# Juneau Coalition on Housing and Homelessness

Principles and Strategies

Guiding Principles:

1. **Homelessness should be rare, brief and non-recurring.**
    a. Rare: Prevention resources must be available to prevent eviction. Diversion programming must be available to those leaving institutions such as treatment facilities or prison.
    b. Brief: Outreach, shelter and rapid rehousing programs must be in place to minimize the amount of time any person spends without permanent housing.
    c. Non-recurring: Supportive services must be free/affordable and accessible in-home if necessary for families and individuals who require additional behavioral health and/or financial management support. Long-term housing plans ensure needs are assessed and services assigned to maintain stable housing.
2. **Emergency shelter is an unacceptable strategy to end homelessness.**
    a. Homeless interventions should focus on permanent housing rather than temporary shelter.
3. **Housing strategies are client-centered and trauma-informed.**
    a. Substance abuse treatment and mental health services should be able to be accessed simultaneously and treated holistically by provider teams.
4. **In order to bring homelessness in Juneau to functional zero, both short and long-term strategies must be enacted.**
    a. While we recognize that street homelessness is dangerous for the people living outside and is concerning to our community for a variety of reasons, this situation has been decades in the making. While we urge and applaud the city's actions, we also know that progress will take time, money, training, and community support to address the complicated factors underlying homelessness.

**Strategies:** The opening of Juneau's Housing First Facility in September 2017 will decrease the population of unsheltered individuals living on the street. However, there will remain unsheltered homeless individuals who will not enter HF program, who experience multiple barriers, including severe mental illness, substance abuse, and safety concerns that often preclude congregate emergency shelter.

1. **Scattered Site Housing First:** This model functions much like the HF model Juneau is currently developing, however, the apartments are not congregated and services are provided via a mobile support team rather than the on-site HF provider. This model relies on: tenancy support (rental asst. for period of time, roughly 1 yr), willing landlords who understand the challenges faced by tenants, a mobile support team who will respond on the street and in the home, and a system that can absorb these temporary renters into permanent status via vouchers, low income apartments or other permanent housing options.
    a. **Preliminary Cost Estimates:**
        i. Tenancy support for **one** scattered site unit for one year: ~$12,000
        ii. Mobile Support Team: 1.0 FTE Mobile Tenancy Support/yr=$65,000 (ability to support ~6-12 households/yr)

2. **Assertive Community Treatment (ACT) Team:** An Assertive Community Treatment team consists of a transdisciplinary team of medical, behavioral health, and rehabilitation professionals who work together to meet the intensive needs of recipients with severe and persistent mental illness. A fundamental charge of ACT is to be the first-line (and generally sole provider) of all the services that ACT recipients need. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts, and a very low recipient-to-staff ratio. Because ACT teams often work with recipients who may passively or actively resist services, ACT teams are expected to thoughtfully carry out planned assertive engagement techniques which largely consist of rapport-building strategies, facilitating meeting basic needs, and motivational interviewing techniques. The ACT team delivers all services according to a recovery-based philosophy of care, where the team promotes self-determination, respects the recipient as expert in his or her own right, and engages peers in the process of promoting hope that the recipient can recover from mental illness and regain meaningful roles and relationships in the community.
    a. **Preliminary Cost Estimates/year:**
        i. .25 FTE Prescribing Clinician=$42,550.25
        ii. 1.0 FTE Case Manager=$82,420.00
        iii. .25FTE Nurse II= $25,648.25
        iv. Peer Support 1FTE=$60,090.00

3. **Homeless Coordinator:** The JCHH is a voluntary body of housing and service providers who work to identify gaps and strategies for successful housing, as well as provide education to the community. As our community comes to understand that multiple levels of intervention are needed to address homelessness, collaboration between the municipality, service providers, housing providers, private market landlords and state/federal programs need to be organized and facilitated. The proposed Homeless Coordinator will streamline the work of JHCC agencies, CBJ homeless functions, and

funders. The JHCC Coordinator will assist the JCHH agencies in developing additional interventions and securing resources including grant writing and organizing.

   a. **Preliminary Cost Estimates/year:**
      i. Fully funded by AMHTA (3 yrs)

4. **Warming Center:** While the JCHH does not advocate establishing new emergency shelter programming, we recognize the need for live-saving interventions during the winter months when temperatures are below freezing. We recommend working with existing emergency shelter providers (TGH, AWARE and JYS) to utilize their 24-hr staffing resources to avoid creating another system of emergency shelter management. We believe that given CBJ coordination (managed by the proposed Homeless Services Coordinator), donated space (the downtown bus depot is a likely site), and a limited operation schedule, existing providers could expand their current personnel pools to provide on-call staff when the temperatures fall below a determined threshold. Existing shelter providers could invoice the city for those personnel expenses.
   a. **Preliminary Cost Estimates (assuming ~100 days below freezing/yr):**
      i. Shelter Worker @ $20/hr for 10 hr shift = $220/night (includes two hrs OT)
      ii. $220/night x 2 workers x 100 nights = $44,000/yr personnel cost (may be higher depending on staff we use- may include more overtime)
      iii. 8% admin costs to providing agency
      iv. Increased liability insurance= ? city cost
      v. Janitorial= ? city cost
      vi. Cots/sleeping pads = potentially donated by Red Cross, vinyl/plastic, if purchased- Paco Pads @ ~$230/each
      vii. If we provide blankets- laundry service @ $150/night x 100 nights= $15,000