



MIND THE GAPS

A SCAN AND DISCUSSION ON HOUSING OPTIONS
FOR PEOPLE WITH HIGH ACUITY

Built For Zero.



**COMMUNITY
SOLUTIONS**



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Clutch Consulting
Managing Partner

Built For Zero.



Complex Needs Workgroup

A community workgroup coordinates housing and care for people experiencing homelessness whose needs exceed the homeless response system's resources.

Partners bring leaders who can adapt policies and staff who can act urgently.



How it typically works

- 1 Identify people**
Keep a shared list of people whose needs exceed existing resources.
- 2 Meet weekly**
Review each person's situation and identify a safe path out of homelessness.
- 3 Assign next steps**
Name who will do what in the next seven days, including care coordination.
- 4 Track progress**
Follow up on plans and exits, and report progress to agency and system leaders.

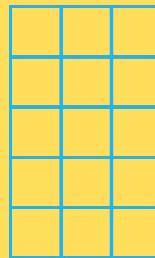
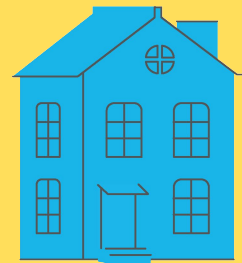
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Complex Needs Bright Spots

Atlanta and Dallas each started complex needs work in downtown and are now taking it system wide.

	Atlanta	Dallas
Workgroup timeline	Started: 9/2025 Active for: 12 months	Started: 2/2025 Active for: 19 months
Complex Needs BNL	36 people	36 people
Outcomes since launch	20 Positive Exits 5 Ongoing 8 Unable to Locate 3 Long-term Incarceration	13 Positive Exits 19 Ongoing/Unable to Locate 3 Long-term Incarceration 1 Deceased
Exit pathways secured	Behavioral Health Voucher State Behavioral Health Facility Nursing Care/Memory Care PSH + Family/Friends	State Behavioral Health Facility Nursing Care/Memory Care PSH/Safe Haven Family/Friends
Lessons Learned	<ul style="list-style-type: none">• The work is hard so start as soon as you can with whatever you can• Participants are in the workgroup clear path, not to educate others on their system• You have to have a dedicated PM to drive, drive, drive• Workgroup members are people with the “It Factor”• Need ready access to every type of residential environment• You need to have a leader on the team from the hospital system	



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Daniel Malone

DESC

Executive Director

Built For Zero.



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Housing for people with high acuity/needs

Adaptations and bright spots



Community Solutions convening
Seattle, WA

Daniel Malone

October 20, 2026



DESC client population (n>3000)

Common experiences/conditions

- Long-term homelessness
- Highly vulnerable
- Serious mental illness
- Substance use disorder
- Other complex medical problems
- Criminal legal system involvement
- Heavy use of crisis services
- Repeated addiction and psychiatric treatment events



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DESC's core services

Shelter and emergency housing

Low-barrier temporary living situations.

Outpatient behavioral health treatment

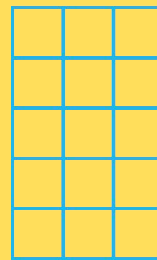
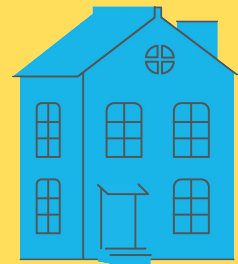
Mental health and SUD care including diagnosis, case management, and medications.

Crisis response services

Street outreach, 24/7 mobile response for psychiatric crises, and a short-term stabilization facility.

Permanent supportive housing

Over 2,000 units, single site and scattered site. All Housing First for people with highest needs.



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New times, new challenges

Drug poisonings crisis

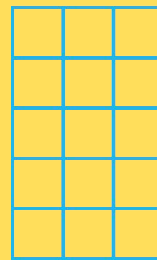
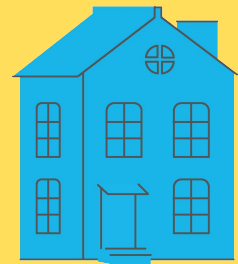
- Huge rise in overdoses
- Public drug use more prevalent

Unsafe/unhealthy behaviors

- Related to untreated psychosis, stimulant use, and other conditions
- Public incidents
- Living conditions in PSH and other affordable housing

Decreased shelter access for high-acuity behavioral health conditions

- Slower turnover in non-congregate shelter; some shelters stopped serving this population
- Limited options for street outreach workers and discharge from crisis facilities and hospitals



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Some strategies

1

Opioid use disorder treatment expansion

Buprenorphine calibrated to fentanyl use; ORCA post-overdose clinic; mobile treatment; follow-up within 24 hours of overdose in PSH.

2

Mobile behavioral health crisis response

988-dispatched, non-law enforcement response; dedicated PSH support; expanded crisis stabilization centers.

3

New shelter after crisis stabilization

STAR Center for high-acuity behavioral health needs, with on-site assessment, intake to ongoing care, and transfer to longer-stay settings.



Opioid use disorder treatment expansion

Some strategies

- Buprenorphine treatment calibrated to fentanyl use
- ORCA Center: post-overdose stabilization clinic
- Mobile opioid treatment in PSH and community settings
- SUD services follow-up within 24 hours of overdose in PSH



Mobile behavioral health crisis response

Some strategies

- Non-law enforcement, 988-dispatched, 24/7 response within 30 minutes
- Special response/support for PSH programs through a professional line
- Community-level initiative to dramatically expand crisis stabilization centers



DESC in the community



Early indicators of effects

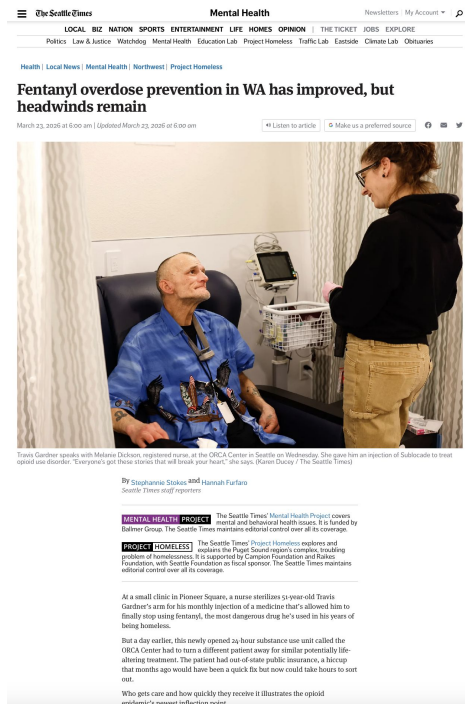
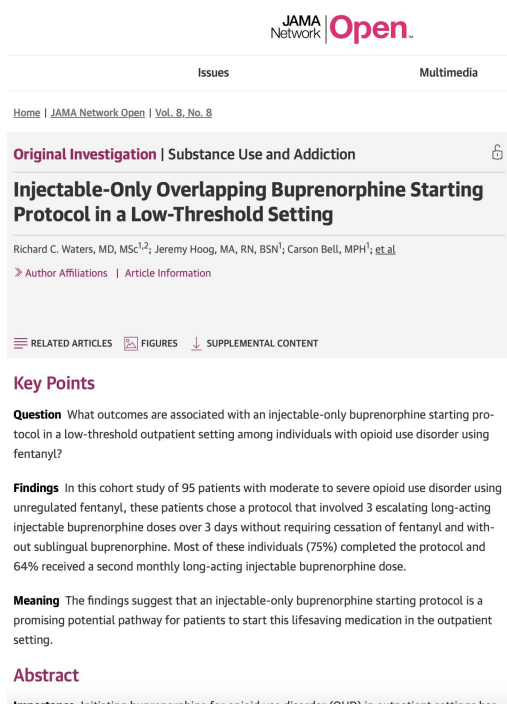
Opioid use disorder treatment expansion

ORCA programs: 10 months, Sept '25–July '26

- Delivered care through more than 10,000 encounters
- Cared for more than 500 people following an overdose
- Started nearly 800 people on medication for opioid use disorder (MOUD)
- Started more than 400 people on long-acting injectable (LAI) buprenorphine

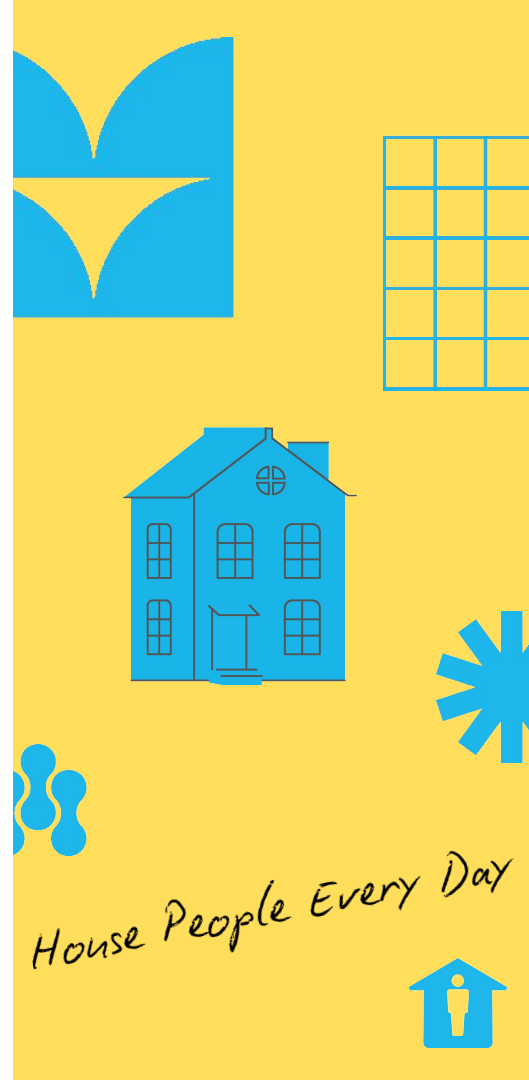


Published coverage and research

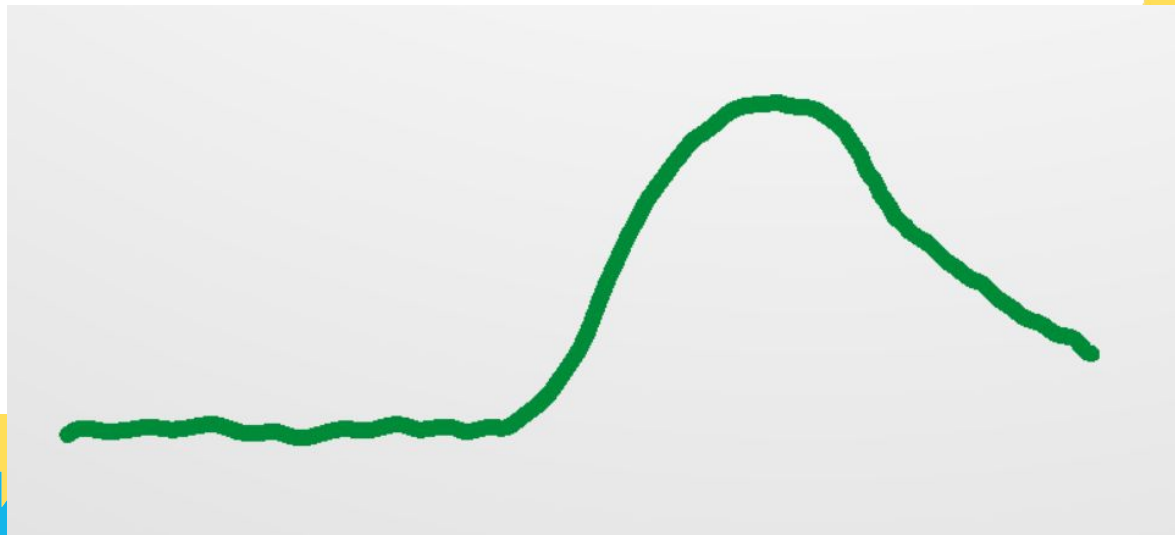


[Seattle Times article](#)

[JAMA Network Open article](#)



The shape of things





Dr. Jim O'Connell

Boston Health Care for the Homeless Program

President

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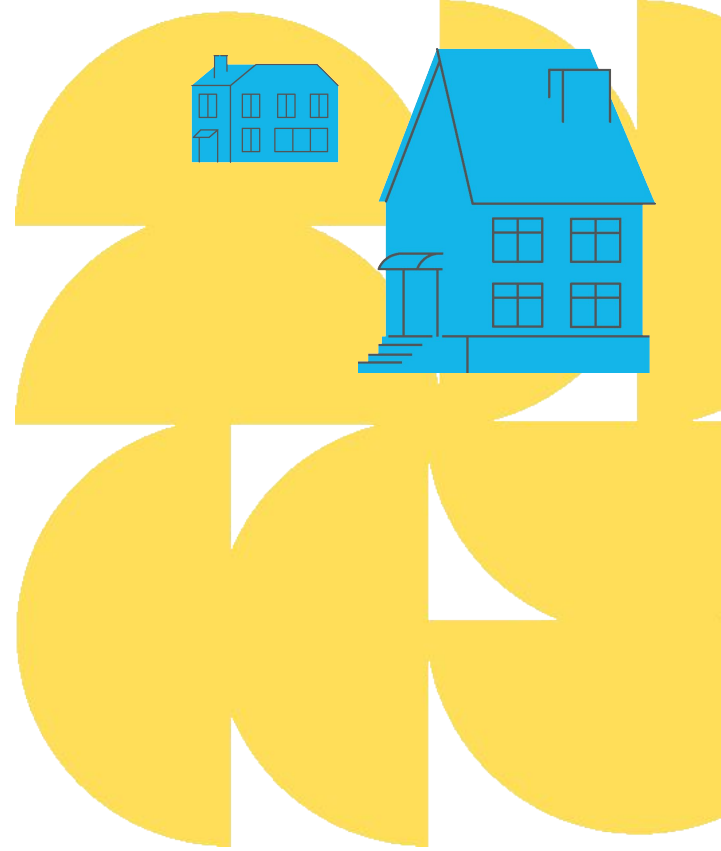


BHCHP Basic Goals 1984

Establish a health services care delivery model to provide continuity of care from shelter and street to hospital;

Provide care through multidisciplinary outreach teams;

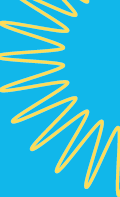
Establish the capacity to meet the needs of homeless individuals for home-type respite care



How



Every

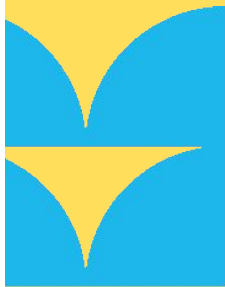
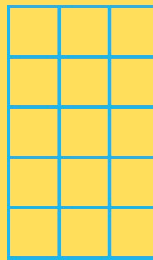
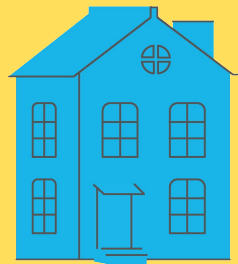


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1985



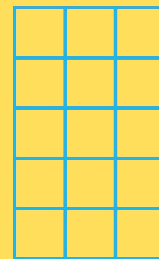
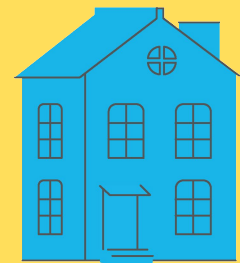
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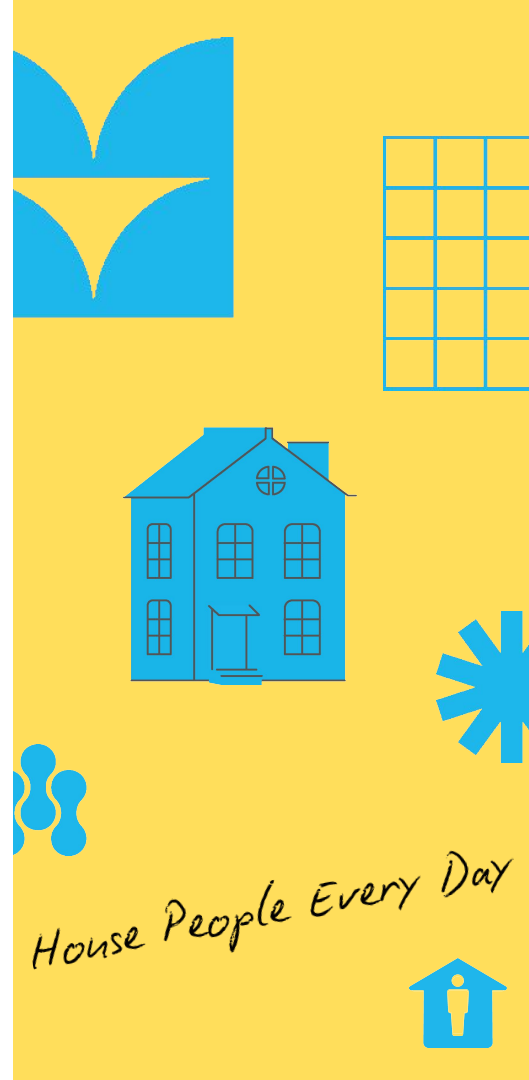




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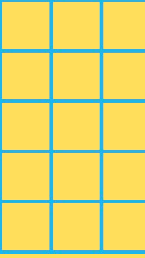
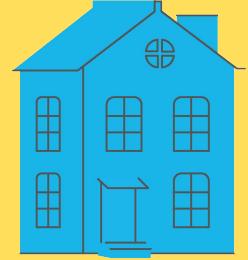
1996





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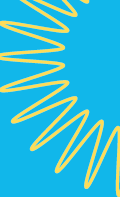


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2006

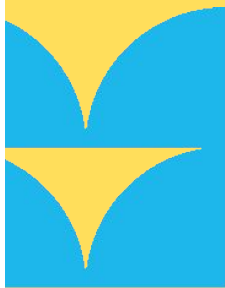
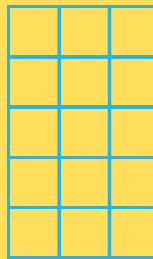
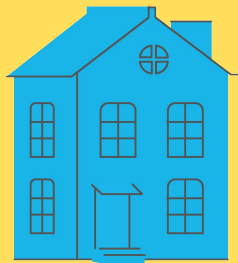


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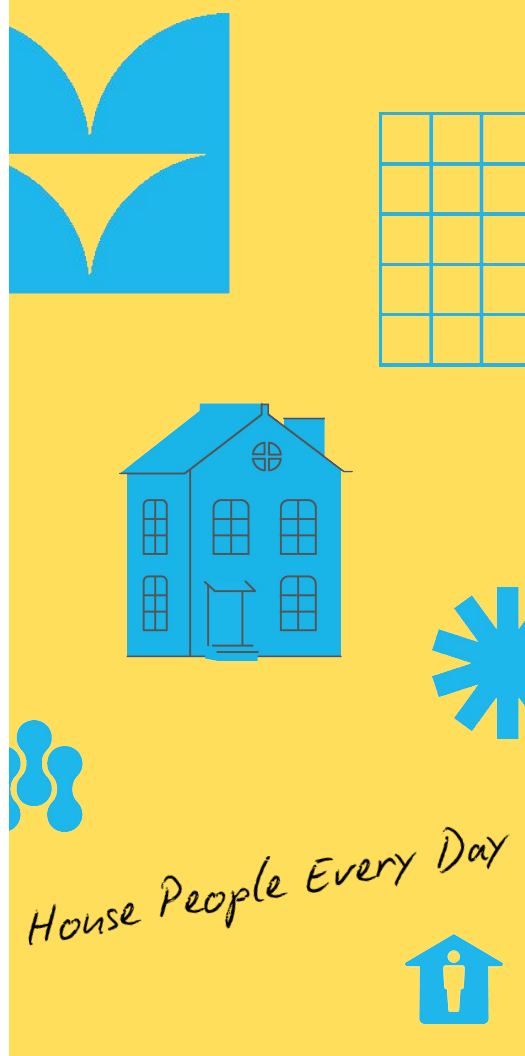


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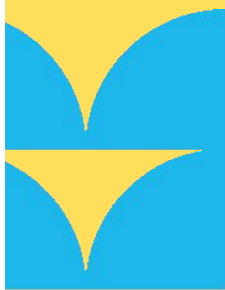
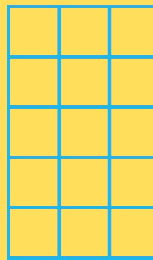
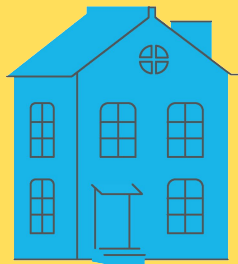
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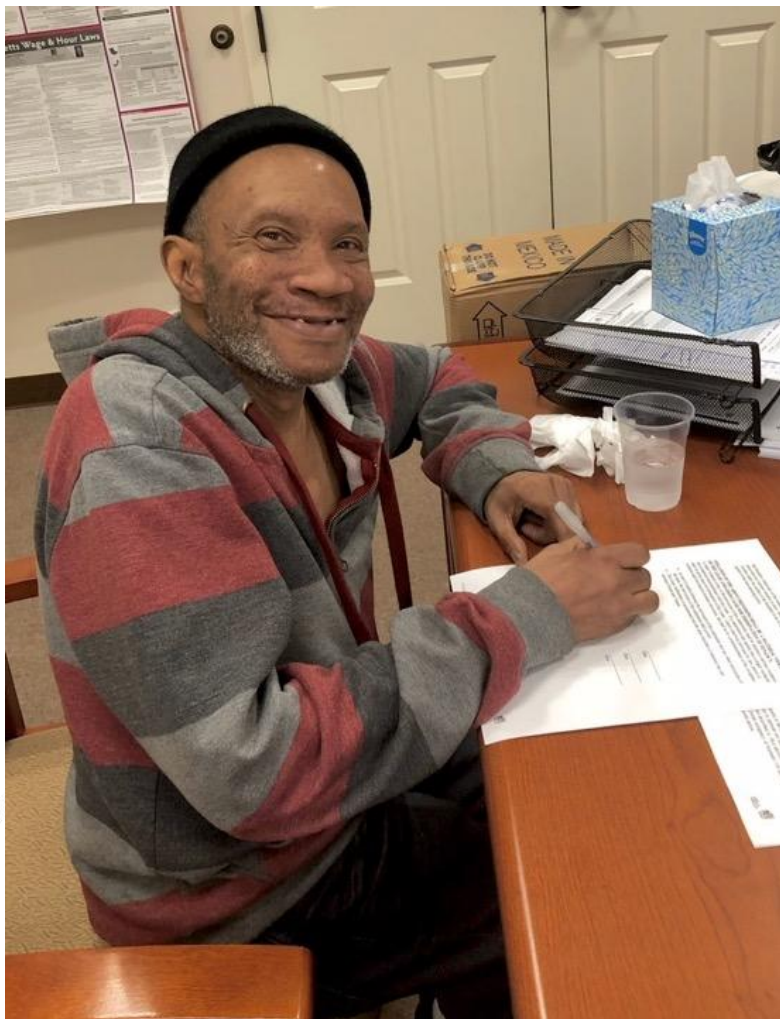




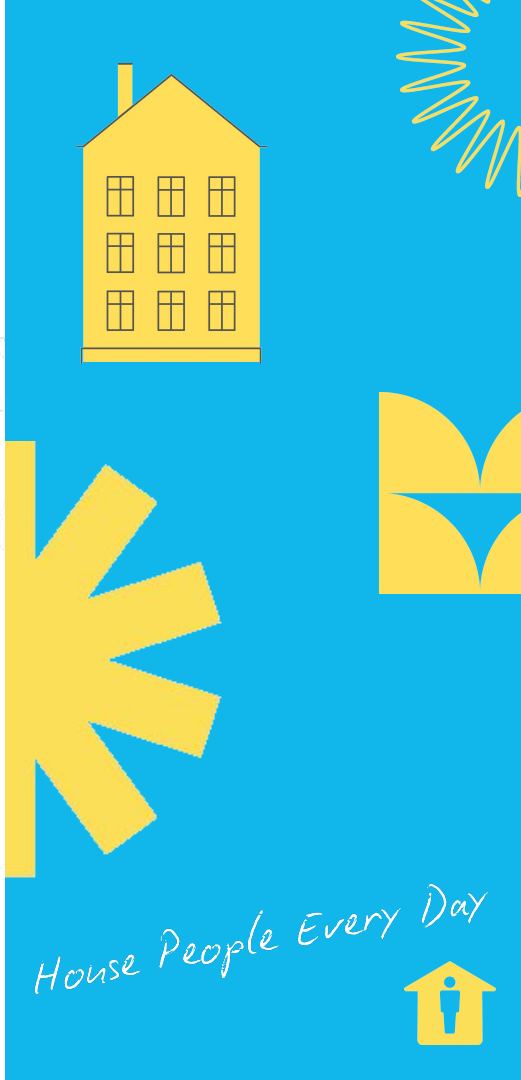
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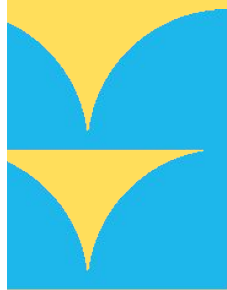
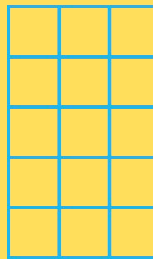
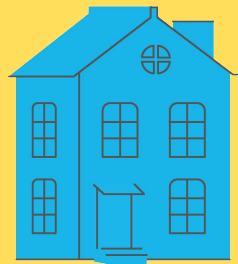


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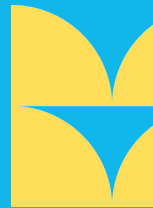
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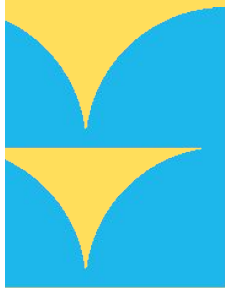
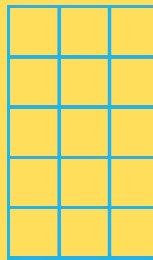
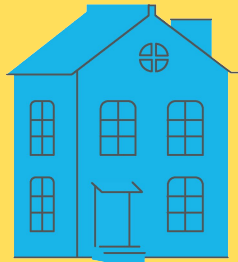


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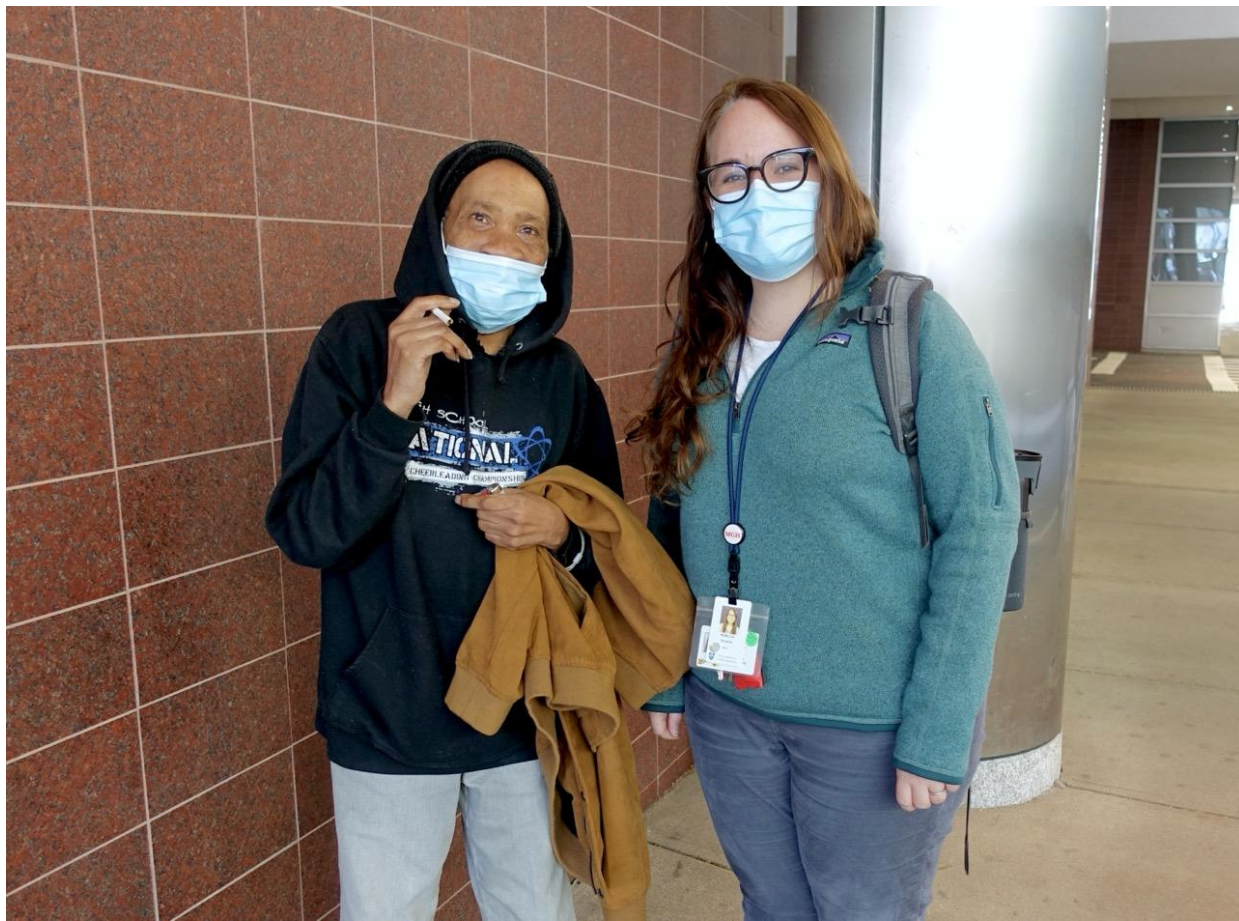
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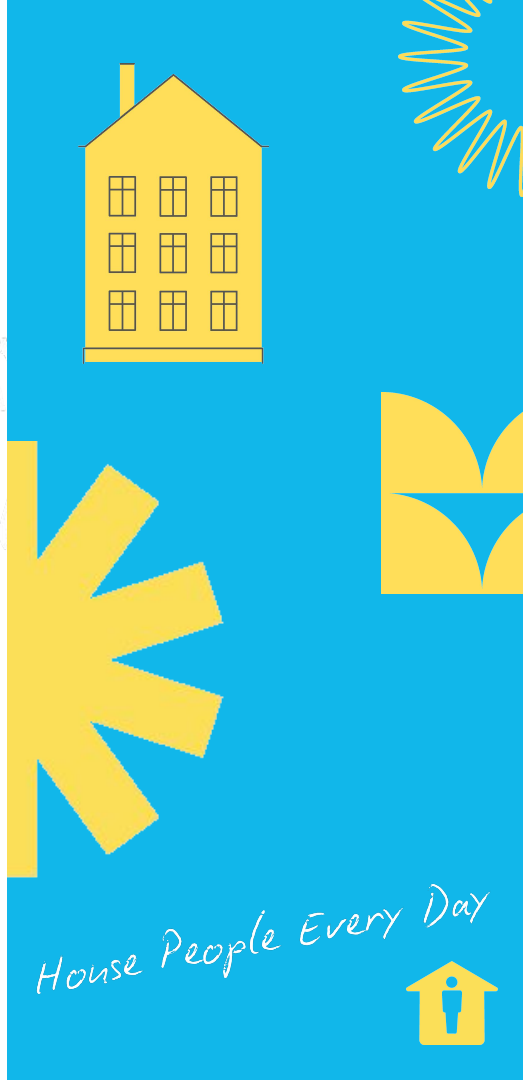


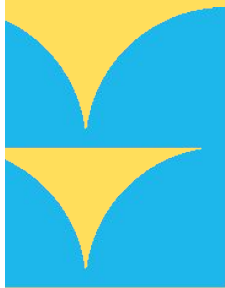
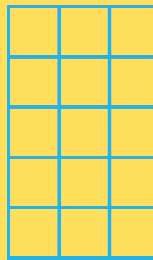
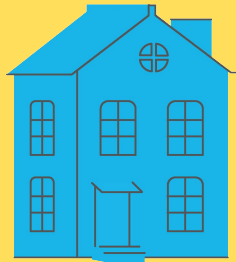
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2022





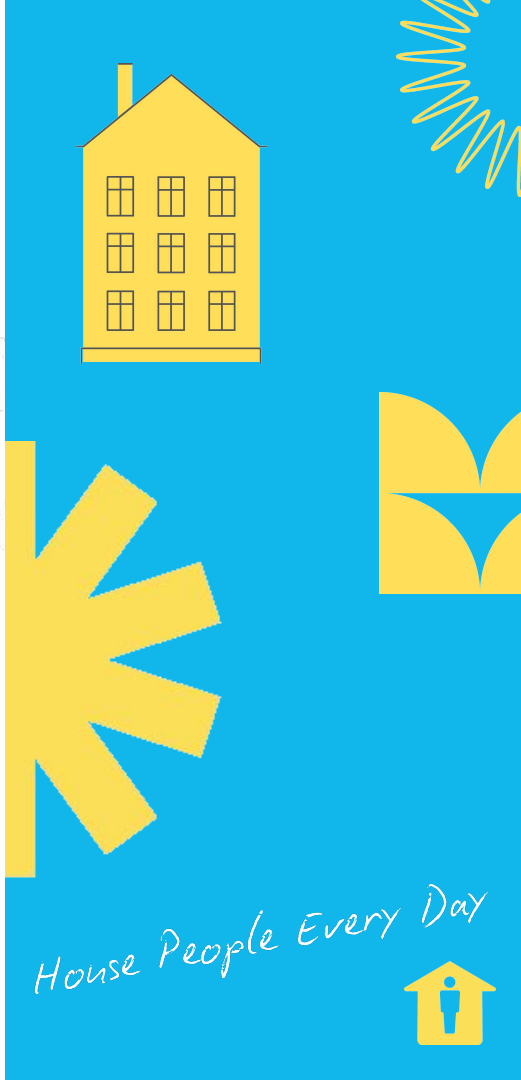
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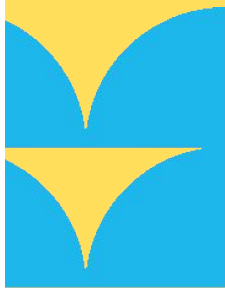
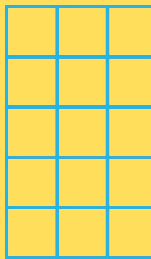
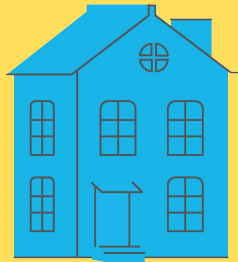


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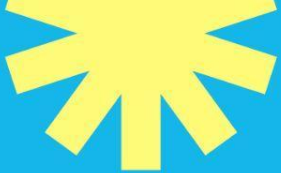
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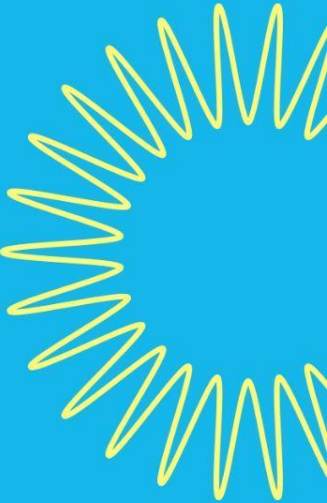




Erin Atencio

Denver Mayor's Office

Director of Roads to Recovery and Director of Interagency Strategy,
Behavioral Health and Alternative Response



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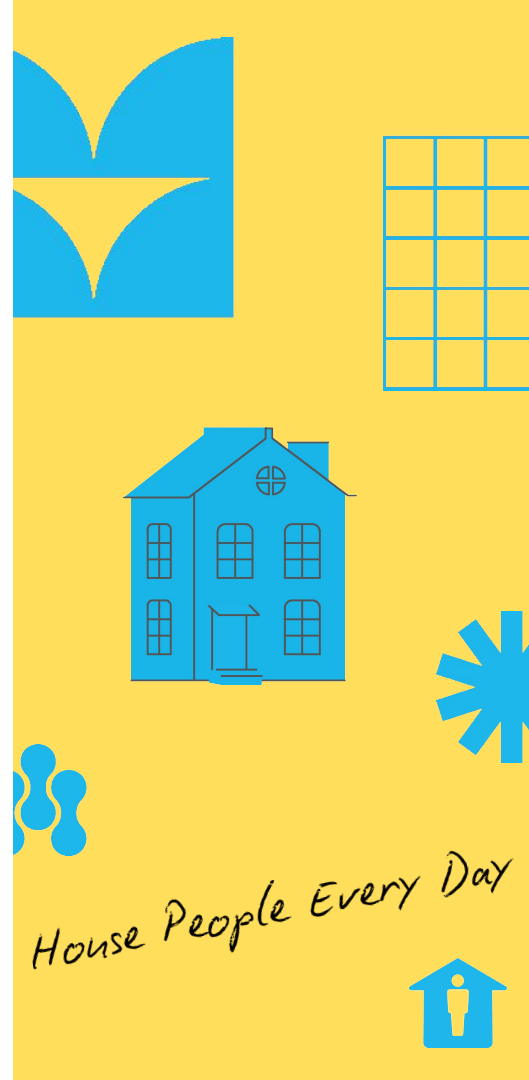
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Session Feedback

Please scan the QR code to complete the feedback survey.



<https://survey.alchemer.com/s3/9042138/2026-BFZ-Learning-Session-Workshop-Session-Feedback>



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Thank you

