

**3/10/11
HEARING ON
VETERANS
HOMELESS-
NESS**

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VETERANS
HOMELESSNESS</SUBJECT><COMM>SSTA27</COMM></TARGET>



Ending Chronic Veteran Homelessness in Alaska in Five Years Anchorage Project (to be a pilot project/model for Alaska)

Amid all the customary rhetoric honouring military veterans on this Veterans Day, Alaska Beat would like to contribute a sobering statistic. According to a U.S. Department of Veterans Affairs estimate, cited by the National Coalition for Homeless Veterans, a mere eight percent of all Americans are military veterans, but nearly 20 percent of the estimated U.S. homeless population has served our nation's armed forces. We would add that out of the 20 homeless who have died on the streets in Anchorage this past 18 months, 5 were veterans.

If we are serious about ending veteran homelessness in five years, we cannot just do more of what we have been doing. Existing programs and approaches, as good as they are, have not solved this problem. We need new ideas, new approaches, and new partners willing to push the boundaries allowing the full inclusion of our homeless veterans "as they are" not as we wish they would be. First we must get them off the streets, and then we can start to help them find a new path. Ric Davidge, Senate Testimony on ending veteran homelessness in Alaska.

What: TWO New Projects:

We are requesting a one year predevelopment planning grant to support the Alaska Veterans Foundation, Inc. and its partners in creating two scalable and realistic model project plans in order to develop up to 70 single living units of permanent supportive housing in Anchorage. This predevelopment package is designed to be scalable for other areas of the state such as Fairbanks, the Mat-Su Valley, and large rural communities with sufficient homeless veteran populations to warrant such a facility/program

a) Housing First A WET harm reduction facility for chronic homeless veterans in Anchorage with application to other Alaskan communities. This is a 25 single living unit structure with offices and meetings rooms structured on the Housing First model. Although the location has not been finalized, we are working on securing an option for 5 acres in Eklutna adjacent to the 5 acres for VetCity. We have also located other options in this area. This co-location would enable staff cost savings as well as other program and facility efficiencies.



b) VetCity A DRY project based on the classic Honor Farm concept where residents work (are in training for work or working) no less than 6 days a week, and are then provided housing (up to 50 single, couple, small family cabins). No alcohol allowed. We provide direct integration into all of the trades through a relationship with Helmets to Hard Hats and other VA and state/federal DOL programs and labor organizations and the University of Alaska. The object is to provide an alcohol free, warm, safe environment that they contribute to (1/3 of their income) for as long as it may take to get them fully reintegrated into the work community anywhere in Alaska. Location is 5 acres in Eklutna.

Why? The Need: Although the annual VA Community Homelessness Assessment and Local Education Networking Groups (CHALENG) report to Congress has stated for some time that there are 600 homeless veterans in the area, after two years of effort we have not been able to independently confirm this “on the street” in Anchorage. We now know the 600 number is based on a VA formula. We have, however, confirmed, through the twice yearly Anchorage Homeless Connect and Stand Down events, about 80 to 100 unsheltered homeless veterans in need at a time. Of this group we believe there are fewer than 50 chronic homeless veterans in serious need of long term supportive housing. Other communities across Alaska report homeless veterans, but no serious studies have provided, by community, a clear understanding of the demand for permanent supportive housing for homeless veterans. This project will work with the University of Alaska and others in an attempt to better profile these needs by community.

The Anchorage Mayor’s Homeless Leadership Team (HLT) has also released (May 2010) its recommendations to the Mayor after 8 months of concentrated study by the most knowledgeable leaders on this issue in Anchorage. **Both of these projects are directly consistent with the recommendations of the HLT** to the Mayor. The predevelopment funds/work will provide essential planning for appropriate Housing First and VetCity site selections (Eklutna), physical and program project designs, and a sustainable financial plan for at least the first five years for every 25 unit system of Housing First and VetCity concept. This is a part of HLT recommendation of 200 single living units for the chronic homeless in Anchorage.

Why segregate Veterans?

Most veterans come with a shopping cart of services and benefits earned through service and sacrifice that are not available to nonveterans. This includes grants, per diem, and other services, so it makes sense to bring veterans together pooling these programs. Neither of these facilities will be exclusive for veterans, but they must have a minimum of **75%** veterans to qualify for most of the VA, HUD, and DOL funding sources applicable. Furthermore, there is a long standing and well understood benefit to sitting veterans down together who have shared common experiences (combat and other) to work through their individual issues toward the goal of being a fully functional and appropriate member of the community.

VA National 5 year Program to end Veteran Homelessness

These two projects are within the scope and purpose of the new US Dept of Veteran Affairs national 5 year plan. The VA Secretary is fully committed to meeting veterans “as they are and as they come to us” which is a significant change in the approach of the VA to this challenge. We are members of the **National Committee to End Veteran Homelessness** through the Vietnam Veterans of America and the **National Coalition for Homeless Veterans** and therefore have ongoing direct access to the highest levels of the VA in Washington D.C. including the White House and the key Members of Congress and their staff who are supportive of this national initiative. We meet with and brief these offices and Members quarterly when in Wash DC for meetings.

Existing VA Programs/facilities: Although the Anchorage VA provides an excellent statewide 50 bed Domiciliary (at C & Benson, Anchorage) for recovering (alcohol/drug) homeless veterans which has good success, their barriers to entry, waiting list, failure rate, and recidivism clearly indicate the need for additional beds and a different approach for some vets. In our direct interviews with chronic homeless veterans we find them often unwilling to enter the Domiciliary for a host of reasons. The development of a Housing First facility and VetCity under a loose working partnership of the VA, Veterans Industries, the Municipality of Anchorage, some

Veteran Service Organizations, Trade Union apprenticeship programs, the Alaska Department of Labor, the University of Alaska, etc addresses those concerns.

Given the obvious relationships between this proposal and the existing VA Domiciliary program, we believe that adding these two new models to our community will actually allow the VA Domiciliary to be even more successful with those veterans that choose the VA Domiciliary model while allowing veterans unwilling to accept the Domiciliary concept to find success in our Housing First or VetCity models. The overarching goal of eliminating veteran homelessness is the same, the process and philosophy just a little different with these two additional approaches. Again, it's about meeting veterans "as they are" and then helping them make the appropriate choices that will enable them to be successful in the community.

The VA Community Homelessness Assessment and Local Education Networking Groups (CHALENG) report annually confirms that the VA needs additional facilities for this hard to serve population. We believe, consistent with the Mayor's Homeless Leadership Teams recommendations, that we need new beds in both a Housing First harm reduction model and a longer term supportive housing model like VetCity. These are both a little different then the domiciliary model, because they are designed to meet veterans "as they come to use" many of whom will not use VA programs for a range of reasons. In addition, Mayor Sullivan has expressed strong support for an approach that would build on the old Honor Farm concept. VetCity is based on that specific approach, but with much more intense job integration.

The **VA Grants and Per Diem** program **does not fund** any planning for projects like this. We have contacted the Technical Assistance partnership in Boston referred to us by the Washington, D.C. office of the VA Grants and Per Diem Assistant Director. This group has provided important assistance in the development of this proposal and we anticipate them having a very active and appropriately critical role in the predevelopment work to be funded by this appropriation. The Foundation is not able to fund this predevelopment planning internally; however we are actively working our way through the matrix of issues such as site selection and facility design options under our existing budget and programs. We believe that in partnerships with other nonprofits and for profits, our attempt to identify other funding sources for the project will assist in the financial sustainability of both of these ventures. But we want to get started now, and this predevelopment grant will facilitate that better then any other option we have discovered.

Site: We are currently in negotiations with the private owner (Harry Johnson) for two sites of five acres each in Eklutna. The VetCity site has previously been improved as a potential trailer court and thus has a good gravel pad, well house/water, sewer, and electricity in and functional. This 5 acre tract is our first priority in starting up the VetCity with small cabins now in design by Builders Choice. We have reached an agreement (Dec 1, 2010) on a lease purchase for this tract and have begun making monthly payments consistent with that agreement. We are confident that with the predevelopment appropriation we can leverage that commitment to secure the full purchase cost (under \$400,000) for this 5 acre tract.

The second site for the Housing First model is directly adjacent to the 5 acres now under agreement. The owner is the same, and a veteran, who wants to work with us in the acquisition of this additional 5 acres once we have a full plan in place – that will be developed using this grant.

Why Eklutna? Given the community concerns raised with the municipal discussion around the “Red Roof Inn” Housing First project – although eventually approved, we decided to locate away from Anchorage neighborhoods. Although we originally wanted to locate adjacent to the new VA Clinic and joint hospital, land was not available for that option. This was not just in consideration of the NIMBY problem but also in the best interest of the veterans in our program as it keeps them from reconnecting with negative influences. We believe it critical that we provide a significant space/time barrier between our location and the “4th Ave subculture” that so often draws recovering veterans back to the street. The Eklutna location is perfect. Out of sight and out of mind, but only 20 minutes van ride to the VA Clinic/Hospital in east Anchorage just off the Glenn Highway and Muldoon Road.

Consistent with our statewide approach, we have a representative from Fairbanks participating in our planning team as the Housing First concept/design is to be scalable for possible development in other communities across Alaska. This will allow other locations across Alaska to trailer on our work and not have to start from zero. We believe this imperative if we are to meet the five year target for ending veteran homelessness in Alaska.

Occupants: Although communities talk about ending homelessness in a generic form, there is a significant difference between the “homeless” and the “chronic homeless.” We know that the chronic homeless use a disproportionate amount of our community services and are generally regarded as “the homeless” in general conversation. But we also know that the majority of homeless persons/families are being adequately served with the existing transitional systems, programs, and facilities in Anchorage and in some other communities. Honestly addressing the “chronic” homeless veteran problem, most all with substance abuse combined with serious mental challenges and in some cases physical disabilities, is much more difficult. We believe it requires new approaches. The Housing First harm reduction model has now been proven in a number of communities across America. We think it’s time we offered this proven program here in Anchorage and then across Alaska targeted toward veterans. Furthermore, the honor farm concept was a proven program for decades across America. We believe it can still work and our discussions with homeless veterans, the Anchorage Police Department, the Anchorage Fire Department and with lots of other providers gives us great hope that by combining these two programs in Eklutna we can realize the goal of ending homelessness for our Alaska veterans in 5 years. We also believe VetCity embraces the new “Healing Camp” programs developed by the Alaska Mental Health Trust and in operation in some rural communities. The Healing Camp program allows VetCity to directly meet cultural issues within our homeless veteran community.

Concept: Using the **Housing First - harm reduction model**, this project will likely be some form of loose **partnership** which we hope to have codified by an MOU between the VA/Anchorage and the Alaska Veterans Foundation, Inc. and its partner VetCity, Inc as well as some National Veteran Service Organizations – if they choose to participate - and other partners. Other than the Foundation, the Vietnam Veterans of America have committed to support this venture. We will continue to invite other NVSO’s into this effort, but frankly their participation is not likely unless we show substantive commitments and progress. Approval of this grant will help us leverage wider participation. The Alaska Veterans Foundation & VetCity will play the role of developer and owner/manager of this Housing First Project and VetCity. The project will provide permanent supportive housing designed specifically for chronically homeless veterans. We believe that other national veteran service organizations should provide and collectively support a nationally accredited Veteran Service Officer on site no less than part-time and hold regular/monthly meetings in the common areas to help reintegrate these veteran tenants back

into, at least, the veteran community. The Vietnam Veterans of America, Anchorage Chapter 904 and its state and supportive national offices have made this commitment. We also think it important, consistent with their means and ability, that each veteran service organization in the community makes some annual financial commitment to the ongoing support of this project. We do not wish to in any way imply this commitment to be anything other than voluntary. This strategy will then, for the first time, actually reintegrate our chronic homeless veterans with their brother and sister veterans in our community. **This is an important part of this strategy.** That through our collective effort, as national veteran service organizations; we stand as a family of veterans in support of our brothers/sisters. The reason VVA has already made this commitment is their motto: *“Never Again will One Generation of Veterans Abandon Another.”* Both the Housing First and VetCity concepts continue that commitment.

Based on existing successful models in other states/communities, the Alaska Veterans Foundation, Inc. and VetCity Inc. proposes to develop and operate one veteran-specific purpose built Housing First project comprised of 25 single living units (15 doubles, 10 singles). Included in this structure would be a common area space for the resident manager, small group room, and NVSO office. The Alaska Veterans Foundation, Inc. and VetCity, Inc. plan to develop this project as an operating example that can be replicated in other communities in whole or in part across Alaska, therefore the design and financing of these facilities needs to be scalable for application in other communities, such as Fairbanks. The Anchorage facility/program should function as a working model to assist other communities in understanding and developing their own facilities/programs given sufficient needs and partnerships.

Furnishings will be provided under a contract with VA/Veteran Industries (VI) located at the Anchorage VA Domiciliary based on the *All-A-Board Solid Pine Furniture* designs or something comparable. Veteran's Industries in Anchorage is more than capable of building this furniture in their existing wood shop at the Domiciliary and this work would provide appropriate training and critical income to veterans in recovery within the VI program.

Once completed, these two projects should provide 75 permanent supportive housing units (25 in housing first, and 50 in VetCity) in either a supportive, harm reduction, housing first strategy based on proven need and the successful Housing First models in Seattle, New York, Denver, and Boston or the classic Honor Farms of old. We believe both provide a place and service not now available to veterans in our community or in Alaska.

Services: The medical, mental health, and other “services” needed by the veteran tenants of these projects will be immediately available at the VA clinic/hospital in Anchorage through van transport. Facility and Case managers will be located on site or in coordination with the VA programs in Anchorage.

Transportation: There will be a need for ongoing transportation in and around Anchorage. The driver for this van or small bus should be provided under contract with Veterans Industries located at the Domiciliary in Anchorage. Grants are available to cover the purchase and operation of this vehicle. Optionally, residents who can qualify in VetCity can provide this service through work contacts.

Funding Options:

A. One Year Money (Predevelopment Planning Funds)

- **Predevelopment Budget**

○ Site plan/design/appraisal	\$ 75,000
○ Architectural and Engineering	\$100,000
○ Legal, Accounting	\$ 30,000
○ Environmental Assessment	\$ 15,000
○ Financial feasibility/underwriting	\$ 20,000
○ <u>Project Management</u>	<u>\$ 60,000</u>
TOTAL	\$300,000

Property Acquisition

Available two 5 acre parcels in Eklutna currently owned by Harry Johnson. One improved and one partially improved. We have an independent appraisal in process on the partially improved tract and a lease purchase agreement in hand. The estimated purchase price for the first 5 acre partially improved tract is \$380,000. We are now working on a purchase and site clean up strategy for the adjoining 5 acre improved site.

The final project design, budget, etc will be completed within one year for submission to the project's various partners and the US House and Senate Veteran's Affairs Committees and the VA (at all levels), the State of Alaska, and prospective partners for physical plant and operational funding. Once funded, the project will be contracted out for construction to SDVOB or Veteran Owned Businesses who must then work with VA Veteran's Industries in all hiring who often have experienced crafts persons in recovery.

B. Development Budget - No Year Money (planning, build, operate)

We wish we could give you an amount so we could get the project funded up front, do the planning and project development, then build both and open them, but there are just too many variables and the design, cost of materials, labor, site cleanup and development will take some time to develop a detailed development and operating Proforma budget. In addition, the Alaska Veterans Foundation, Inc. will need to asses and develop a financing sustainable model/plan incorporating a range of public and private resources to develop and operate these innovative permanent supportive housing projects. Further is the time needed for coordination with the local VA management and programs, and the leadership of the various Veteran Service Organizations through formal MOU's as well as all trade unions, the University of Alaska, the King Career Center, and other job training companies.

Our experience, however, is that unless there is a project and money committed to at least its planning with specific pre-development activities, it's very difficult to get this moving forward just as a concept. We believe these planning funds help give credibility to these two projects sufficient to leverage VA, NVSO, and other provider (private and public) commitments in cooperation.

These projects must be coordinated with the Municipality of Anchorage Coalition on Homelessness who support this request and the MOA Military and Veterans Affairs Commission, the Veterans Administration Homeless Programs, the Municipality of Anchorage including APD and AFD, the Vet Center, the VA Domiciliary, the VA Clinic and joint hospital as well as other local and statewide groups working in the homeless community to ensure appropriate coordination and identification of potential veteran tenants. We therefore believe it

1/25/11

very appropriate that these funds be appropriated through the Municipality of Anchorage, Homeless project. We have discussed this option with the Director of this program and find them more than willing to oversee these funds to ensure they are appropriately spent consistent with the direction of Congress.

After years of study and struggle to understand the failures of our transitional systems for our homeless veterans, we believe it is now time to offer these two programmatic alternatives - proven in other communities, to help end veteran homelessness in Anchorage and then across Alaska. This is the start, this is the opportunity, and the Foundation on behalf of its Board and that of VetCity is pleased to submit this request in an effort to get these concepts moving forward for all of us and our homeless veterans.

It is an honor,

Ric Davidge, Chairman
Alaska Veterans Foundation, Inc.
VetCity, Inc.

Letters of support collected and available



351 East 104th Avenue, Suite 150, Anchorage, Alaska 99515 Phone: (907)522-3214 Fax: (907)522-3216

January 26, 2011

Ric Davidge
Ricdavidge.ak@gci.net
rdavidge@cvalaska.com

BCI Quote 2011-21590

Dear Ric,

Thank you for allowing us the opportunity to quote the Vet City project for you.

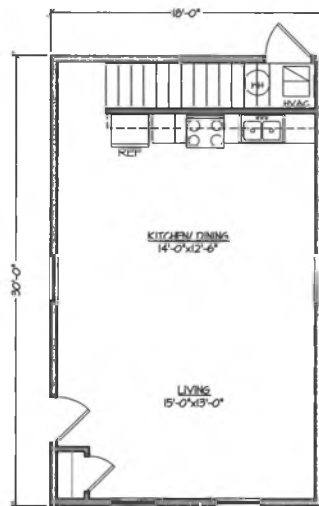
Studio Cabin: Per Attached Master Specifications and Layout	\$76,749.00
One (1) Bedroom: Per Attached Master Specification and Layout	\$109,610.00
Two (2) Bedroom: Per Attached Master Specification and Layout	\$121,414.00
Forty (40) Bed Complex Per Attached Master Specification and Layout	\$1,194,598.00
<ul style="list-style-type: none">• Includes Engineering and Fire Marshal Approval for 40 Bed Complex Only• Does Not Include Delivery or Installation• No Sprinkler System• No Exterior Decks, Ramps or Steps• No Local or City Permits• Payment Terms: 25% Deposit Due Upon Acceptance of Quote. Deposits are Non Refundable. Balance Due Prior to Delivery• FOB BCI Yard	

Builders Choice, Inc. reserves the right to adjust pricing due to current economic conditions. Price quoted is subject to change after thirty (30) days.

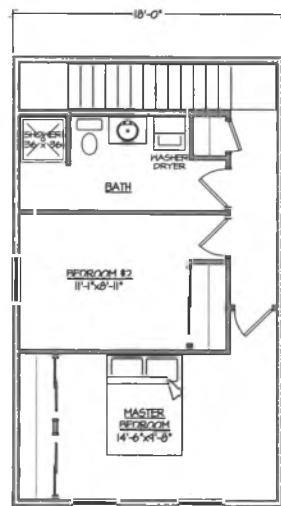
Thank you for giving us the opportunity to bid for your business. I am looking forward to having the opportunity to speak with you directly and am confident that we are able to exceed your expectations.

Sincerely,

Mark Larson
President



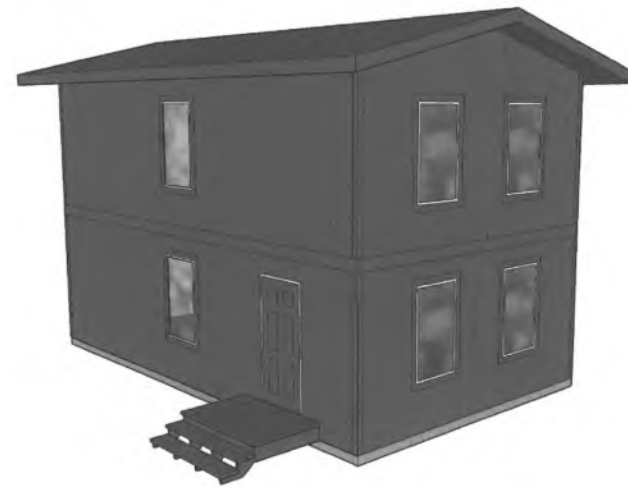
First Floor

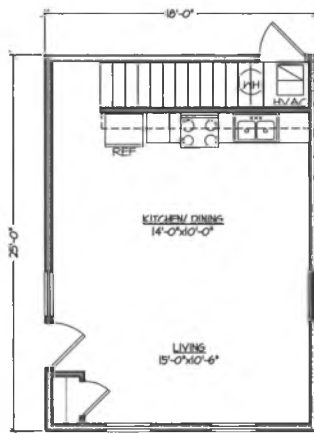


Second Floor

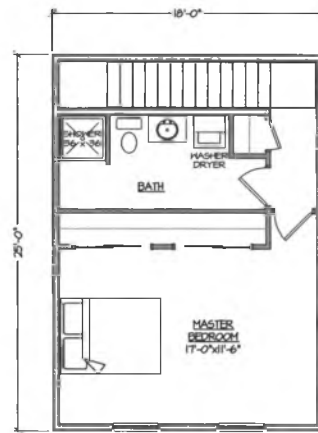
Two Bedroom Unit

Couple w/ Child





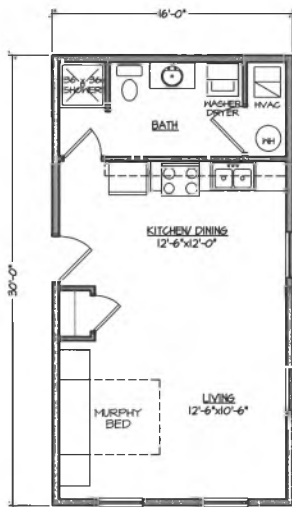
First Floor



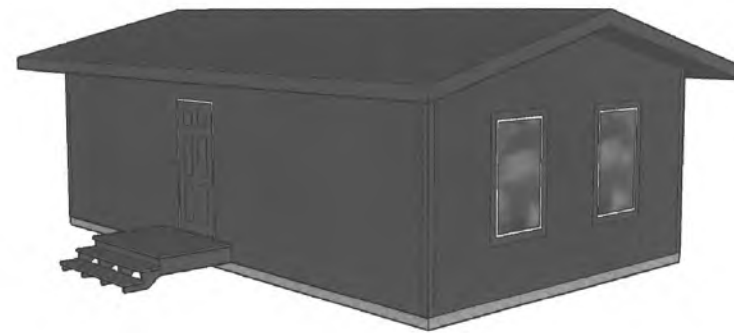
Second Floor

One Bedroom Unit
Couple





Studio Unit
Single Person





March 10, 2011

Senate State Affairs Committee

Testimony by Ric Davidge

What should be the role of the State of Alaska in ending veteran homelessness?

The US Secretary of Veterans Affairs and this federal administration have made this a top, secretarial and White House priority. They have announced a five year plan, a PowerPoint presentation of which is included in this packet. This sets up an opportunity for the State of Alaska to leverage federal interest and funds into addressing this national embarrassment.

Why veterans? Because they've earned it!

In addressing this challenge there are a number of up front questions the state needs to address:

- **How many homeless veterans are there in Alaska?**
 - This is a very interesting question, but honestly, we don't know
 - We do know that the US Dept of VA has been claiming in their annual report to Congress that there are an estimated 600 homeless veterans in Alaska.
 - We have not been able to verify this number on the ground in Anchorage
 - We think the number is much closer to about 100 at any time, based on
 - Twice annual Point-In-Time Counts (2011 report enclosed)
 - VA reports on actual veterans in their Domiciliary facility in Anchorage
 - Annual Stand Downs (for homeless veterans) in Anchorage

- **Where is the best place in Alaska for us to start addressing this challenge?**
 - One thing we do know is that Anchorage is the homeless capital of Alaska
 - This has been confirmed annually by the twice annual Point-In-Time Counts across the state
 - The Municipality of Anchorage has a very good plan to end homelessness
 - The Mayor's Leadership Team reviewed all issues, plans, and programs and provided the mayor a series of recommendations that will help end homelessness.
 - The Anchorage Coalition on Homelessness is a very active and functional organization of over 40 entities involved in providing some type of service for homeless Alaskan's
 - The Alaska Veterans Foundation, Inc. (well known 501c3) in partnership with VetCity, Inc. (a new 501c3) has developed and presented a proposal for the purposes of developing two facilities w/programs to end veteran homelessness in 5 years. This plan has been supported by dozens of local, state, and national organizations.

- **What should the state really do in addressing this challenge?**
 - Understand the challenge
 - Craft solutions that are responsive to the need and responsible in cost
 - Consider an active role for the AK Dept of Mil & Vet Affairs in this endeavor
 - AKNG training projects (medical, construction, etc)
 - The military academy (projects)
 - VSO services/assistance
 - Support the Alaska Veterans Foundation, Inc. proposal to get started (\$300,000)
 - Provide structural support for identified solutions
 - Enable the direction of “profits” from the AHFC back into low income housing consistent with the mission of that agency.
 - Give state priority of ending veteran homelessness

- **What is the US Dept of Veterans Affairs doing about this challenge in Anchorage now?**
 - One of the oldest programs of the federal government is the Domiciliary. This facility, on C and Northern lights in Anchorage, provides a safe warm place for homeless veterans who are addicted/homeless, to work through a X month program to get clean/sober and ready for reintegration.
 - Up till recently, some of the rules of the “Dom”, cause many to fail and go back on the street. The Dom has made significant improvements on retention now, but where do they go after the Dom? The VA has been asking for help here for years in their annual report to congress. The AK Vet Foundation proposal provides an alternative to the Dom with Housing First and more beds/doors for long term supportive housing.
 - Many come back in a few months and go through the program again and again. We think the AK Vet Foundation proposal provides the essential and missing long term supportive housing that will keep them off the street and making better choices.

- **Why are so many veterans homeless?**
 - We are the 8%. That is the percentage of Americans who have stood guard for America and advanced the notion of human freedom in many parts of the world
 - 25% of those homeless who died in Anchorage these past two years, were veterans
 - The Point-In-Time Count suggests that veterans make up about 15% to 20% of the homeless in Anchorage, but again only 8% of the population.
 - Well over 65% of all homeless veterans suffer from some level of mental disorder
 - Almost all suffer from both mental disorders and alcohol or drug additions. There way of self medicating their pain.

- **What do we need in facilities and/or services that are not now available?**
 - The VA Dom is working well within its structural limits, but
 - We need **long term supportive housing**, a need annually mentioned in the VA annual report on their efforts to end homelessness in Anchorage, and
 - **Housing First for veterans**
 - The Alaska Veterans Foundation, Inc. and VetCity, Inc. have prepared a proposal that is supported by dozens of local, state, and national organizations toward providing just these two facilities. Copy provided.

- **What are some suggestions on what the State of Alaska should do to help end veteran homelessness in the next five years?**
 - Initiate a statewide plan towards ending veteran homelessness in five years that is complementary to the federal plan. This should allow Alaska to leverage federal dollars that can support components of the state's effort.
 - The Alaska Housing Finance Corporation is the appropriate entity to head this up in partnership with the Municipality of Anchorage and the Alaska Veterans Foundation, Inc and the US Dept of Veterans Affairs.
 - Once a proven pilot is up and running, it would make sense to provide the designs, financial sustainability plan, etc to other communities such as Fairbanks who have homeless veterans
 - The Alaska Veterans Foundation, Inc. in partnership with VetCity, Inc **is the only proposal on the table** and has been the only one on the table for 2 years. The State of Alaska should support this proposal for the \$300,000 in predevelopment funds to advance both the Housing First and Long Term Supportive Housing projects they have developed.
 - This then sets up a review of all plans, facility designs, etc in the next legislative session for the purpose of considering additional support for:
 - The professional development of a five year financial sustainability plan consistent with the VA and HUD programs on homelessness
 - The acquisition of land (two tracks = 10 acres/under lease/purchase agreement now)
 - Site preparation and development for both facilities
 - Construction of the Housing First (25 unit) facility
 - Construction of the first 20 Long Term Supportive Housing cabins
 - Support for VA and HUD grants that will provide
 - Vouchers for homeless veterans that will help cover the cost of facility operations
 - VA grants for "Grants and Per Diem" that can cover up to 65% of the cost of construction of these facilities and help pay for the day-to-day operation of these facilities
 - VA/HUD grants that will cover the cost of acquisition and operation of two 20 passenger busses to move veterans from the facilities in Eklutna to the VA Clinic/hospital, educational facilities such as trade union halls, etc.

So the question today is, what should the role of the State of Alaska be in helping end veteran homelessness?

We hope we have provided you some context around which you can discern an appropriate and immediate state effort to end veteran homelessness.

- Ric Davidge Homeless
- Susan Brandeski; Trevor Storr - Co-Chair, ANC Coalition
- 600 homeless vets in AK

- What is State's Role in dealing w/ Vets' Homelessness

Trevor → "Need to make \$19/hr for 40 hrs to pay for 26R Apt."

- 524 Vets at Brother Francis.
- 259 homeless vets in ANC

- 3,053 Vets below poverty line:

* Total Vet homeless + in regions

Arc - 145; State 259

- Cost of Homeless in ANC
 - Seattle - \$100K - \$150K / person - chronic homeless
 - Project Homeless - \$20K - \$25K

- Beacon Hill -- City Church

* Top 2 or 3 things we could do:

- ① Ric - \$300K from budget to leverage
- ② Utilize AHFC -- create Housing Trust.
- ③ Supportive Services

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- **What should the state really do in addressing this challenge?**
 - Understand the challenge
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 - Give priority of ending veteran homelessness
- **What is the US Dept of Veterans Affairs doing about this challenge in Anchorage now?**
 - One of the oldest programs of the federal government is the Domiciliary. This facility, on C and Northern lights in Anchorage, provides a safe warm place for homeless veterans who are addicted to work through a X month program to get clean/sober and ready for reintegration.

- But often the rules of the “Dom” as it is called, cause many to fail and go back on the street.
- The recidivism rate of our Dom is %. Many come back in a few months and go through the program again and again. So what is needed?
- **Why are so many veterans homeless?**
 - We are the 8% That is the percentage of Americans who have stood guard for America and advanced the notion of human freedom
 - 25% of those homeless who died in Anchorage these past two years, were veterans
 - The Point-In-Time Count suggests that veterans make up about 15% to 20% of the homeless in Anchorage
 - Well over 65% of all homeless veterans suffer from some level of mental disorder
 - Almost all suffer from both mental disorders and alcohol or drug additions. There way of self medicating
- **What do we need in facilities and/or services that are not now available?**
 - The VA Dom is working well within its structural limits, but
 - We need **long term supportive housing**, a need annually mentioned in the VA annual report on their efforts to end homelessness in Anchorage, and
 - **Housing First for veterans**
 - The Alaska Veterans Foundation, Inc. and VetCity, Inc. have prepared a proposal that is supported by dozens of local, state, and national organizations toward providing just these two facilities. Copy provided.
- **What are some suggestions on what the State of Alaska should do to help end veteran homelessness in the next five years?**
 - Initiate a statewide plan towards ending veteran homelessness in five years that is complementary to the federal plan. This should allow Alaska to leverage federal dollars that can support components of the state’s effort.
 - The Alaska Housing Finance Corporation is the appropriate entity to head this up in partnership with the Municipality of Anchorage and the Alaska Veterans Foundation, Inc and the US Dept of Veterans Affairs.
 - Once a proven pilot is up and running, it would make sense to provide the designs, financial sustainability plan, etc to other communities such as Fairbanks who have homeless veterans
 - Support the proposal from the Alaska Veterans Foundation, Inc. in partnership with VetCity, Inc. for the \$300,000 in predevelopment funds to advance both the Housing First and Long Term Supportive Housing projects they have developed.
 - This then sets up a review of all plans, facility designs, etc in the next legislative session for the purpose of considering additional support for:
 - The professional development of a five year financial sustainability plan consistent with the US VA and HUD programs on homelessness
 - The acquisition of land (two tracks = 10 acres/under lease/purchase agreement now)
 - Site preparation and development for both facilities
 - Construction of the Housing First (25 unit) facility
 - Construction of the first 20 Long Term Supportive Housing cabins
 - Support for VA and HUD grants that will provide

- Vouchers for homeless veterans that will help cover the cost of facility operations
- VA grants for “Grants and Per Diem” that can cover up to 65% of the cost of construction of these facilities and help pay for the day-to-day operation of these facilities
- VA/HUD grants that will cover the cost of acquisition and operation of two 20 passenger busses to move veterans from the facilities in Eklutna to the VA Clinic/hospital, educational facilities such as trade union halls, etc.

FOOD FOR THOUGHT

- In 2009, at any given time, 1,275 at-risk households in Anchorage were on AHFC's waiting list for housing
- In 2009, 1,765 households were homeless on any given night in Anchorage; 468 of these households included children
- At an August 19, 2010 Legislative Health Caucus, every presenter stressed the need for more affordable housing in Anchorage, including transitional, supportive & low-barrier
- Between 1982 & 2010 in Anchorage:
 1. Medical costs rose 418.6%
 2. Energy costs 258.8%
 3. Housing costs 174.4%
 4. All other costs 194.4%
 5. Minimum Wage rose 101.36% (\$3.85 vs. \$7.75)
 6. Average Monthly Wage rose 86.65% (\$2,209 vs. \$4,121-2009 number)
- In order to adequately address homelessness in our community, Anchorage needs an adequate, sustainable inventory of affordable housing, including permanent, transitional, supportive and low-barrier, encompassing rental and home ownership opportunities (Mayor's Homeless Leadership Team May 2010)

What Can You Do?

- Educate: Yourself and others regarding Homelessness in our community & state
- Advocate: For programs & funding with local, state & federal policy makers & elected officials
- Volunteer: At a shelter, food bank, or with a non-profit or faith based organization

VETERAN HOMELESSNESS PREVENTION PLATFORM

In October 2006, the National Coalition for Homeless Veterans (NCHV) participated in the National Symposium on the Needs of Young Veterans hosted by AMVETS in Chicago. As a subject matter expert on veterans at risk of homelessness, NCHV engaged in discussions with community-based service providers to identify the most critical needs of veterans returning from Operations Iraqi Freedom and Enduring Freedom (Afghanistan), and their recommendations on government and community interventions that would reduce those veterans' risks of becoming homeless.

The U.S. Department of Veterans Affairs, Department of Labor and their community-based service partners represented by NCHV have developed a nationwide network of assistance programs that has reduced the number of homeless veterans on the streets of America by more than 40% since 2005. The Chicago symposium, however, was one of the earliest national assemblies convened to explore strategies to prevent homelessness among combat veterans returning from war. The insights, client challenges and recommendations of those service providers still serve as the foundation of a comprehensive Veteran Homelessness Prevention Platform.

The recommendations in this document do not necessarily represent NCHV's position on specific legislative initiatives, but are presented to help frame the discussion and development of an effective veteran homelessness prevention strategy.

Causes of Homelessness

Homelessness is the end result of problems that an individual cannot resolve without assistance. Generally, these problems can be grouped into three categories – health issues, economic hardships and lack of affordable housing.

These issues impact all homeless individuals, but veterans face additional challenges when trying to overcome these obstacles: prolonged separation from traditional supports such as family and close friends; highly stressful training and occupational demands that can affect their personality, self esteem and ability to communicate with people in the civilian sector after their separation from military service; and non-transferability of some military occupational specialties into the civilian work force.

NCHV believes the key to veteran homelessness prevention is to help service members plan for their separation from the military – accounting for their health, employment and housing needs – well before their discharge. Just as critical is providing access to assistance to veterans who need help before they lose control of their lives and, ultimately, their homes and families.

Health Care Initiatives

Mental Health – The VA reports that nearly 30% of the veterans of Iraq and Afghanistan who have sought VA medical care since separating from the military have exhibited potential symptoms of mental and emotional stress. Close to one-half of those have a possible diagnosis of post-traumatic stress disorder (PTSD).

Of equal concern was the Government Accountability Office (GAO) report that a large percentage of Iraq War veterans whose Post-Deployment Survey responses indicated they were at risk of developing PTSD were not referred to Department of Defense or VA facilities for mental health screening and counseling (*GAO Report, May 16, 2006*).

Primary and Long-term Rehabilitative Care – While the VA has greatly increased the capacity and services of its nationwide health care system, many communities are under-served by VA programs.

Many low-income veterans cannot afford health insurance, and many small and independent businesses do not offer health insurance coverage. These veterans and their families are one major medical problem removed from severe economic hardship that may, and often does, result in an increased risk of homelessness.

Recommendations:

- There should be a national "open door" policy that ensures access to immediate primary and mental health services to OIF/OEF veterans for five years after discharge in (1) areas that are under-served by VA facilities, (2) for immediate family members of OIF/OEF veterans, and (3) for long-term rehabilitative care. Fee-for-service policies, contracts with approved community and private health care providers in under-served areas or those with insufficient VA capacity to meet demand, and reimbursement by VA to those care providers must not place additional burdens on OIE/OEF veterans and their families.
- All VA medical centers and community-based outpatient clinics (CBOC) should have access to emergency mental health services on a 24/7 basis, whether on site or through approved community mental health programs. This critical support must be real-time, face-to-face.
- Implement universal enrollment in the VA Health Care System *before* discharge from active duty status, including eligible National Guard and Reserve personnel deployed to Iraq and Afghanistan. Ensure that a copy of a service member's medical records be transmitted to the VA Medical Center serving that veteran's home of record.
- All service members separating from active duty after deployment to Iraq, Afghanistan, or any combat theater, should receive mandatory mental health assessments and be screened for possible traumatic brain injury (TBI), Hepatitis-C, TB, HIV and other illnesses *before* discharge. Follow-up mental health assessments should be mandatory at six-month and one-year intervals after discharge. The VA medical center serving the veteran's home of record should be responsible for ensuring these follow-up assessments are scheduled, and recording the veteran's response.
- Service members who, on their Post-Deployment Assessment surveys, are identified as exhibiting signs of emotional or mental strains that could increase their risk of developing PTSD should be advised of that fact so they may ask for and receive proper supports to reduce that likelihood.
- National Veteran Health Insurance Program – Create a program based on a premium sliding scale to make health insurance available and affordable to all veterans and their families regardless of income status.
- Require the VA and Department of Defense to produce public service announcements (PSA) for television, radio, newspapers and magazines informing veterans where they can find assistance, coined as a benefit earned through their military service. Many veterans have no idea what benefits or assistance they are eligible for after their discharge; some are unsure of their veteran status.
- Congress should ensure funding of the VA "Resource Call Center" so that veterans – and their family members – who need assistance receive accurate, helpful information and referrals to VA and community resources in their area on a 24/7 basis.

Income Supports

For young veterans, economic hardships usually involve employment issues and mounting debt. The cost of housing in most communities makes it unlikely that a single wage earner will be able to afford a comfortable and safe rental unit. The recent housing crisis and economic downturn conspire against younger veterans in terms of both housing cost burden and employment security. Though many military occupations prepare veterans for the workforce, many combat arms specialties do not, and this affects younger OIF/OEF veterans more than other age cohorts.

According to an analysis of 2000 Census data performed by Rep. Robert Andrews (D-NJ) in 2005, about 1.5 million veterans – nearly 6.3% of the nation's veteran population – have incomes that fall below the federal poverty level, including 634,000 with incomes below 50 percent of the poverty threshold. Many of these veterans have no health insurance or access to education or training programs to increase their earnings potential.

OIF/OEF veterans are entitled to return to their pre-deployment jobs and pay scale under USERRA protection after their discharge, but increasingly many jobs are disappearing because of layoffs and business failures. Veterans who cannot find other employment quickly are in imminent danger of becoming dependent on shared living arrangements or becoming homeless.

Recommendations:

- Expand and Increase Funding for the Jobs for Veterans Act – The Jobs for Veterans Act enables the Department of Labor to provide veterans with employment preparation assistance and job placement services. There are nearly 2,500 employment specialists working with veterans through the Veterans Employment and Training Service (DOL-VETS). Disabled Veteran Outreach Program (DVOP) specialists help homeless veterans and those at-risk of becoming homeless find gainful employment; and Local Veteran Employment Representatives (LVERs) identify employers who are willing to hire veterans. The Act requires that federal contractors and government agencies give veterans a preference in their hiring policies. Additional funding would increase the number of DOL-VETS employment specialists in the field, create more job opportunities for veterans returning from Iraq and Afghanistan, and enhance the program's oversight and enforcement capabilities with respect to veteran preferences.
- Expand the Veterans Workforce Investment Program (VWIP) to all 50 states. Currently less than \$8 million is distributed by the Department of Labor to 12 grant programs in select states to provide unemployed and under-employed veterans with job training and placement assistance. In view of the re-employment needs of OIF/OEF veterans during the current economic downturn, and considering young combat veterans are most impacted by that downturn, funds from the Recovery Act should be made available to VWIP programs in every state proportionate to the number of work-age unemployed OIF/OEF veterans in each state.
- Pass emergency legislation to provide unemployment compensation to OIF/OEF veterans who are not protected by USERRA (due to business failures and layoffs) at a percentage of their base military pay for a period of up to 12 months, rather than the current prevailing local rates. Employment protection is one of the guarantees that men and women consider when volunteering to serve in this nation's military – they should not be penalized for making that sacrifice.
- Implement a program through the Department of Veterans Affairs to provide grants to community organizations providing services to low-income veterans –and their families – in supportive housing. Eligible uses could include child care assistance, counseling and case

management, employment supports such as uniforms and training fees, transportation for VA appointments, emergency aid with utility bills, etc.

- Develop a federal certification project for certain trades and occupations that are readily accepted in the states, and DoD and VA should share the cost of certification for OIF/OEF veterans within one year after their discharge.

Access to Housing

According to the 2007 VA Community Homelessness Assessment and Local Education Networking Groups (CHALENG) Report, one of the highest-rated unmet needs among veterans in every region of the country is access to safe, affordable housing. This has been identified as a chronic community problem by many research and public interest groups, as well as government agencies and service providers.

Because of limited public assistance resources, access to public housing is usually subject to a priority system that favors single parents with dependent children, the elderly and persons with disabilities over veterans without an obvious substance abuse, mental illness or other disability. The reality is that in virtually every community in America there is a critical shortage of safe, decent affordable housing for individuals and families with low and extremely low incomes (*National Law Center on Homelessness & Poverty, National Alliance to End Homelessness, the council of Mayors, Harvard University, 2006*). This becomes an even greater challenge in light of the more than 1.5 million veterans who live below the federal poverty level – about 6.3% of the men and women who have served in the military (*2000 U.S. Census*).

Recommendations:

- Continue to increase the HUD-VA Supportive Housing Program (HUD-VASH) with another 20,000 Section 8 vouchers beyond the 20,000 funded since Fiscal Year 2008. The National Alliance to End Homelessness (NAEH) released an analysis of available data that showed up to 65,000 veterans could be classified as "chronically homeless." Those are veterans with serious mental illness, chronic substance abuse issues and other disabilities; and they will need supportive housing over a long period, many for the rest of their lives. At a 40,000 voucher level, only two-thirds of this special population would be served. Due to the time it would take to implement program expansion of this scale, reassessment of the need and the program's success would be ongoing and policy could be revised to reflect that data.
-
- Pass the Homes For Heroes Act – Originally introduced in the 110th Congress, in the House by Rep. Al Green (D-TX) and the Senate by Sen. Barack Obama (D-IL), this measure would make available to low- and extremely low-income veterans and their families 20,000 housing vouchers; fund grants to organizations providing services to low-income veterans in supportive housing; and create the position of Veterans Liaison within the Department of Housing and Urban Development to ensure the needs of low-income and homeless veterans are considered in HUD programs. The measure has been reintroduced in the House this year; a companion bill in the Senate has not yet been filed.
- Full implementation of the VA Enhanced Use Lease (EUL) "Mission Driven Housing" initiative – A critical piece of the strategy to develop supportive housing for homeless veterans and those at risk of becoming homeless. The VA has identified surplus or under-utilized properties at 49 sites that will be made available for project development and lease through a streamlined approval process. Thirty-four of those sites are for homeless housing projects only; the 15 others may include homeless housing and services in development proposals. Eight sites have been announced through the RFP process, the others will be announced as the VA is ready to proceed.

This is a historic initiative, and one NCHV believes will have a profound impact on reducing and preventing veteran homelessness.

- Create a national prime rate interest home loan program for OIF/OEF veterans – The VA home loan guarantee program has made home ownership a reality for millions of veterans. However, this program does little for young veterans with modest incomes. A special loan account, administered by a corporate partnership, to provide home loans at well-below market rate for OIF/OEF veterans would help these young veterans qualify for home ownership, allow them to build equity to strengthen their financial stability, and effectively reduce their risk of homelessness by reducing their mortgage payments. Funding institutions could be offered federal tax incentives to offset income loss due to the lower interest rates.
- Develop affordable housing programs for low-income veterans – Every community in the nation should incorporate into their 10-year plans a strategy to develop affordable housing stock to prevent homelessness among its low-income and extremely low-income individuals and families, with a set-aside for veterans in proportion to their representation in the homeless and low-income population estimates. Federal, state and local governments should develop incentives to drive this vital component of homelessness prevention through low-income housing tax credits; awarding of project-based Section 8 vouchers for approved developments; project funding support through the National Housing Trust Fund; formation of local and regional community land trusts; infusion of supportive services dollars through Community Development Block Grants and other funding streams; and tax credits for builders and contractors who work on these projects.

**Municipal Department of Health Human Services
Human Services Division - Safety Links Program (907-343-6592)
8th Anchorage Project Homeless Connect - January 26, 2011**

		Count	Percent
Attendee Count		847	—
Gender	Female	308	36.4%
	Male	535	63.2%
	Transgendered Female to Male	1	0.1%
	No Response	3	0.4%
Age Groups	Less than 18	3	0.4%
	18 - 21	48	5.7%
	22 - 30	122	14.4%
	31 - 40	140	16.5%
	41 - 50	247	29.2%
	51 - 61	220	26.0%
	62 and over	55	6.5%
	No Response	12	1.4%
Household Type	Single Adult Household	567	66.9%
	Household with 2+ Adults	150	17.7%
	Family with Children Under the Age of 18	113	13.3%
	Unaccompanied Minor (Under 18)	1	0.1%
	No Response	16	1.9%
Household Member Information	# of Adults in Household	1,129	—
	# of Adults with Disability	99	9.1%
	# of Children Under 18 in Household	262	—
	# of Children with Disability	9	3.4%
	# of Attendees plus Household Members	1,391	—
	Average Children per Household	2.32	—
Where Did You Sleep Last Night	Domestic Violence Shelter (i.e. AWAIC)	9	1.1%
	Emergency Shelter (i.e. Brother Francis / Rescue Mission)	238	28.1%
	Foster Care / Group Home	2	0.2%
	Hospital (including Emergency Room)	4	0.5%
	Hotel / Motel (Due to Displacement)	86	10.2%
	Jail, Prison or Juvenile Facility	8	0.9%
	Own House	17	2.0%
	Permanent Housing for Formerly Homeless	1	0.1%
	Place Not Meant for Habitation (i.e. Tent / Car)	79	9.3%
	Rent Apartment / House	83	9.8%
	Stayed With Family	92	10.9%
	Stayed With Friends	150	17.7%
	Subsidized Housing (i.e. Public Housing)	5	0.6%
	Substance Abuse Treatment Center	1	0.1%
	Transitional Housing for Homeless	45	5.3%
	Does Not Know or Remember	1	0.1%
	Refused	1	0.1%
	No Response	25	3.0%
	Homeless - Based on HUD Criteria	371	43.8%
	Homeless - Additional Alaska Criteria	328	38.7%
Homeless - Based on HUD + Alaska Criteria	699	82.5%	
Housed - Based on HUD + Alaska Criteria	121	14.3%	

**Municipal Department of Health Human Services
Human Services Division - Safety Links Program (907-343-6592)
8th Anchorage Project Homeless Connect - January 26, 2011**

		Count	Percent
Duration of Homelessness	Not Homeless	22	2.6%
	1 Month or Less	64	7.6%
	More than 1 Month to 6 Months	172	20.3%
	More than 6 Month to 1 Year	114	13.5%
	More than 1 Year to 2 Years	124	14.6%
	More than 2 Years to 3 Years	75	8.9%
	More than 3 Years to 4 Years	33	3.9%
	More than 4 Years to 5 Years	33	3.9%
	More than 5 Years to 6 Years	24	2.8%
	More than 6 Years to 7 Years	9	1.1%
	More than 7 Years to 8 Years	4	0.5%
	More than 8 Years to 9 Years	3	0.4%
	More than 9 Years to 10 Years	23	2.7%
	More than 10 Years to 15 Years	19	2.2%
	More than 15 Years to 20 Years	16	1.9%
	More than 20 Years to 25 Years	7	0.8%
	More than 25 Years to 30 Years	3	0.4%
	More than 30 Years to 40 Years	6	0.7%
	More than 40 Years	2	0.2%
		Homeless Based on Duration of Homelessness	731
	No Response	94	11.1%
Times Homeless in Last 3 Years	0 times	12	1.4%
	1 to 3 times	456	53.8%
	4+ times	180	21.3%
	Homeless in the Last 3 Years	636	75.1%
	No Response	199	23.5%
Primary Reason for Becoming Homeless	Domestic Violence	47	5.5%
	Hours of Work Cut	11	1.3%
	Illness / Injury	52	6.1%
	Loss of Job	211	24.9%
	Loss of Partner / Roommate	46	5.4%
	Moved Here from Another Community	73	8.6%
	Release from Jail or Prison	67	7.9%
	Release from Mental Health Facility	5	0.6%
	Rent / Utility Rate Hike after Move-in	30	3.5%
	Substance Abuse / Mental Health Incident	110	13.0%
	Other	139	16.4%
	No Response	56	6.6%
	Employed	Yes	65
No		782	92.3%

**Municipal Department of Health Human Services
Human Services Division - Safety Links Program (907-343-6592)
8th Anchorage Project Homeless Connect - January 26, 2011**

		Count	Percent
Primary Sources of Support in Last 30 Days	Adult Public Assistance	134	15.8%
	ATAP / TANF	49	5.8%
	Child Support	7	0.8%
	Family / Friend Gifts	63	7.4%
	Native Dividends	108	12.8%
	Panhandling	35	4.1%
	Social Security (SSI / SSDI / SSA)	192	22.7%
	Unemployment	83	9.8%
	Wages	76	9.0%
	Other Sources	174	20.5%
	No Income	44	5.2%
Has Health Care (e.g. Indian Health Care, Denali Kid Care, etc.)	Yes	617	72.8%
	No	230	27.2%
U.S. Military Veteran	Yes	127	15.0%
	No	719	84.9%
	Does Not Know	1	0.1%
Received Eviction Notice this Month	Yes	39	4.6%
	No	808	95.4%
Conditions Affecting Ability to Retain Housing			
• Chronic Substance Abuse	Yes	165	19.5%
	No	682	80.5%
• Domestic Violence	Yes (Women)	76	9.0%
	Yes (Men)	31	3.7%
	Yes (Total)	107	12.6%
	No (Total)	740	87.4%
• HIV / AIDS	Yes	9	1.1%
	No	636	98.9%
• Mental Illness	Yes	123	14.5%
	No	724	85.5%
• Physical Disability	Yes	185	21.8%
	No	662	78.2%

**Municipal Department of Health Human Services
Human Services Division - Safety Links Program (907-343-6592)
8th Anchorage Project Homeless Connect - January 26, 2011**

		Count	Percent
Primary Race	Alaska Native or American Indian	444	52.4%
	Asian	11	1.3%
	Black or African American	57	6.7%
	Native Hawaiian or Other Pacific Islander	9	1.1%
	White	262	30.9%
	Don't Know	1	0.1%
	Refused	2	0.2%
	Other	54	6.4%
	No Response	7	0.8%
Alaska Native Regional Corporation	Ahtna Corp.	10	2.3%
	Aleut Corp.	14	3.2%
	Arctic Slope Regional Corp.	17	3.8%
	Bering Straits Native Corp.	51	11.5%
	Bristol Bay Native Corp.	32	7.2%
	Calista Corp.	95	21.4%
	Chugach Alaska Corp.	6	1.4%
	Cook Inlet Regional Corp.	45	10.1%
	Doyon Limited Corp.	38	8.6%
	Koniag Incorp.	3	0.7%
	NANA Regional Corp.	43	9.7%
	Sealaska	41	9.2%
	13th Regional Corp.	3	0.7%
No Response	64	14.4%	
Number of PHC Events Attended Prior to this Event	0	342	40.4%
	1	249	29.4%
	2	110	13.0%
	3	42	5.0%
	4	15	1.8%
	5	5	0.6%
	6	1	0.1%
	7	3	0.4%
	No Response	80	9.4%

Anchorage Homeless Chronic Public Inebriate: An Overview

Homeless versus Homeless Chronic Public Inebriate

The issues of chronic public inebriation and homelessness are often perceived by the public as one in the same, but while they may have related issues, overall they include different demographics with distinct needs and different solutions.

According to the Alaska Homeless Management Information System and Alaska Housing Finance Corporation, the overall estimated homeless population (homeless - according to HUD definitions*) was 2,962 individuals as of January, 2009 (based on a single-night count). The Anchorage School District calculates that nearly 1,176 of those homeless are children¹.

Out of the single-night count 399 of the 2,962 homeless individuals claimed to be chronic alcoholics or substance abusers. This is a 38% increase from homeless chronic inebriate population estimates by UAA/BHRS in 2005².

Homeless Chronic Public Inebriate Activity Trends

The Anchorage Fire Department has collected data from the Community Service Patrol & Transfer Station (CSP&TS) and published the results in a *Summary and Analysis Report*³. This report is the most accurate source of information that the Municipality Of Anchorage has for assessing trends related to homeless chronic public inebriates.

This analysis shows that the activity at the CSP&TS has risen significantly in the past year.

Activity	2007	2008	Change 2007 - 2008
# CSP dispatch calls responded to	20,703	23,396	>13%
# Sleep-Off client intakes	20,463	23,104	>13%
# Unduplicated clients served	3,308	3,451	>4%
Average intake breath alcohol measure	.217	.277	>3%

Data reported by CSP&TS, also reveal a change in individual frequency of use between 2007 and 2008 at the Transfer Station.

Individual's Frequency Of Use	# Of Clients 2007	# Of Clients 2008	# Intakes 2007	# Intakes 2008
1 Intake	1,955	1,867	1,955	1,867
2-4 Intakes	672	778	1,738	2,028
5-10 Intakes	286	332	1,973	2,284
11-29 Intakes	193	277	3,243	5,082
30-72 Intakes	151	146	6,346	6,475
73-197 Intakes	51	51	5,208	5,368
Totals	3,308	3,451	20,463	23,104

*The US Department of Housing and Urban Development (HUD) defines "homeless" as "those who lack a fixed, regular, adequate nighttime residence, including persons whose nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations."

Anchorage Homeless Chronic Public Inebriate: An Overview

Homeless Chronic Public Inebriate Demographics

Overall, the gender of those served at CSP&TS in 2008 was: 78% male and 22% female. The ethnicities served at CSP&TS in 2008 were: 85% Alaska Native/American Indian; 12% Caucasian/White; 0.1% Black; 0.1% Hispanic; 2.8% Asian/Other/Unknown.

The Cost

Individuals who are homeless chronic alcoholics/substance abusers cost citizens of the Municipality of Anchorage and the community at large an increasingly high amount in money and resources each year. A breakdown of some of the costs for an individual is as follows:

- One meal at Downtown Soup Kitchen¹¹ - \$2.00
- A day at Bean's Café¹² - \$10.00
- A night at Catholic Social Services Brother Francis Shelter⁴ - \$17.49
- An intake at the CSP-Transfer Station⁵ - \$65.00
- A day in an emergency room bed⁷ - \$101
- A night in Jail or Prison⁶ - \$126.04
- A day with a case manager¹⁰ - \$180.00
- A day in a residential treatment bed⁸ - \$250.00 - \$375.00
- A day in a detox bed⁹ - \$400.00 - \$500.00

Exact costs to society are challenging to calculate, such as the cost for APD to respond whenever they get a "man down" call, which may be an individual sleeping on the ground and supersedes all other dispatches, including suspected robberies, rapes, etc. Or, businesses that may be affected in ways such as, having to use company time to clean up the parking lot littered with empty liquor bottles.

Increased Crime Rates

In addition to the escalating trend that Anchorage has seen year-after-year with the homeless chronic public inebriate population, the APD Special Victims Unit (SVU) has seen an increase within the past year of reported sex crimes. Most sexual assaults have involved individuals (both victim and suspect) who are extremely intoxicated from alcohol and who are often homeless.

Conclusion

The issues of homeless chronic public inebriates, is not new to Anchorage. Rather than managing or simply reacting to these issues, the goal needs to be to end chronic alcohol/substance abuse and homelessness in our city and our community. To accomplish those ends requires working to: 1) Reduce deaths amongst chronically homeless inebriates 2) Reduce violence to and among the chronically homeless inebriates and 3) Reduce neighborhood impact from chronically homeless inebriates¹³.

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¹2008 estimate from Anchorage School District.

²The Chronic Inebriate Problem in Anchorage Brief Overview, July 2, 2007, MOA/DHHS, CW Floyd.

³<http://www.muni.org/departments/fire/operations/documents/2007%20csp%20report.pdf>
<http://www.muni.org/departments/fire/operations/documents/csp%20data%20draft%202008.pdf>

⁴2009 estimate from Catholic Social Services, Brother Francis Shelter.

⁵2008 estimate from Anchorage Fire Department, Community Service Patrol & Transfer Station.

⁶2008 estimate from the State of Alaska Department of Corrections.

⁷2007 estimate from Providence Hospital.

⁸2008 estimate from Cook Inlet Tribal Council, Ernie Turner Treatment Center.

⁹2008 estimate from Cook Inlet Tribal Council, Ernie Turner Treatment Center.

¹⁰Need for Change: Cost-Effective Solutions to Homelessness, September 2008, Anchorage Coalition on Homelessness.

¹¹2008 estimate from Downtown Soup Kitchen.

¹²2009 estimate from Bean's Café.

¹³Chronic Public Inebriates and Related Issues of Homelessness, The Mayor's Strategic Action Plan, 2008.

The Cost of Housing in Anchorage Alaska Coalition on Housing & Homelessness Housing facts for Alaska

Rent Wage Disparity

Community	Affordable Rent*	SSI Affordable Rent	2-BR FMR	Wage Needed to Afford FMR	HRS per Week @ Min Wage**
Anchorage	\$633	\$174	\$921	\$17.71	99

Source: National Low Income Housing Coalition www.nlihc.org

Anchorage HUD Fair Market Rents for Existing Housing

0 BR	1 BR	2 BR	3BR	4 BR	5BR	6BR
\$646	\$734	\$921	\$1326	\$1615	\$1857	\$2099

* Affordable rent means monthly rent affordable at mean renter wage, applying the generally accepted standard of spending not more than 30% of income on housing costs

**Minimum wage of \$7.15/hr, effective 1/1/03
FMR as issued by HUD 10/3/2005

Services Provided

- Screening and early intervention
 - Comprehensive assessment, treatment and continuing care by experienced staff
 - Complete medical evaluation and primary and specialty medical care
 - Mental health services, including PTSD treatment
 - Problem solving group therapy
 - Relapse prevention and substance refusal skills training
 - Motivational enhancement
 - Individual counseling
 - Vocational Rehabilitation and employment services
 - Big Book and Step Study groups
 - Spiritual counseling
 - AA, NA and AIAnon meetings
 - Educational videos and discussion
 - Family recovery interventions
 - Consultation from professional medical center staff to address individual needs
 - HUD/VASH Program assistance
 - Grant Per Diem Program assistance
 - Community network and housing re-integration services
 - Homeless Veteran Outreach
 - Veterans Justice Outreach
- Health Care for Re entry Veterans
 - Supported Employment Program
 - Homeless Veteran Supported Employment Program
 - Programs are currently staffed in Anchorage and Fairbanks

Homeless Veterans Programs

Alaska VA Healthcare System
3001 'C' Street
Anchorage, AK 99503
(907) 273-4000
Toll-free (800) 764-2995
FAX: (907) 273-4085
FAX: (907) 273-4049

***The Homeless Program
are accredited by the
Joint Commission and
CARF.***

Homeless

Veterans

Programs

The homeless program offers comprehensive psychosocial rehabilitation and healthcare services to eligible veterans who are homeless or whose mental health and/or substance abuse problems place them at risk for homelessness.

Referrals

Referrals may be made by physicians, employers, and other professionals as well as family members or patients themselves.

How to Contact Us

Call locally (907) 273-4000 or
Toll-free (800) 764-2995

Our Programs

Outreach Program provides a variety of community-based services with an emphasis on identifying and motivationally engaging veterans who may benefit from the services and programs of the HVS.

Domiciliary Care for Homeless Veterans provides a comprehensive

biopsychosocial assessment and individualized solution-focused treatment plan that the resident actively pursues with the support and guidance of his/her case manager, the interdisciplinary treatment team, and other residents who function in the context of a therapeutic community.

Compensated Work Therapy Transitional Housing

Program provides structured and supervised therapeutic housing in the community for at-risk and homeless veterans.

Compensated Work Therapy

provides psychosocial rehabilitation services with a primary focus on vocational rehabilitation and employment services. Services include compensated work therapy, transitional work experience, and supported employment.

HUD/VA Supported Housing is a joint initiative between the Department of Housing and Urban Development and the Department of Veterans Affairs. This program provides housing vouchers to supplement the veteran's income to make it possible to afford adequate housing. A case manager also assists clients in establishing and maintaining successful independent living.

Grant and Per Diem

Program is a partnership in which the VA pays a per diem rate for Veterans engaging in treatment with partner agencies in the community.

Health Care for Reentry Veterans/Veterans

Justice Outreach is a new initiative engaging Veteran involved with the corrections system to prevent legal issues from escalating into homelessness.

Compensated Work Therapy Supported

Employment works with Veterans with serious mental illness for rapid job placement and on-going support.

Homeless Veterans Supported Employment

Program works with currently homeless Veterans for rapid job placement and on-going support.

Ric Davidge 907 229 5328 cell rdavidge@cvalaska.com

Veteran related positions currently held

Chairman, Alaska Veterans Foundation, Inc.

Chairman, Alaska Veterans Political Action Committee AK VET PAC

**Chairman/Commissioner, Municipality of Anchorage, Military and Veterans Affairs Commission
former Vice Chair/Commissioner since July 2003**

**Board of Directors, Alaska Veterans Business Alliance AK VET BIZ Chairman, Legislative Affairs
Cmte**

Chairman, National Committee on Economic Opportunities, Vietnam Veterans of America (VVA)

Chairman, VetCity, Inc. (ending veteran homelessness in Alaska)

Member, National Committee to End Veteran Homelessness, VVA

Member, National Government Affairs Committee, VVA

Formerly:

State President, Alaska State Council, Vietnam Veterans of America (2006-2010) (4 chapters)

Member, National Conference of State Council Presidents (NCSCP), Vietnam Veterans of America

Chairman, Ending Homelessness for Veterans, NCSCP, Vietnam Veterans of America

Chairman, Political Action Committee, NCSCP, Vietnam Veterans of America

Congressional Liaison, National Government Affairs Committee, Vietnam Veterans of America