Mass Care Exist Strategy Status Update 01/31/22 Facilitated

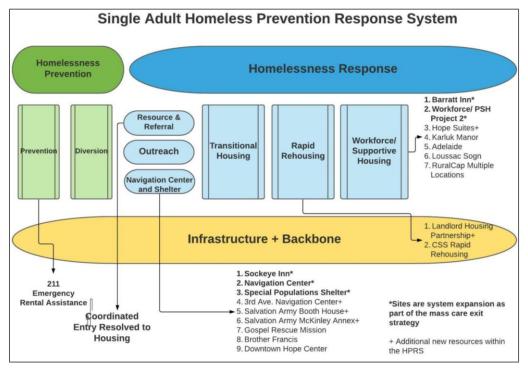
Collaborative Process

between Administration and Legislative Drafting Group for Mass Care and Long-Term Navigation Decisions

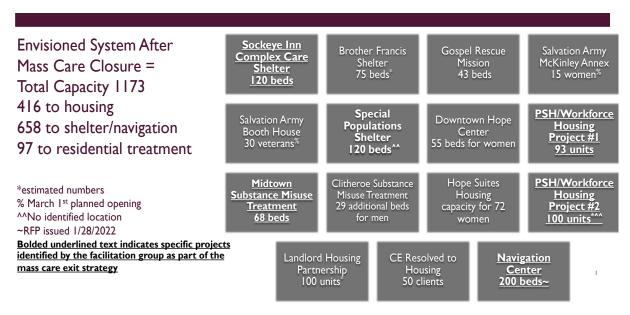
Implementation Status Update 013122

The workgroup is continuing to meet to maintain alignment and progress implementation of the client / community focused approach for exit from mass care that was unanimously approved by the Mayor and Assembly in AR2021-350. The next meeting is February 9, 2022.

The mass care exit strategy aligns with and closes gaps in the existing Homeless Prevention Response System.

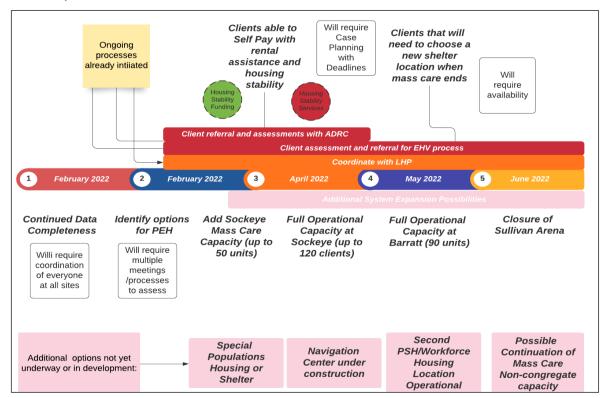


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Implementation Update:

 <u>Timeline:</u> An integrated implementation effort is underway to support exit from mass care by June 2022.



<u>Funding Plan</u> - A fund has been established at the Alaska Community Foundation (ACF) to collect and timely distribute capital funds from public and private sources in support of collaborative funding for implementing the overall plan. The fund gives spending authorization to the Mayor, Assembly and private funders / philanthropy. Funders to date have specifically designated the projects(s) for their respective funding. To date,

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\$9.5M is in the fund at ACF. \$2M is committed but not yet transferred to ACF, all designated for specific projects. Additional funding requests are pending.

\$3.5M of the funds at ACF are from philanthropy: Rasmuson Foundation, Chugach Alaska and Calista. \$2M is committed but not yet transferred to ACF: Weidner Apartment Homes and Providence. Another approximately \$1.5M is pledged but still awaiting the entities' final commitment decision. Additional funding requests are pending. Most donors designate the project(s) they direct their funding to. Also, Doyon granted \$250,000 for new furnishings for the Sockeye and an automatic door opening system. There are multiple discussions underway with other potential funders.

The Assembly / MOA appropriated \$6M for capital investments into 3 planks of the exit strategy: Complex Needs Shelter, Permanent Supportive / Workforce Housing (PSH/WH), and a Single Adult Shelter / Navigation Center. In addition, MOA is requesting \$15M from the State of Alaska in the 2022 Legislative Request to be used for the Single Adult Shelter / Navigation Center, PSH/ WH and a Special Populations Shelter.

Funding for sustainable operations is also being developed and is necessary to attract owners and operators and to sustain these sites once they are brought on-line. Operating fund sources include HUD (ESG, CDBG, Home), state, MOA and philanthropy. Sources are tied to specific client needs and program requirements and will require continued investigation and collaboration to secure the maximum available funds to support sustainability through braided funding.

The working group will continue to consult with MOA Legal and Procurement to confirm requirements for purchase and operational decisions for locations that include funding from the MOA.

Complex Care Shelter: (This shelter was previously referred to as Medical Fragile, Medical Convalescence. We have determined that the more appropriate terminology is "complex care".) The facilitated plan to exit mass care is to move people as quickly as possible out of mass care to more suitable shelters and ultimately to housing. Over 150 people with medical needs have been identified within the current homeless prevention response system. The Sockeye Inn was identified by the facilitation group as the site for sheltering and caring for persons experiencing homelessness with medical concerns and/or disabilities for whom a congregate shelter exacerbates risk.

The Sockeye Inn will provide shelter and more suitable care in approximately 61 units serving up to 120. This shelter will address a long-standing gap within the current continuum of care system.

A Purchase Sales Agreement has been signed between the Sockeye Inn and Ship Creek Community Assets II (SCCA II. The property sale will close no later than March 31, 2022. Funds for this purchase are a combination of private and public funding. The MOA will contribute \$2M, and non-governmental funders will pay the balance to cover the purchase price and closing costs. In addition, Doyon has agreed to provide beds, linens, storage units, and an automatic door access system for the facility.

Plans for long term operations, including determination of the operating entity remain to be developed. The estimated annual operating cost is \$3M - \$4M. AHD is drafting an amendment to the city's HUD Consolidated Plan to secure \$1.2M in CGDB-c funds. This is

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a 90-day HUD process that must be coordinated through the ACEH as the HUD designated Continuum of Care (CoC) for Anchorage's shelter and homeless response system. Other funding sources are being identified.

This specialized shelter is being designed by Anchorage Coalition to End Homelessness (ACEH) in partnership with Catholic Social Services (CSS), Rasmuson Foundation, Alaska Mental Health Trust and Agnew::Beck utilizing ACEH's Healthcare and Homelessness grant. The plan is expected to be ready by the end of 1st quarter and will support operational decisions for the Sockeye Inn. An RFI drafted by ACEH to solicit interest from potential service providers for operating the Sockeye Inn is under review by the working group.

The facility will continue to operate as a mass care location in the interim. Fifty (50) rooms are available immediately for mass care leases under the current ownership as we collectively build a full transition plan to serve those with complex needs. The Assembly appropriated funds in late December to lease a total of 50 units at the Sockeye from January through March and all 50 will be under lease by February 1. Transition to the Sockeye will initially focus on moving: (1) those who are medically fragile but do not need PCA level care; (2) the elderly; and (3) couples since most units have double beds. AHD Mass Care and ACEH will collaborate on a final placement list that supports both Mass Care demobilization and long-term use of this facility in the post-emergency environment

Permanent Supportive Housing (PSH) / Workforce Housing (WH): Clients served by PSH include people experiencing homelessness who can live independently with intensive case management and support services. Clients served by WFH include employed individuals who are experiencing homelessness who cannot afford to get into market housing. Approximately 300 units are required to meet the needs of existing mass care clients.

ACEH, as the community coordinator for analyzing and managing gaps in the homeless response system is working with philanthropic partners to explore suitable sites and financing options for acquiring properties. The Barratt Inn is the first identified by the facilitation group and is to be converted to approximately 90 workforce and supportive housing units. Due diligence on the property is underway since it is undergoing significant renovation. This hotel conversion adds additional housing units to leverage existing rental assistance and housing stability funds as well as ongoing HUD funding. The approximately 23 PSH units will be part of the Home for Good program.

Neither the MOA nor the private funders are interested in owning the facility. Discussions are underway with a local non-profit entity who has indicated interest and willingness to own the facility, pending decision by its governing entity.

Operating budgets and identification of sustainable funding sources is under development with housing providers including RuralCap and NeighborWorks Alaska. AHD is drafting an amendment to the city's HUD Consolidated Plan to secure available HUD funding for a portion of the operating costs. This is a 90-day HUD process that must be coordinated through the ACEH as the HUD designated Continuum of Care (CoC).

Efforts continue to identify additional housing units to fill anticipated capacity needs as identified in the exit strategy, approximately 210 units. There are other PSH projects underway outside of the facilitated mass care exit strategy that will also expand the

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availability of units that supports the mass care exit.

- Single Adult Navigation Center: The Single Adult Navigation Center will provide temporary shelter for persons experiencing homelessness that are over the age of 25 and do not meet the criteria and/or capacity limits for other shelter or housing locations. The majority of the clients served at this location are typically single adult men.
 - The Administration issued <u>RFP 2022P007</u> on January 27 for construction manager / general contractor services for a navigation center. The center is to be located at 4501 Elmore Road with a capacity of 200 beds with possible surge capacity of up to an additional 130. \$2.8M has been appropriated by the Assembly to cover preliminary design for the successful RFP response.
 - AHD and ACEH will collaborate to draft navigation center operating best practices leveraging work that is already underway for the 3rd Avenue Navigation Center.
- Special Populations (Elderly, Women, LBGTQ+): Location has not yet been identified.
 Capacity for approximately 200 beds is needed. The workgroup is reviewing the prior list of potential sites from the facilitated process to identify any sites that warrant further review for this shelter.
- Substance Abuse and Housing: Efforts are underway with the Salvation Army to return the 48th Avenue facility to service for providing 68 substance abuse treatment beds. The Boutet Company is developing engineering plans for renovating the existing location to repair 2018 earthquake damage and allow safe occupancy using State of Alaska funds. Other potential Salvation Army locations are also being discussed for return to service.
- <u>Current Mass Care Operations</u>: AHD Mass Care is monitoring potential space at existing shelter locations that could be used to reduce the number of beds needed within current mass care operations.
- Other System Enhancements: In addition to the implementation of the 5 planks of the exit strategy there is work ongoing by other partners in the homelessness prevention response system that is also creating space for moving clients out of mass care. These include reopening and/or optimization of existing shelters to increase bed capacity (Salvation Army, Downtown Hope Center and Brother Francis), improving the system for utilization of rental assistance and housing stability funds, and increasing available unites via the United Way Landlord Housing Partnership incentives.

As previously communicated:

- We continue working together with commitment to collaborative process.
- We share goals to end homelessness and belief that navigation is only one part of the continuum of care; housing always a goal; shelter will be a part of navigation plans.
- Not politically focused it's about getting it right for the benefit of the community.

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- Have agreed to a decision process that supports reaching agreement on quality decisions that are best for our community.
- Have agreed to a decision frame that includes problem statements, timeline, outcome goals, ranking criteria, alternatives to be considered and analysis to support decisions.
- Will socialize / communicate / vet progress with rest of Assembly and other key stakeholders and community partners to include Community Councils as discussions move forward.

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