

ASSEMBLY MEMBERS RIVERA & VOLLAND

Complex Behavioral Health
Community Taskforce
Recommendations



Context for the Taskforce

- Charter for the Complex Behavioral Health Needs Task Force (AR-2023-145, As Amended) is to identify and propose solutions to the Anchorage Assembly and Municipal Administration for individuals at risk of experiencing homelessness with complex behavioral health needs
- Task Force is to submit a report with recommendations for immediate solutions by June 1, 2023, and for mid to long term solutions no later than September 5, 2023

Goal of the Taskforce

Identify the optimal solutions to address the complex behavioral health needs of individuals experiencing or at risk of homelessness in the immediate term and considering complex behavioral health needs community-wide for the medium and long-term.

Process

- Community members, content experts, and stakeholders were invited to participate in a series of facilitated task force sessions. Publicly noticed weekly meetings were held from May 4th through May 25th
- Brainstormed known gaps and urgent needs in four key areas of focus: Health Care, Care Coordination, Housing, and Community Resources & State Support
- Used these four categories to evaluate the “Draft Vision for Comprehensive Behavioral Health Continuum of Care” and identify gaps and urgent needs along that continuum

Process

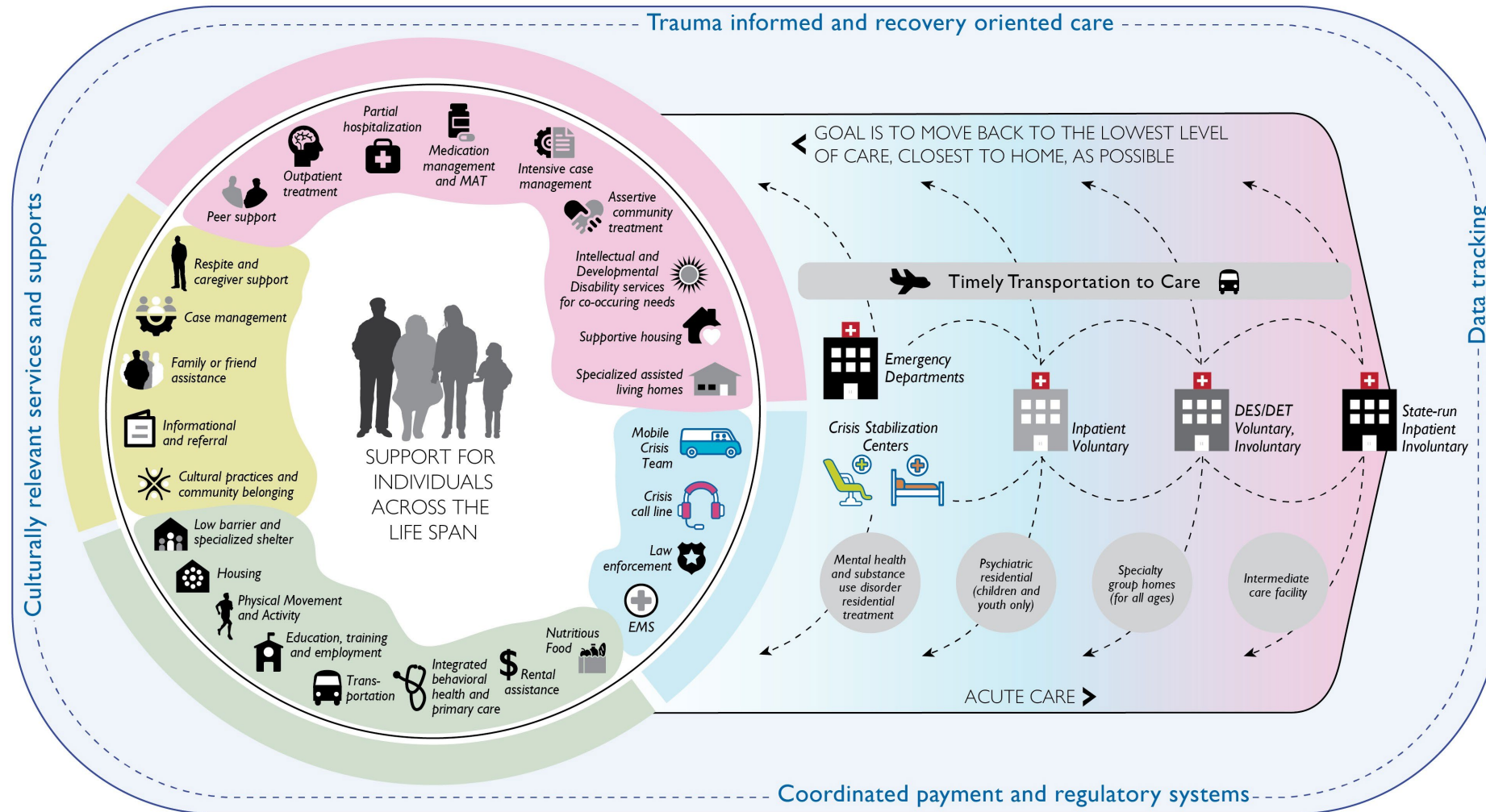
- Used a World Cafe model to begin building the action table
- Completed detailed review of the report and action plan to finalize “Immediate Needs” to submit by the June deadline
- Meetings in July-August further developed medium- and long-term actions
- Taskforce members responded to a survey to identify the priority objective under each of the three goals
- Convening the Leadership meeting to identify resources and commitments
- Final Taskforce report submitted September 5, 2023

Theory of Change

- Long term outcome: **People with complex behavioral health conditions experiencing or at risk of homelessness achieve whole person health and well-being**
- Short and medium-term outcomes:
 - **Increase number engaged in comprehensive primary and behavioral healthcare**
 - **Decrease number experiencing unsheltered homelessness and increase use of emergency shelter, exits to housing, and retention of housing**
 - **Increase cost-effectiveness of community resources through access to lower-cost health care and services**

Vision of Continuum of Care

Vision for Comprehensive Behavioral Health Continuum of Care



Taskforce Recommendations

- GOAL 1: System Coordination: Outreach and Triage: **Identify the most vulnerable individuals** experiencing or at risk of homelessness in Anchorage who also have complex behavioral health conditions, many of whom are currently unsheltered, **and address care needs.**
- Priority Objective:
 - Identify and, if necessary, fund a position and team at the Anchorage Health Department or other municipal entity to manage contractors, leverage municipal, State, private and public resources, and coordinate Municipal, State, and non-Municipal entities to implement this plan.

Taskforce Recommendations

- Rationale:
 - To increase participation from other partners, braid funding, manage new contracts, and leverage other municipal resources, which are necessary to implement this plan, Anchorage needs a coordinating entity. A municipal department is uniquely situated to provide these functions.

Taskforce Recommendations

- GOAL 2: Shelter: Provide immediate, no-barrier, appropriate safe year-round shelter, and navigation to access health care and supports
- Priority Objective:
 - Create no-barrier shelter options that serve smaller groups of people (approximately 50 at each site), with a mix of individual shelters (such as the Pallet options) and small-scale congregate shelter (such as a portable building), portable toilet and shower facilities, and locked storage for belongings.
 - All facilities must be safe, secure, and year-round.

Taskforce Recommendations

- GOAL 2: Shelter: Provide immediate, no-barrier, appropriate safe year-round shelter, and navigation to access health care and supports
- Priority Objective (Cont'd):
 - Sites managed by contracted health care and/or behavioral health peer providers to provide daily supports with healthcare and basic needs.
 - Case management must also be provided to guests at these sites to facilitate transitions to housing and ongoing healthcare. The taskforce estimates 5 of these sites are needed to serve people with complex behavioral health issues in need of emergency shelter

Taskforce Recommendations

- Rationale:
 - Individuals with complex behavioral health issues often have barriers to shelter and housing, require daily visits with health care providers, may not be able to live in larger congregate settings, and may require time to stabilize before moving into housing. This approach requires lower capital costs than larger shelters, could be situated on existing municipal lands such as parking lots, and would provide a stable location for health care providers and case managers to work with guests to support transitions. These sites could also be moved, if needed, or de-mobilized, if demand decreased.

Taskforce Recommendations

- GOAL 3: Health Care, Care Coordination and Housing: Rapidly assess and address housing, behavioral health, medical and longer-term care needs.
- Priority Objective:
 - Contract with behavioral health clinical and peer providers to do mobile outreach and provide medical and behavioral health services to people who are experiencing or at risk of homelessness

Taskforce Recommendations

- Rationale:
 - Individuals with complex behavioral health care needs who are experiencing or at risk of homelessness may not be enrolled in healthcare coverage or other benefits for which they are eligible. Because of housing instability and lack of shelter, individuals may be in camps or other locations in the community. Providing contracts with behavioral health clinician and peer providers to provide mobile outreach and care to people wherever they are will help engage them in ongoing medical, mental health, and SUD care, and with shelter, case management, and housing options. While implementing Crisis Now services in Anchorage is a similarly top priority, much effort and attention is already directed at that priority.

Next Steps