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3	ALASKA COUNCIL ON THE HOMELESS
4	ALASKA HOUSING FINANCE CORPORATION 4300 BONIFACE PARKWAY
5	ANCHORAGE, ALASKA
6	May 11, 2017
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1	AGENDA
2	Welcome by Council Chair, AHFC CEO/ED - Bryan Butcher 03
3	Public Comments
4	State Agency Update: Alaska Housing Finance Corporation, the Alaska Mental Health Trust Authority, Alaska Department of
5	Corrections, Alaska Department of Health and Social Services . 24 Alaska Coalition on Housing and Homelessness and Anchorage Coalition to End Homelessness: Brian Wilson and Dave Mayo-Kiely 54
7	City Housing and Homeless Leadership Update: Scott Ciambor - City and Borough of Juneau, Michael Sanders - City of Fairbanks and Nancy Burke - Municipality of Anchorage
9	Break
11	Alaska Housing First Evaluation: David Driscoll, Jeff Jessee, Victor Joseph and Gary Ferguson
12	Housing as Health Care: Carol Gore
13	Council Presentation to Alaska Municipal League: Suzi Pearson and David Kuiper
14 15	Housing and Homelessness Networking/Training Meeting Report Elizabeth Schultz
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17	Other Matters to come before the Board
18	Adjournment
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1		PROCEEDINGS
2		(On record - 1:00 p.m.)
3	BUTCHER:	Okay, all right. I'd like to call to order the
4		Alaska Council on the Homeless meeting. It is May
5		11th, 2017 in the Daniel R. Fauske building at 4300
6		Boniface Parkway. Could you, please, call the roll,
7		Carrie.
8	COLLINS:	Yes. Mr. Burns?
9	BURNS:	Yes.
10	COLLINS:	Ms. Efird, are you on the phone?
11	EFIRD:	Yes, I'm here.
12	COLLINS:	Commissioner Monegan, are you able to join us on
13		the phone? Mr. Butcher?
14	BUTCHER:	Here.
15	COLLINS:	Mr. Harris?
16	HARRIS:	Here.
17	COLLINS:	Mr. Williams, Steve Williams?
18	WILLIAMS:	Here.
19	COLLINS:	Mr. Kuiper?
20	KUIPER:	Here.
21	COLLINS:	Ms. Pearson?
22	PEARSON:	Present.
23	COLLINS:	Ms. Svensson?
24	SVENSSON:	Here.
25	COLLINS:	Ms. Wilks?



1	WILKS:	Here.
2	COLLINS:	And is Deputy Commissioner Cann (ph) here or on
3		the phone? Great, I think, that's everyone who's
4		here.
5	BUTCHER:	Okay. Thank you, Carrie. A few things before we
6		begin. First of all, this Council has been around
7		for, I think, 13 years, something like that. And I
8		worked at AHFC when it began and every meeting of
9		every year has either had Dan Fauske of Alaska
10		Housing here or Jeff Jessee of the Mental Health
11		Trust here and in most years both of them were here.
12		And, I think, this is the first one we've had that
13		neither one are here.
14		So I wanted to point out that we're really going
15		to miss Jeff. He's moved on to the University. In
16		fact, I think he's on our agenda, so we'll be seeing
17		him.
18		And most of you I'm sure know that Dan Fauske
19		passed away last month four days before the Governor
20		signed a Bill that passed the Legislature that named
21		this building after Dan. So it was a very
22		appropriate honor for him. I was with him when the
23		Senate voted on it. He was very humbled and very
24		honored by the honor.
25		So I just, kind of, wanted to point out how much



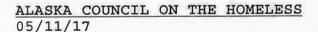
we miss the two of them and all the work they've done over the years. This Council wouldn't have accomplished -- the work between agencies wouldn't have been to nearly the level that it has been as a result of the work of the two of them, so thank you to both of them for that.

We will be -- for the benefit of the group, we will be live tweeting in which you are, of course, welcome to join, and the hash tag is AKhomeless, so Stacy Schubert from our office will be doing that. If there's any misquotes Stacy is the one that (indiscernible).

A few other changes, updates to go through before we get into our agenda. First is I wanted to give a little bit of an update on what's going on in Juneau. As I'm sure most of you know we run the housing assistance -- excuse me, the Homeless Assistance Program.

That funding is contained in the Mental Health
Capital budget. In the current fiscal year it's at
7.7 million. The request this year is 7.8 million.
And the Beneficiary and Special Needs Housing is in
at 1.5 million for this current year, but the request
is a 1.7 million.

Those two programs get negotiated out in the



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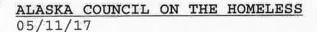


Operating Budget down in Juneau and so they haven't gotten to that point yet. It's something we're -- still being worked on. So it would have been nice to have had an update on that for this meeting, but unfortunately we don't have it. Certainly we'll let you know when we find out what funding levels we are receiving to those two meetings -- or excuse me, through those two programs.

But also, let's focus on something that we're all going to be having to deal with and that is the stresses on the budget on the homeless programs. And we've had times where Federal funds have been at a good level for us, but State funds were tough to come by. And then when Federal funds got tighter, we had State funds. And now we're in a situation where we're really having to fight for State funds and for Federal funds.

President Trump's budget requests actually talked about eliminating the U.S. Interagency Council on the Homeless, as well as reducing a lot of other Federal funding that we use for a lot of our programs at Alaska Housing and a lot of you, too, (ph), that benefit all Alaskans, not just dealing with the issue of homelessness.

And Congress certainly isn't, you know, accepting





this budget with open arms, but it is going to be a real challenge in the upcoming years on both levels to try to make sure we can get all the funding we can to continue to run the programs that are so important for all Alaskans.

With that, the only change I see going forward with the agenda is we're going to have -- some of our State agencies will be presenting at the table all at the same time.

The reason is we have these meetings every six months and the purpose for this meeting, we don't get a tremendous amount of work done in terms of collaboration between agencies, that's the six months before these meetings. These meetings give us all a snapshot of where we are, what we're doing well, what we could be doing better, what areas we could focus more on.

And so previously in other meetings we have had just one agency come up at a time when almost all of these programs had more than one agency working together and I don't think it was as obvious the collaboration really wasn't correct. So we're changing the way we do it a little bit. Hopefully the interaction back and forth will be a little improved as a result, but if not, you know, we'll

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1		look at adjusting that again.
2		With that, I'd like to see if there are any Public
3		Comments. Carrie, do we have anybody signed up for
4		Public Comments?
5	COLLINS:	Yes, we do. Sue Steinacher, do you want to start
6		us off?
7	STEINACHER:	(Indiscernible - away from microphone)
8	COLLINS:	You can clear it right to the mic there and just
9		please, speak into the mic. That one's a little bit
10		quieter.
11	STEINACHER:	I usually don't need a mic, but okay.
12	BUTCHER:	Welcome, Sue, could you put your name and who you
13		are affiliated with on the record, please?
14	STEINACHER:	Yes. My name is Sue Steinacher. I'm am a part
15		time housing coordinator with the Nome Emergency
16		Shelter Team or NEST. I'm also a Board Member of the
17		Alaska Coalition of Housing and Homelessness.
18		I am initiating a Bering Straits Regional Housing
19		Coalition. I have pride (ph) in the Nome Coalition,
20		but we really need to embrace the whole region.
21		And I've been a resident of Alaska for over 37
22		years and not all of that time, but most of that time
23		has been in northwest Alaska.
24		So I happen to be in Anchorage. I didn't come
25		just for this, but I was so grateful to have this



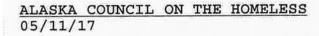
opportunity because I want to tell you about a very recent trip to the Village of Savoonga.

Brian Wilson came to Nome, spent several days in Nome and then we did a overnight trip out to Saint Lawrence Island where they are about 40 miles from the Russian coast. It's a village of about 900 people and we spent a day and a night there.

I have been advocating quite a while now for Nome's housing crisis. And have been reminded in Nome, it's like, well, it's not just Nome, what about this problem in Stebbins and this problem in Savoogna, so I said okay, let's go. I wasn't sure what kind of welcome we would get, but I spoke with the vice president, the president and the Mayor and they were like please, please, come. We want you to see our situation.

I was hoping and hoping (ph) that we could get into to -- at least two families would be willing to allow us into their homes to see what conditions they were living in. They put out the word the day before we came and 55 families signed up inviting us into their homes to see how they were having to live.

And I want to stress that this problem is not specific to Savoogna. That we just happened to choose Savoogna, but I put something out on a



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regional Facebook page and I heard from people in the villages all over our area, come to Shishmaref, come to Stebbins, come to Gambell, so it isn't specific to Savoogna.

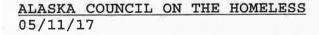
So while we were there we visited nine homes because we spent time with each of them. And what we found, first of all, these are small homes. You know, a three bedroom house might be 32 by 40, one floor of course (ph). And in every home we visited there were 16 to 20 people living there, in every home.

What we were finding is that an entire family gets a bedroom. It may be 10 foot by 10 foot, no closet. Every -- you know, just mats on the floor and then everybody stacks all their stuff against wall.

So you're in a three bedroom home and now we have a seven member family in this room, a four member family in this room, a five member family in this room and the house belongs to grandma who sleeps on the couch and, again, every home we were in.

Now, some of these homes date back to the '70s.

And back then the theory was let's just build as many houses with the money that we have that we can which meant that they built very inappropriate houses for this climate.



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And we were in homes that the floor -- terrible sagging floors, cracked, broken windows with plastic over the window, blue tarps over the roof where the roof is collapsing in, black mold is rampant. So not all of the houses are this old (ph), but there are people that are still living in these houses.

Now, you might say why aren't they fixing them up. Well, I checked, a four by eight sheet of plywood at Home Depot here is \$25. That same sheet of plywood in Savoogna is \$125. Most people don't have even part time jobs. Even the ivory carvers because of the climate change are no longer getting the walrus and the ivory that they needed to support themselves. These are families who rely on that PFDs to pay. That's how they keep these miserable homes heated is with their PFDs.

Don't even ask me how I feel about the State not having an income tax when you see how families are living.

There was a time that they were supplied by BIA ship, that's long gone, the North Star (ph). There was a time when bypass mail was fully functional, that they got a Nac (ph) jet in -- or Naknek (ph) flight in once a week from Anchorage, that's gone. We think our cost of living is ridiculously high in



Nome and it's only magnitude more in Savoogna.

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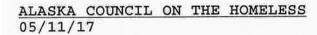
Thirty-five years ago it was such a treat to show up in a village with fruit. It hasn't changed and I'm sort of shocked that, that's in fact if anything it's become worse.

So you might also ask well, isn't this the responsible of the Regional Housing Authorities. So we met with the president of the Bering Straits Regional Housing Authority who is terrific, very educated, a very well spoken man.

He explained that they have been flat funded now for over 20 years. That they still get six to seven million for the Bering Straits region to do housing for 17 villages, as well as pay their salaries and run a little bit of low income rentals in Nome.

The problem is that to build a house in Savoogna is going to run between 650,000 to 750,000. So they have currently figured they have 110 super overcrowded homes in Savoogna.

Savoonga hasn't had new housing in 10 years, but their number finally make it to the top of the 17 villages. This year they will get four, single family homes and a duplex. And it will be at least 10 years before they come back to do any kind of work in Savoogna again. That's how cash strapped this





Regional Housing Authority is.

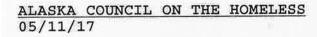
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And I'd like -- so another question in my head is well, then why don't some of these people move to Nome and they tried. We spent time with the voc rehab person and she says I'm pulling my hair out. I get these people. They want some training or we lined them up with a job at the hospital. They want to make things better for themselves and their families.

They come to Nome, maybe they work for a month, but they can't find affordable housing. We are very limited on low income housing. And to come from a village to Nome and discover that a two bedroom apartment is \$1,800 a month plus utilities when you are lucky to be making 12 to \$16 an hour is not sustainable and that's if you can find anything.

The local tribe which supports about 40 percent of Nome's population started a rental assistance program. They have five fully qualified families ready to go. The problem is they can't find anything. It just isn't there.

And, you know, additionally Nome is not eligible for any of the AHFC vouchers. The hubs are in a way the most mixed up because this -- AHFC doesn't fully reach out to the hubs and yet they're not covered by





the Regional Housing Authority because the local
tribe that only represents 40 percent of the

population gets the Nome housing fund.

So -- but in addition -- so what we're seeing is
that people are just literally squeezed out of their

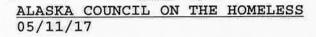
that people are just literally squeezed out of their villages. As we were leaving one home without even us prompting this question, the fellow said, yeah, you know, there's like four or five guys here. They get by here okay in the summer, but they figured out in the winter, they could just go to Nome and live in the shelter. And we have seen our shelter numbers in the last three years double.

We used to never hit 20 and now we're running over 30 a night and it's just a seasonal shelter which has just shut down for the next six months. So, you know, what I -- I guess I want to say is that -- and that shelter has -- you know, they've gotten 11 people back to their village.

There was one fellow, I was getting him actually to Savoogna at Christmas time and he was excited to go home, but then he looked at me and he says, but you know, they make me sleep in a cold place there.

And I ran into him and his family and they all concurred oh, yeah, he sleeps in that unheated shack.

So I think one of my points that I want to make is



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that the homeless population in Anchorage is not an Anchorage problem. It is a systemic statewide problem that reaches all the way back to the villages.

And I don't -- I know we don't have any easy fixes, but I would just like people to take that view, that just simply sending people back to the village does not address the problem at all because the problems are beginning in the villages spreading to the hubs and now they're moving on into Anchorage.

So, some of the things that I think we need to do is form a tighter relationship between the villages, the Regional Housing Authorities, the Alaska Coalition on Housing and Homelessness. We should all be speaking with one very powerful voice. It's obvious we need a Legislative Committee that addresses housing and homelessness.

I -- we also brought up the idea that we need to approach HUD. Part of the problem with the Point In Time which Anchorage, the bigger areas rely on heavily to document your homeless is an absolutely meaningless process in our villages because people are not letting -- they're obviously not letting people sleep outside.

One little house puller the microwave into the



living room and so four people could sleep on the floor of the kitchen.

So we want to make a proposal to HUD that, perhaps, the Point will -- the way the Point In Time is counted could be modified for communities of 10,000 or less which would also, I think, appeal to some of the western states that have rural communities that maybe are getting under served or on reservations. So that we can begin to fully account for these -- this is not just -- this bears no resemblance to couch surfing which we see plenty of. This is homelessness of a different sort and it needs to be acknowledged that way.

And in closing, and I offer this very genuinely, meaningfully, deeply from the Village of Savoogna or any other village, please, come see for yourself. I hadn't been out there in a long time. I thought I knew what village life was like and I was blown away.

And I would be more than happy to accommodate, guide, set you up, whatever you need. And I'd like you to just take this guite seriously and just -- I think that seeing things for yourself and meeting people would -- could be a very valuable experience.

Thank you, Sue. Do we have any questions for Sue? Okay, thank you very much.

BUTCHER:

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1	STEINACHER:	Okay, thank you.
2	COLLINS:	Okay. And then Dave Rose is the last one on the
3		list.
4	BUTCHER:	Hi, Dave, can you put yourself on the record,
5		please.
6	ROSE:	Will do. Thank you for allowing me to speak. My
7		name is Dave Rose. I'm the coordinator for the
8		Mat-Su Coalition on Housing and Homelessness. I've
9		been in that position for approximately six years
10		now.
11		In the Mat-Su we're lucky to have quite a high
12		community involvement and awareness. We have over 30
13		agencies that have signed on with Memorandums of
14		Agreement to be a part of our coalition. We have 12
15		leaders in our community from some of those
16		organizations, the non-profits who have volunteered
17		their time to be on our operating board.
18		We have had Project Homeless Connect, I believe,
19		this was our sixth year. We had over 55 agencies and
20		organizations participating, close to 200 volunteers
21		and 200 plus homeless folks, but also we've seen a
22		trend the last couple of years, we have a very high
23		number of not necessarily homeless, but very low
24		income folks coming looking to be connected to
25		resources.



Over the years we've copied you guys. Okay. I will just out and out tell you. We've enjoyed your Plan to End Homelessness and we looked at it and we loved the structure of it, so we took that and copied it and then made it our own. We modified it to meet the needs of the Mat-Su Valley.

Honestly though, that plan has become cumbersome.

The more we add to it, it doesn't seen anything falls off. It just grows and gets bigger and bigger.

So recently our Board came up with the idea, actually John Rozzi through our -- operating board (ph), he's our Chair now. Said he'd seen a model where it identifies challenges, whatever issue it is. In our case housing and homelessness. Proposes solutions.

And then the next step is probably the best one, it comes up with action steps to attack those solutions or to support those solutions. It's a little bit more manageable.

I have to tell you, the last community meeting we had 35 additional actions suggested. And the beautiful thing was at the community meeting when you turn around and say okay, raise your hand is you think this is a good idea. Raise your other hand if you're willing to help work on it with us.

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And that's my job then is to connect those leaders, those community members with a path that will lead to that one action step being completed. That one action step being completed leads to solutions being -- becoming fruitful, so we've been excited about that.

One of the things that is on our action plan is to apply for HAP (ph) funding, apply for ESG funding, apply for CLC funding. And that was the other thing I wanted to say, thank you to you because without your participation, without your hard work we wouldn't have those funds and I fully recognize that.

That's -- you know, working with Carrie, working with others at AHFC has been a wonderful experience. We made some mistakes. We've had to learn all the ins and outs and which forms and how to fill it out and all of that, but it's been wonderful.

As a result, over the last -- since July of 2012 we've helped over 8,000 households in the Mat-Su. We've provided over 10,000 services. Those services averaged only \$400. And you might sit back and think well, that's not much money. How do you work with almost this (ph) -- with just \$400? Much of that is that homeless prevention.

What we found is if we could help with the Enstar



bill or the MEA bill or if we could help with half of the rent for the month, than those folks are sustainable. They've got a plan. They're able to work ahead and they're able to stay in housing.

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And that's about 25 percent of what it would cost if they became homeless, went to a shelter or, I love it, you guys are so right, or they came to Anchorage 'cause we don't have a shelter. And then they had to move back out and then they had to find a new job and then they had to get a landlord. And then the landlord looks over some of their past discrepancies in their housing, so to speak, but then the landlord because of those insists that they put a hefty security down (ph). You're up to two, \$3,000 to rehouse a family.

So thank you again. You guys have helped us keep folks in their housing and through ESG and the Continuum of Care energy folks at the New (ph) House, so that's been wonderful.

One of the things that we do in the Mat-Su is we're always on the lookout for possible new housing, possible ways to get landlords. We just -- today's Thursday. Yesterday we just had a landlord appreciation dinner. Thanks to Alaska Mental Health Trust Authority and to Alaska Housing Coalition on





Housing and Homelessness.

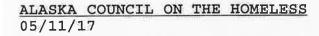
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I was able to go to a couple of the National Alliance on Ending Homelessness Conventions over the years. Our Board Chair also went. And I said to him let's go to this landlord appreciation idea, what's this all about. Sure enough, what it was all about was thanking landlords, encouraging landlords to continue to consider renting to high risk, low income families, individuals, households.

We did that. And this is our second luncheon and it's a great way to spread the word and it's a great way to get additional housing units considered to be opened up for low income folks.

Well, another thing we're doing is we have identified a local hotel/motel that due to expansion of the highway system, which we're all for, is condemned. And is being slated to be torn down. My Board Chair, John Rozzi again, was adamant, why tear down a building that's in perfectly good shape that could house 40 families. Why would you tear it down. Well, we didn't know what else to do with it.

Well, we tried to get them to reroute the highway, they can't do that. So the latest idea is to try and find if we can possibly move it to another location and then rehab it so it can continue to serve as





1		housing. And I've gotten some great ideas from the
2		previous meeting and some contacts, so we're going to
3		move ahead with that next. That's on our action plan
4		(indiscernible) just a little one (indiscernible).
5		The last thing I just want to say again is, thank
6		you. Keep doing what you're doing. Let us know what
7		you need to support you in what you're doing so that
8		we can all keep moving ahead and end homelessness
9		hopefully in the next 10 years. Thank you.
10	BUTCHER:	Well, thanks, Dave. Do we have any questions for
11		Dave?
12	BURNS:	Yeah, Dave, do you work with the Mat-Su Health
13		Foundation as well?
14	ROSE:	We do. And that was just suggested to me, have we
15		approached them yet. And we the Mat-Su Health
16		Foundation funds a number of our projects. They're
17		just awesome, but before we run this by them I want
18		to have it all laid out so we can answer their
19		questions, but we will.
20	BURNS:	Okay, thank you.
21	PEARSON:	I don't have a question necessarily, but I do want
22		to say Dave, when I was on the Alaska Coalition Board
23		you when you first started brought great passion.
24		You continue to bring that and I have always been
25		impressed with the growth in the Valley. You've done



1		an amazing job there. So thank you so much for your
2		work and to the community, just fabulous work.
3	ROSE:	Thank you, Suzi.
4	PEARSON:	Um-hum. (Affirmative) And then
5	ROSE:	I wish my boss was here.
6	PEARSON:	Well, it's on record.
7		And actually, I'm sorry, Bryan, I did want to go
8		back and say something to Sue because the last
9		meeting we did have somebody who did public comment
10		and it was in regards to the same issue. And it is a
11		very difficult subject because how are we going to
12		solve this. We need to solve this. And we need to
13		keep having voices coming forward and reminding yes,
14		this is a problem, so let's keep talking about it to
15		find solutions.
16		People should be able to live where they're from,
17		in their homes and it's only fair that they have safe
18		homes. And it's a commitment that we need to make as
19		Alaskans to do that, so I did want to come back and
20		say to Sue, thank you for bringing that back to us.
21	STEINACHER:	Thank you. If I could say you know, I'd like
22		to add and I have no idea how this would happen, but
23		getting subsidized shipping (indiscernible away from
24		microphone) would give rural Alaska a fighting
25		chance. I'd say otherwise (indiscernible) very



1		little hope.
2	BUTCHER:	Okay, thank you. Next we'd like to move to the
3		State Agency Update. And is everybody going to come
4		up or it is going to be two different okay. So
5		it's going to be Amanda Lofgren with the Alaska
6		Mental Health Trust Authority, Carrie Collins from
7		AHFC, Susan Musante from Health and Social Services
8		Division of Behavioral Health, Kelda Barstad from
9		Health and Social Services Division of Senior and
10		Disability Services.
11		Karen, you can you can go up there or you can
12		stay here, however you want to do it.
13	CANN:	I'll go up with them.
14	BUTCHER:	Okay. And Cathy Stone our Public Housing Director
15		from Alaska Housing.
16	LOFGREN:	Okay, all right. Well, I can't guarantee I have
17		anything tweetable to say, but I'll do my best.
18	BUTCHER:	Okay. Amanda, maybe when each one of you speaks
19		you can give your name and get it on the record for
20		Suzie so she knows in the back who is speaking and
21		who isn't for the minutes.
22	LOFGREN:	Sounds good. My name is Amanda Lofgren. I'm a
23		program officer with the Alaska Mental Health Trust
24		Authority.
25		And, first, I just want to say thank you for



changing the way that we co-present because I think it really does reflect all of the collaboration. At the Trust we truly believe we're not effective in what we do without the collaboration and the partnership with all of you and all of our partners, so it's been a tremendous effort the last several years. I feel like we've been working together and so I appreciate that.

At the Trust we last year undertook a significant change in how we historically do our budget planning process. Typically we would look at each of our focus areas, which housing is in the focus area, and work with our stakeholders to come up with our budget.

Last year with all of the efforts around Medicaid Reform and Criminal Justice reform (ph), we really felt that we needed to change how we do things because individuals that touched multiple systems is not just housing. It's the services, employment, it all goes together. And so we bought all of our stakeholders together to really go through our theory of change process to look more holistically at how we do our budgeting and it's a two year cycle.

So you'll see in your packet is the document that we have, but through that effort we looked entirely



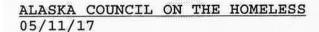
at all of our projects and evaluated them for efficiencies and effectiveness. And one of the things that we found was there was duplication around housing. We provide grants. AHFC provides grants to the same entities. Everybody is repetitive (ph) for reports. The data is not being collected the same.

So this last year and specifically the last six months we've really been trying to flesh that out and work that through. So we're excited about streamlining things for everyone and being able to look more systematically at the data as -- at a fuller picture.

With that, we also increased the BHAP and SNHG funding from the Trust our entire commitment. And then we're also invested in the communities more.

As you know -- or you will meet this afternoon
Mike Sanders from Fairbanks. And then, you know,
Nancy. You all know Nancy and all the work that
she's doing here in Anchorage has been a tremendous
effort. And so one of the things that -- and also
Aaron O'Guinn (ph) is here with our Land Office.
This has been a big asset for us at the Trust. He's
over with our Land Office working on our program
related investments and some of you have met him.

I don't know, Aaron, if you're in the back if you



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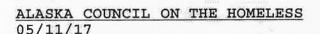
want to wave, but that's been a great opportunity for us at the Trust.

And then the last thing I just want to say is around re-entry. Housing is such an important component. We have historically had the Discharge Incentive Grant Program which DOC oversees in collaboration with the Division of Behavioral Health and that's to help individuals returning into the community to ensure that they have housing that's appropriate based on their needs.

And so that is another project that we are partnering with AHFC to tie into being able to look more comprehensively at all of the different housing programs that are touching re-entrants to be able to collect and monitor better and be more efficient, so, thank you.

BUTCHER:

Why don't we go one at a time in terms of Q and A just so we can -- first of all I should have -- I'm glad you brought up the funding because I should have mentioned when I said in this upcoming fiscal year we're asking for a bump, a small increase in those two programs, but it's because of the Mental Health Trust having more funds available has allowed that -- that request to be a little bit higher and we really appreciate that.





And does anybody have any questions for Amanda? 1 Okay, thank you. 2 Great, so I'm going to take it from -- next. So COLLINS: 3 I'm Carrie Collins with Alaska Housing Finance 4 5 Corporation for Suzie for the record. And I just really want to follow-up again on 6 Amanda's piece there with some of the additional 7 funding that's coming over through the HAP budget is 8 allowing us to explore meeting some rental assistance 9 needs in rural communities that aren't currently 10 assisted through Public Housing. 11 It's absolutely a need that we know of and we hear 12 and we appreciate everyone who has been coming and 13 continues to knock on our door and share that with 14 So we're very excited about the opportunity to 15 16 explore that and hoping to come out within the next 17 few months with some more information on that, so we're looking forward to that. 18 Then I am going to switch over then to our SNHG 19 and BHAP update. There is a handout in your packet 20 for everyone. As you may or may not know or remember 21 AHFC has raised again the (ph) sum of money under the 22 Homeless Assistance Program in the Capital Budget and 23 24 it supports a couple different programs here at AHFC.

And that's the Special Needs Housing Grant Program



and the Basic Homeless Assistance Program.

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So with the Special Needs Housing Grant Program that funding funds capital, operating and supportive services for permanent supportive housing opportunities. Right now we are into an agree- -- sort of renewal (ph), I think I would say, of supporting projects in eight communities with about 7.9 million that's renewed on a three year basis and that assists (ph) 277 households.

You may remember from our last update, Dan Delfino talked about a couple of programs that had been funded through that -- through a recent round. One of those is the Juneau Housing First project which is going to have 32 units to serve chronically homeless individuals.

And the other is (indiscernible) Community
Services which is four units of rehab for
developmentally (ph) disabled individuals and those
are coming online very soon so we're happy to see
that construction finishing up.

And you'll (ph) hear definitely more about the Juneau Housing First as we move through the agenda.

In reference to the Basic Homeless Assistance Program, that program assists homeless and near homeless Alaskans through operating support for



emergency shelter, transitional housing programs. It also provides rapid re-housing or placement assistance and prevention assistance. That is awarded on an annual basis. And for FY-17 we awarded \$6.1 million to 37 organizations in 20 communities statewide.

I can't really -- I cannot articulate it as well as Dave Rose did about that program and the people that we serve and the different types of activities and services that are provided through that program.

We, kind of, looked at it to some extent as, kind of, I would say a safety net program. It's probably not the most appropriate word, but that's what's coming to mind right now.

It provides assistance through other -- a different funding source than we might see with other Federal Programs focusing on Permanent Supportive Housing and a lot of efforts going to chronically homeless, so this program provides assistance to serve all (indiscernible) that are coming through in Alaska.

And while it doesn't provide support for operating for emergency shelters and transitional housing, there's a substantial amount that goes to prevention, so looking at efforts to keep people stably housed

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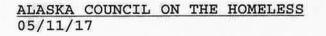
without them entering the homeless system. And then also repaid re-housing efforts, so those are my two different rural assistant time period to get people into assisting in rural (ph) housing situations.

So we have about 30 (ph) percent of our budget that goes to those prevention and rapid re-housing assistance, so -- and then through that program we serve about 13,000 Alaskans throughout the State, so we touch a lot of people.

As you know a lot of that, you know, comes through prevention and as Dave mentioned we do average around \$400 per household through that prevention assistance.

For SFY-18 we have just finished our application process for this next funding cycle. We'll be reviewing (ph) applications now and hoping to make an announcement by the end of this month. And if, you know, barring no major changes to the budget, we're hoping that we'll be able to move forward with that.

For SFY-18 we took a look at a different approach to our application process for the BHAP Program that included (indiscernible) coordinated application component to the application and that was a requirement that came down from AHFC to help communities who are receiving BHAP assistance have



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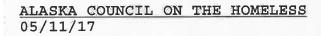
the agencies coming together and working with their community partners to work together to, kind of, set some goals for gaps that they're seeing in their community and come together and talk about BHAP funding that they're receiving.

We definitely recognize that communities are doing as much as they can and working really well together, but this is another opportunity for them to come together and, kind of, really dig into the budgeting and how the funding is being served and used (ph) in their community.

It goes really well hand and hand with the coordinated entry efforts that are happening in communities and we'll be continuing to happen as we move forward.

I know that our Coalition partners will be speaking next and they can definitely go into the detail about those efforts, but one component of that is really understanding the resources that are coming to your community and how to direct them, so we're looking forward to continuing and learning from this first round and tweaking and improving as we move forward with that.

In addition, we always give an update on, kind of, the budget of the BHAP and the SNHG Program and the



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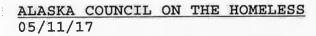


existing current funding levels. We expect to be able to assist existing grants through 2026 and so that really plays into the part (ph) when we talk about those three year renewals for the Special Needs Housing Grant which is supporting physical structures. So it gives a little bit more security and we really, really are watching how we manage all these funds in order to keep programs sustainable moving forward.

So in addition to those two big programs, the funding that comes through the HAP Program also supports some of our other partnerships. It supports United Ways 2-1-1 Program. It also supports the Alaska Coalition on Housing and Homelessness through their annual conference and their staffing (ph).

And I think I'm going to hold it for just a minute and start our partnership discussion on the Section 811 Project Based Rental Assistance Program. So this is the partnership with AHFC and the Department of Health and Social Services.

And we received award, I want to say two years ago, from HUD, \$7.7 (ph) million to provide permanent supportive housing for 200 units throughout Alaska for individuals who are receiving assistance through assisted living homes so they can live independently



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with services.

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And so we're really excited that we're getting very close to getting our first people in units in the next couple months. It has been a long road.

It's a brand new program for our Federal funder (ph) and then also for the State, so we're really trying to work through another one of those building it on the fly (ph), kind of things (ph) for us and our rural partners, so we're very excited. We're going to have hopefully (indiscernible) people here in the next couple months.

And then with that I will -- oh, actually there's one other housing piece to that before I turn it over to our partners. AHFC, sorry this is -- okay.

Working on an RFP that will partner four (ph) percent tax credits, 811 Rental Assistance and Housing Trust Fund dollars that will go out in order to help generate units (ph) for this program and so that will be released hopefully very soon, so we're working on that to help identify more units for that program.

And I'll turn it over to Susan and Kelda.

22 BURNS: Can....

23 BUTCHER: Let's talk a pause for a minute, have any

24 questions?

25 BURNS: Yeah.



1	BUTCHER:	Go ahead.
2	BURNS:	Carrie, can you tell me what's the vehicle or the
3		you mentioned the for the community coordinated
4		applications and what vehicle is used for those?
5	COLLINS:	Um-hum. (Affirmative)
6	BURNS:	Yeah.
7	COLLINS:	Yeah, so
8	BURNS:	Is it like this you know, group informal
9		group or is it a formal group in the community
10	COLLINS:	Um-hum. (Affirmative)
11	BURNS:	that participates or how does that work?
12	COLLINS:	Yeah, so this is the first one and it looks
13		different in different communities. The requirement
14		through the program is that the organizations that
15		are currently funded have been funded historically
16		through the BHAP Program and that would be applying
17		for BHAP funding would come together and develop
18		work together and develop that group and bring in
19		extra partners.
20		In some communities that have maybe more
21		established coalitions or other kind of groups that
22		they already coordinate through, they really spoke
23		through and came through that way.
24		Specially for Anchorage with their existing
25		Continuum of Care application process that goes



1		through the Anchorage Coalition to End Homelessness
2		it made sense for them. They have a number of
3		grantees who have been through that process before
4		and it's a very similar process. They worked with
5		the State or excuse me, the Anchorage Coalition to
6		End Homelessness to help coordinate those efforts for
7		them to respond to that.
8	BURNS:	So there was no specific requirement though for
9		whatever that organization was going to look like?
10	COLLINS:	No, there wasn't.
11	BURNS:	Okay. And then one more, I'm sorry.
12	BUTCHER:	Oh, please.
13	BURNS:	Can you just explain again the tax credit, what's
14		that how I, sort of, missed that?
15	COLLINS:	I Mr. Randall, I knew somebody was going to ask
16		about this
17	BURNS:	So sorry.
18	COLLINS:	and I'm going to I'm totally going to walk
19		over here to Daniel Delfino. So tax credit world is
20		not the world that I live in with developments (ph)
21		and we're calling in our partners in the Department
22		who do that. What I know is that it is four percent,
23		non-competitive tax credits.
24		So Daniel or any of you, would you like to speak
25		to that?



1	BUTCHER:	Yeah, Daniel why don't you come up and give us a
2		little bit more detail. And, please, place yourself
3		on the record.
4	DELFINO:	Okay. Hi, everyone. My name is Daniel Delfino
5		with the Planning Department at Alaska Housing
6		Finance Corporation.
7		So the tax credits, in about 20 seconds or less.
8		I guess the easiest way to explain it is the way that
9		the tax credits work is it's based on what you can
10		depreciate on your returns. So if you say you spend
11		\$100 to build something and you can depreciate \$90 of
12		that on your tax returns once it's constructed, you
13		would be able to generate \$90 in tax credits or \$90
14		that could be used to generate tax credits for your
15		returns.
16		You can sell those tax credits to an investor who
17		will be able to use them. It gets into a fairly
18		complicated thing. We use the term nine percent tax
19		credits and four percent tax credits, it's the same
20		thing.
21		One just means you can generate more tax credits
22		under a competitive application structure that we
23		host here at Alaska Housing every year.
24		The other is a noncompetitive. It gets you about,

like you're building and those members (ph) some of



you generate \$90 in depreciable basis, you'd be able 1 to generate up to probably 35 to \$40 in tax credits 2 if you were using a four percent development. 3 So it's something that gives you a little bit of 4

construction equity if you want to rehabilitate a facility and it gets you access to tax exempt financing.

There's a lot of billable hours and accounting (indiscernible) that gets into how that all works together, but the short answer is it generates about maybe 30 to 40 percent of the development costs of a project that you might be considering in potential proceeds to help you make that deal happen.

And can I ask how we're selling this (ph)?

Yes, absolutely. So when we were looking at what

BURNS:

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DELFINO:

we could accomplish with the 811 housing, we don't 16 have enough to generate a lot of new construction 17 activity because the housing costs in Alaska, as Sue 18 was talking given a place like Savoogna, it's --19 we've seen applications from Savoogna. I think one 20 that was around \$650,000 a unit. 2.1

> So we don't have enough money to support a lot of new construction development. So when we were trying to figure out what people would actually be able to use these resources in coming up with models on what

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type of development would make sense for this, a lot 1 of the deals that we were looking at were older 2 facilities that were probably built in the early '90s 3 under the Tax Credit Program that could be renovated 4 and upgraded. 5 So these would be facilities that can be converted 6 or upgraded for people with disabilities and re-7 purposed and potentially bring up the amount of rent 8 that they'd be able to generate through the upgrades 9 and through the 811 assistance. We think that the 10 four percent tax credits would work for those types 11 of transaction more so than a new construction 12 development. 13 Thank you very much. BURNS: 14 No problem. DELFINO: 15 Thanks, Daniel. Any other questions? Okay, let's BUTCHER: 16 continue. 17 Hi, my name is Susan Musante. I've with the 18 MUSANTE: Department of Health and Social Services, the 19 Division of Behavioral Health and I'll speak a bit 20 about the 811. 21 The Department of Health and Social Services 22 through DBH and SVS (ph) are providing some leverage 23 funding for that, as for some of the rental 24 assistance, but primarily on the DBH side we are 2.5



really looking at supporting the services that will help people stayed housed.

Some of you were in the room this morning talking about how we need to have service alignment as well as the bricks and mortar housing, so that's the piece that we've been working on.

The Division of Behavioral Health has worked with its stakeholder, partners, providers and are funding a residential team to help people make the transition into housing and also to help them sustain the housing once they get there.

I also wanted to speak just a tad about the collaboration and the partnerships that we've been talking about here today. Some of us had the opportunity to go to a Federal meeting on the 811.

And it became clear to me that not all of the states are enjoying the same partnership that we are with our different funding partners, our service provider partners and so I just wanted to acknowledge that. It was really quite a difference from some of the other states.

And finally I'll just say that we had conducted prior to this, in preparation for the 811 kicking off and we are very excited. We think we'll probably have about 10 people in the first cohort (ph), but in



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preparation for that we did do a preference survey 1 and a functional assessment to see who might be 2 interested and what their needs might be. And with 3 that I'm going to let Kelda talk (ph) from the SVS 4 side. 5 BARSTAD: For the record my name is Kelda Barstad. 6 for the Department of Health and Social Services, 7 Division of Senior and Disabilities Services. 8 And I'm very proud to be part of the fantastic 9 partnership between AHFC, the Division of Behavioral 1.0 Health and the Trust. I think that the 811 project 11 as been planning and working very hard to finally 12 come to fruition this summer. And we're so excited 13 to be able to serve and house people and see this 14 project begin and begin to benefit the people that we 15 serve on the general relief program. 16 And general relief is a safety net benefit to help 17 us pay for assisted living home services. And that 18 does not have specific diagnostic criteria, so it 19 serves a lot of different people who have a lot of 20 different service needs. 21 For Senior and Disability Services, as of this 22 last month, we had 483 people that we were serving. 23 And throughout the course of this fiscal year we were 24

very concerned that we might need to put a waitlist



in place. 1 We've recently found that we will not need to put 2 a waitlist in place for this fiscal year, so we're 3 very pleased to be able to update the Council on that 4 information. And it's a great relief to the 5 Department as a whole because the safety net service 6 is so needed for this group. 7 For selecting the pilot, both the Division of 8 Behavioral Health and Senior and Disability Services 9 will select a small number of residents who are 10 interested in moving into supportive housing. 11 And we will be able to test that process this 12 13 summer, tweak any policies or procedures or processes that need adjustment as we get actual people though 14 the process. We think we've come up with a pretty 15 good draft, but once you start doing the work there's 16 always some improvement that can be made. 17 So we're very much looking forward to that, 18 getting those services in place and making sure that 19 we can support people in a more independent 20 environment of their choosing. 21 Okay. Do we have any questions for Susan or 22 BUTCHER: Kelda? 23 BURNS: Can I -- Kelda, could you just -- I think people 24 need to understand since we're moving individuals out 25



of assisted living homes into housing, could you just described, sort of, the tool that was used to help make that assessment? I think it's important for people to know about the tool that's being used for this purpose.

BARSTAD:

Of course, I'm happy to. The Daily Living

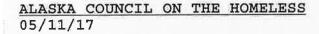
Assessment 20 is an assessment tool that is used

across the nation. There are a variety of states

that use it to assess a person's daily functioning.

So a variety, 20, that's part of the name, 20 different functioning skills across the board which include managing a person's own medical care, relationships, being able to manage their own housing. There is a list of a variety of things. And that person receives a score based on their responses to an interview.

And that score will identify how high that person is functioning or how low that person is functioning, just really where are they at, at this point in time and that is compared to everyone. It's not just a scale for people who, perhaps, have a certain diagnosis or may be ill. It's compared against the general population. So you or I could take a DLA 20 assessment and receive a score and be on that computer run.





So we are talking a look at folks who have scored 1 on the higher range who, at least per those 2 assessment results, appear to have a greater success in being able to live in a supportive living environment. 5 Also paired with a preference survey where someone 6 who'd indicated that they have this as their goal and 7 they want to move out of assisted living into a more 8 independent setting with those support services to 9 help them be successful. 10 Thank you very much. BURNS: 11 Can I just add to that? The use of the DLA 20 12 MUSANTE: will also help us work with our provider 13 organizations to identify the specific services that 14 will help the person stay housed and a transition 15 plan can be made. So it's not just a screening out 16 tool (ph), if you will. It's a screening in tool, 17 how can we help you prepare and be able to make the 18 move. Thanks. 19 And I have a question on that tool. Is it 20 WILKS: utilized over the course of the time that an 21 individual has entered into the housing and then the 22 follow-up so that you can really look at progress 23 being made in those very -- various types of scale 2.4 areas (ph) so you can see progress and measure that 25



1		as well?
2	MUSANTE:	So we did not necessarily have a plan to implement
3		it over the course of the project. However, a goodly
4		number of the folks have providers who are using it
5		on a regular basis who, in fact, are using it as a
6		treatment planning tool, if you will
7	WILKS:	Um-hum. (Affirmative)
8	MUSANTE:	and so and measuring of progress tool.
9		So a subset of the folks will be using it and we
10		are in conversation about whether or not we would be
11		able to continue to use it. And you may want to add
12		to that.
13	BARSTAD:	Yes, it's a continued use of the assessment
14		over time is something that we have talked about, but
15		we haven't made a decision yet primarily because of
16		funding
17	WILKS:	Um-hum. (Affirmative)
18	BARSTAD:	for residents that are not associated with an
19		agency that use it as a consistent treatment planning
20		tool. We don't have a way to fund that training or
21		ongoing assessment.
22	WILKS:	Okay. Well, I think it would be a very useful
23		tool if you were able to do that to really maybe even
24		in a small cohort of individuals or a small cohort of
25		agencies it would be nice to be seeing that type of



1		progress because that's often something that is
2		(indiscernible - telephone ringing). Anyway, that's
3		my two cents.
4	BARSTAD:	Thank you for the recommendation.
5	BUTCHER:	Okay. Do we want to move on to Karen.
6	CANN:	Hi, I'm Karen Cann. I'm Deputy Commissioner with
7		the Department of Corrections. And most like
8		other people at this table I want to take a minute
9		just to talk about our collaboration. And we work
10		very closely with the transitional programs here on
11		the this (indiscernible) and that's a big piece of
12		our re-entry program.
13		That we have a number of offenders that can return
14		to where they were, but we also have a huge number
15		that need either short term or longer, a year plus
16		housing to get them back on their feet and to work
17		with other Coalition members.
18		And it sounds like we can have other Coalition
19		members coming up here, so I won't do more than just
20		touch upon that.
21		And what we've been doing with the Department of
22		Corrections is more on the side of support that we're
23		starting to look at our data management systems to be
24		able to start tracking the data.

First to look at what everybody is collecting so



we're trying not to duplicate efforts, perhaps, but be more focused and how we get that and how we can supply that data. And have more of our programs based on that data and on those outcomes of reducing recidivism and increasing public safety.

And then the biggest piece, I think, for the Coalition is that for every institution to have focused on a single point of contact, so it's not, like, who do I need to reach out to for this inmate and what institution, but you can now say oh, this person is in Goose Creek, this is the person I reached out to and they can either help me or ensure that I'm redirected or that person connects with me and then we begin to share the whole offender management plan.

So within the 90 days -- 30 to 90 days we have an offender management plan that is totally up to date. We're having people come in for in-reach (ph) to look at that plan, what needs to happen when they come out in the community and to also ensure that all the release of information are fine (ph) and in place.

So our hope is as we look at this, again, it's one of our first steps of hoping to make the process smoother, but we know we'll be tweaking that along the way, but that's the way our focus moving into



1		(indiscernible - away from microphone)
2	BUTCHER:	Okay. Do we have questions? I have a quick
3		question. The re-entry housing program that AHFC and
4		Corrections work on together has just been expanded
5		into Anchorage, how either one of your can answer,
6		how has that been going?
7	STONE:	For the record, Cathy Stone. I'm with the Public
8		Housing Division at Alaska Housing. And so to your
9		question, Mr. Butcher, about the expansion, we needed
10		to commit, I believe it was, just Public Housing
11		dollars for that because HOME funds can't be used in
12		Anchorage. The Municipality has control of those.
13		And we started out small with 25, I believe
14		yeah, 25 referrals for Department of Corrections in
15		Anchorage and it's 100 percent utilized. And I've
16		heard that they could use a lot more, that there's a
17		high demand and it's very successful.
18		And, I believe, the piece that's successful is the
19		connection between Department of Corrections and then
20		us just providing the housing piece works very well.
21		It keeps them in housing and stabilized and that's a
22		two year time limited program.
23	BUTCHER:	Okay, great. 'Cause I know one of the real
24		challenges initially has been you need to find
25		landlords, you know, and being able to work that and



develop that so landlords realize that these are 1 responsible people in their units. And it's good to 2 hear that it's fully filled at this point. Okay. 3 Shall I continue? STONE: 4 Yes. 5 BUTCHER: Okay, thank you. Okay. So as most of you are 6 STONE: aware we have several programs throughout the State, 7 Set Aside Programs, directly related to issues of 8 homelessness. Our Empowering Choice Housing Program, 9 I'm looking at Ms. Pearson, this has been a great 10 collaboration with the Domestic Violence shelters in 11 the network, as well as the Council on Domestic 12 Violence and Sexual Assault. 13 And we have 185 units allocated to that. It's not 14 100 percent utilized, but that's simply because 15 people going on and off and the referrals coming 16 through, but that continues to be a strong program 17 collaboration with the network. 18 Our Moving Home Program with DHSS, 150 units 19 allocated to that statewide and that is another 20 referral program from DHSS to whatever housing office 21 the person lives near. If it's in Fairbanks, they 22 get a referral from DHSS to the Fairbanks office. 23 They're provided the voucher assistance and they also 24 have to maintain some sort of service from DHSS. 25



In the Returning Home Program with DOC we have just over 100 statewide on that using HOME funds and then the 25 in Anchorage. It's just been expanded.

And we also have a Youth Aging Out of Foster Care Program that's going well and that's got about 25 utilized statewide as well. And they collaborate with the Department of Office of Children Services and they have to work with an independent living specialist from that group to make sure that they stay stable and that they're, you know, meeting certain requirements. And that's for youths 18 to 24.

And also our VASH Program is really going well.

I'm not sure if VOA is going to come up and speak to that, but we have 271 VASH units now statewide and the -- we're almost at 100 percent allocation. We were only at 86 percent utilized, but we're -- we've got several out shopping.

And in a conversation with Mr. Pendrey this morning he said they've got their last case manager hired and he's starting to get more people in the system and utilizing the vouchers.

Something exciting going on with Public Housing.
We have hired Sherrie Hinshaw away from Public
Housing to now work for the Alaska Corporation for



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Affordable Housing.

This is our subsidiary corporation within the Alaska Housing umbrella for the purpose toward finding new affordable housing, either renovating or rehabilitating existing housing. And she just started a couple months ago and we're excited to get her on the ground and identifying the new housing or existing housing that we can create affordable housing with.

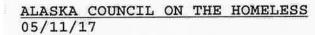
So excited to have that position filled and Sherrie is a go getter and she's going to keep us on our feet and I'm sure you'll be hearing more in the coming months on the success of that effort (ph).

Other than that, our main housing -- our main Moving to Work Programs in Public Housing and the Voucher Program are fully utilized.

Congress has approved a new continuing resolution until September, 2017 which pretty much flatlines our funding which is fine. And so we'll find out in September if Congress passes a new budget or we continue with the continuing resolution which is okay, too. So that's, kind of, a quick update on the status of Public Housing and I'm happy to take any questions.

Okay. Do we have any questions for the table

BUTCHER:





(ph)? 1 (Indiscernible) from my memory, which of the KUIPER: 2 vouchers that you talked about have time limits on 3 them for the folks that are utilizing them? 4 Sure. So in respect to the Set Aside Programs, 5 STONE: the Empowering Choice Housing Program has a three 6 year time limit. That's where victims of domestic 7 violence/sexual assault. The Returning Home Program, that's with the Department of Corrections, those have a two year time 10 limit. And so do the -- there's a two year time 11 limit on the Youth Aging out of Foster Care as well. 12 VASH does not have a time limit. Moving Home does 13 not have a time limit. 14 In respect to our main Voucher Program, our 5,000 15 vouchers that we have statewide about 45 percent of 16 those are time limited through a program we call Step 17 and that's for persons that are not elderly, not 18 disabled, but are work able. 19 And they essentially come in, they're income 20 eligible and the first year it's based on their 21 income. And then the next five years you step up and 22 23 you start paying more, a higher percentage of the actual rent each year until the fifth year when your 24 25 time limited off.



1		You can reapply for the program and start over
2		again, but the intention is to move you through the
3		steps. We provide extensive case management services
4		through Jumpstart to try and increase a family's
5		self-sufficiency as they move through that program.
6	KUIPER:	And has that particular program seen the success
7		that you hoped it would have on helping people move
8		toward self-sustainability?
9	STONE:	Yes. In the was it the April Board Meeting, I
10		believe, we present a Step evaluation and the first
11		couple years were we're just starting into the
12		third year.
13		The first two years results were significant and
14		very positive. Incomes have risen significantly, as
15		well as people just making progress within the
16		program. And they weren't paying nearly as high of a
17		percentage of the rent as we would have expected.
18		Most were in the 30 range or below for that were
19	2	in the Step Program at the point they were at in the
20		Step.
21		So the intention is to keep them moving along that
22		progression and paying, you know, a lower percentage
23		of the income in rents until their fifth year.
24	KUIPER:	Good. Thank you.
25	BURNS:	Can I ask a question about (simultaneous



1		speech)
2	BUTCHER:	(Indiscernible)
3	BURNS:	so the youth aging out, does OCS then provide
4		grant funding to support that program?
5	STONE:	Not direct grant funding. It's Public Housing
6		Division voucher funding. Our block grant through
7		our Moving to Work Program is how the housing
8		assistance is funded.
9		OCS does provide the independent living
10		specialists and the case management, but they are not
11		providing the funding at this time.
12	BURNS:	Thank you.
13	BUTCHER:	Okay. Do we have any other questions? All right.
14		Thank you very much everyone.
15		Before we go to our next agenda item, I wanted to
16		let the Council know that what's listed from 3:30 to
17		3:45, the Housing and Homelessness Networking update
18		from Elizabeth Schultz, that's going to be covered in
19		our next couple of agenda items, so that won't be
20		occurring and so even though we're running a little
21		late, I feel like we've got some room that we'll end
22		up fitting it in pretty well, so
23	(Off record	comments from audience - away from microphone)
24	BUTCHER:	All right. Brian and Dave.
25	WILSON:	All right. Thank you everybody. This is Brian



Wilson, Executive Director of the Alaska Coalition on 1 Housing and Homelessness. 2 3 Just a quick housekeeping note, Carrie, I sent you a link earlier, not on it yet, but (indiscernible -4 away from microphone)..... 5 It's ready, yeah. COLLINS: 6 Okay, cool. So I know that we're behind schedule WILSON: and we don't have a whole lot of time to present 8 anyway, so I will do my best to be brief and just, 9 kind of, preface this by saying that we do have a 10 general membership meeting coming up on Tuesday, May 11 30th at 10 a.m. so we're going to talk about all 12 these different items at further length, so I do 13 encourage you to sign on for that. 14 Today I'm just going to talk about three things, 15 our Point In Time count, our update on our 16 Coordinated Entry planning and implementation, as 17 well as our brand new data dashboard which is a 18 really cool tool. 19 So really briefly on Point In Time count, those 20 numbers for the 2017 count is -- they're available on 21 the ICA website, IC Alliances.org/Alaska. You can 22 find numbers for both Anchorage and the balance of 23 state there, but, kind of, a snapshot, we identified 24

717 individuals this year that were either



unsheltered, utilizing shelter or in transitional housing.

Actually this is a drop from the previous year.

The previous year we had 835 known individuals.

Although some of the drop is a component of a couple of different agencies for one reason or another not participating in the counts this year, but also where local coalitions have done a great job organizationing over the past year in housing individuals as well, but we did see a drop in both Juneau and Fairbanks which, kind of, accounts for the majority of it.

So, of course you know, the count is -- it's a requirement of us to complete every year. There are some -- it's an important process as it does factor into our overall continuum of care scoring, but I always do want to, kind of, qualify it with saying that, you know, this is not an accurate measure. It's to gauge the need in rural Alaska.

I think Sue did an amazing job describing our trip that we had just recently and discussing the impacts of overcrowding and how homelessness may look different in different places. Just because there's a house over their head does not mean that, that necessarily is a structure meant for human habitation

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and the current state of it. In fact, we saw quite the opposite many times.

So it's really important for us in our committee work, our small communities committee work which is really getting ramped up, to find ways to, A, find a better way to effectively monitor those issues that are outside of our, kind of, traditional Point In Time count or even overcrowding statistics which don't always tell a full story.

But also, you know, we had a great meeting with the Bering Straits Regional Housing Authority up there and really are looking for ways to better connect with the Association of Alaska Housing Authorities going forward, you know, attending their meeting and finding ways that we could (indiscernible) together so that's, kind of, the Point In Time.

Coordinated Entry, this is the bulk of our work going forward. As you probably know HUD released a self-assessment tool in January which requires all COC's across the nation to implement, coordinated entry by January 23rd of next year which is my birthday. So that would be a great present to say that we hit that mark, but this is a huge undertaking.



You know, we have -- we've -- thanks to AHFC and their efforts to secure a technical assistance grant with us with an organization called ICF, who really was instrumental in Anchorage, they are helping us work through this process.

We have formed a planning team that's been on this for several months now and it's really important for us to not have this be a top down process, but to really involve the local coalitions in these changes because they are significant for a lot of different agencies, so our planning team is actually made up of local coalition leadership from across the state.

And they have a tall task in front of them to create these policies recommendations around access, assessments, prioritization. And really it's difficult because, you know, you think about HUD, they're creating these programs that are meant to be umbrella programs that are to be applicable to as many areas as possible, but in the balance of state in Alaska there are definitely challenges that we all know that are unique such as, you know, the geographic challenges.

Large portions of the state have little to no resources in their communities. And one of the requirements that we have is to provide fair and



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equal access to a coordinated entry system statewide, so how do you handle somebody who is presenting in Gambell to have fair and equal access to this coordinated entry system. That's an incredible challenge that's going to take a lot of outside the box thinking to complete, but I'm forever an optimist on this and we are looking for a way to put all these individuals to, sort of, have a one to two day bang it out workshop here coming up in the coming months, so it's going to take a lot more than that (indiscernible - voice lowers).....

But the one -- the great thing about this is traditionally these communities haven't really worked together to focus on implementing statewide systems, so this is a great mechanism for that to happen.

And, I think, we're all learning more about each other through this process, so I've been extremely excited about that, but you'll see in your program I included this regional systems map -- or this Balance of State Systems Map. I'm not going to dive through it all today, but it's just for your reference.

This is based off of HMIS data from October, 2015 to September of 2016. This is right when ICA came on board to help manage the HMIS system, so we improved the -- we expect that these numbers, kind of, going



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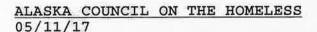
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forward will be a little more reliable, but it's basically showing where people are coming from when they enter our homeless network, what type of services they utilizing and then where they leaving (ph), what are their exits (ph).

And as you'll see, as I mentioned the last time I was in front of this group, we run a very out dated shelter system in the balance of state. Many of those shelter beds are domestic violence beds only, so we're, kind of, upside down on where we need to be which is the more effective program, Housing First Programs that you'll see numbers are actually (indiscernible), but they're very limited. Seventeen rapid re-housing in the (ph) entire balance of state, (indiscernible), so definitely challenges.

So where does this bring us, you know, coordinated entry is just going to really highlight this lack of permanent supportive housing and rapid re-housing even more. And it is real important that we do in some way address those government summit recommendations. We really need that high level policy coordination and it was calling for either a position (ph) or maybe empowering this Council.

And so I really do encourage this Council to really think what role you guys can play



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(indiscernible) all the agencies (indiscernible - away from microphone) and coordinate funding. You know, how does that look going forward, so I really hope that we can do that.

And also our conference is coming up on October 23rd and 24th which is your next meeting and we really want to work with you guys as well to open that time up and create a great two day workshop, you know, to really hash through those if we can, but there's definite needs that need to happen beforehand.

So moving on to the data dashboard, Carrie, she's going to fire it up. So both COCs have really been working with ICA to -- now that we really feel confident about our HMIS data to make it available to the public more so.

And so right now this is -- and this is a live link, but it's not really advertised yet 'cause there's a couple more changes that we're working on, but this is an update quarterly data dashboard that's pulling information from our HMIS system that's showing a variety of different measures about the performance of our existing units, but also details of the clients that are being served, as well as shelter utilization, total number of clients.

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So a lot of this is following the HUD's new System
Performance Measures. It can be broken out into
Anchorage or balance of state or statewide at this
time, but in the future we are looking to dive down
into some of our larger hub communities as well, so
that's available. The link will be available there.
(Indiscernible).

MAYO-KIELY:

So thank you. I'm Dave Mayo-Kiely and I'm the president of the Anchorage Coalition of Homelessness and also I'm the homeless liaison for the Anchorage School District.

I just wanted to cover, kind of, four things today, one just to piggyback on Brian's data dashboard piece and then go into our efforts on coordinated entry in Anchorage, our Youth (indiscernible) demonstration project we were successful in receiving and then briefly talk about our Point In Time count as well.

So the data dashboard as Brian just mentioned, you know, we are working really closely with the state and also ICA to bring that to the forefront. I think it's something that people have asked for, for a very long time. We want to always know how we're doing. Are we actually ending homelessness. Where are the numbers. You can see these types of things, but that



the Point In Time counts as everybody knows that's one -- a one point during the year.

So as we work to develop this it will be going live. You know, Anchorage has some other measures we want to put on there as well. And specifically on a monthly basis how many families or households are we moving from homelessness to housed (indiscernible)....

So coordinated entry, as Brian stated, the State has been -- Anchorage started a little before (indiscernible). We started about -- it's close to two years ago now that we started our planning process for coordinated entry. And we went through it in a very deliberate and methodical way.

One of the things we really wanted to make sure that happened was (indiscernible) buy in (ph) from all the community providers out there. One of the things we heard in our technical assistance was that you need to make sure everybody is on board if you're going to be successful.

And so it was a very, sort of, slow process to get us to the point where on January 1 of this year we officially launched this, kind of three (ph) track for coordinated entry. One for youth, one for single adults, one for families.

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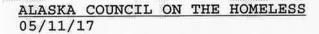


So now as anyone presents that's homeless throughout Anchorage whether it be youth, family or adult, they're enter into our coordinated entry system (ph). They all receive an assessment which is the device (ph) that activists (ph) use across the country.

And so now we have a method for actually scoring all of these individuals and families that enter the homelessness system. And we can then write them on a scale to say what type of intervention is the most appropriate for this household. Are they in need of permanent supportive housing. Are there in need of a repaid re-housing program. Are they in need of a very small intervention that maybe includes a version of findings that (indiscernible - voice lowers)....

And it's been -- you know, we've had our bumps moving forward. We've had some problems that we've had to work out, but in general I think we're doing a pretty good job at this point in time.

For single adults we have assessed 332 people since going live January 1. The average score has been about a step (ph). And what those kind of scores relate to, if you receive a zero to three that means you need very little intervention to actually get back into housing.



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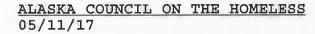
If you have a four to eight (indiscernible) that is shallow, might be the Rapid Re-housing Program. It could even be a housing voucher type situation.

When you get above nine -- or nine or above that's when they're needing permanent supportive housing programs that are out there.

And so of those 332 we've assessed, we had about 43 that were zero to three, so very little intervention needed. 195 were in the middle. And then we had 94 that were the top end of the spectrum, kind of, a nice bell curve.

One of the problems that we're seeing and which we knew would happen with our coordinated entry system is explaining to those 195 individuals that need some assistance moving forward to get -- to get the permanent housing, but we had very little options at this point in time. We have no rapid re-housing dollars right now that are, kind of, specific for single adults in Anchorage, so it's something that we're looking at moving forward.

For our families -- oh, and I will also say that of those 332 we assessed, we move 29 of those into permanent housing whether through the Coordinated Entry System or they would be (ph) identified and they moved into housing of their own.



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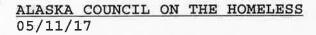


For families, we've assessed 155 families and their average score ended up (ph) 6.7. Sixteen of those fell zero to three, 100 in the four to eight and 39 in the nine plus. Both the smaller bell curve -- smaller bell curve contained (ph) the single adults, but one of the things we're finding which is, kind of, the opposite of the single adults, is that we don't really have those permanent supportive housing options for families.

We have some dedicated permanent supportive housing options, but many of those are to (ph) individuals that are chronically homeless. Most of our families are not qualified as chronically homeless. We don't have a place to put them (ph).

We have repaid re-housing dollars through ESG (ph) and also through some (ph) Providence funding, but families who are scoring above eight are not appropriate for repaid re-housing. If they were placed in those units, they would likely blow (ph) out in a short period of time. That's one of the things that we're seeing is a hole in our system in Anchorage.

And of those 155 families we've assessed, 73 have actually moved into housing since they've been assessed. That's almost 50 percent of those families





1		that we moved forward with and
2	BURNS:	Can I ask a question before he zooms on
3	BUTCHER:	Yes.
4	BURNS:	'cause then I'll forget?
5	MAYO-KIELY:	Go ahead.
6	BURNS:	So can you explain again your statement about the
7		families blowing out of rapid re-housing, can you
8		explain that to me?
9	MAYO-KIELY:	So a family that would be, kind of, a nine plus
10		and there's other people in the room that could speak
11		to this better than I could, but it's a family with a
12		lot of needs. They're vulnerability is much higher
13		than someone who is a four to eight. They may have a
14		bad rental history, a substance abuse issue, mental
15		health issues.
16		Rapid re-housing as a program is typically, kind
17		of, a six month subsidy program. It starts off
18		it's, kind of, a very accelerated step program that
19		Alaska Housing does. The first month you get a
20		larger subsidy. The second month it goes down, down,
21		down. After six months there's typically little or
22		no subsidy left.
23		The is case management involved, but the subsidy
24		portion is gone. The family is required to pay all

of that. And most of the families that are scoring



1		high would not be able to do that.
2	BURNS:	Yeah, okay. So that's the change, okay, thank
3		you.
4	MAYO-KIELY:	So we housed 73 of those 150 families that were
5		just that were assessed which was really
6		incredible.
7		And one of the things that's really helped with
8		both the adults and the family system is that there
9		are weekly or bi-weekly meetings happening in
10		Anchorage now where they actually go down and not
11		just talk theoretically about families or households,
12		but individual people or individual families who say
13		here's a family that needs the Clair House. They're
14		number whatever on this list, how can you move them
15		most quickly into housing.
16		The same thing happens with single adults, family
17		a person at Brother Francis shelter. How do we
18		move them to the top of the list into housing.
19		Youth, we've got about 45 that have been assessed
20		and, kind of, the similar 6.9 average, five zero to
21		three, 29 that are four to eights and 11 that are
22		nine plus.
23		Again, we have a similar system with the families
24		in that we don't really have permanent supportive
25		housing that's dedicated to youths 18 to 24



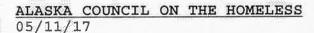
population. Again, very few of our youth that are 18 to 24 are going to qualify as chronically homeless and be part of that condition.

Moving on quickly with the HUD Youth Demonstration Project, as many of you are aware, Anchorage was successful in being awarded as one of the 10 communities in the country to get a HUD Youth Demonstration (indiscernible) -- Demonstration Project to end homeless. It'll be \$1.5 million over the course of two years.

We're in the planning phase right now. We have to have our first draft into HUD by July 13th of our interview (ph) plan. And then a final plan in January of next year, but it's not going to be (ph) (indiscernible - away from microphone).

And it's a really great process for us 'cause it's 1.5 million over two years and those funds will then be rolled into the Continuum of Care for Anchorage moving forward. So last year Anchorage had about 2.9 million in COC funds. Moving forward that should go up about by about \$700,000 (indiscernible).

Quickly as to (ph) Point In Time, our numbers this year in Anchorage were very similar to the previous years numbers. We had a small increase going from 1,105 to 1,128, but the big change we saw this year



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1		was a much fewer number of people that were
2		unsheltered. We had 240 unsheltered in April of 2016
3		and it was down to 155 this year.
4		So our overall numbers were about the same, but we
5		had people moving from camps into the sheltering
6		system (ph) which was great for all of us if we had
7		(ph) more access to services (ph). And that's all
8		that I have.
9	BUTCHER:	All right. Do we have any more questions for Dave
10		or Brian?
11	BURNS:	I do have one about, again, the issue of rapid re-
12		housing. What are the is AHFC primarily funding
13		those or other agencies funding any of that? What
14		kind of housing are you looking for, for that group?
15	UNIDENTIFIED	Do you want to talk about
16	MAYO-KIELY:	Sure. So right now in Anchorage the rapid re-
17		housing is really funded in two ways. One is through
18		some ESG funds that come through the Municipality of
19		Anchorage and the other way are (ph) Providence
20		Foundation had dedicated, you know, funds to
21		Anchorage and we have used that to provide rapid re-
22		housing for families.
23	BURNS:	So these are just homes that you've purchased,
24		rented space?
25	MAYO-KIELY:	No, it's really just a



1	BURNS:	Hotels
2	MAYO-KIELY:	it's, kind of, a voucher type program. It
3		wouldn't be hotels. It would be, you know, a family
4		working with a case manager to secure a unit, private
5		landlord and then, you know,
6	BURNS:	I see.
7	MAYO-KIELY:	there's a payment that takes place, so it's
8		not dedicated units. It's just going out into the
9		open market and finding a unit (simultaneous
10		speech)
11	BURNS:	So how rapid is rapid re-housing really?
12	(Off record	conversation)
13	WILSON:	We actually monitor on a quarter we're
14		monitoring on a quarterly basis and right now if I
15		can do it here so in this June to March, 2017 it
16		was 65 days before being accepted into the program to
17		moving in that day. And it's, kind of, sad about
18		(ph) (indiscernible) it's decreased from 86 days
19		for this time period last year down to 65, so
20	MAYO-KILEY:	And I don't have specific numbers in front of me
21		for Anchorage. It's something that we could get
22		through ICA, you know. I will say that as we've
23		started in January, it was, kind of, a slow process
24		moving people in as we figured out the system, but I
25		do think now it's going much more quickly.



1	BUTCHER:	(Indiscernible) question? Dave.
2	KUIPER:	Yeah. And maybe I could just add one piece to
3		that. At least on the family side of things there
4		have been at least 17 families that have been rapidly
5		re-housed since January when we started, so that's a
6		number that fits, I think, this conversation.
7	BUTCHER:	Okay. All right, thank you very much.
8	MAYO-KIELY:	Thank you.
9	BUTCHER:	Our next update will be on Housing and Homeless
10		Leadership Update, Scott and Nancy and Mike.
11	UNIDENTIFIED	: Scott start first or (indiscernible - away from
12		microphone)
13	BUTCHER:	Yeah, why don't we start with Scott. Are you on
14		line, Scott?
15	CIAMBOR:	(Indiscernible) - this is Scott.
16	BUTCHER:	Okay. Why don't you introduce yourself for the
17		record and go ahead.
18	CIAMBOR:	My name is Scott Ciambor. I'm the chief housing
19		officer with the City and Borough of Juneau. Thanks
20		to the Council for giving the Municipality the
21		opportunity to speak today.
22		I forward a slide presentation for you to take a
23		look at and it's in your packet. It's, kind of, a
24		lot of information about what's happening on here
25		in Juneau, but it, kind of, helps clarify, kind of,



my roll.

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Started in this position as chief housing officer about a year ago really under the auspices of addressing, you know, housing in general here in our community. More of a type of community development type of role and some of those activities are included on the first five slides that you have in front of you.

Slide 1 -- slide 2, kind of, talks about, you know, housing development in the community the last five years giving, you know, some projections on how we've done.

Of interest to the Council might be on slide 3 some of the low income housing that's been developed three years, as well as, you know, three projects that are due to come on line, but, of course, this talks about other recent CBJ Housing activities.

The housing action plans was put into place in November. One of the key ideas was that, you know, the City needed to provide resources for housing and this is, kind of, an example list of those options.

Started two different housing programs here at CBJ the last two (ph) years which are really (indiscernible) ideas to get people housed and have (ph) more units. And there's slides 5 and 6 on our



Accessory Apartment Incentive Grant Program, as well as the Mobile Home Loan Down Payment Assistance

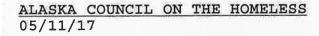
Program, so that's (indiscernible) on that one.

But the main focus, our presentation to you today again is, you know, something that you've seen me talk about on a state level previously and that is homelessness.

I think I really need to stress to the Council that the City and Borough of Juneau is really having a bit of a crisis and really having difficulties getting a grasp on intervention and resources to what has become a much more visible and much (indiscernible) problem than we've been accustomed to here in the City.

On slide 7 you see some photographs from Tuesday on my way to work right here in downtown Juneau. We have a whole lot of (indiscernible) folks visibly camping and sleeping out. A lot of those (ph) in our library stairwells, in the downtown core (ph). And again, it's 100 feet from the new cruise ship dock which was a \$30 million investment for the City, so, kind of, a very visual issue at this point that (ph) hasn't been in the past.

Slide 8, kind of, gets into our Point In Time count numbers. (Indiscernible) kind of, get an



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1		understanding a little bit of why exactly we're
2		seeing this, kind of, more visual encampment in town.
3		If you take a look at the 2017 numbers we have 59
4		unsheltered (indiscernible) in January, so that's a
5		huge number for a community this size. And with the
6		way our community is situated (indiscernible) it's
7		very, very visible in our downtown corridor.
8		On slide 9 is a quick analysis that we
9	WILLIAMS:	Hey, Scott? Scott?
10	CIAMBOR:	Yeah (ph).
11	WILLIAMS:	Hey, this is Steve Williams with the Trust. Can I
12		ask you a real quick question on slide 8 before you
13		switch over to slide 9?
14	CIAMBOR:	Sure.
15	WILLIAMS:	I was just looking down at the Sub-populations in
16		the Point In Time Count and comparing 2016 to 2017.
17		And when you look at adults with serious mental
18		illness and substance use disorders and it's an
19		incredible jump between 2016 and 2017. Is that a
20		typo or is that accurate?
21	CIAMBOR:	And so so the competence on these two numbers
22		here is 2016 was the first year that HMIS was
23		administered by ICA. And so realistically I believe
24		that 2017 sub-populations numbers were probably
25		pretty similar in 2016, but our message board doing



1		this Point In Time count was a little wompy (ph) at
2		our projects and (ph) (indiscernible) and we didn't
3		really capture that information as well, but I think
4		it would probably be pretty similar to the year to
5		2017.
6	WILLIAMS:	Okay, thanks.
7	BUTCHER:	Okay, go ahead.
8	CIAMBOR:	But that leads to a point, you know, as well, like
9		(ph) from Juneau's perspective, we're really excited
10		to have ICA on board helping us (indiscernible) basic
11		data, so that, you know, just to really serve as our
12		baseline going forward.
13		So slide 9 talks about the Quick Analysis that we
14		see from this Point In Time numbers, 35 chronically
15		homeless, you know, super complex needs, highly
16		traumatized group. Of those 215 (indiscernible)
17		self-identified with serious mental health issues,
18		substance abuse, domestic violence as (indiscernible)
19		noted.
20		And then if you take those Public Tableau, you
21		know, one of the things we always had we talked
22		about locally when we were getting support for the
23		Housing First project is that our homeless situation
24		was comparable to other big cities and that that
25		data is now available in time count (ph).



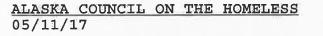
Slide 10, as many of you know, for the past five years the community has been really pushing forward and acknowledging (ph) permanent supportive (ph) housing project with the health and mental health care clinic associated with the property. We're almost there. The scheduled opening for this project is in July.

And for those of you who don't know about the project here is the original rendering, 32 units of housing, 24/7 staffing, supportive services and case management on site, as well as the clinic. The clinic operator is going to be JAMHI and then we're going to have mental health, physical health, as well as a potential option (ph) for dental in the future, so super excited about that.

Slide 11, you see some more photos. The -- you know, everybody loves duct work, so there's the inside of the place (ph). So there's some newer photos of the project.

There's still a lot of work to do in order to get this project up and operating. April 20th through May 15th all of these agencies have been doing the Vulnerability Index Survey really trying to gauge who would be the best candidates for entry right away.

As you all know we've been very conscious of folks





who are the most vulnerable and those who use the most emergency services needs in the community and we're trying to wheedle that down -- that information down.

So a few (indiscernible), 90 plus potential candidates have been already interviewed, so we know that this project will be filled and we're going to have to find (indiscernible) community solutions to deal with the other folks as well. There's a review meeting at the end of the month.

And then also right now we're working on the Housing First evaluation trying to put an evaluation in place in order to gauge the success not only for the residents, but the community and this project.

And again, that opens in July.

Slide 12 is just another photo. That's from March. It actually a lot more complete then (ph) and we're super excited about that.

One of the unique things about going through the development process in terms of the balance of state trying to do permanent supportive housing, this experience have given, kind of, a unique perspective on how easy it is to access funds or put permanent supportive housing projects together. And I think that sort of information is pretty valuable to the



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Council to get the balance of state perspective on what that looks like.

So on slide 13, you know, the Council has discussed about Funder's Collaborative, leveraging resources and providing a guidance to communities, kind of, in the abstract (ph), but on slide 14 I went ahead and just did an exercise of listing all of the targeted resources we did for this project with some notes about the difficulties or the benefits of going through that process in acquiring these funds.

Throughout this process of developing, we get a lot of phone calls and inquiries from Kodiak, Ketchikan, even Barrow of how we put supportive housing together, what's the path. You know, this slide show, kind of, represents our path. And based on some of the notes in here for some of these funding sources, I'm not sure, you know, if it's really replicable by other communities because of the status of these funding sources.

And so just to quickly go through that, obviously there's an out of state Housing Trust Fund in the state. Probably the easiest and most successful grants for us since it was a supportive housing grant that had capital and operating was the AHFC Special Needs Housing Grant.





The HUD Continuum of Care Program was not a target 1 obviously (ph) potentially for -- to go for (ph) 2 permanent supportive housing in the future, but for 3 balance of state, you know, there's only slight 4 increments we can expect from that program. 5 BHAP obviously targets temporary housing and 6 homeless services and so that wasn't a 7 (indiscernible) for this project. U.S. Indian Community Development Block Grant, we 9 partnered with special council (ph) to provide 10

\$600,000. We were able to receive those funds primarily because we have these clinics attached and they were a great partner.

We did try to partner with another tribal entity, but those negotiations never -- never came forward.

One of the big things to, kind of, bring up is the State's Community Development Block Grant. The City of Juneau -- the City and Borough of Juneau sought (ph) the funding for this project through that program twice and it was denied. And one of the major reasons for that is because this program really is operated not to prioritize housing.

If you look at the three main goals for, you know, HUD and CDBG (indiscernible) in that first column, you know, our CDBG Program in the balance of state



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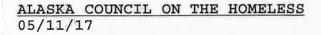
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really pointed toward expand the economic opportunity (ph) only. It's really, really difficult (ph) to get those funds. And if, you know, (indiscernible) whether or not permanent supportive housing or funding directly for homeless programs would put (indiscernible) that program, I would say this probably be really hard to access.

Some of the other things there, the Rasmuson grant and the Alaska Mental Health Trust Authority, actually the Alaska Mental Health Trust Authority was huge in getting us up and knowledgeable from the very beginning, but both of those programs do, when you get into the development stage, it's a case by case basis. So for development purposes it was, kind of, difficult in terms of understanding, you know, what is the exact amount we can -- we could expect from those sources.

County Government, obviously we don't have those funds to resource for housing in the state. And fortunately for us the local government, CBJ, ended up paying \$2.7 million for the project covering for the gap created by the CDBG target and then we had a community foundation.

Thinking in the future and getting more supportive housing in the balance of state, you know, a lot of



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local community (indiscernible), you know, don't have cash to provide it for, again, (indiscernible) understanding permanent supportive housing.

So again, on slide 15, I think, you know, of these really look into the Community Development Block

Grant and see how to open it up for housing and permanent supportive housing.

In comparison Anchorage is able to target exactly where the CDBG funds go and in 2017 went to homeless programs, rental housing, non-profit pubic (ph) facilities, so completely opposite of what are options are in the balance of state.

On slide 17 I talk about how the issue of homeless really been just (indiscernible) in Juneau and realistically the divisive nature and conversation about what to do with our chronic homeless has started in August and really hasn't let up.

One of the things that happened in December is there's a changing dynamic, the younger, kind of, folks who are homeless and on the streets, a lot of opioid, methamphetamine, heroin and a lot of aggressive behavior that -- and crime and stuff that has been associated with it, has surfaced to the point where there was some community -- the Mayor held a series of community meetings in December (ph).

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He was looking for a whole range of solutions in order to address the situation.

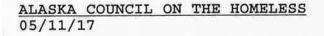
And the one issue that was -- that came -- one idea that came out the easiest was -- easiest to push forward was the idea of a downtown camping ordinance. Basically this was forwarded really by the downtown businesses who were tired of dealing with the refuse and the sleeping bags and the folks camping in their doorways every morning. And so I talk about, you know, it's been a difficult conversation locally.

The ordinance did pass five/four back in February, but it's really added the, kind of, divisive nature.

Advocates and social service advisors greatly opposed it. The business owners were for getting the problems out of the doorway.

JPD is looking for solutions and one is to reduce criminality and encourage the use of services through this method (ph) because it defines (indiscernible), but yet it reveals -- reveals some real concerns about the impact on HUD funding for criminalization.

And then, again, you know, my big thing is it distracted us from, you know, best practice and all the good will that the community has put together for the Housing First project, so it's going to take a lot of time and resources to, kind of, come out



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(indiscernible) scenario (ph).

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Finally, slide 18, two more slides maintain (ph)

Street Outreach Team. Our social service providers

have recognized that in order to deal with the

contacts (ph) with the folks on the streets, the

outreach is severely needed. They're, kind of,

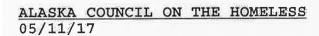
funding this effort themselves, AWARE, Glory Hole,

St. Vincent DePaul and Zach Gordon and they've made a

couple of observations.

One, the complex nature of the folks on the street (indiscernible) really promptly requires, you know, the level of an asserted community treatment team. And also, you know, since these positions are funded by the local agencies, it's drawing from, you know, important services that they are providing and we need to probably find long term funding sources for helping (ph) the team as well.

On slide 19 it talks about the changing demographics. And that's again, one of the concerns about opening Housing First here five years after we identified a community problem. We're -- we had a conversation with the Board (ph) you know, (indiscernible) we should have gotten this facility up and running three years ago. (Indiscernible) known problem off the street and been better situated





to deal with these changing demographic.

And, you know, an alternative dialogue that we need to have based on the young people, the drug abuse and the aggressive behavior. It's really more of a treatment recovery center. How these prisoner re-entry conversations that the City is going to have to (indiscernible) here going forward.

And finally, the last slide, you know, we do understand that -- you know, (indiscernible) was supposed to be primarily housing and housing development and I think it's been about 70, 75 percent homelessness and so there is concern that we need to get a better handle on coordinating this at the municipal level closer to what they're doing in Fairbanks and Anchorage. (Indiscernible) coordinated entry.

And really, you know, cleaning up the downtown areas the best that we can because, you know, this is, kind of, the doorstep for our economic engine. And we -- as my -- my office is next to the clerk (ph), so I get feedback on many, many, many, many things about the situation that we currently have.

So that's, kind of, where we are in Juneau and I'll turn it over to (indiscernible).

I'm Mike Sanders. I'm the Housing and Homeless

25 SANDERS:



coordinator for Fairbanks. My brief will be a little shorter. I was told two to three minutes, so I don't have a slide show or anything like that, but just tell you a little bit about what's going on in Fairbanks.

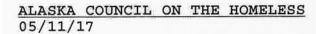
First, I'm brand new to the position. I've been up there for -- well, I moved to Alaska in January. Before that I was in Texas, but I got to -- started the job on March 1st, so I've only been doing it a little over two months now.

What I can tell you about Fairbanks though so far is a lot of people have brought up about the Point In Time counts and how that may or may not be accurate for the balance of state, I tend to agree with that.

I looked at the previous Point In Time counts. I looked at this Point In Time count. And then I started doing a little bit of, you know, just a comparison between the two and looking up, you know, just odd, weird things about it.

And one of the things a lot of people told me was it was really cold in January in Fairbanks. The day of the Point In Time count it was negative 38.

Now, the problem with the Point In Time count is if people are couch surfing or if they're overcrowding into a hotel, obviously they're not





counted. They don't get counted on that.

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Or when it's negative 30 out, 38 out, you know, people are opening their home or, you know, the homeless folks are getting together, pooling their -- you know, pooling their change and getting a hotel room or they're -- you know, they're finding someplace to stay so they're not out there in the negative 38.

Now, there were 28 folks that did stay out, stayed out in the cold that night, so that's -- you know, it's really a testament to how bad it really can be in the wintertime up there for them.

I had the privilege of going out with the Rescue Mission. The Rescue Mission goes out every Thursday and checks on the folks in the camps. And the first time that I went out there it was in the daytime. It was negative 26 and, you know, these people, you know, some of 'em had tents, some of them found old shacks that, you know, didn't have any insulation, just single plywood walls and they were literally taking trash and pulling (ph) it up off the ground so that they had, you know, some way of staying warm.

It's definitely a dire situation especially when you start talking about, you know, temperatures that -- since I've been here, in the short time that I've



been here, it did get down to negative 50 one night. To have folks, you know, living with no real heat source, you know, living in shacks is, you know, definitely a pretty dire situation.

Without a doubt the biggest cause of homelessness in Fairbanks is the opioid addiction which is, as Nancy had mentioned in the previous meeting, is really guite masking underlying mental health issues.

You know, most people are not going to want to stay out in the cold when it's that bad, you know.

And the folks that are staying out there, you know, a lot of them are -- they're high and they don't want to lose that high. They don't want to come to the shelters.

And as the folks in the Rescue Mission, you know, did the best -- you know, they're going out there with -- you know, basically begging these people, hey, come in so that -- you know, so they don't pass out and freeze to death. And there's a lot of folks that just -- it's just not going to happen to them.

But since I've been in Fairbanks I've noticed a lot of things. I mentioned previously today that Fairbanks is seriously independent which is both a blessing and a curse. And what I mean by that is the agencies in Fairbanks and we have a couple of the

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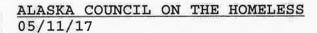


directors here today (indiscernible). They're not waiting around for people to hand them on a silver plate, like, hey, this is -- you know, here's your funds, go do something. They're sticking (ph) together and they're going out there and they're making stuff happen.

Just today the Rescue Mission is announcing that they're opening 10 more permanent supportive housing units (indiscernible). And that their business plan is to keep opening 10 (ph) every year until they can't do it any more. So those -- you know, they're really getting together and they're making things happen.

In Fairbanks we don't have the funding. You know, we have 13 percent of the population and we're getting about six (ph) percent of the funding, but that's not going to hold 'em -- that's not going to hold back the agencies. The agencies are getting out there and they're going to make it happen and it's going to be through community collaborations (indiscernible) which isn't a bad thing.

So when -- you know, if Federal funding starts shutting off and state funding start shutting off, I think Fairbanks will be in a better position than those that are more relying on the Federal



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(indiscernible).

On the downside of that, is when it comes to, you know, like coordinated re-entry which I personally think is a great system and should be implemented in Fairbanks, there's not really a -- you know, I don't have a motivator that I can -- I can go to these agencies and be like hey, look, you know, we're going to lose your \$40,000 and they're like okay, you know. There's not -- I don't have that incentive to (indiscernible) to get them to the table for that coordinated entry.

However, you know, they're starting to come around and I think Fairbanks will get caught up with coordinated entry and we'll have it implemented in time, but it's -- there is a little bit of resistance and I felt that I should, you know, at least let you know that there is some resistance and it's not all peaches and cream with everybody being enthusiastic about it.

20 BURNS:

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Can I ask why?

21 SANDERS:

Yes. There are a lot -- a lot of people are concerned -- a lot of agencies are concerned that they'll lost some control over their -- over their programs. And with the help of Brian (ph) and the folks at ICF and ICA, there's always so many

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acronyms, I've -- you know, I've been trying to, you know, reach out and, you know, reassure them that hey, that's -- you know, this is being used throughout the country and that's not really happening.

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Coordinated entry just identified that the most vulnerable and not necessary the (indiscernible) -- if you get a referral you are allowed to reject that referral. (Indiscernible) It's not -- that's one of the big things. And a lot of this is -- you know, just resistance to change.

I think that in the past they've had -- you know, they're been introduced to the coordinated entry, but there wasn't somebody there, you know, full time like I am now. So, you know, like once a week or, you know, actually more like every -- you know, every couple hours being like hey, let's -- you know, let's do this coordinated entry stuff. You know, let's start planning. Let's start (indiscernible).

So I think all that -- I think all the resistance is going to change. Just in the short time that I've been there there's been a tremendous change, you know, some of the first meetings that I went to, you know, people were just like there's no way we're doing coordinated entry. And now it's like, okay,





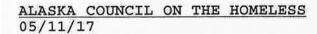
we're probably going to do it, but you know, we don't like it. So I think it's going to (indiscernible).

Now, let's see, what else do we have going on in Fairbanks. We're going to have -- on December 6th we're going to hold a Housing and Homeless Summit for the community and that's going to build upon the work that the State Coalition is doing in October, but it's going to be more, you know, Fairbanks specific where we're going to get together and brainstorm solutions for fair housing and for work -- for employment services and for disability -- you know, for (indiscernible).

And then the last thing that we were looking to do is, just like most places in the state, we need to get more permanent supportive housing going. Like I said, the agencies are already leaning toward, you know, the -- we've got no limits with their project going. They having a big open house next week. We have at CCC with Housing First on. Brenda's got a couple different -- she's got Our House and the Birch House, you know, all permanent supportive housing and now the Rescue Mission opening there's, so we're on the right track with this (indiscernible) step it up. Okay. All right. Good, (indiscernible). All

BUTCHER:

right. Welcome. Thank you.





1	SANDERS:	Thank you.
2	BUTCHER:	Coming to Alaska in January, that's impressive.
3	SANDERS:	(Indiscernible) it was like 70 some degrees and I
4		went to negative 26.
5	BUTCHER:	All right. Nancy.
6	BURKE:	(Indiscernible) I will be quick because I feel the
7		Council has heard quite a bit from Anchorage. The
8		Mayor sends his greetings. He actually wanted to
9		participate today, but he's in Fairbanks for the
10		Council on the Arctic and wants to pass along his
11		thanks to the Council and also his little thing that
12		he says to me everyday, how many people are getting
13		housed today. He wants me to ask that question of
14		you, so there you have it.
15		So recent developments within the Municipality,
16		there was the hiring a partnership with the
17		Rasmuson Foundation to hire a chief housing officer
18		and we have (indiscernible) that exists in the
19		Municipality in the form of wonderful Robin Ward who
20		has been the real estate person for the Municipality
21		for years and years.
22		She is now pulled over into the Mayor's office so
23		that we have a (indiscernible) and we don't have to
24		try to split our time like Scott because Robin will
25		be focusing on various housing across all



populations, specifically development of multi-family housing for the housing crunch that's in Anchorage, so that's a wonderful thing.

She will also bring capacity for some of the development projects that are going forward. We are looking to partner with the State on looking at treatment needs for the (indiscernible) services so that Clitherow (ph) Center resides on municipal property out at Point Woronzof and we will be looking to rebuild those treatment services because the building is far beyond it's useful life and needs to be knocked down and rebuilt.

So there's a grant that's remaining in the State budget for treatment services and we'll be able to access that to promote that development.

We're looking for ways that we can really examine Municipal allocations of resources and pull them into our work with homelessness and it tends to be primarily in the outreach and public safety areas of the Municipality's operations. That makes the most sense for us to really support coordinated entry in that way in finding people and using the resources that are already addressing homeless needs in the form of the Police Department, Fire Department and the connection to our non-profit sector, so



coordinated entry provides that wonderful vehicle for us to do that.

We thought last year that the CAP team, Community
Action Policing Team, is going out and helping us
with the notifications for camps so that we don't
have a big build up of people camping over long
periods within the community because of that
(indiscernible) that Scott talked about neighbors and
businesses feeling that this isn't the community that
they remember. This isn't their Anchorage. And so
we want to really serve all residents of Anchorage.

The CAP team felt they didn't have the resources to do the level of engagement that we were looking for, so we hired a social services coordination position to be located within the CAP team. And it turns out we're learning a lot of really interesting things about not only homeless service needs, but clinical needs under mental health for people in Anchorage and how that system is working, so we're very exited to continue with that project.

We, sort of, get two for one. We have an outreach coordinator whose loaned to the CAP team per (ph)

Anchorage Community Mental Health, plus a supervisor who is very knowledgeable in outreach and is helping us to look some of these other issues so that's



great.

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And this -- I know everybody knows that homeless outreach is a challenging thing, but the report this morning was that (indiscernible) was chased by a mama bear and two cubs, so there's a whole other layer of challenge to homeless services outreach. She's (indiscernible), so she's good.

In outreach we are pleased that our assistant who has been working with Police, the camp notification and then addressing the needs at shelter which we're taking a good look at our shelter system. We think our shelter is outdated in it's approach and how we're handling people and preparing them to be in housing, so there is a shelter transition team that's beginning to operate, but all of this work has resulted in an unsheltered count that we're pretty excited about from our outreach work.

In 2016 we found 118 people were attempting to sleep outdoors, 17 of which were between the ages of 18 and 24. And in 2017 that number went down to 79 with 11 of those between 18 and 24, so a concerted effort on the youth. Even though that's not a dramatic reduction, it is dramatic for that population. Every youth that we can pull out of that system is very important.

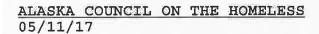


The last thing, we are committing all of our funding commitments coming in including our CDBG, our HOME funds and National Housing Trust funds to our plans to build out a permanent supportive housing unit so that we can better match the needs that are being identified with coordinated entry. We can start planning for a pipeline of units that are at the level and the type that are needed for that population.

Leveraging these resources is something we're very interested in. We're actually tying in non-profits that don't traditionally plan in the homeless arena asking them to accompany Tayna on outreach or to be with us in coordinated entry and trying to broaden our bench (ph), if you will, of entities that can respond to homelessness.

And the last one is (indiscernible) invitation to the Council and, perhaps, to Randall around looking at the housing programs and some of the changes that are happening in the operations funding. We've been working on the intensive case management project at RurALCap.

We've had lots of conversations about it, but in terms of how when a service program moves out of a permanent supportive housing program it can cause





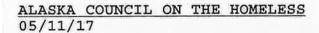
some gaps and we've identified about \$100,000 gap in that project which really threatens about 45 people who stabilized over the period of the intensive case management project and including two that we reviewed last week, so they're just getting settled in their homes.

And so changes of services and changes of plans really impact these projects in ways that maybe not all of us are thinking about and so next week our Assembly Committee on homelessness will be discussing that project in the Committee Meeting on May 17th, so we'd like to invite you and staff or any Council Members to come and talk with us as a learning opportunity about how when projects are spread across a number of different service agencies, they need to see when one change happens it really impacts other things, so we're hoping to use this as a learning opportunity and to (indiscernible) next week. (Indiscernible).

BUTCHER:

Okay, thank you, Nancy. Do you have any questions? All right, thank you very much.

We have a 10 minutes break scheduled. Maybe we could try to reduce it to five minutes. And we're running about a half hour late, so how does the Council feel about going till 4:30, going a little





1		late. That works for my schedule. These next two
2		presentations, I think, are going to be good and I'd
3		prefer to go a little long since we don't meet that
4		other rather than try to get them to reduce
5		(indiscernible), so (side conversation).
6		Okay. All right. Well, let's take a brief five
7		minute break.
8		(Off record - 3:10 p.m.)
9		(On record - 3:20 p.m.)
10	BUTCHER:	All right. We would like to welcome Jeff Jessee
11		and David Driscoll, Gary Ferguson, Victor Joseph to
12		discuss Alaska Housing First.
13	JESSEE:	Thank you.
14	BUTCHER:	Well, let's wait, let's give folks a minute to get
15		settled.
16	JESSEE:	Okay.
17	BUTCHER:	Okay. All right. Let's gavel back in the
18		meeting. First of all, Jeff, I knew you weren't
19		here, but when we started the meeting, I commented
20		that this is the first meeting of this Council in the
21		entire life of it that hasn't had either you or Dan
22		Fauske sitting up here and most of those years it was
23		both of you sitting up here.
24		And I talked about the tremendous impact you both
25		had on this Council and some of the things that have



happened, but coordination between agencies that 1 never would have happened without your guidance. 2 There are other states that established councils 3 similar to this when we did and they don't operate any more because it took people focused on keeping it 5 going and making a difference. And we really 6 appreciate the work the two of you did, so I just 7 wanted to pass that along to you while you're 8 actually here. 9 10 JESSEE: Well, thank you, Bryan, Members of the Council. 11 It was a great honor and a privilege to be on the Council and I think the Council has accomplished a 12 lot a great things over the years. And the plan is 13 an awesome document that people use and I wish you 14 all the best. 15 The ones of you that don't know, I've taken a new 16 17 position at the University. I am the Dean of the College of Health and vice provost of health programs 18 for the University, so that's turning out to be quite 19 20 an interesting job. I'm halfway through my eighth day. And I am succeeding Bill Hogan (ph) who is the 21 current Dean of the college and he stayed there for 22 one week before he went on vacation, so anyway I'm 23

One of the interesting, sort of, continuation



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really pleased.

continuity pieces here is the Institute for Circumpolar Health is a part of the College of Health.

And, as you know, the Trust and the Council and many others have worked for many years on Housing First. The first project, Karluk Manor was certainly a huge struggle and without a steadfast partner in RurALCAP and Nancy Burke who worked her tail off to work through the community issues and programmatic issues and funding issues, we wouldn't have gotten that first project off the ground. And as you know that's now expanded into Fairbanks and we're looking to move even further.

A part of all of that is to evaluate the effectiveness of Housing First. And in that regard the Institute for Circumpolar Health, David Driscoll is here. Has been working very hard on pulling the data together and being able to give us some feedback on what's working in Housing First. And so I want to turn it over to David.....

21 DRISCOLL: Okay.

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- JESSEE:and let him give you the results of the study.
- DRISCOLL: Hello, everyone. My name is David Driscoll and

 I'm the Director of the Institute for Circumpolar



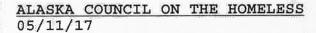
Health Studies at UAA.

I'd like to start by thanking you very much for the opportunity to speak to you and the opportunity to do this work. I feel that this kind of a project is in keeping with the role of a public university in Alaska. It gives us an opportunity to leverage the capacity and the capabilities of a university to support programs and agencies within our state and in so doing to promote the well being in the state amongst our residents. And I'm not just saying that because I'm sitting beside my boss.

So I can't see my slides, so I'm just going to assume that we're rolling through them. Okay, yes. So let me just say first of all, that I'm just one member of a very large research team. You can see all the members here. (Slide 2).

One person I'd very much like to mention, Dr. Rick
Brown who is the original PI for the study
unfortunately passed away in the course of the
evaluation, but was a fierce champion for Housing
First and for the conduct of rigorous (ph) science
and we wouldn't be here right now if it hadn't been
for his work.

Next slide, please. So we loved to talk about our methods in science and so I have several slides all





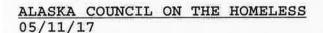
about what we did, but in the interest of time I'll just, sort of, (indiscernible) through this fairly quickly. (Slide 3)

Let me just say that we collected information both in qualitative and quantitative data regarding both the experiences of tenants in the Housing First facilities here in Anchorage and in Fairbanks.

And also we collected secondary data in the form of service use in health care, as well as in a number of other emergency services in those two cities.

And so over the course of the next few minutes I'm going to talk first about the qualitative data, that's what we learned from interviews and surveys conducted with tenants and the staff at those facilities. And then I'll transition to talk a little bit about what we learned from the secondary data.

Next slide, please. (Slide 4) I will mention, however, that for the secondary data we actually collected emergency services data from a number of different sources. So as you can see we have stuff from shelter, from Police services, from fire, safety centers, as well as DOC. And then we collected a lot of information from health care facilities including local hospitals, health clinics and mental health



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services.

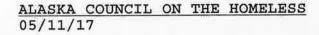
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Next slide, please. (Slide 5) Not a lot on this slide. That's okay, I'll try and walk through it for you. In effect what we tried to do was in conducting our baseline interviews we asked people about their experiences prior to moving into the facilities. And we collect a lot of information regarding things like how long people have been homeless.

And as you may know the residents, the tenants of these first two facilities were selected as a consequence of something called a vulnerability index. We really sought those individuals who were the most vulnerable members of the homeless populations in those cities. And so in many cases we're talking about people who have been homeless for decades and you had a number of chronic health problems which had gone untreated for that entire period of time.

We also had a lot of people who were coming from lifestyles that included a mix of camping, staying with family and friends, staying in shelters. There was just a lot of, sort of, dipping in and out of the homeless community as I'm sure you're all aware.

And as a consequence they had a number of different strategies by which they tried to meet





their daily needs. And in some cases some of that had to do with the fact that they were trying to, to the extent that they could, also take advantage of opportunities for employment which included day labor, SSI, some carving, Medicaid checks and Dividends and so there were a number of different strategies that people apply in this life style.

And so over the course of the next few slides as we walk through this I'll, kind of, return to this history, this long and complex history of untreated health care problems.

Next slide, please. (Slide 6) Yes, that's the one. So the issue regarding health provider visits is something I'd like to talk about at some length simply because, as I mentioned earlier, these are populations of individuals who really haven't had an opportunity to received a lot of services.

And I'll talk about this future in a later slide, but I'll just point out that the most significant change that we saw at baseline and then 12, 16 months following moving into a Housing First facility was a reduction in ER use.

So if you see that little apostrophe (sic) that means that those statistically significant to a .05 level which means it's a 95 percent chance this isn't



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That these individuals saw a reduction an accident. 1 2 in their ER use. And everything else that you see there that also 3 has an apostrophe next to it, is associated with ER So if people go into an ER visit they're going 5 to get a physical exam and then they get these other 6 things and so we did see a dramatic reduction. And 7 this is based on what we heard from the tenants 8 themselves. This is information they provided us 9 about issues that they've dealt with over the course 10 of the previous year (ph). 11 Yeah, even though it might be statistically 12 BUTCHER: insignificant, it does make sense that -- obviously 13 the ER reduction makes sense, but it also makes sense 14 that they're be a little tick up in some of the 15 services that somebody is far more likely to get when 16 they're living in an environment like Housing First 17 as opposed to being out on the street. 18 19 DRISCOLL: Absolutely. In fact, in statistics there's some 20 -- there's things that could be substantial, but insignificant, if you know what I mean. 21 **BUTCHER:** Yeah. 22 They're very important, but they may not reach 2.3 DRISCOLL: that level quite yet because we simply don't have 24 enough people, we didn't have enough residents in the 25



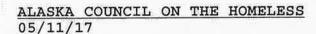
study population for us to reach that significance level.

Next slide, please. (Slide 7) Thank you. So this is an important question and one that we really tried to deal with from the beginning in terms of the evaluation design in what's the effect of tenancy in a Housing First facility on alcohol consumption.

And we asked information prior to and at the time that people moved into a Housing First facility and then, of course, 12 to 16 months later as to both the quantify and the frequency with which alcohol was consumed. And we saw statistically significant declines in both the quantity and frequency of alcohol consumption in follow-up.

For example, tenants who consumed alcohol at the same frequency were often consuming less alcohol at that time or vise versa. And this was a statistically significant level at the .0001 level of significance, so better than 99 percent chance this is not a coincidence.

Next slide, please. (Slide 8) Another change that we looked for was how much people used shelters after having had an opportunity to move into Housing First. And, I think, that you can see here that those had significant decline. Once again,





statistically significant decline. I'll provide you with some numbers here.

So in the year before moving into Karluk Manor tenants average a little over five shelter nights per month or about 65 shelter nights per year. And as a consequence of the fact that we were able to collect based on secondary data, we actually have -- were able to get cost data.

So we know that 65 shelter -- this is per year, averages about \$1,337- -- or \$1,337 per person per year. In fact, only three tenants did not stay in a shelter at all in the year before moving into Karluk. After moving in tenants averaged just one night per year.

So in the first year after moving in nine of the 23 tenants have no shelter nights and the other 14 range from one to four. And in the second year after moving in there were only two people who had more than seven nights in a shelter, so 17 out of 23 had no shelter nights at all and the other four had only one or two. So a significant decline in the use of this service.

Tenants in Fairbanks averaged 23 shelter nights in the year before moving into South Cushman. Fairbanks tenants had no shelter nights after moving in.



1		So shelter nights in Anchorage were estimated at
2		about \$20 per night and shelter nights in Fairbanks
3		at 12. And so you can see that we a substantial
4		savings as a consequence of this change in behavior.
5		Next slide.
6	BURNS:	Could could
7	DRISCOLL:	Yes, I'm sorry, I'd be happy to
8	BURNS:	could you go back
9	DRISCOLL:	answer you question.
10	BURNS:	to the follow-up alcohol consumption one
11	DRISCOLL:	Of course.
12	BURNS:	just a minute? I don't understand the
13		frequency chart, so it is is what's the time
14		frame there?
15	DRISCOLL:	So this is at follow-up. This is 12 to
16	BURNS:	Oh, follow-up.
17	DRISCOLL:	16 months later.
18	BURNS:	Okay, I've got it, sorry, I missed the
19		(indiscernible), got it.
20	DRISCOLL:	So the slide entitled yes, Annual Costs for
21		Emergency Services. (Slide 9) So prior to moving
22		in, the 12 months before tenants moved into a Housing
23		First facility. We're talking here about 54 tenants
24		for whom we were able to collect information across
25		three years, the year before moving in, the first



year after moving in and then a year later.

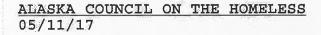
So in the 12 months prior to moving in about \$225,000 was spent by Housing First Tenants on emergency services. And you saw that list of what is included in the emergency services.

So in the first year after moving in it's dropped to a total of \$94,000, so from 225,000 to 94,000. And then it reduced again to 81,000 in the second year after moving into Housing First. So once again as a consequence of moving into these facilities, we saw a dramatic reduction in the use of a variety of emergency services all of which had real costs.

I will say that shelter and safety centers use dropped off most dramatically. Fire and Police use also dropped off, but that's where some of the services still remained.

And in Anchorage ER costs were very high during the year before moving in. We've seen that already. And there was still some ER use in the year following moving into Housing First. We didn't see this in Fairbanks. And we feel like it may have been a consequence of the fact that those tenants in Anchorage may have been using the ER when they really didn't have to any more.

And so I think it's a great idea in Juneau that





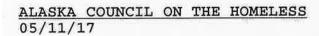
we're actually providing some health care services in the facility itself which might reduce that kind of behavior.

Next slide, please. (Slide 10) So now this is some data that no one has seen before. We've just completed this analysis and I'll take advantage of this opportunity to mention something I was supposed to say at the beginning.

The final report from this project is now available on the Trust website and so anybody who has any further questions about any of this material can go to that website and pull down a very extensive and detailed final report on all of this data (ph).

So in the 12 months before tenants moved into Housing First facilities in Anchorage and Fairbanks a total of 1,427,000 health care costs were incurred for 55 tenants. That worked out to approximately 628,000 amongst the 23 tenants in Anchorage and about 789,000 amongst the 31 tenants in Fairbanks. On average tenants incurred about \$26,000 in health care costs in the year before moving into Housing First.

Now, as I mentioned earlier, this is a population which had a number of chronic health problems. These were the most vulnerable of the most vulnerable. And in some cases had been living decades on the streets



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without receiving care for very serious problems like diabetes.

And so in Anchorage those per tenant annual health care costs increased by 3.5 percent following moving into Housing First and then increased once more in the second year. This is primarily a consequence of now they're finally getting care for many of these chronic health problems which had gone untreated. And so as you might imagine initially as you're trying to get control of problems such as diabetes, it's going to be a rather significant costs.

We would love to have the opportunity to go back and see what's happened to these numbers in the third through the fifth years following moving into these. Our hypothesis would be that these costs would begin to fall once more.

Something else to keep in mind because we're talking about 54 individuals here, we have a problem with extreme outliers. So both in Anchorage and Fairbanks the median cost for inpatient care over all three years was exactly zero. However, the maximum inpatient cost for a single tenant was almost \$180,000 in year one and over \$180,000 in year three, so these outliers drive these numbers to a great extent.

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Once again, that's why I feel that had we had an 1 opportunity to continue this research into the fifth 2 year, we would have seen these numbers begin to fall 3 (indiscernible - voice lowers).... 4 5 Next slide, please. (Slide 11) Now, we saw slightly different numbers in Fairbanks. Now, per 6 tenant annual adjusted total health care costs fell 7 44 percent in Fairbanks in the year after moving into 8 Housing First. 9 10 And once again, we're not exactly sure that 11 happened here, but we anticipate in Anchorage it's because these patient costs were associated with a 12 relatively small number of patients. 13 consequence just very dif- -- very significant 14 differences in the health care provided for one or 15 two individuals who were in these facilities who have 16 a large impact on the costs in these two different 17 facilities. 18 19 BURNS: So you didn't have the outliers costs in Fairbanks 20 that you did in Anchorage? We didn't see the same number -- the same length 2.1 DRISCOLL: of time in the facilities in Anchorage. In fact, we 22 23 had one tenant who was in inpatient care for 25 days in years one and three in Anchorage, whereas in 24 25 Fairbanks the longest time that any patient was in



inpatient care was three days. 1 BURNS: Okay. 2 Next slide, please. (Slide 12) So in conclusion 3 DRISCOLL: there were a few primary key findings that I'd like 4 to touch base. The first one is that most of these 5 tenants being the most vulnerable of those most 6 vulnerable populations in Anchorage entered these facilities with very serious health conditions. We're likely to see something similar in other cities across the State. 10 Self-reported and follow-up data suggested that 11 they were fewer ER visits, increased access to 12 13 primary health care and reduced consumption of alcohol as a consequence of moving into these 14 facilities. 15 The secondary data also showed a reduced use of 16 emergency services and increased use of health care 17 services in Anchorage, but not so much in Fairbanks. 18 So once again I would just say that, this only 19 goes through the third year following moving into a 20 Housing First facility and this is the first study of 21 22 its kind done anywhere in the country. 23 The only -- the other evaluations done at Housing First facilities across the country had only gone 24 25 through the first six months, so this represents a



1		significant contribution to the literature. And I'll
2		just thank you very much for the opportunity to
3		discuss it.
4	BUTCHER:	Okay. And I note we have Corrine here and not
5		Gary Ferguson, so welcome.
6		Victor, are you on the phone? Okay. Well, do we
7		have any questions from any of the Council?
8	LEE:	This is Shirley Lee. I'm with Tanana Chiefs
9		Conference Housing First.
10	BUTCHER:	Okay, thank you, Shirley. Do we have any
11		questions?
12	JESSEE:	Now, what we thought we'd do is let Corrine and
13		Shirley talk
14	BUTCHER:	Sure.
15	JESSEE:	very briefly about the current status of
16		their programs so that you get a feel from the
17		providers standpoint how we're doing.
18	BUTCHER:	That would be great.
19	JESSEE:	Okay. Corrine, want to start?
20	O'NEIL:	Sure. I'm Corrine O'Neil, Supportive Housing
21		Division director standing in for Dr. Gary Ferguson
22		today.
23		So I first want to thank Circumpolar Health
24		because, you know, Karluk Manor is in five and a half
25		years of operation now, so this has been a long time



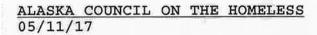
coming for us. And, I think, we really enjoyed the program management of Karluk Manor that's here today, working with his team, particularly the patience that they spent, the quotations (ph) in the study, really understanding the program and understanding the needs of the tenants.

It was interesting, too, for us to read it and think about where we are in year one and two versus where we are in year five and a half today and what we see the -- what -- the changes views (ph) on the property.

I think, first of all, you know, Karluk was new to us then and since then we've replicated it and so looking at this oh, my -- you know, I recognize a lot of these things, but oh, my goodness, have we -- have we, sort of, grown.

And I think we were surprised by the health care costs. Our Staff concentrate a lot on getting into primary care, getting people connected. You know, there's the amount of prescriptions and medication observation went up which is -- we're not surprised on because these are things that we work on every day.

I don't think we were surprised by drinking reduction, you know. We have people that are totally



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abstinent in our project. And we have people that are all the way on various continuums, but I do think as we went into year three, four and five actually we see more significant drinking reduction than we did in year one and two.

I mean, recovery is just a very, very long process and we see a lot of change in people coming -- we're really here -- when somebody hits year three usually in our housing, we think oh, we're really making progress on recovery and it really takes us almost to year three. And so although this is a long study, like, in our eyes it wasn't a long study.

And I think our challenge today is really is that we have people that are aging in place on our property now five years with very complex conditions, some with behavioral health conditions that can't go into skilled nursing.

And so we are providing support for them, sometimes almost too long, but we are saving the system in a different way now because we're providing almost like a senior care service for many people that are, you know, almost to end of life.

Unfortunately there is quite a few people at Karluk Manor that pass away with us each year due to complex medical conditions.



1		So that was just my thoughts as I was reading it
2		and, you know, I appreciate all the work on it.
3	JESSEE:	All right. Then, Shirley, do you want to give a
4		brief update on where Tanana Chiefs is with your
5		project?
6	LEE:	Sure. Victor asked me to call in, so I just
7		called in just a few minutes ago. I apologize for
8		missing the presentation. I don't believe I've seen
9		the evaluation report.
10		For Housing First in Fairbanks I would agree with
11		Corrine, we're seeing a lot of our tenants move into
12		independent (ph) health care. And currently we have
13		eight tenants who have been sober for three plus
14		years and they remain on site serving as mentors to
15		others.
16		We do have we have actually May 7th was our
17		fifth year in operation. And we have 14 tenants pass
18		and, of course, we're bringing in the most fragile
19		into the program and so we anticipated
20		(indiscernible) it's so hard on the staff.
21		And many of them did not want to leave their units
22		to go into assisted care. They some of them went
23		out and looked at supportive help (indiscernible).
24		And so that's one thing that was (indiscernible) to
25		address because this has become their home and they



1		don't want to leave their home, but we still have a
2		waitlist of almost 400. And out of those
3		(indiscernible) 99 did not qualify (indiscernible)
4		either due to severe violent (indiscernible) or
5		they're sex offenders.
6		So what Tanana Chiefs is doing is we're planning
7		an extension of the program in the next four years
8		that can cost benefit (ph) and the health benefit
9		(indiscernible) is enormous and so that's what we're
10		working on right now.
11	BUTCHER:	Okay, thanks Shirley. Corrine, this might not be
12		a question you can even answer, but do you have a
13		sense of the couple years after this study if the
14		increased health care services might still be up
15		there or do you think it you know, was it, kind
16		of, an aberration or do you have any insight into
17		that as all?
18	O'NEIL:	Well, I think, one thing that happened right
19		one thing that happened was there was an expansion,
20		so those costs are now being differently funded in
21		the as the years go. For example, when expansion
22		came we were, like, able, for example, to get more
23		people hearing aids, great. So, I mean, we jumped on
24		that on that opportunity, right.
25		So there's things that have changed in the funding



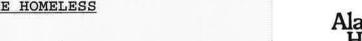
climate, right, that have also impacted the health care teams (ph), but I think yeah, that we have some people that have obviously grown more ill, but we have more people that, again, I think, are accessing less and less emergency care. We can't -- we can't bring that down to zero because there are people with serious conditions, but (indiscernible) being stable on medication.

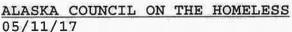
I think one thing obviously did increase is we have provided more behavioral health care on site.

And so that's going to be an increased cost just due to the increase and access.

So some of it maybe -- it's hard to tell what is driven by, like, change in the community and the climate and the way we're doing services versus the way we were doing services in the beginning, but I would say where we are seeing significant cost savings is that we hold on to people that, you know, would otherwise go into assisted living totally (ph) or skilled nursing for a longer -- you know, we have hospice that comes in, right, that's a cost savings versus putting somebody in a long term care facility.

So I would say yeah, but -- but some people's primary care does, sort of, level out. They see their doctor. And the drinking reduction helps, too





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1		because they're not falling. They're not hitting
2		their head. You're not doing (ph) some of those
3		things that you were doing when some of those
4		you're not having some behaviors that that caused
5		you to have medical some increased medical
6		(indiscernible - voice lowers)
7		So I don't I guess what I'm saying is, it's a
8		very hard question to answer.
9	BUTCHER:	Yeah. Steve?
10	WILLIAMS:	Yeah, this is Steve Williams with the Trust. I
11		just wanted to make a brief comment. Having read the
12		report the full report. And I think, Corrine, you
13		were, kind of, talking and we're getting to it (ph)
14		and Dr. Driscoll you did as well, was what I found
15		really an aspect of the report that was compelling
16		was this element of social interaction. And the
17		element of being able to feel safe which, I think, we
18		all, kind of, expected would be probably there.
19		But then also connected to both of those things
20		was the ability of increased self-autonomy, to be in
21		a situation and say, you know what, I don't have to
22		choose to hang out in the room or out in a camp and
23		drink with these peers.
24		I can go back to my home and go into my apartment

and make that decision because I don't need to worry



about surviving tonight. And so, I think, that's a 1 pretty powerful piece of what's in this report. 2 I do -- I encourage folks to read it because the 3 increase in feeling safe and peer and staff 4 interaction has liberal effects in terms of just 5 positive outcomes. 6 Okay. Any other questions? All right, thank you BUTCHER: 7 very much. Good to see you again, Jeff, of course. 8 All right. Before we get to Carol, I'd like to 9 jump down to Council Members Reports real quick. 10 Randall is going to have to leave. He had an update 11 he wanted to give us, so if that's okay with the rest 12 of the Council.... 13 Excuse me, I apologize I do have another 14 BURNS: commitment I tried to get out of, but it did not 15 work. 16 So, I wanted to talk about the Alaska Crosswalk. 17 At the last Council meeting we talked about trying to 18 merge these documents and we made efforts to get --19 take the Alaska Council's long term Homelessness Plan 20 and we took our Department of Health and Social 21 Services Strategic Supportive Housing Plan and also 22 the Governor's Summit, the work reports from 2016. 23 And we merged those into a single document and I 2.4 quess it's up there on the screen. 25



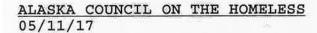
And we used as, sort of, the Alaska Housing long term Homeless Plan as, sort of, the grid. If you can go to the next page.

You can see across the top there the priorities that were identified in the Alaska Council's Plan and housing development was priority 1 and priority 2 was supportive services. Priority 3 was education, engagement and policy, 4 was prevention and 5 was data. And it has there underneath those the individual objectives within those priorities.

We then took the Department's Health -- Alaska Strategic Supportive Housing Plan that's been worked on with a lot of partners here in the room including AHFC and the Trust and other Divisions within our Department.

And we took those goals and placed them -- and I'm not going to go through all these, obviously it goes, but we then parceled out the various goals within our Strategic Supportive Plan under those five categories. And that goes from page 2 through page, I think, 5 or 6 -- 6.

And then we took the Governor's Housing Summit and again, placed those in those came categories, the same priorities so that you can look at the work of the Governor's Summit and how those fit into those





same priorities. 1 And so by doing that we've, sort of, merged and 2 you can look at the efforts of those three entities 3 into essentially showing that certainly there was 4 real commonality lying amongst the plans, different 5 goals and objectives to some extent, but the 6 priorities were all the same. So we have that document now and can go forward with that, I think. 8 Man, that's great. BUTCHER: 9 Thank you. 1.0 UNIDENTIFIED: 11 BUTCHER: Yeah, absolutely. I want to thank you. I think at the last meeting 12 KUIPER: we asked for this and you said oh, I'll do it. 13 Of course, I did not do it..... 14 BURNS: I'm sure -- I'm sure you had help, but I want to KUIPER: 15 thank you for taking the lead on it and making sure 16 that it happened. It's very much appreciated. 17 Yeah. And I appreciated the work of Susan Musante BURNS: 18 and many others in pulling this together and the 19 Trust was very active, too -- and she's reading her 20 phone and ignoring me, but Amanda worked on it, too. 21 22 (Off record conversation) 23 BUTCHER: All right. Thank you very much, Randall. BURNS: Yes. 24

Okay. Carol, Housing as Health Care.



25

BUTCHER:

fortunate enough to see this presentation at an 1 update for the Governor's Housing Summit at the 2 Alaska Health Summit in January. And so we really 3 thought that it would be of value to the Council Members to be able to talk a little bit about this 5 'cause, I think, a lot of times people tend to stay б in their own silos and don't think enough about the 7 impact housing has on many areas with health being a huge partner. 9 Thank you, Bryan. I want to start by first GORE: 10 thanking Glen Wilson who I just met in person for the 11 first time today for bringing up an invitation for 12 the Association of the Alaska Housing Authorities and 13 Homeless Providers to have more intentional 14

engagement on housing people.

I think we're all in the same business, but we tend to work in silos and that's really the intention of this presentation is to hopefully catalyze a different conversation between all of us.

For those of you who don't know what the

Association is, there are 14 Regional Housing

Authorities that provide housing in some of the

hardest to build and hardest to reach communities all

across the State. We've been in that business for

more than 40 years, so I think we know what we're

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doing, but we could certainly learn how to maybe collaborate a little bit better.

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Finally, I just want to acknowledge Olen Harris (ph), who is my peer on that Association and I'm very pleased that he's a long standing member of this group.

So let's -- I'm going to try to drive the car here and you'll see me relying more heavily on my notes because health is really not my best topic, but I think it's important.

What I do know is our work has given me a deep appreciation of the impact of stable housing on people, neighborhoods and communities. And while I'm certainly not an expert on health issues, in the next few minutes I want to share with you the results of some early research that we've been conducting that connects housing and health.

Bryan has already mentioned that some of you already heard this presentation. I apologize if you're hearing it for a second time, but I do hope in this group that it starts a conversation because the outcome for us at that presentation was a new conversation with several homeless providers and including Suzi and also Lisa Aquino who was here earlier.



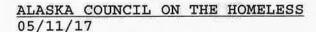
There is -- I don't know what happens, but sometimes you think you're having all the same conversations, but suddenly the lights click for all of us and I'm grateful that they were willing to engage in a conversation with us.

At Cook Inlet housing we've done our work long enough to understand that measuring housing outcomes in terms of units built and total construction costs is very short sighted. It just doesn't tell the story of why housing matters. And by that I mean it doesn't express overwhelming relief a mother feels when she's relocating her child into a house that's no longer mold or mildewed into a home that has clean air to breath.

It also, from our perspective having a 50/50 portfolio between families and seniors, it doesn't explain the new found enthusiasm of an elder who has moved from an isolated home with steep stairs to one that is designed to their physical limitations and offers deeper social engagement. All of those things really matter to them.

We've also learned that our best outcomes are less about getting a Certificate of Occupancy, which is how we measure, you know, with all of our financiers.

We -- we (indiscernible), we have our CO enter (ph)



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new building, but it's more about a child improving their grades because their family has found some safe and stable housing.

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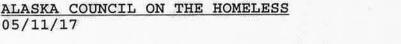
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We wanted to be better able to articulate the connection between housing and health so we engaged Agnew Beck to do some initial research just looking up literature and not really doing any data compilation at the local level, although there's some light reference to that in this presentation. these next few slides will give you some idea of what that research had told us so far.

So let's be clear about what we mean when we're talking about housing in this context. We're talking about the physical condition of the dwelling. We're also talking about how much it strains the family's resources to live in their housing. And we're talking about whether families are stable in their housing or whether they're experiencing overcrowding, transiency (ph) or homelessness.

We're also talking about how a family's housing fits into this neighborhood context. Is it located near transit, services, schools or is it adjacent to a harmful industrial use. All of those things really (indiscernible) when you're talking about stabilizing housing.





So the purpose of this presentation is to discuss 1 how the access to quality, affordable housing can 2. improve the outcomes that are maybe not typically 3 considered housing outcomes, but I think they should 4 be. 5 So let's talk first about the physical condition 6 of the homes that we live in. As an example, if we 7 think about respiratory illnesses and I really had no 8 idea that asthma was such a huge issue both at the 9 national level and the local level until we got this 10 research, but they're all too pervasive especially 11 amongst our children. 12 I think the data on this screen suggests the 13 wellness and the related financial implications are 14 truly staggering. 15 Childhood respiratory illness is of very high 16 concern here in Alaska particularly in our rural 17

communities where it's responsible for two-thirds of all child hospitalization. I had no idea.

In an Alaska Native Tribal Health Consortium Study of home ventilation improvements in 68 homes in eight villages in Southwest Alaska showed improved air quality, as well as reduced clinic visits, hospitalization and missed days of work and school.

I believe they've also passed out hard copies of



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this, so you can actually see the data much, much better from your hard copy.

The physical quality of our homes has broader health implications then simply improving respiratory health in children and adults. Improving physical housing conditions can reduce stress, infectious disease, cancer, depression, arthritis and much more. This chart shows how specific energy efficiency improvements to our housing lead to those better health outcomes at an individual level.

I think in deploying AHFC's Weatherization grants that was all about energy savings, but I think all of us that were in that delivery system realized that the health implications and if we had not conducted those energy efficiencies, there could have been some very different, very negative health outcomes. So I want to thank AHFC for that Weatherization grant and suggest that maybe we draw some better correlations between that grant and some bigger outcomes.

So, instability and how does that affect our health and what is it. So in its most apparent form, it's homelessness which all of you care deeply about, but it also manifests in other ways as well; overcrowding, transiency and a high cost burden many family bear due to housing expenses are all forms of

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housing and stability.

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So the research shows that housing instability have health consequences including reduced access to care.

I feel like I'm repeating a lot of stuff that you've heard already today, but isn't that a good thing. Reduce access to care, mental distress, difficulty sleeping, depression.

In children housing instability puts them at higher risk for developmental delays, low weight, poor health overall and a link to a lifetime risk of depression. I think all of you are familiar with how that works.

The research around housing and stability in its various forms is linked to a wide range of negative educational and behavioral health problems especially for young people. Behavioral and emotional problems, increased teenage pregnancy, increased drug use, increased rates of depression, increased probability of using emergency rooms for routine care.

I was especially shocked to learn that the child who has had to move more than three times in their lives is two and a half times more likely to commit a property crime (ph), just think about that. I think we have the evidence.



In our experience at Cook Inlet Housing we know that in less than 10 years our investment in housing in the Mountain View neighborhood corresponded with a reduction in student transfers at both elementary schools, a 35 percent increase in participation in parent/teacher conferences and a 20 percent improvement in reading, writing and math. I think those are significant in a 10 year period.

The availability of affordable housing has been shown to mitigate the negative impacts of housing instability protecting children from harmful health outcomes.

Children who live in affordable housing when compared to children who families are of comparable means, but do not have access to affordable housing are 35 percent more likely to be classified as a well child, have a 28 percent lower risk of being seriously underweight and are 19 percent less likely to be food insecure.

The most obvious form of housing instability, homelessness, has long term impacts on the health of our children even if there is children experience homelessness before they were born. A child whose mother is homeless during pregnancy has a 20 percent greater chance of being hospitalized than her peers.



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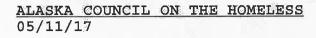
If that child also experiences homelessness as an infant or toddler she will be 41 percent more likely to be hospitalized in her youth.

Let's also consider how homelessness affects health care service utilization. This is a topic I've also heard come up several times today. A California study documented that one-third to one-half of emergency room high utilizers are homeless. I think you all know that already. 80 percent have three or chronic health conditions and the majority have behavioral health needs.

Formally (ph) homeless people who moved to permanent housing experience a 34 percent decrease in emergency room visits and a 32 percent drop in charges compared to a 12 percent decrease in visits, a two percent decrease in charges for those who remained homeless or in shelters, but still had access to services such as mental health case management and medication management.

So what would our policy makers say, does investing in quality, affordable housing actually reduce health care costs and I think we know the answer is yes.

The State and the Federal Government spend a lot of money on health care here in alaska. Our Medicaid



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expenditures per enrolle average \$10,000 per year 1 which is twice the national average. Half of those 2 3 costs are paid out of the State's General Fund which as you well know is cause for concern in Juneau. 4 You also know that the State share of Medicaid 5 expenditures is far from the only State funded health 6 care costs. So does affordable housing help reduce health care costs, a 2016 national study tracked Medicaid covered 9 residents health for one year after they moved into 10 one of dozens of affordable housing developments. 11 Here's what we learned; the researchers found a 12 12 13 percent decrease in Medicaid expenditures across all housing types. And you can see there's some slides 14 between permanent supportive, senior and family 15 housing. 16 Second, primary care providers increased 20 17 percent, while emergency room visits went down 18 18 19 percent. Third, residents reported better access to and 2.0 better quality of health care after moving to 2.1 affordable housing. 22 Alaska's rapidly growing senior population 23

provides other examples of how strategic housing

investments can reduce health care expenditures.



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example, consider the impacts of falls alone, each 1 year one in three seniors experiences a fall which 2 makes that senior three times more likely to have a 3 long term stay in nursing home care. Here's the problem, I think we all know this, too, 5 nursing home care in Alaska is absurdly expensive, 6 \$300,000 a year, absurdly expensive. Those costs 7 simply are not affordable to the majority of the 8 population and unfortunately the State often ends up 9 footing much of that bill. 10 We can mitigate these costs by ensuring that our 11 elders live in homes that have safety and 12 accessibility features. Those simple features 13 decrease the chance to fall by 20 to 50 percent. And 14 help to reduce costs associated with extensive 15 nursing home stays. 16 I think this is really incredible, a \$1 investment 17 in home modification is associated with 93 cent 18 19 reduction in medical costs in that home (ph). Say again, Carol? 20 KUIPER: A \$1 investment in home modification is associated GORE: 21 with 93 cent reduction in medical costs a month (ph). 22 I think that's a good story. 23 24 Housing can (ph) and should play an even broader 25 and more strategic role in how we provide quality



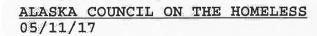
care while reducing health care costs for Alaska's growing senior population.

Seniors are frequent fliers in our health care system. This is particularly critical to note in Alaska where our senior population is growing at a very high rate. It will be substantially more cost effective for Alaska to support the seniors long term care needs in their own homes, than it would be to do so in nursing home facilities.

It costs about \$237,000 less per person per year to care for seniors in their homes with a full time home health and to a chore service than through nursing home care. I think that's pretty compelling. And guess what our seniors would prefer.

This is my last slide. So what does all of this mean. It tells us that while some may think that our work should be accomplished in silence, health care over here, housing over here, homelessness over there, the mutual influence our (indiscernible) have on the (indiscernible) you cannot (indiscernible - voice lowers).

We have distinct (ph) regulations, we have different funding streams, but I think our outcomes are not exclusive related one to the other. Unless we're working together, those impacts really don't





happen. I know that, those of you that are in the housing business know that.

I firmly believe that opportunities are our solution when we're all working together, so when we have a problem and we're working together we -- we have a better opportunity to come to the right solution.

I want to just say for Cook Inlet Housing, we take an action by creating a position internally. Our vp is (indiscernible) she's been working in the homeless world for over a year and has just spent the last three months working as part of Covenant House on loan on a half fund basis. We speak a different language. And I think we have to recognize that we all want the same things, but we have our own book of acronyms.

I just want to recognize Marcie Sherrer who is in the audience today and she's spent a lot of time trying to navigate what to her is a very different language than I would. I appreciate those of you that have embraced her and given her the opportunity to learn from all of you so that we can be a better housing provider for all of you.

I think finally I just want to say that from Cook Inlet's perspective, our housing is inclusive. That



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means we provide housing opportunities that are for 1 the homeless, for disabled, for elderly, for 2. families. We build in locations that offer access to 3 work and to services. 4 The funding that we get that comes through AHFC 5 really honors those principles and we respect those 6 principles and think that's been the best way for us 7 to deliver housing, so we're already serving the 8 homeless. We know first hand when they're successful 9 and when they're not. We usually know where they're 10 not successful. 11 And, I think, that's a really important 12 conversation for all of us to have between housing 13 and homeless and how do we set them up for success in 14 a very robust way so that they're not boomeranging 15 back to the shelters. 16 Thank you for listening and I hope this catalyzes 17 us to deeper conversations. 18 Thank you very much for the presentation, Carol. 19 **BUTCHER:** Do we have any questions for Carol? 20 No questions, but I do want to say thank you. 21 PEARSON: When I saw your presentation in January it just 22 sparked so much and was something I wanted to make 2.3 sure the more people that hear this message, it's 24 critical. And we just said it was all -- today, this 25



1		it echoed, it really did, this message about how
2		much we really need to work together, but for me this
3		physical health. It's always been about mental
4		health and substance abuse, mental health and
5		substance abuse, but this really brought home to me,
6		so we need to bring in another partner.
7	GORE:	Thank you.
8	KUIPER:	And we want to thank you for Marcie.
9	PEARSON:	We're very excited about it on the Coalition.
10	GORE:	You're welcome.
11	PEARSON:	Yeah.
12	GORE:	Yeah. This is for those of you that don't know
13		this is she was our CFO for a long, long time.
14		And she came to me and said I'm going to retire, but
15		I'll give you 10 more years if you'll let me do what
16		I really want to do.
17		And I think most of you know that Marcie has a
18		person story about homelessness and I'm very proud of
19		her and very proud of what she's accomplished
20		already. And the story's she's brought back have
21		been incredibly insightful to us and it helps
22		(indiscernible - voice lowers), so thank you for
23		that.
24	KUIPER:	Thank you.
25	BUTCHER:	Yup, thanks, Carol. All right. Our next agenda



item, an update on the Council Presentation to AML, 1 2 Suzi and Dave. Don't look to me. I told him he had to take the 3 PEARSON: lead. 4 So I'm Dave Kuiper. And I was really privileged 5 KUIPER: and very thankful to participate in the opportunity 6 7 to present -- not just make a presentation to, but to be present for two days of the 66th annual local 8 government conference put on by the Alaska Municipal 9 Leaque. 10 I had never participated in that conference 11 before. I did not know exactly what to expect. 12 However, we were really graciously invited and 13 received by Betty Sevensson and her team. 14 They accommodated a wonderful place in the 15 corridor of the Capital Cook Hotel for Carrie and 16 17 Suzi and I and actually a couple other members of the AHFC staff as well to, kind of, facilitate a booth 18 for people who were attending the conference from all 19 over the State of Alaska. And to share our story 20 from AHFC and from the Governor's Council with them. 21 And then also to provide opportunity for them to 22 share their experience with housing and homelessness 23 2.4 in their communities.

So I'm going to be quite brief.



1	PEARSON:	How many members are there in the Alaska
2		Municipal?
3	SVENSSON:	There is about 16 well, there's 164
4		communities or municipalities and probably all but
5		five are members and so
6	PEARSON:	About five?
7	SVENSSON:	All but five or six.
8	PEARSON:	And how many attendees were at the conference
9		though?
10	SVENSSON:	We get right around 400, 450 just for our
11		conference and then another about 150, 200 for our
12		newly elected officials training, so quite a few.
13		And then a lot of the other mayors, managers and
14		(indiscernible) so there's about 1,000 people that
15		come through that league.
16	PEARSON:	Yeah.
17	KUIPER:	So it was great exposure for us to be there. And
18		we hope it was great exposure for the participants,
19		those attendees to both the work of the Council and
20		the work of AHFC.
21		So I'm going to we did make a specific
22		presentation which Carrie really put together for us
23		and made presentation to in a breakout session to
24		a number of folks who attended. And we had quite
25		good attendance at that meeting. We had I



(indiscernible) I suspect we had about 70 -- 70 people in our breakout session, something like that.

And they were from all different towns across

Alaska. Many of them were -- some were service

providers in their own towns, but they were largely,

as you would imagine, there were Municipal workers in

their own towns and trying to find out how they could

facilitate things in their towns. And how -- and

what was being offered by the Governor's Council.

We presented the plan that we put together a couple of years ago and then we fielded questions and then stories from the people in the room.

Suzi insisted that I be the speaker about this section, but I'm using her notes, so -- but I guess .

I'm just going to backup to the corridor experiences that we had.

We started at the booth and we had a little bit of swag, not a whole lot of sway to offer, but the people that stopped by -- when you're right by the main -- one of the main entrances to the main ballroom and so people had to walk by us and as they did we would introduce ourselves. They would often come and introduce and they -- we had to sign their passports, that's the way we got them to come, right, so we signed their passports.

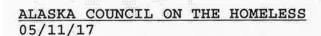


But when we -- when we came, we would introduce ourselves and we would say so, do you have homeless people in your community. And there would be a thoughtful pause and then quite often -- but Suzi can fill in or correct me, but quite often what would happen is they would think and say well, we don't have very many people that are sleeping outside, but boy are we doubled up.

We've got families sleeping with families and families on top of families and the housing that they're sleeping in are really run down. I mean, that's an over summarization, but it echoes several of the things that have already been said here today.

The housing in rural Alaska is aged. It's very aged. And people are sleeping in substandard conditions. And they are sleeping in very dense situations where there are families sleeping with other families, multiple families in the same household. So -- and the interesting thing, they -- it was, kind of, a matter-of-fact thing, that's the way it works out here.

And why in Anchorage as a more urban dweller might not consider acceptable at all was matter-of-fact, that's the way it is. They didn't especially like it, but they, kind of, had come to become accustom to



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But some of the things that were noted both in the corridor and in the session and, kind of, areas of concern -- and I'm just going to read the list as -- as Suzi noted them for me. Dillingham has homeless folks, however, funds coming in to help went to overcrowding, (indiscernible) funds.

Kodiak has issues with place -- with placement

(ph) homelessness for homeless people during the day.

I think that's probably a typical situation in other

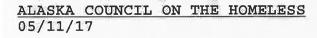
places. Ketchikan mentioned the same issue.

More and more youth are experiencing homelessness in their communities. Drugs and heroin. One of the saddest -- I don't know, they're all sad, some of these are sad stories, but this is, there's more sex trafficking than they've ever noticed before.

There's an increasing problem that they're noticing.

Lack of resources for people with mental health issues or those with sentences where counseling is required. So folks coming out of prison coming back to their communities, they're required to have certain counseling, but the services aren't there, so they can't go home. They just can't go home.

Veterans are in communities, but they're either too humble or too proud to ask for help, so they're





just, kind of, gutting it out.

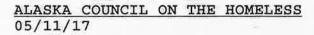
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The list of acronyms, people are swimming in acronyms. They don't know how to interpret all the acronyms. Struggles with resources in general. They hope to see a change in perceptions of mental health in education.

And I think that some of the opportunities that were expressed is that there's a general understanding that attitude and demonstration of kindness to homeless individuals just goes along ways. This all -- this, kind of, that -- that person to person basic humanity level that they wanted to reinforce and encourage.

They wanted to see more dialogue. There's some opportunities for more dialogue among agencies, non-profit and government. Increased opportunities for peer counseling.

And then one comment that is (indiscernible) as she's written it, is don't forget these are people. And so it's the -- I think for me personally it was the experience of people from rural communities that I have not known before and a realization that they're problem solvers, but they really want to -- they really want to have engaged conversations with others to seek solutions together for the things that





are going on in their communities which, I think, is, 1 kind of, (indiscernible). 2 3 And then the -- they suggested that they would love to have Council Members come to their town, so put that on the budget, boss. 5 PEARSON: And we were able to -- they had a lot of questions 6 and we were able to provide a lot of follow-up. 7 were able to get the entire list of attendees and 8 make sure that they got the information that they 9 needed and do a lot of connections with the resources 10 that we know, but also provided connections through 11 She really did it, thank you so much. 12 e-mailed them, answered individual questions. A lot 13 of people followed up, so it was an excellent 14 opportunity for contact and we will definitely be 15 16 there next year -- or this year. 17 **BUTCHER:** Well, thank you very much on behalf of the Council for doing that, for representing the Council. 18 sounds like it was a great meeting. 19 And to follow-up on what you just said, Dave, we 20 have invited the new HUD Commissioner Ben Carson up 21 22 here. And in the previous one Secretary Castro came 23 up. He only had time to go to Anchorage and he might have been to Juneau, but I think he just went to 24 25 Anchorage.



1		And we emphasized that if you want to understand
2		the housing problems, the homeless problems in Alaska
3		you can't just go to Anchorage or Juneau or
4	PEARSON:	Right, right.
5	BUTCHER:	Fairbanks. You know, you've got to get out
6		in rural Alaska. And to his credit he had his
7		principle deputy assistant secretary come up here for
8		about a week long visit.
9		I know Carol Gore and Colleen Bickford, a number
10		of us in the room helped host and they took two
11		separate trips out into the villages. And I don't
12		mean the hubs. I mean, out of Bethel for a day. So
13		they just did a wonderful job.
14		So we're hopeful that when and if he does make it
15		here that he'll have the time to include getting out
16		into the villages where you really see truly, you
17		know you won't understand when you hear the name
18		of the state, Alaska unless you've seen the
19		challenges out there, so really appreciate that.
20	PEARSON:	Thank you, Betty, for everything.
21	KUIPER:	Yeah, thanks again, Betty. It was a real
22		privilege to be there.
23	BUTCHER:	Okay. The next agenda item, and we're just about
24		through here, has to do with an update on Housing and
25		Homelessness Networking meeting we had this morning.



Many of the people in the room were in attendance. 1 Elizabeth Schultz from the Governor's Office put it 2 3 on and it was, kind of, a brainstorming session and so we're looking at having an update from group for 4 the Counsel for those of you that weren't there. 5 So I'd like to ask Elizabeth and Brian Wilson and 6 Nancy Burke to come up and brief us. So I know we're busy, so I'll start real quick and SCHULTZ: 8 I guess I didn't mean to be distracting, but I pulled 9 Susan out of the room and ran after Randall really 1.0 quick, so I wanted to just make a couple comments on 11 this huge document that was in your packet. 12 1.3 This is a document from about a year ago that was put together by a bunch of people trying to look at 14 all these different plans and see if how they 15 overlapped, but I just wanted to make sure that I 16 clarified with them before I said it here that this 17 was never intended to be a plan because it's not. 18 It's a large, large crosswalk of all the ways (ph) 19 and, in fact, it includes all the housing summits not 20 just on homelessness, but that's a good segue into 2.1 22 why we gathered this morning. 23 When we do these things sometimes they -- they are done and it takes a long time to do them and then 24

they sit and you don't always get back to it because



it's so cumbersome, 17 pages. So you need to have 1 the focus of a few people that are willing to dive in 2 and say if one of our goals is this, how are we going 3 to do that, so that's why we met this morning 4 (indiscernible) having a couple conversations about 5 coordinated entry and permanent supportive housing 6 and decided that because we have some new 7 infrastructure people in the state. 8 We've got Michael Sanders in Fairbanks and we have 9 a housing officer here in Anchorage and we've got a 10 couple of other Coalition Directors that it was time 11 to gather together 'cause some people were going to 12 be in town anyway for this meeting today. 13 And really got into two topics which was 14 coordinated entry and permanent supportive housing, 15 so I will let Nancy and Brian, but I just really did 16 want to clarify, 'cause even running out the door 17 Randall said well, I think, that we'll just look at 18 this as the permanent supportive housing plan and I 19 wanted to make sure everybody knew this is not the 20 plan. Okay. 21 Can you put your name and your title on the record 22 **BUTCHER:** 23 for us, too, please. Oh, I'm sorry, Elizabeth Schultz with the SCHULTZ: 24

Governor's office working on issues of housing and



1		homelessness, I apologize.
2	BUTCHER:	Thank you.
3	SCHULTZ:	Okay.
4	BURKE:	Nancy Burke, the Mayor's office. Thank you. So
5		one of the the process that we used this morning
6		was to bring together people that are working at
7		municipal level, local level and ask them for input
8		on how we might move forward together.
9		And we sent out this phrase that really stuck with
10		me in the e-mail that we really need to move from
11		plan to outcomes. And it's probably because every
12		time I see the Mayor he asks me, how many people did
13		you house today, but it's that rigorous, diligent,
14		persistent focus on outcomes that we think could
15		bring some life to the plans.
16		We've had plans now for many years, more than a
17		decade and it's been always a challenge to keep it
18		from just being a document that's on the shelf.
19		However, there's some framework now that's
20		happening in the communities that brings life into
21		the work and I think we could follow through with
22		that.
23		So the coordinated entry is really something that
24		has organized all of the service providers and it
25		seems like a right (ph) time for us to look at

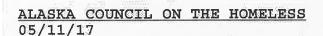


coordinated funding. And I spoke with some of the challenges in my update that are happening in Anchorage that there is -- these is coordinated entry that's happening with the HUD dollars. If you think about like a dart board, the bull's-eye is the HUD dollars, but there's all kinds of money that are going into the community that could be leveraged and leveraging those HUD dollars.

For instance, in Anchorage there's the Providence fund and there's so many other resources particular to each community. It's using this as an opportunity to coordinate those funds.

Some of the things that came up in the meeting this morning include Regional Housing Authorities resources that come through HUD, HOME funds, CDBG and the new National Housing Trust Funds, the Tax Credit funding, the Section 8 Choice Vouchers for rental subsidies, Health for -- the Health Care for the Homeless grants or a health perspective, like, Carol just spoke very eloquently about and then public housing units themselves.

So those are all opportunities and it probably wouldn't work for us to say everything is going into the bucket right now, but on a project by project basis if we chose a few test project to see if we





-- how many of those different sources we can leverage in, that could be a really great way to go forward.

And then there's coordinated funding for the social services making sure that we -- that we're matching up the service, the housing and the vouchers for the community. So that was one suggestion coordinated entry, coordinated funding alignment.

The second one was we -- the group is interested in a way to implement the Alaska permanent supportive housing plan. It's been on our books. It's been on everyone's mind. It's the right idea. It's the right way to do it. National Technical Assistance helped us develop that.

And we're interested in how that leap (ph) from plan to implementation can happen. And would, in fact, like the different officers or the different agency representatives, some of whom are already gone -- but as budget documents are developed over the summer.

I know the Trust is about to start their budget process. AHFC's here we go again with the -- the process. How can we look at implementing these plans and building it into our budgets so that we don't have to start from scratch every year and try and



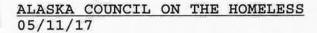
think of ways that we can keep these in the budget. 1 Now, a natural thing would be to add in new 2 3 resources to the SNHG grant which was the -- the project that we looked at today, the RurALCAP project 4 and the Tanana Chiefs project are both SNHG grant 5 projects. They're whole projects. They're healthy 6 projects. They're having incredible outcomes. have the vehicle to go forward with and really that is something that we just need new resources. 9 We understand there's a budget crises, but as the 10 State picks themself up and looks at a sustainable 11 plan why not help communities have sustainable plans 12 13 for homelessness. Why not build that into the budget right now. We're at a low point, but let's go up 14 together with these resources. 15 And I think the last one is Brian. 16 Brian Wilson, Alaska Coalition of Housing and 17 WILSON: Homelessness -- on Housing and Homelessness, 18 depending on who you talked to. 19 So also in addition to those conversation topics, 20 you know, we had a follow-up meeting over lunch to, 21 kind of, discuss this further and, you know, there 22 really is a need for this entity and for everyone to 23 be identifying those joint financing opportunities 24 25 across multiple, different avenues.



So, you know, mental health, substance abuse, medical and housing, we discussed that a little bit earlier because the way it's set up right now, you know, communities are really left in the dark about how to assess the available resources, the very limited available resources out there.

And that really seemed to come true when Dave and Suzi's A&O report by the comment there's so many acronyms out there. And so we did discuss this idea, you know, through this process of creating a tool kit or a SWAT team, so to speak, that specializes in permanent supportive housing that could help get that information out to the communities 'cause just, sort of, being really familiar with the Juneau Housing First project right now, you know, a lot of the people that have been working on that aren't even aware of the entire scope of how it's been funded 'cause there's so many different elements of it and luckily they have Scott Ciambor in place who's a real big -- you know, a great mind in this, but -- and Mariya Lovishchuk who's great at that, but, you know, a lot of communities are starting from square one right now.

And so I, kind of, mentioned this in my report earlier is, you know, we're going back to the summit,



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the housing summit, going back to our conversations this morning, you know, we're really in need of some higher level coordination and some entity to push this forward.

And as I mentioned, you know, all the right players are at the table and then there's some more that can be added in, but, you know, we are looking for a top down direction potentially from the Governor's Office on that, but this is really our bottom up push saying, you know, to really ask that question or have you quys discussed what is the role of the Council in, you know, bringing these plans and these projects together because as it stands right now there's is a, you know, siloing that is happening amongst some of the entities and it's -- there's a great opportunity and we have a plan that addresses this in terms of coordinating this housing pipeline, permanent supportive housing pipeline which has you analyze each of your funding sources and make sure that they're working together in unison using these folks that are trying to get these projects on board.

So, you know, it's a big ask, but it's, you know, really clarification, what is the role of the Council in driving this or in driving the plan (indiscernible - voice lowers).....



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1	BUTCHER:	Okay. Any questions or comments from the Board
2		Members? Okay.
3	BURKE:	So this group was having a conversation about
4		continuing the meeting and I think it would be great
5		if we could have that conversation with the Council
6		and maybe have some meetings over the summer.
7		(Indiscernible) to the October meeting. All the
8		records will be done. They're be submitted. And so,
9		you know, maybe there can be some dialogue with
10		Elizabeth and Bryan about another meeting
11	BUTCHER:	Sure.
12	BURKE:	and having that conversation.
13	BUTCHER:	Yeah, Steve.
14	WILLIAMS:	Just real quick, Steve Williams with the Trust.
15		So who was at that lunch meeting with the
16		brainstorming meeting at lunch to so the
17		Governor's Office, you Bryan, Nancy, is there were
18		there others?
19	(Audience	no microphone)
20	WILLIAMS:	Carma, Brenda (ph), okay.
21	(Audience -	no microphone)
22	WILLIAMS:	Thank you.
23	SCHULTZ:	(Indiscernible - away from microphone) anybody can
24		come, absolutely (ph).



25 WILLIAMS:

Thank you.

Okay. Any other questions? BUTCHER: 1 Well, it's more a question on process of how we KUIPER: 2 3 respond to the ask and -- 'cause I think we need -it's a real significant ask. And I think it's come 4 up at different points along the way here as the --5 I've been on the Council for a few years now, there 6 -- how much work gets done either by Council Members 7 together or in work groups outside of these meetings 8 and how do we -- how do we do that responsibly? 9 'Cause I think -- I sat -- I was in the meeting 1.0 this morning and this is a strong ask for -- for the 11 Council to take a lead in some way on this and so I 12 13 think we have to figure out how we respond to that. It's a -- I mean, it's an ask that comes -- that 14 doesn't provide as much opportunity to think about 15 how to respond, but yet at the same time I think it's 16 a question that really deserves a response. How do 17 we -- how do we respond to them? 18 I mean, I think, you know, we are working BUTCHER: 19 on this issue every day, so you know, when I think 20 about having dialogue and I think about sitting down, 2.1 I think more from an AHFC perspective then I think 22 23 about from a Council perspective which isn't to say we can't do more as a Council, we certainly can, but 24 it's why I spend time with a lot of people in this 25



room, but I don't spend time as a Council Member with 1 a lot of people in this room. I spend it as AHFC, so 2 that's certainly something that we can talk about on 3 what role or how -- how we want -- would the Council 4 Members want more involvement? 5 I mean, how much involvement because if everybody 6 is engaged and we can have more dialogue, we can have 7 work sessions, actually great, but if people aren't 8 9 engaged it ends up being more of a waste of time and that's -- that's something I can't answer because 10 it's what we do every day. And so, you know, we will 11 always be sitting in the room, but that doesn't 12 mean.... 13 (Affirmative) KUIPER: Um-hum. 14 (simultaneous speech). And it's not BUTCHER: 15 something we probably should decide right now, but 16 it's certainly something that Carrie and I will 17 follow-up on.... 18 Okay. Thank you. KUIPER: 19and try to figure out 'cause it absolutely BUTCHER: 20 makes sense to sit down and work through things, you 21 know, like (indiscernible). Like I mentioned at the 22 beginning of this meeting the point -- or the purpose 23 of this isn't to sit down and start churning things 24 out. It's to discuss what the previous six months 25



have done and so that's the time that work should be 1 2 -- should be being done. And if there are more meetings and more getting 3 the (indiscernible) that needs to take place, than it 4 needs to take place, but funding -- that being said, 5 funding is difficult. And as we all remember two years ago the HAP Program was at zero and so that -- not just in that 8 program, but in all the programs that we had to do 9 10 with, it makes planning a challenge because you hate to do things -- it's more responsible to do things on 11 a multi-year basis, but given our fiscal situation 12 you can plan it, but you have to the entire time 13 realize we have to be prepared for it to go from here 14 to here to here and like some of our programs have, 15 it's just the nature of the beast. There's nothing 16 you can do about it. 17 All right. Do we have any other questions or 18 19 comments. 20 KUIPER: Okay. 21 BUTCHER: Thank you very much. All right. Then do we have any additional 22 comments from any Council Members or anything you'd 23 like to share that hasn't already been shared? 24 25 Okay. Other Matters to Come Before the Board.



1 Our next Council meeting is scheduled for the end of October, October 23rd in Fairbanks. It's the one we 2 do in conjunction with the Alaska Coalition on 3 Housing and Homelessness. Their annual meeting. And I know in talking to Elizabeth Schultz and 5 Brian a little bit there's been discussions about 6 having potentially some broader housing meetings than 7 just homeless meetings as part of those meetings in 8 9 October, so we have certainly our half a day that we're focused on, but there may be many other things 10 going on in meetings that we may want to participate 11 in as well, so we'll certainly keep the Council in 12 13 the loop on all of that and as we get a little bit closer. 14 So with that I'd like to ask for a motion to 15 16 adjourn. 17 PEARSON: Adjourn. **BUTCHER:** All right. We are adjourned. 18 19 (Adjourned - 4:45 p.m.) 20 21 22 23 24 25



1	<u>CERTIFICATE</u>
2	UNITED STATES OF AMERICA)
3	STATE OF ALASKA)
4	I, Suzan K. Olson, Notary Public in and for the State of Alaska, residing at Anchorage, Alaska, and Electronic Reporter
5	do hereby certify:
6	THAT the annexed and foregoing PUBLIC MEETING of the Alaska Housing Finance Corporation regarding ALASKA COUNCIL ON THE
7 8	HOMELESS, was taken before Suzan Olson on the 11th day of May, 2017, commencing at the hour of 1:00 o'clock p.m., at the at the offices of Alaska Housing Finance 4300 Boniface Parkway,
9	Anchorage, Alaska, pursuant to Notice;
10	THAT this Transcript, as heretofore annexed, is a true and correct transcription of said Public Meeting, thereafter transcribed by Suzan Olson;
11	THAT the original of the Transcript will be lodged
12	with the Alaska Housing Finance Corporation;
13 14	THAT I am not a relative, employee or attorney of any of the parties, nor am I financially interested in this action.
15	IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 13th day of June, 2017.
16	
17	Notary Public in and for Alaska
18	My Commission Expires: 08/13/19
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