



Executive Summary: Families experiencing homelessness in Anchorage do not have a clear path to winter emergency shelter or housing. This problem requires immediate coordination from the Municipality of Anchorage, or the allocation of funding to service providers for the safety of children and their guardians, along with a permanent plan to ensure there are adequate resources and connections to housing.

Problem: The plan for Emergency Cold Weather Sheltering of Families (families with dependent children) has been disrupted for two years due to changes required by COVID-19. An interim plan for families experiencing homelessness is necessary as demand has surpassed existing year-round capacity, during the '20-'21 school year there were 326 emergency family shelter referrals compared to 161 in the '19-'20 school year (Appendix 2).

Background: Between '12-'20 the Municipality of Anchorage (MOA) coordinated resources to support families experiencing homelessness, primarily during the winter months. They provided oversight and approval of alternate shelter locations, including review and inspection of the sites. The partnership included stakeholders across the community: United Way recruited philanthropic resources for program administration and transportation, Christian Health Associates provided volunteer training and monitoring, community churches and their volunteers offered shelter and cared for the families, Abused Women's Aid In Crisis (AWAIC) used their overnight phone lines to connect families to shelter, Anchorage Coalition to End Homelessness (ACEH) ensured families were tracked in the Homeless Management Information System (HMIS) and could access housing referrals through Coordinated Entry to identify options for stability, Anchorage School District (ASD) Child In Transition program connected students and their families to the system and tracked impacts on ASD.

These partnerships created a clear path for families, a phone line to call at any time of day or night and transportation to the church shelter sites. A different location opened each night and volunteers monitored the shelter areas. During the day, families had to vacate until the next location was open in the evening. In '20 this service ended due to concerns about disease exposure and transmission of COVID-19 for both families and the volunteers.

COVID-19 response: The MOA took over family shelter for the winter of '20-'21 under mass care and contracted with Salvation Army placing families in individual Non-Congregate shelter (hotel units). These operations ended in June '21, along with the coordination of an after-hours phone line for referrals and connectivity to services and housing. Since June '21, service providers have worked together to try and meet community need, filling the gaps and requesting assistance from MOA. The urgent question is how to bridge existing systems to a new model of service that decreases the length of homelessness and connects families to housing programs for the winter of '21-'22 and for the long-term.

Data from the Homelessness Management Information System (HMIS) and the United Way 2-1-1 call center indicates that more families requested assistance year-round during COVID-19. The length of stay in emergency overflow shelter increased, as did the size of families who sought shelter (Appendix 1 & 3). Community utilization of emergency shelter increased overall. The seasonal increase in call referrals almost doubled (Appendix 2).

Goal: There will be no families experiencing unsheltered homelessness (in a car or outside) during the winter of 2021-2022. This target has been met every year since 2012.

Steps to Address Immediate Need:

- **Emergency shelter** nightly from September 1, 2021-May 31, '22. Contract negotiations are underway with Catholic Social Services (CSS) and RurAL CAP to convert/maximize existing space for up to 32 additional families. These contracts should be extended to May 31, '22 ASAP to provide continuity for the families, system and providers.
- **Use of temporary spaces when shelters are full** – hotel contracts have been used in the past year. Other settings (i.e. Safe Harbor can be used with accommodation for family payment which is required). Family shelter capacity within hotels should be extended via provider partners when demand increases if the contracts coming online do not provide enough capacity for overflow.
- **Coordination between sites and services** – coordination is required to have an entity partner with hotline services, shelter providers, HMIS and Coordinated Entry, to include monitoring open beds, open housing programs or other locations to refer families quickly to a permanent safe housing location. This coordination and monitoring is not funded and was previously supported by the MOA Housing and Homeless Coordinator. This function could be served by AHD, ACEH, or other provider partner named in this document but needs to be provided resources immediately.
- **Hotline** – identify a 24-hour access hotline for families with dependent children to access shelter as contracts are finalized. Alaska 2-1-1 has historically provided this service during weekdays for referrals/recording directing callers to 24-hour line after hours or other organization for referral. This should be finalized with United Way and AWAIC or another after hours hotline partner.
- **Transportation** to shelter and other work or housing related needs. This could be through travel vouchers residing with Emergency Cold Weather Coordination, the hotline, or the providers. This was supported by a grant from a philanthropic partner.
- **Volunteer training** – church volunteers have previously been trained to work with families, and churches may be a critical support network to this system. It is important that since the new model will function differently, that there are regular and ongoing conversations with volunteers regarding the importance of their contributions and the dispatching of volunteers to the site in which they are needed.
- **Ongoing communication** between partners: consistent discussion and analysis of the evolving needs and capacity of the system (Appendix 4).
- **Allocation of funding to coordinate the strategies, particularly into housing.**

This memo is endorsed by the following agencies:



Appendix 1: HMIS Family Shelter and Overflow Usage During COVID-19.

Non-Congregate (Hotels) and Family Shelter Usage: Sept 15, 2020 – May 15, 2021	
Total Number of Families in Hotels	86
Total Number of Individuals in Hotels	348
Number of Individuals Served by Existing Year Round Shelter	452
Total Number of Individuals Served (deduplicated)	622
Total Number of Families Served (deduplicated)	181
Average Length of Stay (Nights)	33

Appendix 2: United Way 211 Call Center Report. Chart shows the number of calls and referrals made based on family need and program eligibility.

Alaska 2-1-1 Call Center Report	Summer 2019	2019-2020 School Year	Summer 2020	2020-2021 School Year	Summer 2021	2021-2022 School Year	Notes
Total Reporting dates: June 1 2019 to October 4, 2021	6/1/2019 - 8/31/2019	9/1/2019 - 5/31/2020	6/1/2020 - 8/31/2020	9/1/2020 - 5/31/2021	6/1/2021 - 8/31/2021	9/1/21 -current date (10/4/21)	
Total Call Volume	4675	27731	21903	49862	6107	3041	
Total McKinnel Referrals	32	73	45	126	84	24	
Total Safe Harbor Referrals	24	22	5	17	42	20	Requires income
Total Clare House Referrals	26	45	20	79	64	20	
Total Emergency Family Shelter Referrals	N/A	161	107	326	41	26	

Appendix 3: Emergency Cold Weather Shelter for Families – Pre-Covid Baselines. Data collected by United Way from church shelter sites. Data represents overflow usage only.

	2018/19	2017/18	2016/17
Total Number of Families	84	73	82
Total Number of Individuals	256	212	240
Average Families/Night*	3	3	4
Average Individuals/Night*	10	9	12
Highest Number of Families/Night	7	7	8
Highest Number of Individuals/Night	23	23	24
Length of Stay 2-13 Nights	42%	41%	33%
Length of Stay Greater Than 3 Weeks	11%	5%	12%

*Average numbers are the entire season. Season historically has been mid-September until mid-May. Early and late season numbers were typically much lower than busiest months.

Appendix 4: Key Stakeholders to Coordinate

Christian Health Associates	RurAL CAP
Churches that provided shelter, volunteers & hospitality*	Anchorage School District
Catholic Social Services	Business and Philanthropic Partners
Salvation Army	Anchorage Coalition to End Homelessness
AWAIC	Anchorage Health Department
United Way	Mass Care

*Central Lutheran Church, ChangePoint Church, Cornerstone Church, First Covenant Church, First Presbyterian Church, First United Methodist Church, Kingdom Life Church, Muldoon Community Assembly, Shiloh Missionary Baptist Church, St. John United Methodist Church