



Who We Are

The Alaska Coalition on Housing and Homelessness (AKCH2) is a statewide organization working to develop strategies to increase the availability of affordable housing and eliminate homelessness in our great state.





Key Partnerships

- Anchorage Coalition to End Homelessness
- Alaska Housing Finance Corporation
- Alaska Mental Health Trust Authority
- Institute for Community Alliances
- · Alaska Department of Health and Social Services
- HUD Field Office
- Governor's Council on Homeless
- Anchorage Coalition to End Homelessness
- KTOO/360 North



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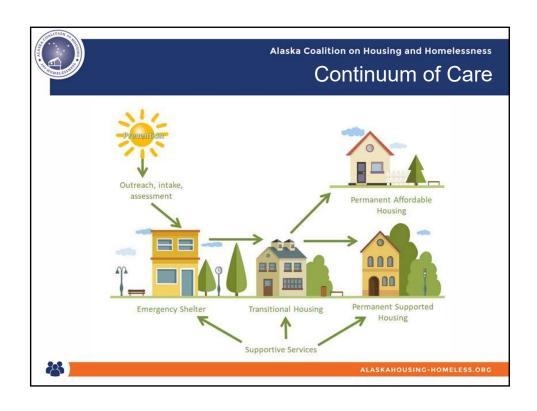
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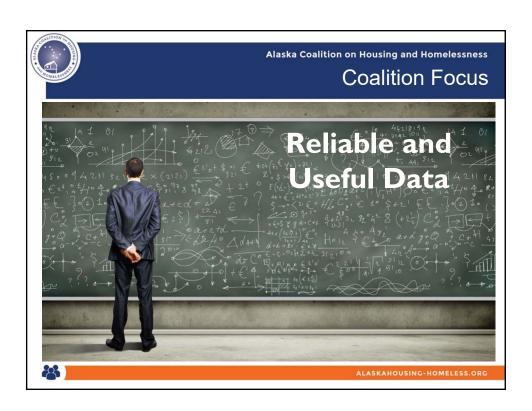
Coalition Focus

2012

The Coalition added language to its bylaws to carry out the day to day management of the Balance of State Continuum of Care.









HMIS Database

- AKCH2 & ACEH Jointly responsible for governance of Homeless Management Information System (HMIS)
- Institute for Community Alliances (ICA) is the HMIS Lead Organization for Alaska
 - Responsible for day-to-day management of the system
 - Really, really awesome people



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Universal Data Elements (UDEs)

HMIS Universal Data Elements are elements required to be collected by all projects using the software as an HMIS. By 10.01.2017 *, the UDEs include:

- Name
- Date of Birth
- Ethnicity
- · Veteran Status
- · Project Start Date
- Destination
- Client Location
- · Living Situation

- Social Security Number
- Race
- Gender
- Disabling Condition
- Project Exit Date
- · Relationship to Head of Household
- · Housing Move-In Date





Great Alaskan Data Renaissance

- Previous HMIS Issues
 - -Limited Number of Users
 - -Data Quality
 - -Data Completeness
 - -Reporting Limitations





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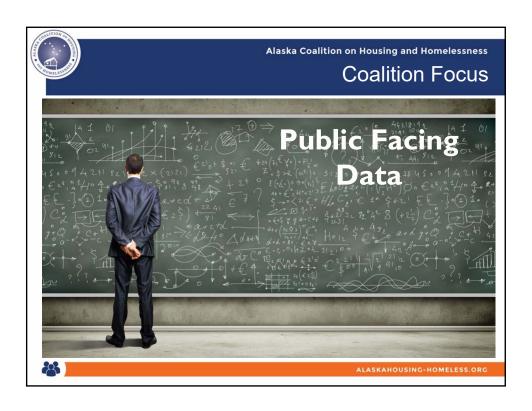
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Great Alaskan Data Renaissance

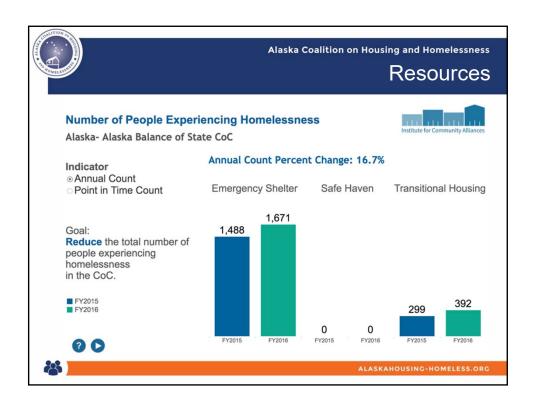
Since June 2015

- More than Doubled the Amount of User Licenses
- Hundreds of User Trainings
- Data Completeness Standard Grade $F \rightarrow A$

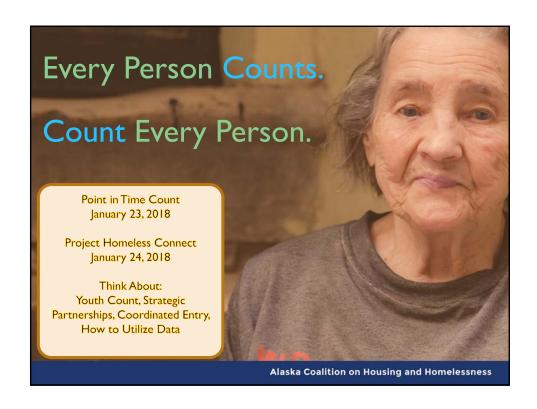


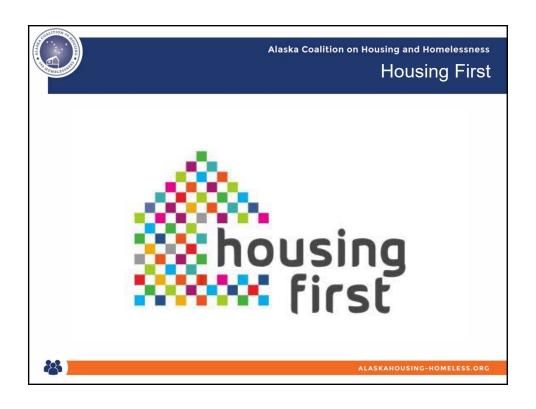












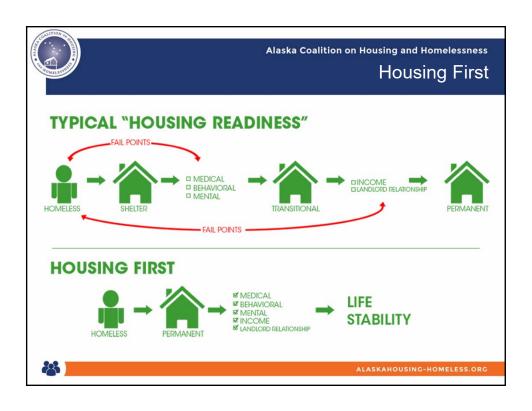


Housing First

Core Philosophies

- · Homelessness should be rare, brief, and non-reoccurring
- · Housing is an essential component of healthcare
- Barriers to accessing safe housing should be eliminated
 - Sobriety requirements
 - Participation in services
 - Income status







Housing First Models

- Permanent Supportive Housing
 - It's Permanent!
 - Tenants typically have leases
 - Services are sometimes co-located, but not required
 - Congregate vs. Scattered Site
 - Targets Individuals who are highly vulnerable
- · Rapid Rehousing
 - Temporary assistance
 - Supports to stabilize housing crisis
 - Targets individuals who are less vulnerable



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Housing First Research

- Significant evidence that Housing First Works:
 - Reduces homelessness (Palepu, 2013; Tsemberis, 2000, Gulcur, 2003)
 - Reduces hospital utilization among individuals with persistent mental illness & problems with substance abuse & addiction (Cochrane-Stergiopoulos, 2015; Fitzpatrick-Lewis, 2011; Montgomery, 2013; Nelson, 2007)
 - Improves housing stability for people with mental disorders (Stergiopoulos, 2015; Palepu, 2013; Tsemberis, 2000)
 - Advances mental health and well-being (Nelson, 2007; Tsemberis, 2012)





Housing First Research

- Significant evidence that Housing First Works:
 - Increases treatment for substance abuse and addiction (Nelson, 2007; Tsemberis, 2000)
 - Decreases utilization of psychiatric hospitals for formerly homeless individuals with mental illness (Gulcur, 2003)
 - Program participants report significantly higher quality of life than non-participants (Patterson, 2013)
 - Substance use declines among program participants (Kirst, 2015)



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Housing First Research

- Economic Benefits:
 - Decreases cost to shelters (Stergiopoulos, 2015; Ly, 2015)
 - Decreases costs to emergency departments (Ly, 2015)
 - RRH linked with cost reductions associated with hospitalizations and treatment for individuals with persistent mental illness & substance abuse problems (Srebnik, 2013; Urban-Cunningham, 2009)
 - Housing First programs generally cost less than programs that require sobriety or treatment prior to providing housing (Gulcur, 2003)

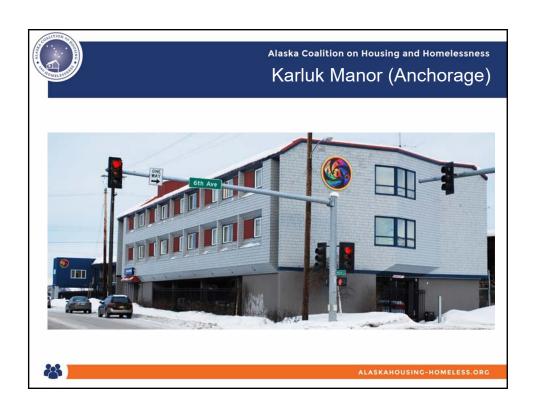




Housing First

- Multiple funding streams are prioritizing Housing First models, particularly HUD
- Also prioritizing applicants that allocate beds specifically for individuals who are chronically homeless
 - Individuals who are currently residing in a place not meant for human habitation or emergency shelter
 - Continuously homeless for 12 months or have had 4 instances of homelessness over last 3 years totaling 12 months
 - Diagnosed SUD, SMI, Developmental Disability, Physical Disability, or TBI







TCC Housing First (Fairbanks)





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Permanent Supportive Housing in AK

- UAA Permanent Supportive Housing Evaluation (AHFC/AMHTA Funded)
 - Released May 2017
- Clients from Karluk Manor & TCC Housing First
- Compared client health outcomes before/after moving into PSH (2012-2014)
 - Contrasted with control group
- Average participant
 - 50 years old, male, high school diploma or GED
 - Born in Alaska
 - Multiple chronic conditions + long-term struggles with alcohol





Permanent Supportive Housing in AK

- Key Findings:
 - Significant decline in alcohol consumption after moving into PSH
 - After one year, tenants reported:
 - Higher levels of engagement within the community
 - Fewer symptoms of depression
 - Lower levels of pain
 - Increased case management had positive influence on tenant participation in services and non-alcohol related recreation



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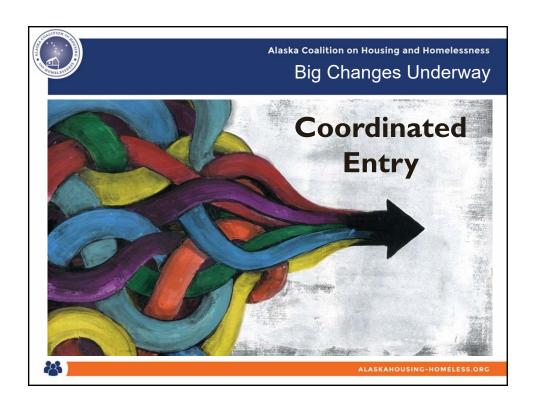
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Permanent Supportive Housing in AK

- Key Findings:
 - Tenants had decreases in all emergency service utilization compared to the year before move-in
 - Utilization rate remained at lower rate in second year of tenancy
 - Jail nights decreased, but not significantly
 - Primarily due to previous arrests









Coordinated Entry

- Access
- Assessment
 - Vulnerability Index Service Prioritization Decision Assistance Tool 2.0 (VI-SPDAT 2.0)
 - Physical/Mental/Behavioral Health Risks
 - Service Utilization
 - Barriers to Housing
- Prioritization
 - Communitywide
- Referral
 - Objective





