Anchorage’s 5-year plan to solve homelessness

Anchorage Coalition to End Homelessness

www.aceh.org
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Our belief is simple yet powerful. When people are supported in a place to call home, they can flourish and thrive in every aspect of their lives—from careers to relationships to physical and mental health. Housing provides a platform to address all needs, no matter how complex.

Homelessness is first and foremost a housing crisis with significant impacts on public health. With safe and affordable housing paired with supports, we can address the crisis with compassion and ensure a healthier, safer community for all.

Strategies in Anchored Home 2023-2028 keep our focus on increasing the supply of and equitable access to affordable housing and tailored supports for people experiencing homelessness. The approach builds on the framework of the prior Anchored Home plan and aligns with federal goals and investments including the multi-year, interagency roadmap “All In: The Federal Strategic Plan to Prevent and End Homelessness.”

Anchored Home is our community’s plan, created with input from those with lived experience, service providers, public officials and the community at large. When the community comes together, we can help our neighbors, reduce impacts to emergency response systems and improve safety for all.

We envision a person-centered system of housing and tailored supports. Because we know the answer. Housing is the solution to homelessness.
EXECUTIVE SUMMARY

Anchored Home is an action-oriented guide to solving homelessness in Anchorage. It lays out concrete steps and measurements on which to gauge progress and provide accountability.

Key strategies will improve use of data, expand opportunities for people experiencing homelessness and braid funding streams for individualized housing and supports. With this plan, the community will see more comprehensive enrollment of people experiencing homelessness into a shared database, ensuring that those with greatest needs are given the highest priority not just for housing, but for the right supportive housing.

THIS PLAN TARGETS SEVEN AREAS:

1. HOUSING
2. SUPPORTIVE HOUSING
3. SUPPORTIVE SERVICES
4. DATA
5. COORDINATION
6. EQUITY
7. FUNDING
BACKGROUND

The U.S. Department of Housing and Urban Development defines homelessness as those who are literally without a home.

The Homelessness Prevention and Response System Advisory Council is the governing body for the Continuum of Care in the Municipality of Anchorage. The Advisory Council’s role is to help Anchorage build a full suite of evidence-based, data-driven, cost-effective strategies for our community’s Homelessness Prevention and Response System.

**The Anchorage Coalition to End Homelessness is the HUD-designated lead agency for the Continuum of Care.** It leads planning, oversees and analyzes data, and collaborates with partners to coordinate housing and services in a person-centered approach for families and individuals experiencing homelessness.
The Coalition is the backbone of the system. It leads the implementation of Anchored Home.

Anchored Home received considerable community input from service providers, government partners and individuals including those with lived experience. This is the community’s plan.

Anchored Home implements Housing First. Housing First is not housing only. People thrive in housing with help tailored to their needs through case management, housing navigation, rental assistance and landlord mediation, among other supports. Needs vary person to person and change with time. Services are not effective without housing, and housing is not sustainable without services.

Mac Lyons and Meg Zaletel survey individuals in January 2024 for the annual Point-in-Time Count of people experiencing homelessness.
HOMELESSNESS IS A HOUSING CRISIS

Studies show that systemic failures are the root cause of homelessness. People fall into homelessness because they cannot find housing they can afford.

Housing not only provides people with a platform for a better life, it’s also better for the bottom line. In Anchorage, it costs $85 a day to house one person with support services. It costs $100 for a day in a shelter. Homelessness is the result of not enough housing.

Homelessness and health are connected.

Disabilities and medical issues can lead to job loss and increase risk of homelessness. Health issues worsen for people who are unhoused.

Sources: United States Interagency Council on Homelessness, All In: The Federal Strategic Plan to Prevent and End Homelessness and Health Conditions among Individuals with a History of Homelessness Research Brief | ASPE (hhs.gov)
Services were tied to temporary residence programs, and outcomes were expressed in units or clients served, not in who was housed.

Against that backdrop, the community came together with the vision of a collective response in Anchored Home 2018-2021. Our data collection, while still a work in progress, is vastly improved. We created a unified, coordinated entry system to quickly assess housing needs and match people to the most appropriate housing and services, including rapid rehousing, supportive housing and other interventions.

The pandemic created unprecedented challenges for the Homelessness Prevention and Response System. Public-private partnerships allowed the community to create and expand housing-focused options for people experiencing homelessness. Hundreds of apartments are available that didn’t previously exist — many of which are serving individuals who were formerly experiencing homelessness.

Although the last Anchored Home plan ended in 2021, the work didn’t stop. Our community is uniting behind housing as the solution.

PROGRESS
SINCE 2018

As in many communities, Anchorage’s efforts to address homelessness long were frustrated by a fragmented, siloed and disconnected approach. Data was ad-hoc and minimal. Access to housing and services was random and first-come, first-served.
Other improvements since 2018:

**COORDINATED STREET OUTREACH**
Street outreach teams identify and connect with those living outdoors, offering everything from coffee to first aid to coordinated entry into housing.

**BETTER EMERGENCY SHELTER**
Anchorage’s emergency cold weather shelters now include a groundbreaking focus on housing. As a result of the COVID-19 pandemic, shelters became 24-7. Special care is given to those who are medically fragile.

**INCENTIVES FOR LANDLORDS**
Landlords receive financial incentives to offer apartments and work through any issues with a designated mediator.

**HOUSING FOCUSED**
Anchorage is a Housing First community that believes housing with supports is the solution to homelessness.
The collaborative response of Anchored Home models an optimized system, and it is a model within reach. We will increase the use of data to guide decision-making, seek funding to add housing inventory and collaborate on strategies to create more housing. We will work across sectors, scale up and tailor supportive services, and amplify the voices of those with lived experience.

The community-wide conversation doesn’t end with this plan. The Anchorage Coalition to End Homelessness will report back to the community on challenges and progress through data updated regularly on its website.
STRATEGIC DIRECTIVES
Our community will work collaboratively across systems and organizations.

HOUSING
Expand engagement, resources and incentives for the creation of new safe, affordable and accessible housing.

SUPPORTIVE HOUSING FOR COMPLEX NEEDS
Increase the supply and impact of permanent supportive housing for individuals and families with complex service needs.

SUPPORTIVE SERVICES
Increase the use of evidence-based service delivery across all program types.

DATA
Strengthen the capacity of state and local governments, tribes, Native-serving organizations and nonprofits to collect, report and use data.

COORDINATION
Improve information-sharing with public and private organizations at the federal, state and local level.

EQUITY
Promote equity and seek ways to expand partnership to include people with lived experience; ensure meaningful participation and compensation for their time and expertise.

FUNDING
Increase access to housing and homelessness funding and coordinate and leverage funding opportunities with existing federal, state, local and philanthropic funding.

SYSTEM PERFORMANCE MEASURES
These measures help our community set baselines and goals.

IMPROVE
Organizations will better identify, engage, collaborate with and rehouse people experiencing unsheltered homelessness, including through a Housing First approach.

REDUCE
The average length of homelessness will decline through an improved Coordinated Entry system — the community’s by-name list of individualized needs. A current, community-wide list provides a framework to coordinate resources.

PREVENT
Support from state, tribal and local partnerships will help keep people from homelessness when they exit public systems, such as child welfare, prisons and mental health institutions.

INCREASE
Improved access to affordable housing, health care and person-centered supportive services will help more people stay housed.

PERFORM
Continuum of Care will grow capacity to use data to measure and track system performance.
ANCHORED HOME STRATEGIC DIRECTION

HOUSING, SUPPORTIVE HOUSING & SUPPORTIVE SERVICES

- Expand engagement, resources and incentives for the creation of new safe, affordable and accessible housing.
- Increase the supply and impact of permanent supportive housing for individuals and families with complex needs.
- Increase the use of evidence-based service delivery across all program types.

System performance measures addressed:
- Increase access to affordable housing, health care and person-centered supportive services that help people stay housed.
- Organizations will better identify, engage, collaborate with and rehouse people experiencing unsheltered homelessness, including through a Housing First approach.

METRICS

- Number of people experiencing homelessness.
- Length of homelessness.
- Percentage of people exiting to permanent housing destinations.
- Percentage of people experiencing homelessness exiting to HUD or other subsidized housing programs.
**Goal:** Actively support the creation of 150 housing units a year.

**Baseline:** In 2023, the Anchorage Coalition to End Homelessness along with partners participated in the creation of 120 housing units that helped fill the identified gap for people experiencing homelessness.

**Activities to support this action item:**
1. Creation of capital and operational pro formas or financial statements for new housing.
2. Review of best practices associated with a particular programmatic approach.
3. Review of the landscape of approaches around the country.
4. Information on potential funding for various types of opportunities.
6. Conduct a gap analysis of permanent supportive housing needs that includes an examination of racial equity.

**Ongoing updates:** Every six months.

**ACTION 2:** Explore opportunities to strengthen project-based subsidy programs and project- and sponsor-based vouchers to increase the creation of affordable housing.

**Goal:** Increase subsidy and voucher access to people experiencing homelessness by 50%, concurrent to the need identified in the annual gap analysis for permanent supportive housing.

**Baseline:** Currently, there are no set-asides of Housing Choice Vouchers for people experiencing homelessness. In Anchorage there are 164 vouchers for project-based subsidized units (rental and supportive funding stays with the unit) and 137 vouchers for sponsor-based subsidized units (rental and supportive funding stays with the provider). Total Anchorage vouchers allocated through the Moving to Work Plan: 6,177.

**Activities to support this action item:**
1. Participate in HUD and other technical assistance to better leverage existing funding opportunities across funders and strengthen collaboration with the public housing authority and other funders.
2. Annually document housing with set-asides for people experiencing homelessness or related situations (disability, veteran, extremely low income) and how those units and housing supports are funded.
3. Advocate for the public housing authority to create a voucher set-aside for people experiencing homelessness, particularly using scatter site models that meet the needs identified in the gap analysis.

**Ongoing updates:** Every six months.
**Goal:** Establish and formalize 100 partnerships with non-homelessness service provider partners through education and shared objectives.

**Baseline:** Currently, there are no formalized partnership structures between the Continuum of Care (CoC) or ACEH and non-homelessness partners throughout Anchorage or the State of Alaska.

**Activities to support this action item:**
1. Convene a private sector and business sector community outreach event quarterly to listen and exchange ideas about how to meet a shared goal of developing more housing.
2. Survey non-homelessness related partners annually on their activities related to increasing housing in our community.
3. Continue partnership with the health care system that underscores how housing is the No. 1 prescription for health and focuses on better coordination to improve outcomes and housing stability for people experiencing homelessness.
4. Continue partnership and coordination with philanthropic partners to align funding toward solutions-oriented housing interventions to address homelessness.
5. Create a partnership portal and formalized application, participation agreement and resources for partners to ensure strong, sustained partnership grounded in best practices.

**Ongoing updates:** Every six months.

**Goal:** Increase integration of homelessness and health care services through no less than four formalized partnerships.

**Baseline:** Currently, there are no formalized partnerships between health care and homelessness services entities.

**Activities to support this action item:**
1. Convene with health care providers to discuss the intersection of housing, homelessness and health care to develop a deeper understanding of connections and needs.
2. Formalize the use of Coordinated Entry within emergency health care settings, including but not limited to referral and tracking processes.
3. Continue convening of highly vulnerable case conferencing and tracking metrics related to this identified subpopulation to include length of time homeless, exits to permanent destinations and demographics.
4. Explore and document efforts to better align health care data systems and the Homelessness Management Information System for better integration and collaborative person-centered planning to obtain and retain housing.
5. Create a formalized partnership with the Alaska Mental Health Trust Authority to specifically address the needs of Trust beneficiaries experiencing homelessness.

**Ongoing updates:** Every six months.
**Goal:** Increase street outreach services to house at least 150 people experiencing unsheltered homelessness each year.

**Baseline:** Currently, ACEH coordinates street outreach and reports metrics on a quarterly basis, but number of individuals housed is not one of them. Going forward this will be a metric.

**Activities to support this action item:**
1. Coordinated Entry assessments are done through street outreach.
2. Street outreach works to get each individual document-ready for housing, including but not limited to obtaining appropriate identifications and verifications of eligibility.
3. Continue partnership with the health care system to address the medical needs of people experiencing unsheltered homelessness.
4. Decommission unsheltered camps through housing with supports.
5. Encourage the creation of non-discriminatory preferences for property owners who agree to a Housing First approach and to not restrict or limit eligibility of people experiencing homelessness.

**Ongoing updates:** Every six months.
ANCHORED HOME STRATEGIC DIRECTION

DATA & COORDINATION

- Strengthen the capacity of state and local governments, tribes, Native-serving organizations, and nonprofits to collect, report and use data.
- Improve information-sharing with public and private organizations at the federal, state and local level.

System performance measures addressed:

- The average length of homelessness will decline through an improved Coordinated Entry system — the community’s by-name list of individualized needs. A current, community-wide list provides a framework to coordinate resources.
- Support from state, tribal and local partnerships will help keep people from homelessness when they exit public systems such as child welfare, prisons and mental health institutions.
- Continuums of Care will grow capacity to use data to measure and track system performance.

METRICS

- Number of people experiencing homelessness.
- Length of homelessness.
- First-time homeless.
- Number of veterans experiencing homelessness.
- Number of families experiencing homelessness.
- Number of supportive-services-only programs.
- Percentage of people exiting to permanent housing destinations.
**ACTION 1:** Expand the use of Coordinated Entry housing needs assessments within the Municipality of Anchorage.

**Goal:** By 2028, 90% of homelessness service providers and 60% of emergency health care service providers will use Coordinated Entry; 90% of funders — whether federal, state, local government or philanthropy — will require Coordinated Entry for purposes of programmatic referrals for homelessness services, establishment of access points, or both.

**Baseline:** Currently 62% of homelessness service providers and 0% of emergency health care service providers use Coordinated Entry; 60% of funders require Coordinated Entry for purposes of programmatic referrals or access points.

**Activities to support this action item:**
1. Work with federal, local and state funders to require Coordinated Entry.
2. Reach out to emergency medical providers to identify ways to collaborate and integrate Coordinated Entry and emergency medical response.
3. Provide quarterly training about Coordinated Entry as a solution to ensure the best person-centered practices; encourage increased participation with spotlight on successes.
4. Ensure 95% of service providers using Coordinated Entry have high quality, complete data and timely exits of clients when they are housed.
5. Hold an annual Coordinated Entry training conference to underscore its importance and provide a forum for discussion of best practices, changes and strategies.

**Ongoing updates:** Every six months.

**ACTION 2:** Identify who is prioritized by subpopulation and document appropriate resources to meet the needs of the individual, ensuring and tracking timely exits to housing.

**Goal:** 100% of people identified in the Homelessness Management Information System by all relevant subpopulations with Coordinated Entry assessment completed within 14 days consistent with HUD and AKHMIS standards.

**Baseline:** 93% of current Coordinated Entry assessments have all relevant subpopulation information in HMIS consistent with HUD and AKHMIS standards.

**Activities to support this action item:**
1. Ensure 95% of service providers utilizing Coordinated Entry have high quality complete data and timely exits of clients when they are housed, consistent with HUD and AKHMIS standards.
2. Conduct quarterly audit of data for quality and completeness with technical assistance to AKHMIS users who fall below the 95% threshold within the Coordinated Entry project.
3. Hold an annual training on data quality and completeness in Coordinated Entry.
4. Provide to all AKHMIS users at least annually or when updated definitions of each subpopulation that is identified through a Coordinated Entry assessment.

**Ongoing updates:** Every six months.
Goal: Identify up to five methods that collect subpopulation information in a healing-centered manner.

Baseline: Currently there is one method for identifying this subpopulation information.

Activities to support this action item:
1. Conduct an annual motivational interviewing training and an annual trauma-informed interviewing training for staff and supervisors who engage with Coordinated Entry.
2. Reach out to non-homelessness service organizations that work with these subpopulations to better identify membership and to develop strategies that ensure data collection occurs in a culturally appropriate manner.
3. Engage individuals with lived experience who identify as members of these subpopulations to advise and participate with the Continuum of Care Advisory Council, particularly on the Coordinated Entry Committee.
4. Engage individuals with lived experience who identify as members of these subpopulations to advise and participate with the CoC lead agency and Coordinated Entry director on healing-centered best practices for inquiring about personal identification.

Ongoing updates: Every six months.

Goal: Formalize relationships with no fewer than 100% of state and local public agencies and 60% of local organizations that oversee prisons, child welfare and health care to integrate Coordinated Entry into discharge planning for individuals at risk of homelessness.

Baseline: Currently there are no formalized relationships that meet the goal.

Activities to support this action item:
1. Convene with state and local agencies and organizations to exchange information about discharge practices, available resources, Coordinated Entry and the Homelessness Prevention and Response System in order to identify individuals at risk of homelessness, make referrals to Coordinated Entry, and leverage non-homelessness services to reduce the risk of homelessness upon discharge.
2. Develop workflows for referrals to Coordinated Entry and memorialize those in memorandums of understanding.
3. Develop and memorialize data review processes to perform quality assurance checks to ensure referrals result in completed Coordinated Entry assessments.
4. Establish relationships with other coalitions focused on public system service delivery to learn about the partnerships and work of those systems for purposes of identifying Coordinated Entry integration opportunities.

Ongoing updates: Every six months.
ANCHORED HOME STRATEGIC DIRECTION

PROMOTE EQUITY

*Promote equity and seek ways to expand partnerships to include people with lived experience, ensuring meaningful participation and compensation for their time and expertise.*

System performance measures addressed:

- Organizations will better identify, engage, collaborate with and rehouse people experiencing unsheltered homelessness, including through a Housing first approach.
- The average length of homelessness will decline through an improved Coordinated Entry system — the community’s by-name list of individualized needs. A current community-wide list provides a framework to coordinate resources.
- Increase access to affordable housing, health care and person-centered supportive services that help more people stay housed.

**METRICS**

- Number of people experiencing homelessness.
- Length of homelessness.
- Percentage of people exiting to permanent housing destinations.
- Returns to homelessness.
- Percentage of people exiting into HUD and other subsidized housing programs.
**Goal:** Increase number of CoC lead organization staff and Advisory Council members who have lived experience by 50%.

**Baseline:** Currently 30% of the CoC lead organization staff have self-identified lived experience; 20% are executive- or director-level positions. Currently 20% of the Advisory Council members have self-identified lived experience; of the decision-making members, 40% have lived experience.

**Activities to support this action item:**
1. Advertised positions for the CoC lead organization and the Advisory Council identify a preference for individuals with lived experience.
2. The CoC Advisory Council advertises during its solicitation for Advisory Council vacancies that it compensates individuals with current lived experience for their participation.
3. Direct outreach by the CoC lead organization and Advisory Council to organizations that serve individuals experiencing homelessness about opportunities for employment and membership.
4. Maximize the scoring on the annual Notice of Funding Opportunity for the CoC by ensuring participation of people with lived experience on the rank and review committee.
5. Solicit volunteers with recent lived experience (within the last one to five years) for the Coordinated Entry Committee review of the housing needs assessment as well as prioritization criteria.

**Ongoing updates:** Annually after July 1.

**Goal:** Make available not less than four training/mentoring opportunities for individuals with lived experience to support increased participation and leadership within the CoC and CoC lead organization.

**Baseline:** Currently there are no specific training/mentoring opportunities identified and marketed directly to individuals with lived experience focusing on increased participation and leadership within the Homelessness Prevention and Response System.

**Activities to support this action item:**
1. Consult with currently known individuals with lived experiencing within the CoC and CoC lead organization to identify and make available appropriate conferences and trainings to increase participation and leadership within the Homelessness Prevention and Response System.
2. Ensure adequate compensation for individuals with lived experience during mentoring and training opportunities.
3. Reach out to homelessness service providers about opportunities to engage with current clients about opportunities to participate in and lead within the Homelessness Prevention and Response System.

**Ongoing updates:** Every six months.
ACTION 3: Create flexibilities in existing programs to allow recipients to use program funds to compensate people with lived experience participating on local advisory boards or councils.

**Goal:** Identify at least one funding source at each government level — local, state and federal — to use on an annual basis for lived experience compensation.

**Baseline:** Currently only the HUD CoC Annual Planning Grant includes compensation for people with lived experience as one of its stated terms.

**Activities to support this action item:**
1. Educate state and local funders on the importance of compensation for individuals with lived experience and ask that their grant terms allow such expenditures.
2. Investigate setting up a community-based fund for these express purposes that can accept contributions from a variety of sources.

**Ongoing updates:** Annually.

ACTION 4: Support meaningful opportunities that promote cultural well-being and intergenerational healing for those with lived experience who are Alaska Native.

**Goal:** Create opportunities for those who are Alaska Native and who have lived experience to connect with culture and healthy ways of being.

**Baseline:** Currently 46% of people experiencing homelessness in Anchorage are Alaska Native or American Indian. To date, culturally rich opportunities for those who are Indigenous have not been embedded in the Homelessness Prevention and Response System.

**Activities to support this action item:**
1. Connect with Alaska Native-led organizations for opportunities and partnerships.
2. Create written memorandums with partners to engage in culturally relevant ways with those who are Indigenous and experiencing homelessness or who were recently homeless.
3. Create opportunity for regular events that embrace and celebrate the cultural identities of those with lived experience.

**Ongoing updates:** Annually.
ANCHORED HOME STRATEGIC DIRECTION

INCREASE FUNDING & COORDINATION

Increase access to housing and homelessness funding and coordinate and leverage funding opportunities with existing federal, state, local and philanthropic funding.

System performance measures addressed:

- Organizations will better identify, engage, collaborate with and rehouse people experiencing unsheltered homelessness, including through a Housing First approach.
- Support from state, tribal and local partnerships will help keep people from homelessness when they exit public systems such as child welfare, prisons and mental health institutions.
- Increase access to affordable housing, health care and person-centered supportive services that help more people stay housed.

METRICS

- Number of people experiencing homelessness.
- Length of homelessness.
- First-time homeless.
- Percentage of people exiting to permanent housing destinations.
ACTION 1: Braid and leverage system assets to create funding plans to support housing opportunities and support services; coordinate funding plans, goals and strategies within entities within the CoC geographic area to advocate for adequate and sustainable funding within federal, state and local government budgets.

**Goal:** Align funding opportunities in purpose, application requirements and timing to the greatest extent possible to streamline and coordinate funding opportunities and formalize those alignments.

**Baseline:** Currently there are no formal agreements aligning funding.

**Activities to support this action item:**
1. Participate in meetings among funders (known as the funders collaborative) to underscore the importance of aligning funding to simplify access and better carry out the goals and objectives of addressing homelessness.
2. Identify and document shared funding needs and priorities and timing of available funding; communicate with potential entities that may seek grant funding.
3. Work toward formal agreements to align funding and funding requirements, including but not limited to funding application requirements, scoring, timing and collaboration toward meeting identified funding needs.
4. Work collaboratively with the participating jurisdiction and CoC to ensure the timely spend down of HUD funding in furtherance of meeting identified funding needs.

**Ongoing updates:** Annually.

ACTION 2: Investigate new funding sources to increase resources for housing and support services.

**Goal:** Identify funding resources at the federal and state level outside of HUD, Municipal government and philanthropy that can be used for housing and support services.

**Baseline:** Currently there are few, if any, identified regularly available funding sources outside of those directed for housing and homelessness access to address housing and homelessness.

**Activities to support this action item:**
1. Participate in meetings among funders (known as the funders collaborative) to discuss the importance of aligning funding to simplify access and better carry out the goals and objectives of addressing homelessness.
2. Document funding sources regularly used by housing and homelessness service providers.
3. Document funding sources that may be available to housing and homelessness service providers, funding requirements, eligibility etc. and brief the CoC Advisory Council through a written report about additional identified funding opportunities.

**Ongoing updates:** Annually.
THANK YOU

to all who contributed to

ANCHORED HOME

The Anchorage Coalition to End Homelessness is honored to present a renewed path forward to address homelessness in Anchorage.

We recognize that systemic inequities have disproportionately impacted people who experience homelessness and are Alaska Native and American Indian, Native Hawaiian and Pacific Islander, and Black. The system envisioned in Anchored Home will embrace cultural well-being and intergenerational healing. We commit to housing solutions with an equity lens.

We are excited and grateful to work with cross-sector partners and, most importantly, the community to make homelessness rare, brief and one time.

In service,

Meg Zaletel, Executive Director