ANCHORAGE COALITION TO END HOMELESSNESS

ANCHORAGE ASSEMBLY COMMITTEE ON HOUSING AND HOMELESSNESS

JANUARY 19, 2022

HUD Designated Continuum Of Care

The Anchorage Coalition to End Homelessness is Anchorage's HUD designated Continuum of Care.

- What is the Continuum of Care (CoC)?
  - The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Monthly Data: December 2021*

Project/Subpopulation	Dec 2021	Nov 2021	Oct 2021	Sept 2021	Aug 2021	July 2021
Total Number of Adults over the age of 25 Experiencing Homelessness in Need of Housing and Supports (not all of these individuals need shelter)	TBD	2022	2065	2224	2351	2478
Total Number of Adults over the age of 25 Served through Housing Surge in Previous Month	140	184	308	209	172	73
Total Number of Adults over the age of 25 Who Secured Housing through Housing Surge and Moved in during Previous Month	25	21	22	17	19	0

*Visit https://aceh.org/data/

Mapping the Current Shelter Capacity for Single Adults = Total Capacity at 1,027

- Mass Care – 855 beds includes Sullivan and hotels
- Brother Francis Shelter – 59 beds for individuals with medical needs or additional care
- Gospel Rescue Mission – 43 beds for individuals who maintain sobriety and commit to provided programs
- Downtown Hope Center – 55 beds for women
- Salvation Army McKinley Annex - 15 veterans (online end of January)

What the Coalition is Prioritizing as the CoC to implement the mass care exit strategy:

- Participation in the facilitation group with the MOA (Admin and Assembly) and Rasmuson on behalf of philanthropy
- Design and implementation of Anchorage's first shelter specifically designed for individuals with medical needs
- Implementation of workforce and permanent supportive housing units through a hotel conversion
- Supporting the Landlord Housing Partnership to make connections between case managers and identified available units
- Working with Anchorage Disability Resource Center to case conference for clients who may require higher levels of care – Personal Care Services (PCS) or an Assisted Living Home (ALH)
- Deployment of Emergency Housing Vouchers (EHVs)
- Designing a rental and housing stability program for AHFC to administer to support clients exiting mass care
- Leveraging HUD (ESG, CDBG, HOME), State, Muni and philanthropic dollars to support the mass care exit
- Coordinated Entry of clients in mass care for prioritization into placement
- Ongoing support for PSH projects proceeding outside of the facilitated mass care exit strategy
- Ensuring data completeness for individuals in mass care

Bottlenecks and Challenges within the local and state systems that result in service barriers or failure to secure housing including risks and issues that will slow down or reduce housing stabilization

Identification of resources within AHD that can be leveraged to support the facilitated exit strategy - i.e. HUD funding, alcohol tax and AHD operating dollars

Coordination/communication across needed entities at local and state level for specialized behavioral health and medical services: progress underway with AHD and SOA

- Resource/ capacity constraints with behavioral health, care coordination, etc.
- Dissemination of tools/programs at a State and local level that will assist with housing
- Hospital discharges to shelter without additional services to meet client

Bottlenecks & Challenges: December 2021

Availability and accessibility of affordable rental units, assisted living home beds and supportive housing beds

- Vacancy rate for apartments accessible to individuals experiencing homelessness (units available in income range at limited vacancy rate)
- Ramp up of Landlord Housing Partnership efforts now that contracts are completed
- Units that allow pets
- Access to funds that permit leasing up quickly
- Rapidly updated list of landlords who are willing to rent to those in mass care
- ALH that will accept clients without an approved Medicaid waiver

Continued statewide "referrals" to Anchorage shelter system

Continuing to address Data Quality and Data Completeness in the Anchorage shelter system

Problem Statement:
How To Transition Approximately 800+ People Experiencing Homelessness (PEH) Into Suitable Placements When Mass Care Facilities Close

Gaps = Demand - Capacity
(X) = Sufficient capacity, system meeting demand
X= Not enough capacity, demand exceeding capacity

	Single Adults	Families	Youth & TAY	Veterans	Gap *(units needed - current capacity)*
Shelter	400	30	20	0	**450**
Transitional Housing	154	(40)	(30)	1	**155**
Rapid Rehousing	1,510	23	162	(17)	**1,695**
Supportive Housing	557	28	95	20	**700**
Total	**2,621**	**81**	**277**	**21**	**3,000**

The table above reflects pre-COVID data and does not include projected impacts on need as a result of COVID-19, except for shelter. Based on national reports and local context, we expect demand to increase, especially for interventions that prevent experiences of homelessness (prevention, diversion); interventions that connect people experiencing homelessness to resources (outreach, resource & referral, shelter) and housing interventions that provide short-term rental subsidy and case management to help individuals and families stabilize (rapid rehousing).

THE SOLUTION TO HOMELESSNESS IS HOUSING.

- COVID didn't create a new problem but exacerbated the need.
- The planned closure of mass care expedites the need to bring housing resources online.

Funding Is Available For Rental Assistance

THE SOLUTION TO HOMELESSNESS IS HOUSING.

- Rental assistance and housing stability funds are available:
  - Intensive Case Management – rental assistance - $2M
  - AHFC – housing stability funds which include rental assistance and other supports – approx. $3.4M to be coordinated with the mass care exit strategy
  - Emergency Housing Vouchers – 96 vouchers statewide
  - Landlord Housing Partnership – $450,000 including incentive payments for landlords
- <u>Funding for rental assistance is not the issue, it is the lack of available units.</u>

United Way Landlord Housing Partnership

- **INTRODUCING: LANDLORD HOUSING PARTNERSHIP Anchorage landlords are a valuable link to providing permanent housing opportunities in our community! The city of Anchorage has placed a high priority on decompressing temporary shelters and finding permanent solutions for housing individuals experiencing homelessness. The Landlord Housing Partnership (LHP) seeks to collaborate with landlords to become part of the solution. LHP will ease the housing burden through engaging landlords on a systems level and expand the network of available housing opportunities for those exiting homelessness.**
- LHP aims to connect individuals and families experiencing homelessness to private market units that offer flexible screening criteria in exchange for benefits designed to mitigate risk for the landlord. LHP offers landlords the following benefits in exchange for working with our program: Rental incentives **($500/$1000)** to property partners for renting to tenants; A centralized unit information hub for current rental availability (PadMission); Financial assistance (**max $2500**) to property partners for damages at the time of move-out; Direct case management support from service organizations when issues arise such as late rent, housekeeping concerns, etc.

How Each Priority of the CoC is Contributing to the Success of Exiting Mass Care:

- **Implementation of Anchorage's first shelter specifically designed for individuals with complex needs.**
  - Over 150 individuals with medical needs have been identified within the homeless prevention response system.
    - Individuals needing PCS/ALH care will likely remain in shelter longer while awaiting eligibility for benefits and appropriate housing placements (6-18 months)
  - Utilizing the Coalition's Healthcare and Homelessness grant, the Coalition in partnership with Catholic Social Services, Agnew::Beck, Rasmuson and the Alaska Mental Health Trust Authority are designing this specialized shelter.
  - This shelter will address a long-standing gap within the Continuum of Care.
  - What additional partnership is required:
    - MOA – full utilization of the rooms as authorized by the Assembly for mass care to start providing appropriate care to this identified population
    - MOA – utilization of HUD funding through CDBG-CV funding or other sources to overlay necessary services while operating as mass care or as a shelter to meet client needs
    - State of Alaska – streamline Medicaid eligibility, care coordination and ensure payment of services in a shelter setting

Sala Remote Medics – Services Meeting The Need Now

- *Snapshot of one Day
- Currently providing services at Aviator, Alex, Guesthouse
- Residents screened - 346 (including door to door checks)
- Non-Emergent transport - 5
- Services include responding to incidents such as: shortness of breath, chest pains, care coordination, wound care, etc.

Envisioned System After Mass Care Closure =

Total Capacity 916

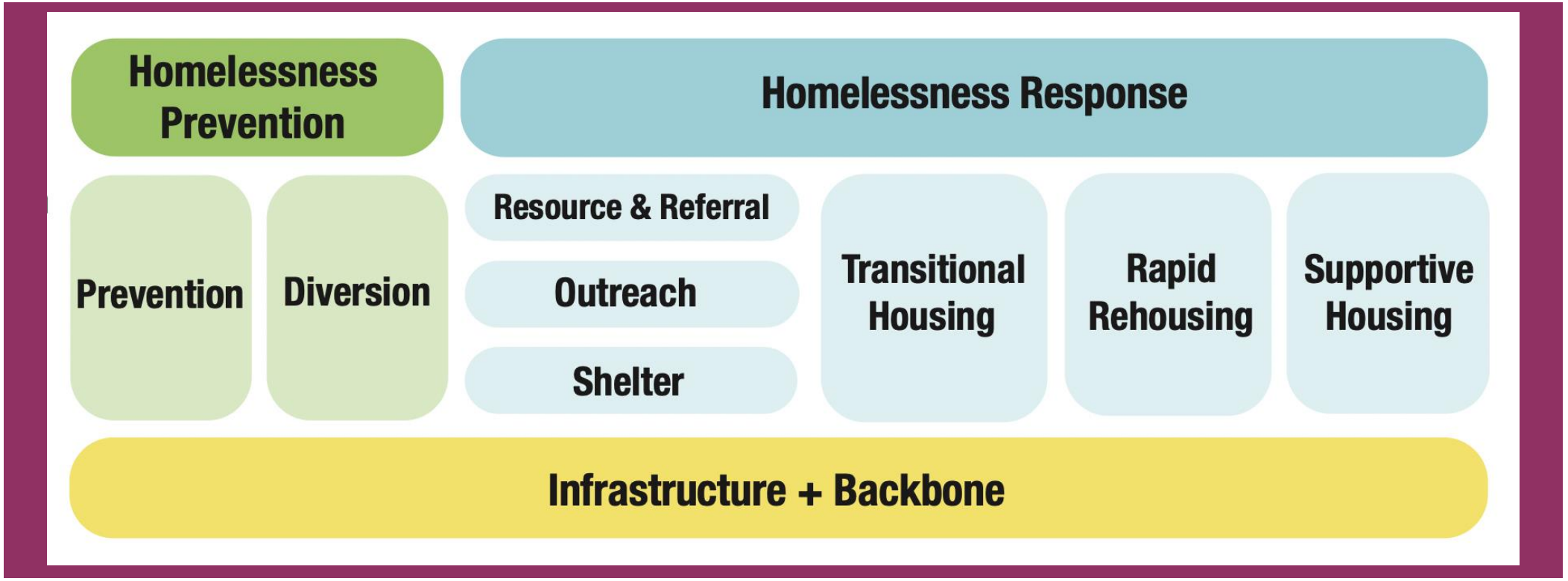
340 to housing

508 to shelter/navigation

68 to residential treatment

- Complex Care Shelter – 120 beds
- Brother Francis Shelter – 75 beds*
- Gospel Rescue Mission – 43 beds
- Salvation Army McKinley Annex – 15 veterans
- Downtown Hope Center – 55 beds for women
- PSH/Workforce Housing Project 1 - 90 units
- Substance Misuse Treatment - 68 beds
- PSH/Workforce Housing Project 2 - 100 units*^^
- Landlord Housing Partnership - 100 units*
- CE Resolved to Housing - 50 clients
- Navigation Center - 200 beds~

*estimated numbers
^^No identified location
~RFP still to be issued



The Mass Care Exit Strategy is not a fundamental alteration of the homeless prevention response system or the community's plan (Anchored Home) to address homelessness. Instead, it optimizes and expands services for clients to better meet their needs while leveraging and coordinating a wider variety of resources toward making homeless rare, brief and one time.

We look forward to our continued partnership in the next 6 months to exit mass care.

The work we do now will live on in a continually improving homeless prevention response system.

Thank you!