center, and hospitalization data systems. In an effort to identify and locate individuals in the target population (i.e., those who cycle in and out of the criminal justice, homeless, and health care systems), while also providing potential PalmFUSE participants confidentiality, the PalmFUSE Policy Team formed the Release of Information (ROI) Subcommittee in August 2018. The ROI Subcommittee was tasked with facilitating PalmFUSE data access and developing data sharing processes for confidential and non-publicly available information.

As will be discussed in more detail in the [Eligibility Criteria](#) section below, the inclusion criteria for PalmFUSE participants were adjusted throughout the period of observation because stakeholders were either unable to access data or cautious of sharing information during the early stages of the planning process.

## Accessing Criminal Justice System Data

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Generally, criminal justice related data is publicly available, which makes accessing these data easy. In PBC, multiple publicly available criminal justice data systems exist, and the CJC has a Privacy Security Agreement (PSA) with the Florida Department of Law Enforcement (FDLE) for more discreetly held information. The PSA with FDLE gives the CJC access to data necessary for the MacArthur Safety and Justice Challenge grant. Furthermore, the CJC has the ability to access the PBC Clerk of the Circuit Court data system (eCaseView) and the Palm Beach (County) Sheriff's Office (PBSO) Booking Information Retrieval System (BIRS).

Data available through these systems included an individual's history of official police contacts, custodial arrests, jail bookings, court dispositions, and incarcerations.

## Accessing Homelessness Data

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While the CJC was able to easily access criminal justice related data, accessing homelessness data was more difficult. Early in the planning process, the CJC did not have direct access to the PBC Homeless Management Information System (HMIS). As such, PalmFUSE Policy Team members from PBC Community Services cross-referenced HMIS to determine if an individual who had contact with the criminal justice system also had contact with the homeless system. While this helped identify potential PalmFUSE participants and create the [PalmFUSE List](#), PBC homeless service providers were concerned with the CJC having access to individual names due to existing confidentiality agreements with clients.

This inhibited the CJC from identifying and tracking eligible PalmFUSE participants. To rectify this issue, in September 2018, a year after the PalmFUSE Policy Team was established, the CJC applied to become a member in good standing with the Homeless and Housing Alliance (HHA) of PBC (formerly the Continuum of Care). Any organization that is involved or interested in becoming involved with homelessness in PBC can become a member of HHA, so long as they complete a new member orientation. In October 2018, the CJC PalmFUSE Project Coordinator attended the HHA new member orientation. Following this, in January 2019, the CJC signed a user licensing agreement and received training on the HMIS system. The user licensing agreement allowed the CJC to have direct access to the HMIS database (except for client notes).

Figure 10. Criminal Justice Data Systems



### Criminal Justice Data Systems

- FL Department of Law Enforcement
- PBSO Booking Information Retrieval System (BIRS)
- PBC Clerk of Court's eCaseView
- FL Department of Corrections

Figure 11. Homeless Data Systems



### Homeless Data Systems

- Homeless Management Information System
- ClientTrack
- Service Provider Internal Systems



Data available through the HMIS included contacts with homeless services, homeless episodes, length of homeless episodes, chronicity status, and homeless services provided.

In addition to receiving access to HMIS, and prior to a contract being signed with a service provider, the ROI Subcommittee met multiple times to discuss the development of an ROI for PalmFUSE participants to sign once they began working with service providers. The ROI allowed the service providers to release information to the FAU research team and the CJC for the purpose of this evaluation. The PBC attorney approved an active ROI for service providers to begin using in March 2019.

## Accessing Behavioral Health Data

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For PalmFUSE, accessing behavioral health data was less challenging than obtaining access to homeless system data. This was due largely to an already existing MOU between the CJC and Southeast Florida Behavioral Health Network (SEFBHN). SEFBHN supports and manages an integrated network of behavioral health services in five Florida counties, including PBC. In doing so, SEFBHN contracts with 27 private and public behavioral health agencies, which provide mental health and substance abuse services for juveniles and adults.

**Figure 12. Behavioral Health Data Systems**



### Behavioral Health Data Systems

- Southeast Florida Behavioral Health Network's Portal
- Service Provider Internal Systems

The MOU between the CJC and SEFBHN was established for the purposes of evaluating reentry services in PBC. Because PalmFUSE is related to the mission of reducing the number of people cycling through the criminal justice system, the use of the MOU was expanded to allow the CJC to receive behavioral health-related data for PalmFUSE care coordination and research purposes.

Behavioral health data available through SEFBHN's Portal included contacts with behavioral health crisis centers, behavioral health crisis center services received, and mental health and substance abuse diagnoses.

## Accessing Physical Health Data

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A FUSE program that adheres to the CSH FUSE model identifies frequent users of hospitals and seeks to reduce participant reliance on emergency health services, including visits to the emergency room. As such, accessing hospital data is integral to implementing a FUSE program with fidelity. This was a hurdle that PalmFUSE was unable to overcome.

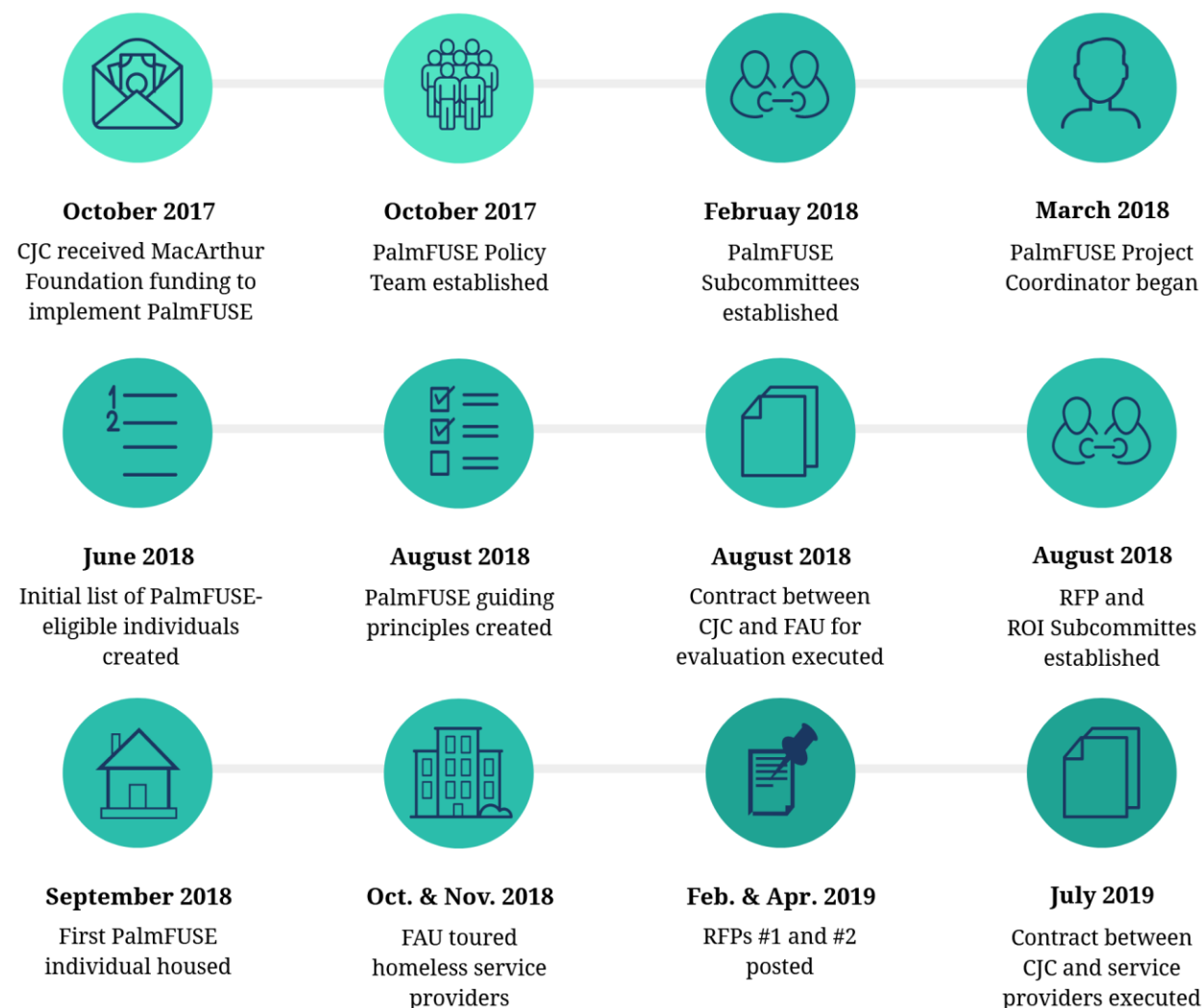
To develop strategies to access and share HIPAA-protected health data, representatives from two local-area hospitals—St. Mary's Medical Center and JFK Medical Center-North—served on the PalmFUSE Policy Team since its inception. Additionally, a Healthcare Subcommittee was established

in February 2018. Early in the planning phase, members of the Healthcare Subcommittee participated in a conference call with representatives from Florida Hospitals (a group of 20 hospitals in the Orlando-area) to discuss information sharing strategies. One potential strategy that emerged from this dialog was entering into MOUs or business associate agreements between the CJC and the local-area hospitals. Although neither of these occurred, representatives from the local-area hospitals initially indicated their willingness to share aggregate health data for PalmFUSE participants. While aggregate data would not have allowed for the utilization of health data in the identifying of PalmFUSE-eligible participants, it would allow for the comparison of health data pre- and post-PalmFUSE participation. It should be noted that the PalmFUSE Healthcare Subcommittee was dissolved when PalmFUSE began programmatic delivery in July 2019.

## PLANNING PHASE TIMELINE

Figure 13 provides a timeline of the major planning phase milestones of the PalmFUSE initiative.

**Figure 13. PalmFUSE Planning Timeline**





## SECTION IV. THE PalmFUSE MODEL

After almost two years of planning, the first PalmFUSE-funded participant was officially housed on July 11, 2019.<sup>5</sup> In line with the CSH FUSE Roadmap (depicted in Figure 5 above), PalmFUSE began by identifying eligible individuals, conducting assertive in-reach and outreach to earn the trust of the target population, and connecting participants to supportive housing. The below sections describe the PalmFUSE model for identifying, engaging with, and housing eligible participants.

### IDENTIFYING PARTICIPANTS

#### Eligibility Criteria

The final PalmFUSE eligibility criteria are depicted in Figure 14. Between January 2018 and July 2019, the PalmFUSE Policy Team went through multiple iterations of the eligibility criteria for PalmFUSE participants. These criteria varied in the length of time since last contact with the systems, with length of time ranging from 12 to 36 months.

To increase the likelihood that PalmFUSE-eligible individuals were still living in PBC and that the service providers would be able to locate them, the length of time since last contact with the PBC homeless system is less than the length of time since last contact with the criminal justice or behavioral health systems.

Although having at least one episode of homelessness in the last 12 months was a criterion, as will be discussed in the [Recommendations](#) section, being chronically homeless was not an eligibility requirement for PalmFUSE. As such, not all individuals on the PalmFUSE List were chronically homeless. Specifically, 88% of PalmFUSE participants (14 of 16) met HUD's definition of chronically homeless. It is important for jurisdictions to consider PSH requirements (particularly if using HUD-funded PSH) when creating FUSE eligibility criteria.

Figure 14. PalmFUSE Eligibility Criteria



<sup>5</sup> As depicted in Figure 36 below, two other individuals who met the PalmFUSE eligibility criteria were housed in August 2018. While they met the criteria and are included in the evaluation as PalmFUSE participants, their housing was not paid for with CJC PalmFUSE funds.

## PalmFUSE Participants Exceed Eligibility Criteria

Almost all 16 PalmFUSE participants included in the evaluation met or exceeded the eligibility criteria, and were heavily involved in the criminal justice, homeless, and behavioral health systems, as evidenced from Figure 15. As will be discussed in more detail below, and as can be seen in Figure 16, in the two years prior to being identified as eligible for PalmFUSE, 15 PalmFUSE participants were booked into the PBC jail 3 or more times in the 24 months prior to being identified. The other PalmFUSE participant was booked twice into the jail in the 24 months prior to being identified. PalmFUSE participants were booked into the jail an average of 4.75 times each, ranging from 2 to 8 bookings, on an average of 7.6 charges. During the 24 months prior to being identified, the PalmFUSE participants spent a total of 1,283 days in custody, for an average of 80 days per person (ranging from 1 to 305).

Moreover, PalmFUSE participants had a total of 204 bookings into the PBC jail as adults and prior to being housed with PalmFUSE, averaging almost 13 total bookings per person and ranging from 5 to 25. Cumulatively, they spent 3,358 days in the jail as adults, providing further indication that the PalmFUSE pilot program was successfully identifying, locating, and housing people who were chronically involved in the criminal justice system.

**Figure 15. Total Days in Contact with System for all 16 PalmFUSE Participants**



**1,283 days**

spent incarcerated in the county jail in two years prior to being identified as eligible for PalmFUSE



**8,001 days**

experiencing homelessness (in most recent homelessness episode) prior to being identified as eligible for PalmFUSE



**187 days**

in contact with behavioral health services in two years prior to being identified as eligible for PalmFUSE

**Figure 16. Number of Jail Bookings in Two Years Prior to Being Identified as Eligible for PalmFUSE**

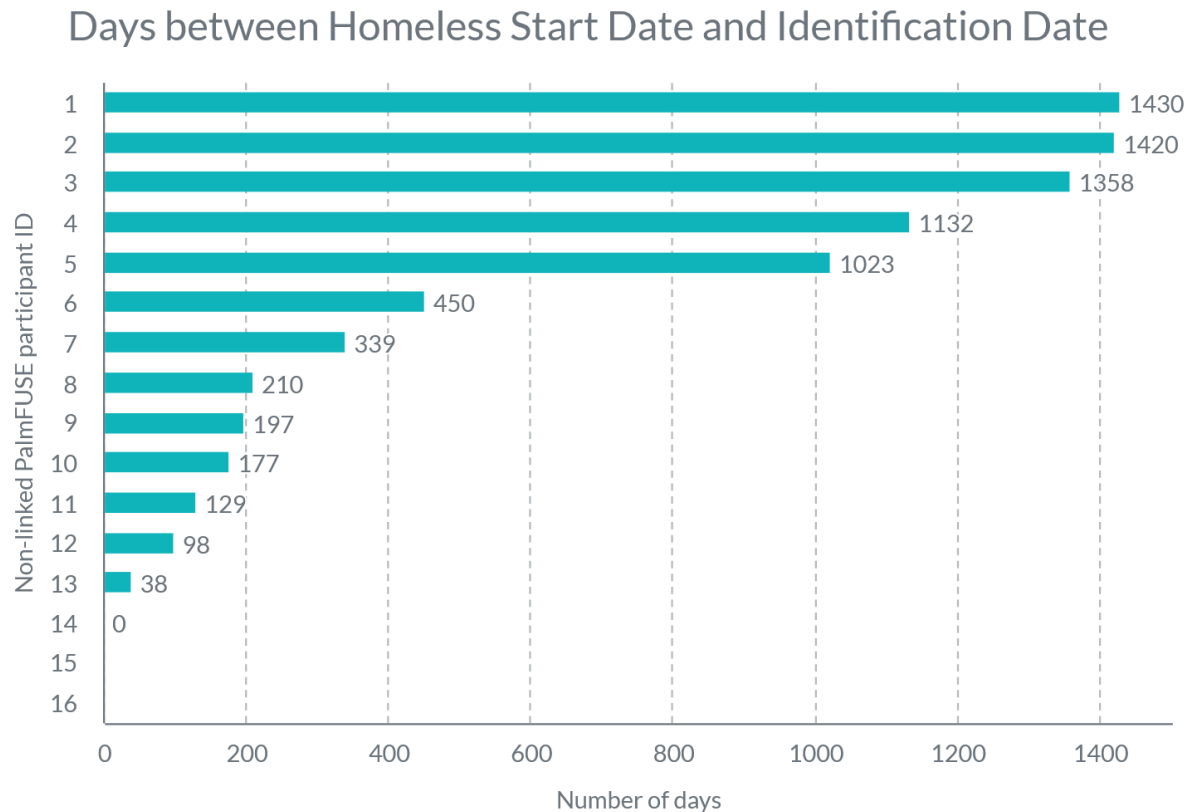


Additionally, 13 (of 16) PalmFUSE participants were actively experiencing homelessness at the time they were identified as eligible for PalmFUSE, while two were living in a transitional housing facility and one person’s housing status was unknown at the time they were identified as eligible for PalmFUSE. However, 94% of PalmFUSE participants were experiencing homelessness at the time they were housed with PalmFUSE, with 75% having experienced 4 or more homelessness episodes in their lifetime (all PalmFUSE participants had experienced homelessness at least once in their lifetime).

While PalmFUSE eligibility criteria do not specify a duration for the homeless episode, PalmFUSE participants had been homeless an average of 571 days (approximately 1 year and 7 months) at the time they were identified as eligible to participate in PalmFUSE—with number of days homeless ranging from 0 to 1,430 (almost 4 years). One person was identified as eligible for PalmFUSE the same day they became homeless.

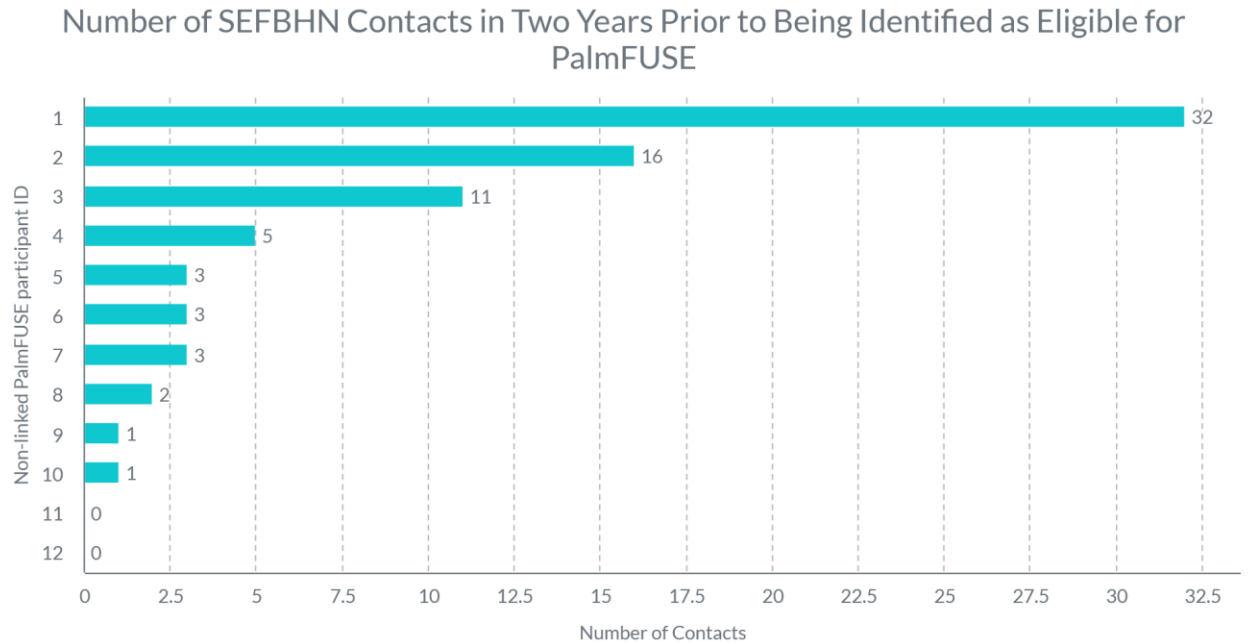
Figure 17 shows the number of days each PalmFUSE participant was homeless prior to being identified as eligible for PalmFUSE. Although two PalmFUSE participants were not experiencing homelessness at the time they were identified as being eligible for PalmFUSE, one had recently experienced homelessness (we include the length of this homelessness episode in the figure, as well) and the other experienced a homeless episode between being identified as eligible and being housed (not included in the figure). The individual who’s housing status was unknown at the time they were identified as eligible for PalmFUSE also experienced a homeless episode between being identified and being housed (not included in the figure).

**Figure 17. Days between Homeless Start Date and PalmFUSE Eligibility Identification Date**



Finally, and as noted above, SEFBHN was able to provide behavioral health data for 12 of the 16 PalmFUSE participants. Of the 12 participants for whom data were received, all but two had a documented contact with a behavioral health service provider within SEFBHN’s network in the 24 months prior to being identified as eligible for PalmFUSE. As shown in Figure 18, the number of contacts ranged from 0 to 32, with the average number of contacts being 6.4, which spanned an average of 10 days per participant. In total, these 12 PalmFUSE participants spent 187 days in contact with behavioral health services in the 24 months prior to being identified as eligible for PalmFUSE.

**Figure 18. Number of SEFBHN Contacts in 24 Months Prior to Being Identified for PalmFUSE**



### Creating the PalmFUSE List

The process for creating the list of PalmFUSE-eligible individuals is depicted in Figure 19. As shown, to create the PalmFUSE List, the PalmFUSE Project Coordinator obtained jail booking data internally through the CJC. This was then cross-referenced with the HMIS data system. This cross-referenced list was then provided to SEFBHN, who cross-referenced it with the SEFBHN data system. The final PalmFUSE List consisted of individuals who had contact with three systems—criminal justice, homeless, and behavioral health. Initially, the PalmFUSE List was updated every six weeks, with between 21 and 60 individuals who met the eligibility criteria appearing on the list at any given time. Once the PalmFUSE program was at capacity, the list was no longer updated.

Figure 19. Process for Creating the PalmFUSE List

01.

## Obtain Jail Booking Data



Every six weeks, the PalmFUSE Project Coordinator obtains PBC jail booking data for individuals who have had 3 or more custodial arrests in the last 24 months and sorts the jail booking list by the number of arrests.

02.

## Cross-Reference with HMIS Data



PBC Community Services cross-references the jail booking list with HMIS to determine who on the jail booking list has had contact with the homeless system in the last 12 months.

03.

## Cross-Reference with SEFBHN Data



The PalmFUSE Project Coordinator provides the jail booking and HMIS cross-referenced list to SEFBHN who determines which individuals have had contact with any behavioral health provider within their network in the last 24 months. This becomes the "PalmFUSE List."

## LOCATING AND ENGAGING POTENTIAL PARTICIPANTS

### The Process of Locating and Engaging Potential Participants

The next step in the CSH FUSE Roadmap is to locate and engage with potential PalmFUSE participants. Effective outreach and enrollment strategies are essential for engaging with persons experiencing homelessness and is the fundamental bridge to connect people with available services and resources (National Health Care for the Homeless Council [NHCHC], 2014). While critical to the delivery of homeless services, engaging people experiencing homelessness can be a lengthy and challenging process, which requires meeting people where they are (geographically, emotionally, and physically), creating human connection, and mitigating barriers—all which occur through repeated interactions (NHCHC, 2014).

During initial discussions, the PalmFUSE Policy Team considered multiple in-reach, outreach, and engagement processes—some of which involved having various entities assist in locating individuals on the PalmFUSE List. The entities spanned the criminal justice, homeless, and healthcare systems, and included:

- local law enforcement agencies
- first appearance courts
- the Public Defender’s Office
- the county jail
- the PBC Homeless Outreach Team (HOT)
- The Lord’s Place Street Engagement Team
- The Lewis Center
- Baker Act/detox receiving centers, and
- local hospitals.

There were and remained valid concerns related to sharing eligible participant names with law enforcement and other criminal justice-related entities (e.g., violating confidentiality, bringing an already vulnerable population to the attention of criminal justice authorities). Therefore, the PalmFUSE Policy Team decided that the contracted PalmFUSE service providers, both of whom were members of the Homeless and Housing Alliance of Palm Beach County, would be responsible for locating and engaging potential PalmFUSE participants. They would do this following their coordinated intake and assessment policies and procedures. Figure 20 depicts their processes for locating and engaging individuals on the PalmFUSE List.

Working with the PBC HOT, The Lord’s Place Street Engagement Team regularly conducts outreach at places in PBC frequently visited by those experiencing homelessness and utilizes on-call deployment to assist those in need. Their client-centered and flexible approach to outreach and engagement makes “use of trained peer specialists, who use their personal recovery history and shared experience with clients to quickly establish trust and rapport” (The Lord’s Place, 2021b). Similarly, while utilizing a person-centered approach, Gulfstream Goodwill Industries participates in a county-wide collaborative when engaging with and accepting referrals into their programs (Gulfstream Goodwill Industries, 2021c). They also utilize the housing first model and peer support in their housing programs. The Substance Abuse and Mental Health Services Administration and Mental Health America endorse and recognize these engagement approaches as evidence-based practices (The Lord’s Place, 2021b). By slowly and organically building authentic rapport with chronically homeless adults and families, The Lord’s Place and Gulfstream Goodwill Industries connect individuals to stable housing and support services.

Figure 20. Locating and Engaging Eligible Individuals

01.

## Flag Individuals in HMIS



The PalmFUSE Project Coordinator flags individuals on the PalmFUSE List in the HMIS data system.

02.

## Distribute PalmFUSE List



The PalmFUSE list is distributed and discussed at the PBC Homeless Prioritization Meetings. Prioritization for PalmFUSE participation is based on those who can be located, followed by acuity. The service providers then determine who among them last had contact with the individual.

03.

## Locate Individuals



The contracted service provider works with the service provider who last had contact with the individual to locate the individual.

04.

## Engage Individuals

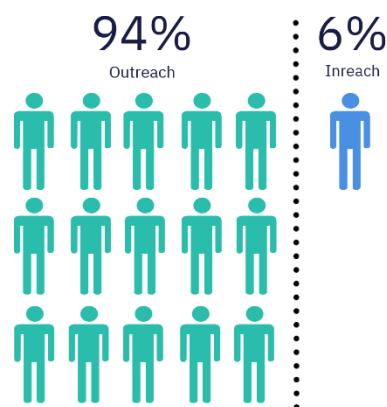


Once located, the contracted service provider uses evidence-based practices to begin the engagement process with the individual.

## PalmFUSE Participants – Locating and Engaging

As seen in Figure 21, 15 of the 16 (94%) PalmFUSE participants were located through outreach—specifically Palm Beach County’s Continuum of Care Coordinated Entry. Outreach occurs when an outreach worker identifies individuals who are sleeping in places not meant for human habitation and engage with these individuals with the goal of connecting them to housing resources through PBC’s Coordinated Entry System. Coordinated Entry in PBC focuses on “providing a continuum of care including prevention, diversion, rapid re-housing, and permanent supportive housing approaches” (PBC Continuum of Care, 2019, p. 9). One PalmFUSE participant was living at a supportive housing location within Palm Beach County at the time they were located and offered the opportunity to participate in PalmFUSE.

**Figure 21. How PalmFUSE Participants were Located**



As mentioned above, engaging people experiencing homelessness can be a lengthy and challenging process, which requires meeting people where they are, creating human connection, and mitigating barriers—all which occur through repeated interactions (NHCHC, 2014). PalmFUSE participants were no exception, which is expected given the amount of time PalmFUSE participants experienced homelessness prior to being identified and located. As seen in Table 1, PalmFUSE participants were contacted by homeless service providers an average of 20 times (ranging from 0 to 64 times) in the 12 months prior to being housed, while being reached on the street an average of 7 times (ranging from 0 to 18 times) in the 12 months prior to being housed. PalmFUSE participants were also provided multiple services while they were experiencing homelessness, with participants receiving an average of 4 services each, which will be discussed in more detail in the [Change in Service Utilization](#) section below. Additionally, three PalmFUSE participants stayed in PBC’s emergency shelter prior to being housed with PalmFUSE. One participant stayed in the emergency shelter three times (one day each), another participant stayed in the emergency shelter once for 2 days, while the third participant stayed in the emergency shelter once for 32 days.

**Table 1. PalmFUSE Participant Contacts with PBC Homelessness System**

	Average	Min	Max
<b>Number of times contacted by homeless service provider</b> (in 12 months prior to being housed)	19.75	0	64
<b>Number of times reached on the street</b> (in 12 months prior to being housed)	7	0	18
<b>Number of homeless services provided</b>	4.25	1	6
<b>Number of participants staying in emergency shelter</b>	3		
<b>Number of days in emergency shelter</b> (per person who stayed in emergency shelter)	12.3	1	32



## PalmFUSE PARTICIPANT DEMOGRAPHIC CHARACTERISTICS

As seen in Table 2, of the 16 PalmFUSE participants included in the evaluation, they were roughly split between women and men. The majority of PalmFUSE participants were non-Hispanic/Latino white, followed by Black, and Asian. On average, PalmFUSE participants were 44 years old when they were housed with PalmFUSE but ranged from 25 to 70 years old. One PalmFUSE participant was a military veteran. Furthermore, approximately 63% of PalmFUSE participants were served through The Lord’s Place.

**Table 2. PalmFUSE Participant Demographic Characteristics (N=16)**

	Number	Percent
<b>Sex</b>		
Female	7	43.75%
Male	9	56.25%
<b>Race</b>		
Asian	1	6.25%
Black	6	37.50%
White	9	56.25%
<b>Ethnicity</b>		
Hispanic/Latino	2	12.50%
Non-Hispanic/Latino	14	87.50%
<b>Age</b>		
Average age		44.35
Minimum age		25
Maximum age		70
<b>Veteran</b>		
No	15	93.75%
Yes	1	6.25%
<b>Service Provider</b>		
Gulfstream Goodwill	6	37.50%
The Lord’s Place	10	62.50%

## HOUSING AND SERVICING PARTICIPANTS

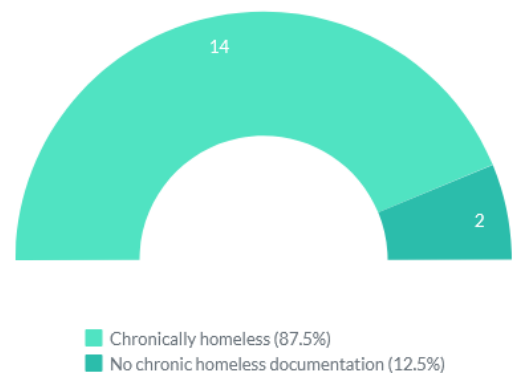
After identifying and engaging PalmFUSE participants, the next step on the CSH FUSE Roadmap is to connect participants to housing, case management, and wrap-around services. Following the [FUSE model](#) and utilizing the housing first strategy, PalmFUSE participants were provided safe, affordable, appropriate, and supportive housing. Despite a lack of affordable housing in PBC, once identified and engaged, PalmFUSE participants were connected to housing as soon as possible. The CSH FUSE model encourages the use of permanent supportive housing (PSH) from the outset. However, as will be seen in the [next section](#), most PalmFUSE participants were initially housed in rapid rehousing before transitioning to PSH. This approach was utilized as CJC PalmFUSE funds were time limited, and PSH requires sustainable funding sources.

According to The Lord's Place, PalmFUSE participants typically spend 3 to 5 months in rapid rehousing before transitioning to PSH; they can, however, spend more time in rapid rehousing, if needed (up to two years). All PalmFUSE participants housed with Gulfstream Goodwill Industries were housed in units that operated under the same principles and policies as PSH. Given that the contract between the CJC and Gulfstream Goodwill Industries ended, PalmFUSE participants housed with Gulfstream Goodwill Industries were no longer being supported by CJC funds. Instead, Gulfstream Goodwill Industries absorbed the costs of continued housing and support services for PalmFUSE participants.

As with many jurisdictions, most of the PSH units in PBC are HUD-funded. To be eligible for HUD-funded PSH, individuals must meet HUD's definition of chronicity. As discussed [above](#), chronic homelessness is not an eligibility requirement for PalmFUSE, and while the majority of individuals on the PalmFUSE List did meet HUD's chronicity status, not all did or had the supporting documentation. As shown in Figure 22, only 88% of PalmFUSE participants met HUD's definition of chronically homeless. As will be discussed in the [Recommendations](#) section, this has the potential to result in lapses in housing support for PalmFUSE participants who are unable to transition from rapid rehousing to HUD-funded PSH.

**Figure 22. PalmFUSE Participants' Chronicity Status**

PalmFUSE Participants' Chronicity Status



All individuals who entered PalmFUSE received coordinated intake and assessment, which included a screening and assessment process to gather and verify information about the person and their housing and service needs. Homeless service providers in PBC utilize the Service Prioritization Decision Assistance Tool (SPDAT) and Vulnerability Index SPDAT (VI-SPDAT) to assess needs, in order to match the client to appropriate services and housing (Palm Beach County Continuum of Care, 2019). The SPDAT is an assessment tool for frontline workers and agencies to assist them in prioritizing which clients should receive assistance first, while the VI-SPDAT, which usually takes less than seven minutes to complete, was developed as a pre-screening tool when a full SPADT cannot be conducted (OrgCode Consulting Inc., 2015a). The SPDAT assesses individuals on the following domains:

- Mental health, wellness, and cognitive functioning
- Physical health and wellness
- Medication
- Substance use
- Experience of abuse and trauma
- Risk of harm to self or others
- Involvement in higher risk and/or exploitive situations

- Interaction with emergency services
- Legal
- Managing tenancy
- Personal administration and money management
- Social relationships and networks
- Self-care and daily living skills
- Meaningful daily activity
- History of homelessness and housing (OrgCode Consulting Inc., 2015a).

Scores on the SPDAT range from 0 to 60, with higher scores indicating greater need for services. Scores are associated with specific housing recommendations, wherein:

- 0-19 = No housing intervention recommended
- 20-34 = Rapid re-housing recommended
- 35-60 = Permanent supportive housing/Housing First recommended (OrgCode Consulting Inc., 2015a).

The VI-SPDAT assesses individuals on the following domains:

- History of housing and homelessness
- Risks
- Socialization and daily functioning
- Wellness (OrgCode Consulting Inc., 2015b).

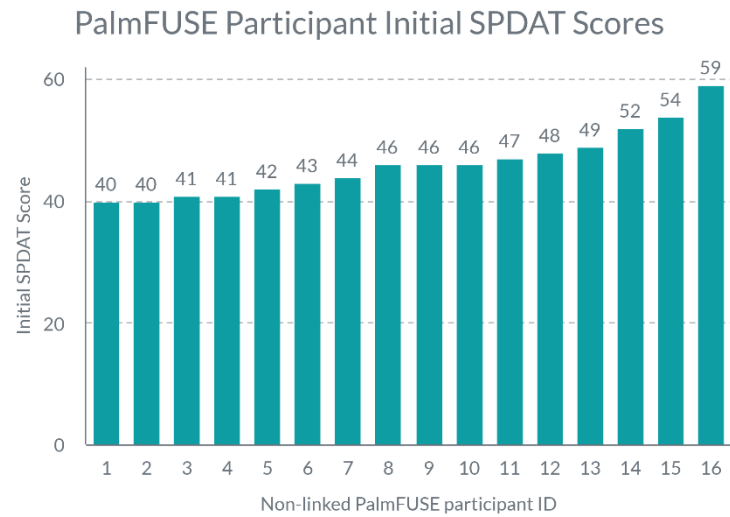
Scores on the VI-SPDAT range from 0-17, with higher scores indicating greater need for services. Similar to the SPDAT, scores are associated with specific recommendations, wherein:

- 0-3 = No housing intervention recommended
- 4-7 = Assessment for rapid re-housing recommended
- 8+ = Assessment for permanent supportive housing/Housing First recommended (OrgCode Consulting Inc., 2015b).

Additionally, the SPDAT is designed to “track the depth of need and service responses to clients over time” (OrgCode Consulting Inc., 2015a). As such, the tool is designed for participants to be reassessed after 30, 90, 180, 270, and 365 days *or* any time a participant is re-housed or experiences a significant positive or negative change (OrgCode Consulting Inc., 2015a).

All PalmFUSE participants were assessed using the SPDAT. The average initial SPDAT score was 46, with scores ranging from 40 to 59. Because all PalmFUSE participants scored above a 35, the recommended intervention was permanent supportive housing/Housing First. Figure 23 shows the non-linked initial SPDAT scores for all PalmFUSE participants. For some PalmFUSE participants, the initial SPDAT was administered upon move-in to transitional/rapid rehousing. For others, however, it was administered upon move-in to PSH. This will be discussed in more detail in the [Change in SPDAT Scores](#) section below.

**Figure 23. PalmFUSE Participant Initial SPDAT Scores**



### PalmFUSE Housing

PalmFUSE participants spent a substantial amount of time experiencing homelessness prior to being housed. Specifically, the most recent homeless episode for PalmFUSE participants prior to being housed with PalmFUSE averaged approximately two years (719 days)—ranging from 7.46 months (227 days) to 4.19 years (1,530 days). Once identified as eligible for PalmFUSE, participants were typically housed within eight months (248 days). This ranged from 35 days to approximately 1 year and 7 months (589 days). Figure 24 shows the number of days between being identified and being housed for all PalmFUSE participants.

**Figure 24. Time between being Identified as PalmFUSE-Eligible and being Housed**

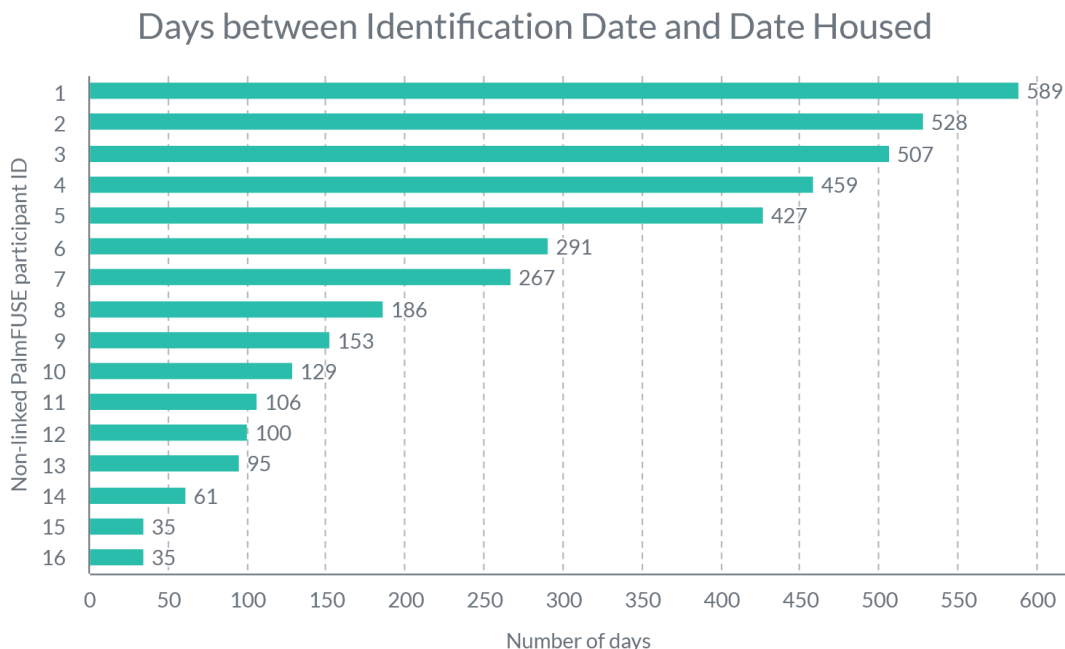


Figure 25 shows the initial housing status of PalmFUSE participants. While all PalmFUSE participants who were assessed with the SPDAT scored high enough to have permanent supportive housing recommended as an intervention (scores ranging from 40 to 59), as can be seen, only one PalmFUSE participant was initially placed in PSH. The remaining 15 PalmFUSE participants were initially housed in rapid rehousing and/or transitional housing. While inconsistent with the FUSE model, which is premised on participants receiving *permanent* supportive housing, as mentioned [above](#), the CJC funding utilized for PalmFUSE was time-limited, which explains the large number of PalmFUSE participants initially being housed in rapid rehousing or transitional housing. The final housing status of PalmFUSE participants will be discussed [below](#).

**Figure 25. Initial Housing Status of PalmFUSE Participants**



### **PalmFUSE Services**

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Once a person was connected with stable and secure housing, a case manager worked with the PalmFUSE participant to develop an individualized service plan. The service plan included 3 to 5 goals that the PalmFUSE participant worked toward achieving. The plan was reviewed and updated, if needed, every 90 days. The PalmFUSE case managers advocated for, linked, and referred participants to appropriate services.

Using multi-disciplinary teams, PalmFUSE participants were provided, linked, or referred to any support service necessary to help them achieve independence and facilitate long-term recovery. Due to the vulnerability of the PalmFUSE population—many of whom had experienced lengthy periods of homelessness and struggled with substance use and mental health issues—participants varied in their motivation to engage in treatment services. Peer specialists, who themselves have lived experience with recovery, homelessness, and/or the criminal justice system, worked closely with PalmFUSE participants and were integral to The Lord’s Place model of recovery-oriented service delivery. According to The Lord’s Place (2021e), “peer specialists aid in completing activities of daily living, development and implementation of coping skills, facilitate recovery plans, social integration, self-management of mental health and/or substance use disorders, and promoting physical and mental well-being.” Figure 26 provides a non-exhaustive list of services that were available to PalmFUSE participants.

Figure 26. Available PalmFUSE Services



Intensive case management



Supportive housing/living services



Mental health treatment



Medical services



Substance abuse treatment



Psychiatric services



Life skills development



Vocational services



Peer support services



SSI/SSDI outreach, access, and recovery (SOAR services)



Financial literacy



Transportation assistance

## SECTION V. EFFECTIVENESS OF PalmFUSE

As mentioned in the [Introduction](#) above, the primary goals of PalmFUSE were to 1) reduce recidivism, 2) reduce homeless service usage, 3) reduce behavioral health crisis center usage, and 4) reduce emergency department usage. Unfortunately, the PalmFUSE Policy Team was unable to obtain access to HIPAA-protected health data and/or emergency department usage data. As such, this section focuses on the effectiveness of PalmFUSE at achieving the first three goals, by seeking to answer the following research questions:

1. Did participation in PalmFUSE change an individual's involvement in the criminal justice system (e.g., arrests and jail bookings)?
  - a. If yes, how?
  - b. Was this effect sustained?
2. Did participation in PalmFUSE influence a person's homelessness status?
  - a. If yes, how?
  - b. Was this effect sustained?
3. Did participation in PalmFUSE affect an individual's receipt of mental health services?
  - a. If yes, how?
  - b. Was this effect sustained?

As noted in the [Evaluation Methodology](#) section above, the PalmFUSE pilot program served 22 individuals from July 1, 2019 to November 18, 2021. Due to the contract executed between the PBC CJC and FAU and to unplanned delays in contracting with a service provider, the FAU research team was only able to evaluate the outcomes of PalmFUSE for the first 16 people housed with the PalmFUSE pilot program. To complete the final evaluation report by the FAU contract end date, criminal justice data for all 16 PalmFUSE participants included in the evaluation were retrieved on April 1, 2021. Homeless service data for the 16 PalmFUSE participants were retrieved August 1, 2021. Finally, due to Southeast Florida Behavioral Health Network (SEFBHN)—the managing entity for behavioral health services in PBC—switching data management systems, behavioral health data were only able to be provided for 12 PalmFUSE participants. These data were retrieved July 19, 2021.

### EFFECT OF PalmFUSE ON CRIMINAL JUSTICE SYSTEM INVOLVEMENT

At the forefront of the Safety and Justice Challenge is the desire to safely reduce the jail population. To understand the impact of PalmFUSE on this objective and research question #1—Did participation in PalmFUSE change an individual's involvement in the criminal justice system?—we examined the number of bookings, charges, and days spent in jail over time. The nature of PalmFUSE participants charges over time are also discussed.

These events are presented in relation to important participant milestones, including:

1. Twenty-four months prior to PalmFUSE participant identification.
2. Date PalmFUSE participant was identified to participate in the program.



3. Date PalmFUSE participant was housed.
4. End of criminal justice system observational period (April 1, 2021).

## Jail Bookings

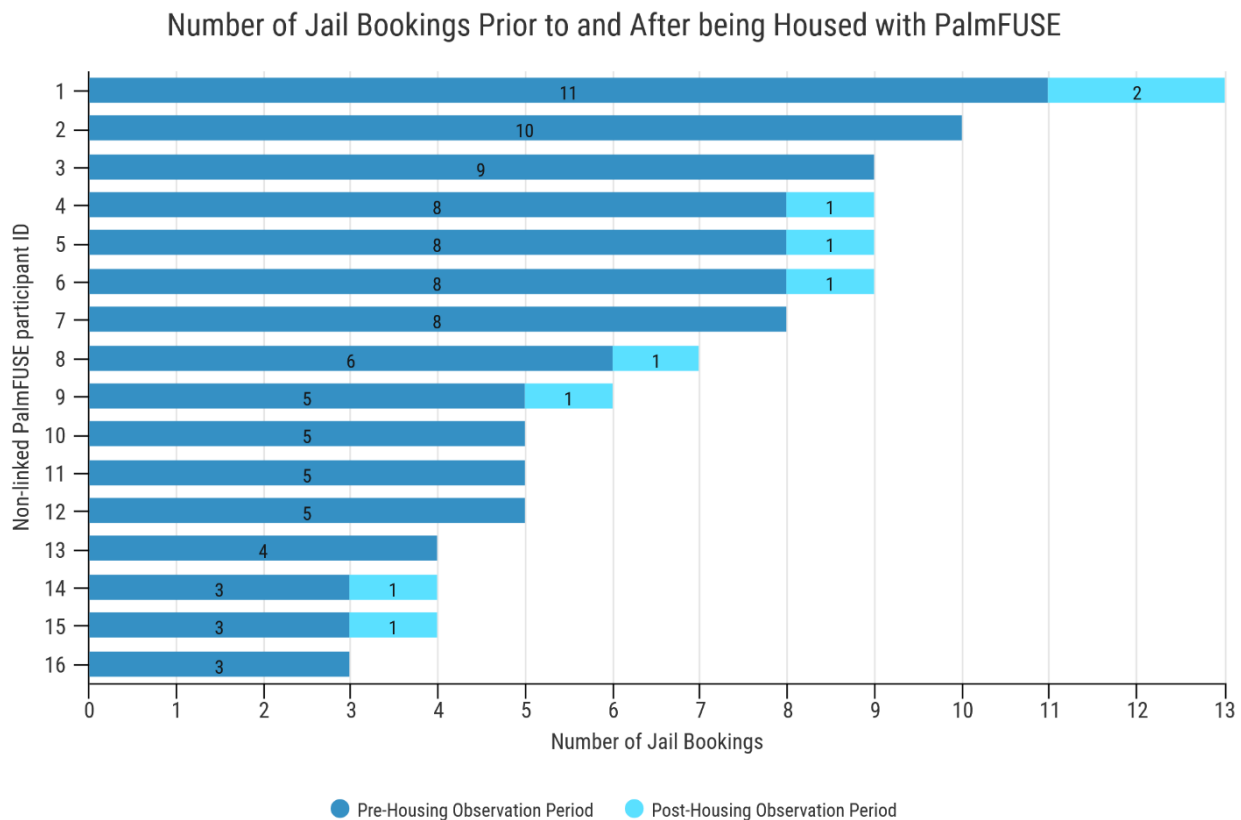
As noted [above](#), and as depicted in Figure 27, in the two years prior to being identified as eligible for PalmFUSE, the 16 PalmFUSE participants were booked in the County jail 76 times or, on average, 4.75 times each. The number of collective jail bookings and average number of jail bookings declined over time. In fact, jail bookings were cut by two-thirds (67%) once individuals were identified but prior to being housed, wherein 10 of the participants were booked into the County jail a total of 25 times after being identified but prior to being housed. Jail bookings were then cut by another two thirds (64%) in the 434 average days of observation that followed being housed. After being housed, only half of participants were booked into the county jail for a total of 9 bookings. This represents a 91% decrease pre- and post-PalmFUSE housing—a substantial decrease over time.

**Figure 27. Total Jail Bookings Across Observation Periods**



Figure 28 shows the number of jail bookings disaggregated by participant. In this figure, “pre-housing observation period” includes the 24 months prior to identification *and* time between identification and housed dates, while “post-housing observation period” includes the entire observation period between being housed and April 1, 2021.

**Figure 28. Number of Jail Bookings Prior to and After Housed with PalmFUSE**



## Number of Charges

**Figure 29. Total Charges Across Observation Periods**

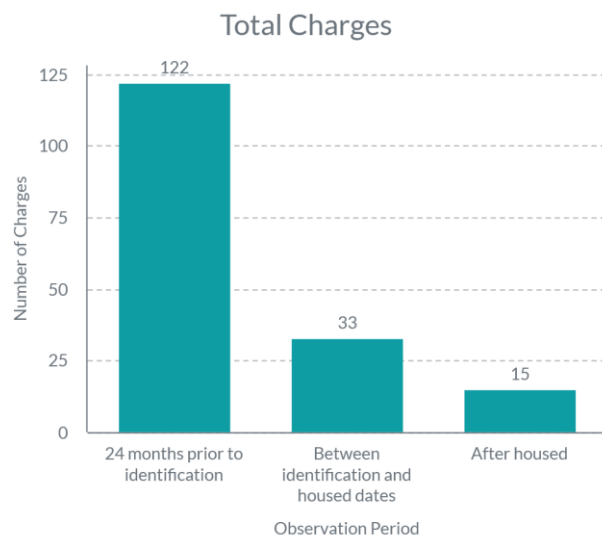
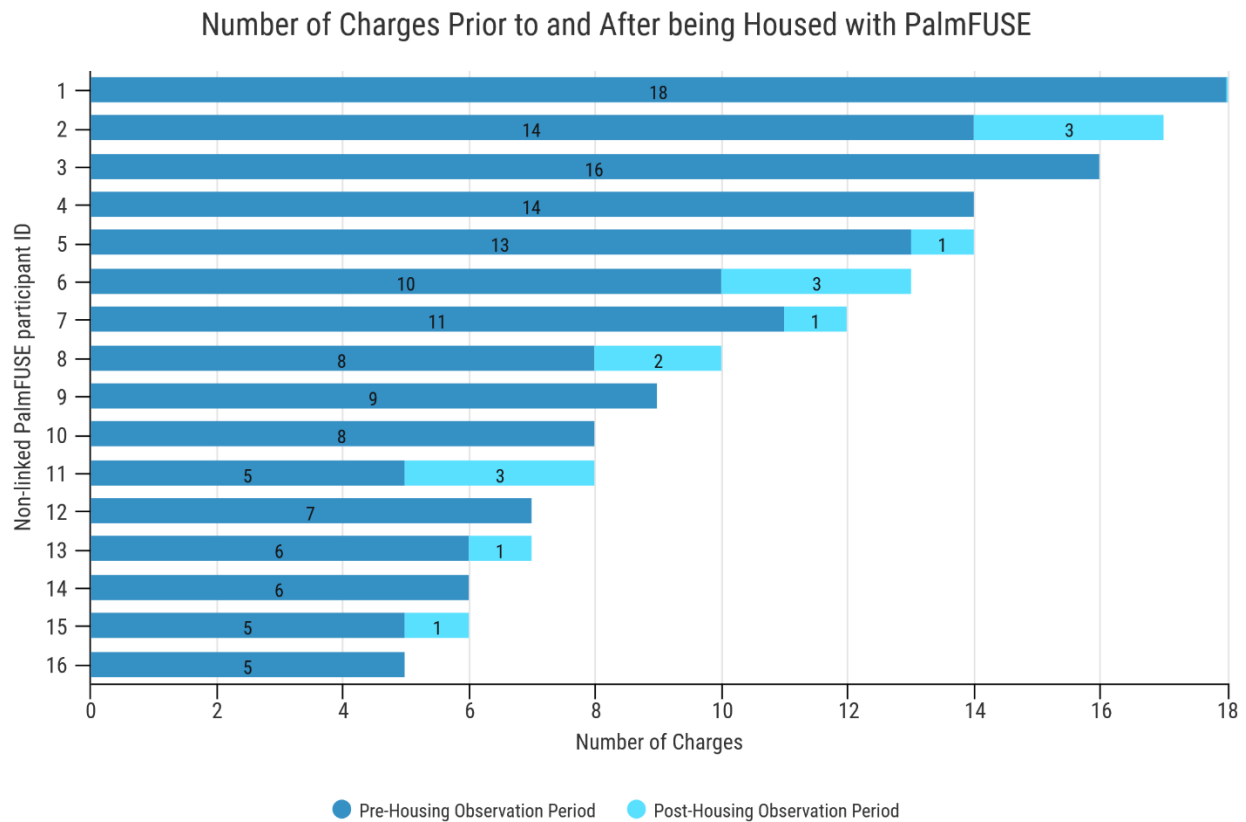


Figure 29 shows the decrease in the number of charges over time. As can be seen, PalmFUSE participants were charged with 122 offenses in the 24 months prior to being identified as eligible for PalmFUSE. On average, that amounted to 7.63 charges per PalmFUSE participant. Similar to the number of bookings, PalmFUSE participants had fewer charges over time. More specifically, the number of charges declined to 33 (a 73% decrease), with an average of 2 charges per person, once PalmFUSE participants were identified to participate in the program and cut by another 54% to 15 total charges (less than 1 per person, on average) in the 434 average days of observation that followed being housed. This represents a 90% decrease in number of charges during the pre- and

post-PalmFUSE housing observation periods. Figure 30 shows the number of charges disaggregated by participant.

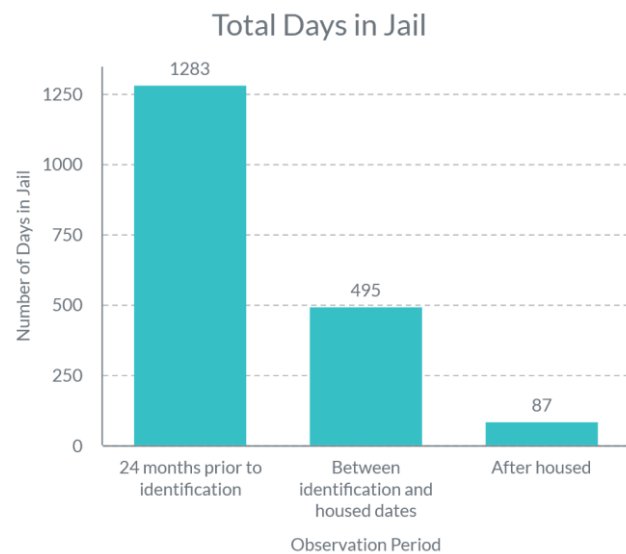
Figure 30. Number of Charges Prior to and After Housed with PalmFUSE



### Days Spent in Jail

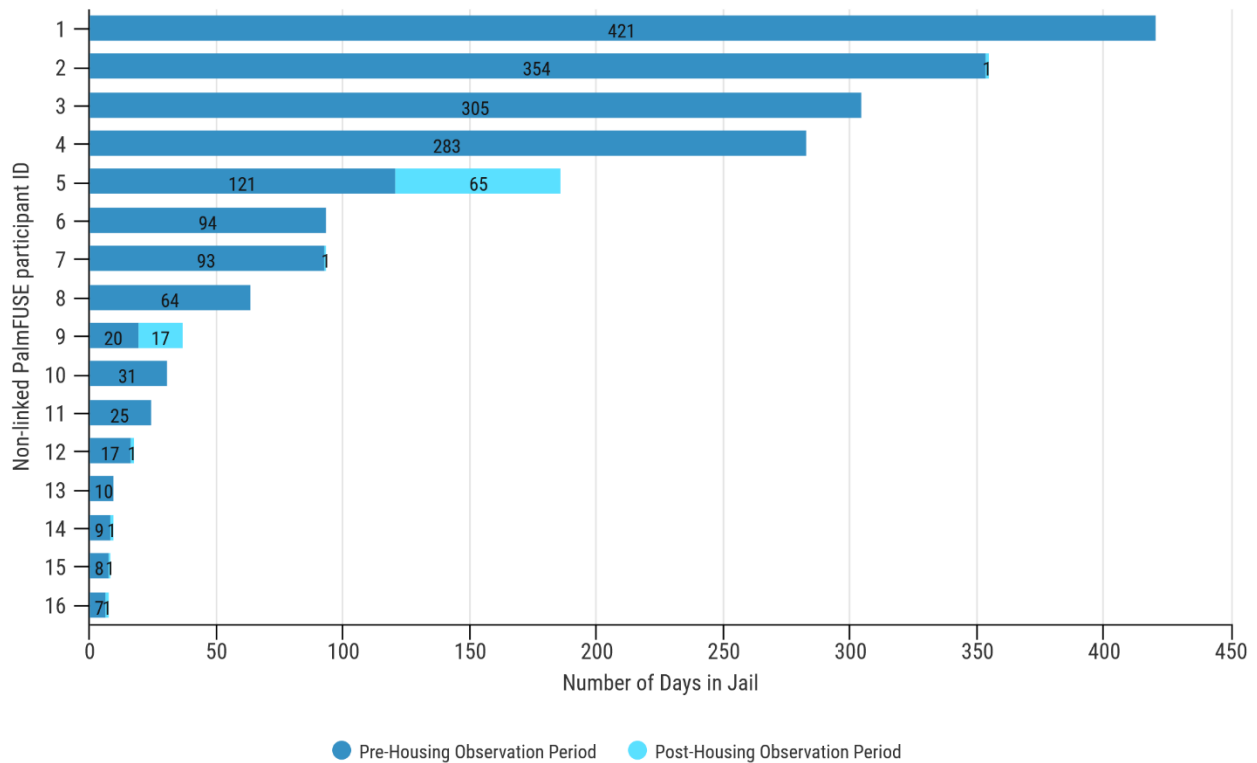
As depicted in Figure 31, PalmFUSE participants spent 1,283 days in jail in the two years prior to being identified as eligible for PalmFUSE. On average, they spent 80 days in jail during this period. Similar to bookings and charges, the number of days spent in jail declined to 495 (a 61% decrease), an average of 31 days per participant, once PalmFUSE participants were identified as eligible to participate in the program and cut by another 82% for a total of 87 days spent in jail (5 days on average) in the 434 average days of observation that followed being housed. This represents a 95% decrease in days incarcerated pre- and post-PalmFUSE housing.

Figure 31. Total Days in Jail Across Observation Periods



In fact, after being housed, half of the PalmFUSE participants (n = 8, 50%) were not booked or charged and had not spent another day in jail. Figure 32 shows the number of charges disaggregated by participant.

**Figure 32. Number of Jail Days Prior to and After being Housed with PalmFUSE**  
**Number of Jail Days Prior to and After being Housed with PalmFUSE**



## Offense Nature

The number of bookings, charges, and days spent in jail declined among PalmFUSE participants over time. This was largely due to a declined involvement in criminal activity. Table 3, for example, presents a PalmFUSE participant’s criminal history profile.

As shown, in the 24 months prior to being identified as eligible for PalmFUSE, this participant was booked 6 times on 11 charges that include resisting arrest with violence, a series of property crimes, and status offenses for which they served 296 days in jail. Upon being identified to participate in PalmFUSE, they were booked an additional 4 times on 6 charges and spent 124 days in jail, a 33%, 55%, and 58% decline over time, respectively. Furthermore, the offenses they were booked and charged with tended to be non-violent, property, and status offenses. Upon being housed, this PalmFUSE participant was no longer involved in the criminal justice system.

**Table 3. Number of Bookings, Charges, Days in Jail, and Charge Type for One PalmFUSE Participant**

	24 months prior to identification	Between identification and housed dates	After housed
<b># of Bookings</b>	6	4	0
<b># of Charges</b>	11	7	0
<b># of Days in Jail</b>	296	124	0
<b>Charge Type (Statute/Sentence)</b>			
1	Trespassing – Fail to leave property upon order by owner (810.09-2774/Time served)	Resist officer – obstruct w/o violence (843.02-3143/Own recognizance)	
2	Booked – Re-commit (4/Time served)	Obstruct criminal investigation – false info to LEO regarding missing person or felony (837.055-7261/Own recognizance)	
3	Trespassing – Fail to leave property upon order by owner (810.09-2774/Own recognizance)	Burglary – unoccupied structure unarmed (810.02-6266/No file)	
4	Resist officer – with violence (843.01-3142/Own recognizance)	Booked – Re-commit (4/Time served)	
5	Burglary – unoccupied conveyance unarmed (810.02-6267/Supervised own recognizance)	Trespassing – Fail to leave property upon order by owner (810.09-2774/Own recognizance)	
6	Larceny – petit theft 2 <sup>nd</sup> degree 1 <sup>st</sup> offense (812.014-2798/Own recognizance)	Failure to appear (843.15-3163/Time served)	
7	Failure to appear (843.15-3162/Time served)	Failure to appear (843.15-3163/Time served)	
8	Trespassing – Fail to leave property upon order by owner (810.09-2774/Court order release)		
9	Larceny – grand theft \$300 less than \$5k (812.014-4088/Supervised own recognizance)		
10	Booked – Re-commit (4/Time served)		
11	Trespassing – Fail to leave property upon order by owner (810.09-2774/Court order release)		

Even when a PalmFUSE participant’s involvement in the criminal justice system persisted after being housed, it was often for status offenses, which is exemplified in Table 4. This PalmFUSE participant was booked 8 times on 11 charges and spent nearly 5 days in jail in the 24 months prior to being identified. Their charges included disorderly public intoxication that caused a disturbance, several

county ordinance violations, and status offenses. Upon being identified as eligible for PalmFUSE, this participant was booked an additional 3 times on 3 charges and spent approximately three days in jail: a 63%, 73%, and 40% decline over time, respectively. Their charges included a disorderly public intoxication charge but no county ordinance violations and fewer status offenses. Though their involvement in the criminal justice system persisted with 3 bookings on 3 charges upon being housed, all three charges were status offenses (failure to appear).

**Table 4. Number of Bookings, Charges, Days in Jail, and Charge Type for One PalmFUSE Participant**

	Between identification and		
	24 months prior to identification	housed dates	After housed
<b># of Bookings</b>	8	3	2
<b># of Charges</b>	11	3	3
<b># of Days in Jail</b>	5	3	1
Charge Type (Statute/Sentence)			
1	Failure to appear (843.15-3163/Time served)	Disorderly intoxication – disorder intoxication public place cause disturbance (856.011-3245/Time served)	Failure to appear (843.15-3163/Time served)
2	Trespassing – Fail to leave property upon order by owner (810.09-2774/Time served)	Failure to appear (843.15-3163/Time served)	Failure to appear (843.15-3163/Time served)
3	County ordinance violation (888888-3376/Time served)	Trespassing – Fail to leave property upon order by owner (810.09-2774/Time served)	Failure to appear (843.15-3163/Time served)
4	County ordinance violation (888888-3376/Time served)		
5	County ordinance violation (888.8888.8888-3376/Time served)		
6	Failure to appear (843.15-3163/Time served)		
7	County ordinance violation (888.8888.8888-3376/Time served)		
8	Disorderly intoxication – disorder intoxication public place cause disturbance (856.011-3245/Own recog.)		
9	Failure to appear (843.15-3163/Time served)		
10	County ordinance violation (888.8888.8888-3376/Own recog.)		
11	Failure to appear (843.15-3163/Own recognizance)		

Substantively, not only did the number of bookings, charges, and days spent in jail decline over time among PalmFUSE participants, the nature of offenses also tended to decline in seriousness. More specifically, PalmFUSE participants were less inclined to be involved in violent offenses and their continued involvement in the criminal justice system was overwhelmingly related to county ordinance violations and status offenses. In other words, the project had a positive impact on reducing the jail population among PalmFUSE participants.

## EFFECT OF PalmFUSE ON HOMELESS SYSTEM INVOLVEMENT

To reduce reliance on the criminal justice and behavioral health systems, the PalmFUSE pilot program addressed a central need of many people who are chronically involved in such systems—housing. To answer research question #2—Did participation in PalmFUSE influence a person’s homelessness status?—we begin by examining the housing status of PalmFUSE participants as of August 1, 2021 (the final observation date for housing data). This is followed by looking at the number of days PalmFUSE participants spent housed throughout the observation period, change in SPDAT scores, and change in service utilization, insurance, and income over time.

### Housing Status

As noted [above](#), 15 PalmFUSE participants were initially placed in rapid rehousing and/or transitional housing. Ten of these 15 participants subsequently moved into PSH. This speaks to the ability of service providers to provide the recommended housing (i.e., PSH) based on the FUSE model and SPDAT assessments, along with PBC’s ability to sustain PalmFUSE beyond the time limited CJC funding.

However, as seen in Figure 33, at the end of the observation period, only 56% (n=9) of PalmFUSE participants were residing in PSH. Another 25% were housed in rapid rehousing. It is worth noting that although these four individuals were identified as being eligible for PalmFUSE in August, September, and October 2019 they were not housed in rapid rehousing until November 2020, January 2021, and March 2021 (see Figure 36 below).

Overall, 81% of PalmFUSE participants were housed at the end of the observation period.

Unfortunately, one PalmFUSE participant passed away due to substantial health issues they had experienced throughout their lifetime. This speaks to the vulnerability of the population in which FUSE models seek to serve. Finally, two PalmFUSE participants’ housing status was unknown at the

Figure 33. PalmFUSE Participant Housing Status at End of Observation Period





end of the observation period. One participant was housed in rapid rehousing and offered PSH; however, they declined PSH for unknown reasons. They then, however, went on to reside in a residential treatment facility for approximately 5 months. The other participant was housed in rapid rehousing and transitioned to PSH, where they lived for less than three months (81 days) before leaving PSH, again for unknown reasons.

For the 11 PalmFUSE participants who initially resided in rapid rehousing and/or transitional housing prior to moving into PSH (or being offered to move into PSH), they averaged 130 days (4.27 months) in rapid rehousing/transitional housing prior to moving into PSH. As can be seen in Figure 34, they spent between 29 to 257 days in rapid rehousing/transitional housing.

**Figure 34. Days in Rapid Rehousing or Transitional Housing before Moving into PSH**

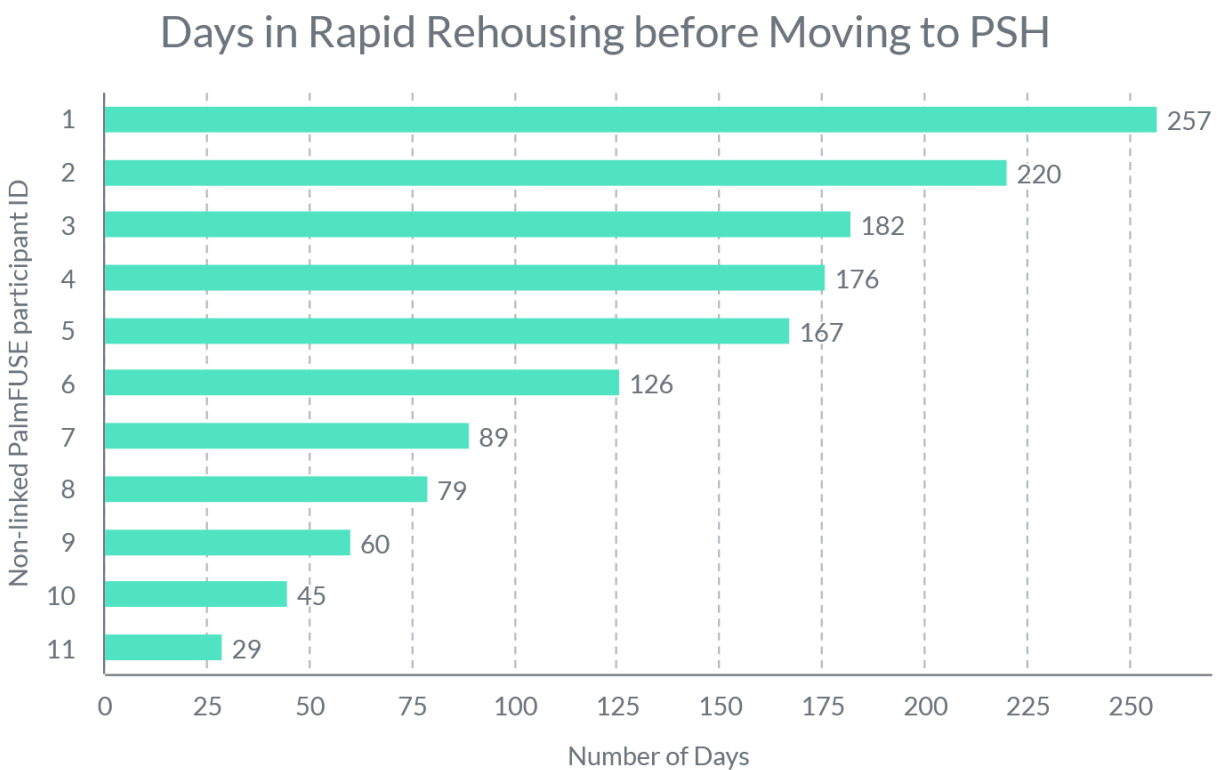


Figure 35 shows the days in rapid rehousing for the four PalmFUSE participants who were still residing in rapid rehousing at the end of the observation period. As can be seen, these four individuals spent between 136 and 254 days in rapid rehousing, for an average of 181 days (approximately 6 months). This is 51 more days than the 11 PalmFUSE participants who had moved into PSH. While it is unclear why these four individuals resided in rapid rehousing longer than the others, it is possible that this was due to the COVID-19 pandemic. Eight of the 11 PalmFUSE participants who moved into PSH did so early in the pandemic (see Figure 36 below), prior to the manifestation of the long-term effects of the pandemic on housing in PBC.

Figure 35. Days in Rapid Rehousing at End of Observation Period

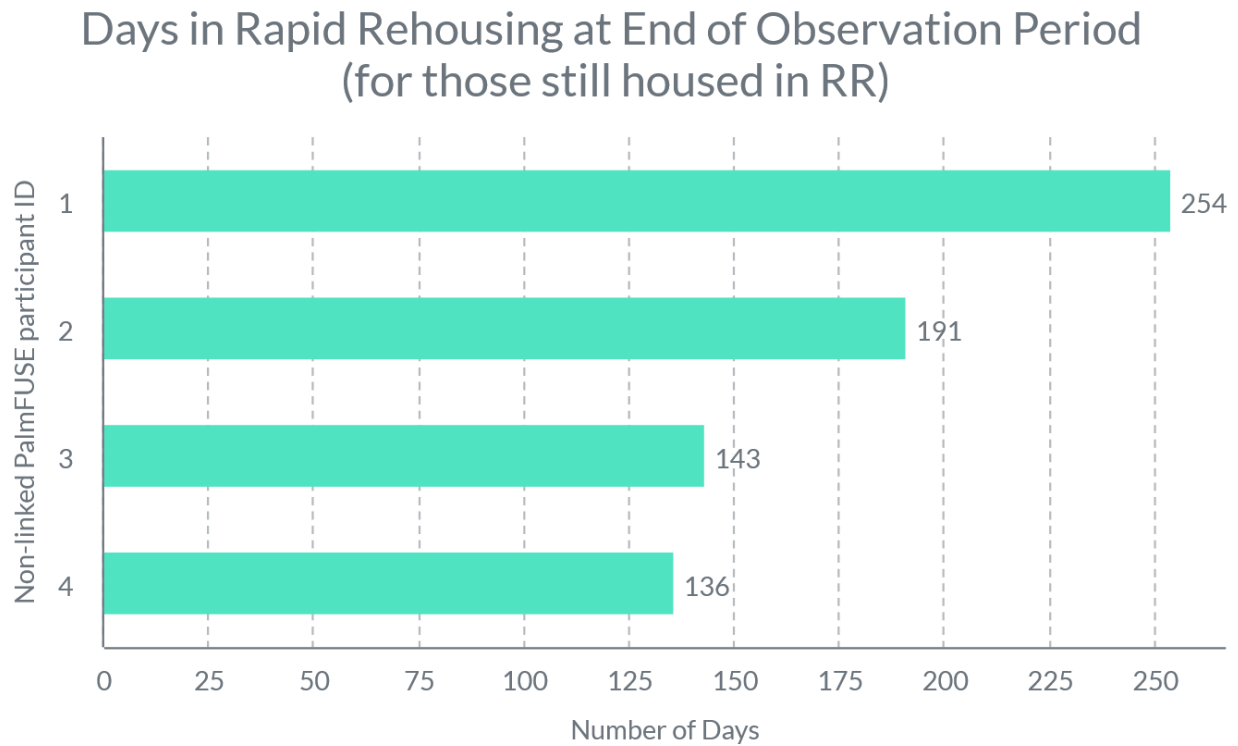
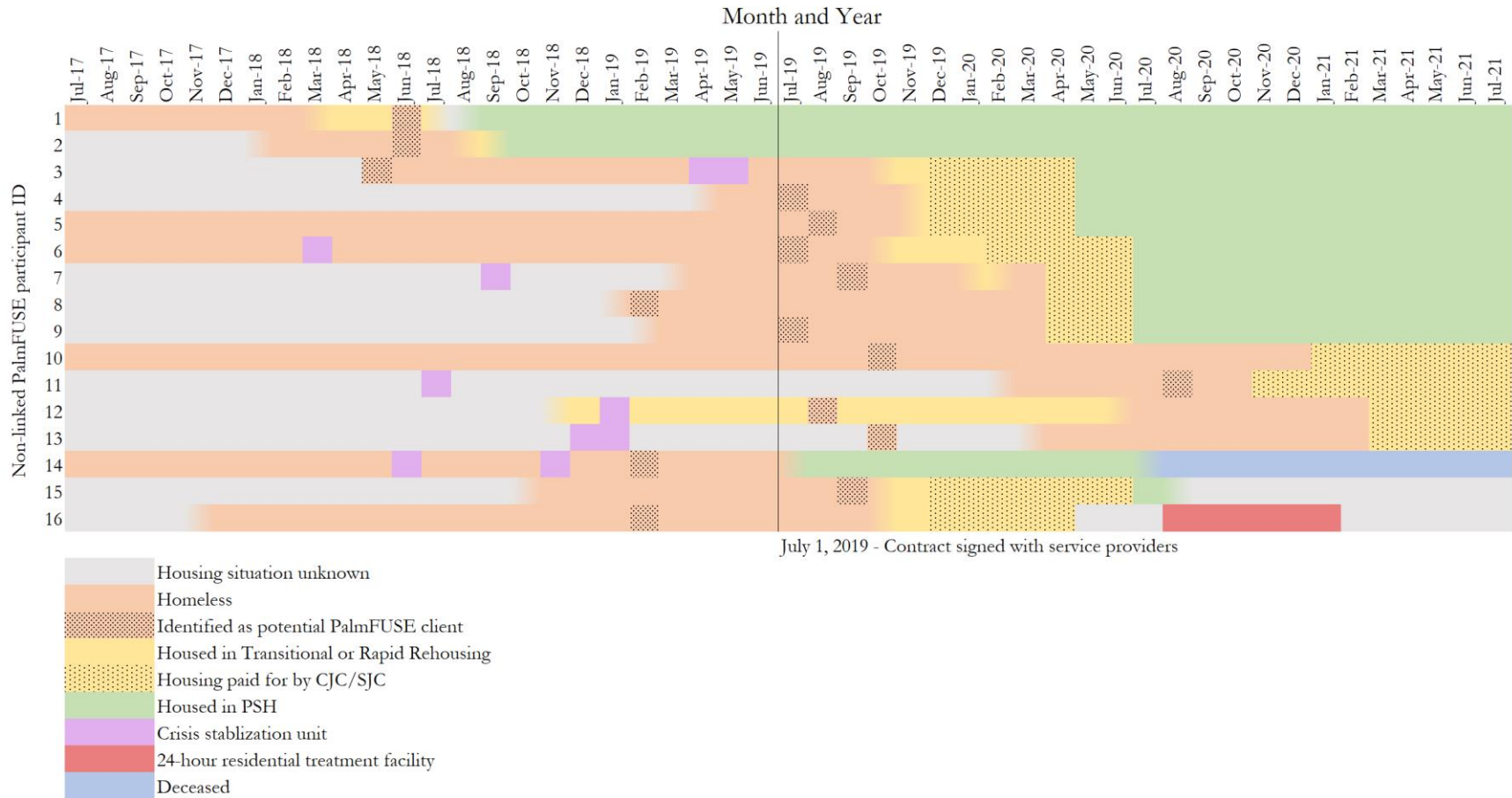


Figure 36 shows the housing status for all 16 PalmFUSE participants from July 1, 2017 to August 1, 2021. This approximately four-year period provides two years of visual prior to and after the contract execution date between the CJC and service providers. As shown, the PalmFUSE program achieved the intended goal of reducing reliance on homeless services, as the majority of participants were housed at the end of the observation period.

Figure 36. PalmFUSE Participant Housing Status July 1, 2017-August 1, 2021



## Days Housed

Although the FUSE model seeks to connect participants to permanent and supportive housing, one of the overarching goals of PalmFUSE was to increase housing stability and reduce homeless service utilization. As such, this section describes the number of days PalmFUSE participants were housed (in rapid rehousing, transitional housing, or PSH) through the end of the observation period.

As shown in Figures 37 and 38, the 16 PalmFUSE participants were housed for a total of 7,765 days, which averaged 16.2 months per person and ranged from 126 days (approximately 4 months) to 1,175 days (3.2 years). Given that data were retrieved on August 1, 2021, these figures likely underestimate the total and average number of days PalmFUSE participants will ultimately be housed. Even as an underestimation, the results presented are substantial. More specifically, PalmFUSE participants' most recent homeless episode (prior to being housed) was just under two years (23.5 months) and totaled 11,508 days for all 16 PalmFUSE participants.

Figure 37. Days Housed

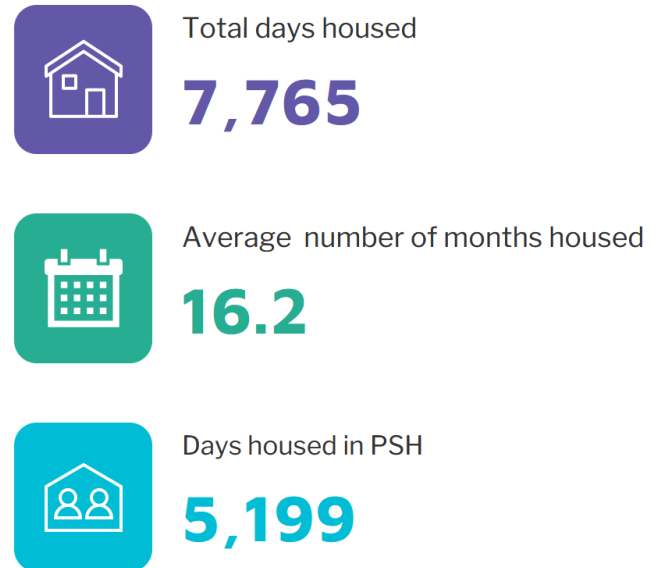
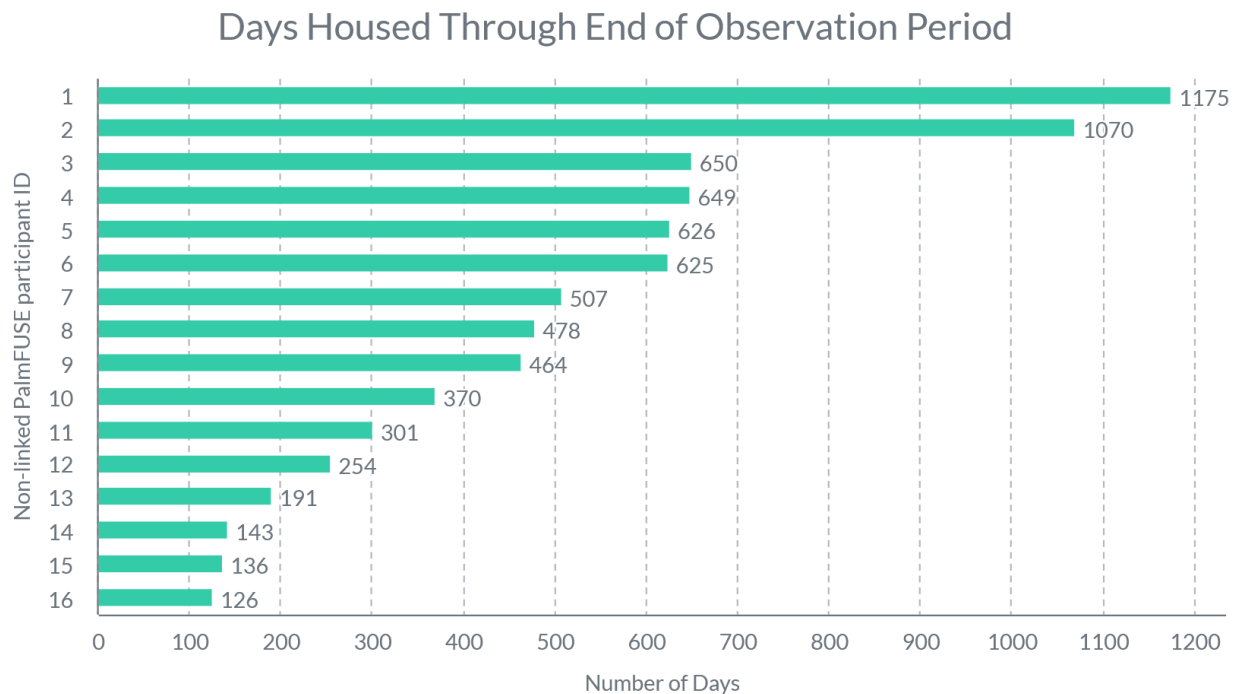


Figure 38. Days Housed per PalmFUSE Participant Through End of Observation Period

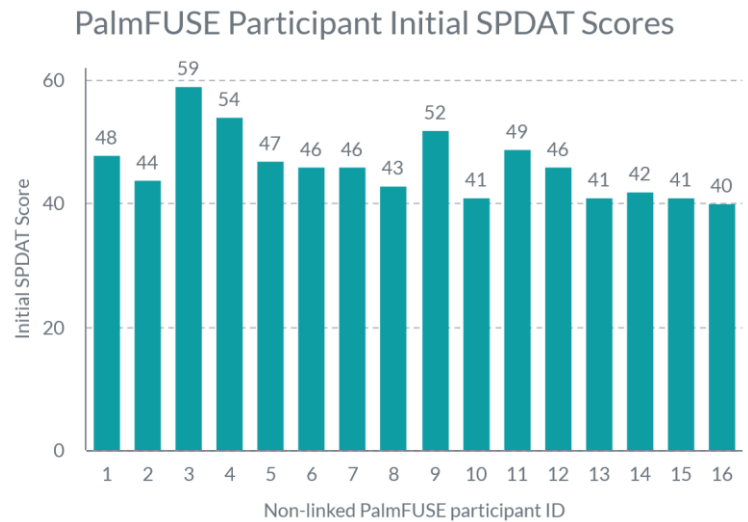


## Change in SPDAT Scores

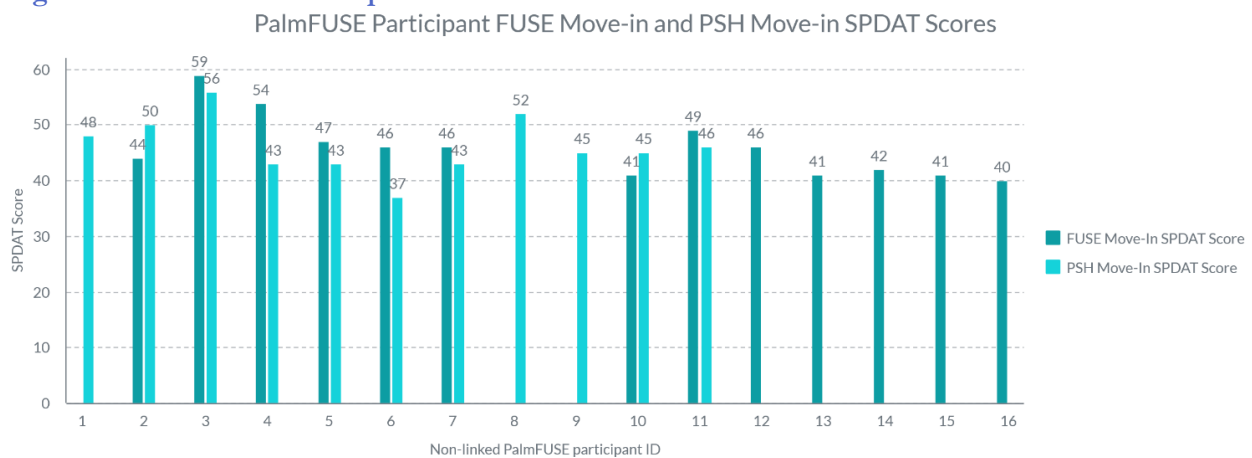
As noted in the [Housing and Servicing Participants](#) section above, homeless service providers in PBC utilize the SPDAT to assess needs, prioritize which clients receive assistance first, and match clients to appropriate services, housing, and case management intensity (PBC Continuum of Care, 2019). All PalmFUSE participants were administered the SPDAT at least once, with an initial average SPDAT score of 46 (out of 60). Figure 39 shows the initial SPDAT scores for all participants, regardless of when they were assessed. Although all participants were assessed using the SPDAT, the timing of the SPDAT administration varied between participants. More specifically, 13 participants were initially assessed upon their move-in to transitional or rapid rehousing, while three participants were initially assessed upon their move-in to PSH.<sup>6</sup>

Figure 40 shows the FUSE and PSH move-in SPDAT score for each PalmFUSE participant. Because not all PalmFUSE participants had moved into PSH at the end of the observation period, some do not have a PSH move-in SPDAT score. Additionally, as noted above, three participants were initially assessed upon PSH move-in, as they were not housed in transitional and/or rapid rehousing. Of the 13 people who were assessed upon moving into FUSE housing, the average SPDAT score upon their move-in was 45.8 and ranged between 40 and 59. PSH move-in SPDAT scores, however, ranged from 37 to 56, with an average score of 46.1 (n=11).

**Figure 39. PalmFUSE Participant Initial SPDAT Scores**



**Figure 40. PalmFUSE Participant FUSE and PSH Move-in SPDAT Scores**



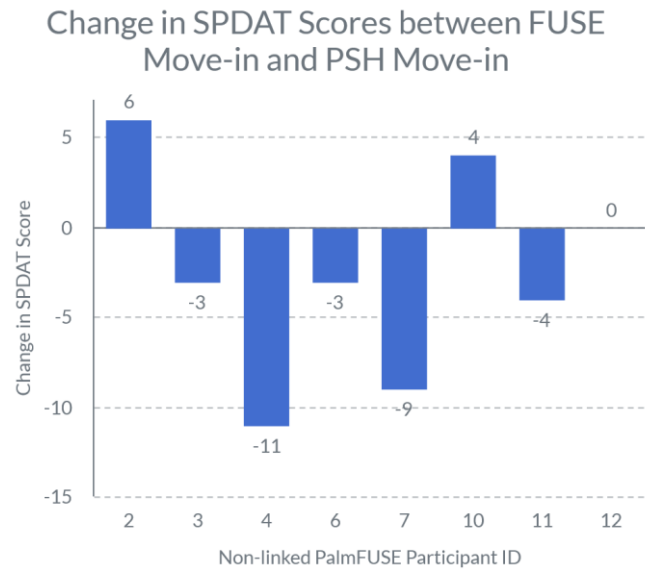
<sup>6</sup> Please note that throughout this specific section of the report, the participant ID numbers within the figures relate to the same participant. For example, participant #1 in Figure 39 is the same participant #1 in Figure 40.

Eight PalmFUSE participants had both FUSE and PSH move-in SPDAT scores recorded. Figure 41 depicts the change in SPDAT score between the FUSE move-in assessment and the PSH move-in assessment. As can be seen, two participants' SPDAT scores increased between their FUSE housing and PSH move-in assessments, one participant's SPDAT score stayed the same, and four participants' SPDAT scores decreased. Among these eight participants, there was an average 2.5-point decrease in SPDAT scores between FUSE housing move-in (average score of 48.1) and PSH move-in (average score of 45.6). Although this change is consistent with the program's intended effect, high SPDAT scores during PSH move-in indicate that the Housing First approach is appropriate for the complex needs of PalmFUSE participants. These needs, unfortunately, often remain undressed during their time in transitional and/or rapid rehousing.

Nine PalmFUSE participants had PSH move-in and 270 days post-PSH move-in SPDAT scores on file. Figure 42 shows the change in SPDAT scores between PSH move-in and after 270 days of living in PSH. Of these participants, only one person had an increase in their SPDAT score while living in PSH. The SPDAT scores for the other eight participants decreased between 5 and 13 points from their PSH move-in date to 270 days after moving into PSH. Overall, there was an average decrease of 7.4 points (from an average of 47.3 to 39.9 points). A decrease in score reflects overall life improvements and increased stability, which can lead to decreased service supports over time.

Figures 43 and 44 below show the change in SPDAT scores over time for all 16 PalmFUSE participants, with Figure 43 showing all participants together and Figure 44 showing each participant separately.

**Figure 41. Change in SPDAT Scores between FUSE and PSH Move-in**



**Figure 42. Change in SPDAT Scores between PSH Move-in and 270 Days Post-PSH Move-in**

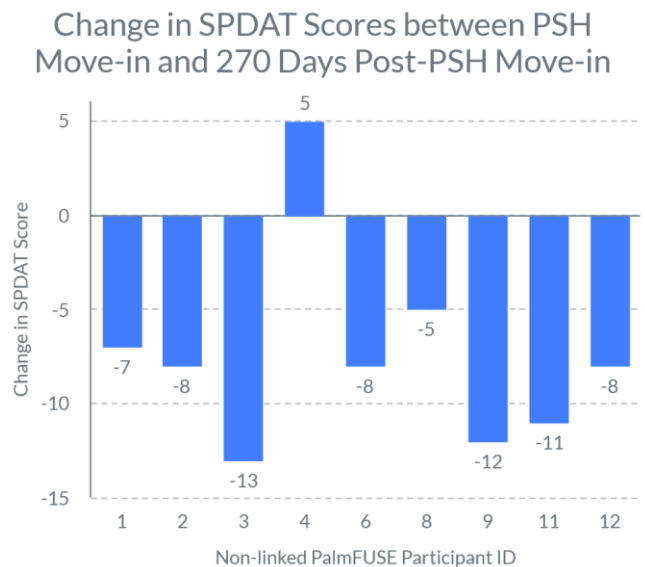


Figure 43. PalmFUSE Participant SPDAT Scores over Time

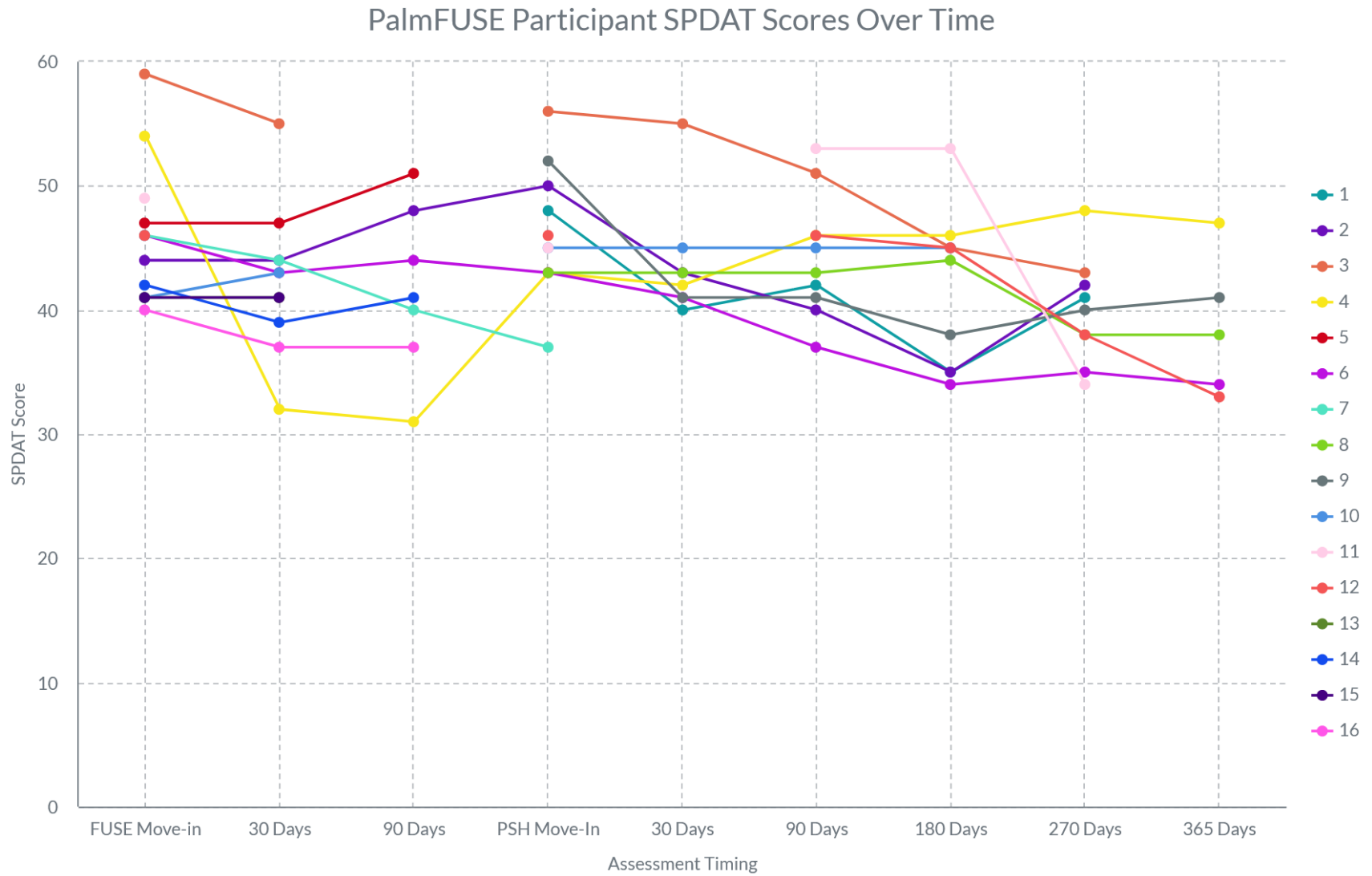




Figure 44. Change in SPDAT Scores over Time by PalmFUSE Participant

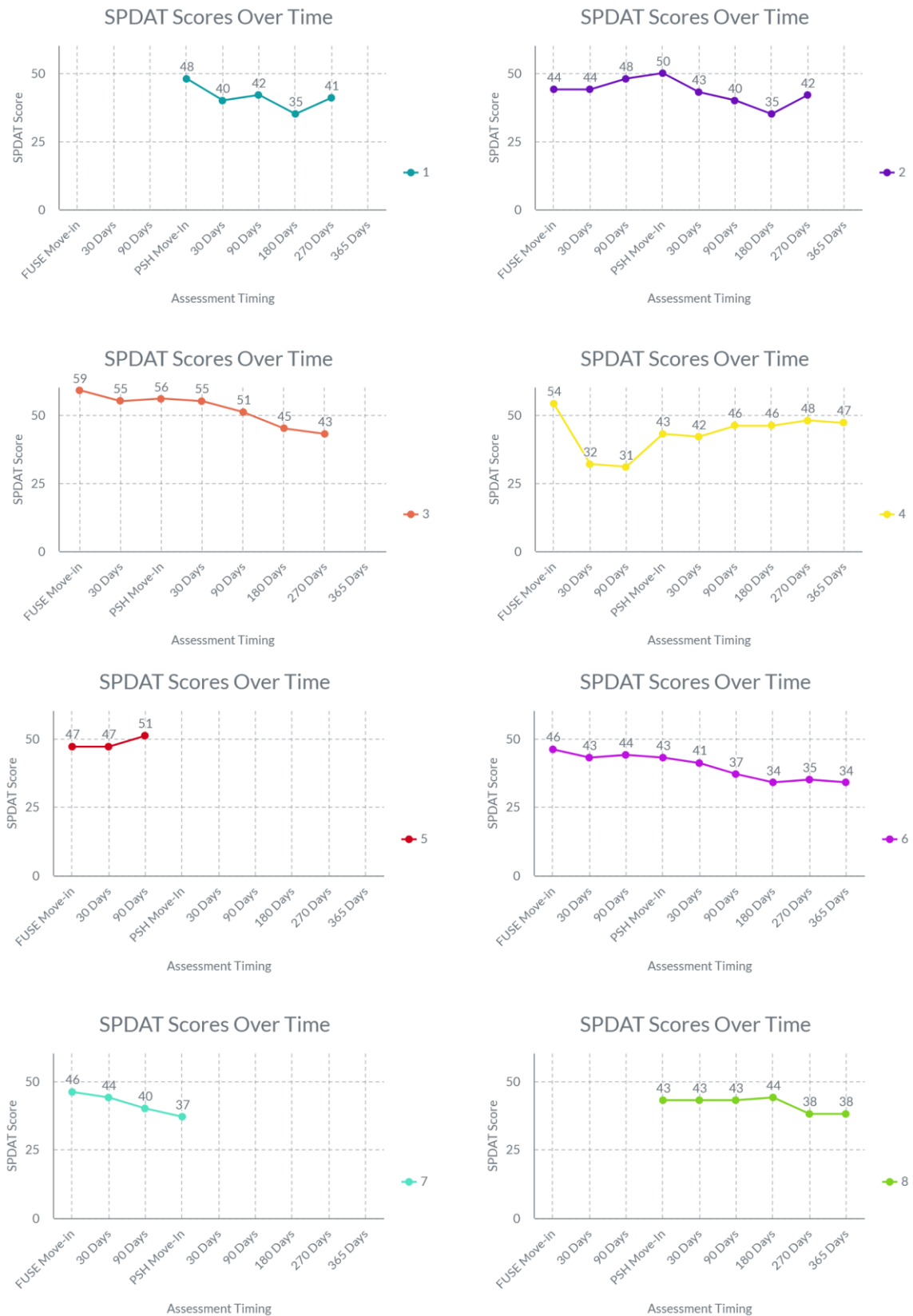
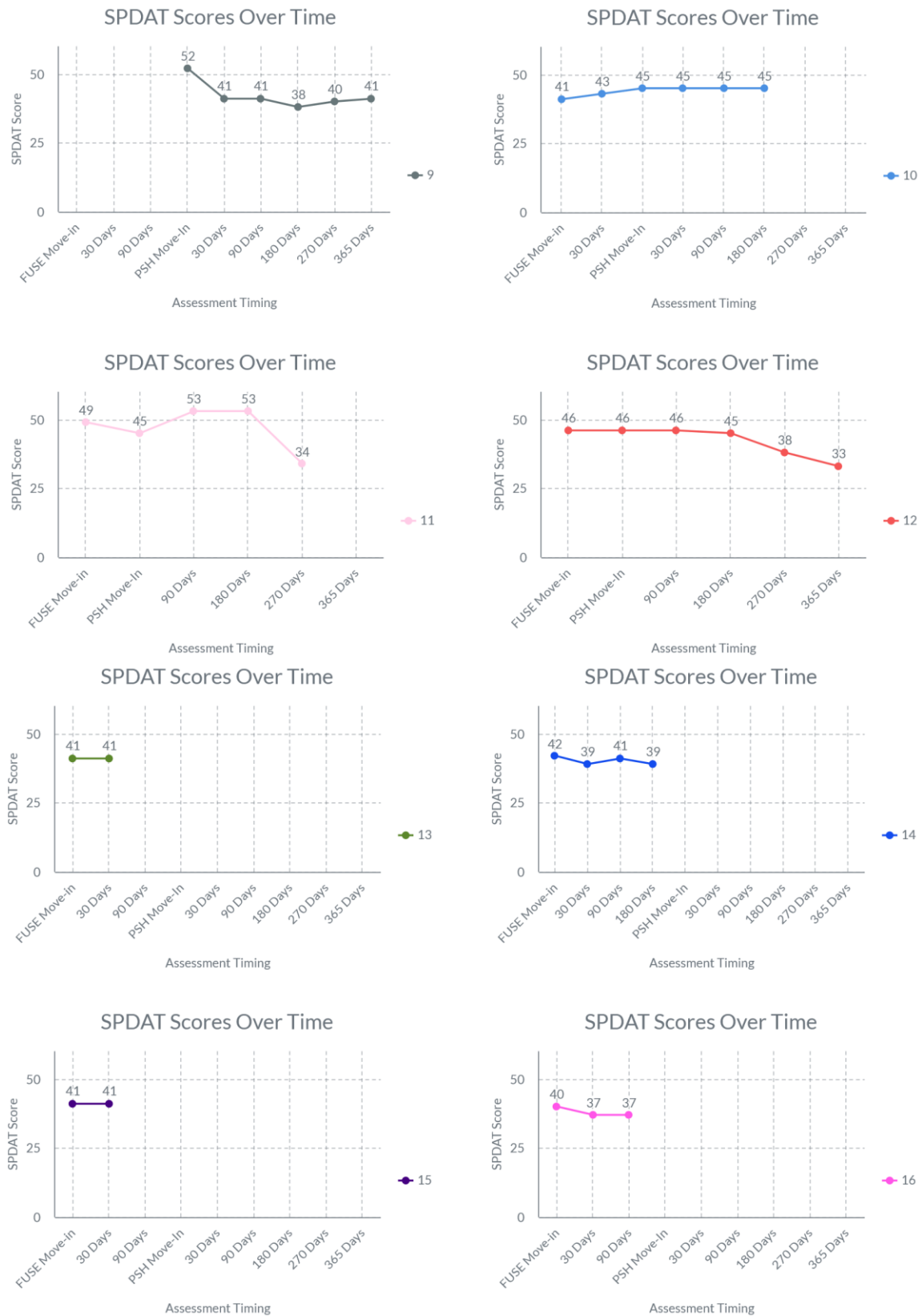


Figure 44 continued. Change in SPDAT Scores over Time by PalmFUSE Participant

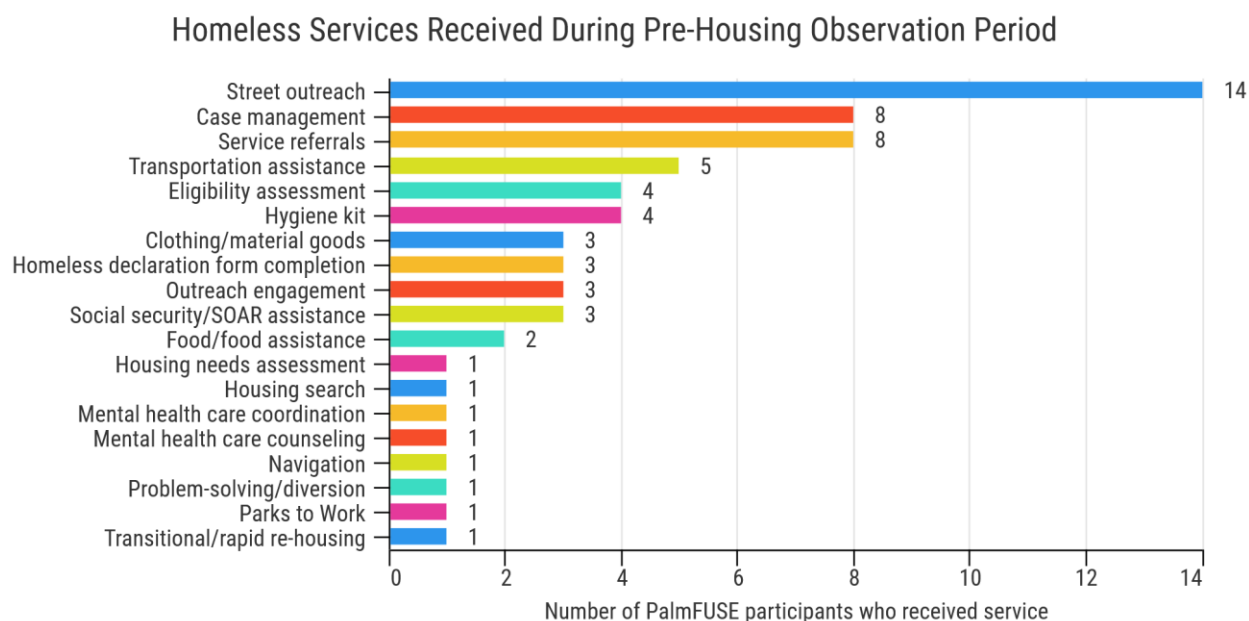


## Change in Service Utilization, Insurance, and Income

In addition to increasing housing stability, another goal of PalmFUSE was to decrease homeless service utilization. This section describes the services PalmFUSE participants received in the 12 months prior to being housed with PalmFUSE and compares this with the services that participants received while being housed with PalmFUSE. We then discuss changes in insurance status and income pre- and post-FUSE enrollment.

As noted in Table 1 [above](#), PalmFUSE participants were contacted an average of 20 times and reached on the street an average of 7 times by homeless service providers in the 12 months prior to being housed with PalmFUSE. They were also provided multiple services while experiencing homelessness, with each participant receiving an average of 4 services. Figure 45 shows the types of services that PalmFUSE participants received in the 12 months prior to being housed with PalmFUSE and while they were experiencing homelessness. As shown, street outreach was the most prominent service received, with 88% of PalmFUSE participants receiving street outreach. Furthermore, 50% of PalmFUSE participants received case management and/or referral for services.

**Figure 45. Homeless Services PalmFUSE Participants Received During Pre-Housing Observation Period**



After being assessed and housed with PalmFUSE, participants continued to receive targeted services. These services, however, were markedly different than the services they received prior to being housed (see Figure 46). Specifically, they no longer received services specific to people experiencing homelessness (e.g., street outreach, outreach engagement, navigation, completion of homeless declaration forms) because all individuals were housed. Instead, all PalmFUSE participants received case management services and housing (whether in transitional housing, rapid rehousing, or permanent supportive housing). Additionally, the majority of participants (n=12) received services to

address basic needs, including clothing, material goods, phones, transportation, food, and hygiene kits. Moreover, half of PalmFUSE participants received assistance with securing their social security/disability benefits. Being housed also allowed individuals to receive services that were unable to be provided while they were experiencing homelessness, including peer support, individual therapy, and employment services—all of which are integral to overall life improvements.

**Figure 46. Services PalmFUSE Participants Received while Housed with PalmFUSE**

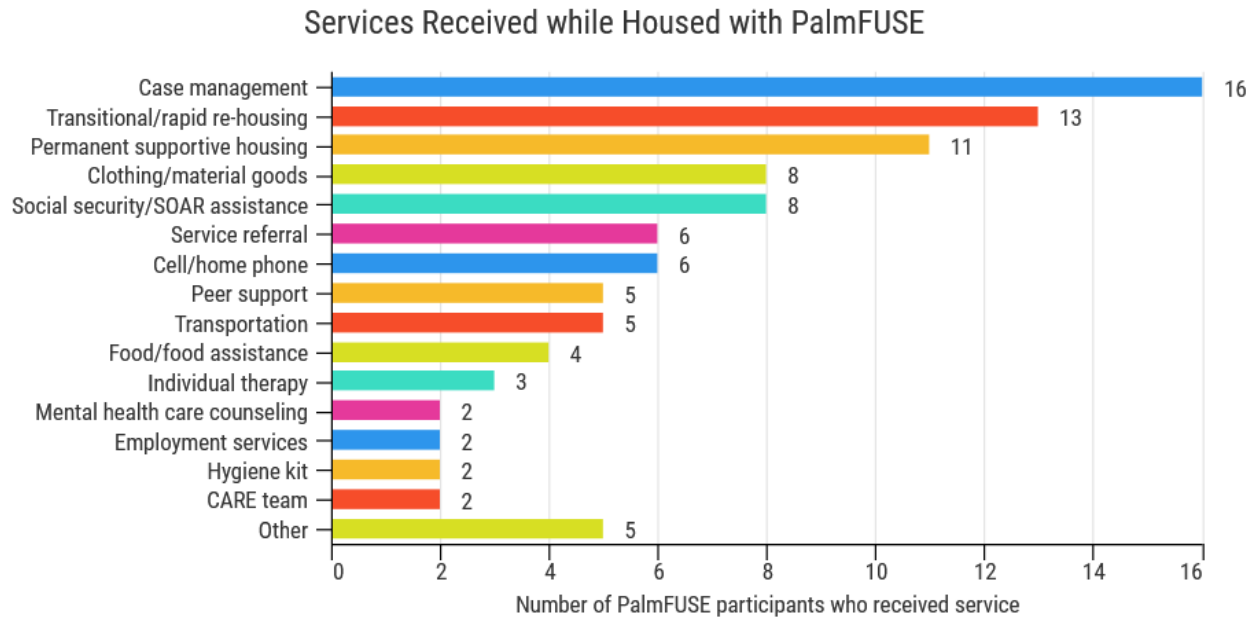
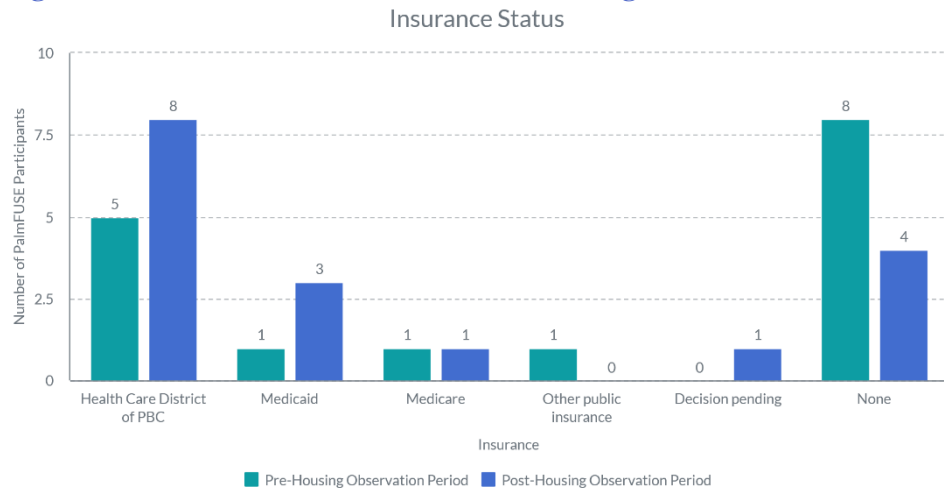


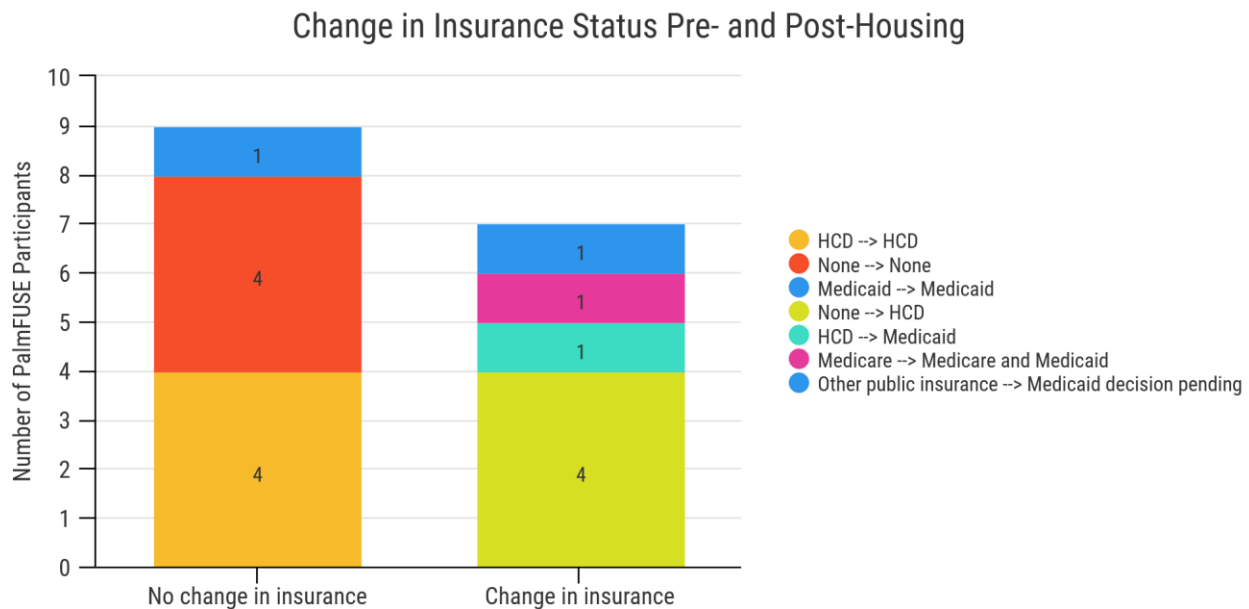
Figure 47 shows the insurance status of PalmFUSE participants during the pre- and post-housing observation periods. As shown, prior to being housed with PalmFUSE, 50% of participants had no health insurance, while approximately 31% were receiving health insurance through the Health Care District (HCD) of PBC. After enrolling in PalmFUSE, only 25% of participants had no health insurance (a 50% decrease), while 50% were receiving health insurance through the HCD (a 60% increase). Additionally, three participants received Medicaid after they became housed with PalmFUSE, with one additional person's Medicaid decision pending.

**Figure 47. Insurance Status Pre- and Post-Housing**



Another way to examine insurance status is to look at the change in status by each PalmFUSE participant (see Figure 48). Specifically, nine PalmFUSE participants (56%) had no change in insurance status pre- and post-housing, wherein four participants had insurance through the Health Care District of PBC, one had Medicaid, and four had no insurance both pre- and post-housing. The insurance status of the other seven PalmFUSE participants changed pre- and post-housing. Four PalmFUSE participants (25%) went from having no insurance to receiving insurance through the Health Care District of PBC, one transitioned from receiving insurance through the Health Care District of PBC to receiving Medicaid, one transitioned from receiving Medicaid to receiving Medicaid *and* Medicare, and one was receiving other public insurance, but was awaiting a decision from Medicaid.

**Figure 48. Change in Insurance Status Pre- and Post-Housing**



Another way to examine stability, is to look at a person’s income and benefits received over time. For the 16 PalmFUSE participants, 11 (69%) were receiving income and benefits, for an average of \$244 per month prior to being housed with PalmFUSE. Once housed with PalmFUSE, 13 participants (81%) were receiving income and benefits, for an average of \$327 per month in income and benefits (a 34% increase). This change was due primarily to individuals receiving SNAP benefits that they were not receiving prior to being housed with PalmFUSE. Additionally, one person obtained part-time employment after being housed with PalmFUSE, which substantially increased their monthly income.

**EFFECT OF PalmFUSE ON BEHAVIORAL HEALTH SYSTEM INVOLVEMENT**

Finally, to answer research question #3—Did participation in PalmFUSE affect an individual’s receipt of mental health services?—we obtained behavioral health data from Southeast Florida Behavioral Health Network (SEFBHN), which is the managing entity for behavioral health services in Palm Beach County. As noted [above](#), on July 19, 2021, behavioral health data, including system contacts and days, crisis stabilization contacts and days, and services rendered, were retrieved for 12 of the

PalmFUSE participants, as SEFBHN changed data systems and was unable to retrieve data for 4 participants.

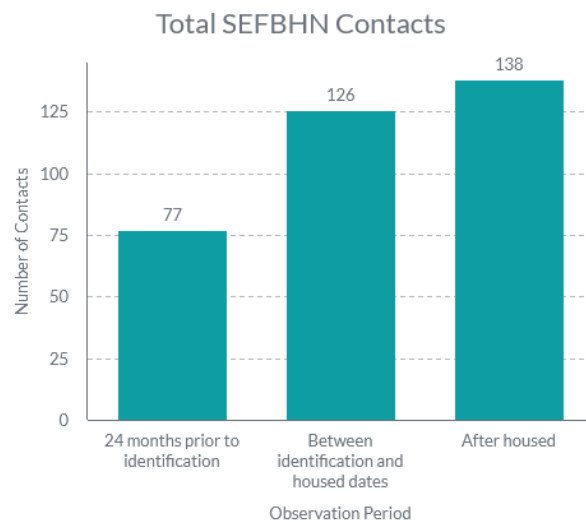
As above, these events are presented in relation to important participant milestones, including:

1. Twenty-four months prior to PalmFUSE participant identification.
2. Date PalmFUSE participant was identified to participate in the program.
3. Date PalmFUSE participant was housed.
4. End of behavioral health system observational period (July 19, 2021).

### Change in Behavioral Health System Contacts

Of the 12 participants for whom data were received, all but two (83%) had a documented contact with a behavioral health service provider within SEFBHN’s network in the 24 months prior to being identified as eligible for PalmFUSE. As depicted in Figure 49, these 12 PalmFUSE participants had 77 contacts with behavioral health services in the 24 months prior to being identified as eligible for PalmFUSE, with the number of contacts ranging from 0 to 32 and averaging 6.4 contacts per person. After being identified as eligible to participate in PalmFUSE and prior to being housed, four participants had contact with SEFBHN (including one participant who had not had contact during the 24 months prior to identification) for a total of 126 contacts (a 64% increase).

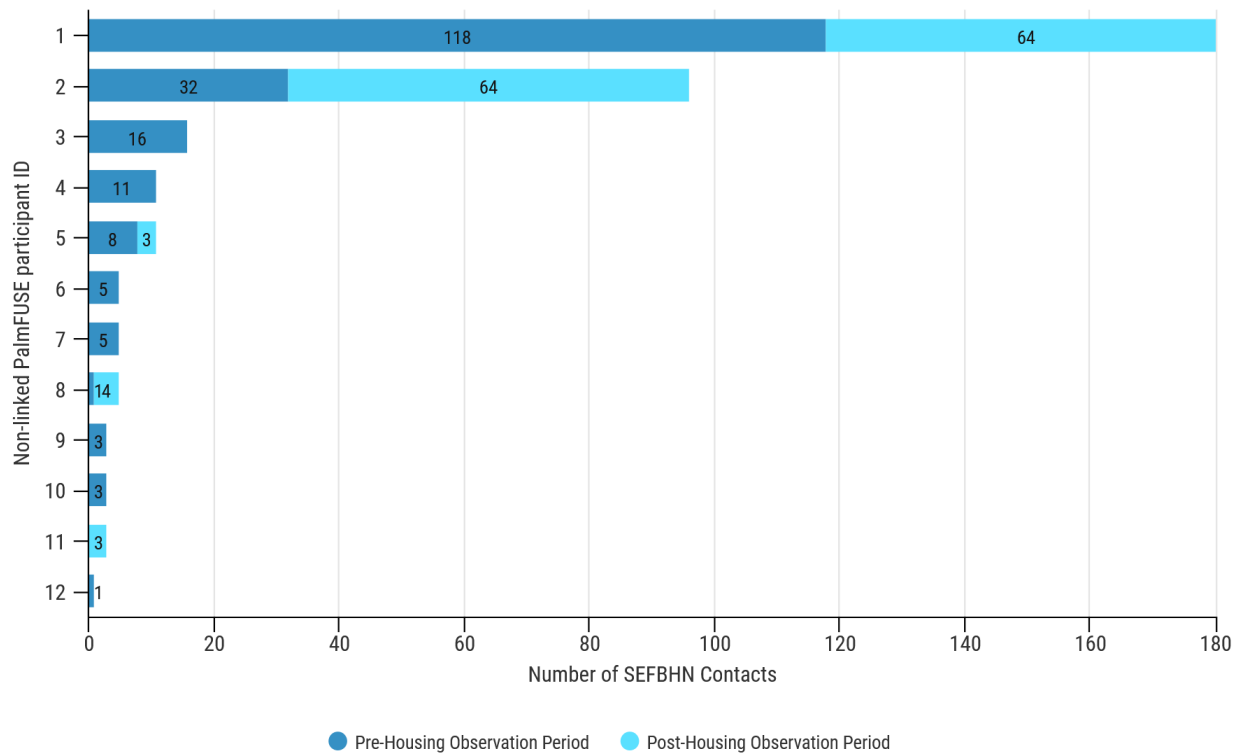
**Figure 49. Total SEFBHN Contacts Across Observation Periods**



This increase was largely due to one PalmFUSE participant who had 86 contacts with SEFBHN—primarily for case management services—between being identified as eligible and being housed with PalmFUSE. After being housed with PalmFUSE, however, 5 of the 12 PalmFUSE participants (42%) had contact with a behavioral health service provider, for a total of 138 contacts (a 32% decrease from the pre-housing observation period) with an average of 11.5 contacts per participant. Again, this was largely due to two participants who continued to receive SEFBHN-funded case management, peer recovery support, assessments, and medical services after being housed.

Figure 50 shows the number of contacts in which participants had with SEFBHN prior to and after being housed with PalmFUSE. Please note that in the below figure, “pre-housing observation period” includes only the period under observation (i.e., 24 months prior to identification *and* between identification and housed dates), while “post-housing observation period” includes the entire observation period between being housed and July 19, 2021.

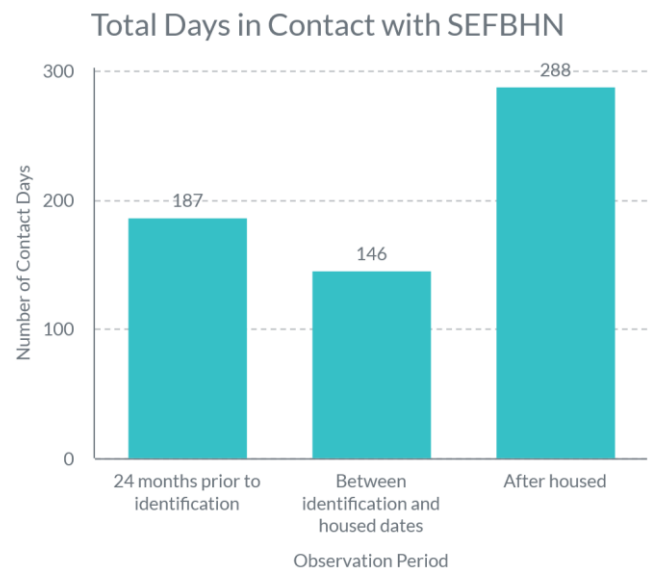
**Figure 50. Number of SEFBHN Contacts Prior to and After being Housed with PalmFUSE**  
 Number of SEFBHN Contacts Prior to and After being Housed with PalmFUSE



**Change in Number of Days in Contact with the Behavioral Health System**

Some behavioral health system contacts span multiple days (e.g., crisis stabilization, detox, residential treatment). Therefore, this section examines the change in the number of days in which participants had contact with SEFBHN. As depicted in Figure 51, in total, the 12 PalmFUSE participants for whom data were available, spent 187 days in contact with behavioral health services in the 24 months prior to being identified as eligible for PalmFUSE, for an average of 15.6 days per participant. After being identified but prior to being housed, PalmFUSE participants spent 146 days in contact with behavioral health services, for an average of 12.2 days per participant (a 22% decrease). After being housed with PalmFUSE, they spent 288 days in contact with behavioral health services, which represents a 13% decrease from the pre-housing observation period (which includes the 24 months

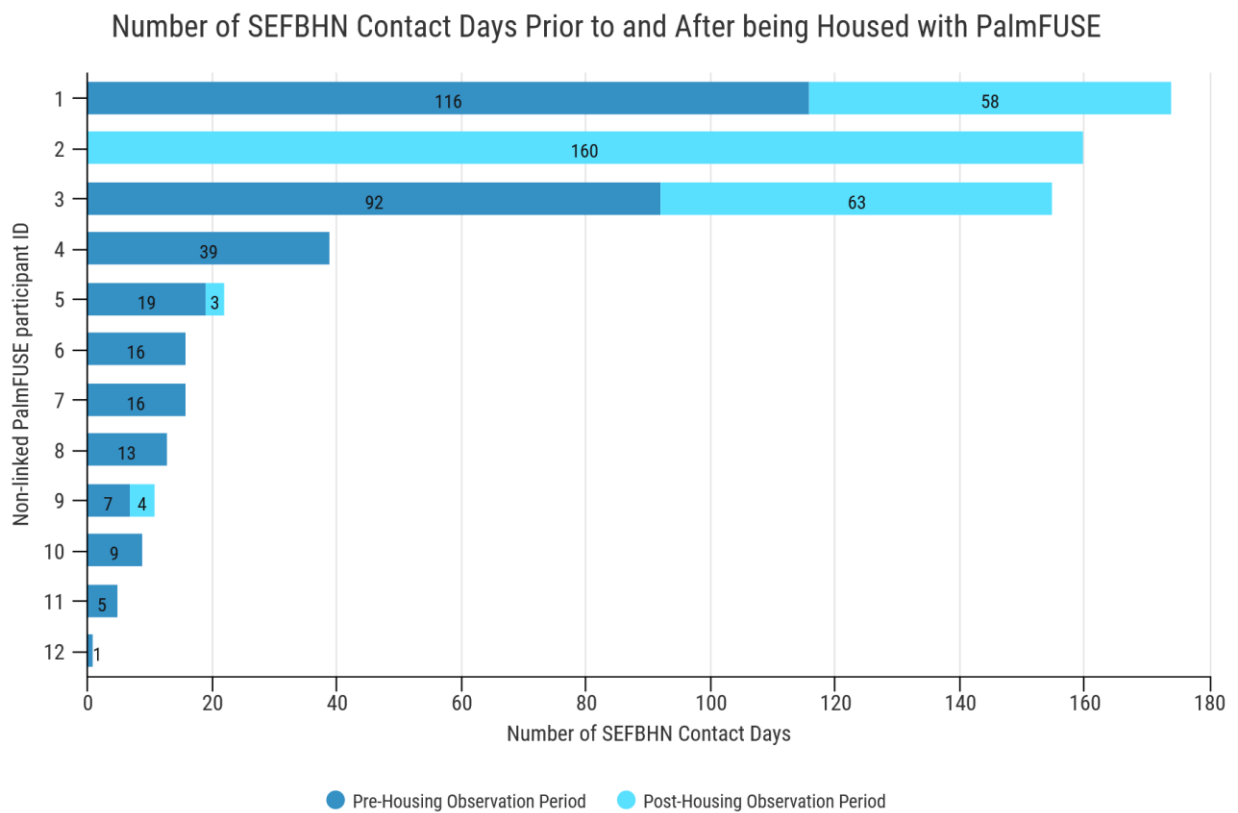
**Figure 51. Total SEFBHN Contact Days by Observation Period**





prior to being identified and the number of days between being identified and housed), but a 43% increase from the time they were identified to the time they were housed. This, however, is largely due to three PalmFUSE participants—one who declined to move into PSH and went on to spend 160 days in a residential treatment facility and two who continued to receive SEFBHN-funded case management, peer recovery support, assessments, and medical services after being housed. If the person who declined PSH is removed from the analysis, PalmFUSE participants spent a total of 128 days in contact with behavioral health services after being housed with PalmFUSE, a substantial decline for most participants. Figure 52 shows the number of contact days participants had with SEFBHN prior to and after being housed with PalmFUSE.

**Figure 52. Number of SEFBHN Contact Days Prior to and After being Housed with PalmFUSE**



## Change in Crisis Stabilization Events

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While most behavioral health contacts were for case management, therapy, and mental health services to help PalmFUSE participants manage their behavioral health, other contacts required more intensive treatment. As seen in Figure 53, prior to being housed, for example, 7 of 12 PalmFUSE participants (58%) experienced a mental health crisis that resulted in them needing crisis stabilization after being Baker Acted. The Baker Act allows for voluntary or involuntary emergency mental health services and temporary detention of people who are impaired because of their mental illness, and who are unable to determine their needs for treatment (Mental Health Program Office & Department of Mental Health Law & Policy, 2014).

Figure 53. Pre-FUSE Crisis Stabilization



**7 participants**

were admitted to a CSU prior to FUSE



**12 incidents**

the 7 participants experienced a total of 12 incidents that required crisis stabilization



**92 days**

the 12 incidents resulted in 92 total days in a CSU

Of the seven individuals who required the need of crisis stabilization, they experienced a total of 12 crisis stabilization incidents, which ranged from 1 to 3 and averaged 1.7 per person. Across the 12 crisis stabilization incidents, the seven individuals spent a total of 92 days in a crisis stabilization unit (CSU), with an average of 7.7 days per incident (ranging from 2 to 22 days).<sup>7</sup>

In addition to events that resulted in admission to a CSU, two PalmFUSE participants experienced a behavioral health incident prior to being housed with PalmFUSE that resulted in the deployment of a Mobile Response Team (MRT). MRTs provide assessment of crisis situations, support in difficult times, education about mental illness, and information, referral, and linkage to community resources (SEFBHN, 2022). According to SEFBHN (2022), “the goal of MRT is to prevent any unnecessary psychiatric hospitalizations.” In both incidents, the MRT was able to avoid having to a Baker Act the PalmFUSE participant into a CSU stay.

After being housed with PalmFUSE, no PalmFUSE participants experienced a crisis event severe enough to warrant an admission into a CSU. One PalmFUSE participant, however, did experience three separate crisis events that resulted in the deployment of an MRT. In each of these incidents, though, the MRT averted a Baker Act and CSU stay.

## Change in Behavioral Health Services

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This section examines change in behavioral health services prior to and after being housed with PalmFUSE. Of the 12 PalmFUSE participants for which SEFBHN data were provided, 11 had contact with the behavioral health system prior to being housed with PalmFUSE. Figure 54 shows the

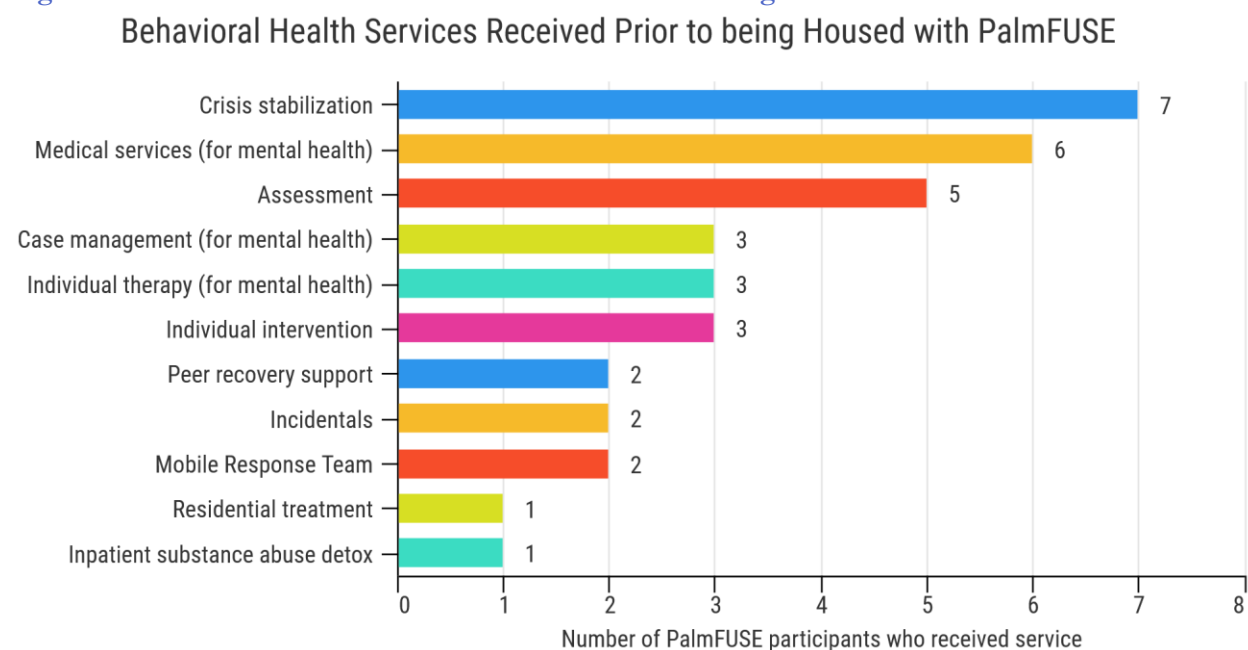
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<sup>7</sup> Figure 36 in the [Housing Status](#) section shows when the crisis stabilization incidents occurred in relation to being housed with PalmFUSE.

different types of behavioral health services and the number of PalmFUSE participants who received each service prior to being housed with PalmFUSE. As mentioned above, 7 PalmFUSE participants experienced an incident that resulted in crisis stabilization. Additionally, over half of the PalmFUSE participants (55%) who had contact with the behavioral health system received medical services for their mental health prior to engaging with PalmFUSE. The next most common behavioral health service received was assessment, followed by case management, individual therapy, and individual intervention (e.g., HIV education/awareness). Individuals also received peer recovery support, MRT, and incidentals (e.g., medication, transportation, and housing vouchers).

Additionally, one individual received inpatient substance abuse detoxification services, in which they resided at a local community-based inpatient substance abuse treatment facility for 13 days. Another PalmFUSE participant resided at a local community-based behavioral health treatment center for 39 days prior to engaging with PalmFUSE.

**Figure 54. Behavioral Health Services Received Prior to being Housed with PalmFUSE**



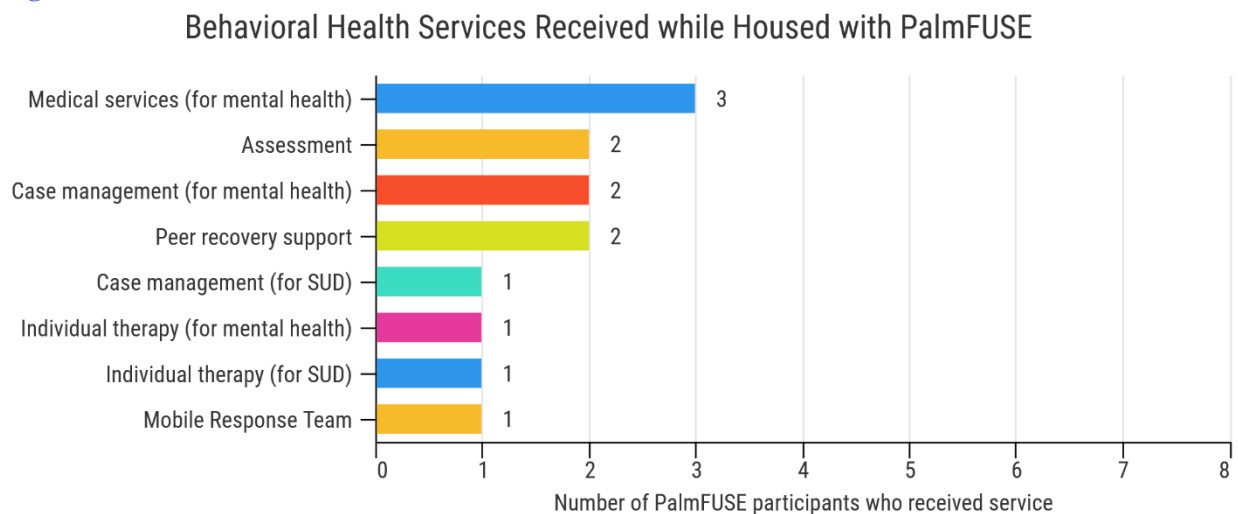
As depicted in Figure 55, the 3 individuals who received case management for their mental health attended a total of 182 case management sessions (13, 43, and 126 case management sessions, respectively). Moreover, the six individuals who were provided medical services received a total of 23 mental health-related medical services prior to engaging with PalmFUSE, for an average of 3.8 services per person (ranging from 1 to 10). Of the three individuals who received individual therapy for their mental health, two individuals attended 1 therapy session each, while the third person attended 9 individual therapy sessions. Further, a total of 9 assessments were conducted across the 5 participants who received assessments prior to PalmFUSE, averaging 1.8 per person. Finally, 2 participants received 5 peer support sessions.

**Figure 55. Total Number of Selected Behavioral Health Services Received in the Pre-Housing Observation Period**

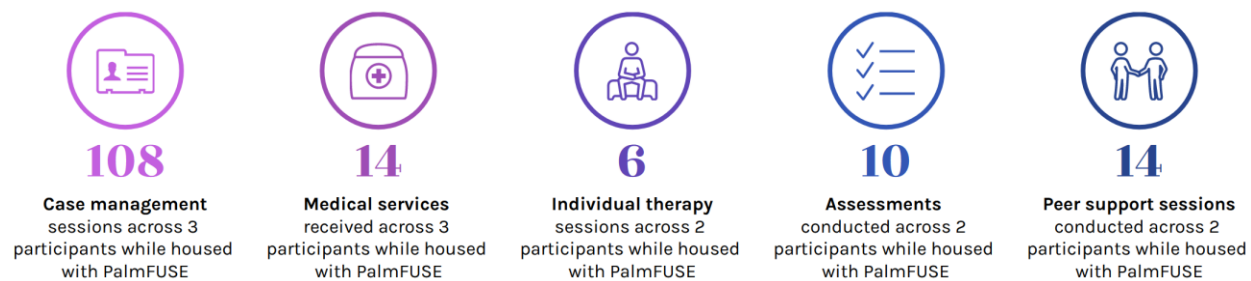


While housed with PalmFUSE (whether in rapid rehousing or PSH), only four PalmFUSE participants received behavioral health services beyond the services they were receiving from their housing provider. Figure 56 shows the different types of behavioral health services and the number of PalmFUSE participants who received each service while housed with PalmFUSE. As shown, only 3 PalmFUSE participants received 14 medical services to address their mental health issues while living in PalmFUSE housing, for an average of 4.7 per person (see also Figure 57). Two individuals received a total of 10 assessments while being housed with PalmFUSE (each received 5 assessments). Additionally, three individuals received 108 case management services, wherein two individuals received 107 total case management sessions for mental health (which were distributed approximately evenly between participants), and one participant received one case management session for substance use. Further, two PalmFUSE participants received 14 peer recovery support sessions, while two participants received 6 individual therapy sessions. Overall, the four participants who continued to receive behavioral health services while residing in PalmFUSE housing did so to improve their mental health condition and/or maintain their sobriety.

**Figure 56. Behavioral Health Services Received while Housed with PalmFUSE**



**Figure 57. Total Number of Selected Behavioral Health Services Received while Housed with PalmFUSE**



### THE IMPACT OF REFUSING PSH ON OUTCOMES: A CASE STUDY

This section delves deeper into the behavioral health outcomes of a PalmFUSE participant who resided in PalmFUSE housing for a little over four months, was offered entry into PSH, but declined to move into PSH.

This PalmFUSE participant was booked into the County jail three times for a total of 10 days and experienced homelessness for almost two years prior to being housed with PalmFUSE. Their involvement in the criminal justice system and homelessness were likely due to their severe substance use issues that continued to regress while living in PalmFUSE-supported housing. Additionally, their SPDAT score increased while living in PalmFUSE housing, indicating a decrease in stability overtime. Although their service provider enlisted the support of a case manager and referred them to numerous services, including medication assisted treatment (MAT)<sup>8</sup> they refused the referrals.

After declining PSH, their whereabouts were unknown until law enforcement took them to a local community-based substance use treatment provider, where they received inpatient substance abuse detoxification services for 3 days. During this time, they also received an assessment, medical services, and individual intervention services. Following their detox, they resided with the same treatment provider for almost 5 months in their 24-hour residential treatment facility. Upon leaving the treatment facility, they were provided case management, individual therapy, and received housing vouchers. The total costs of services provided to this individual during and after their stay at the residential treatment facility was almost \$58,800.

This is the only PalmFUSE participant who received intensive and costly inpatient treatment and care after their participation in PalmFUSE. Although law enforcement took them to the detox facility, they did not have any bookings into the County jail after declining to participate in PSH.

<sup>8</sup> MAT uses medication in tandem with counseling and behavioral therapies to treat substance use disorders as well as sustain recovery and prevent overdose (Substance Abuse and Mental Health Services Administration, n.d.)

## THE POSITIVE IMPACT OF PSH: A CASE STUDY

Following the CSH FUSE model, PalmFUSE seeks to increase housing stability, reduce justice system involvement, and decrease crisis health service utilization. This section provides a look at the positive experience of a PalmFUSE participant that received PSH.

This PalmFUSE participant experienced homelessness for approximately 1.5 years prior to being housed in PalmFUSE housing. During this time, they were booked into the County jail 8 times on a total of 13 charges, including battery on an officer, damage to property, resisting arrest, burglary, trespassing, and petty theft, where they served approximately 354 days in custody.

While experiencing homelessness, they also had three crisis events over a two-month period that resulted in them being Baker Acted for a total of 14 days in a crisis stabilization unit. After their last crisis stabilization incident, they received mental health medical services every 30 days for five months.

Approximately five months after their last crisis stabilization incident, they moved into PalmFUSE housing where they lived for approximately 6 months. Following this period, they were transitioned into PSH, where they lived until the end of the observation period. During their time in PSH, they received at least three hours of case management per week and received mental health medical services three times. They did not experience any crisis events that resulted in stabilization or MRT. Additionally, while their SPDAT score increased between moving into PalmFUSE housing and PSH, after living in PSH for nine months their SPDAT score decreased by 8 points, which reflects overall life improvements and increased stability.

Finally, while living in PalmFUSE housing, they were booked into the County jail once for an out-of-county warrant, where they spent a little over a day in jail before being released back to their treatment provider.

## SECTION VI. COST-BENEFIT ANALYSIS

To calculate the costs and benefits of the PalmFUSE program, these analyses project the expense of continued inaction against program expenses. In doing so, behavioral changes in outcomes (namely incarceration, homeless outreach, behavioral health service provisions, and adjusted income housing expenses) are observed as a function of net cost avoidances over time.

### INTERVENTION EXPENSE

The Lords Place and Gulfstream Goodwill were funded \$498,745 to provide housing and case management to 25 PalmFUSE participants. To individualize this amount, \$498,745 is divided by 25, which equates to \$19,949.80 to locate and house a PalmFUSE participant into rapid rehousing, while also providing case management services.

$$\frac{\$498,745}{25 \text{ participants}} = \$19,949.80 \text{ initial cost per participant}$$

Transitioning PalmFUSE participants into permanent supportive housing is an additional annual expense of \$20,000.00, according to PalmFUSE service providers. For PalmFUSE to be sustainable (i.e., financially net positive), the net cost avoidance should be approximately \$20,000.00 per PalmFUSE participant per year.

It is worth noting, however, that very little of this annual expense has been shouldered by PBC. At the end of the observation period, 11 of the 16 PalmFUSE participants were transitioned into permanent supportive housing.<sup>9</sup> The permanent supportive housing for nearly two-thirds (63.63%) of PalmFUSE participants was supported by HUD. The remaining 4 participants were supported by a combination of sources, including HUD, Operation Home Ready, the United Way, and PBC Community Services Financially Assisted Agencies.<sup>10</sup> Only the latter is funded by County taxpayer dollars and amounts to an annual per PalmFUSE participant contribution of \$1,000.00. In other words, where annual net savings are greater than \$4,000, PBC is net positive.

### INCARCERATION EXPENSES

PalmFUSE participants were all criminal justice system involved prior to participating in PalmFUSE. In the two years prior to being identified (i.e., 730 days), PalmFUSE participants spent 1,283 days in the County jail (see Figure 31). It took, on average, 248 days to house a PalmFUSE participant once they were identified (see Figure 24). During this time period, PalmFUSE participants spent an additional 495 days in jail (see Figure 31). Finally, the average daily expense to incarcerate someone in the PBC jail is \$135.

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<sup>9</sup> An additional 4 PalmFUSE participants were still living in rapid rehousing, while one PalmFUSE participant declined permanent supportive housing.

<sup>10</sup> HUD contributed 70% of these funds, while private funding (i.e., Operation Home Ready and the United Way) and PBC Community Services Financially Assisted Agencies contributed 25% and 5%, respectively.



As depicted in Figure 58, to standardize the counts across the varying temporal periods, 1,283 is divided by 730 and added to 495 divided by 248, which represents the average number of PalmFUSE participants, from our sample of 16, who were incarcerated on any given day, equating to 3.75. To annualize this figure, 3.75 is multiplied by 365, which equates to 1,368.75 (i.e., the average annual number of days our sample of 16 PalmFUSE participants spent in jail). To individualize this count, 1,368.75 is divided by 16, which equates to 85.55 and is the average number of days a PalmFUSE participant is projected to spend in jail in a year. Finally, 85.55 is multiplied by \$135 to calculate the annual projected incarceration expense per PalmFUSE participant, which equates to \$11,549.25.

**Figure 58. Calculations Used to Determine Annual Projected Incarceration Expense per PalmFUSE Participant Pre-Housing**

$$\frac{1,283 \text{ jail days}}{730 \text{ observation days}} + \frac{495 \text{ jail days}}{248 \text{ observation days}} = 3.75 \text{ participants in jail per observation day}$$

$$3.75 \text{ participants in jail per obs. day} \times 365 \text{ days per year} = 1,368.75 \text{ average annual days in jail}$$

$$\frac{1,368.75 \text{ average annual days in jail}}{16 \text{ PalmFUSE participants}} = 85.55 \text{ jail days per participant per year}$$

$$85.55 \text{ jail days per participant per year} \times \$135 \text{ per day} = \mathbf{\$11,549.25} \text{ annual incarceration costs per PalmFUSE participant pre housing}$$

There were, on average, 434 days of observation that followed the date a PalmFUSE participant was housed. During that period, PalmFUSE participants spent an additional 87 days in jail (see Figure 31).

As shown in Figure 59, to annualize this figure, 87 was divided by the average number of observation days once a PalmFUSE participant had been housed (i.e., 434 days). This represents the average number of PalmFUSE participants from our sample of 16 that were incarcerated per observation day after being housed, which equates to 0.20. To annualize this figure, 0.20 is multiplied by 365, which equates to 73.00 (i.e., the average annual number of days our sample of 16 PalmFUSE participants spent in jail). To individualize this count, 73.00 is divided by 16 and equates to 4.56, which is the annual average number of days an individual PalmFUSE participant is projected to spend in jail. Finally, 4.56 is multiplied by \$135 to calculate the annual projected incarceration expense cost per PalmFUSE participant, which equates to \$615.60.

**Figure 59. Calculations Used to Determine Annual Projected Incarceration Expense per PalmFUSE Participant Post-Housing**

$$\frac{87 \text{ jail days}}{434 \text{ observation days}} = 0.20 \text{ participants in jail per observation day}$$

*0.20 participants in jail per obs. day × 365 days per year = 73.00 average annual days in jail*

$$\frac{73.00 \text{ average annual days in jail}}{16 \text{ PalmFUSE participants}} = 4.56 \text{ jail days per participant per year}$$

*4.56 jail days per participant per year × \$135 per day*  
*= **\$615.60** annual incarceration costs per PalmFUSE participant post housing*

To calculate the net cost avoidance between pre- and post-housing incarceration expenses, \$615.60 is deducted from \$11,549.25 for a net cost avoidance of **\$10,933.65** per PalmFUSE participant per year.

#### HOMELESS OUTREACH EXPENSES

Prior to being contacted to participate in the program, 14 of the 16 PalmFUSE participants received homeless outreach services as part of The Lords Place programing. In the two years prior to being identified, PalmFUSE participants experienced homelessness for an average of 330 days, whereas after being identified but before being housed they experienced homelessness for an average or 217 days. After being housed, PalmFUSE participants no longer required this program because the services were consumed by PalmFUSE. Nevertheless, the average daily expense of homeless outreach is \$7.33.

As depicted in Figure 60, to standardize these counts across the varying temporal periods, 330 is divided by 730 and added to 217 divided by 248. This represents the average number of days requiring homeless outreach among PalmFUSE participants, which equates to 1.33. To annualize this figure, 1.33 is multiplied by 365, which equates to 485.45 (i.e., the average annual number of days requiring homeless outreach among PalmFUSE participants). To individualize this count, 485.45 is divided by 16, which equates to 30.34 and is the annual average homeless outreach expense among PalmFUSE participants prior to being housed.<sup>11</sup> Finally, 30.34 is multiplied by \$7.33 to calculate the annual cost of homeless outreach, or **\$222.39** per PalmFUSE participant per year.

<sup>11</sup> Although only 14 of the observed 16 PalmFUSE participants received homeless outreach services, to properly calculate a rate that embraces the likelihood of service delivery all PalmFUSE participants were included in this calculation.

**Figure 60. Calculations Used to Determine Annual Homeless Outreach Costs per PalmFUSE Participant Pre-Housing**

$$\frac{330 \text{ homeless days}}{730 \text{ observation days}} + \frac{217 \text{ homeless days}}{248 \text{ observation days}}$$

*= 1.33 participants receiving homeless outreach per observation day*

$$1.33 \text{ participants receiving homeless outreach per day} \times 365 \text{ days per year}$$

*= 485.45 average annual days receiving homeless outreach*

$$\frac{485.45 \text{ average annual days receiving homeless outreach}}{16 \text{ PalmFUSE participants}}$$

*= 30.34 homeless outreach days per participant per year*

$$30.34 \text{ homeless outreach days per participant per year} \times \$7.33 \text{ per day}$$

*= **\$222.39** annual homeless outreach costs per PalmFUSE participant pre housing*

**BEHAVIORAL HEALTH EXPENSES**

In addition to involvement in the criminal justice system, contact with a behavioral health service provider is a central consideration for PalmFUSE participation. Table 5 identifies the types of services that behavioral health service providers offer and their relative, average expense.

**Table 5. Expense of Available Behavioral Health Services**

<b>Behavioral Health Service</b>	<b>Cost</b>
Crisis stabilization unit stay	\$337.00/day
Mobile Response Team	\$90.00/call
Medical services (for mental health or SUD)	\$368.00/hour
Assessment	\$86.00/hour
Case management	\$65.00/hour
Individual therapy	\$100.00/hour
Individual intervention	\$53.20/hour
Peer recovery support	\$59.55/hour
Incidentals	Variable
Residential treatment	\$200.00/day
Residential room and board	\$154.00/day
Inpatient substance abuse detox	\$255.00/day

Here, we examine behavioral health services rendered to PalmFUSE participants in the two-year period leading up to being identified, once identified but prior to being housed, and after being housed. Table 6 shows the behavioral health service expenses provided to PalmFUSE participants. With each

observational period, behavioral health expenses declined, first by 54.6% once they were identified and then by another 20.4% after the PalmFUSE participant was housed.

**Table 6. Behavioral Health Service Expenses Across Observation Periods Among PalmFUSE Participants**

Non-linked PalmFUSE Participant ID ^	24 months prior to Identification to Identification Date	Identification Date to Housed Date	Date Housed to the End of Observational Period
1	\$9,146.55	\$3,697.30	\$0.00
2	\$0.00	\$6,738.00	\$1,104.00
3	\$2,359.00	\$0.00	\$565.00
4	\$298.00	\$0.00	\$0.00
5	\$3,095.00	\$0.00	\$0.00
6	\$53.20	\$0.00	\$0.00
7	\$1,831.00	\$0.00	\$0.00
8	\$2,145.00	\$7,008.00	\$7,599.20
9	\$15,238.00	\$2,795.00	\$6,832.50
10	\$5,792.00	\$0.00	\$0.00
11	\$4,651.00	\$0.00	\$0.00
<b>Total</b>	<b>\$44,608.75</b>	<b>\$20,238.30</b>	<b>\$16,100.70</b>
<b>Minimum</b>	\$0.00	\$0.00	\$0.00
<b>Maximum</b>	\$15,238.00	\$7,008.00	\$7,599.20
<b>Mean</b>	\$4,055.34	\$1,839.85	\$1,463.70
<b>Standard Deviation</b>	4,618.66	2,806.41	2,982.28

*Note:* ^ A PalmFUSE participant was omitted from these figures because they refused to transition into Permanent Supportive Housing. Their inclusion, therefore, did not seem appropriate in these analyses, which present the financial effect housing had on behavioral health expenses.

In other words, PalmFUSE participants consumed \$44,608.75 behavioral health services in the two years prior to being identified (i.e., 730 days). It took, on average, 248 days to house a PalmFUSE participant once they were identified (see Figure 24). During this time period, PalmFUSE participants consumed an additional \$20,238.30 in behavioral health services. Upon being housed, PalmFUSE participants consumed \$16,100.70 in behavioral health services.

As can be seen in Figure 61, to standardize the counts across the varying temporal periods, \$44,608.75 is divided by 730 and added to \$20,238.30 divided by 248. This represents the daily average behavioral health expense of PalmFUSE participants, which equates to \$142.71. To annualize this figure, \$142.71 is multiplied by 365, which equates to \$52,089.15 (i.e., the average annual behavioral health expense of PalmFUSE participants prior to being housed). To individualize this count, \$52,089.15 is divided by 11 (i.e., the number of PalmFUSE participant datapoints), which equates to \$4,735.38 and is the annual average behavioral health expense among PalmFUSE participants prior to being housed.

**Figure 61. Calculations Used to Determine Annual Behavioral Health Costs per PalmFUSE Participant Pre-Housing**

$$\frac{\$44,608.75 \text{ in behavioral health services}}{730 \text{ observation days}} + \frac{\$20,238.30 \text{ in behavioral health services}}{248 \text{ observation days}}$$

= \$142.71 daily avg. behavioral health expense of PalmFUSE participants

$$\$142.71 \text{ daily avg. behavioral health expense of participants} \times 365 \text{ days per year}$$

= \$52,089.15 avg. annual behavioral health expense of participants

$$\frac{\$52,090.58 \text{ avg. annual behavioral health expense of participants}}{11 \text{ PalmFUSE participants}}$$

= **\$4,735.38** annual avg. behavioral health cost per participant pre housing

After being housed, PalmFUSE participants were observed, on average, for 544 days and some continued to need behavioral health services. In fact, PalmFUSE participants consumed \$16,100.70 behavioral health services after being housed.

As shown in Figure 62, to standardize this figure, \$16,100.70 was divided by the average number of observation days once a PalmFUSE participant had been housed (i.e., 544 days). This represents the average daily cost of behavioral health services, equating to \$29.60. To annualize this amount, \$29.60 is multiplied by 365, which equates to \$10,804.00 (i.e., the average annual behavioral health expense of PalmFUSE participants after being housed). To individualize this count, \$10,804.00 is divided by 11 (i.e., the number of PalmFUSE participant datapoints), which equates to \$982.18 and is the annual average behavioral health expense of PalmFUSE participants after to being housed.

**Figure 62. Calculations Used to Determine Annual Behavioral Health Costs per PalmFUSE Participant Post-Housing**

$$\frac{\$16,100.70 \text{ in behavioral health services}}{544 \text{ observation days}}$$

= \$29.60 daily avg. behavioral health expense of PalmFUSE participants

$$\$29.60 \text{ daily avg. behavioral health expense of participants} \times 365 \text{ days per year}$$

= \$10,804.00 avg. annual behavioral health expense of participants

$$\frac{\$10,804.00 \text{ avg. annual behavioral health expense of participants}}{11 \text{ PalmFUSE participants}}$$

= **\$982.18** annual avg. behavioral health cost per participant post housing

To calculate the net cost avoidance between pre- and post-housing behavioral health expenses, \$982.18 is deducted from \$4,735.38 for a net cost avoidance of **\$3,753.20** per PalmFUSE participant per year.

## ADJUSTED INCOME AND HOUSING EXPENSE

Another, albeit smaller, financial impact of the PalmFUSE program is associated with PalmFUSE participant adjusted income as it relates to their housing expenses. We know, for example, that the income of PalmFUSE participants grew, on average, by \$83 after being housed (see [Change in Service Utilization, Insurance, and Income](#) subsection). Greater income among PalmFUSE participants enhances their 30% contribution to offset their housing expenses (see [Effect of PalmFUSE on Homeless System Involvement](#) subsection). In other words, participating in the program decreased PalmFUSE participants reliance on public housing expense by **\$24.90** per PalmFUSE participant per year.

## SUMMARY OF COSTS AND BENEFITS

To summarize the costs and benefits of operating the PalmFUSE program among these participants, the annual net cost avoidance for incarceration, homeless outreach, behavioral health expenses, and adjusted income for housing expenses are summed, then deducted from annual intervention expense or an annual net loss of \$5,065.86 per PalmFUSE participant—see Figure 63.

**Figure 63. Calculations Used to Determine Annual Net Gain/Loss per PalmFUSE Participant**

<p><i>\$20,000.00 cost to house PalmFUSE participant in PSH</i></p> <ul style="list-style-type: none"><li><i>– (\$10,933.65 incarceration cost avoidance</i></li><li><i>+ \$222.39 homeless outreach cost avoidance</i></li><li><i>+ \$3,753.20 behavioral health services cost avoidance</i></li><li><i>+ \$24.90 public housing cost avoidance)</i></li><li><i>= <b>\$5,065.86</b> intervention annual net loss per PalmFUSE participant</i></li></ul>
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These estimates, however, present an incomplete picture of the true costs and benefits associated with the PalmFUSE program. To that end, several tangible and intangible expenses are not available in these calculations.

Perhaps the greatest tangible expense that was not available in these data relates to PalmFUSE participant hospitalization over time. PalmFUSE participants did not typically have primary health care providers and, therefore, relied heavily on emergency health care services. According to the Medical Expenditure Panel Survey, the average cost of an emergency department visit was \$1,082 in 2019 (Consumer Health Ratings, 2022). Unfortunately, PalmFUSE participants tend to have more serious medical needs, tended to be uninsured, and emergency room expenses in Florida tended to be more exorbitant (Corso, 2022). In other words, \$1,082 substantially underestimates the hospitalization

needs of PalmFUSE participants. To that end, our data do reveal that PalmFUSE participants would have relied less on uninsured medical treatments over time (see Figures 47 & 48).

Even more difficult to estimate are intangible expenses. The self-worth, dignity, and enhanced safety provided to PalmFUSE participants is added value that cannot be quantified.

Similarly, we know that PalmFUSE participants received fewer jail bookings, on a smaller number of charges, and served fewer days in jail; however, the net cost avoidance of this effect is based solely on the expense of housing someone in jail. This calculation does not account for the other costs associated with housing a person in jail, including law enforcement and court costs. This calculation also does not account for the real victims, families, and communities that would otherwise be experiencing crime without the PalmFUSE program.

Finally, not all unavailable expenses would make PalmFUSE programs more financially solvent. We know, for example, that individuals typically age out of their involvement with the criminal justice system, regardless of treatment and/or programing (Blumstein et al., 1988). Substantively, the effect of the positive effects of the PalmFUSE program may have been forthcoming even without the expense. This too, however, is not observable in these data.



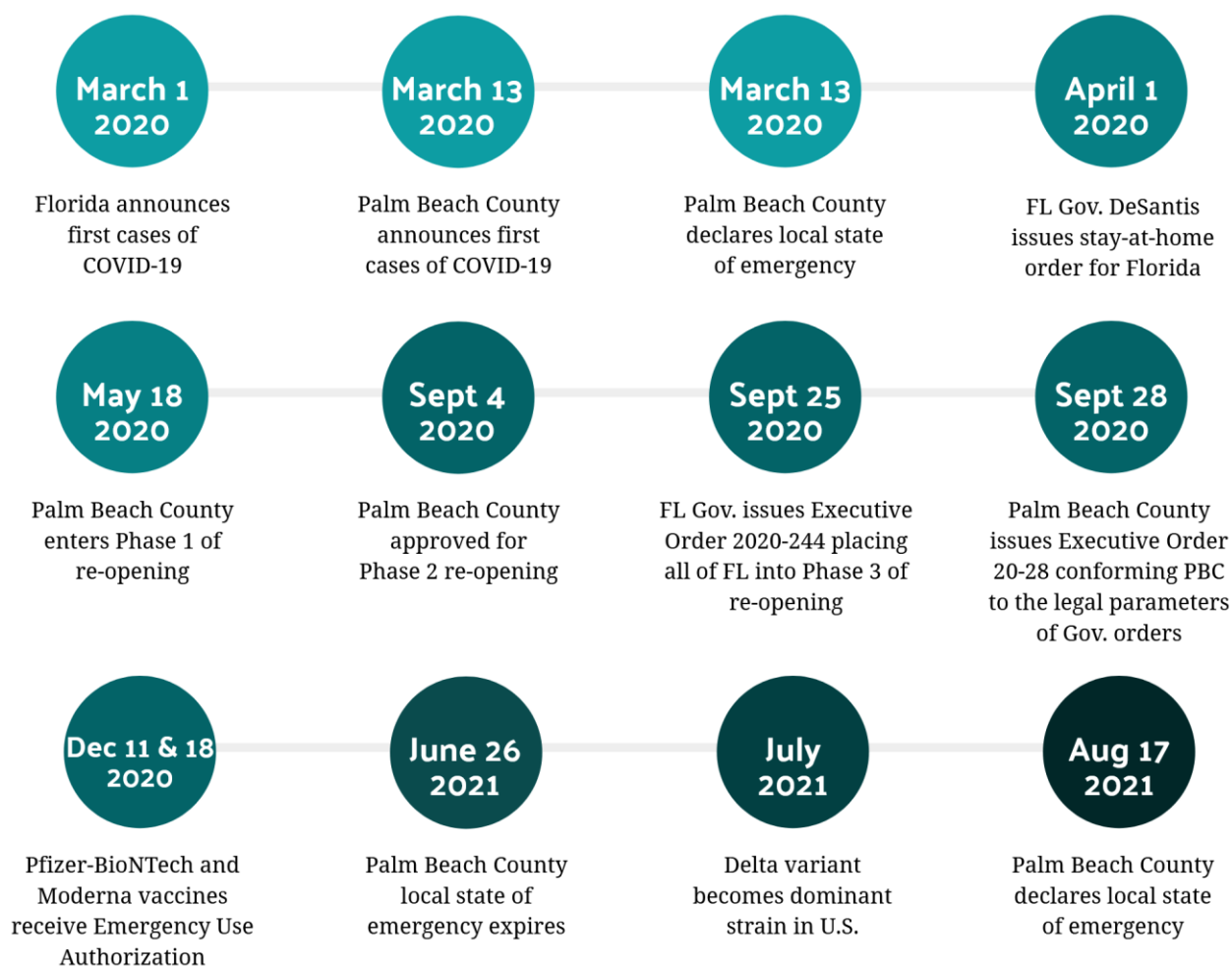
## SECTION VII. IMPACT OF COVID-19

### IMPACT OF COVID-19 ON FLORIDA AND PALM BEACH COUNTY

The PalmFUSE pilot program officially operated for approximately 8.5 months prior to the onset of the COVID-19 pandemic. Unfortunately, the State of Florida was hit particularly hard by the COVID-19 pandemic. As seen in Figure 64 below, on March 1, 2020, Florida announced its first case of COVID-19, with PBC documenting its first official case on March 13, 2020 (Persaud, 2020). According to the Centers for Disease Control and Prevention (CDC, n.d.-a), as of September 30, 2021 (the service provider contract end-date), there had been 3,573,851 total confirmed COVID-19 cases and 57,806 total deaths in Florida, with over 200,000 confirmed cases and over 4,000 deaths in Palm Beach County (New York Times, n.d.). This placed PBC fifth in the number of COVID-19 cases and third in the number of COVID-19 deaths among Florida counties.

Palm Beach County declared a local state of emergency on March 13, 2020 (Palm Beach County, n.d.). On April 1, 2020, Florida Governor Ron DeSantis issued a stay-at-home order for the entire state of Florida beginning April 3, 2020 and lasting through the month of April (DeSantis, n.d.). Since then, the State of Florida and PBC transitioned through the three phases of re-openings within a matter of four months. PBC officially entered Phase 1 of re-opening on May 18, 2020, Phase 2 of re-opening on September 4, 2020, and Phase 3 on September 25, 2020. For all intents and purposes, the State of Florida and PBC remained open since September 25, 2020—despite the more infectious and contagious Delta variant becoming the predominant strain of COVID-19 in July 2021 (CDC, n.d.-b). On August 17, 2021, however, Palm Beach County declared another local state of emergency, which lasted through the remainder of the service provider contract period. This local state of emergency was eventually terminated on October 19, 2021 (Palm Beach County, n.d.).

Figure 64. COVID-19 Timeline for Florida and PBC



## IMPACT OF COVID-19 ON PalmFUSE SERVICE DELIVERY

As with all other aspects of community-based services and programs, the COVID-19 pandemic impacted PalmFUSE. All PalmFUSE Policy Team and subcommittee meetings transitioned to virtual platforms in April 2020 and remained virtual until they were dissolved or no longer continued to meet. All PBC CJC staff began working remotely April 6, 2020, at which time few people were fully equipped to work remotely. In addition to not having work laptops, certain databases could only be accessed from the secure office network. This slowed down the PalmFUSE process and prompted several new challenges. PBC CJC staff resumed in-person work in January 2021.

While many stakeholders involved in the implementation of PalmFUSE were able to work remotely during the pandemic, PalmFUSE case managers continued to offer all case management services to PalmFUSE participants. Gulfstream Goodwill Industries had already housed all their PalmFUSE participants prior to the COVID-19 pandemic, and, therefore, did not engage in outreach during the pandemic. Following appropriate COVID-19 safety protocols, however, The Lord's Place Street

Engagement Team continued to conduct outreach, connect with potential PalmFUSE participants, and house individuals. Although early state-wide stay-at-home orders slowed outreach efforts, The Lord's Place received emergency COVID-19 relief funding, which tripled the size of the Street Engagement Team. This expanded their city-wide outreach to the entire county. The Lord's Place also provided PalmFUSE participants and others experiencing homelessness with personal protective equipment (PPE), gloves, masks, and hand sanitizer.

Case managers continued conducting in-person home visits with PalmFUSE participants, while observing physical distancing orders, mask mandates, and other Center for Disease Control guidelines. To ensure no lapse in contact, PalmFUSE participants were provided with cell phones, if they did not already have one. This allowed for continuity of care and maintained the connection between PalmFUSE participants and case managers. Additionally, case managers went grocery shopping for participants and had other necessities delivered to participants, as needed. It should be noted that, although the contracts between the CJC and the PalmFUSE service providers allowed for PalmFUSE participants to be housed in double-occupancy units, all PalmFUSE participants were housed in single-occupancy units. It is possible that this reduced the likelihood of COVID-19 transmission between PalmFUSE participants.

While The Lord's Place remained operational throughout the pandemic, this was not true for support services. In fact, many service agencies, to whom PalmFUSE participants were previously referred, shut down amid the pandemic, which resulted in difficulties connecting PalmFUSE participants to services outside The Lord's Place. Other support services, however, quickly transitioned to remote options, including telehealth psychiatric care. The closing of the Palm Beach County Social Security Administration Offices to in-person visits had the most far-reaching impact on vulnerable populations, including PalmFUSE participants. Individuals are required to go to the Social Security Office to provide proof of their limited income, which makes them eligible for low-income bus passes, among other benefits. Without these benefits, vulnerable individuals are unable to have many of their basic needs met.

The COVID-19 pandemic also brought to light the importance of selecting an organization to provide housing, case management, and support services to FUSE participants. Contracting with The Lord's Place, an established service provider who was willing to go the extra mile for clients, was imperative for the continued and successful operation of PalmFUSE amid the pandemic. As mentioned [above](#), successful engagement strategies require PalmFUSE case managers to be willing to meet participants where they are—geographically, emotionally, and physically (NHCHC, 2014). In the midst of the COVID-19 pandemic, the PalmFUSE case managers met with participants on a continual basis, both in-person and via phone and responded to more than their physical needs.

## IMPACT OF COVID-19 ON PalmFUSE EVALUATION

At the onset of the project, and in collaboration with project stakeholders, the Florida Atlantic University (FAU) research team proposed to complete a process evaluation, outcome evaluation, and cost-benefit analysis. In doing so, the research team developed a pre-/post-test design. One of the

many data sources drawn upon for these analyses were interviews with PalmFUSE participants themselves. Interviews were to occur at the time PalmFUSE participants were housed (i.e., baseline interviews), six months, and a year after they were housed.

With a study of this nature, it is critical for researchers to respect human dignity, privacy, and autonomy—especially when working with vulnerable populations, like PalmFUSE participants (Shamoo & Resnik, 2015). In accordance with these principles, interviews with PalmFUSE participants were completely voluntary and were to be performed face-to-face and in a private room away from all service provider personnel. Moreover, data were to be kept confidential, only reviewable by the research team, and securely stored by the research team. Finally, the FAU research team was barred from disseminating confidential information and could only discuss de-identifiable and aggregate data. These procedures were vetted and validated by FAU’s Institutional Review Board (IRB) for ethical thoroughness.

The FAU research team began conducting baseline interviews on February 20, 2019—over a year before the COVID-19 pandemic materialized locally. Prior to the stay-at-home order, the FAU research team had conducted nine interviews (five baseline, three at six months, and one at a year after a PalmFUSE participant had been housed) and had half a dozen more scheduled.<sup>12</sup> When the deadly nature of the virus became known and it appeared to be spreading freely, the research team suspended all previously scheduled PalmFUSE participant interviews (prior to the stay-at-home order on April 1, 2020). This decision was made in the interest of the health, safety, and wellbeing of participants, case managers, and researchers and in consultation with the FAU Division of Research (DoR) and IRB.

While case managers were able to serve PalmFUSE participants during the pandemic, by adhering to a safety triad of PPE, social distancing, and handwashing, all non-essential travel and research with human participants—regardless of adherence to the safety triad—was prohibited by FAU. As such, in summer 2020, the FAU research team began conversations with FAU’s DoR and IRB to explore adjusting the research plan (i.e., conduct virtual interviews) to align with FAU directives and lockdown conditions.

After multiple meetings with stakeholders and service providers, the FAU research team determined that virtual interviews are not conducive for maintaining PalmFUSE participant confidentiality, as PalmFUSE participants were not equipped with the soft- or hardware technological capabilities necessary for safe and secure communications. Likewise, FAU’s DoR and IRB expressed concern for PalmFUSE participant confidentiality in virtual interviews. As such, interview data are not available to inform these analyses, which reduces our ability to draw more reliable causal inferences from the available data. Nevertheless, we were able to rely on data collected as part of direct observations, project meetings, and official participant records.

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<sup>12</sup> The last interview was conducted on March 13, 2020. Prior to the stay-at-home order, an additional interview was canceled by the PalmFUSE participant who could not make the interview after receiving a day-labor job opportunity.

## SECTION VIII. CONCLUSION AND RECOMMENDATIONS

### SUMMARY

Four years after the initial vision to bring the CSH FUSE model to Palm Beach County, and after almost two years of cross-system collaboration and planning, the PalmFUSE pilot program was officially implemented on July 1, 2019. The PalmFUSE program, which provided housing and wrap-around services to some of the most vulnerable PBC residents, operated utilizing CJC funds through September 30, 2021. Although implementing PalmFUSE was not without its challenges, the PalmFUSE pilot program served 22 of the 25 individuals for which it had planned to serve—16 of which were included in this evaluation.

This final report provided a process and outcome evaluation and cost-benefit analysis of the PalmFUSE pilot program. Findings from the process evaluation show that, largely, PalmFUSE followed the CSH FUSE model and substantial cross-system planning, which included identifying supportive housing resources and developing multi-system data collection strategies. These efforts helped the PalmFUSE pilot program and this evaluation come to fruition. Specifically, once a contract was signed with community providers, the providers began in- and out-reach efforts to locate PalmFUSE eligible participants and connect them with supportive housing and wraparound services.

Almost all PalmFUSE participants met the eligibility criteria of having 3 or more jail bookings in the last 24 months, 1 or more homeless episode in the last 12 months, and 1 or more contact with SEFBHN in the last 24 months. Specifically, 15 of the 16 (94%) PalmFUSE participants who were included in the evaluation were booked into the County jail 3 or more times in the 24 months prior to being identified. Additionally, 13 (or 81%) PalmFUSE participants were actively experiencing homelessness at the time they were identified as eligible for PalmFUSE, while two were living in a transitional housing facility and one person's housing status was unknown at the time they were identified as eligible for PalmFUSE. However, 15 (94%) PalmFUSE participants were experiencing homelessness at the time they were housed with PalmFUSE. Finally, of the 12 participants for whom SEFBHN data were received, all but two had a documented contact with a behavioral health service provider within SEFBHN's network in the 24 months prior to being identified as eligible for PalmFUSE.

Moreover, PalmFUSE participants spent a total of approximately 4 years and 10 months (1,778 days) incarcerated in the County jail in the two years prior to being identified as eligible for PalmFUSE and being housed with PalmFUSE. Additionally, they spent a collective 31 years and 6 months (11,508 days) experiencing homelessness in their most recent homeless episode prior to being housed with PalmFUSE. And they spent 92 days in a crisis stabilization unit in the two years prior to being identified as eligible for PalmFUSE and being housed with PalmFUSE. These data indicate that the PalmFUSE pilot was successful at identifying high utilizers of the criminal justice, homelessness, and behavioral health systems.

The CSH FUSE model, however, seeks not only to increase housing stability using PSH and reduce justice system involvement and behavioral health crisis service utilization, but it also seeks to identify frequent users of hospitals and reduce participant reliance on emergency health services, including visits to the emergency room (CSH, 2020a). As such, there were two challenges that prevented PalmFUSE from completely following the CSH FUSE model—1) the inability to access physical healthcare data and 2) the inability to provide participants with permanent supportive housing from the outset.

Given the goal of reducing emergency room usage, accessing hospital data is integral to implementing a FUSE program with fidelity. Although representatives from two local-area hospitals served on the PalmFUSE Policy Team from its inception, the Policy Team formed a Healthcare Subcommittee, and conference calls were had with representatives from Florida Hospitals, the ability to share HIPAA-protected health data never materialized.

Additionally, the FUSE model utilizes a housing first strategy, wherein participants are provided safe, stable, and supportive housing with little to no preconditions, such as participating in rehabilitation or treatment services. While housing first approaches do utilize PSH and rapid re-housing, the FUSE model is premised on providing PSH, as PSH is targeted to individuals with “chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness” (National Alliance to End Homelessness, 2016)—the very population that FUSE models serve. Because funds for housing and case management for PalmFUSE were provided by the PBC Criminal Justice Commission and were time limited, 15 (94%) PalmFUSE participants were initially housed in transitional housing or rapid rehousing before transitioning to PSH, at which point the service provider absorbed the costs. Necessitating participants move housing locations while they are getting settled and acclimated to the FUSE program has the potential to reduce stability and decrease program buy-in.

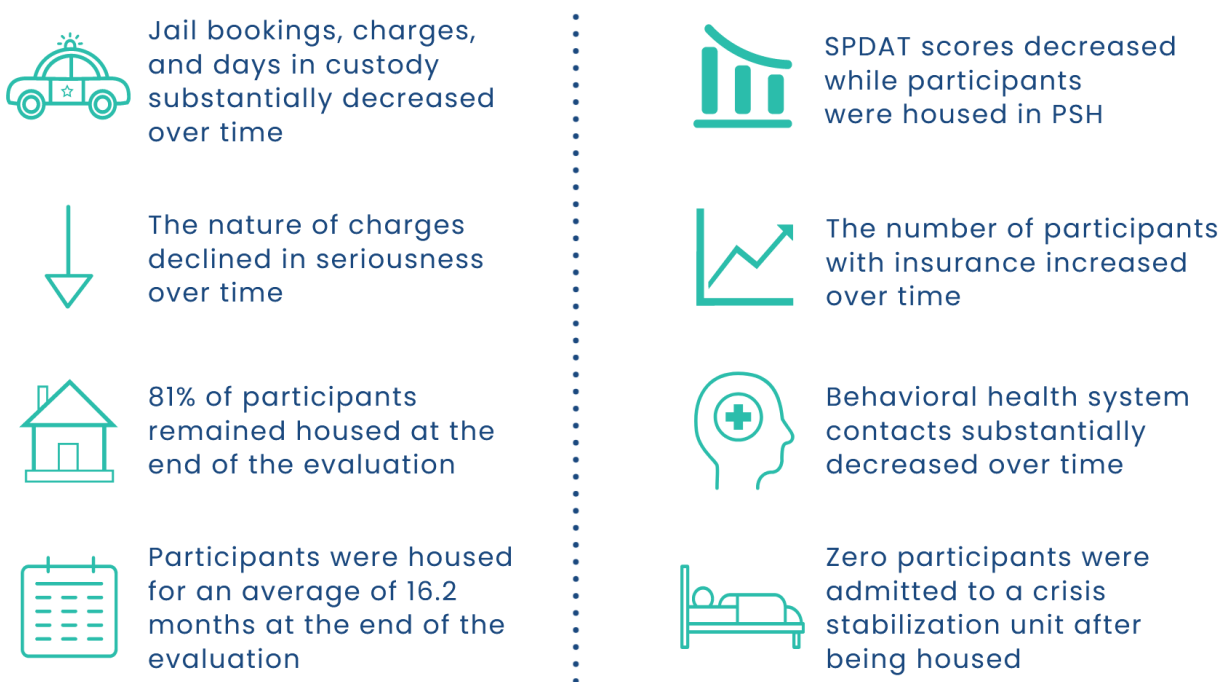
Despite these hurdles, findings from the outcome evaluation, which utilized a pre-/post-test design, show that the PalmFUSE pilot program was successful at achieving its goals—reduce recidivism, homeless service usage, and behavioral health crisis center usage. Key takeaways from the PalmFUSE pilot program outcome evaluation are depicted in Figure 65. Participation in PalmFUSE dramatically decreased the number of jail bookings (from 101 bookings prior to being housed to 9 after being housed), charges (from 155 to 15), and days in jail (1,778 to 87) prior to and after being housed with PalmFUSE. Moreover, the charges for which people were booked into the County jail after being housed were less severe in nature than prior to being housed. Post-housing charges, for example, were overwhelming related to county ordinance violations and status offenses (e.g., failure to appear) as opposed to violent offenses found in the pre-housing period.

Additionally, all PalmFUSE participants were housed while PalmFUSE was in operation and funded through the CJC, with 81% remaining housed at the end of the observation period. Further, the 16 PalmFUSE participants were housed for an average of 16.2 months per person, which is likely an underestimate of the time housed, given that end of the housing observation period was August 1,

2021. While PalmFUSE participants continued to receive targeted services while housed, the services they received while housed (e.g., case management, housing, material goods, social security assistance) were markedly different than the services they received prior to being housed (e.g., street outreach, outreach engagement, navigation, completion of homeless declaration forms). Not only did obtaining housing reduce the reliance on services specifically for unhoused individuals, but it also resulted in overall life improvements and increased stability, as can be gleaned from the reduction in SPDAT scores over time. After being housed with PalmFUSE there was also a 50% reduction in the number of people without insurance.

PalmFUSE also reduced reliance on behavioral health services and decreased incidents that required residential crisis stabilization. While 5 of the 12 PalmFUSE participants continued to have contact with a behavioral health service provider after being housed with PalmFUSE (a 50% reduction from prior to being housed), the services they received while housed with PalmFUSE were to improve their mental health condition and/or maintain their sobriety (e.g., medical services, case management, individual therapy, peer recovery support). Importantly, while 7 PalmFUSE participants experienced 12 incidents that resulted in 92 days in a crisis stabilization unit prior to being housed, after being housed there were no mental health crisis events that resulted in admission to a CSU.

**Figure 65. Key Takeaways**



Although the cost-benefit analysis found the program to cost \$5,065.86 more annually per PalmFUSE participant than their annual net cost avoidance, important tangible (e.g., hospitalization expenses) and intangible (e.g., net cost avoidance of crime victimization) expenses were unavailable or unknown to these estimates. Substantively, the annual cost of the PalmFUSE program should be considered overestimated and potentially net positive if more data were available as part of these calculations.



In sum, despite not fully adhering to the CSH FUSE model as designed, findings from this evaluation are promising and suggest that the PalmFUSE pilot was successful at achieving its goals of reducing recidivism, reliance on homeless service usage, and behavioral health crises.

## SUSTAINABILITY

Currently, the CJC-implemented, operated, and funded PalmFUSE project is no longer in operation, as funds for the project expired. While the contracted service providers absorbed the cost of PSH for the participants involved in the PalmFUSE pilot program, to our knowledge, no additional funds were sought or secured to continue identifying, locating, and housing individuals who frequently cross multiple systems. However, the Housing and Homeless Alliance (HHA) of PBC's most recent version of the PBC Continuum of Care Written Standards of Operating Policies & Procedures for Coordinated Intake & Assessment (updated March 2021), calls attention to the PalmFUSE program.

In PBC, and elsewhere, the acuity list is “a list that represents the prioritization of persons who are in need of homeless services or housing interventions, in rank order based on highest level of need to lowest” (HHA of PBC, 2021, p. 4). The acuity list utilizes “an index comprised of multiple indicators of vulnerability, as well as associated criteria for program and/or subpopulation eligibility” (HHA of PBC, 2021, p. 10). Being on the PalmFUSE List gives individuals an additional point on their acuity score. While this does not guarantee that individuals on the PalmFUSE List are provided safe, stable, and secure housing, it does help prioritize them over others who are unhoused but might be less vulnerable. It is unclear, however, how the PalmFUSE List is being maintained and updated now that PalmFUSE is no longer operating out of the CJC and there is no longer a PalmFUSE Project Coordinator to update the PalmFUSE List. Given the promising findings of PalmFUSE, however, PBC stakeholders should consider sustaining and scaling PalmFUSE.

## RECOMMENDATIONS

This section begins by offering general recommendations for jurisdictions across the United States that are considering implementing a FUSE program in their community. All these recommendations should also be considered by PBC as they move forward with sustaining PalmFUSE. The section then moves on to discuss recommendations specific to PalmFUSE, some of which will also apply to jurisdictions at the national level.

### General Recommendations

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Four general recommendations stem from the evaluation of the PalmFUSE pilot program, including obtaining technical assistance, considering the fiscal agent, enhancing communication among stakeholders, and ensuring chronicity as an eligibility criterion.

#### 1. Obtain technical assistance

Planning, implementing, and operating a FUSE program in any community is a challenging task, and while having a local champion with the vision to bring a FUSE

model to a community is necessary, so too is cross-system collaboration from multiple entities who are invested in and dedicated to the successful operation of a FUSE program. Moreover, communities should not have to navigate the planning, implementation, and operation of a FUSE program alone. Communities seeking to bring a FUSE program to their community should also partner with the Corporation for Supportive Housing (CSH) to receive tailored workshops, training, and technical assistance, because they invented the playbook for FUSE and it their signature initiative.

## **2. Consider the fiscal agent**

While the CSH FUSE Roadmap encourages bringing together siloed funding streams and service providers to develop, implement, and scale a successful FUSE program, communities should carefully consider the FUSE program's fiscal agent. We recognize that this is not always possible, as was the case in PBC, wherein the PBC Criminal Justice Commission received funding to implement a FUSE initiative, and then contracted with local service providers to provide housing and case management to PalmFUSE participants. FUSE initiatives, however, tend to be funded through non-criminal justice related entities, including health centers (CSH, 2017), private foundations (CSH, 2021), Department of Health and Mental Hygiene (CSH, 2022), and county Community Support Services Departments (Listwan, 2017).

Funding a FUSE initiative through a criminal justice-related funding stream, while not impossible (as shown throughout this report), poses unique challenges that do not exist with public health entities. Specifically, during the planning phase, homeless service and behavioral health providers were hesitant to provide identifying information to the CJC because they were concerned with violating potential participants' confidentiality and HIPAA protections. Additionally, when developing and advertising the RFP, the service providers had several concerns about the requirements outlined within the RFP, namely that CJC funding for PalmFUSE was time limited. This put the onus on the contracted service provider to locate and fund PSH for participants once the CJC funding expired.

## **3. Consistent and clear communication between all stakeholders**

For any program with multiple stakeholders, as is the case with FUSE initiatives, stakeholders must have consistent and clear communication with each other. According to CSH (2017), "roles and responsibilities for each of the partners must be clearly defined in writing and revisited regularly to support the overall success of the pilot to ensure continuity of care that is driven by a whole-person and tenant-centered care plan" (p. 10). There were times, especially during the pandemic, where things changed so rapidly that consistent and clear communication was not at the forefront of these efforts. While fault is not held with any entity for aspects of the program

falling through the cracks, regular and clear communication channels are critical to the success of any FUSE initiative.

#### **4. Consider chronic homelessness as an eligibility criterion**

In PBC, as with many other jurisdictions, funding for PSH does not come from one single funding source. Instead, communities and providers must find support from multiple federal agencies, state and local governments, and private foundations (National Academies of Sciences, Engineering, and Medicine, 2018). As mentioned above, in PBC, almost all PSH units are HUD-funded. In fact, all PalmFUSE participants who went on to live in PSH were living in units funded exclusively or almost exclusively through HUD funds. However, to be eligible to live in HUD-funded PSH, a person must have verified and documented chronic homelessness. HUD defines a person as chronically homeless if they lived on the street for one or more years *or* had four episodes of homelessness in the last three years (totaling one full year) *and* have a HUD-defined disabling condition (e.g., mental health diagnosis, chronic disease, etc.).

If chronicity is not a required eligibility criterion, providers must understand the need to find non-HUD-funded PSH or risk individuals without chronicity status becoming homeless again. Requiring chronic homelessness as an eligibility criterion also aligns with the FUSE model of targeting, prioritizing, and housing the most vulnerable community members, because individuals experiencing chronic homelessness tend to be the most vulnerable and disadvantaged community members (National Academies of Sciences, Engineering, and Medicine, 2018).

### **PalmFUSE Recommendations**

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In addition to the general recommendations above, Palm Beach County should also consider the following recommendations as approaches to improve PalmFUSE.

#### **1. Sustain and scale PalmFUSE**

First and foremost, given the promising findings of the PalmFUSE pilot program—in terms of reduced criminal justice involvement, homelessness, and behavioral health crises—Palm Beach County should seek funding to sustain and scale the PalmFUSE initiative. Although the Homeless and Housing Alliance of PBC’s policies and procedures for coordinated intake and assessment now includes being on the PalmFUSE List as a consideration when calculating a person’s acuity score (HHA of PBC, 2021), there are no other known mechanisms in place to sustain PalmFUSE. While the inclusion of being on the PalmFUSE List in the acuity calculation is noteworthy, the policy and procedure manual does not specify the methods for updating or obtaining the PalmFUSE List, as this task was undertaken by the CJC-funded PalmFUSE Project Coordinator—a position which no longer exists.

Indeed, the PBC Criminal Justice Commission explicitly stated that they were solely responsible for funding, implementing, and overseeing the PalmFUSE *pilot* program, and that, PalmFUSE, if it was to be sustained, would not be housed within the CJC. As such, stakeholders should reconvene to consider different entities within the County that could oversee and potentially fund PalmFUSE. While the front-end costs of PalmFUSE were substantial, the benefits—both tangible and intangible—appear to be long-lasting and outweigh the monetary costs.

## **2. Develop strategies to access and share physical health data**

To follow the CSH FUSE model as conceptualized, communities need to identify frequent users of hospitals and seek to reduce participant reliance on emergency health services, including visits to the emergency department (CSH, 2020a). If PalmFUSE is sustained, to ensure that it does, in fact, target the most vulnerable community members and receive the greatest return on investment, PalmFUSE should seek to enter into an MOU or business associate agreement with local-area hospitals. This will allow the identification of those who rely on emergency health services and access related data for evaluation purposes.

Not only would partnering with the local-area hospitals help PalmFUSE target the most frequent users of *all* systems, but it also has the potential to help ensure that participants have access to coordinated and necessary critical support services to address both physical and behavioral health challenges. Specifically, by providing services to those who use hospitals and emergency departments for preventable reasons. It would also allow for a more proper estimate of the net cost avoidance of housing PalmFUSE participants. Ultimately, according to CSH (2017), “health center and housing partnerships are key to delivering the comprehensive services” (p. 1).

## **3. Ensure all participants meet eligibility criteria**

Relatedly, to make sure that the most frequent system users are housed, PalmFUSE should target and house those who meet all eligibility requirements. In the current evaluation of PalmFUSE, while most participants met (or exceeded) the eligibility criteria, not all did. Ensuring that all participants meet the eligibility criteria and that the most vulnerable are housed will assist in the effective use of public funds.

## **4. Examine additional methods to locate participants**

PalmFUSE processes relied solely on the contracted service providers to locate individuals on the PalmFUSE List. During early planning meetings, the PalmFUSE Policy Team considered multiple in-reach and outreach processes—some of which involved having various entities assist in locating individuals on the PalmFUSE List. The entities spanned the criminal justice, homeless, and healthcare systems, and included local law enforcement agencies, first appearance courts, the Public Defender’s Office, the county jail, the PBC Homeless Outreach Team (HOT), The Lord’s Place Street Engagement Team, The Lewis Center, Baker Act/detox receiving centers, and local hospitals. While there were valid concerns related to sharing eligible

participant names with law enforcement and other criminal justice-related entities (e.g., violating confidentiality, bringing an already vulnerable population to the attention of criminal justice authorities), PalmFUSE stakeholders should examine the ability of sharing names with emergency homeless shelters, crisis stabilization units, detox receiving centers, and local hospitals, which have the ability to help locate, engage, and house eligible individuals more promptly.

#### **5. House PalmFUSE participants in PSH at the outset**

Finally, and as mentioned throughout this report, if PalmFUSE is sustained, participants should be housed in PSH at the outset, as opposed to being housed in rapid rehousing initially and then moving into PSH. If housing an individual in rapid rehousing is necessary as an interim solution, it should follow the Housing First model on which FUSE is premised.

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## APPENDIX A: PALMFUSE DATA COLLECTION MATRIX

**Table A1. Criminal Justice System Data**

Measure	Collected By	Data Source	Data Provided By
<b>Police Contact History (Official Action)</b>			
Number of contacts	Court Clerk	Showcase	CJC
Date of contact(s)	Court Clerk	Showcase	CJC
Nature of contact(s)	Court Clerk	Showcase	CJC
<b>Custodial Arrest History</b>			
Number of arrests in the county	Court Clerk	Showcase	CJC
Date of arrests(s) in the county	Court Clerk	Showcase	CJC
Nature of arrests in the county	Court Clerk	Showcase	CJC
Number of arrests outside the county	FDLE	FDLE	CJC
Date of arrests outside the county	FDLE	FDLE	CJC
Nature of arrests outside the county	FDLE	FDLE	CJC
<b>Booking History</b>			
Number of bookings	Court Clerk	Showcase	CJC
Date of booking(s)	Court Clerk	Showcase	CJC
Nature of booking(s)	Court Clerk	Showcase	CJC
<b>Disposition History</b>			
Number of dispositions	Court Clerk	Showcase	CJC
Date of disposition(s)	Court Clerk	Showcase	CJC
Nature of disposition(s)	Court Clerk	Showcase	CJC
<b>Incarceration History</b>			
Number of times incarcerated in PBSO	Court Clerk	Showcase	CJC
Date(s) of incarceration in PBSO	Court Clerk	Showcase	CJC
Nature of incarceration(s) in PBSO	Court Clerk	Showcase	CJC
Number of times incarcerated in prison	FDOC	DOC website	FAU
Date(s) of incarceration in prison	FDOC	DOC website	FAU
Nature of incarceration(s) in prison	FDOC	DOC website	FAU

*Notes:* Official action includes notice to appear, arrest, and booking. FDLE does not capture juvenile records. Dispositions include time served, dismissed cases, pre-trial diversion, and convictions.

**Table A2. Homeless System Data**

Measure	Collected By	Data Source	Data Provided By
<b>Homeless System Services – Non-Housing Related</b>			
Number of times contacted by homeless services	PBC	HMIS	CJC
Number of homeless episodes	PBC	HMIS	CJC
Length of homeless episodes	PBC	HMIS	CJC
Chronically homeless (as designated by HUD)	PBC	HMIS	CJC
Individual and Family SPDAT scores and ranges	PBC	HMIS	CJC
Supportive services only	PBC	HMIS	CJC
Rapid rehousing	PBC	HMIS	CJC
Permanent supportive housing	PBC	HMIS	CJC
Nature of homeless services provided	PBC	HIMS	CJC

*Note:* HUD’s definition of chronically homeless is 12 continuous months of homelessness *or* 4 homeless episodes within 3 years that add up to 12 months *and* a disabling condition.

Table A2 continued. Homeless System Data

Measure	Collected By	Data Source	Data Provided By
<b>Homeless System Services – Non-Housing Related</b>			
Number of times contacted by homeless services	PBC	HMIS	CJC
Number of homeless episodes	PBC	HMIS	CJC
Length of homeless episodes	PBC	HMIS	CJC
Chronically homeless (as designated by HUD)	PBC	HMIS	CJC
Individual and Family SPDAT scores and ranges	PBC	HMIS	CJC
Supportive services only	PBC	HMIS	CJC
Rapid rehousing	PBC	HMIS	CJC
Permanent supportive housing	PBC	HMIS	CJC
Nature of homeless services provided	PBC	HIMS	CJC
<b>Emergency Shelter Housing</b>			
Number of emergency shelter bed stays	PBC	HMIS	CJC
Length of stay in emergency shelter bed	PBC	HMIS	CJC
Funds used for emergency shelter housing	PBC	HMIS	CJC
<b>Transitional Housing</b>			
Number of transitional housing stays	PBC	HMIS	CJC
Length of stay in transitional housing	PBC	HMIS	CJC
Funds used for transitional housing	PBC	HMIS	CJC
<b>Rapid Rehousing</b>			
Number of times rapidly rehoused	PBC	HMIS	CJC
Length of stay in rapid rehousing	PBC	HMIS	CJC
Funds used for rapid rehousing	PBC	HMIS	CJC
<b>Permanent Supportive Housing</b>			
Number of times permanently housed	PBC	HMIS	CJC
Length of stay in permanent housing	PBC	HMIS	CJC
Funds used for permanent housing	PBC	HMIS	CJC
<b>Street Outreach</b>			
Number of times reached on street	PBC	HMIS	CJC
Funds used for street outreach	PBC	HMIS	CJC

Table A3. Behavioral Health System Data

Measure	Collected By	Data Source	Data Provided By
<b>Behavioral Health Contacts</b>			
Number of contacts with SEFBHN	SEFBHN	The Portal	SEFBHN
Date(s) of SEFBHN contacts	SEFBHN	The Portal	SEFBHN
Nature of SEFBHN contacts	SEFBHN	The Portal	SEFBHN
<b>Behavioral Health Treatment</b>			
Number of times SEFBHN provided service	SEFBHN	The Portal	SEFBHN
Assessments	SEFBHN	The Portal	SEFBHN
Date(s) of SEFBHN provided services	SEFBHN	The Portal	SEFBHN
Treatment service(s) provided	SEFBHN	The Portal	SEFBHN
Program	SEFBHN	The Portal	SEFBHN
Program type	SEFBHN	The Portal	SEFBHN
Admission date	SEFBHN	The Portal	SEFBHN
Discharge date	SEFBHN	The Portal	SEFBHN
Discharge reason	SEFBHN	The Portal	SEFBHN

**Table A3 continued. Behavioral Health System Data**

Measure	Collected By	Data Source	Data Provided By
<b>Behavioral Health Treatment</b>			
Mental health diagnosis	SEFBHN	The Portal	SEFBHN
Substance abuse diagnosis	SEFBHN	The Portal	SEFBHN
Higher level of care services	SEFBHN	The Portal	SEFBHN
Program	SEFBHN	The Portal	SEFBHN
Program type	SEFBHN	The Portal	SEFBHN
Covered services	SEFBHN	The Portal	SEFBHN
First service date	SEFBHN	The Portal	SEFBHN
Last service date	SEFBHN	The Portal	SEFBHN
Readmission	SEFBHN	The Portal	SEFBHN
Length of stay (days)	SEFBHN	The Portal	SEFBHN

*Notes:* The Portal does not capture unsuccessful outreach or missed appointments. Only items that were billed. Higher level of care services includes crisis stabilization, residential treatment, detox, and acute care. Several assessments are used and may include a bio psychological-social exam, A-SAM, and measures of functionality.

**Table A4. Physical Health System Data**

Measure	Collected By	Data Source	Data Provided By
<b>Emergency Room Contacts</b>			
Number of times ER touched			Note: This data was unable to be obtained
Date(s) of ER touch(es)			
Nature of ER touch(es)			
<b>Emergency Room Utilization</b>			
Number of times ER provided service			Note: This data was unable to be obtained
Date(s) of ER provided service(s)			
Nature of ER service(s) provided			

**Table A5. PalmFUSE Program Data**

Measure	Collected By	Data Source	Data Provided By
<b>PalmFUSE Program Engagement</b>			
Participant referral source	Case managers	HMIS	CJC
Program enrollment	Case managers	HMIS	CJC
Identified service need(s)	Case managers	HMIS	CJC
Services provided	Case managers	HMIS	CJC
Program/service attendance	Case managers	HMIS	CJC
Program/service hours	Case managers	HMIS	CJC
Case management hours	Case managers	Client Track/ ETO	CJC
Program completion status	Case managers	HMIS	CJC

**Table A6. Benefits, Insurance, and Income Data**

Measure	Collected By	Data Source	Data Provided By
<b>Veteran Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>Medicaid Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>Medicare Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>Social Security Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>Unemployment Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>Social Security Disability Income (SSDI) Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>SNAP Benefits</b>			
Eligible	PBC	HMIS	CJC
Receiving	PBC	HMIS	CJC
If yes, what?	PBC	HMIS	CJC
<b>Insurance</b>			
Private	PBC	HMIS	CJC
Employer	PBC	HMIS	CJC
Medicaid	PBC	HMIS	CJC
Medicare	PBC	HMIS	CJC
Other Public	PBC	HMIS	CJC
No insurance	PBC	HMIS	CJC
<b>Income</b>			
Earned Income	PBC	HMIS	CJC
All Incomes by Source	PBC	HMIS	CJC
Other Public	PBC	HMIS	CJC

**Table A7. Demographic Data**

Measure	Collected By	Data Source	Data Provided By
<b>Demographics</b>			
Sex	PBC	HMIS	CJC
Race	PBC	HMIS	CJC
Ethnicity	PBC	HMIS	CJC
Birthday	PBC	HMIS	CJC
Veteran status	PBC	HMIS	CJC



