The Mayor’s Homeless Leadership Team (HLT) would like to thank Mayor Dan Sullivan, DHHS Director Diane Ingle, and Municipal Staff for their support during this ongoing process. Over the past eight months, the HLT has worked hard to fulfill the Mayor’s charge to formulate strategies and make recommendations on how our community should deal with homeless chronic alcoholics and related issues of homelessness. While there is still work to be done, the HLT is pleased to present their slate of initial recommendations derived from research, site visits, HLT & community stakeholder meetings and the collective knowledge and experiences of HLT members and the organizations they represent. Recommendations were endorsed by majority vote of the body and may not reflect views and/or opinions of each individual or organization represented on HLT.

The following ten recommendations are formally submitted for the Mayor’s consideration.

1. Mayoral and Municipal Support for the Development of Karluk Manor by RurAL Cap as the Initial Housing First Project in Anchorage

2. Mayoral Support for Assessing, Developing and Evaluating Future “Housing First” Projects

3. Develop and Implement Strategies for Public Education and Outreach Around the Approved Recommendations

4. Remove Regulatory Barriers: Clarify Residential and Facility Land Use Types in Title 21 and Title 16

5. Implement a Municipal Cold Weather Plan (MCW) and Amend Municipal Code Title 16 to Enable the MCW Plan

6. Camp Closures Should Not Take Place Unless Housing Options are in Place

7. Develop a Collaborative Homeless Action & Response Team (H.A.R.T.) to do Outreach to Illegal Campers when a Campsite is Posted for Closure

8. A Commitment to Work with Stakeholders to Increase Detox Beds and Services for Chronic Homeless Alcoholics

9. Support for Increasing the Number of Case Managers Who Work with Chronic Homeless Alcoholics. Strive for a ratio of 1:10 Case Manager to Clients

10. Continued Mayoral Support for the Anchorage Coalition on Homelessness and Implementation of the 10 Year Plan
Table of Contents

EXECUTIVE SUMMARY 3

INTRODUCTION 5

STRATEGIES AND INITIAL RECOMMENDATIONS 7

#1. MAYORAL AND MUNICIPAL SUPPORT FOR THE DEVELOPMENT OF KARLUK MANOR BY RURAL CAP AS THE INITIAL HOUSING FIRST PROJECT IN ANCHORAGE 7

#2. MAYORAL SUPPORT FOR ASSESSING, DEVELOPING AND EVALUATING FUTURE “HOUSING FIRST” PROJECTS 9

1. Convene an experienced development team to develop, assess and evaluate current and future “Housing First” projects. 9

2. “Housing First” projects should be clustered not scattered site. 10

3. “Housing First” projects should be connected to services throughout the community that are based on and off site, with long-term service commitments to the project, and be culturally relevant. 10

4. Endorse the long-term goal of developing 200 “Housing First” units within the Municipality of Anchorage. 10

#3. DEVELOP AND IMPLEMENT STRATEGIES FOR PUBLIC EDUCATION AND OUTREACH 12

#4. REMOVE REGULATORY BARRIERS: CLARIFY RESIDENTIAL & FACILITY LAND USE TYPES USED IN TITLE 21 AND TITLE 16 13

#5. IMPLEMENTATION OF A MUNICIPAL COLD WEATHER PLAN AND AMENDING MUNICIPAL CODE TITLE 16 TO ENABLE THE MCW PLAN 13

#6. CAMP CLOSURES SHOULD NOT TAKE PLACE UNLESS HOUSING OPTIONS ARE IN PLACE 14

#7. DEVELOP A COLLABORATIVE HOMELESS ACTION & RESPONSE TEAM (H.A.R.T.) TO DO OUTREACH TO CAMPERS WHEN AN ILLEGAL CAMPsite IS POSTED FOR CLOSURE 15

#8. A COMMITMENT TO WORK WITH STAKEHOLDERS TO INCREASE DETOX BEDS AND SERVICES FOR HOMELESS ALCOHOLICS 16

#9. SUPPORT FOR INCREASING THE NUMBER OF CASE MANAGERS WHO WORK WITH CHRONIC HOMELESS ALCOHOLICS. STRIVE FOR A RATIO OF 1:10 CASE MANAGER TO CLIENTS 16

#10. CONTINUED MAYORAL SUPPORT FOR THE ANCHORAGE COALITION ON HOMELESSNESS AND THE IMPLEMENTATION OF ANCHORAGE’S 10 YEAR PLAN 17

INTERNAL MOA WORKGROUP 18

WHY THE HLT SELECTED THE “HOUSING FIRST” CONCEPT 19
**Executive Summary**

Representatives from non-profits, state and federal departments and agencies, tribal organizations, faith based-organizations, service providers, the Anchorage community, the Anchorage Assembly, and the Municipality of Anchorage worked collaboratively to identify and implement strategies and put forth these initial recommendations to Anchorage Mayor Dan Sullivan, to address the challenges of chronic public inebriation and related issues of homelessness through the guidance of the *Mayor’s Strategic Action Plan for Chronic Public Inebriates and Related Issues of Homelessness.*

The plan included a community committee structure which was charged with addressing a variety of topics related to chronic public inebriates including employment, treatment, housing, and policy. HLT meetings were open to the public, and community participation was encouraged. Although individuals and community partners contributed significantly, final recommendations were made, as a body, by the Homeless Leadership Team (HLT). The following community leaders were appointed to the HLT by the Mayor:

- Trevor Storrs  
  Alaskan AIDS Assistance Association, Anchorage Coalition on Homelessness
- Kris Duncan  
  Alaska Housing Finance Corporation
- Jeff Jessee  
  Alaska Mental Health Trust Authority
- Angel Dotomain  
  Alaska Native Health Board
- Denise Morris  
  Alaska Native Justice Center
- Vivian Echavarria  
  Alaska Native Tribal Health Consortium
- Dan Coffey  
  Anchorage Assembly
- Patrick Flynn  
  Anchorage Assembly
- Richard Irwin  
  Anchorage City Church / Beacon Hill
- Jewel Jones  
  Anchorage Community Land Trust
- Jerry Jenkins  
  Anchorage Community Mental Health Services
- Chief Mark Hall  
  Anchorage Fire Department
- David Williams  
  Anchorage Gospel Rescue Mission
- Captain Bill Miller  
  Anchorage Police Department
- Ed O’Neill  
  ARBRA
- Susan Bomalaski  
  Catholic Social Services
- Carol Gore  
  Cook Inlet Housing Authority
- Gloria O’Neill  
  Cook Inlet Tribal Council
- Dierdre Cronin  
  Covenant House
- Carmen Gutierrez  
  State of Alaska Department of Corrections
- Commissioner Bill Hogan  
  State of Alaska Department of Health & Social Services
- Tara Horton  
  State of Alaska Faith-Based & Community Initiatives
- John Pendrey  
  U.S. Department of Veteran Affairs
In addition, the following individuals also regularly attended the HLT meetings as representatives for some of the above members and contributed to the recommendations:

- Jeremiah Newbold
  Department of Veteran Affairs

- Maria Tagliavento
  Cook Inlet Housing Authority

- Kristin English
  Cook Inlet Tribal Council

- Minta Montalbo
  Cook Inlet Tribal Council

- Allison Kear
  Covenant House

- Connie Marks
  Neighborhood Health Center

- Chanda Aloysius
  Southcentral Foundation

- Jayne Sheppard
  Anchorage Community Land Trust

All HLT meetings were facilitated by:

- Gwen Kennedy
  Kennedy & Associates

All HLT meetings and work groups were supported and staffed by:

- Darrel Hess
  Municipality Of Anchorage Department of Health and Human Services

- Britteny Ketterman
  Municipality Of Anchorage Department of Health and Human Services
Introduction

August 31, 2009, Mayor Dan Sullivan released “Chronic Public Inebriates and Related Issues of Homelessness – The Mayor’s Strategic Action Plan” after a number of homeless alcoholics died in public spaces in less than six months. In his Action Plan, the Mayor stated, “During my campaign, the transition process, and since I have become Mayor, I have heard considerable community concern regarding homelessness, in particular surrounding the recent deaths and acts of violence against chronically homeless alcoholics. From the earliest days of my administration, I have worked internally to develop the next steps in addressing this critical issue.”

One of the Mayor’s first steps was to invite leaders from the Anchorage community who work with the homeless, specifically those who are homeless and suffer from chronic substance abuse/dependency, to join the Municipality Of Anchorage’s efforts. This group of dedicated leaders, the Mayor’s Homeless Leadership Team (HLT), was charged with making recommendations to the Mayor regarding this complex social issue, and to helping identify strategies and funding sources and assist in leveraging those resources. As part of this effort, Mayor Sullivan appointed Anchorage’s first Homeless Coordinator to assist the Director of Health and Human Services and the HLT.

The Mayor’s Strategic Action Plan had three desired outcomes:
- Reduced deaths amongst chronically homeless alcoholics
- Reduced violence to and among chronically homeless alcoholics
- Reduced neighborhood impacts from chronically homeless alcoholics

The first HLT meeting was held October 15, 2009. HLT members came together and addressed four key questions:
1. Quick Wins: What do you think the group should focus on in the next 1-3 months?
2. Longer View: What would you like to see the group focus on in the next 1-3 years?
3. Measurable Outcomes: What measurable outcomes would you like this group to target, e.g. #s, %, $, Quality?
4. “Agendas”: what personal or organizational agenda do you bring to this work group? What do you need to stay actively engaged?

After the initial meeting, five work groups were developed to address specific issues. These work groups were comprised of members of the HLT and community stakeholders. The work groups were:
1. Causes for Chronic Public Inebriation
   - Research what other communities are doing address issues related to their chronic homeless inebriate populations and develop “best practices” for Anchorage that will be inclusive of cultural needs.
   - Identify a set cohort for the HLT work groups to focus on over the next three years.
   - Collect data and dissemination to the HLT work groups.
2. Beds for the Winter
   - Inventory current services/providers.
   - Create an action plan to ensure sufficient beds for winter 2009/2010.
3. Wider Housing Continuum
   - Develop plans for a wider housing continuum over the next three years.
   - Identify flexible funding sources.
4. Rapid Access to Treatment
   - Develop a comprehensive assessment plan that will ensure rapid access to treatment
for those identified as the set cohort who experience physical, mental & substance abuse issues.
- Develop easier service navigation tools.

5. Regulatory Barriers and Public Education
- Remove regulatory barriers (may include: municipal codes/titles and/or legislative codes/titles).
- Educate the public regarding chronic public inebriates and related issues of homelessness.

Over the course of eight months, the HLT formed three ad hoc work groups:

1. Positive Name – This ad hoc group recommended the name “Off the Streets” for any public education presentations or documents. The name would be a “brand” or “tag” to help put a positive spin on the efforts to address the needs of chronic public inebriates and related issues of homelessness. This recommendation was endorsed by the HLT.

2. H.A.R.T. – The Homeless Action & Response Team ad hoc group was formed to develop a camp outreach model. This model will be a collaborative effort to go into illegal camps that are posted for closure by APD and work to connect homeless individuals with services/housing – with the goal of eliminating the cycle of campers moving to another illegal camp every time theirs is closed, while providing resources for individual health & safety.

3. Advocacy – In addition to public education and outreach, the HLT felt that there needed to be a group dedicated specifically to advocacy, which includes but is not limited to public outreach. The goal of this group is to engage in advocating for those recommendations the Mayor decides to move forward.

Through the workgroup process, initial recommendations and strategies were brought forth for endorsement by the HLT implementation and submission to the Mayor. Some recommendations have been implemented, others are in the process of being implemented, and others are awaiting Mayoral support to move forward. All are submitted to Mayor for his consideration.

Each initial recommendation and strategy in this report was voted on by the HLT before submission to the Mayor, with submission/support contingent on a majority vote of the HLT. Some of the strategies may not be supported in whole, or in part, by every organization/individual represented.

In addition to the Mayor’s Homeless Leadership Team, an internal MOA work group, comprised of representative from the Department of Health & Human Service, the Department of Neighborhoods, the Anchorage Police Department, the Anchorage Fire Department, the Planning Department, the Department of Law, and the Office of Community Planning & Development, was convened to address chronic homeless alcoholics and related issues of homelessness. Those on the internal MOA work group also served as non-voting members of the HLT. A brief summary of their work can be found at the end of this report.
**Strategies and Initial Recommendations**

Over the course of eight months the Homeless Leadership Team and community members met as a whole and in small work groups. Using the *Chronic Public Inebriates and Related Issues of Homelessness - Mayor’s Strategic Action Plan* as a guide, the HLT developed the following initial recommendations and strategies. The HLT recommends that the Mayor and his administration support these to the fullest extent.

Some of these initial recommendations and strategies have already been implemented, some are underway, some are in the early stage of implementation, and some are awaiting Mayoral support. The status, as of May 2010, of each is indicated by the following symbols:

- **Underway or Ongoing**
- **Strategy Identified**

In addition to identifying stages, some of these strategies were also identified as having a short-term or long-term implementation time. Timeframes are indicated by the following symbols:

- **Short-Term Strategy (Implementation Under 12 Months)**
- **Long-Term Strategy (Implementation 1-3 Years)**

#1. **Mayoral and Municipal Support for the Development of Karluk Manor by RurAL Cap as the Initial Housing First Project in Anchorage**

The Homeless Leadership Team has done extensive research into the potential benefits of a “Housing First” project. Such a project would fill an unmet need in our community while increasing the personal safety of our chronic inebriate population, and reducing the demand on Anchorage’s emergency services and lessening negative impacts on public spaces.

In a unanimous vote by HLT members present at the May 4, 2010 meeting, the recommendation for mayoral and municipal support of RurAL Cap’s Karluk Manor project as the initial “Housing First” project in Anchorage was approved for submission to the Mayor.

RurAL Cap is a private service provider organization which is represented on the Mayor’s HLT. After hearing the need for “Housing First” projects, RurAL Cap created a list with eight primary criteria for assessing possible future sites. While reviewing location options, the Red Roof Inn was brought to their attention as an opportunity for purchase. The Red Roof Inn was the only property assessed...
that met all eight requirements:

1. An existing structure with efficiency unit configuration for single room occupancy.
2. Minimal rehab costs, i.e. single building entry to ensure resident and neighborhood safety, no severe damage, no access issues, existing sprinkler system.
3. Outdoor space for resident’s use.
4. Contain between 30 and 100 units, to achieve economy of scale for service delivery, staffing levels and operational costs.
5. Accessibility to bus routes, employment, and services for residents.
6. Located in a primarily non-residential area with good access and traffic control.
7. Proximity to target population.
8. Cost of less than $3 million, including purchase and rehab.

RurAL Cap was offered the Red Roof Inn property at 33% below market value and subsequently arranged purchase of the property, with earnest money and predevelopment assistance from the Alaska Mental Health Trust Authority (AMHTA). RurAL Cap subsequently applied for Alaska Housing Finance Corporation funding through their Special Needs Housing Grant (SNHG) competitive application process. In March, RurAL Cap was awarded in all three areas of their application: Capital, Housing Vouchers, and Operations.

RurAL Cap is moving forward with development of the Red Roof Inn located 1164 E. 5th Avenue, which they have renamed: Karluk Manor, as a “Housing First” project. This project will provide 48 efficiency style apartments that will be rented to individuals who are chronic alcoholics and are currently homeless. Tenants at Karluk Manor will be expected to fulfill the following requirements:

- Must pay rent based on sliding fee scale, equal to 30% of their income.
- Must adhere to strict behavioral guidelines for maximum safety.
- May not panhandle or loiter on the premises or in surrounding areas.
- Must contribute four hours a month to the project.
- Must follow visitor policies, including the requirement that all guests must sign in and out of the building.
- No smoking in rooms.
- No drinking in common areas or outside of one’s apartment.

RurAL Cap estimated that they will be able to provide both housing and supportive services at an annual cost of roughly $23,000 per individual versus the current cost to our community of $60,612 or the cost to the Alaska Department of Corrections of $44,000.00 per year per individual.

The HLT views Karluk Manor as a pilot project for future “Housing First” developments, and sees the project as a short-term option for individuals who are homeless chronic alcoholics.

The HLT recommends Mayoral support for this strategy.
#2. Mayoral Support for Assessing, Developing and Evaluating Future “Housing First” Projects

The HLT recommends Mayoral support for the acquisition, development and operation of future “Housing First” projects in Anchorage as soon as possible. The “Housing First” model provides housing to chronic homeless inebriates with on-site supportive services and case management. This model has been shown to keep individuals off the streets, out of emergency shelters, emergency rooms and the Transfer Station/sleep off center, and to be cost effective (published reports and research can be found at the end of this report).

It is believed that by implementing the recommended housing first projects, these efforts could not only 1) reduce deaths amongst the chronically homeless alcoholics, 2) reduce violence to and among chronically homeless alcoholics, 3) reduce neighborhood impacts from chronically homeless alcoholics, but could also 4) save the tax payer an estimated $60,000 per chronic public inebriate. (or 200 X $60,000 = 12,000,000 annually)

This strategy garnered the most overwhelming and enthusiastic support from the HLT. Under this overall recommendation, the HLT submits the following strategies for how this recommendation should be approached:

1. Convene an experienced development team to develop, assess and evaluate current and future “Housing First” projects.
2. “Housing First” projects should be implemented in clustered not scattered sites.
3. “Housing First” projects should be connected to services throughout the community that are based on and off site, with long-term service commitments to the project, and be culturally relevant.
4. Endorse the long-term goal of developing 200 “Housing First” units within the Municipality of Anchorage.

1. Convene an experienced development team to develop, assess and evaluate current and future “Housing First” projects.

As RurAL Cap’s Karluk Manor project gained momentum, the HLT realized that implementation of Anchorage’s first “Housing First” project, initially perceived as long-term, could occur within the year, offering the community a short-term, effective strategy to help achieve the Mayor’s desired outcomes.

As part of a “longer view” strategy, the HLT recommends the convening of an experienced development team. This team would ensure that key stakeholders are provided the data necessary to make informed decisions regarding developing future “Housing First” projects by creating a set of evaluation requirements that would initially be used to measure the success of the Karluk Manor project – Anchorage’s first large-scale “Housing First” project.

The development team’s responsibilities would also include evaluating potential future locations for site control, identifying funding sources and land donation potential, leveraging A&E costs, and building an operating pro-forma for “Housing First” projects.

The development team would include Municipal and State representatives, nonprofit agencies,
funders, private sector individuals and entities such as developers, architects, engineers, real estate agents, and general contractors.

Benefits of convening an experienced development team include evaluating the effectiveness of “Housing First” strategies in Anchorage, identifying potential funding sources, garnering political support, and drafting pre-development documents and plans (engineering, architectural, environmental etc.) which will help facilitate development of housing first projects.

2. “Housing First” projects should be clustered not scattered site.

The HLT recommends that “Housing First” projects be clustered and not scattered-site. The group looked at evaluations of “Housing First” projects throughout the United States, based on those evaluations the group concluded that the most successful and cost effective projects were larger facilities where individuals could be centrally located with focused services.

Within the Municipality Of Anchorage, there is currently no means to deliver the level of services and support needed by the chronic homeless to improve their well being and lessen community impacts in scattered-site facilities. One-on-One environments or small scattered-sites would require an estimated 300 service personnel.

With the chronic homeless population, due to “barriers” they possess or have acquired, clustered projects are necessary to adequately fund staffing on a fee for service basis. With existing rent subsidies, at present, 50 units is probably the maximum that service providers and their support community have the capacity to operate/maintain.

Larger scale projects are a more efficient use of funding and allow for more robust services to be delivered to those who are vulnerable, and who have multiple needs.

3. “Housing First” projects should be connected to services throughout the community that are based on and off site, with long-term service commitments to the project, and be culturally relevant.

“Housing First” projects should be connected to services, due to the severity of alcohol abuse by potential residents of “Housing First” projects and the likelihood that they will have serious medical and psychiatric illnesses. Potential residents are also very likely to have major deficits in cognitive functioning, social functioning and independent living skills. Therefore, a variety of community resources and services are required to support a project of this magnitude.

This recommendation includes essential components necessary to achieve successful outcomes for this population. All service providers involved with a “Housing First” project will play a key role towards producing outcomes consistent with the Mayor’s Plan. Since “Housing First” residents will most likely require a multitude of supportive services, residents would benefit greatly from onsite monitoring and direct care, as well as access to necessary community resources and services. Medical, psychiatric, and behavioral issues can be closely monitored, evaluated and treated (with residents consent) on a consistent basis. This component alone ensures the capacity to address health issues (reduced deaths), behavioral issues (violence), and lifestyle choices (education). The “Housing First” model is designed to account for any impact on the neighborhood. The social service agency owning the program has an obligation to their residents as well as the adjacent neighbors and property owners. Clear communication and expectations amongst “Housing First” residents, program staff, and neighborhood residents is extremely important. In contrast to emergency shelters where clients are discharged on a daily basis, “Housing First” projects are
permanent housing and tenant landlord relationships exist between the operator and residents. Long-term service commitments from all parties are vital for program sustainability. Ongoing communication and collaboration amongst stakeholders is beneficial for overall program implementation, service planning and performance improvement.

Considering that nearly 90% of the top 200 Community Service Patrol users are Alaska Native, culturally relevant services are of the utmost importance. Awareness and appreciation of Alaska Native culture needs to be integrated into program planning and service delivery. Alaska Native traditions and values should be viewed as a source of great strength, and a critical element for healing and wellness.

The benefit to providing housing and ancillary services to this population is that both provide a tremendous source of stability for the individuals and the greater community. Those who choose to participate in services and get off the streets will have the opportunity to begin recovery at their own pace and in the comforts of their own home.

4. **Endorse the long-term goal of developing 200 “Housing First” units within the Municipality of Anchorage.**

If the “Housing First” model is shown through evaluation of the Karluk Manor to be an effective solution to the community, the HLT recommends the development of 200 “Housing First” units in Anchorage, which would adequately meet the current need that today is necessary to significantly impact the targeted population. The HLT supports the recommendation for a focused effort to develop this number of units within the Municipality Of Anchorage.

A “Housing First” project would meet mayoral objectives: Reduce death among chronically homeless alcoholics; Reduce violence to and among the chronically homeless alcoholics; Reduce neighborhood impact from chronically homeless alcoholics; Reduce CSP intakes and usage of other emergency healthcare services.

Additional benefits include: Reduced emergency room costs; Reduced recidivism rates; Reduced time spent by APD and AFD dealing with chronic alcoholics resulting in increased safety to the community; Increased safety and services to our most vulnerable residents.

The HLT recommends Mayoral support for this strategy.

**The HLT has Accomplished the Following in Support of this Recommendation:**

- Mapped out possible sites that would accommodate 200 units for “Housing First” in Anchorage.
- Developed a Housing Pre-Development team model.
- Developed a “Housing First” building timeline.
- Developed a funding estimate for a 50 unit “Housing First” facility.
- Removed regulatory barriers: Drafted and successfully worked with the Municipal Assembly to pass an Ordinance that allows “Housing First” projects in certain zoning classifications, with a Conditional Use Permit. The Severe Alcohol Dependency Housing Ordinance passed the Anchorage Assembly on March 23, 2010. This ordinance allows “Housing First” projects, with a conditional use permit, in areas zoned B3, PLI, I1, and B2 (A, B, & C). Prior to this Ordinance, Title 21 did not have a defined land use that accurately described the “Housing First” model.
3. Develop and Implement Strategies for Public Education and Outreach

The HLT recommends continued timely outreach to the community regarding the HLT, its work and recommendations. It also recommends ongoing public education and outreach around “Housing First” as evaluations on effectiveness take place. Existing educational materials can be found at the back of this report and on the MOA website.

The goal of the work group’s educational outreach is to respond to community concerns, perceptions, misperceptions and questions regarding the HLT and its work, including but not limited to the “Housing First” Model.

The HLT recommends Mayoral support for this strategy, including continued dedicated Municipal staff for public outreach.

The HLT has Accomplished the Following in Support of this Recommendation

- Created a community informational resource on Health and Human Services webpage dealing with chronic public inebriation and related issues of homelessness, including existing and historic plans and reports. This resource can be found under the Mayor’s Strategic Action Plan.
- Approved the name Off the Streets for education and outreach purposes.
- HLT member organization, the Alaska Mental Health Trust Authority, funded key stakeholder’s site visits to Seattle 1811 Eastlake Project, a successful and well-documented Housing First project. Site visits included meetings with each visitor’s counterpart in Seattle; elected officials met with elected officials; potential neighboring businesses met with neighboring businesses, etc. Visitors were able to gain a better understanding of the program’s challenges and successes, and share that with fellow HLT members.
- Attended Fairview Community Council meetings to respond to questions about the Housing First model, proposed projects - including Karluk Manor, and the HLT.
- Prepared informational materials related to HLT strategies and recommendations, including a summary of the tasks of the Anchorage Coalition on Homelessness and the Mayor’s Homeless Leadership Team.
- Created a community informational resource on Health and Human Services webpage dealing with chronic public inebriation and related issues of homelessness. This resource can be found under the Mayor’s Strategic Action Plan.
- Developed an Advocacy Ad Hoc group for engaging the community and key stakeholders on the recommendations that are approved and supported by the Mayor.
#4. Remove Regulatory Barriers: Clarify Residential & Facility Land Use Types Used in Title 21 and Title 16

Title 21 (housing projects) and Title 16 (facility projects) often present regulatory barriers to development of much-needed projects in Anchorage. This strategy would convene a collaborative group of funders and service providers to define 2-3 hypothetical but realistic housing projects that serve people with disabilities (i.e., 10-plex supportive housing project with certain on-site services located in an R-3 district) and hold a mock “pre-construction” meeting with the Planning Department to examine zoning implications for each scenario.

This exercise will better define current land use barriers, if any, to developing new supportive housing projects for people with disabilities, including both permanent and transitional housing. Identifying these regulatory barrier issues will aid housing providers, the Municipality of Anchorage, the Municipal Assembly, and/or the Planning and Zoning Commission in reducing or mitigating barriers.

The HLT recommends Mayoral support for this strategy, including Municipal Planning Department staff participation.

The HLT has Accomplished the Following in Support of this Recommendation:

- Removed regulatory barriers: Drafted and successfully worked with the Municipal Assembly to pass an Ordinance that allows “Housing First” projects in certain zoning classifications, with a Conditional Use Permit. The Severe Alcohol Dependency Housing Ordinance passed the Anchorage Assembly on March 23, 2010. This ordinance allows Housing First projects, with a conditional use permit, in areas zoned B3, PLI, I1, and B2 (A, B, & C). Prior to this Ordinance, Title 21 did not have a defined land use that accurately described the Housing First model.

#5. Implementation of a Municipal Cold Weather Plan and Amending Municipal Code Title 16 to Enable the MCW Plan

The HLT recommends implementation of a cold weather plan for the Municipality of Anchorage, which would allow churches, designated by the Director of Health & Human Services or their designee, to act as temporary cold weather shelters for families and individuals who are not under the influence of intoxicants, Title 21 notwithstanding.

The Municipal Cold Weather Plan for Homeless Persons (MCW Plan) coordinates public and private
resources when outside temperature (15 degrees Fahrenheit or below) pose an immediate danger to the life and health of unsheltered people within the Municipality of Anchorage.

The Department of Health & Human Services (DHHS) will develop policies and procedures for implementation of the MCW Plan. These policies and procedures will incorporate the requirements listed in AMC16.120.040, as well as additional requirements deemed necessary by DHHS.

The MCW Plan and ordinance will also reduce the burden on family shelters that are often at maximum capacity, and hopefully eliminate the need to split up families.

The HLT recommends Mayoral support for this strategy.

**The HLT has Accomplished the Following in Support of this Recommendation:**

- Removed regulatory barriers: Drafted an Assembly Memorandum and Study of Economic Effects which allows for a Municipal Cold Weather Plan under Title 16. This recommendation will be going before the Assembly in late May 2010.

#6. **Camp Closures Should Not Take Place Unless Housing Options are in Place**

The HLT recommends that camp closures not take place unless housing options are in place. Anchorage is consistently at or above its emergency housing capacity and camp closures will not be an end to the cycle of illegal camping and chronic public inebriation if individuals do not have a place to go when an illegal camp is closed. Housing of all types (Affordable, Housing First, Low-Barrier, etc.) must be available before closing down an illegal camp if the city wants lasting solutions in getting individuals out of illegal camps that are on public land permanently.

This strategy will also ensure better results for the Homeless Action & Response Team (H.A.R.T.) when they undertake outreach to illegal campers. The H.A.R.T. will use available housing options to assist in relocating individuals from illegal camps into housing.

The HLT recommends Mayoral support for this strategy.
#7. Develop a Collaborative Homeless Action & Response Team (H.A.R.T.) to do Outreach to Campers when an Illegal Campsite is Posted for Closure

An Ad Hoc work group formed by the HLT is developing the model for an outreach team that will coordinate with APD to go into illegal camps when they are posted for closure. The goal is to connect individuals with services and resources, so campers don’t simply migrate to another illegal camp. The group selected the name Homeless Action & Response Team (H.A.R.T.) for the model. The model development and team name have been endorsed by the HLT.

The H.A.R.T. will assist all persons in illegal camps posted for closure, not just those persons who are chronically homeless due to substance addiction and/or mental health issues. Possible services offered include: Housing/Shelter; Housing Vouchers; Public Assistance; Social Security Benefits; Veteran’s Benefits; Medical; Mental Health; Jobs; Case Management; Substance Use/Abuse Treatment.

While the initial model is reactive (reacting to camps being posted), based on the success of the reactive model, and if adequate partners can be enlisted and resources identified/obtained, the model could transition into a more proactive model.

Efficient and successful intervention will only take place through the H.A.R.T. if housing supports are in place. Camp closures should not be undertaken unless adequate post-closure housing options and support services are provided. Housing (of any type, treatment, transitional, etc.) must be in-place before closures occur.

The H.A.R.T. will contribute to the Mayor’s outcome goals by ensuring public safety and reduced violence to and among homeless chronic alcoholics, while mitigating negative impacts on and increasing public safety in public spaces.

The HLT recommends Mayoral support for this strategy, including the assurance of APD’s full cooperation with the H.A.R.T.

**The HLT has Accomplished the Following in Support of this Recommendation:**

- Formed the Homeless Action & Response Team (H.A.R.T.) ad hoc group to develop a camp outreach model.
#8. A Commitment to Work with Stakeholders to Increase Detox Beds and Services for Homeless Alcoholics

The HLT recommends increasing the number of detox beds available to, and services provided for, homeless chronic alcoholics in Anchorage. Currently, Anchorage has two detox facilities, Ernie Turner Center and the Salvation Army’s Clitheroe Center. Facilities are at capacity, and service providers are overwhelmed with both bed and service wait lists of up to three months. CITC’s Ernie Turner Center has no room for growth, while the Salvation Army’s Clitheroe Center has room for 4-6 additional detox beds if funding is made available, at $125,000 per year per bed.

Increasing detox beds and services would help meet the needs of individuals who are requesting assistance to get clean and sober when they request treatment and services, instead of putting them on a wait-list and keeping them on the streets until space is available.

The HLT recommends Mayoral support for this strategy.

**The HLT has Accomplished the Following in Support of this Recommendation:**

- Recommended in February 2010, Mayoral support and lobbying for continued legislative funding for the Pathways to Sobriety Project, currently administered by the Department of Health and Human Services in partnership with Anchorage Community Mental Health Services. A request for continued funding was included in the Municipality Of Anchorage’s 2010 Legislative Request Program.

#9. Support for Increasing the Number of Case Managers Who Work with Chronic Homeless Alcoholics. Strive for a ratio of 1:10 Case Manager to Clients

The HLT recommends a collaborative effort to look at advocacy opportunities and create a working model which would increase case managers within the MOA to a ratio of 1:10 case manager to client.

Most case managers in Anchorage currently have case loads of up to 50 clients at a time. This places an inordinate burden on case managers and reduces the level of care and attention that they are able to dedicate to individual clients. Reduced case loads would allow for more robust services for homeless chronic alcoholics, resulting in a more successful intervention.

Improved ratios can be accomplished by increasing the number of case managers, and by improving the continuum of case management in our community so that clients are linked with a single case manager who can interact with the client on behalf of various services. Increasing case managers is
largely a funding issue. Improving the efficiency of case management is a strategy involving better coordination and data tracking, possibly using lessons learned through the current efforts to develop a single point of entry for families in the Homeless Prevention and Rapid Re-housing program. A combination of these two strategies is likely to achieve the best success and be supported by a variety of funders.

The HLT recommends Mayoral support for this strategy.

#10. Continued Mayoral Support for the Anchorage Coalition on Homelessness and the Implementation of Anchorage’s 10 Year Plan

The HLT recommends continued support for the Anchorage Coalition on Homelessness and implementation of Anchorage’s 10 year plan. The HLT acknowledges there is a serious lack of affordable housing in Anchorage that must be addressed as part of a larger solution for housing our homeless population. The absence of affordable housing is a barrier for individuals and families who are ready to exit homeless shelters and programs. There is currently a lack of inventory and the affordability gap is increasing.

The Anchorage Coalition on Homelessness and the 10 year plan address the need for housing within the Anchorage community. The HLT recommends development of a comprehensive housing plan to support development of housing for the chronically homeless, which includes: supportive housing, low-barrier housing, affordable housing, and workforce housing to encompass rental and home ownership opportunities.

A comprehensive housing plan combined with transportation and infrastructure plans could provide access to Federal funding opportunities. Combining these plans will also support more cost effective, less expensive development, and incentivize builders to develop more affordable housing, of all types, in Anchorage.

The HLT recommends Mayoral support for this strategy.

**The HLT has Accomplished the Following in Support of this Recommendation:**

- Mapped out possible sites that would accommodate 200 units for “Housing First” in Anchorage.
- Developed a comprehensive list of providers and services (including housing options) for homeless chronic alcoholics and related issues of homelessness. This resource guide can be found at the back of this report and on the MOA website.
Internal MOA Work Group

As part of the tactical vision laid out by the Mayor in Chronic Public Inebriates and Related Issues of Homelessness – The Mayor’s Strategic Action Plan, an internal MOA work group with representatives from key departments was formed to align resources and develop and implement strategies, and assist the HLT. Representatives include:

Diane Ingle, Director
Dept. of Health and Human Services

Chief Mark Hall
Anchorage Fire Department

Darrel Hess, Homeless Coordinator
Dept. of Health and Human Services

Dee Ennis, Assistant Municipal Prosecutor
Dep. Of Law

Greg Jones, Executive Director
Office of Community Planning

George Vakalis, Municipal Manager
Office of Municipal Manager

Chief Mark Mew
Anchorage Police Department

Britteny Ketterman, Systems Change Coord.
Dept. of Health and Human Services

Corrine O’Neill, Director
Dept. of Neighborhoods

Jerry Weaver, Director
Planning Administration

The internal work group is collaboratively working on the following projects, issues and strategies:

1. Working with Senator Ellis to ensure detox beds at Clitheroe are available and capacity is expanded to facilitate more effective use of Title 47 for involuntary commitments.
2. Identifying all of the current resources, programs and services within the Municipality dealing with chronic public inebriates. A short cost analysis has been prepared and is available on the Municipal website under Community Health: The Mayor’s Action Plan for Chronic Inebriates: Homeless Leadership Team: Resources and Documents.
3. Developing effective lines of communication between departments for more efficient delivery of services to this population.
5. Analyzing what changes are needed in state law and municipal ordinances to help mitigate the problems associated with this population.
6. Collaborating with and supporting the Mayor’s Homeless Leadership Team and their
7. Collaborating with key stakeholders on a long-term comprehensive strategy for a central campus for recovery services to help people with substance abuse disorders or co-occurring substance use and mental health disorders.
8. Researching the possibility of a legal seasonal sober campsite in Anchorage, including potential sites and models.

The internal work group will also continue to engage and strengthen its partnerships with the State of Alaska and Anchorage community stakeholders as it works towards the goal of making Anchorage safe.

**Why the HLT Selected the “Housing First” Concept**

Because there has been so much publicity surrounding the HLT’s interest in “Housing First”, it is appropriate to add detail here to clarify that the HLT considered a wide variety of housing models, not just “Housing First”. The HLT looked at numerous wider housing continuum options including existing, available housing and programs in Anchorage that serve or could serve the homeless public inebriate population. In the process, the HLT considered numerous published articles comparing the cost to communities of addressing the chronic homeless inebriates through strategies as varied as Housing First, Supportive Housing, and Anchorage’s current predominant model: through the Transfer Station, Sober housing/Treatment, Emergency Shelters and Emergency Rooms.

Rapid Re-Housing models, of which there are many, were also assessed. These models are generally tailored to individual community needs. Some programs focused on families, some on individuals, and each came with supports services specific to the “client” served. Most of these programs had 5 key elements: 1) Program Referral and Intake; 2) Housing Barrier and Resource Assessment; 3) Housing Planning, Search and Location; 4) Financial Assistance Allocation; and 5) Follow-up Case Management Services.

The HLT considered the differences between Rapid Re-Housing (RRH) and Housing First (HF). RRH prevents long-term homelessness and the spiral into chronic homelessness. These programs primarily utilize existing housing stock, develop a pool of landlords who understand the program, and are amenable to relationship building with RRH program entities. RRH works well when the “clients” primary barrier to housing is financial or short term with other related issues being “treatable.”

“Housing First” on the other hand, meets the homeless “where they are.” Many programs contain the same elements of RRH but the priorities are realigned. Placement in housing becomes the first step. Assessing barriers, financial assistance, and case management all become secondary – but no less essential to a successful program, as defined by reduction/elimination of homeless street people.

Benefits of a “Housing First” project include providing safe, affordable, and client-centered housing options for homeless chronic alcoholics – which, based on evaluations of “Housing First” projects in other communities, should result in decreased negative community impacts, including demands on emergency services. Another benefit is that it offers the community’s hardest to house population achievable levels of rehabilitation and may in time reduce the number of deaths occurring within this population due to exposure and binge drinking.