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ALASKA COUNCIL ON THE HOMELESS

TRANSCRIPT OF PROCEEDINGS

September 30, 2014

1:30 - 4:30 P.M.

Centennial Hall, Sheffield Ballroom

101 Egan Drive

Juneau, Alaska

ROSTER

Council Members Present:

Bryan Butcher, Chair
Jeff Jessee
Judith Crotty
Suzi Pearson
David Kuiper
Betty Svensson (telephonic)

Council Members Absent:

Joseph Schmidt
Mike Hanley
Bill Streur
Gary Folger
Olen Harris

Also Present:

Kay Streeter, DEED
Mike Courtney, AHFC
Mark Romick, AHFC
Sherrie Hinshaw, DH&SS
Carmen Springer, ACHH
Carma Reed, HUD
Albert Wall, DH&SS
Colleen Bickford, HUD
Carrie Collins, AHFC
David Driscoll, UAA
Kenny Peterson, ACEH (telephonic)
Raye Favors, NLD (telephonic)

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1 TUESDAY, SEPTEMBER 30, 2014

2 1:40 P.M.

3
4 WELCOME BY COUNCIL CHAIR

5
6 CHAIRMAN BUTCHER: Okay. Let's get started.
7 Welcome to the Alaska Council on the Homeless
8 semiannual meeting for September 30th, 2014. My
9 name is Bryan Butcher, the Executive Director/CEO of
10 the Alaska Housing Finance Corporation.

11 Maybe we can go around the table and have
12 the council members introduce themselves, and then
13 we'll go to the phone so everybody knows who it is
14 we're talking to. So your name and your
15 affiliation.

16 MR. JESSEE: I'm Jeff Jessee, CEO of the
17 Alaska Mental Health Trust Authority.

18 MS. CROTTY: Judith Crotty, Wells Fargo
19 Community Development Manager for Alaska Housing.
20 Good morning.

21 MR. KUIPER: I'm Dave Kuiper. I am a public
22 member, working for Christian Health Associates.

23 MS. STREETER: I'm Kay Streeter. I am the
24 State Coordinator for Alaska for the Homeless
25 Education with the Department of Education.

1 MS. REED: My name is Carma Reed, and I'm with
2 HUD. I'm not on the council, but I'm sitting up
3 here.

4 (Laughter.)

5 MR. WALL: My name is Al Wall. I'm the
6 Director of Behavioral Health for the state, and I'm
7 sitting in for Bill Streur, Commissioner.

8 MS. BICKFORD: Hi. Good afternoon. My name
9 is Colleen Bickford. I'm the Alaska HUD Field
10 Office Director, based out of Anchorage. I also
11 serve as one of the co-chairs for the United States
12 Interagency Council on Homelessness, the Alaska
13 Chapter.

14 MS. SPRINGER: My name is Carmen Springer.
15 I'm the Anchorage Coalition to End Homelessness
16 Director.

17 MS. HINSHAW: Sherrie Hinshaw, Division of
18 Behavioral Health. I'm also not on the council, but
19 I'm up here as a presenter.

20 MR. COURTNEY: Hi. I am Mike Courtney. I am
21 the director of operations for the public housing
22 division of Alaska Housing Finance Corporation.

23 MR. ROMICK: Mark Romick. I'm the Director of
24 Planning for Alaska Housing Finance.

25 MS. COLLINS: Carrie Collins. I'm the

1 Homeless Assistance Program Manager for Alaska
2 Housing Finance Corporation.

3 MS. PEARSON: Suzi Pearson, Abused Women's Aid
4 in Crisis in Anchorage, and I'm also a public
5 member.

6 CHAIRMAN BUTCHER: All right. Thank you.
7 Who do we have on the phone?

8 MR. PETERSON: This is Kenny Peterson up in
9 Anchorage.

10 CHAIRMAN BUTCHER: Okay. Is there anybody
11 else on the phone?

12 MR. FAVORS: Raye Favors, grant administrator,
13 Fairbanks, Alaska.

14 MS. SVENSSON: I'm Betty Svensson.

15 CHAIRMAN BUTCHER: Okay. Could we ask the
16 last two after Kenny to please say your name again?
17 We didn't have the microphone loud enough.

18 MR. FAVORS: Okay. Raye Favors, grant
19 administrator for New Life Development, in
20 Fairbanks, Alaska.

21 MS. SVENSSON: I'm Betty Svensson, a new
22 council member, representing the municipal
23 governments.

24 CHAIRMAN BUTCHER: All right. Welcome, Betty.
25 As you mentioned, this is your first council meeting

1 as a municipal government representative. So
2 welcome to the council.

3 MS. SVENSSON: Thank you.

4 CHAIRMAN BUTCHER: We have a pretty packed
5 agenda today. Generally, how we've dealt with it in
6 the past has been a little bit more interactive in
7 that, if members of the audience had questions, that
8 they could participate. But I think we've got a
9 large enough group that I think that we're going to
10 work through the agenda. And then, when we get to
11 the end of it, if there are questions anybody in the
12 audience has that weren't answered, and time
13 permitting, then we'll go ahead and take your
14 questions at that time.

15 I really appreciate being able to
16 combine, as I mentioned previously next door, the
17 coalition meeting and the council meeting. We're
18 all working towards the same common goals, and
19 having an opportunity for more crossover I think is
20 only going to be beneficial; and, hopefully, this is
21 something we can continue to do.

22 Also we're very happy to be in Juneau.
23 We've previously always had our meetings in
24 Anchorage, so it's nice to have an opportunity to
25 broaden it and move out to another community.

1 A lot of what we're going to be
2 discussing -- we're certainly going to have updates
3 on all of the issues. You can see on the agenda
4 what it is we're going to discuss, but a big piece
5 of that is going to be an update on our 10-year
6 Plan.

7 When the 10-year Plan was developed six
8 years ago -- we're approximately halfway through
9 it -- we were just kind of starting from scratch on
10 what we thought the goals should be, what we thought
11 the measures should be to see if we're achieving the
12 goals.

13 It became obvious over the last year that
14 those goals needed to be updated. The measures
15 needed to be updated. We were measuring things that
16 didn't necessarily tell us a whole lot about what we
17 were achieving and what we weren't achieving. So
18 there has been a group -- and we'll get to the
19 group. I really appreciate the work they have put
20 in to come up with a draft of goals and measures
21 that we'll be talking through on how we move forward
22 for the second five years of the 10-year Plan.

23 We'll also be hearing an update, among
24 other things, of Housing First, with information
25 from UAA, which should be really informative, seeing

1 that that was the first of what has now been a
2 second project from Tanana Chiefs in Fairbanks and
3 what will no doubt be, you know, more projects -- in
4 all likelihood, probably Juneau and other areas --
5 that look at the model and what success that model
6 has had.

7 So with that, why don't we get started
8 and start out by any public comments that members of
9 the public might want to have previous to us going
10 through our agenda.

11
12 PUBLIC COMMENTS

13
14 MR. PETERSON: Mr. Butcher, this is Kenny
15 Peterson. And if you have a moment, I'd like to
16 make a comment, if I may.

17 CHAIRMAN BUTCHER: Okay. We've got a few
18 folks here in Juneau, Kenny. And when we have
19 worked through them, I will call on you, and we'll
20 be happy to hear from you.

21 MR. PETERSON: Thank you. I'll wait till you
22 call on me.

23 CHAIRMAN BUTCHER: Okay.

24 MS. STANFILL: Hi. I'm Brenda Stanfill. I'm
25 with the Interior Alaska Center for Non-Violent

1 Living in Fairbanks, Alaska. And so we decided to
2 co-present, because we work together rather closely.

3 MS. TEETS: Yes. And I'm Jami Teets, COO for
4 Fairbanks Community Mental Health Services and half
5 of our local chair. And then we both do Homeless
6 Coalition together, and now Wellness Coalition.

7 MS. STANFILL: Like the other 50 meetings that
8 we all show up at.

9 MS. TEETS: Yes.

10 MS. STANFILL: What we want to do is talk a
11 little bit about Fairbanks and make sure that you
12 know the situation that we're dealing with. Many of
13 you know that, you know, Behavioral Health had a
14 real problem. And when they went down, they went
15 down big. And we've been lucky to have a partner
16 come in and start offering behavioral health
17 services.

18 But part of what happened was, the four
19 programs that they were somewhat operating had not
20 operated that efficiently in a long time. The
21 housings that were there went with them. They went
22 through a foreclosure process. Three are with
23 Alaska Housing. One is with the Department of
24 Behavioral Health.

25 One of the buildings we have right now --

1 we've put an 8-plex in there. We have eight
2 supportive housing units on Housing First. The
3 other one, I believe, is operated by Crossroads, but
4 there are two that are still hanging out there. And
5 the one thing we've been discussing a lot there in
6 Fairbanks is: How do we operate these programs?
7 You know, here we've got two great capital buildings
8 -- you know, these are buildings, already built.
9 They were set up. One was perfect for assisted
10 living. The other one is an 8-plex, perfect for
11 supported housing. But how do we get the operating
12 money to make this happen when you've got empty
13 buildings and people we can't get out of our
14 shelters? Because I run the emergency shelter
15 there. I work closely with Rodney Gaskins and his
16 emergency shelter.

17 And what we realize is that our Medicaid
18 reimbursables -- when you look at what they
19 have been able to do at the Fairbanks Resource
20 Agency through developmental disabilities and
21 that reimbursement, you have a
22 \$15 million agency providing all kinds of
23 housing, but yet we can't come up with
24 \$100,000 in Medicaid reimbursables to make the
25 program pencil to be able to offer some kind

1 of supportive services for our most vulnerable
2 population.

3 And I'll let Jami talk about the assisted
4 living folks who had to leave our community.

5 MS. TEETS: Right. I mean, we went from
6 having several units run by the previous behavioral
7 health agency that provided two levels of supported
8 housing. One was senior and full assisted living as
9 well as some, you know, lower-level supported
10 housing apartments.

11 And those were closed down early last
12 year; and then we also lost the downtown care
13 facility, which was the last facility that was
14 offering any sort of assisted living for behavioral
15 health.

16 And so, right now, in Fairbanks, if
17 you're looking -- if you need assisted living on any
18 of the spectrum, you are being sent out of
19 Fairbanks. We had 15 people alone during last
20 November that lost their housing from Downtown Care
21 as well as many before. The hospital is keeping
22 their statistics, because when they're discharging
23 from the fourth floor, which is the behavioral
24 health unit, if they are sending out for assisted
25 living, they're going to Anchorage or in the Lower

1 48 in some cases when there are family involved.

2 You know, it's something that we
3 desperately need. There are housing units in town,
4 but trying to get anybody in or getting the
5 assistance that we do need to get those back in
6 use -- they're sitting empty right now. And it's
7 fairly painful for us who are trying to figure
8 out -- and, I believe, you know, the community is
9 really coming together and saying, "What do we do?"

10 But, you know, having resources in the
11 state to come in and kind of help facilitate that
12 conversation and the sorts of education that are
13 happening at this sort of conference, I think are
14 essential to helping communities understand how to
15 go forward, because we're just -- we're stuck right
16 now without much of anything to go on.

17 MS. STANFILL: And so we would ask that -- you
18 know, I know you guys have these two properties that
19 nobody's in -- Joshua House is what we call one of
20 them. The other one is Evergreen. And I think
21 Evergreen -- you know, they're thinking about
22 selling that. And Joshua House, I think, is still
23 in a state of flux.

24 But when you think about it, instead of,
25 you know, putting those up for sale and putting them

1 back into the private market, as I was telling
2 Mark -- because the development costs are too high
3 right now. We've got an asset already. You know,
4 we're thinking about how can we get these back in
5 use, get the programming in there. It seems like it
6 would be a quick turnaround versus years later
7 having to deal with a NIMBY issue, the zoning
8 issues, the planning issues when we've got these two
9 great buildings already sitting empty and waiting.

10 So thank you very much for your time, and
11 keep Fairbanks in your thoughts. We need help.
12 Thank you.

13 CHAIRMAN BUTCHER: Okay. Thank you. Do any
14 members have any questions? Thanks.

15 MS. O'NEILL: Hi. My name is Corinne O'Neill,
16 and I'm the Supportive Housing Division Director for
17 RurAL CAP, and I actually want to echo some of the
18 testimony or some of the themes of the prior
19 testimony.

20 And, second of all, I really want to
21 thank Sherrie and Al for really working on, with
22 RurAL CAP, some of the critical operating and
23 Medicaid issues, because I want to talk about
24 Medicaid.

25 So I think RurAL CAP has really no

1 mechanism right now to support permanent supportive
2 housing through Medicaid; and we're sort of at a
3 development threshold where we have units, just like
4 Fairbanks, and we have no way to sort of operate
5 them for a highly disabled population with serious
6 mental illness and severe addiction disorders.

7 And so I think what I'd like to ask today
8 is that this council place a high emphasis on
9 creating some type of advisory group or community
10 group to really look at how people that are in
11 desperate need of various rehabilitative services
12 can really get access to them so that we can promote
13 their recovery and so that we can support permanent
14 supportive housing, because I think we can keep
15 trying to find ways -- you know, we're lucky enough
16 to have a great capital budget in this state, some
17 other resources of HUD capital funding, and a great
18 foundation like Rasmuson; but where we are sort of
19 standing still at this operating level is for people
20 that really need healthcare.

21 And I think, when we look at the study
22 that just came out, and if we look at that in the
23 whole picture of integrative care, we can really see
24 some true cost savings, particularly on the
25 emergency and primary care level; and we could

1 invest those back into Medicaid on the behavioral
2 health level. We would be doing our communities and
3 the people we serve a great benefit. Thank you.

4 CHAIRMAN BUTCHER: Are there any questions for
5 Corinne?

6 MS. PEARSON: I don't have questions, but I
7 would like to ask that we could come back to the
8 Medicaid issue at the end of the meeting.

9 CHAIRMAN BUTCHER: Sure.

10 MS. PEARSON: Thanks.

11 CHAIRMAN BUTCHER: Okay. Do we have any other
12 members in the audience here in Juneau?

13 Okay. Kenny Peterson in Anchorage.

14 MR. PETERSON: Yes. Thank you. This is Kenny
15 Peterson, and I just wanted to talk about two
16 things. One, the comment was made, I think a few
17 months ago, when we last met, about the opportunity
18 to maybe add a board member; and the thought was
19 from the Department of Labor as we're doing an
20 initiative with employment with the Anchorage Mental
21 Health Trust.

22 And I don't know if we ever proceeded or
23 if they've made it onto the board yet or not, but I
24 wanted to just talk about maybe adding the
25 Department of Labor so we can include the employment

1 piece as part of this group.

2 And then also I saw, for the Alaska
3 10-year Plan, that they were moving towards the
4 Opening Doors, and I thought that it would be
5 meaningful to organize theirself according to the
6 themed groups of Opening Doors, which includes
7 employment, housing, health, and other groups, and
8 then forming networks for chronic homeless and
9 others who are among those communities.

10 That was the main comment that I wanted
11 to mention, was that. And then also the second
12 comment was that, if we're looking for solutions,
13 that we have groups that meet at the Alaska level.
14 We have groups that meet at the village and city
15 level.

16 But I wanted to make sure that we focus
17 on neighborhoods and seeing what groups can do in
18 neighborhoods to wrap around an individual on the
19 street corner or otherwise and try and bring funding
20 and so on from citizens.

21 Namely, if we could find out how faith
22 groups and other groups that aren't involved that
23 would like to be involved, how they can link in to
24 whatever we're planning on, that we leave room for
25 that to happen at the neighborhood level.

1 That's all.

2 CHAIRMAN BUTCHER: Okay. Thanks, Kenny.

3 Just to let you know: Yes, we still are
4 looking at approaching the governor, probably
5 sometime after the first of the year, with ideas on
6 potentially expanding the board. It's been ten
7 years since it was put together. And I agree with
8 you that having somebody from the Department of
9 Labor on a board that has to do with homelessness,
10 with employment being such a human piece of that,
11 makes a whole lot of sense.

12 Does anybody have any questions?

13 MR. PETERSON: Thank you very much.

14 CHAIRMAN BUTCHER: No questions? All right.
15 I'd like to get into our agenda now. Let's start
16 with Item 1.

17 Kay Streeter, with the State and National
18 Homelessness Education Programs, from the Department
19 of Education and Early Development.

20
21 STATE AND NATIONAL HOMELESSNESS
22 EDUCATION PROGRAMS, DEED
23

24 MS. STREETER: I'm here on behalf of Mike
25 Hanley, our commissioner. And to be honest, I don't

1 have a whole lot of national information to present,
2 but I will present a little bit.

3 Most of you here are about housing, and I
4 am here to talk about the consequences, basically,
5 of housing -- of homelessness -- especially
6 specifically with regard to children and youth and
7 their education.

8 The McKinney-Vento Homeless Assistance
9 Act, which was passed in 1987, requires that every
10 state have a state coordinator -- and that is my
11 position here in Alaska -- and requires that every
12 school district in the nation have a homeless
13 liaison.

14 The Subtitle 7(b) Reauthorization of that
15 assistance act, Homeless Assistance Act, brought
16 education into focus for children and youth. It was
17 clear that there were devastating affects on
18 education and learning, to kids and youth in
19 homeless situations.

20 There is a little bit of data here. I'm
21 going to go through the -- I don't think I have any
22 national data there. But in the school year
23 2012-2013, which is the most recent data I have for
24 the U.S. as a whole, there were over 1,240,000
25 children and youth identified and enrolled in public

1 school.

2 In Alaska, for the most recent year, we
3 had -- which was '13-'14, last year, last school
4 year -- and we just received that data this summer.
5 We had a total of 3,936 students enrolled. And the
6 first page of your packet has a spreadsheet with the
7 data for every school district. There's 54 of them.
8 And the total at the very far right-hand side on the
9 upper column, the uppermost row, is the total for
10 the state.

11 The first five districts below that are
12 McKinney-Vento subgrant grantees. We have five
13 districts that receive funding through -- federal
14 funding through the McKinney-Vento Act Homeless
15 Assistance Grant. And this last year represented a
16 small reduction from last year, which was about 35
17 more kids; so basically we've been hovering around
18 4,000 kids the last few years.

19 And I just want to point out that this is
20 not an estimate, that these are actual kids that
21 have been identified. Granted, it is according to
22 the McKinney-Vento definition of homelessness, which
23 is significantly different from the HUD definition,
24 and includes families and youth who are doubled up,
25 living in doubled-up circumstances due to loss of

1 housing or financial distress, not for convenience
2 reasons.

3 But, anyway, so there is -- one of the
4 problems is a lack of consistent data across the
5 state and differing definitions from different
6 agencies, but we've been collecting data. It's been
7 required for school districts for the last ten years
8 or so. And within the last five or six years, it
9 has been relatively consistent -- the methodology
10 has been pretty consistent, at least at the
11 Department of Education.

12 One thing to note on this list is that 28
13 of our districts have no identified homeless
14 students. And, again, these are kids that are
15 enrolled; so it's not indicating kids from 0 to 2 or
16 0 to 3 who wouldn't be enrolled in school. These
17 are students that are enrolled -- or it would not
18 indicate students who have dropped out of school,
19 and there are significant numbers of those.

20 The following page describes overall
21 the -- it's the pie graph -- describes the Alaska
22 nighttime residence as a percentage of all
23 identified homeless students. So, again, this is
24 based on 2013-2014 data. And you can see that
25 25 percent of the enrolled students that are

1 identified as homeless are in shelters, 9 percent
2 were in hotels/motels, 9 percent were in unsheltered
3 conditions, and 57 percent were doubled up.

4 I do have some national data on that.
5 Nationally, 75 percent of all enrolled students are
6 in doubled-up situations. So ours is quite a bit
7 less, about 16 percent less than the national
8 average. And Alaska has 25 percent in sheltered
9 conditions, whose primary nighttime residence was
10 considered a shelter, either a transitional living
11 shelter or an emergency shelter. And nationally,
12 that average is 16 percent; so Alaska has more kids
13 in -- a higher percentage in shelters.

14 Unsheltered -- nationally, they're at
15 3 percent; and, surprisingly, Alaska has twice that
16 percentage. 6 percent of our kids are in
17 unsheltered nighttime residencies.

18 And Alaska has 12 percent in hotels or
19 motels; and, nationally, it's at 6 percent.

20 The range for districts is not remarkably
21 different from the average, except that, in a couple
22 of instances, it's a little bit notable. Mat-Su has
23 the fewest -- Mat-Su School District has the fewest
24 numbers in hotel/motel situations, with only
25 4 percent, as opposed to the average of 12 percent

1 across the state.

2 And the other oddity is Kenai, with
3 unsheltered youth and -- children and youth.
4 23 percent of their kids, enrolled kids, that are
5 identified as homeless, are unsheltered. So those
6 are kind of notable things across different regions.

7 As you know, the shelters in Alaska
8 are -- shelters have their limits and their
9 problems. The stays are generally limited. They
10 don't exist in many Alaskan communities, especially
11 in our Alaskan rural districts. Shelters are often
12 full. There's safety -- many safety concerns for
13 youth and families and often require families to
14 split up in order to go into shelters. And policies
15 may have restrictions, especially excluding our
16 unaccompanied homeless youth.

17 So I said that we have a small number of
18 districts -- last year, we had five. This year,
19 this current year, we have four -- that receive some
20 homeless assistance money from the federal
21 government. It's a very small amount of money. It
22 amounts to about \$122,000 spread across four
23 districts, with the amounts ranging from \$15,000,
24 which is the smallest grant, to Kenai, and
25 \$45,000 to two districts. Both Mat-Su and Anchorage

1 receive \$45,000, and Fairbanks receives \$25,000.

2 A growing concern, I think, as has been
3 noted at this conference and nationally, is the
4 number of unaccompanied homeless youth. They're
5 hard to find. They're hard to locate; so our
6 numbers are -- generally our data is not very sound
7 on that. They don't congregate where older
8 individuals would be found. They don't often
9 identify as homeless, and they're less willing to
10 disclose their situation. Not only that, they work
11 very hard to blend in with their non-homeless peers;
12 and, therefore, they're often missed.

13 And so our data is only as good as the
14 school districts report. And some districts clearly
15 don't do a very -- or clearly are doing a very good
16 job of trying to capture most of their homeless
17 students, but we have a number of districts where
18 lack of support, lack of funding, and high turnover
19 of staff all contribute to low identification
20 numbers.

21 Anyway, the other thing I want to report
22 is that we're finally receiving some data on
23 unaccompanied homeless youth. This was -- last year
24 was the first time we collected that from school
25 districts. So the third page talks about subgroups,

1 and you can see that 20 percent of our homeless
2 youth across the state are unaccompanied homeless
3 youth. That means kids, youth who are without --
4 not in the custody of a parent or legal guardian.
5 So not only are they homeless, they're also without
6 a parent or guardian helping them; so they have
7 additional barriers to education.

8 The final piece, last page, just breaks
9 down the five major urban districts, and these were
10 the five districts that received subgrants last
11 year. An it shows the number of -- the blue column
12 represents unaccompanied homeless youth. And you
13 can see that some districts -- Mat-Su's number is
14 28 percent of those kids are unaccompanied and
15 homeless. Kenai is a whopping 41 percent.

16 And those, again, are -- those are not
17 estimates; those are what we know. So, clearly, we
18 have a lot of work to do. And I know you're all
19 here about housing, and that's very important. I
20 just want you to keep in mind the consequences of
21 homelessness and that those kids who are coming down
22 the pike, if they don't stay in school, often the
23 consequences are dropping out, not securing
24 employment, and becoming a whole nother homeless
25 generation.

1 So, thank you.

2 CHAIRMAN BUTCHER: Thank you, Kay.

3 Do we have any member who has questions?
4 Okay. Thank you.

5 Let's move on to Item 2, Mark Romick,
6 AHFC Special Needs Housing Grant update.

7 Mark?

8
9 SPECIAL NEEDS HOUSING GRANT UPDATE

10 AHFC

11
12 MR. ROMICK: Thanks, Bryan.

13 So, every council meeting, we kind of
14 give you an update on a couple of different programs
15 that we have going; and I'm glad to say that this
16 update that I'm going to be giving for SNHG and for
17 the HOME TBRA program is good news, which I'm often
18 not the one delivering.

19 But in any case, the first thing that you
20 have before you is kind of an update on some cost
21 comparisons that we've been doing on the supportive
22 housing projects that have been funded in the past.

23 The 10-year Plan, when it first started,
24 really focused on three specific things: One,
25 creating supportive housing stock; two, creating

1 additional rental assistance options for people; and
2 then, three, focusing on prevention and
3 intervention, which is what the basic homeless
4 assistance program does, predominantly.

5 Under the supportive housing category,
6 we've done a number of projects since 2009, and
7 we've started getting very good operating data from
8 those projects. And there are a lot of numbers on
9 this page, but what I want to really do is focus on
10 the bottom chart that you see, which is the daily
11 rates for the projects that we've funded, the six
12 that we have data on, in comparison to daily rates
13 in prison and at API.

14 And I think that it's fairly clear
15 that -- or I should say this is a fairly clear
16 support for what we've been hearing thus far in the
17 conference about the value of supportive housing in
18 terms of reducing the costs to society in
19 more-expensive alternatives.

20 And you can see that, even with the
21 highest-cost project that we have in our portfolio,
22 which is also the one that has the most amount of
23 services being provided on-site, it still is a
24 substantial savings to incarcerating somebody or
25 having them stay at API. And I should -- in

1 deference to my colleagues at Corrections I should
2 say that I think we all recognize that these are not
3 actual savings in the sense that you can now start
4 whittling away the Corrections budget or API's
5 budget. They're really a diversion of expenditures
6 to a less-expensive alternative so that you can
7 focus your resources in other places.

8 So that really is kind of gist of this
9 comparison. And, as it says in the memo, we're
10 going to be getting the data on remaining projects
11 that we have in the portfolio so we'll have a much
12 more robust comparison as we go forward on the
13 operating expenses for our projects that we've
14 funded under the SNHG program.

15 And also an update just on the status of
16 the next SNHG cycle -- I think, in the past, or at
17 the last council meeting, we brought the council up
18 to speed on where we are with the funding for SNHG
19 and that we had enough funding left in the kitty, so
20 to speak, to go through one more capital round with
21 some additional operating expenses.

22 And since that time, we've been working
23 very closely with Al Wall and Sherrie over at DHSS
24 to make sure that the next SNHG NOFA is going to be
25 coordinated with the funding opportunity that

1 they're going to be introducing soon related to
2 the -- I'm not sure exactly what the title is, but
3 for the use of the money that was appropriated for
4 addressing chronic inebriates and potentially
5 increased support services for those folks in
6 Anchorage.

7 We've been working closely to make sure
8 that they dovetail together, and we've kind of
9 altered our schedule a little bit so that it will be
10 released at the same time and that there will be
11 some linkages between the two so that they work very
12 well together.

13 And that's kind of update for the SNHG.

14 CHAIRMAN BUTCHER: Okay. Do you have any
15 questions, council members?

16 MR. JESSEE: Yeah. Mark, as you know, there
17 is a lot of interest right now in recidivism and not
18 building another prison. I appreciate your comment
19 about, well, it's not a direct cost savings. You
20 can't reduce the Corrections budget because you're
21 housing a few folks, but the trend is pretty clear
22 that we're going to have to build another prison if
23 we don't do something different. And the last one
24 cost, I think, \$250 million in capital and close to
25 \$50 million in operating.

1 Is there a way to match up these types of
2 services with the Corrections population so that we
3 could start to figure out -- well, okay. If we were
4 going to house people coming out of Corrections
5 in significant numbers, how would we identify what
6 level of service those people need in terms of
7 housing and being able to put sort of a package
8 together where we could say, "Well, do you want to
9 build a \$300 million prison, or do you want to house
10 these people for some amount of capital and then
11 some operating?"

12 Is there a way to do that?

13 MR. ROMICK: Mr. Jessee, I don't think I could
14 have paid you enough to make a better segue into the
15 next subject, which would be the prisoner reentry
16 program that we're working with Corrections on,
17 because the outcome of the data that we're going to
18 be looking at is leading us to that exact
19 conclusion.

20 This would be jumping ahead of the
21 presentation a little bit; but in going through the
22 analysis of the people that have been on the TBRA
23 program that focuses on the prisoners in the Balance
24 of State, we think that after going over -- sitting
25 down with Corrections and going through the data,

1 that with some additional information from them and
2 a little bit more thought about how we might do it,
3 we might be able to actually figure out how much we
4 would have to invest in a Tenant-Based Rental
5 Assistance program, achieving the results that we're
6 achieving right now, and change the growth rate of
7 people going back to prison so that, at some point
8 in time in the future, you would not have to build
9 another Goose Creek.

10 And I know that sounds like a tall task,
11 but I think that we will have enough information to
12 get to that point. We need to get some more data;
13 but I think the answer, at least from the
14 perspective of how much would you have to invest in
15 rental assistance, assuming that you've got the
16 success that we're getting with the TBRA program --
17 which I'm kind of jumping ahead in my
18 presentation -- but how much would we have to invest
19 in order to slow the growth rate of incarceration to
20 the point where you didn't have to build another
21 Goose Creek prison.

22 CHAIRMAN BUTCHER: Yeah. And for the benefit
23 of the rest of the council, to flesh out a little
24 bit about what Jeff is talking about, there is a
25 Recidivism Task Force that was developed by the

1 legislature this last legislative session, and it
2 includes the Alaska Mental Health Trust, AHFC, the
3 Department of Corrections, Health and Social
4 Services, and a few others to take a look and focus
5 on exactly what is happening and what could happen.

6 So these are potential solutions that we
7 would be able to bring forward somewhere down the
8 road as to how to deal with the issue.

9 Okay. Any other questions? Okay.

10 Mark, why don't we move on to
11 Tenant-Based Rental Assistance update.

12
13 HOME TBRA UPDATE - AHFC

14
15 MR. ROMICK: So the first thing that you have
16 before you -- which, for those in the audience, it
17 might be a little hard to see on the screen. But
18 this is just a summary report of the Tenant-Based
19 Rental Assistance program that we have. And there's
20 two components -- the Youth Aging out of Foster Care
21 and the Prisoner Reentry program.

22 The Youth Aging out of Foster Care
23 program is done in conjunction with OCS; and the
24 Prisoner Reentry, obviously, is done in conjunction
25 with DOC. And just to give you an overview of the

1 role that DOC and OCS play in terms of doing the
2 referrals and in providing basically the admin
3 services for the individuals that qualify for the
4 program, Aaron Schilling is with me here in the
5 audience and is far more knowledgeable about how the
6 program operates than I am. And so, if there are
7 any questions about how the program operates, we can
8 have Aaron come up and talk about it a little bit.

9 But what I want to do is just kind of
10 focus on -- in lieu of any questions at the
11 moment -- on a couple of important things. One is,
12 on the chart there, it shows the average shopping
13 time for the people that participate in the Prisoner
14 Reentry program. And the shopping time is the days
15 that they're out actually looking for an apartment.

16 And, you know, intuitively, you'd think
17 that people who have criminal records have a much
18 more difficult time finding an apartment. However,
19 that's really, actually, not the case with the
20 experience that we see from the folks under this
21 program.

22 And I should clarify that this program,
23 because we're using federal HOME funds, which are
24 fairly flexible in terms of who they serve, as long
25 as they are below a certain income limit, this

1 program is operated only in the Balance of State.
2 It does not operate in Anchorage. So these
3 statistics are related to outside of Anchorage
4 except for as it relates to the Youth Aging out of
5 Foster Care. You'll see that there's a couple of
6 kids in Anchorage, and that's because OCS is using
7 general fund money to match the federal HOME money
8 that we have.

9 So if you look at the average shopping
10 time, it has remained relatively stable and gone
11 down a little bit since 2012. I don't know exactly,
12 but I think the last time that we did a report, the
13 average shopping time for the AHFC Section 8 program
14 for voucher holders across the state was
15 substantially higher than this.

16 And so it's encouraging to know that the
17 folks under these programs are having an easier time
18 finding a place to live than perhaps people in the
19 regular Section 8 program, with the caveat that, in
20 the regular Section 8 program, shopping time also
21 includes Anchorage and some other places that we do
22 not operate.

23 So, still good news in terms of people's
24 abilities to use the vouchers in the Balance of
25 State. Obviously, the average payment is going up a

1 little bit, which I think is understandable to
2 everybody that knows how the rental market works.
3 And that's really the only kind of takeaways from
4 this chart that I wanted to share, is that the
5 shopping time is still good, and, unfortunately the
6 amount of money that we're paying per client is
7 going up.

8 CHAIRMAN BUTCHER: Any questions from council
9 members?

10 MR. JESSEE: So, Mark, this is the rental
11 assistance. That sort of presupposes these folks
12 are not in need of supported housing; they're just
13 trying to find housing, period?

14 MR. ROMICK: That's correct.

15 MR. JESSEE: So what do we know about people
16 coming out of Corrections that need supported
17 housing, and what's happening to those folks?

18 MR. ROMICK: Aaron, can you come up to the
19 microphone?

20 Personally, I don't think that we know
21 much about the supportive needs of these
22 individuals, because we're -- that's not the kind of
23 data that we're collecting.

24 And I don't know -- anecdotally, Aaron,
25 can you add anything to that?

1 MR. SCHILLING: We provide the rental
2 assistance, and then, also, DOC provides the
3 wraparound services; so they are providing --
4 whether it be alcohol treatment or for the other
5 types of maybe mental health treatment that they may
6 need. We're just providing that housing, and DOC is
7 providing the other wraparound services.

8 MR. JESSEE: So do you think Corrections is
9 providing wraparound mental health and substance
10 abuse treatment in community settings?

11 MR. SCHILLING: I can't exactly speak to that.
12 We'd have to talk with Deputy Commissioner Taylor on
13 that as well.

14 MR. ROMICK: I think that they are arranging
15 for the folks to access the services. They're
16 not -- Corrections is not actually providing it.
17 They're arranging --

18 MR. JESSEE: Yeah. That might be possible.

19 MR. ROMICK: -- to have --

20 MR. JESSEE: But them providing it is not
21 happening.

22 MR. ROMICK: Yeah. And I think what Aaron is
23 alluding to is, the reason this program is as
24 successful as it is, I think, in terms of, you know,
25 the reduction in shopping time, is because the

1 relationship with Corrections exists beyond just
2 them being released. They're actually doing some
3 type of case management to facilitate them accessing
4 the services. I don't think that they're actually
5 providing it, unless Mr. Taylor is doing something
6 that we don't know about. But I think that that's
7 what they're doing, is, you know, they're referring
8 them to us, and then they're following them and
9 helping them access services.

10 I think, to your point about what do we
11 know about the supportive services that they have,
12 we don't know that much about the types of
13 supportive services they have unless, anecdotally,
14 it's on the referral sheet that comes over; and
15 that's information that we're not really tracking.

16 I think that, a couple years ago -- I
17 know that the trust was involved in this -- there
18 was a study done by ISER about supportive service
19 needs of the prison population. And they, I
20 think -- correct me if I'm wrong -- they did an
21 analysis of how much money could be invested on the
22 supportive service side in order to prevent people
23 from coming back to prison. And so -- and there was
24 a number that they'd established, which does not
25 come to my mind at the moment.

1 So what we know about the supportive
2 service needs of those individuals, I think, is
3 probably what we understand from that report.

4 MR. JESSEE: So what's the criteria
5 Corrections is using, if you know, for deciding who
6 gets referred to this program?

7 MR. ROMICK: Sure.

8 Aaron, do you want to address that?

9 MR. SCHILLING: It's part of their LSIR score,
10 and so it's their basic needs. Do they have
11 immediate housing when they're released? There are
12 a couple of other criteria that they use that rank
13 them low, medium, high. And based on those
14 requirements or on those needs, they then send them
15 to us, based on especially the housing portion of
16 that.

17 MR. ROMICK: And that LSIR score -- and for
18 those of you that don't know what an LSIR score is,
19 I Googled it because I didn't know what it stood for
20 either, even though I use it all the time. It
21 stands for the Level of Service Inventory/Revised,
22 which don't ask me to explain, but basically it's a
23 measure that Corrections uses to determine the
24 likelihood of somebody reoffending.

25 And so as Aaron alluded to, they use that

1 as a mechanism to refer them to us; and the actual
2 LSIR score of the individuals ranges from very low
3 to very high. And when we get to it, there's a
4 chart that we have in the presentation on the TBRA
5 results that we've done that shows that the
6 effectiveness of the voucher in keeping people out
7 of prison is not related to their LSIR score,
8 because people who had a very high LSIR score also
9 are achieving amazing results in staying out of
10 prison, more than people with very low ones.

11 But we certainly could get the long list
12 of criteria that Corrections uses to refer people to
13 us. There are some -- it even lists, I think, where
14 they came from in terms of housing, because we
15 talked about that with our --

16 MR. SCHILLING: Yeah. We do have that on the
17 information sheet that they do send us; so that's
18 something that we can take a look at as well.

19 MR. ROMICK: And that's another thing that
20 we're going to be looking at in the future, is the
21 success rate of people on the coupon program, or the
22 voucher program, not only based on their LSIR but
23 based on where they came from, whether there is a
24 difference if they were homeless, if they came from
25 families, or if they came from hotel or motel

1 lodging.

2 MR. JESSEE: Okay. Thanks.

3 CHAIRMAN BUTCHER: Okay. Thank you, Mark and
4 Aaron.

5 Next we'd like the go to Agenda Item
6 No. 4, Update on Public Housing, AHFC, Mike
7 Courtney.

8 MR. ROMICK: Mr. Chairman, if I might, I --

9 CHAIRMAN BUTCHER: Oh, sorry. You were not
10 done. I'm sorry.

11 MR. ROMICK: Well, I jumped around so much
12 that it probably seemed like I was done.

13 So as I alluded to earlier, the
14 Tenant-Based Rental Assistance program for the
15 prisoners is the one that we've been operating the
16 longest -- since 2009; and we have approximately 230
17 people that have gone through that program.

18 With the help of Corrections, Aaron and
19 Daniel Delfino in our office were able to get a
20 significant amount of data about those individuals
21 so that we could try to see whether the receipt of a
22 TBRA voucher, in and of itself, had a major impact
23 on their ability to stay out of prison.

24 And one thing I should say up front is
25 that what this data measures is them staying out of

1 prison, not reoffending. So it may be that there's
2 people that reoffended that didn't go to prison,
3 didn't go back in prison, that wouldn't show up in
4 this data. So what we wanted to focus on was the
5 people who are actually not going back to prison,
6 because they're the ones that cost the most, to the
7 tune of \$52,000 a year or more.

8 So it's a fairly detailed and lengthy
9 report, so I won't go through all of the things. I
10 just want to focus on a couple of things. And that
11 is that it is -- we were pleasantly surprised that
12 the data shows as much success as it does. Once we
13 got done eliminating duplications and eliminating
14 the people that actually went back to prison, we
15 ended up with about 166 people who had a past
16 history of reincarceration.

17 And what we did is, we went back and
18 looked at, over the last three years, how many times
19 they'd been in and out of prison, so we knew exactly
20 when their last date of incarceration was, the
21 previous date, and how long they'd been out.

22 And so, of those total 166 that had a
23 history that stayed out, 113 of them have already
24 beaten their average time out. So if you go to page
25 4, there is a chart called the Client Release data,

1 days of persons who have exceeded their past release
2 duration.

3 So what this chart shows is that, if you
4 had 100 people lined up, and you put them in order
5 of how long that they stayed out of prison, the
6 worst 25 percent of those people, the people that
7 had spent the least amount of time out of jail,
8 would have shown an improvement of over 220 release
9 days over their previous history.

10 An as you go up into the higher
11 percentiles, the average person that we're looking
12 at in this population had an improvement of over 531
13 days. That means that, where before -- in the case
14 of the 50th percentile, they started at 68 days, was
15 their normal average. They went back every 68 days.
16 After receiving a coupon, that average went up to
17 531. So you can see that the coupon is having a
18 huge, significant impact on people, not only just in
19 the two years that they have it; it's having a
20 significant impact on them not going back to prison.

21 So what does that mean, to get to Jeff's
22 point about money? And as I alluded to earlier,
23 it's actually not a cost savings, but the difference
24 between the normal recidivism rate or the
25 reincarceration rate, which is about 66 percent in

1 Alaska and other places in the United States, for
2 the people that we're impacting who are not going
3 back to prison, over the baseline, the 66 percent,
4 we would theoretically save Corrections
5 \$2.1 million a year for an investment of a
6 per-person average of \$700 a month. So that's
7 taking into consideration, you know, the money that
8 we spend.

9 So the data is extremely supportive of --
10 extremely good and extremely supportive of what
11 we're doing under the TBRA program.

12 And this is where, Jeff, I get back to
13 your comment about how do we use this to project
14 what we would need to invest in order to stop the
15 growth rate. We need to do some more investigation
16 of the population data and ask a couple of other
17 variables from Corrections to be able to get to that
18 point. But we think that, if we can take this
19 success and then assume that we could achieve a
20 similar level of success with a broader prison
21 population -- there are approximately 6,000 people
22 that are in prison now, and I believe, from talking
23 to Aaron earlier, there is another 6,000 that
24 Corrections reports that are in some form of parole
25 or post-release but still under contact with

1 Corrections.

2 If we could translate this success to
3 that larger population, then I think we'll be able
4 to at least come up with, you know, a projected, all
5 things being equal, analysis of how much we would
6 have to invest in rental assistance to get the
7 growth rate of reincarceration of the prison
8 population down to the point where you wouldn't have
9 to build the additional beds.

10 There are a whole lot of assumptions
11 there, you know; and, granted, the largest one being
12 that this data is based on people's success outside
13 of Anchorage. And I think everybody knows that the
14 largest percent of people being released in Alaska
15 are being released into Anchorage, and so there's
16 going to be some change if this program started
17 operating in Anchorage. The market is tighter. You
18 know, there's more landlord resistance than there
19 might be in the Balance of State.

20 But there is a growing kind of prisoner
21 management system in Anchorage with Partners for
22 Progress, the New Life Development, the Justice
23 Center, CIC, and others that is encouraging; and I
24 think that, should we, A, be able to expand this
25 program through some funding mechanism, into

1 Anchorage, that there would be a case management
2 service that could help people reengage really
3 quickly, and so that they didn't end up being
4 homeless or put in a situation where they were
5 forced to reincarcerate for whatever reason.

6 CHAIRMAN BUTCHER: Any questions from council
7 members?

8 MR. KUIPER: Mr. Chairman, I just had a
9 question about the timeline on the Recidivism Tasks
10 Force that you mentioned earlier. Is there a
11 timeline for that group?

12 CHAIRMAN BUTCHER: Yes, there is. It's early
13 2015. I think it's a report near the beginning of
14 the session. And my guess would be, we're not going
15 to see an all-comprehensive report; we're more going
16 to see probably a snapshot of where we are, what
17 we're doing; and then the next step would be getting
18 into a little bit more detail on what can we do.

19 MR. ROMICK: Mr. Chairman, if I could add one
20 thing I forgot to mention. On the chart, the red
21 line shows the improvement, by individual, over
22 their previous incarceration, but the blue line is
23 actually their LSIR score. And so you can see that
24 the improvement is almost unrelated to the LSIR
25 score, so that even those folks that have a higher

1 risk of reoffending are having amazing success
2 having rental assistance.

3 CHAIRMAN BUTCHER: Yeah. And that actually
4 came as a little bit of a surprise to me, because I
5 know, earlier, when we were looking at the
6 information and breaking it down, I wondered if the
7 numbers would be skewed by some of the lower people
8 having a much longer period than some of the more
9 at-risk people having a higher rate, but it seemed
10 to be pretty much across the board.

11 Okay. Thank you, Mark.

12 Mike?

13
14 PUBLIC HOUSING UPDATE - AHFC

15
16 MR. COURTNEY: Well, I wish I had good news
17 like Mark and was going to be able to say that the
18 demand for affordable housing has lessened, and it
19 has not. Our statewide, for Alaska Housing Finance
20 Corporation -- we have about 1,628 units statewide
21 of public housing, and our waiting list is about
22 1,900 people right now, so more than one person
23 waiting for every door that we have.

24 Our voucher program -- we've got about
25 4,380 vouchers statewide, and we've got about 2,450

1 on the wait list for that. Demand is very strong.

2 We opened up a lottery wait list in
3 Anchorage. We've been opening and closing our wait
4 lists across the state -- I'm sure a lot of the
5 folks in this room have noticed -- kind of in
6 response to demand.

7 And we don't want to create a false hope
8 if our waiting lists are so long that somebody is on
9 the waiting list for four years and doesn't really
10 have a hope of getting any immediate housing, or any
11 housing, in a relatively reasonable period of time;
12 and so we've made some decisions to close waiting
13 lists in different areas. And then, as we see some
14 attrition on those waiting lists or we purge those
15 lists, we'll open them back up.

16 So, having said that, we had the
17 Anchorage Housing Choice voucher wait list closed
18 for about -- just about two years. And we opened it
19 up to a lottery for the month of August, and we got
20 about a little over 1,200 applicants. The last time
21 we opened up our lottery for about a month, we got
22 about 1,900 applicants; so a little bit less, but
23 we're still working some of our old wait lists in
24 Anchorage, and I'm sure that was part of it.

25 The good news is, in partnership with the

1 Veterans Administration and the Department of
2 Housing and Urban Development, we do have another 16
3 VASH vouchers that have been assigned to Alaska,
4 bringing our total to about 226 now. We've been
5 working with Sherrie and a lot of the people in this
6 room -- Sherrie Hinshaw -- on a new disability
7 set-aside voucher program; so we've had a lot of
8 really small pots of money here and there that we're
9 combining into one so that we can be a little bit
10 more agile with the voucher program in relation to
11 persons that experience disabilities.

12 Our rent reform program is now in full
13 swing. I think a lot of the folks that we have
14 spoken to here are aware of it, and I'll be speaking
15 more to our rent reform program tomorrow afternoon.

16 But our voucher program went into rent
17 reform February 1st of this year, and then our
18 public housing program entered the rent reform
19 transition period the first year in May.

20 And so we're actually several months down
21 the road, and it's going extremely well. And we are
22 very optimistic that it's going to allow more and
23 more people to get more assistance. And one of the
24 biggest problems that we've had is, we've seen more
25 and more housing assistance payments going to less

1 and less people. And we've seen that housing
2 assistance payment on our voucher program go from
3 \$590 a month -- that's the amount that we help pay
4 to a landlord to assist somebody to remain in stable
5 housing -- from about \$590 a month just a couple of
6 years ago to about \$660 a month statewide now; so
7 it's been creeping up significantly, and it's no
8 surprise, due to the type of housing markets that we
9 see here.

10 As a result of the rent reform program,
11 we're also expanding our family self-sufficiency
12 program, which is now morphing into our Jump Start
13 program. As a result of that, we are working with
14 our case managers statewide, working to develop new
15 partnerships with different entities that can assist
16 our clients with job referrals, job searches,
17 educational opportunities.

18 So we've been partnering with UAA, YWCA.
19 We've worked with NeighborWorks a bit, and we're
20 looking for other opportunities across the state
21 where we can have excellent referral systems in
22 place to help our clients as our rent reform
23 programs build over the next couple of years.

24 Another issue that we run into statewide
25 is lack of enough accessible units for persons that

1 experience disabilities. So we have our annual
2 staff training in September every year; so the week
3 of September 15th, we brought all our management
4 staff in from around the state and did a refresher
5 on reasonable accommodations. So all of our
6 management staff across the state is very familiar
7 with the reasonable accommodation mechanisms.

8 I'm the Reasonable Accommodation
9 Coordinator for Alaska Housing Finance Corporation,
10 and so we'll work with our staff as much as possible
11 to make sure that they understand the process for
12 dealing with persons with disabilities.

13 In addition to that, we've had an
14 agreement with HUD for the last several years to
15 rehab a lot of the accessible units that we have
16 statewide, and we are actively working statewide to
17 improve the accessibility of both our apartment
18 communities and our individual units in order to
19 make them more accessible to persons that have
20 mobility and other impairments.

21 I think several people in this room also
22 know that we had our groundbreaking this last week
23 for Ridgeline Terrace, which is our new 70-unit
24 apartment development on Mountain View Drive in
25 Anchorage. It's 50 family units and 20 units for

1 seniors. It's been a challenging site. I think
2 Glenn Gellert spoke a little bit to that this
3 morning, but we're really happy that the project is
4 underway.

5 And then in conjunction with that, we
6 have started our new Russian Jack development, which
7 is actually a redevelopment of four 4-plexes. We'll
8 take those 16 units and make them into 18 units.
9 And that project has just started also. So we're
10 very happy to see progress made in at least
11 establishing some new units in Anchorage.

12 One last thing is that our public housing
13 division was designated a Moving to Work agency by
14 HUD in 2008, which allows us to actually create the
15 nonprofit entity Alaska Corporation for Affordable
16 Housing that allows us to partner with developers
17 and create projects that actually have debt so
18 that -- most public housing authorities are not
19 allowed to carry mortgages, and so this MTW, Moving
20 to Work, designation allows us to partner. It
21 allows us to enter our rent reform programs. It
22 allows us to be much more creative in the
23 development of affordable housing.

24 And it was a ten-year commitment by HUD
25 that we got in 2008, and we are working with HUD

1 right now to get a ten-year extension. Our MTW
2 designation ends in 2018, and we're working actively
3 with HUD at this point in time to try to get that
4 extended so we can continue to be as progressive as
5 possible and to create as much affordable housing in
6 Alaska as possible.

7 I'd be glad to answer any questions, if
8 you have any.

9 MS. PEARSON: Can you tell me the name of the
10 nonprofit again?

11 MR. COURTNEY: Alaska Corporation for
12 Affordable Housing, ACAH. It sounds like a raven.

13 MR. KUIPER: Mike, just for maybe my benefit,
14 and maybe there's somebody else that doesn't know
15 what it means to have a rent reform program: What
16 does it mean?

17 MR. COURTNEY: I'm going to speak to it quite
18 a bit tomorrow, if anybody will be there for my
19 presentation on public housing.

20 But our rent reform program is
21 essentially a way for us to spread the wealth, so to
22 speak. We've looked at our populations over the
23 last several years. And as I mentioned, our housing
24 assistance payment has been going up; so we're
25 helping fewer and fewer people with more and more

1 money.

2 And so, also, looking across the country,
3 there's a lot of other Moving to Work agencies that
4 have been very, very successful in creating more
5 employment through incentives as a public housing
6 authority, and so that's the methods that we're
7 taking.

8 Our rent reform program essentially
9 splits our tenant population into two
10 groups: elderly, disabled, or persons that are not
11 able to -- would not be considered work-able; and
12 then our other population, which we call our step
13 population. Those are families in which at least
14 one adult member of the family does not show a
15 disability and is not elderly, meaning we would
16 consider them work-able.

17 And when we looked at our entire
18 population for both our voucher program and our
19 public housing program statewide, we found that only
20 23 percent of those work-able households reported
21 any kind of earned income. And so that means that
22 77 percent of our clients that were work-able, or at
23 least one person in that family was work-able, were
24 not reporting any kind of employment.

25 And so that, combined with the fact that

1 we're seeing our housing assistance payments go up
2 every year significantly to the point where it would
3 not be sustainable, we felt that we had to do
4 something. And so we made a decision to enter into
5 rent reform, which is essentially -- for the
6 work-able population, there is now a five-year time
7 limit with some exceptions.

8 And then the first year, the rent is
9 actually about 28.5 percent of their annual gross
10 income, which is a slight change. Previously it was
11 30 percent of their adjusted gross income. So if we
12 take some of those adjustments away, it came out to
13 about 28.5 percent.

14 So the first year, all of our clients in
15 this transition period, or all new clients entering
16 our program, pay 28.5 percent of their gross income
17 to rent. The difference is, in the classic
18 population, the elderly/disabled population, their
19 rent will remain the same, and there is no time
20 limit. It will just be based on that traditional
21 28.5 percent formula.

22 Our step population will actually
23 encounter rent increases every year. Our subsidy
24 will step down over a five-year period. When I said
25 there were some exceptions to that five-year period,

1 we've made a decision that, if people are willing to
2 pay that -- it wouldn't be quite market price, but
3 very close to market price in that fifth year -- we
4 would have a conversation about allowing them to
5 stay for a couple more years if they were paying
6 full rent.

7 The whole idea behind this is to get the
8 people that are paying those higher rents into the
9 other housing continuum Bryan was speaking of
10 earlier, meaning maybe more in the private sector
11 markets, tax credits that aren't quite subsidized
12 but the rent isn't quite full market; and that
13 allows us to free up more of those folks in the
14 under 30 percent median income category in order to
15 get into housing and free up some of that assisted
16 housing space.

17 Does that answer your question?

18 MR. KUIPER: It does. Thank you.

19 MR. JESSEE: How does the cost of a public
20 housing unit compare to the cost of a voucher?

21 MR. COURTNEY: As far as rent revenue versus,
22 like, a market rent, you know, landlord?

23 MR. JESSEE: Well, I'm just trying to figure
24 out --

25 CHAIRMAN BUTCHER: From the perspective of the

1 tenant?

2 MR. JESSEE: No. From the perspective of
3 AHFC. I mean, you run public housing; right?

4 MR. COURTNEY: Right. You know, I don't have
5 what our actual subsidy level would be for the
6 public housing units here or off the top of my head,
7 but I could do a little research and get it back to
8 you, Jeff.

9 MR. JESSEE: Well, I'm just trying to figure
10 out what the role of public housing is in a housing
11 strategy. Is it more expensive to house people in
12 public housing as opposed to giving them vouchers?

13 MR. COURTNEY: Absolutely, yes, because, in
14 public housing, we own the property, we perform the
15 maintenance, and typically -- I think our present
16 HUD funding formula is about 88 percent of our full
17 operating requirement. And so, if we give them a
18 figure that it costs us \$100 a unit to maintain for
19 our operating budget, they fund us at 88 cents.

20 And so, No. 1, we are a little behind in
21 operating all the time. Having said that, it's kind
22 of a zero-sum equation, because, over about a
23 three-year period, our rents actually -- our
24 operating costs actually level out through HUD
25 because they make adjustments over a three-year

1 period. So it's the Housing Choice voucher program
2 where we see those payments going up so much.

3 As far as the public housing program,
4 what we're dealing with is higher utilities, higher
5 staff costs for management, higher maintenance
6 costs -- the same thing that any other housing
7 provider would run into.

8 And then, of course, when you're dealing
9 with percentage rents, you're not getting the full
10 market price. And that's where HUD comes in and we
11 get the subsidy, which helps us immensely to provide
12 this service.

13 MS. STONE: So I'd like to provide -- is the
14 mike on?

15 MR. COURTNEY: Push the button.

16 MS. STONE: I'm Cathy Stone, Director of the
17 Public Housing Division.

18 And how it works -- in respect to the
19 voucher program, Mike has got it down. We get a
20 budget from HUD, and we can only provide as many
21 vouchers as the budget provides. So housing
22 assistance payments to landlords are very high, and
23 so then we issue less vouchers. It's all dependent
24 on that.

25 In respect to public housing, HUD

1 provides us a per-unit costs, a flat dollar amount
2 based on the area where someone lives. For certain
3 areas, like Bethel, they'll give us more per unit.
4 And then, to bridge the gap, it's whatever people
5 pay in rent. So that's how our budgets are
6 formulated in public housing.

7 And like Mike said, we don't carry
8 mortgages on the properties; so, you know, the
9 subsidy we get from HUD per unit, as well as the
10 tenant rents, basically pay our costs for our
11 residents, as well as, you know, additional utility
12 costs and operations to run the office.

13 Does that answer your question,
14 Mr. Jessee?

15 MR. JESSEE: Yeah. I think so. I guess I'm
16 trying to figure out, why do we need both public
17 housing and vouchers? Do they serve a different
18 purpose? Is it because they're funded differently?
19 Are there different kinds of people in the two --
20 and I don't want to go off on a tangent. I'm kind
21 of ignorant.

22 MS. STONE: They're completely -- they're
23 funded completely differently, and the voucher
24 program is most popular HUD program in the nation.
25 And it gives people a choice -- by its name,

1 "Housing Choice" voucher -- and they're given a
2 voucher to go into the community to find anywhere
3 they want to live. You know, it's up to them what
4 area they want to live, what schools they're near,
5 if they're near a job, you know.

6 MR. JESSEE: So the reason it's good to have
7 public housing in addition to vouchers is?

8 MS. STONE: Mike?

9 MR. COURTNEY: We're going to tag-team here.
10 I should have phoned my friend first.

11 Public housing is excellent in areas
12 where there is no housing stock that would support a
13 private landlord market or an HCV program.

14 MR. JESSEE: Okay. That makes sense.

15 MR. KUIPER: And may I ask one follow-up
16 question? And maybe it's -- you raised it in my
17 mind, Jeff.

18 But have you done the cost comparison,
19 what it costs to help subsidize or provide housing
20 for an individual, voucher versus housing units?

21 MS. STONE: Well, it's like comparing apples
22 and oranges. It's more expensive to own and
23 maintain public housing. With the subsidy we get
24 from HUD, it's affordable because we get their
25 assistance as well as the rent from our tenants.

1 And in the voucher program, the expense
2 there is primarily program managers or case managers
3 to bring people in, sign them up, you know, maintain
4 an office in certain locations.

5 I can tell you it takes about 400
6 vouchers per case manager, which we manage to do in
7 Anchorage. But Anchorage really does support the
8 rest of the state in some ways, because our smaller
9 communities might have, you know, down to 50 or 100
10 vouchers in Homer. We still have an office. You
11 know, we have a voucher office, so we have to kind
12 of -- the big dog is Anchorage, and it supports some
13 of the smaller communities as well.

14 MR. KUIPER: Thank you.

15 MS. STONE: You're welcome.

16 CHAIRMAN BUTCHER: Any other questions? Okay.

17 Thank you, Mike. Thank you, Kathy.

18 MS. STONE: You're welcome.

19 CHAIRMAN BUTCHER: We can go on to Item 5,
20 Alaska Coalition on Housing and Homelessness and
21 Anchorage Coalition to End Homelessness update,
22 Scott Ciambor and Carmen Springer.
23
24
25

1 ALASKA COALITION ON HOUSING AND HOMELESSNESS
2 AND ANCHORAGE COALITION TO END HOMELESSNESS
3 UPDATE
4

5 MS. SPRINGER: I'd like to take the
6 opportunity to introduce myself to the council. My
7 name is Carmen Springer, and I'm the new director of
8 the Anchorage Coalition to End Homelessness.

9 I would like to offer some information
10 about the organizational development steps that the
11 coalition has taken recently as well as the current
12 status of the community in Anchorage.

13 So, obviously, hiring dedicated staff,
14 which is my position, is a big step for our
15 coalition. And we are proud of this coalition to be
16 following up on some of the strategic planning
17 decisions that we made in the past few months and
18 the coordination we have been doing with the
19 statewide coalition.

20 And some of the decisions we made
21 throughout that process were to be data-informed in
22 the decisions we've been making; and some of that
23 process, you've seen throughout the conference as
24 we've been reviewing our HMIS system -- how our
25 users use that and what we use that data for.

1 We also have a commitment to the
2 efficient use of our resources, and we're going
3 about that by reviewing our CoC process and trying
4 to allocate resources within our community and using
5 community input to make sure that all people have a
6 voice in that, are informed about how those
7 decisions are made, and making sure their input is
8 heard.

9 So throughout the month that I've been
10 employed with the coalition, I've taken the
11 opportunity to start to get to know my board members
12 as well as some of the other community members that
13 are offering services within our community, and I've
14 heard two things from them. The first is a huge
15 amount of pride in the services they offer to our
16 community, and the second is a level of frustration
17 about the gridlock they're stuck in.

18 Nothing I'm going to tell you is new.
19 You've heard it before. You've heard it at this
20 conference, some of what you've heard in the
21 testimony already today.

22 There's not enough housing in Anchorage.
23 There's not enough housing at any level, but
24 specifically there's not enough in permanent
25 supportive housing. We don't have the

1 infrastructure to support it, and we don't have any
2 mechanisms to put it into place the way we need to
3 have it.

4 Looking into winter, our shelter systems
5 and our other care mechanisms are worried, because
6 we are already operating above capacity, and we
7 don't know how that's going to work out at we move
8 into the colder months in our city. For safety
9 reasons, a lot of our shelters have had to put into
10 place, or to be stricter about, the policies that
11 keep people out or put people out that are either
12 chronically homeless or need additional support.

13 And with nowhere for upper mobility for
14 our citizens to move, that are experiencing
15 homelessness, it puts them in a seriously
16 compromised position, because they have nothing to
17 do, nothing additional to offer, and they have no
18 resources they can refer them to, because they're
19 maxed out; and they become the bad person that's
20 reflected in our community.

21 The idea of permanent supportive housing
22 is very basic. We've heard a lot of people discuss
23 it at the conference today, and even the community
24 members that volunteer with our emergency cold
25 weather plan have recognized this. And as they

1 volunteer in our churches and throughout our
2 community, they have had the idea themselves to want
3 to add service to just the mere idea of getting
4 people a place to live. They're trying to figure
5 out how to add value to that.

6 And if our citizens that are not informed
7 by coming to conferences like this and having the
8 data behind it recognize the value of adding service
9 to giving a shelter and a place to live can come to
10 the conclusion on our own that shelter is not
11 enough, that they need support in funding their
12 journey, then we need to recognize that we need to
13 put into place the infrastructure for how to help
14 support the people that we're housing.

15 MR. CIAMBOR: Thanks, Carmen.

16 I apologize to Carmen. I promised to get
17 with her and kind of choreograph -- put the
18 choreography to this presentation, but we have not
19 been able to get together yet; so we're doing the
20 best we can.

21 But thanks, Carmen.

22 And I think, you know, Carrie put us on
23 the agenda together because, again, we're trying to
24 show more of that statewide collaboration amongst
25 coalitions all around the state as being the key

1 component of moving systematic changes in place to
2 end homelessness in all communities in Alaska. So I
3 think, at future council meetings, we'll continue to
4 present together; and we look forward to that
5 integration between the entire Alaska Coalition as
6 wells as Anchorage.

7 So, from the Alaska Coalition on Housing
8 and Homelessness, our update is the following: We
9 have a conference going on right now; and I'd like
10 to say a special thanks to the conference planning
11 chair, Mariya Lovishchuk, who kind of helped to
12 drive and get all of the folks together here in the
13 room here in Juneau, outside of our normal confines
14 of the Marriott in downtown Anchorage. And so it
15 takes a lot of effort to get this done.

16 We've had over 150 people register to
17 attend these three days. We have 64 presenters,
18 meaning the content level of this conference has
19 been outstanding and superb. And I think we had
20 some very relevant plenary speakers who are not only
21 focusing on Housing First, but on Wednesday, with
22 Josh Arvidson talking about, you know, the trauma
23 and the healthcare aspects of homelessness for the
24 folks that we know are experiencing it in Alaska.

25 We're super excited also -- at the last

1 session, we announced our new board members. The
2 new board will meet as a whole body in October.
3 We'll have a retreat in November. And so we are
4 excited to kind of gear up and keep the momentum
5 that has been building with this coalition.

6 As you've seen around on some of our
7 materials, we also have a new logo. We wanted to
8 give an identity to the organization and make it
9 very Alaska-representative. And so our designer,
10 Tanna Peters, did a great job there in kind of
11 encompassing kind of the feeling behind the board in
12 looking at trying to brand our organization.

13 Also mentioned at the last plenary
14 session, we're super excited to hire an executive
15 director similar to Anchorage. The ability to
16 educate, navigate by having the capacity and savvy
17 to do that is super important.

18 Again, looking at the schedule for this
19 conference, you realize that we're not talking about
20 very easy issues to solve; otherwise, they'd be
21 solved already. And so it means constant education
22 from everything from service providers up to
23 development of housing and even fair market housing.

24 In terms of partner projects, you know,
25 one of the things that the state coalition has

1 emphasized in the past few years has been
2 collaboration. One of the things is, in the last
3 six months, there's been a lot of talk about the
4 Alaska Homeless Management Information System. In
5 May, we had an outside evaluation from Barbara
6 Ritter that we had some takeaways from.

7 The subcommittee, which involves members
8 of the Anchorage Coalition, the Muni of Anchorage,
9 AHFC, and the State Coalition, really felt like, to
10 back up the results from that outside contractor, we
11 needed to do a user improvement survey.

12 And so that user improvement survey was
13 completed about a week ago. We had over 60
14 survey-takers of the current 100 or so AKHMIS users.
15 It was pretty much invaluable information to give us
16 a direction on where to go to help improve the
17 system.

18 And so, yesterday, in our work session,
19 we came up with about ten takeaways that we're going
20 to go ahead and start tackling at the October 14th
21 AKHMIS committee meeting. This is obviously very
22 important to the council, because it's better for
23 you guys to make higher-level decisions once the
24 data is even more concrete and reliable.

25 The other item that's going on -- first,

1 I'd like to thank the Department of Housing and
2 Urban Development for dropping their "No" vote for
3 the Continuum of Care program last week, one week
4 before the conference. Double thanks, because you
5 dropped it over the holidays last year. (Laughter.)
6 So it puts a little stress on the coalition board
7 and the applicants themselves, and so we're trying
8 to work our way through it.

9 The Continuum of Care was brought up
10 earlier in Bill Hobson's discussion. Likewise, with
11 the AKHMIS, there is a movement in place to help put
12 in some operating policies and procedures that are
13 very clear-cut for the way the Balance of State
14 Continuum of Care program is operated.

15 For those who don't recollect, in 2012,
16 this made that transition of management of the
17 program over to the state coalition, and obviously
18 there was a steep learning curve on how to do it
19 fair and equitable and then to respond to HUD's
20 increasing need for better outcomes and focusing on
21 funding towards permanent supportive housing.

22 So, actually, it was just this morning we
23 put into place some final terms that have a
24 contractor help us review our process as we go
25 through the next couple of weeks and really help us

1 devise some draft operating policies and procedures
2 that we can go ahead and work through up until the
3 next funding round. So we're excited about that
4 too.

5 The final thing is, again, something that
6 you guys have been talking about today as well. I
7 think, at our opening session, two of our speakers
8 said, you know, we really want the Alaska Coalition
9 on Housing and Homelessness, as well as all the
10 attendees, to be bold; so this is the topic that we
11 want to be bold on. As you know, both the Anchorage
12 Continuum of Care and the Alaska Balance of State
13 Continuum of Care have both identified the need for
14 permanent supportive housing in the state.

15 We drastically need it not only to handle
16 the prison reentry population, the chronic
17 population, but the youth population and a lot of
18 different groups could use this style of housing in
19 the state. It's the No. 1 priority.

20 And so how do you get that done? You
21 know, permanent supportive housing projects, we've
22 heard, require capital funding, operating services,
23 capacity-building. And so the state coalition would
24 likely like the council to put kind of a task force
25 together or to look at these issues and explain to

1 us how exactly we're going to create that permanent
2 supportive housing pipeline in the state.

3 One of the things that has also been
4 mentioned is, you know, in current discussions
5 around the state, the Medicaid Reform Advisory
6 Group, the State Criminal Justice Commission,
7 HB 266, which, in all of those discussions, you
8 realize that the answer to at least a portion of
9 those talks has to be permanent supportive housing.
10 You're not going to not build that next bridge or
11 help more people on reentry if you don't have more
12 permanent supportive housing in this state.

13 And so we have drafted a motion for the
14 council to consider to do just that, to be part of
15 the relevant state commission discussions as a
16 council, to see about the sustainability of services
17 and how we can go about and create that pipeline of
18 permanent supportive housing in the state. So I'll
19 pass this along here shortly.

20 One of the things that came out of our
21 participation in the National Alliance to End
22 Homelessness conference this year, I sat in on a
23 United States Interagency Council on the Homeless
24 session where they were looking to get guidance and
25 feedback from people who are in continuous care,

1 exactly, you know, what issues they want the USICH
2 Council on the Homeless to plan to address.

3 And one of the things that was prevalent
4 was, What does Medicaid expansion mean for
5 supportive service providers? And basically
6 everybody in the room was, like, "We don't know.
7 We're not capable enough of understanding the
8 complex issue to see how it is relevant to permanent
9 supportive housing and ending homelessness"; and so
10 that is kind of another idea there that goes into
11 that notion.

12 The other thing that is often discussed
13 in council meetings is the issue of social security
14 and getting benefits to this population that needs
15 them. Well, we have been reaching out to the Social
16 Security office in-state and trying to address a lot
17 of these issues but not having much luck. So we've
18 invited Social Security to come and be a part of
19 this conference because they need to be in the room
20 as we try and work through our SOAR.

21 And so, again, I would bring that task to
22 the council to see, you know, how can we engage in
23 those discussions too, because we'd like to have
24 that at next year's conference or before then.

25 And so that's the update from the state

1 coalition. So, again, I think this collaboration of
2 having this meeting during the conference is great.
3 The public participation is fantastic, and we look
4 forward to doing it again in Anchorage next year.

5 CHAIRMAN BUTCHER: Thank you, Scott.

6 Do you have any questions?

7 MS. PEARSON: Scott, I just wanted to ask:
8 Are you working with the Anchorage Continuum of Care
9 on the policies and procedures, or is the Alaska
10 Coalition doing it separately?

11 MR. CIAMBOR: Yeah. Right now, we're at
12 still-separate continuums. And the Balance of State
13 continuum has planning grants from the previous
14 round; so we're using those to develop it on its
15 own.

16 In past years, though, we have
17 collaborated with the Alaska Coalition Continuum of
18 Care program to put some synergy in and make sure
19 that a lot of the forms and the process looks pretty
20 similar. It's not exactly the same, but it's close.

21 MS. PEARSON: Thanks.

22 CHAIRMAN BUTCHER: Thank you.

23 MS. CROTTY: Excuse me. I have a question or
24 a clarification.

25 Are you asking to have SSI as a council

1 member, as you have asked -- somebody else asked for
2 someone from the Department of Labor? Or was that
3 just as an advisory --

4 MR. CIAMBOR: Oh, no. Just as -- you know, it
5 has been brought forth that we're very low in
6 accepting grants for SSI and SSDI. Senator Begich's
7 office held a meeting in the winter of last year,
8 trying to get some traction on how to increase that
9 rate; and it's been very difficult to communicate
10 and continue to have that dialogue.

11 CHAIRMAN BUTCHER: Okay.

12 MR. KUIPER: Excuse me, Mr. Chair. So I
13 understood that you're bringing a recommendation to
14 the council?

15 MR. CIAMBOR: Uh-huh.

16 MR. KUIPER: Okay. And it includes that the
17 council form a subcommittee, a special subcommittee?
18 Or you're going to hand those out? Okay. Thank
19 you.

20 MR. CIAMBOR: The meeting part is in the last
21 paragraph.

22 MR. KUIPER: Mr. Chairman, would someone
23 please read it for the audience?

24 MR. CIAMBOR: I can do that. The entire
25 thing, or the meeting part?

1 MR. KUIPER: I think the entire thing.

2 MR. CIAMBOR: Okay. So this is a draft motion
3 for the council to consider.

4 Whereas the Alaska Council on the
5 Homeless is a governor-appointed council established
6 in 2004 to develop the state's plan on addressing
7 issues related to homelessness and continues as a
8 public policy forum for recommendations on the use
9 of state and federal resources to address
10 homelessness.

11 Whereas the State of Alaska continues to
12 see challenges within our safety net programs
13 assisting families and adults who experience
14 homelessness.

15 Whereas at this point in time, we have
16 seen significant reductions in the number of
17 Alaskans who have disabling conditions and multiple
18 homeless episodes ranging from 323 in the 2009
19 point-in-time count to 182 in the 2014 count. This
20 population continues to revolve through our
21 emergency service systems, cause problems for
22 communities and neighborhoods, and consume a
23 disproportionate amount of resources.

24 Whereas as the Alaska Council on the
25 Homeless represents the constituent state agencies

1 that provide services to the homeless and is faced
2 with reduced resources to manage challenging
3 problems.

4 Be it resolved that the Alaska Council on
5 the Homeless makes recommendations to the relevant
6 state commissions convening to address the
7 sustainability of services to the same population,
8 including the Medicaid Reform Advisory Group, the
9 State Criminal Justice Commission, and the HB 266
10 Recidivism Work Group, with a request to partner
11 with housing and homeless providers in planning for
12 the sustainability of effective social services in
13 communities and to address systemic infrastructure
14 inadequacies that limit the ability to provide
15 effective support through permanent supportive
16 housing.

17 MS. PEARSON: Mr. Chair, a question.

18 So are there groups currently not working
19 with our homeless providers?

20 MR. CIAMBOR: And that's a question for the
21 council. We're not sure if they are, but we want to
22 make sure that we are involved in that dialogue.

23 CHAIRMAN BUTCHER: Can we take a brief "at
24 ease," please?

25 MR. CIAMBOR: Sure.

1 3:23 PM

2 (Off record.)

3 3:24 PM

4 CHAIRMAN BUTCHER: And we can certainly
5 discuss this. I feel a little uncomfortable. At
6 first blush, I don't have an issue with it, but I
7 feel a little uncomfortable. Thirty minutes before
8 the end of the meeting it's kind of being dropped on
9 us. We haven't had an opportunity to vet it.

10 I would prefer to take it up at the next
11 council meeting. You certainly would have our word
12 that we would put it together. We would have it up
13 in front of the council; and if there is a way in
14 which we think we could make it better, that's
15 something that we would take up at that time.

16 MR. CIAMBOR: Excellent. And this is not a
17 suggestion for a vote right now.

18 CHAIRMAN BUTCHER: Okay.

19 MR. CIAMBOR: It's just something for you to
20 consider. We do just understand that permanent
21 supportive housing is key and being involved in all
22 statewide dialogues is important.

23 CHAIRMAN BUTCHER: Okay. And at first blush,
24 like I said, this doesn't seem like it's anything we
25 have an issue on. We just want to go through it and

1 make sure it's worded the way that we best want it
2 to be worded.

3 MR. CIAMBOR: Perfect.

4 MR. JESSEE: Yes. I think it gets to some
5 important issues. I know, of course, AHFC is
6 explicitly a part of the HB 266 process. The
7 Criminal Justice Commission -- I think that's a good
8 point. I don't think there is -- they have only met
9 once; and I don't think housing really has come up
10 as an issue there, but it probably should. And I'm
11 not sure housing has really come up in the Medicaid
12 Reform Advisory Group, but that seems like a natural
13 opportunity to inform that group.

14 I don't think there is anybody on that
15 group that has any kind of housing background, but
16 we've heard for a couple of days now how critical
17 Medicaid is to developing this continuum of care.

18 So I agree with you, Bryan. I think it
19 would be good for to us take a look at it and see
20 how we can deal with it when we get together again.

21 CHAIRMAN BUTCHER: Thank you. And just for
22 the benefit of the council, I have had a
23 conversation with Past Commissioner Struer on the
24 Medicaid issue, just discussing, Is there somebody
25 on there? Should we have a participatory role in

1 that? And I have not followed up on it, but that's
2 something I'll do.

3 And so certainly we will work with you in
4 the upcoming months to make sure it gets worded the
5 best can way we can.

6 MS. CROTTY: And, Mr. Chairman, I would just
7 want to make the clarification too, because of what
8 I've been hearing throughout the conference for
9 supportive services, the absolute role, responsible
10 role that SSI and SSDI plays in providing this
11 preventative -- or these supportive services.

12 So I'm not sure if we add this in here.
13 I just don't want that to be get missed, because it
14 seems that that is a pocket of resource that is very
15 critical to this population.

16 CHAIRMAN BUTCHER: Yes. That's a good point.
17 Why don't we do this. Scott and Mark and our folks
18 will work together. We'll distribute a draft well
19 in advance of the next meeting so everybody has a
20 chance to take a look at it. If there is something
21 they feel like they would like added, we would
22 certainly be open to doing that at that time.

23 MR. KUIPER: One more question.

24 What is the current understanding of when
25 the Medicaid Reform Advisory Group will come out

1 with its final recommendations to the governor?

2 CHAIRMAN BUTCHER: I don't know the answer to
3 that question. Maybe Al does it. I had just kind
4 of heard about it in another discussion and just
5 wondered what role Alaska Housing had, or might
6 have, in it.

7 MR. WALL: They have one more meeting on the
8 books that's scheduled in October, towards the end
9 of October. I'll look up the date. But the
10 recommendations won't come out until after that
11 meeting.

12 MR. KUIPER: So there's a bit of a time issue
13 here. If we intend to try to honor the request and
14 this meeting, the last of which is happening in
15 October, if there's any input that can be provided
16 to the Medicaid Reform Advisory Group from this
17 group, it seems like it needs to happen quickly.

18 MR. WALL: That meeting is on the 29th of
19 October. And whereas there's not a specific
20 representative for housing issues on the Reform
21 Advisory Group, but they are public meetings.

22 CHAIRMAN BUTCHER: Okay. Do you think it
23 would be possible for you to talk to the
24 commissioner or somebody else and ask if there is a
25 possible role we could play?

1 MR. WALL: Absolutely.

2 CHAIRMAN BUTCHER: Okay. We'd appreciate
3 that. Thank you.

4 MR. WALL: I'll get back to you on that.

5 CHAIRMAN BUTCHER: Thanks.

6 MS. PEARSON: I had a quick question.

7 As far as the current recommendations
8 being discussed, are housing or housing and homeless
9 prevention services anywhere in that recommendation
10 area or discussion?

11 MR. WALL: Not right now.

12 MS. PEARSON: Okay. Thank you.

13 MR. JESSEE: Well, what I'm thinking is,
14 you've already started the ball rolling on the
15 Medicaid reform, so if you kind of follow up with
16 the commissioner and Al on that -- I'm actually on
17 the Criminal Justice Commission, so I will pledge to
18 bring this up in that forum. I don't think we have
19 to have a resolution to, you know, engage in moving
20 forward on these things. I think a resolution at
21 some point would be good, but I think we can get
22 some stuff going without it.

23 CHAIRMAN BUTCHER: Yes. And we will do that.
24 We work with the Department on numerous issues.
25 Hardly a week goes by that we're not having a

1 meeting of some kind. We can certainly follow up on
2 that.

3 MR. JESSEE: Okay.

4 CHAIRMAN BUTCHER: Thank you, Scott.

5 MR. CIAMBOR: Thank you.

6 CHAIRMAN BUTCHER: Thank you, Carmen.

7 Next is Item 6, HUD Federal Program
8 Update, Colleen Bickford and Carma Reed.

9
10 FEDERAL PROGRAM UPDATE - HUD

11
12 MS. BICKFORD: Thank you. I'm the Colleen
13 side of Colleen and Carma. I'm the Field Office
14 Director for the Alaska HUD office out of Anchorage.
15 Let me just first give a brief update on the Alaska
16 Chapter of the United States Interagency Council on
17 Homelessness.

18 We had our meeting this morning. Just
19 briefly, for those of you who may not be as familiar
20 with the USICH in Alaska, we were formed in 2011.
21 Co-chairs -- I co-chair along with Susan Yeager, the
22 director of the VA Healthcare System for Alaska.
23 We've been the co-chairs since 2011.

24 We have traditionally met, in conjunction
25 with this meeting, the state homeless council, and

1 in conjunction with the Annual Homeless Conference
2 for the Alaska Coalition on Housing and
3 Homelessness; so we're really happy to be a part of
4 this event.

5 We last met in May. May 21st. And that
6 meeting was focused on a priority of the Federal
7 Strategic Plan to End Homelessness, the Opening
8 Doors, and the focus right now to try to end veteran
9 homelessness by the end of 2015, with the
10 point-in-time count in January of 2016 being the
11 measure.

12 And early in May of this year, Anchorage
13 Mayor Sullivan accepted the challenge to end veteran
14 homelessness in Anchorage. And our meeting a few
15 weeks later was really focused on what could we do
16 to help support that effort.

17 And I should also just mention, the
18 purpose of this federal council, this Alaska
19 chapter, is really focused on supporting the efforts
20 of the state and the local coalition. So we're only
21 meeting if there are issues that we can help address
22 through federal programs or initiatives or that sort
23 of thing.

24 And so VASH utilization has been
25 something that we have focused on in the past. So

1 are the discussions that Scott talked about. And I
2 took note, Scott. We will definitely follow up with
3 Social Security on that.

4 They may have tried to call in to our
5 meeting this morning. We had some telephone
6 technical issues; so we didn't have anybody on the
7 phone, but they were not here in person.

8 So, anyway, our main meeting was really
9 focused on what we could do to support Anchorage.
10 And during our -- so our meeting this morning was a
11 little more discussion on the challenge, new
12 resources that are available, particularly something
13 called five high-impact steps from the National
14 Alliance to End Homelessness.

15 So we wanted to share information about
16 those resources that are available for other mayors
17 who might be interested in understanding what can
18 help them address veteran homelessness in their
19 community.

20 We also had a rousing discussion around
21 data that I'll ask Carmen to talk about in a second,
22 but we also had some program updates. And I would
23 say one of the most interesting things that I heard
24 was social services for veteran families -- we heard
25 from Eileen Devine, who is regional VA leadership

1 out of Portland.

2 She came up for this meeting, and she
3 talked about some really good examples of the way
4 that that resource is being used. And you may know
5 that, recently, there was another investment in that
6 Supportive Services for Veteran Families for
7 Anchorage as well as Fairbanks, but at least I
8 learned, and will follow up on, that it's a
9 rapid-rehousing goal, that there's subcontracting,
10 which is kind of interesting. Higher-capacity
11 organizations can help others, and some of the more
12 rural communities that we have heard from, some of
13 the challenges with -- maybe there is just one or
14 two veterans, and AHFC doesn't have a presence in
15 that community, or just for whatever reason, there's
16 challenges with delivering for just a couple people.

17 So this might be an opportunity to talk
18 to some other partners like the Association of
19 Housing Authorities, maybe, to apply for this
20 resource and maybe help us collectively extend our
21 reach and provide services for folks that live in,
22 you know, more distant communities around the state.
23 So that's something that I'm definitely going to
24 follow up on.

25 The other thing is, it can serve

1 ineligible veterans; so a lot of folks -- you know,
2 not all the programs or the VA programs can serve
3 "other than honorable" discharge; so I think this
4 can give us a wider net.

5 So, anyway, it's looking -- that was an
6 interesting update. We also heard -- Cathy Stone
7 gave an update on the VA supportive housing, VASH,
8 voucher program update. And we had Steve Ashman
9 from the Municipality of Anchorage -- he gave us an
10 update on what is happening in Anchorage around the
11 mayor's challenge to end veteran homelessness.

12 And maybe before I jump over to a little
13 HUD updates, Carma?

14 MS. REED: So just a brief update on what the
15 rousing data discussion was. We know that the
16 challenge to end veteran homelessness by 2015 is
17 actually a challenge to end veteran homelessness by
18 January 2016. And right now, we are -- we count
19 veteran homelessness once a year, in January, in a
20 point-in-time count, or we distribute data on that.

21 So to know if we're going to make it or
22 not, a once-a-year point in time is not really a
23 very frequent look to see how we're doing on getting
24 there.

25 So we talked about, Well, what might we

1 look at in the interim to know if we're going in the
2 right direction, or if we need to fine-tune the
3 strategies. And some of the ideas that came up
4 were, for example, using a proxy. Catholic Social
5 Services collects data every day. They use the
6 Brother Francis shelter, and they could publish a
7 subset report of their population, which could give
8 us a good proxy of how we're doing.

9 And then there was also a formal request
10 made of the HMIS -- from the HMIS standing committee
11 chair for HMIS to try to do a quarterly report on
12 veteran homelessness in Anchorage.

13 That would not cover unsheltered veteran
14 homeless, because they don't do a street outreach
15 HMIS collection, that I know of. But all of the
16 homeless providers that are participating in HMIS
17 provide that information.

18 So that was interesting and I think might
19 provide an example of data that could be used as
20 we're trying to solve homelessness for other
21 populations as well as to provide data on a
22 community-wide basis.

23 MS. BICKFORD: I forgot to mention we also
24 had -- the VA did a really in-depth, interesting
25 overview of the enrollment process for veterans that

1 need "other than honorably discharged" -- the
2 designation. So we've had questions about that come
3 up; and so that was an overview with some slides, if
4 anybody is interested in that. I know that that's
5 been brought up just a few times; so it was good to
6 have them sort of review that.

7 From a HUD perspective, I know it's well
8 taken. We have also escalated, locally, the
9 interest in the Moving to Work extension, the
10 designation of that extension, and we are hopeful
11 that that will happen as well. There's been a lot
12 of discussion today about HUD funding and HOME and
13 public housing funding and that sort of thing.

14 I would just mention the other part of
15 the funding investment from HUD in Alaska, in large
16 part, for housing, follows through the Indian
17 Housing Block Grant program, also commonly referred
18 to NAHASDA. That's the name of the statute.

19 And on the agenda tomorrow, the
20 representative from the Association of Alaska
21 Housing Authorities, who -- they don't receive all
22 of it, but they receive probably 80 percent of
23 Indian housing block grant funding, and they are
24 scheduled to talk about some of their priorities,
25 including legislative priorities. So that might be

1 something worth talking about, just in terms of
2 other kinds of -- the other part of HUD funding that
3 comes into Alaska, which is roughly \$90 million a
4 year to tribes around the state of Alaska. So
5 that's a pretty significant investment.

6 The other sort of big news is, HUD has a
7 new secretary. Julian Castro was welcomed into the
8 HUD family in July, so we have new leadership. And
9 he comes with a lot of credentials, including the
10 mayor of San Antonio -- or "San Antone," as we say
11 in my family -- and a strong background in community
12 leadership. So we're getting familiar with our new
13 secretary.

14 Did you have any other updates, Carma?

15 MS. REED: Big news in the HUD realm, which
16 is -- you may not think it's directly related to
17 homelessness, but it could be -- is the CDBG
18 Disaster Resilience NOFA that was released a week
19 ago now. It's a billion dollars nationwide, and the
20 State of Alaska is one of the eligible applicants.

21 It's pretty big deal. The minimum grant
22 would be a million dollars, and it's really to look
23 for ways that communities can plan to be more
24 resilient in disasters in the future. So there is a
25 lot of information on that on the website, and I

1 think there will be discussions coming up and into
2 the future locally, here in the state of Alaska,
3 about that, so keep your ears open.

4 CHAIRMAN BUTCHER: Thank you. Any questions?

5 MS. CROTTY: Yes, I do. Thank you, Chairman.

6 Carma, who is eligible to apply for that
7 disaster money?

8 MS. REED: It's the State of Alaska, so
9 whoever the governor's office designates as the lead
10 entity. But it's a huge undertaking, and it's not
11 likely that any one agency would take it on by
12 themselves. And there's also a very large component
13 of outreach that is required. So I do think you'll
14 be hearing more information about the lead.

15 And I haven't heard who the lead is.
16 Have you?

17 CHAIRMAN BUTCHER: To answer part of your
18 question, there is a very specific list of disasters
19 that qualify, and Alaska has quite a number of them.
20 And AHFC -- we're not the agency, but we're working
21 with the Department of Commerce, Community, and
22 Economic Development, as well as the Division of
23 Emergency Preparedness office. So the state is on
24 it. We're working on it, and then, hopefully, we
25 will benefit from it somewhat.

1 Okay. Thank you very much.

2 Just a comment that we're running a
3 little late, but we have a little bit of leeway.
4 We'll be able to run over a little bit. And if
5 anybody has to leave for any reason after 4:00, we
6 understand; but we'd rather be a little bit more
7 thorough and get through stuff than to try to
8 shorten it up a little bit more than we might have
9 to.

10 Also, I don't know if he's still here,
11 but I wanted to note that Representative Sam Kito
12 had joined us for most of the meeting. And we
13 really appreciate any time any of our legislators or
14 policymakers have an interest and want to sit in on
15 the meeting.

16 With that, we'd like to go to Item 7, the
17 10-Year-Plan Update -- Carrie Collins, Mark Romick,
18 and Suzi Pearson.

19
20 10-YEAR-PLAN UPDATE
21

22 MS. COLLINS: Great. Well, I will start us
23 off. So as you've been hearing throughout the
24 conference, and as Bryan alluded to earlier, at the
25 last council meeting it was presented that AHFC, in

1 coordination with council members, would be taking a
2 look at the 10-Year Plan to end homelessness.

3 We're currently in the fifth year of that
4 plan, so the review committee went through and did
5 an update on the status, basically a status report
6 for the first five years of the plan, and then put
7 together some thoughts and processes for the next
8 five years.

9 So I'm just going to quickly go through a
10 couple things on the 5-Year Plan update, and then
11 Suzi is going to discuss the next steps.

12 So, just a few things I want to point
13 out, and then we're happy to later answer questions,
14 or you can talk with any of us after about any of
15 the information that you see presented.

16 So one thing we wanted to point out is
17 that, over the last few years, the 811 and 202
18 programs have not been available in Alaska, and --
19 but at the same time we were still able to actually
20 meet our goal, the goal set out in the 10-Year Plan.
21 And so I think that's a pretty good indication of
22 what we have been able to do, and then just trying
23 to continue to maintain those programs.

24 We have also seen 13 new supportive
25 housing programs developed in the last five years,

1 which led to 351 new permanent supportive housing
2 beds.

3 Mark and a number of individuals have
4 already presented and talked about the successes of
5 the Tenant-Based Rental Assistance Program for youth
6 aging out of foster care and prisoner reentries, so
7 I'm not going to spend a lot of time on that. I
8 think we've heard a lot of the successes in that
9 program that's been developed.

10 One thing I wanted to point out, because
11 it directly ties back to the Federal Strategic Plan
12 to End Homelessness, that of Opening Doors, is a
13 rapid rehousing for households with children. And
14 our goal by 2014 was to have 50 percent of
15 households rehoused within 90 days, and we're
16 currently at 57 percent; so we're making headway on
17 that.

18 Also something that's developed a lot
19 over the last few years is that of prevention
20 resources, so a lot going back to mortgage, rental,
21 utility arrearage assistance. And we've seen
22 substantial growth in those services over the last
23 five years -- a 164 percent increase.

24 Also going to some more crisis-driven
25 shelter operations, development over the last five

1 years we've seen through the NEST Shelter in Nome,
2 the Bethel Winter House Project, and faith-based
3 cold-weather programs coming up over the last five
4 years.

5 And another thing that we've seen is
6 growing activity in local coalitions, some that are
7 more active than they were and some kind of just
8 coming into play. So that's another good thing that
9 we've seen on the local level that can help play
10 into these plans.

11 So those are just the highlights that I
12 wanted to touch on, and I'll turn it over to Suzi to
13 talk about the next path.

14 MS. PEARSON: Do you want to talk at all about
15 some of the things that we didn't -- I think it is
16 important to note that there were certain areas that
17 we identified that we were unable or that just
18 weren't realistic to track in that five-year period.
19 And there is a key one that you wanted to mention.

20 MS. COLLINS: Sure.

21 Looking back at how -- it looks like the
22 plan had originally developed based on tracking
23 particular data points to track these particular
24 goals. And as we're looking back five years, either
25 those processes haven't been developed -- so it was

1 the goal that certain processes would occur. For
2 many different reasons, it may not have happened.
3 So we're not able to actually track that goal, or
4 just having limited data; so we may be able to track
5 it through certain data points but really not
6 getting the full picture.

7 One of the specific ones that we had
8 struggled with was -- which page is that? -- it's
9 housing specifically developed for families, so
10 anything like four bedrooms or more, how to track
11 what's actually been developed and specific for just
12 that size, specifically for housing.

13 So we're trying to think about how,
14 moving forward, we would start having that
15 conversation, reaching out to more people, gathering
16 more of that data. So that kind of feeds into why
17 we decided to sort of revamp the next five years
18 going forward and really getting a larger picture
19 than we felt we might have been with the original
20 plan.

21 MS. PEARSON: So, moving forward, as Carrie
22 said, at the last meeting we did decide that we were
23 going to make some changes to the 10-Year Plan. And
24 I think that the conversation has been really great
25 thus far. I really want to say thanks to Mark and

1 Carrie. Carrie has done a great job pulling all the
2 data together for the last five years. And I want
3 to thank Dave and Shannon, who are also a consistent
4 part of this discussion, in regards to creating
5 something new.

6 And what we've decided to do is to focus
7 and try to bring it around to the whole Opening
8 Doors model, because as has been noticed and
9 addressed specifically by Mr. Peterson from the
10 Anchorage community, that all of our 10-year plans
11 or our housing and homelessness plans aren't
12 consistent.

13 And so what we've tried to do is to
14 create an umbrella so that local plans can funnel up
15 into the state plan. It doesn't have to be exactly
16 like ours, so it's more of an overarching kind of
17 goal.

18 And it does actually incorporate all of
19 the Opening Doors issues, such as increasing access
20 to stable and affordable housing. That is a big
21 part of it, so permanent supportive housing is going
22 to be a significant issue that is going to be a part
23 of this. And what we see is -- or what we would
24 like to see is local plans identifying what their
25 unique needs are in their community, and then we'll

1 be grabbing that data and looking at that and
2 pulling that up as a whole for the state.

3 We really want local plans and local
4 coalitions to work on that so that we know what they
5 need and those needs are identified, and what their
6 successes and what's not working in their
7 communities can come forward and that the state --
8 not just AHFC, but the state as a whole -- can look
9 forward to addressing that.

10 So "Identify your housing development's
11 supportive services, education and policy,
12 prevention, and data" -- data is one that Opening
13 Doors does not have; but if you listen to this
14 conversation or any meeting about housing, the one
15 thing that everybody says repeatedly, I'm sure, if
16 you counted it, how many times does the word
17 "data" -- data, outcomes -- we want these to happen.

18 So we need to make sure that we have
19 consistent data throughout. And the most important
20 thing, I think, that when we looked back at some of
21 trying to recapture the details of this last five
22 years, was the fact that we were -- you know you
23 don't have all of the communities and a lot of the
24 agencies on HMIS, the consistency of who is
25 participating in that and why.

1 And, you know, a lot of the data is
2 coming from AHFC. It's not coming from other
3 organizations in the state that really should be a
4 part of a state homeless plan. AHFC does not have
5 to take that responsibility. And I think one thing
6 that we've identified with this 10-Year Plan is that
7 we want it to be all-inclusive and pulling together
8 all of the different resources, such as tribal
9 agencies, other housing authorities and
10 organizations to make sure that we get -- number
11 one, identify the specific goals that are unique to
12 those places, but also that we can show the success
13 and that we've actually addressed the needs of
14 everybody in our state, not just a very small
15 subgroup. So . . .

16 CHAIRMAN BUTCHER: Any questions or comments?

17 MS. PEARSON: So I just -- I do want to add:
18 For next steps, we are going to be having -- we're
19 going to be planning some more meetings to engage
20 and to look at some of the development, some of the
21 goals here.

22 But a big part of that is going to be
23 some public comment to make sure that we're engaging
24 all of those communities; so I want to make sure
25 that you all keep that at the front of your mind --

1 like I know everything else here is very important,
2 but we are going to make sure that we have lots of
3 opportunities for our communities to engage in
4 developing this so it can be effective.

5 CHAIRMAN BUTCHER: Yeah. And I think we see
6 this as something fluid, that we're working to
7 improve, but it will continue to move on.

8 So tomorrow, from 10:30 to noon, there
9 will be a meeting on it and an opportunity for
10 public participation, as well as talking in a little
11 bit more detail with Suzi, Carrie, and Dave. Okay?
12 Thank you.

13 Item 8 is council member reports. So
14 this is the point at which, if there are any members
15 that have anything they'd like to bring in front of
16 the council, that hasn't already been discussed,
17 we'd be happy to hear from them.

18 19 COUNCIL MEMBER REPORTS

20
21 MR. WALL: I don't so much have a report, but
22 we started this out this afternoon -- Ms. Pearson
23 said we would revisit the conversation about
24 Medicaid; so I just wanted to make sure we don't
25 lose that at some point, because I had something to

1 add to that.

2 CHAIRMAN BUTCHER: Okay.

3 MS. PEARSON: I had it at the end of my
4 agenda.

5 CHAIRMAN BUTCHER: Okay. Should we do that in
6 the wrap-up at the end of the day, or -- I would
7 just like to make sure that it's discussed before we
8 lose anybody. So as long as everybody is here after
9 our last two, I'm happy to take it up under "Other
10 Matters."

11 MS. PEARSON: Whichever works best for the
12 group.

13 CHAIRMAN BUTCHER: Okay. Does everybody have
14 a little bit more time? Okay. Why don't we do
15 that, then.

16 Okay. Let's move on to the Department of
17 Health and Social Services, Division -- oh, I'm
18 sorry. Were there any other members that had a
19 report to make? Okay.

20 DHSS, Division of Behavioral Health
21 Update. Sherrie.

22
23
24
25

1 DEPARTMENT OF HEALTH & SOCIAL SERVICES
2 DIVISION OF BEHAVIORAL HEALTH UPDATE
3

4 MS. HINSHAW: Hi. Thank you so much. My name
5 is Sherrie Hinshaw, and I am with the Division of
6 Behavioral Health, and I'm the Manager of the
7 Integrative Housing and Services Unit there. And in
8 10 minutes or less I'm going to talk to you today
9 about the behavioral health continuum of services
10 and how our division supports that through grants
11 and Medicaid, and then end by talking about how some
12 other states have used Medicaid mechanisms for
13 permanent supportive housing. So, first, I just
14 wanted to say thank you to the council and to the
15 chair for the opportunity to present to you today.

16 So, for context, I wanted to start this
17 off by talking a little bit about the mission of
18 behavioral health and our primary populations. So
19 DBH serves individuals with serious behavioral
20 health disorders, adults with serious mental
21 illness, and youth and adults experiencing substance
22 abuse disorders or co-occurring disorders, and youth
23 with serious emotional disturbances.

24 So that's kind of the target population
25 that we're looking at. And the focus of our new

1 housing unit, newly expanded housing unit, is really
2 looking at permanent affordable housing in light of
3 these populations.

4 So I stole this slide from Richard Cho
5 and the USICH because I thought it was just a great
6 overview of both the problem and the solution of
7 chronic homelessness. And, really, in red there,
8 "permanent supportive housing" is a solution we've
9 identified. We've been talking about it for a few
10 days here, and it really is the answer to not only
11 ending the cycle of chronic homelessness, but also
12 reducing recidivism and many other related topics.

13 So kind of the purpose of my talk today
14 is on how to invest state and local resources and
15 leveraging Medicaid on the bottom, so the part that
16 we play in that.

17 Okay. Next slide. Okay.

18 So what was there was a beautiful pie
19 chart with lots of colors. And what it was, was the
20 Division of Behavioral Health budget, so it's kind
21 of important.

22 But what it really showed was that about
23 50 percent of the behavioral health budget goes into
24 community behavioral health grants; and through one
25 major mechanism, the comprehensive behavioral health

1 treatment and recovery grant, which we lovingly
2 refer to as CBHTR -- that is the major mechanism for
3 getting funds out.

4 What you would also see on here is the
5 budget for Alaska Psychiatric Institute, the Alcohol
6 Safety Action Program, and some of the other pieces
7 in the behavioral health continuum.

8 Did you have something to say?

9 MR. WALL: I was just going to say, "How
10 apropos." (Laughter.)

11 MS. HINSHAW: Okay. So now I'll talk about
12 that main grant mechanism and then the Medicaid
13 benefits that go along with that.

14 So the CBHTR, which is around
15 \$75 million, is the major grant that is developed
16 through the Community of Mental Health Services Act,
17 and that is the single funding mechanism to develop
18 and maintain mental health services throughout the
19 state.

20 So this has several different program
21 types that targets different priority populations
22 that the division serves, such as psychiatric
23 emergency services, individuals with serious
24 emotional disturbance, substance abuse, and adults
25 with serious mental illness.

1 So those are really the four components
2 that we split this grant out into. And so, for
3 example, for outpatient treatment for SMI adults,
4 this grant package funds client screening and
5 assessment; psychotherapy services, outreach and
6 case finding, 20 percent of it on-call; psychiatric
7 services.

8 And it really mirrors the Medicaid
9 package of services for individuals that do not have
10 resources or they're not on Medicaid. So the
11 purpose of the grant system is to really cover that
12 unresourced population, and the priority target
13 populations on here are listed; so that is the
14 priority for the CBHTR grant.

15 MR. WALL: And if I interject, on the pie
16 chart that was missing prior, the reason why we're
17 kind of focusing on this is because this represents
18 over \$73 million of our budget, which is the largest
19 section of our budget, over half of our budget, not
20 counting Medicaid.

21 MS. HINSHAW: Sure. And like Al said,
22 \$73 million is a significant portion, and then
23 matching with that is about \$168 million in Medicaid
24 services that are part of the division.

25 Next slide.

1 So just a reminder here on what Medicaid
2 is. It's a public health insurance program, and it
3 provides essential medical and medically related
4 services. So that is where it fits.

5 Alaska has a great plan. If you're
6 looking for light reading, it will keep you very
7 busy.

8 So I wanted to sum this up quickly and
9 show how the plan is split up. So the integrative
10 behavioral health regulations that were issued in
11 2011 combined behavioral health and substance abuse
12 treatment services. And they describe in detail the
13 Medicaid populations and then the eligible services
14 for those. And so it's basically broken out into
15 two, the clinic services and rehab services.

16 And to make something oversimplified,
17 clinic services are for individuals that are
18 master's level and above, and rehab services are
19 for -- providers and rehab services are for
20 individuals with bachelor's level and below who
21 we're providing with services; so that's an
22 oversimplified way to say it.

23 They also have different target
24 populations. So for clinic services, those are
25 going to be for individuals with an emotional

1 disturbance and a serious mental illness, but then
2 also anyone 21 years of age or older -- this is
3 directly out of the regulations -- who in some sense
4 have any kind of DSM diagnosis.

5 And the services for them are
6 psychotherapy, short-term crisis, the psychiatric
7 services for medication, and assessments.

8 So on the next slide, this is the
9 rehabilitation services package, which is a much
10 more comprehensive list of services that is more in
11 line with permanent supportive housing and has some
12 of those additional elements but not all of the
13 services needed in permanent supportive housing.

14 And this is for a smaller population, so
15 individuals with substance use disorder, a child
16 with severe emotional disturbance, and an adult with
17 serious mental illness. So this is a smaller
18 population with a larger package of services.

19 So there are some things that are missing
20 that aren't in here that are prescribed in the
21 permanent supportive service housing model. So how
22 do states put that together? And I'm going to
23 explain.

24 So Bill Hobson brought this up in his
25 last plenary, talking about the Corporation for

1 Supportive Housing, and Debbie Teal in her report.
2 The Corporation for Supportive Housing has put out
3 several reports lately about Medicaid and permanent
4 supportive housing, and so I pulled some of the
5 themes from there.

6 So what they were really finding -- and,
7 again, the reason we're talking about this is
8 because of the need to look at how permanent
9 supportive housing is currently financed in this
10 state and others and how it can be used as a tool
11 for healthcare in Alaska.

12 So what they found was supportive housing
13 residents who had Medicaid eligibility due to
14 serious mental illness had the most comprehensive
15 service package, from other populations. So at some
16 point that group would have -- at least a portion of
17 their services could be covered by Medicaid.

18 But what they also found was that
19 Medicaid was least likely to include pre-tenancy
20 supports such as outreach and engagement and those
21 tenancy support services that are really focused on
22 keeping the person housed and not necessarily
23 fitting into the medical model. But what it also
24 doesn't cover is transportation to appointments. So
25 that's for the populations that are covered.

1 So populations that aren't covered are
2 individuals with substance abuse conditions and
3 those who don't have children and those who really
4 fall into that gap where they aren't considered to
5 be disabled by SSI or they don't qualify through
6 that disability determination process in order to be
7 a Medicaid-eligible person.

8 And, finally, the last point was that
9 many supportive housing providers who are housing
10 providers and not necessarily a sophisticated
11 community behavioral health center delivering
12 medical services and billing Medicaid -- those
13 housing providers don't have the infrastructure to
14 be able to receive Medicaid reimbursement and
15 billing, even though some of their services they're
16 doing are Medicaid-eligible services.

17 So five major ways that other states have
18 either begun to explore looking at financing these
19 services or are putting them in place are health
20 homes, accountable care organizations, 1115 waivers,
21 home- and community-based services, and then
22 partnerships between managed care and supportive
23 housing due to the results of many studies showing
24 supportive housing results in savings in healthcare
25 costs.

1 So health homes are a way to integrate
2 and coordinate kind of a whole-person model, all of
3 the services the person needs -- acute care,
4 behavioral health, long-term care. And it's really
5 targeted for Medicaid enrollees with chronic health
6 conditions. So I think Alaska has been talking a
7 lot about patient-centered medical homes, which is a
8 different model that's really led by the physician
9 and it's really led by a medical component.

10 But health homes are often led by
11 behavioral health. They are very flexible. Some of
12 these models are almost fatally flexible because
13 there are so many different ways you can look at
14 them. So health homes can be led by behavioral --
15 like an ACT team. They could be led by many
16 different groups.

17 So -- and the reason I bring this up is
18 that there is enhanced federal reimbursement to
19 serve chronically ill populations, which we know has
20 a major overlap with the chronic and homeless
21 populations.

22 So the next one is the 1115 demonstration
23 waiver. So this is where states can experiment, be
24 flexible. They have to show that they're doing
25 something new, a new type of program, and can cover

1 services that are not typically reimbursed by
2 Medicaid.

3 They can also create different ways of
4 financing, like bundled rates or case rates. So
5 instead of doing one-hour case management and
6 billing for that one hour or one unit of case
7 management, it's a case rate for that person.

8 So looking with Vermont, which is a state
9 we've tried to learn from because they have about
10 the same population size as Alaska -- even though
11 their version of "rural" is not our version of
12 "rural," but we still have some similarities in what
13 we can share with them.

14 So they created the CRT, Community
15 Rehabilitation Teams. And what they were able to do
16 with that, by tiering it, based on acuity of
17 populations, is, they could give providers basically
18 a package of money and do whatever those clients
19 needed, and they would monitor outcomes. And they
20 showed great outcomes. They actually, as a state,
21 were able to demonstrate \$100 million in savings and
22 use that money to do more housing, more rental
23 subsidies, and different ways of using that money.
24 And the benefit is bringing that federal match in
25 for services that are not typically

1 Medicaid-covered.

2 So the last one is Home- and
3 Community-Based Services. And Home- and Community-
4 Based Services -- recently CMS issued a final ruling
5 on that. And this covers many different waivers.

6 The one I'm talking about here the 1915i
7 state plan amendment. And it is not a waiver; it's
8 a state plan option. So with many of the Home- and
9 Community-Based packages of services through the
10 waivers -- there's 1915c, 1915k, there's a lot --
11 and I'm not going to pretend to be an expert on
12 that, because I don't think anybody understands
13 Medicaid totally.

14 But the difference -- the major
15 distinction between this is Home- and Community-
16 Based Services -- the goal of it is to keep people
17 housed in their home as long as possible, integrated
18 into the community. But, often, requirements for
19 waiver services are that people need to meet an
20 institutional level of care, a nursing home level of
21 care.

22 The 1915i is different than that because
23 you do not have to show that the person meets that
24 institutional level of care. It's based on a
25 needs-based criteria which, again, can be

1 established by the state.

2 So there's lots of flexibility again in
3 this, in states designing the services to meet the
4 needs of the population. And this has been a major
5 tool for both supportive housing and supportive
6 employment, to be able to -- for states to be able
7 to design the service package that's needed by
8 specific at-risk populations with functional
9 deficits, and designing not only that package of
10 services but how the financing goes out to the
11 people providing them.

12 And the overall goal, again, of 1915i is
13 to connect people to community-based housing and
14 services and being in an integrated setting.

15 And the one last thing I'll say about
16 Home- and Community-Based Services is USICH has
17 identified Home- and Community-Based Services as one
18 of the most promising ways that states can use
19 Medicaid to cover many of the services delivered in
20 permanent supportive housing for people experiencing
21 chronic homelessness. And, really, a lot of the
22 tenets of Home- and Community-Based align with
23 Housing First principles.

24 So I think the last thing I wanted to say
25 was just more about the integrated housing services

1 unit at DBH and how, under Al's leadership, we're
2 really expanding our scope and showing -- by adding
3 more personnel to this topic, we will now have four
4 people at the division, working on housing and
5 homelessness issues for the behavioral health
6 population with a focus on supportive employment,
7 substance abuse. And this is kind of a
8 system-changed coordination from behavioral health,
9 so we're really excited to be able to expand that.

10 We are focusing on some upcoming
11 wraparound service grants that Mark had brought up
12 earlier for permanent supportive housing, continuing
13 to work with local communities as they want to talk
14 more about housing in their community.

15 And the major thing that I wanted to end
16 on is, we are going to be contracting, with the
17 support of the Mental Health Trust Authority, to
18 hire a technical assistance collaborator to work
19 with Alaska on creating a three- to five-year
20 supportive housing strategic plan, and working
21 with -- when that process starts, we'll be able to
22 be a stakeholder in the process and meet with
23 community members, Housing Finance, Medicaid, and
24 really get a sense of where we are right now as a
25 state and put together a three- to five-year plan on

1 some action steps, moving forward. And I'll stop
2 there. Thank you.

3 CHAIRMAN BUTCHER: Okay. Do we have any
4 questions? Okay.

5 MR. KUIPER: Will the slides that were
6 presented be available to us?

7 CHAIRMAN BUTCHER: Yes, they will be. And I,
8 for one, very much want to thank you for the work
9 you have done on the increased focus on housing. We
10 really appreciate it, and we've enjoyed working with
11 you.

12 Okay. Let's move to the next agenda
13 item, the Housing First report, David Driscoll with
14 UAA. Thanks for joining us.

15
16 HOUSING FIRST REPORT
17 UAA INSTITUTE FOR CIRCUMPOLAR HEALTH STUDIES

18
19 MR. DRISCOLL: Hello. Good afternoon. Thanks
20 for having me.

21 So who is doing the slides?

22 MS. COLLINS: That's me.

23 MR. DRISCOLL: Okay. Do you want me to give
24 you a high sign or something?

25 MS. COLLINS: Yup. Perfect. Whatever works

1 for you.

2 MR. DRISCOLL: Excellent. Thanks.

3 So to begin, allow me to introduce
4 myself. My name is David Driscoll, and I'm the
5 Director of the Institute for Circumpolar Health
6 Studies, University of Alaska Anchorage. And I'm
7 here representing a large research team we have
8 working with us at UAA as well as in Fairbanks.

9 We have a few members of the team here in
10 the audience: Sara Shimer, our research associate;
11 and, if I'm not mistaken, we have another person,
12 Travis Hedwig, who is leading our qualitative piece
13 of the study. He's a postdoctoral fellow. If you
14 have any really difficult questions, I'm going to
15 immediately relay them to the members of the project
16 over here.

17 What I'll be presenting today are some
18 preliminary findings regarding an evaluation that
19 we've been conducting of a couple of Housing First
20 models here in the state.

21 Next slide, please.

22 The process by which we've been
23 conducting this evaluation is a mixed-method design,
24 which allows us to collect both qualitative and
25 quantitative data on both process and outcomes

1 related to the Housing First models, specifically
2 the Karluk Manor and South Cushman, in Anchorage and
3 Fairbanks respectively.

4 The reason that we try to collect both
5 types of data is, it allows us to triangulate and to
6 inform the results of that data and provide
7 contextual information where we need to as it
8 relates to potential causal associations, as you'll
9 see in some of the findings that we'll be
10 presenting.

11 Specifically for the quality of life --
12 that is, the qualitative piece -- we have been
13 collecting data for two years on people's
14 perceptions, attitudes, and behaviors at move-in --
15 that is, when they're moving into the Housing First
16 facility -- and then follow-up, about 12 to 18
17 months after they have been living in the facility.

18 We also collect structured data in the
19 form of ordinal data, in which we collect
20 information on physical and mental health, alcohol
21 consumption behaviors, and then also a number of
22 issues related to social integration or social and
23 cultural connectedness within the community.

24 At the same time, we're collecting
25 secondary data, quantitative data on a

1 cost/benefit-service use evaluation. And this is a
2 3-year retrospective study in which we're collecting
3 information, first of all, on people's service use
4 and the cost associated with those services in the
5 year prior to their moving into the facility, and
6 then we collect the same information for the
7 following two years in which they have been living
8 in the facility.

9 In this case, we count both the services
10 they use and then, based upon some basic measures,
11 we can identify the potential costs associated with
12 that use. And there are a number of different
13 services that we'll be describing in the results
14 section regarding what those specific services are
15 and what our findings are.

16 We're also planning to develop a control
17 community, that is, a population who are very
18 similar to the residents of these facilities but are
19 not, as of yet, residents of Housing First
20 facilities, to whom we can compare changes over
21 time. And I'll talk a little bit about that as
22 well.

23 Next slide, please. Thank you.

24 So, first of all, who are these folks?
25 Our data include 87 tenants -- that is, 41 tenants

1 from Karluk Manor and 46 from South Cushman. And
2 you can see that, generally speaking, they are male.
3 There are more males than females in both
4 facilities.

5 The average age is somewhere in the 50s,
6 50 to 59. And there is actually quite a broad range
7 in terms of educational attainments amongst these
8 residents. There is -- I would say the median is a
9 high school graduate or GED with some college.

10 Next slide, please. Thank you.

11 So baseline health conditions basically
12 consist of those health problems that people told us
13 about in our initial survey and in the interviews
14 that we conducted with individuals. And as you can
15 see -- these actually consist primarily of Karluk
16 Manor data -- PTSD, post-traumatic stress disorder,
17 is a significant health issue amongst this
18 population. Over 60 percent of residents.

19 And I should explain this question a
20 little bit. We actually asked, "Have you been
21 diagnosed? Have you ever been diagnosed with this
22 health problem?" rather than simply, "Do you think
23 you suffer from PTSD?" These are self-reported
24 data.

25 In addition to that, of course, we saw a

1 fairly high number of participants with high blood
2 pressure, depression, bipolar, seizures, and then a
3 number of other health problems that you can see
4 listed here.

5 Next slide, please. Thank you.

6 So we also collected information using
7 interviews on an ongoing process. We were analyzing
8 this data using an iterative design in which we had
9 developed a set of a priori codes -- that is,
10 expectations regarding certain domains or
11 concepts -- and then emerging codes, those things
12 that arise as a consequence of the process.

13 And we're analyzing these data using a
14 qualitative data analysis software package called
15 inViva.

16 What you see here are some of the basic
17 categories or concepts that we're identifying now
18 from those interviews. And, over time, we
19 anticipate augmenting this list and being able to
20 provide a more comprehensive perspective on some of
21 the contextual factors.

22 But, generally speaking, you can see
23 that, in the interviews that we've conducted, both
24 at baseline and then after people have been living
25 in these facilities for some time, some broad

1 categories of results that we have heard of is that
2 most of the residents enjoy -- have more time to
3 enjoy activities. As you might imagine, living on
4 the streets, most of your day is taken up with
5 surviving, simply getting from one day to the next,
6 knowing where you're going to get your meals, where
7 you're going to sleep.

8 As a consequence of having a residence
9 facility, now they have more time for other
10 activities. They spend a lot less time feeling
11 anxious or depressed, and they have -- they feel
12 safer and they have greater reconnections with their
13 families, with their informal networks that can
14 provide support.

15 They also talked a great deal about how
16 the staff and the services that are provided by
17 those staff in both facilities are integral to the
18 success of the Housing First model.

19 Next slide please. Thank you.

20 So the baseline drinking habits
21 information is actually something of a challenge for
22 us. When we began the study, we were looking for
23 information from the secondary literature where we
24 could drive metrics, derive instruments to use in
25 asking people about their alcoholism and the rates

1 of alcohol use.

2 And we found that pretty much any
3 response that we received was off the charts on the
4 metrics that had been used elsewhere in studies of
5 alcohol use and the frequency with which it's drunk.

6 And so, as a consequence, Dr. Richard
7 Brown, who was the PI of the study at the time, had
8 to develop his own model, his own instrument for
9 collecting information. And what we can see here
10 is, there was a great -- there was a significant
11 drop, in both the amount that residents drink and
12 the frequency with which they drink, after moving
13 into the Housing First facility.

14 And you can see the numbers here. The
15 numbers in both cases are statistically significant
16 and actually quite profound.

17 Next slide, please? Thank you.

18 So now let's talk a little bit about the
19 cost evaluation.

20 We've recruited -- there were 31 people
21 who moved into the facility in the initial phase in
22 Karluk Manor, and we were able to recruit, or to
23 enroll, 23 of those participants. Three declined;
24 four were no longer part of the facility and we were
25 unable to find them; and one had a serious mental

1 illness, and the staff suggested that we not conduct
2 surveys with them.

3 We're also recruiting 13 controls from
4 the Karluk Manor wait list, so these are equally
5 vulnerable members of the community who have not yet
6 been a part of the Housing First model. We're in
7 the process of collecting similar data for the
8 controls as we collected for the participants.

9 The purpose of including these controls
10 is to make sure that the changes we see over time
11 are related to moving into permanent housing and
12 aren't just temporal changes, a consequence of
13 contextual factors outside the housing model.

14 So shelter costs could go down if
15 shelters closed and there were fewer beds available,
16 or safety center costs could increase if an
17 additional van was added and more pickups were
18 allowed to be made. So these types of changes would
19 be reflected in both the tenants and the controls,
20 and so that would allow us to draw out those
21 contextual factors in order to really understand how
22 the costs changed for participants in this model.

23 Next slide, please.

24 So we're collecting information from a
25 number of sources related to the cost peace of this

1 evaluation, and you can see there are two general
2 categories of data sources. We're collecting
3 information from shelters, and we're also collecting
4 information from healthcare providers.

5 As I mentioned, the data we're collecting
6 regarding health is rather limited. We are not
7 asking about what sorts of health issues people were
8 being treated for; more likely, we're asking for the
9 categories of care that they received. Was it
10 outpatient or inpatient? Was it emergency care?
11 Was it screening? Was it a diagnostic visit?

12 And for each one of those, we have a
13 constellation of costs that allow us to determine
14 the cost associated with receiving that care pre and
15 post moving into the facility.

16 Next slide, please. Thank you.

17 So with all that said, here are some of
18 the results.

19 In the year before moving into Karluk
20 Manor, tenants averaged a little over five shelter
21 nights per month, or 65 per year, for an average
22 cost of about \$1,337 per year. In fact, only three
23 tenants did not stay in a shelter at all in the year
24 before moving into Karluk Manor.

25 After moving into Karluk Manor, tenants

1 averaged just about one night per year. In the
2 first year after moving in, 9 of the 23 had no
3 shelter nights, and the other 14 ranged from just 1
4 to 4.

5 In the second year after moving in, there
6 were two people who had each more than seven nights
7 in a shelter, while the vast majority of other
8 tenants, 17 out of 23, had no shelter nights at all.
9 And the other four had only one or two. So, as you
10 can see, we've shown a dramatic drop in the number
11 of shelter nights and associated costs.

12 Next slide, please.

13 So the next broad category of costs that
14 we looked at had to do with safety services. And
15 so, you know, these included the Anchorage Police
16 Department, the Community Services Patrol, Anchorage
17 Fire Department, and then a total. That blue bar
18 that you see on the very top is a total of all the
19 costs associated with services received by residents
20 of Karluk Manor.

21 So there was a big decrease in the first
22 three years for the community safety van and
23 sleep-off center, as well as the Anchorage Fire
24 Department. And then, in the next year, these
25 services stayed at that same low level. Just a

1 little bit more information. So that means, for APD,
2 that was an average of \$464 per resident in the
3 first year and \$148 per resident in the second.

4 An average of \$1,525 for the fire
5 department when they first -- before they moved into
6 the facility. And then, in the second year, it was
7 \$1,149. And then, finally, for the community safety
8 van, it was about \$1,606 prior to moving in, and it
9 dropped to \$244 per resident.

10 Next slide. Thank you.

11 So the third broad category of costs that
12 we looked at had to do with jail nights. And this
13 is another area where we see a steep decline in
14 costs associated with the corrections system.

15 So the year before moving in, we saw an
16 average of about \$940 per resident; the year after
17 moving in, it was about \$650; and in the second
18 year, it was \$261. These numbers are based on the
19 number of days of incarceration times a daily cost
20 of \$136 per inmate.

21 Next slide, please. Thanks.

22 So what we did here is, we combined all
23 of these data, just to give you a general idea as to
24 the overall costs saved associated with residency in
25 Karluk Manor. And you can see here that the

1 combined average annual cost per tenant, in the year
2 before moving into Karluk Manor, was \$5,872; in the
3 year after, it was \$2,526; and in the second year of
4 residence, it became \$1,825.

5 Next slide, please? Thank you.

6 So we're in the process of collecting
7 these health data that I described to you earlier.
8 With health data, privacy concerns and many health
9 providers that are part of the networks that are
10 actually based outside Alaska have slowed down the
11 process of procuring these data. We do anticipate
12 that we'll be able to procure these data over the
13 course of the next few months and develop a final
14 report that we can provide to the members of this
15 board in December.

16 So from what we've seen, there are likely
17 to be some increased costs associated with these
18 health data, because people were selected for
19 housing based on being amongst the most vulnerable
20 homeless individuals in Anchorage. As you may
21 expect, they need a range of health services to
22 address both physical and mental health needs. A
23 lack of housing may be related to increased barriers
24 to obtaining that healthcare and also, frankly, to
25 decreased accuracy in the recordkeeping of those

1 data over time.

2 So both of those things would lead to
3 lower costs for healthcare, actual or apparent, in
4 the year before moving into Housing First compared
5 to the year following. And so I think the real
6 interesting findings are going to be what happens
7 over time after moving into the facility.

8 Thank you.

9 So, in summary, findings to date: You
10 can see that most tenants enter the facilities with
11 one or more serious health conditions; that there
12 were self-reported changes since baseline, including
13 improved sense of safety; less time feeling
14 depressed or anxious; and reduced drinking. Those
15 data are backed up by the secondary data that we've
16 been able to show you. And there are decreased
17 costs for safety services, across the board, in
18 Anchorage.

19 Last slide.

20 So I'd like to acknowledge all of those
21 people who made this project possible, especially
22 the tenants and staff of Karluk Manor and South
23 Cushman. I'd like to thank the Alaska Housing
24 Finance Corporation and the Alaska Mental Health
25 Trust Authority for your support, as well as Tanana

1 Chiefs Conference, RurAL CAP, and the communities of
2 Anchorage and Fairbanks.

3 Thank you very much. And this is our
4 research team.

5 CHAIRMAN BUTCHER: Thank you.

6 Do we have any questions or comments?

7 MS. PEARSON: I just want to say thank you.
8 I'm really excited by the whole grant and the
9 opportunity that we had to actually do research that
10 was Anchorage-related and Fairbanks-related. We
11 have data and we have numbers that prove that
12 supportive housing is incredibly useful to the
13 community, to savings in our communities; and that
14 that's a really great dialogue point. So thanks for
15 giving us that solid information. I really
16 appreciate it.

17 MR. DRISCOLL: Thank you so much.

18 MS. CROTTY: And I, too, thank you. And I'll
19 bookend on the qualitative piece. And I was excited
20 during the presentation -- I believe it was on
21 Monday. And if any of you have not seen the video
22 on South Cushman that Tanana Chiefs did, it was
23 absolutely amazing.

24 So, you know, data and storytelling
25 together make a very, very, very compelling

1 proposal. So thank you for your work.

2 MR. DRISCOLL: Thank you very much. Okay.
3 Thank you.

4 CHAIRMAN BUTCHER: Thank you.

5 All right. Last item on the agenda,
6 "Other Matters to Come Before the Council." So
7 let's start with the topic of Medicaid.

8

9 OTHER MATTERS TO COME BEFORE THE COUNCIL

10

11 MS. PEARSON: Okay. At our last meeting, a
12 couple of issues came up that we were asked to
13 address. One was the 10-year planning and how we
14 can do that, and I think that we have got a really
15 great start on that. But Medicaid has consistently
16 been coming up for years since I've been working in
17 the housing and homeless area.

18 I have no expertise or knowledge. I can
19 say the word "Medicaid," but I need somebody else to
20 help me and tell me what I can do to make a
21 difference in this area, because it is critical, and
22 I know that we've had so many problems as the state
23 as to what we can do and can't to -- limitations.

24 What can I do to help? That's what I
25 want to know.

1 MR. WALL: Well, hopefully, I can answer some
2 of that without being too depressing.

3 So Mr. Hobson did a presentation in the
4 last plenary session. And he said, you know,
5 nationwide, there has been difficulty getting
6 supportive services into housing that's funded
7 through Medicaid. As a matter of fact, it hasn't
8 happened yet; and that tells you kind of where the
9 Medicaid system is, just specifically for Medicaid.

10 I think that Sherrie did a really good
11 job in her presentation of showing some of the
12 creative ways that other states have come up with
13 dealing with that, and I would like to supply the
14 council with that slide show, including the chart on
15 the budget, that wasn't there, because I think, if
16 you look at the way other states have addressed the
17 issue, there is a method of addressing this. It's
18 just, you can't look to one source, namely Medicaid,
19 to fix the problem.

20 We had a couple of presenters who came
21 up, two from Fairbanks and then one from Anchorage,
22 early on in this session, who spoke for the need of
23 supportive housing, and in particular for Medicaid
24 to have some role in that.

25 It is very difficult to get Medicaid to

1 pay just specifically for supportive services in
2 housing. Generally, Medicaid pays for medically
3 necessary services by qualifying providers, and they
4 have to be active services that are therapeutic and
5 rehabilitative in nature. So supportive services
6 are generally exempted from that rule, and so it's
7 difficult to find coverage.

8 Now, you can get coverage through a
9 waiver. You can get creative with specific services
10 that we could introduce to the system. The real
11 difficulty that you have on top of all of that is
12 the amount of time that it takes to initiate that
13 change.

14 So I recall when Senior Disabilities
15 Services did their waiver in the state, and the
16 length of time to set that up basically was three
17 years from when they started the conversation to
18 when they rolled out services. So we're talking
19 about a very large, cumbersome system that takes
20 some effort to change. I'm not saying it can't be
21 done; I'm just saying that it's difficult to do.

22 So the way it's traditionally addressed
23 is to have services provided by a variety of
24 sources. We have grants within behavioral health
25 that address some of the services; we have Medicaid

1 billing that addresses some of the other services;
2 and we have partnerships with other agencies, like
3 the one we are forming with AHFC, that address some
4 of the other services.

5 So you have to be creative in how you
6 meet the needs. I wish there was a "Quick" button,
7 an "Easy" button that you could push to solve that
8 problem; but, in my experience, there's not.

9 MS. PEARSON: My next question is: How do
10 you -- and I look to you as the expert in this area.
11 How can this council actively do something about
12 this to make -- and address the issue that our
13 communities brought to us? I want to know if there
14 is something you can recommend in addressing the
15 Medicaid issue.

16 Or, Sherrie, I know you have a lot of
17 expertise as well in this area. I'm a little bit in
18 awe of you. So I just -- I want to know what we, as
19 a council, can do to help make whatever happen.
20 What can we do to support you?

21 MR. WALL: Honestly, from what I've seen over
22 the last two days, I've been very encouraged by the
23 movement of all the various coalitions and groups
24 that have come together to address the issue. And I
25 think there's great strides being made. I think,

1 the more people focus on the issue, the more it
2 becomes evident that change is needed and the more
3 people come up with ideas for change.

4 In the past, there has been some --
5 nationally speaking, not just in the state -- but in
6 the past there's been some disconnect between a
7 couple of different groups of services that provide
8 services for the same kind of -- type of population
9 that all overlap, but they generally don't talk to
10 each other.

11 And I'm speaking, in particular, of
12 homelessness coalitions, behavioral health and
13 mental health, because those services generally
14 overlap. But for some reason historically in the
15 nation, the times that those coalitions come
16 together to address an issue together are the
17 exception rather than the norm, and that's
18 unfortunate.

19 I think we're at a precipitous time at
20 which we're all talking and we're all focusing on
21 the issue, and I believe there is change coming.
22 It's a systemic thing that has to be addressed, and
23 I, like you -- you look at the whole system, and the
24 whole system is very complex. I don't know if there
25 is one person who is an expert in the whole entire

1 system, but I think, if we have experts and people
2 who have leverage and ideas in various areas, and we
3 bring them to the table, we can address the issue as
4 a whole.

5 I know that we have increasingly become
6 part of a wider group of conversation in an effort
7 to address the issue. I believe very wholeheartedly
8 in supportive housing and services that go into it.
9 I think that, if it's handled correctly, it has
10 tremendous impact, in terms of time, in a very
11 critical population.

12 CHAIRMAN BUTCHER: And if I could add to that,
13 when I came back to AHFC about a year ago, we had --
14 and, in fact, over the last year I think we've done
15 more with DHSS on a number of different things than
16 any time in the last 10 or 12 years that I've been
17 at AHFC.

18 And when I was curious about the role, if
19 any, we played in Medicaid, it was more out of
20 ignorance. Do we have anything to do with that?
21 Should we have anything to do with that? Then it
22 was, "Hey, how come we're not part of that?"

23 And so that's a learning process for us;
24 but that's also something we're working more on, is
25 trying to determine if there's value, where there

1 is, and how we can help.

2 But Al says, it's tremendously complex.
3 And, you know, it's kind of interesting, because I
4 worked on the Medicaid budget for the legislature
5 for many years, and I dug into it and I spent a lot
6 of time on it. And a lot of times when you look at
7 a lot of government processes, you find out what
8 another state does or what another community does.
9 And you take it from them, and you see if works in
10 your state, and it does, and everything is great.

11 But Medicaid is one area where you see
12 something that looks promising, and you run it to
13 the end, and a month later you find out it's just
14 not going to work. So, you know, the complexity is
15 just unbelievable.

16 MR. WALL: I will give you one specific that I
17 believe the council can help with. And I think that
18 the -- you know, the commissioner has already -- as
19 he's on this council, I think he's already doing a
20 terrific job of this.

21 And this is -- I've been beating this
22 drum since I took the position about four months ago
23 now. We've got to be able to tell the story about
24 the people who don't have a voice. That's really
25 incumbent upon us, to be able to tell the story for

1 people who don't have a voice, because, when it
2 comes to cutting dollars between Service A and
3 Service B, the quiet one often gets cut.

4 And we have to better talk about the
5 impact of our services across the spectrum, and to
6 be able to tell that story to people who are making
7 decisions is extremely critical. If they
8 misunderstand or they don't know what's at stake,
9 and they don't know what the impact of these
10 services are, then, you know, how can they help and
11 make that decision?

12 So we have to be able to tell that story
13 on behalf of our clients who cannot.

14 MR. JESSEE: So Sherrie's slides showed a
15 couple of opportunities, maybe the -- it's not a
16 waiver, but the change in the state plan, some
17 things like that. And I understand these things
18 take time. Have decisions been made to try to
19 pursue some of these options? So is the clock
20 running, or are we yet to have made the policy
21 calls? And then what has to happen to move that
22 forward?

23 MR. WALL: One of the complexities of Medicaid
24 is that, as you're making decisions as a state, the
25 powers that be on the federal level are making

1 changes that change how your decisions come out. So
2 you will have that conversation for three, four
3 months about X, Y, and Z, and then the rules of the
4 game, so to speak, may change on you while you're
5 having that conversation. So that's a struggle that
6 we face.

7 We are looking at the system as a whole,
8 the Medicaid system as a whole that's run by our
9 state plan. Particularly in the area of behavioral
10 health, I'm looking at that entire spectrum of care
11 to see where it needs shored up, where it needs to
12 be changed a little bit, where it needs to be
13 increased, so that the system of care across the
14 continuum can be addressed.

15 If we go in and just change one area of
16 it, the effects of that are difficult to see
17 downstream because of that very fragile relationship
18 between the services we provide through grant money
19 and the services we provide through Medicaid
20 coverage. It's very fragile. And so meddling with
21 the system, which we kind of constantly have to do,
22 is an art and a science, and it's something where we
23 have to proceed with caution.

24 I'll tell you, as a direct answer to your
25 question, we are about three or four months into

1 looking specifically at the system as a whole. And
2 when we get together to make decisions on how we're
3 going to address that, I'm looking at, probably by
4 the end of year, to make some recommendations for
5 change.

6 And also, if I may, whenever I say the
7 word "change," all the providers that we fund go
8 "Ah," so I want to reassure some concerns. When I
9 say "change," I'm not saying about stopping
10 services; I'm saying about addressing some gaps in
11 service that are perhaps in the system of care.
12 There are always questions about reimbursement rates
13 that haven't been looked at in a long time. You
14 know, that speaks to the solvency of a provider
15 that's trying to provide services.

16 So, you know, all of those things need to
17 be addressed across the system.

18 CHAIRMAN BUTCHER: Okay. Thank you.

19 Betty, online, do you have any questions
20 or anything to add?

21 MS. SVENSSON: Sorry. I was on mute. No, not
22 at this time.

23 CHAIRMAN BUTCHER: Okay. Thank you.

24 MS. SVENSSON: Thank you.

25 MR. WALL: If I may, one more thing before I

1 forget.

2 This is also, I know for certain, a high
3 priority of the commissioner's. He spent a greater
4 part of this morning on the radio with KSKA,
5 answering questions from the public concerning
6 Medicaid change and needs that need to be addressed.
7 So I know this is his priority as well. He's
8 looking at it very closely, and I believe he'll make
9 the right decisions down the road.

10 MS. BURKE: Mr. Chair? May I comment?

11 CHAIRMAN BUTCHER: Yes. That was going to be
12 my next question, if there are any members of the
13 audience that would like to add anything or ask any
14 questions.

15 MS. BURKE: Thank you, Mr. Chair. Nancy Burke
16 from the trust, for the record.

17 The trust has been AHFC's partner and
18 certainly a supporter of this council for many years
19 in looking at that place where Medicaid hits the
20 apartment door or the street, if you will.

21 And it does strike me that your question
22 about whether AHFC is involved in Medicaid is, you
23 sort of are, because you're a partner being led
24 along. You know, as Medicaid goes, housing goes, to
25 some extent. And I know we've had conversations

1 about the Special Needs Housing Grant Program, which
2 is really targeting the core of people that we're
3 convening to discuss today -- people who are most
4 vulnerable, people who are mentally ill or have
5 disabling conditions.

6 And we're unable to do any more projects
7 under the Special Needs Housing Grant Program
8 because the concept we started with was, there are
9 three legs in our stool for a solid, sustainable
10 program. That's capital, operations, and then
11 augmented social service dollars.

12 And with the idea being, if AHFC can do
13 what they do best and really work and funnel the two
14 legs of the stool, that Medicaid would be that
15 partner. And the grantees or the Department of
16 Health and Social Services entities would be our
17 partner, and we could eventually use revenue rather
18 than use the AHFC dollars to sustain the programs.

19 And we found now that, because we need to
20 renew all the programs that we funded under the
21 Special Needs Housing Grant Program, that we're
22 unable to do any more because of our renewals that
23 need to happen.

24 And, you know, it just strikes me -- I
25 think we've really looked at this issue: How can we

1 be more effective partners together? I think that
2 would be something that may come up through your
3 strategic -- the Supportive Housing Strategic Plan
4 that the division is contemplating, is: How can you
5 not only do better with what you have or make
6 alterations that are not changes and work with your
7 partners and your constituents to leverage?

8 There's dollars coming in through those
9 housing providers. They have resources in the
10 community. It's an important partner. And so maybe
11 that's the place where, as we look at the Medicaid,
12 the Permanent Supported Housing Strategic Plan, we
13 can also look at housing resources and how they line
14 up or maybe sometimes misalign.

15 I can think of two projects right now
16 that could come through the SNHG that would provide
17 probably 80 units of housing; but we don't have a
18 SNHG, and so we can't send projects through.

19 MR. WALL: I think another piece of that as
20 well is to be as involved as we possibly can down to
21 a community level, which is one of the reasons why
22 I'm trying to be involved in the CAP process in the
23 communities like Fairbanks.

24 But in organizations that have the
25 capacity for service like this, and they're just

1 missing the funding piece, those are the ones that
2 we're trying to find and see how we can address
3 their situation best.

4 CHAIRMAN BUTCHER: Is there anybody else that
5 would like to say anything?

6 MS. PEARSON: I just wanted to -- I'm sorry.
7 I see a hand, so --

8 CHAIRMAN BUTCHER: Okay. Well, come forward
9 please.

10 MR. CEDANO: My name is Oscar Cedano. I work
11 for Alaska Housing Finance Corporation.

12 I would like to mention that, a couple of
13 years ago, when we were starting to -- starting the
14 application for the CoC funds, for the Continuum of
15 Care funds, in one of meetings, one of our members,
16 Kenny Peterson, he raised a question about how did
17 I -- or he was focusing on a specific community,
18 which is Salt Lake City. And he was asking why we
19 have not visited that method or investigated how
20 this community managed to take care of their
21 homeless.

22 I have been there a couple of times, and
23 I did notice that, but I didn't realize that there
24 was a very good coalition between the Mormon church
25 and the Catholic church. And it seems like the

1 funding has -- or there is a very good communication
2 between all the parties that can contribute.

3 And somehow, the homeless -- they're
4 there, but you don't see them, because they have --
5 they have solved it. They have -- it seems like
6 they have solved their problem. So I think it would
7 be interesting for us to include that in our
8 discussions, the fact that there is someone out
9 there that managed to do it. Whatever the method
10 they have used, we can probably learn from that.

11 Thanks.

12 CHAIRMAN BUTCHER: Thanks, Oscar. Anybody
13 else?

14 All right. I'd like to thank everyone
15 for their participation --

16 MS. PEARSON: I'm sorry.

17 CHAIRMAN BUTCHER: Oh, I'm sorry.

18 MS. PEARSON: Sorry. I was still waiting.

19 Well, I wanted to make sure that we came
20 away from today with an actual -- I don't know --
21 something that we need to do or research over the
22 next six months, because we don't meet for six
23 months. And as a council for the State of Alaska
24 it's important for us to not just address the
25 housing, but our 10-year Plan goes into services,

1 goes into data. HIMS reports to us all of those
2 things.

3 And, to me, somehow getting more
4 information especially about your report, your
5 plans, that would be really helpful. And when that
6 does come out, at least notifying the council
7 members to see if there is something in the interim
8 we can do, but to make sure that this comes up on
9 our agenda for the next meeting.

10 Certainly it shouldn't get lost, and I'm
11 concerned that certain things like this, especially
12 when we've been asked to make sure that we bring in
13 more information and find ways to address permanent
14 supported housing more effectively, that the
15 dialogue keeps going.

16 So if I could ask that of you, Mr. Wall,
17 to make sure that you let us know when that report
18 is available.

19 MR. WALL: Absolutely.

20 MS. PEARSON: Thank you.

21 CHAIRMAN BUTCHER: And I appreciate that.

22 And in wrap-up, I want to thank everyone
23 for their participation, and the council, members of
24 the public; but as much as we've gathered a lot of
25 really good information -- and the UAA Housing First

1 was great -- and a lot of what we've done, we also
2 realize how much more work we have to do.

3 And that has to do with continuing our
4 work on the 10-Year Plan. It has to do with delving
5 into the Medicaid issue in more detail, which
6 involves us in seeing what, if any, participation
7 we'll have before the end of October.

8 And so we will continue, as the agency
9 that works on this on a daily basis, as well as the
10 Mental Health Trust and a few of the others -- these
11 are a lot of the things we do behind the scenes, and
12 we do it every day.

13 So we will absolutely make sure two
14 things: Number one, that we don't drop the ball,
15 that we continue working through what we've
16 discussed; and, number two, that we keep the council
17 members in the loop so when we do get -- you're
18 right. Six months is a long period of time, and
19 through that period, we need to be educating
20 ourselves so when we do have a meeting, it's as
21 productive as possible. It's not just people
22 sitting down with a stack of paper in front of them
23 and saying, "Look through it, and then we'll see you
24 in six months."

25 All right? Unless anybody else has

1 anything else to add, thank you very much, and we're
2 adjourned.

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4 (Meeting adjourned at 4:48 p.m.)
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3 S T A T E O F A L A S K A }
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Notary Public for Alaska
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