MOA Health and Homelessness Strategy

Introduction

On taking office, the LaFrance Administration immediately began building a comprehensive, coordinated, and compassionate strategy to address homelessness.

Through a public health lens focused on harm reduction and prevention, we can improve the health and safety of the entire community – including those experiencing homelessness – with immediate action and long-term solutions.

Root causes of homelessness include mental illness, substance misuse, financial hardship, personal and generational trauma, and barriers to (or absence of) affordable housing. As we face another Anchorage winter, nearly 500 people are living without shelter.

The good news? That's fewer people living unsheltered than a year ago. Public, private, and nonprofit partners are bringing new resources to the table. We are operating with better data, and deeper understanding, than ever before. The public is committed to being part of the solution: We've heard from businesses and community members (housed and unhoused) that high rates of drug misuse, overdoses, camping along trails and in public space, and the impact of crime make Anchorage feel less safe for all. We must prioritize increasing public safety and addressing homelessness without conflating one with the other.

Our strategy does not reinvent the wheel: We're building on efforts and agreements already underway. We know progress will come from working closely with health, housing, law enforcement, behavioral health, social services, faith communities and other community partners, as well as the private sector and housed and un-housed residents.

As we implement our plan, we'll continue to adjust and revise our approach as conditions change. We will continue to create pathways to health and stability for people while mitigating the impact of homelessness on neighborhoods, public spaces, and local business.

Guiding Principles

Existing plans and lessons provide a starting point for the LaFrance Administration's approach to Health and Homelessness. We've learned:

- It takes adequate year-round, very low-barrier shelter of different types, as well as system navigation and support for people to enter and retain housing.
- We must simultaneously address those in crisis today while preventing trauma that pushes people into crisis tomorrow.
- Anchorage needs new and rehabilitated housing, especially for households below 110% of the Area Median Income.
- Data sharing, coordination of services, housing, and employment are critical to get the right support to the right person when needed.
- Funding must be leveraged on all sides, bringing together public and private funds from multiple sources.
- Sharing leadership, partnership, and mutual accountability to co-create solutions, implement practical plans, and reports results, is 100% necessary. We won't succeed without it!

ACTION

Key components of our strategy include:

- Create adequate year-round shelter a transitional housing
- Establish reliable navigation, rental support, and services for people moving from shelter to housing
- Improve access to behavioral and physical healthcare
- Reduce racial disparities in access to shelter and housing

RESULTS

After three years, success in Anchorage will mean:

- Significant reduction in unsheltered homelessness
- Fewer families experiencing homelessness
- Higher quality of life and business confidence city-wide
- All Anchorage residents have equitable access to health and safety









- **1.** Significantly reduce unsheltered homelessness through low-barrier shelter and connections to housing
- **2.** Increase access to behavioral and physical healthcare services
- **3.** Add new housing and increase access to existing housing
- **4.** Harness community partnerships, funding, and data to reduce systemic contributors to homelessness



Anchorage
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Housing and Community Development 2024 Action Plan



This strategic plan builds on conclusions drawn from previous work by our partners, including:

1. Anchored Home Plan;
2. Roadmap for Safety
and Wellbeing;
3. MOA Housing
and Community
Development Plan
4. Mayoral Housing
Strategy plan,
forthcoming.

100 Days Oct. 8, 2024

UNSHELTERED **AND SHELTER**

- HOPE team launched
- before abatement Increased outreach to camps
 - Increased internal coordination
- Work with Anchorage Coalition to End Homelessness and other partners to coordinate shelter and housing resources for people moving from camps, prioritized by vulnerability between departments
- Street Maintain 200 beds at E 56th
- Complete RFP process and execute contracts for 500 beds of non-congregate shelter before winter
- Establish a quarterly Behavioral Health

provider workgroup

- Assess the behavioral health beds available in Anchorage today
- Support the establishment of a care coordination group for the highest utilizers of the Anchorage Crisis Collaborative
 - Develop administration housing strategy that







Connect with and coordinate community support Meet and re-establish relationship with Council Develop strong working relationships the Homelessness Leadership

DATA, FUNDING, COORDINATION

- 1. Assembly Housing and Homelessness
- Committee
- 2. Anchorage Coalition to End Homelessness
- Convene i-Team around homelessness data collection 3. Other safety-net organizations
 - Meet with Anchorage Coalition to End Homelessness and reporting
- Apply to Bloomberg Philanthropy Collaboration Track to understand current data
 - Launch weekly updates to Assembly and the public

Dec. 31, 2024 e months

- HOPE team continues outreach and engagement
- Ongoing outreach to camps before abatement
 - 400 people who were unsheltered move into congregate or non-congregate shelter
 - Explore legal parking options
- Identify peer, transportation, and other navigation partners
- dentify and launch warming sites for November-February
 - Maintain 200 beds at E 56th Street
- Launch 500 non-congregate beds
- Establish partnerships to increase shifts from shelter to housing
- Identify additional low-density, under 50, populationspecific low barrier shelter options
- Develop an active referral network to behavioral health services for people who are unsheltered and in shelter
- highest utilizers of the Anchorage Crisis Collaborative Maintain and monitor care coordination group for
- Increase connections with primary care and other providers serving individuals with complex needs
- Strengthen collaboration across behavioral health crisis continuum, like Mobile Crisis Team (AFD) and Mobile Intervention Team (APD)
- Coordinate with strategic partners to advocate for federal funds to build affordable housing meeting HUD criteria
 - Implement Mayor's MOA Housing Strategy
- 1. Alaska Healthcare and Hospital Association Establish relationships with advocacy and funding partners:
 - 2. Alaska Behavioral Health Association
 - 3. Alaska Mental Health Trust Authority
- 4. Other business leaders
- Develop relationships with Tribal Health Organizations throughout Alaska

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- Establish consistent low-barrier winter
- 1. Congregate shelter
- 2. Non-congregate shelter
- 3. Case management
- movement from unsheltered to shelter to housing, adjusting Use HMIS data to work with AHD and ACEH to monitor resources as needed
- Connect peer, transportation and navigation partners to people moving from camps
 - Identify and launch legal parking sites available May-October 15
- Maintain 200 beds at E 56th Street
- Maintain at least 50 non-congregate beds
- shelter and transitional housing options (i.e., tiny homes, Launch additional low-density, low barrier, year-round palette shelters, and other innovative options)
- Use Title 21 to make the zoning code more usable and practical
- individuals with low income and those experiencing homelessness
- Leverage public-private partnerships to build housing
 - Increase housing voucher access



