



March 24, 2021

Re: LD 475, H.P. 349 Resolve, to Create the Frequent User System Engagement Collaborative

Thank you, Senator Claxton, Representative Meyer, and Committee Members for this opportunity to testify in support of LD 475 creating the Frequent Users System Engagement (FUSE) Collaborative. My name is Ben Strick. I am a licensed clinical social worker, and the Director of Adult Behavioral Health for Spurwink Services.

Thursday mornings I join the “Long Term Stayers” (LTS) subgroup of Portland’s Emergency Shelter Assessment Committee (ESAC). A long-term stayer is defined as a person who has spent 180 days in a homeless shelter or outdoors within a 365-day period. Meeting attendees work together to find creative solutions for individuals who are persistently homeless.

When I testified last year, I shared the stories of four individuals who combined had over 3000 shelter bed days—or over 8 years of time—all with extensive histories of trauma and psychiatric hospitalization, countless emergency room visits, arrests, and incarcerations. I want to give you an update on these four people:

- One, no longer engaged in treatment, died of exposure this winter after many years of unsheltered homelessness.
- A second, still homeless, died of natural causes at age 35 (essentially old age) in a General Assistance funded emergency hotel room.
- A third individual lost two fingers to inhalant misuse related frostbite and is currently incarcerated.
- The fourth was psychiatrically hospitalized. After several months they were discharged with court mandated ACT and PNMI. While we have been successful in helping this person stay in their placement, it has required at least 15 “Green Papers,” 2 “Blue Papers,” and one short hospitalization.

64 people who were homeless died in Portland last year, up from 43 the year before. The burden of this work is waiting for a client to die who you have worked closely with and care deeply about.

The cost of these individuals to our service system is staggering. And yet, this is not a problem of resources. The problem is the design of our system, and how resources are allocated. FUSE would solve this problem by creating a multi-stakeholder collaborative tasked with optimizing our service system and housing 200 of our most acute and vulnerable community members. The savings could then be reinvested to help future community members with high needs. FUSE works, and costs dramatically less than our current approach. Without housing, there is no recovery.

I ask that you please support this legislation. Thank you for your time, consideration, and efforts to help us serve individuals with high needs.

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