#### ASSEMBLY MEMBERS RIVERA & VOLLAND

Complex Behavioral Health Community Taskforce *Recommendations* 

Presentation and Discussion with Local and State Leaders August 29, 2023, 10 am to 1 pm Mountain View Library



# Agenda for Today

- Welcome and Introductions
- Overview of Taskforce Process and Purpose
- Review of Taskforce Recommendations and Priorities
- Workshop
  - What are we already doing to address this priority?
  - What are the gaps and barriers?
  - What partner resources and commitments can we make?
- Next Steps
- Please stay for lunch and gathering from 12:30 to 1 pm

#### Welcome!

• Please introduce yourself and your community affiliations.

### 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 communitywide 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 25<sup>th</sup>
- 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

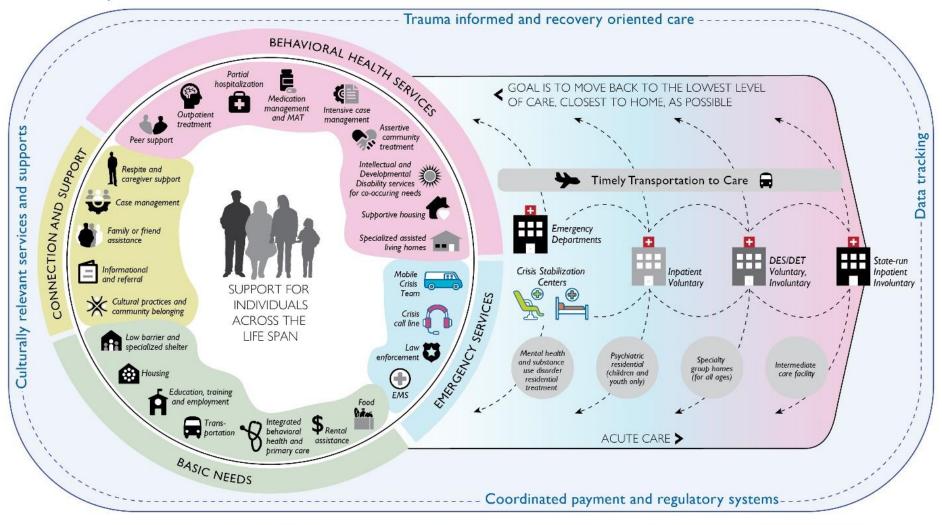
- Used a World Cafe model to begin building the action table
- Completed detailed review of the report and action plan to finalize "Immediate Needs" to submit by the June deadline
- Meetings in July-August further developed medium- and longterm actions
- Taskforce members responded to a survey to identify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

# Theory of Change

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

#### Vision of Continuum of Care

#### Vision for Comprehensive Behavioral Health Continuum of Care



Level of care/need = LOW

Level of care/need = HIGH

- 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.

- 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.

- 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.

- 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

#### • 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.

- 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

#### • 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 is Anchorage is a similarly top priority, much effort and attention is already directed at that priority.

#### **Discussion and Questions**

• What questions or feedback do you have for the Taskforce about the recommendations and priorities?

## World Cafe

- What are we already doing to address this priority?
- What are the gaps and barriers?
- What partner resources and commitments can we make?

## Next Steps

- Closing statements from participants
- Closing comments Felix Rivera & Daniel Volland