

d. Public Safety & Homelessness

TRANSMITTAL MEMORANDUM

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TO:	The Honorable Mayor & City Council	Initials:	
FROM:	Delilah A. Walsh, City Manager	File #:	MGR24-435
DATE:	June 25, 2024	Mtg. #:	07/09/24 MRd
RE:	Public Safety & Homelessness		

On September 5, 2023, the City Council held a special meeting (to discuss the First City Homeless Services lease at 632 Park Street) followed by a work session to discuss public safety, homelessness, and sheltering. At that time, Councilor Mark Flora requested Council direction for staff to prepare a plan or report on how the City will address public safety and homelessness. Both the Ketchikan Police Department (KPD) and Ketchikan Fire Departments (KFD) have taken the first steps in addressing the issues.

The following steps have been taken since September:

- The City Council authorized and appropriated funds for the hiring of two new police officers at KPD for FY24. We have filled prior vacant positions, and the two new positions have yet to be filled and are currently under recruitment.
- On 12/11/23, the City Council added a position classification in the City’s compensation plan to include a Division Chief for Community Risk Reduction to focus on strategies to meet the pre-emptive and long-term care needs in our community to reduce the need for emergency response.
- In June, KFD launched the first phase of the Mobile Integrated Health (MIH) program with two new community paramedics.
- Also, in June, KPD offered two sessions of a Mental Health First Aid course to all City/KPU staff members.
- On 06/06/2024, the City Council approved a Reunification Grant program policy and authorized \$50,000 in funding toward that program. Funds were awarded to PATH and the grant agreement signed on 6/27/2024.
- Public Nuisance Enforcement: On 06/20/24, the City Council increased fines and penalties for disorderly conduct to the statutory limit. No matter the penalties, KPD enforces public nuisance laws fairly and objectively, focusing on behavior, not homelessness itself.
- On 06/20/24, the City Council accepted grant funds to hire a contract rural housing coordinator to focus on the Homelessness report tasks (listed in Table 1) and coordinating efforts of agencies in Ketchikan to address housing issues.

Homelessness is a pressing issue in Ketchikan, impacting both the individuals experiencing it and the overall community. This report summarizes the collaborative approach of KPD and KFD to address public

safety concerns related to homelessness while prioritizing the well-being of those in need. When addressing public safety and homelessness, our collaborative goals are to:

- Enhance public safety for everyone in Ketchikan.
- Connect people experiencing homelessness with support services.
- Foster trust and positive interactions between first responders and the homeless population.

Strategies

1. Enhanced Training and Collaboration

- **KPD and KFD Staff:** Provide specialized training for officers on de-escalation techniques, crisis intervention, and recognizing mental health issues. All KPD and KFD officers have received Crisis Intervention Training (CIT). KPD has applied for a grant with RYC (Residential Youth Care) for expanded CIT courses. It is our goal to ensure we have at least one advanced CIT responder present at calls and that we have CIT educators within our staff.
- **Collaboration with Service Providers:** KPD and KFD have established strong partnerships with local homeless shelters, social service agencies, and mental health professionals, including Ketchikan Wellness Coalition (KWC), Women in Safe Homes, RYC, Department of Health (DOH), Community Connections, other Alaskan cities with MIH and Crisis Now programs, and local service and religious organizations. With the City's new MIH program, our community paramedics are developing a clear referral network and protocol for connecting individuals with needed services.
- **Joint Outreach Teams:** In the last phase of the MIH program development, we have a final goal of establishing joint outreach teams comprised of KPD officers, KFD personnel, and social service workers to build rapport, conduct needs assessments, and offer immediate assistance.

2. Proactive Public Safety Measures

- **Vulnerability Identification:** Our MIH community paramedics as well as our police officers work with homeless shelters and service providers to identify high-risk locations where homeless individuals may be vulnerable to crime or environmental hazards. KPD and KFD staffers do increase patrols and outreach efforts in those identified areas.
- **Fire Safety Education:** Our Fire Department is partnering with local agencies and the Ketchikan Gateway Borough School District to conduct fire safety education workshops. Our MIH staff will be able to work with DOH and KWC to educate the community on NARCAN use to prevent opioid overdose, fire safety for individuals experiencing homelessness, and proper use of fire extinguishers.
- **Mental Health Crisis Response:** As mentioned above, we are working toward expanding the MIH program to include partnerships with mental health professionals and social workers to provide services and develop a protocol for responding to calls involving individuals experiencing a mental health crisis. Additionally, KPD does have an officer trained for delivering the mental health first aid course and has done so for City staff.

3. Data-Driven Approach

- **Data Collection and Analysis:** In Spring 2024, the City’s Communications division added a code to our dispatch record that identifies if the call is related to homelessness. This will allow us to analyze this data to identify trends and areas with higher call volumes and tailor outreach efforts.

4. Community Engagement

- **Public Education Forums:** KPD & KFD host a monthly community “Ketch-Up” held in City Council chambers.
- **Calling 911:** KFD is working with KPD to create a public service announcement to explain when to call 911, what information to share, and how that call can lead to charges or resolutions.
- **Community Ride-Alongs:** All community members are invited to contact KPD and KFD for general public ride-alongs. Of course, there are some calls that are protected due to medical information.
- **Humanitarian, Relocation & Community Grant Opportunities:** The City does partner with local non-profit organizations to fund opportunities for the community to participate in solutions. Grant funds are available to organizations involved in shelters, assisting with outreach efforts, providing meals, or providing support services. On 6/14/24, the organization operating a 24-hour low-barrier shelter closed, and there is currently no low-barrier shelter option available.

5. Future Options for Council Consideration

With this memorandum, I have included the “Homeless Planning in Ketchikan: A Report to the City of Ketchikan” document from October 2022. I have also extracted the “Recommendations” table from that document and updated it with current activities.

The development of the MIH program and the addition of the rural housing coordinator will meet several of the recommendations listed. In addition to the items listed on the recommendation report, and with a focus on public safety needs, the following recommendations are offered for City Council consideration:

- **Community Special Meeting:** Host a public community meeting to explain what the City can and can’t do when it comes to homelessness, how the community can make positive contributions to address this issue, and when we can charge persons and what officers need to do so. Inviting local organizations who can address homelessness to educate the community, dispel myths and stereotypes, and encourage a compassionate approach is recommended.
- **Rural Housing Coordinator:** Staffing this position is in process.
- **Safe Storage Solutions:** Partner with organizations or explore options to provide secure storage lockers for belongings, reducing public safety concerns about abandoned property. The City could provide funding and assistance for the installation of such lockers with a non-profit organization maintaining them. (These are similar to bus or train station lockers).
- **Seasonal Needs:** KPD and KFD understand that needs vary based on seasonal weather. Our community does need a non-profit organization that will be committed to strategies to address the specific needs of Ketchikan's homeless population during different seasons, such as providing winter weather preparedness information or additional shelter resources during colder months.
- **Behavioral Health Crisis Center:** “Alaska Title 47.37.130 requires public safety officers and other emergency responders to immediately place someone who is incapacitated by alcohol or drugs in a public place into temporary protection. The statute requires that people be placed in: their own

homes; an appropriate health facility; or a state or municipal detention facility until treatment or medical help becomes available, the person is no longer intoxicated, or a period of 12 hours expires, whichever occurs first.”¹ First City Homeless Services was the de facto sleep-off center but is now closed. Even before closing staff were not qualified to intervene with someone needing medical attention. The Peace Health emergency room is not a viable option for a stabilization or sobering center as it would negatively impact their response. Staff could focus on state and other grant funds to build and staff such a center with our EMT staff. We will also need to explore maintenance funding options such as CMS billing.

Table 1

Activity	Short-term	Long-term	Result
Policy			
Establish an intergovernmental agreement prioritizing development of a range of housing as well as supportive housing and services	X		An intergovernmental agreement will help residents, developers, and funders -The KGB has engaged in a housing study for 2024. KIC is working on funding for a supportive housing development. KGB and GROW Ketchikan have supported a new affordable housing project on Old Dairy Road
Encourage structured production of housing to accommodate the needs of permanent and temporary residents of the City, Borough, and Tribe	X	X	Structuring production of housing makes it easier for developers and builders to commit to building in Ketchikan, and addresses a substantial need in the community that cannot be addressed in a single year -Currently, zoning rules prohibit manufactured homes in the KGB.
Workforce			
Expand the behavioral health workforce: Peer Support, BHA, BHCA	X		Consistent, local residents provide increased services to support people in need -The City has added 2 community paramedics and launched the MIH program. KTBC has formed RISE and partnered with SEARHC to bring services to Ketchikan following the exit of Akeela Inc. BH workforce is an issue for the entire

¹ Homeless Planning in Ketchikan: A Report to the City of Ketchikan by Rider Consulting and Van Den Berg Consulting October 2022

			state of AK.
Grow the EMT pool for the region		X	Staff for the 3 fire departments, the mobile response van, and sobering center -The City has added 2 community paramedics and launched the MIH program. MIH staff is working on an EMS curriculum for KGBSD, Summer of '24 KFD hired its first summer intern.
Services			
Homeless Services Coordination	X		Efficient coordination of services across agencies, clear communication within the community. -In Oct 23, the City formalized the humanitarian grant program; 06/06/24 launched the reunification grant program, 06/20/24 accept the rural housing coordinator grant.
Coordinate housing & service grant and loan applications among non-profits and for-profits	X		Sequencing grant and loan applications helps bring in support to the community from many funders over the course of time -On 06/20/24, Council accepted the rural housing coordinator grant.
Improve Ketchikan's homeless services data	X		Clarified service needs and gaps as well as improved credibility for service organizations. -On 06/20/24, Council accepted the rural housing coordinator for this purpose
Develop a mobile response van with EMT staff	X		Efficient high-quality response to people who are homeless and others. -First phase of the MIH program was launched June 24,
Develop a Sobering Center or behavioral health crisis center	X		People who need to sober up or calm down have a safe place to do so.
Enhance behavioral health services and response region-wide		X	Everyone has access to timely, high quality behavioral health services. -Akeela is exiting the community June 30, 2024. However, this have opened doors for True North, Set Free, RISE/SEARHC
Assess PATH Building for structure & appropriateness for population	X		PATH guests have a safe and comfortable building to stabilize.
First City Homeless technical assistance	X		Anchor this program in its new space and strengthen its outcomes.

			-FCHS has ended their program and entity on 6/14/24
Develop supportive housing for homeless individuals and their families		X	People move out of homelessness -KIC Housing is seeking funds for a supportive housing project.
Secure continued technical assistance to homeless providers as needed	X		Higher quality services, data, and safety for residents of homeless services. -On 06/20/24, Council accepted the rural housing coordinator for this purpose

Homeless Planning in Ketchikan: A Report to the City of Ketchikan

Rider Consulting and Van Den Berg Consulting
October 2022

Table of Contents

EXECUTIVE SUMMARY	2
PURPOSE.....	2
FINDINGS AND CALL TO ACTION: A VIBRANT, HEALTHY KETCHIKAN HAS HOUSING AND SERVICES	2
RECOMMENDATIONS	3
WHAT WE DID AND HOW WE DID IT	4
SITE VISITS AND INTERVIEWS.....	4
COMMUNITY FORUMS.....	4
WEB-BASED COMMUNITY SURVEY	4
LITERATURE REVIEW AND DATA ANALYSIS	4
FINDINGS AND OBSERVATIONS.....	5
PEOPLE WHO ARE HOMELESS ARE BOTH LONG-TERM RESIDENTS AND SHORT-TERM VISITORS	6
CURRENT STATE OF THE SYSTEM.....	7
CURRENT STATE OF HOUSING.....	12
CURRENT FUNDING & GAPS	14
PROPOSED PROJECTS	12
RECOMMENDATIONS	15
SUMMARY OF RECOMMENDATIONS	15
DETAILED RECOMMENDATIONS	16
APPENDICES.....	20
APPENDIX A: COMMUNITY SURVEY ANALYSIS	20
APPENDIX B: COMMUNITY FORUMS SUMMARY	30
APPENDIX C: INDIVIDUAL AND GROUP INTERVIEW QUESTIONS	32
APPENDIX D: INTERVIEW & COMMUNITY FORUM PARTICIPANTS	33
APPENDIX E: SHELTER, TRANSITIONAL HOUSING AND ASSISTANCE GRANTS: AHFC, HUD, ALASKA MENTAL HEALTH TRUST	34
APPENDIX F: TAX CREDITS PROGRAMS THAT CAN HELP KETCHIKAN	38
APPENDIX G: AHFC & US HUD LOAN PROGRAMS.....	39
APPENDIX H: SUMMARIES OF DATA REVIEWED.....	42
REFERENCES.....	46

Executive Summary

Purpose

The City of Ketchikan and its Tribal, Borough, and non-profit partners are interested in addressing the issues of housing and homelessness in Ketchikan. The City has worked closely with its partners to provide emergency shelter during the first years of the COVID pandemic, and has had great success in repurposing existing City facilities to the benefit of the non-profit sector serving the most vulnerable residents.

The City wants a plan for how to address homelessness in Ketchikan, with community stakeholder alignment. The City sought specific actionable recommendations about how to support strengthening existing local systems of support to its homeless residents, as well as recommendations on addressing unmet needs and service operations. The Alaska Mental Health Trust Authority funded this work through its Technical Assistance Program. The work was conducted by Mary Elizabeth Rider, MSW and Rain Van Den Berg, MPH.

This report provides observations and recommendations, some of which have costs and others that do not. Some recommendations are the purview of the local, Tribal and regional governments: the City, Ketchikan Indian Community, and Ketchikan Gateway Borough; some relate to non-profit organizations. These recommendations were offered for review and refinement in August 2022. This final report includes changes based on public comments.

Findings and Call to Action: A vibrant, healthy Ketchikan has housing and services

The overarching concern of every person we talked with, who attended a community forum, or who responded to the web-based survey was the serious lack of housing options in Ketchikan—for anyone, regardless of ability to pay. This is especially true for low-income people, elders, or people who need supports to stay in their homes.

The concern for people who are homeless is palpable. Almost every person told us about their concern for the health and well-being of people who are on the street, particularly those with visible substance abuse, brain injury, healthcare, and mental health issues.

Other findings:

- Residents want homeless individuals to have a safe place to stay whether sober or not, help getting and staying stable, and permanent housing with supports as needed.
- Residents also want short-term visitors who are homeless to have a safe place to stay while they are in the community.
- Residents want more substantial mental health and substance abuse treatment.
- Residents agree that the emergency service system relies too heavily on the Fire Department and Police Department.
- Residents have a high regard for how the community comes together in a crisis.
- Residents consider the Ketchikan Public Library the greatest community asset.

Be like the birds

Mary Stephenson reminds us how birds know how to fly together in formation and flocks. They take turns taking the lead. They communicate with the birds around them. They fly in the same direction, and don't hit each other.

Recommendations & Next Steps

We propose that the residents of Ketchikan hold a Call to Action on developing a range of housing for all residents, and shelter, housing and services for its homeless residents.

How Ketchikan proceeds is as important as what is completed.

Next Steps

1. Confirm updated recommendations with the community
2. Confirm who will take on what roles in addressing recommendations, as well as timelines
3. Identify assistance needed, if any
4. Identify communication pathways for community to track progress.

A summary of recommendations follows, and recommendations are described in detail [here](#).

Activity	Short-term	Long-term	Result
Policy			
Establish an intergovernmental agreement prioritizing development of a range of housing as well as supportive housing and services	X		An intergovernmental agreement will help residents, developers, and funders
Encourage structured production of housing to accommodate the needs of permanent and temporary residents of the City, Borough, and Tribe	X	X	Structuring production of housing makes it easier for developers and builders to commit to building in Ketchikan, and addresses a substantial need in the community that cannot be addressed in a single year
Workforce			
Expand the behavioral health workforce: Peer Support, BHA, BHCA	X		Consistent, local residents provide increased services to support people in need
Grow the EMT pool for the region		X	Staff for the 3 fire departments, the mobile response van, and sobering center
Services			
Homeless Services Coordination	X		Efficient coordination of services across agencies, clear communication within the community.
Coordinate housing & service grant and loan applications among non-profits and for-profits	X		Sequencing grant and loan applications helps bring in support to the community from many funders over the course of time
Improve Ketchikan's homeless services data	X		Clarified service needs and gaps as well as improved credibility for service organizations.
Develop a mobile response van with EMT staff	X		Efficient high-quality response to people who are homeless and others.
Develop a Sobering Center or behavioral health crisis center	X		People who need to sober up or calm down have a safe place to do so.
Enhance behavioral health services and response region-wide		X	Everyone has access to timely, high quality behavioral health services.
Assess PATH Building for structure & appropriateness for population	X		PATH guests have a safe and comfortable building to stabilize.
First City Homeless technical assistance	X		Anchor this program in its new space and strengthen its outcomes.
Develop supportive housing for homeless individuals and their families		X	People move out of homelessness
Secure continued technical assistance to homeless providers as needed	X		Higher quality services, data, and safety for residents of homeless services.

What we did and how we did it

We used a combination of methods to engage with stakeholders and community members to form the basis of this plan based on the specific needs and strengths of Ketchikan.

We drew on the knowledge of key stakeholders through interviews and collected community opinions about what was important through community forums and a community survey.

Site visits and interviews

We conducted site visits of First City Homeless Services, PATH, Ketchikan Wellness Coalition, and the Ketchikan Public Library. We conducted 29 interviews with 31 individuals, almost all onsite in Ketchikan. We had expected to interview no more than 20. Interviewees were originally recommended by the City of Ketchikan leadership, and expanded based on publicity from community forums and referrals from interviewees. All face-to-face interviews and site visits were conducted in March 2022. Additional interviews were conducted by Zoom and phone, mostly in March 2022 and some follow-up calls in April 2022.

Community forums

We advertised and conducted three community forums in March 2022: one at noontime on a weekday, another at 7 p.m. on a weekday, and one by Zoom at 7 p.m. on a weekday. Thirteen people participated in the forums. The forums were publicly noticed in the local newspaper by the City, with two weeks' advance notice, as well as noticed on the City's Facebook page and other community Facebook pages. Community forum followed the same format each time, with four group questions to provoke discussion. While we were prepared to do small "world café" style groups simultaneously, the number of participants in each forum was sufficient to conduct a single larger group in each setting.

Web-based community survey

We prepared and vetted the questions for a web-based community survey, and released the survey while onsite in Ketchikan after confirming questions with the first day's interviewees. The survey was prepared in SurveyMonkey Professional, and advertised on the City's Facebook page as well as other community Facebook pages. Reminders were posted through the week of 3/22/22. The survey remained open for a month.

114 people responded, with a 75% completion rate. The survey took an average of 8.5 minutes to complete.

Literature review and data analysis

We reviewed local homeless services data; statewide Housing Management Information data that includes Ketchikan; Ketchikan Fire Department data; and the U.S. Census data. We reviewed data on Alaska economic trends including housing costs in Ketchikan and population factors. We also reviewed local information: the Ketchikan Gateway Borough Community Housing Assessment; the WISH Homeless Assessment; and local grant processes. We were unable to secure PeaceHealth Emergency Department data. Following the original draft report presented in August 2022, we reviewed additional data from Akeela and the Borough.

Draft report review

In August 2022, we brought a draft report for review and comment to Ketchikan. The report was posted on the City's website for review. We called and emailed almost all interviewees to ask them to review the draft. A meeting was publicly noticed by the City of Ketchikan, and held on Wednesday, August 24 at 6 p.m., a sunny day where the high temperature was 77 degrees. 35 people came to the meeting. Among them were Borough Assembly members, City Council members, the Ketchikan Fire Department Chief, a representative of the Ketchikan Community Foundation, representatives of the Ketchikan Indian Community, representatives from PATH and First City, American Legion representatives, and other people from around the community. The list is found in Appendix D: Interview & Community Forum participants.

We used a PowerPoint presentation summarizing the purpose, process, findings and recommendations, and fielded questions throughout the 2+ hour meeting. We asked for feedback by August 31, 2022. We confirmed and clarified some recommendations and data as a result of this meeting, and added more information based on feedback we received throughout September 2022.

The final report was completed in October 2022. Because of formatting corruption, the City of Ketchikan did not receive the final report until February 2023.

Next Steps

1. Confirm updated recommendations with the City of Ketchikan
2. Confirm who will take on what roles in addressing recommendations, as well as timelines
3. Identify assistance needed, if any
4. Identify communication pathways for community to track progress.

Findings and Observations

People in Ketchikan have a great deal to share about homelessness in their community. Though the stakeholders who were interviewed were from diverse organizations with very different perspectives, there was broad agreement on the main challenges and the potential solutions. The community forums and survey also reflected these ideas.

Two concerns are clear:

1. There is a high level of concern about the housing stock available, for every type of housing. This includes low-income housing, supported housing, senior housing, workforce housing and fair market value family housing.
2. Residents are concerned for those who are visibly homeless and inebriated—both locals and a high number of short-term visitors. A smaller number of respondents identified the many types of people in different situations who are unhoused.

Every person we met with named the housing shortage as a primary concern.

People who are homeless are both long-term residents and short-term visitors

In our interviews, we heard two consistent stories that matched these two apparently divergent sets of data: a significant and consistent group of residents who are homeless; and a large number of “transient” people who come from the Lower 48 and occasionally from other places in Alaska, and who stay temporarily. We believe that both are true.

Ketchikan has some solid data from a [Homeless Assessment](#) conducted by Women in Safe Homes in 2020, cut short by the beginning of the COVID-19 pandemic. This data tells the story of 55 residents who are unsheltered. It paints a compelling picture of people with disabilities and whose ages ranged from 25 to 70; people who were 48% Native and 58% white; and that see Ketchikan as their home.

Many made a distinction between the local population experiencing homelessness and those who come from other communities. Nearly every person we spoke to had a story or a comment about people coming in from outside the community such as: people arriving on the ferry with an unrealistic idea of work in Ketchikan; people coming to a job that doesn’t work out and they are stuck; families getting off the ferry thinking they can drive to Anchorage from here, and not having the funds to move on; or people who are homeless being sent here intentionally from other communities.

This perception is reinforced when reviewing Alaska’s Homeless Management Information System (HMIS) data for Ketchikan. From January 2018 through November 2021, 818 unduplicated individuals were served by organizations that reported their services in the HMIS. This is an extraordinary number of people in service for a city of 8,230 people. Despite this, we heard clearly from some homeless service providers themselves that they were not consistently or regularly reporting to the HMIS—so these numbers could be an undercount.

Further, we heard from PATH that while that organization’s data is complete, that the HMIS does not collect all the data that they secure from their guests. PATH leadership states that PATH has 10 years’ data available for review.

Current state of the system

Homeless services

Homeless housing options

Ketchikan has several options that are used for people who are unhoused. The most significant gaps are in permanent housing. The number of units of permanent housing for low income residents and people who are now unhoused has decreased substantially because of the sale of two large downtown privately-owned boarding houses to companies that are now using those buildings to house their seasonal tourism-related employees. These boarding houses are the equivalent of what is called “single room occupancy” or SRO properties in other communities. Other private property sales of multi-family properties within city limits have displaced low-income local residents.

The increase in rental prices has pushed low-income residents out of housing. While this has posed a huge problem for residents, it has become even more so for those seeking to use vouchers to pay for housing.

Type of housing	Owner/ Operator	# of units	Notes
Shelter beds	First City	24	These are cots, segregated men and women on different floors.
	PATH	24	These are bunkbeds, segregated by household up to 4 in a room.
Transitional	Akeela	2 men 4 women	One apartment that used to provide transitional housing is now reserved for Akeela staff.
Permanent Supportive Housing		0	
Re-entry housing	Ketchikan Wellness Coalition	5	KWC hopes to expand this to 18 beds
Informal low-income housing	One landlord	12	Poorly maintained property that acts as an informal Single Room Occupancy housing.

First City Homeless Services

First City Homeless Services is Ketchikan’s low-barrier shelter, meaning that people can come into the program inebriated. Run by a part-time director and part-time staff with an active but fairly new board of directors, this non-profit’s program is in process of becoming formalized to better serve its guests.

Many noted that with staffing and board member changes, FCHS needed immediate support to be successful in their new facility. This is being addressed through technical assistance originally funded by the Alaska Mental Health Trust Authority, and now self-funded.

First City Homeless Services has recently moved into a City-owned building that was renovated for them. Prior to this, the non-profit operated out of a church basement.

PATH

PATH is Ketchikan’s shelter that requires that people are not inebriated. People stay long-term. Many stakeholders expressed concern over the state of the PATH building. The sole staff person lives onsite. Their program is informal, and the building is a good subject for an architectural code and conditions review.

Ketchikan Wellness Coalition Reentry Housing

The Ketchikan Reentry Coalition's housing program is located in the Ketchikan Wellness Coalition. This Re-Entry Housing project is funded by the Alaska Mental Health Trust and Ketchikan Indian Community, and has five beds for people leaving prison and returning to the community.

Ketchikan Wellness Coalition: Crisis Now

Ketchikan Wellness Coalition is convening a Crisis Now approach, funded by the Alaska Mental Health Trust Authority. Crisis Now involves mobile on-site services to address behavioral health emergencies.

Emergency services are used at a high rate

As in most communities across Alaska and Outside, the City's first responders are the ones most likely to hear about and take action for an emergency involving a homeless person, particularly someone who is vulnerable.

Stakeholders including the police, fire department, city council members, and others expressed concern about the amount of time and money spent transporting a small percentage of people who are homeless to the shelter and the Emergency Department. When EMTs respond to those situations, they are not able to respond to other kinds of emergencies as quickly.

Police Department

The Police Department identifies 12 individuals as being most vulnerable to calls for services, who are unlikely to accept housing if offered. They would appreciate a mobile van approach to addressing calls for people with behavioral health issues and who are homeless.

Ketchikan Fire Department

The Fire Department staff keeps data on frequent system users and pickups of people who are homeless, and has identified 5 people as becoming increasingly vulnerable.

The Ketchikan Fire Department data is specific and compelling. Services to known people who are homeless rose from 7 percent (93 individuals) to 15 percent (272 individuals) between 2018 and 2021. This does not include the people who are without a known address: 17 percent in 2018, increased to 24 percent by 2021. Five people known to be homeless are the source of a significant number of EMS calls, and the frequency of calls concerning their welfare have almost tripled between 2018 (56) and 2021 (147). These five individuals are quite vulnerable, and their vulnerability is increasing with time.

The Fire Department operates 3 fire trucks and a van, with other vans that are not currently in use. The Fire Department employs EMTs, and trains them when they have sufficient time. Training time is at a premium.

The Fire Department has the infrastructure to operate and manage deployment of a mobile response van.

The Fire Department bills Medicaid and other 3rd party payors for ambulance services. The cost of a single run is \$2,600. They are not currently billing Medicaid for Screening, Brief Intervention and Referral to Treatment (SBIRT).

PeaceHealth

PeaceHealth is the operator of the local hospital, which has a 24-hour Emergency Department. PeaceHealth prefers to not hold individuals for Title 47 alcohol holds (12 hours) or mental health holds (72 hours), and diverts them to community resources whenever possible.

Community and social services support

Ketchikan Public Library

The library is a public building located several blocks away from downtown, uphill. Librarians and people who are homeless point out the use of the library to get and stay warm, dry and sober. People who are homeless use the public computers to search for jobs.

The public telephone was located in the children's book section, which was not a good location for people not related to children to be making phone calls. This phone was removed.

The library and its staff are well-respected. In our survey of the community, the library was identified as the best strength of Ketchikan.

Tongass Historical Museum

The Museum is a public building conveniently located near the harbor in downtown Ketchikan. Residents point out the use of the Museum by people who are homeless to get and stay warm and dry.

Ketchikan Plaza Mall

The Ketchikan Plaza is a large building located in mid-town Ketchikan. Residents point out the use of the Mall by people who are homeless to get and stay warm and dry.

Women in Safe Homes (WISH)

WISH is the local domestic and sexual violence shelter. This organization has successfully secured and deployed a variety of transitional and supportive housing options for women and their families, using a variety of federal and state housing finance programs.

WISH has served people who are homeless on a regular basis. WISH conducted the robust Homeless Survey in 2020.

Residential Youth Care

Residential Youth Center provides residential services to youth with behavioral health problems. They are currently in process of developing a non-residential program for youth who are at risk of becoming homeless, in coordination with the PeaceHealth Hospital and Ketchikan Wellness Coalition.

Love in Action

Love in Action (previously Love INC) provides food and supportive services. The Love in Action staff person is well-connected with the social services community.

Salvation Army

The Salvation Army provides food and supportive services. Longtime staff are well-connected with the social services community.

Churches

Several churches provide food pantries and supportive services.

Transportation

The bus system was expanded as part of the Community Housing study completed for the Borough. Bus system routes are now offered Borough-wide. Buses depart every 30 minutes seven days each week. This meets an economic development goal to improve transit options to renters who live outside the city and need transportation to and from work.

System gaps

There are no permanent supportive housing options for people who are homeless

Ketchikan has no structured options for permanent supportive housing or any other supportive housing options outside the two shelters.

Residents are hesitant about the concept of “Housing First” as many believe there are local people experiencing homelessness that would never want or stay in housing. This does not mean that permanent supportive housing won’t work for other people who are homeless.

Services for people who are homeless are not coordinated

Many described the need for outside funding, to minimize the amount that the local non-profits had to compete for the same local dollars. Many wanted to see better coordination and cooperation between those offering services to people experiencing homelessness. Several suggested that a Homelessness Coordinator position could connect people and act as a hub for accessing existing services and efforts.

There is no sleep off/sobering/emergency behavioral health function

Alaska Title 47.37.130 requires public safety officers and other emergency responders to immediately place someone who is incapacitated by alcohol or drugs in a public place into temporary protection.

The statute requires that people be placed in:

- Their own homes;
- An appropriate health facility; or
- A state or municipal detention facility

Until treatment or medical help becomes available, the person is no longer intoxicated, or a period of 12 hours expires, whichever occurs first.

The PeaceHealth Ketchikan Medical Center’s Emergency Department is reluctant to serve as a holding facility for people with behavioral health problems. As a low-barrier shelter, First City Homeless Services has become the de facto sleep-off center. This creates some concern for shelter staff and others, who are not trained or qualified to intervene with someone needing medical attention.

Behavioral Health services are inadequate to community need

The current behavioral health and substance use programs are not adequate to meet the community’s needs. Wait times are long, and the providers cannot serve those in crisis, or respond quickly.

There is no detox in Ketchikan, so someone requiring medical detox must be transported to Juneau for services.

The Ketchikan Wellness Coalition conducted a [Community Health Needs Assessment](#) in November 2020. While its focus was not on people who are homeless, the priorities regarding behavioral health services, case management, and addressing suicide and substance abuse are congruent with the findings of this assessment.

Ketchikan Indian Community Tribe Behavioral Health

Ketchikan Indian Community is the second largest tribe in the state of Alaska, with 6000+ tribal citizens. Ketchikan Indian Community incorporated in 1940 under the Indian Reorganization Act and is a federally recognized Indian Tribe and a sovereign nation.

The Tribe's behavioral health program is strapped for staff, as are behavioral health programs across the state. The program provides walk-in services and services by appointment from 8 to 5, Monday-Friday only, closed from 12 to 1 daily; and 1 to 5 on Wednesday afternoons.

Akeela

Akeela offers mental health, substance abuse, and integrated assessments depends on client need. Akeela contracts out behavioral health assessments to a 3rd party contractor in the Lower 48. These assessments are provided via telehealth.

Akeela provides crisis intervention services for inmates at Ketchikan Correctional Center who are in an acute psychiatric emergency and provide referrals, as needed. Akeela provides substance use assessments for inmates who have been sentenced. Telehealth is used as needed at Ketchikan Correctional Center (KCC). Akeela provides psychiatric emergency services at Peace Health and services at KCC by Master's level clinicians at Peace Health in person.

There is a 5-day wait for outpatient substance abuse treatment. Akeela has two full-time clinicians and one part-time clinician. Outpatient services have been limited because of workforce gaps, some of that related to housing.

Akeela has the KAR House co-ed substance abuse treatment program, which is a 4-6 month program that, pre-Covid, served 15 clients and now caps out at 11. However, it has been less than 11 because of difficulty filling vacant positions. The wait list can be months long.

Akeela has transitional housing in 2 locations for 2 men and 4 women. One apartment that used to provide transitional housing is now reserved for Akeela staff.

Akeela does not provide peer support for substance abuse. Akeela had a successful peer support program for people with severe mental illness pre-covid, but that has dissolved and Akeela is returning that grant to the State.

Public Health and Safety Concerns

These concerns came up in the community survey, more than in interviews and forums:

- There is a concern that due to the lack of public restrooms, people who are homeless use the street as a bathroom.
- Others were concerned about needles not being disposed of properly.
- Some community members expressed that they did not feel safe in certain areas of downtown and they noted concern about crimes such as theft and vandalism.

Proposed projects

Permanent supportive housing with housing navigation services

Ketchikan Indian Community Housing Authority is developing a permanent supportive housing project including up to 18 rental units in Ketchikan, in a building purchased with CARE funds, and available for Native and non-Native people alike. The building is expected to include a housing navigation center onsite, with clinic and supportive services as well as laundry and bathrooms.

This project is expected to include low-income housing tax credits, offered through a special round in 2022. KIC Housing Authority expects to apply for HUD 811 vouchers to buy down rent, and will cover operating gaps for the housing.

Permanent supportive housing is a critical function in addressing the needs of vulnerable people. This housing project, regardless of the navigation center, will serve a needed function to move people out of shelter and into housing with services.

As it goes forward, this navigation center could address many of the day-to-day pressures experienced by people who are homeless.

Youth drop-in center project: Residential Youth Care

Residential Youth Care (RYC) envisions a future space where youth (age 15-21) can gather and receive support from caring adults working together. The day-use drop-in center will be a safe, welcoming space for youth with connections to basic services, caring adults, and a network of supports and programming.

This is not intended to be a youth homeless shelter, but would include programs and services that will work to prevent youth from becoming chronically homeless.

RYC expects to provide access to food, laundry, showers, and clothes; internet, charging stations, computers; prevention programming; peer mentors and peer educators; engaging youth-centered programming; education support (for those interested in reengaging, connecting to basic adult learning, pursuing trade certification, college applications, etc.,) and employment support (to amplify workforce development, explore apprenticeship opportunities, and develop partnerships with the business community to further support young employees). The proposed design of the space is based on a hub-model for youth services and relies on community commitments to collaboration.

RYC has hosted stakeholder meetings to establish an initial baseline for this project. RYC expects to invite young people to engage in a Youth Advisory Board to confirm the operating plan. RYC has hired a staff person to build this program, and has seed funding from PeaceHealth.

Low-income housing tax credit project

In March, we learned about a preliminary conversation about a possible low-income housing tax credit project, which was not an actual project. A low-income housing tax credit project would provide a number of units for people who are low income, and could include a rental subsidy. There is a discussion on tax credits in the appendices.

Expansion of Ketchikan Reentry Housing

There is an effort to expand the five-bed reentry program to eighteen beds.

Wellness Center

Ketchikan Indian Community is developing a vision for substance abuse treatment program for Native and non-Native people in Ketchikan. The property proposed for use does not yet have a road or utilities.

Current state of housing

Ketchikan has a lack of housing options for any residents, let alone housing for people with particular health or social assistance concerns or those who are low income. Housing for seniors, re-entry housing, and accessible housing are in very short supply.

Ketchikan Gateway Borough contracted with the McDowell Group to complete a [Comprehensive Housing Assessment Project](#) in early 2019. The findings still stand, and have only grown more stark since 2019. Ketchikan has a shortage of housing stock, as do many communities across the country. There are about [100 homes and apartments for sale](#) in Ketchikan, and three apartments available for rent as of this writing. Ketchikan's shortage is exacerbated by the purchase of year-round rental housing by seasonal employers, leaving residents with limited options while their former housing is used by seasonal employees. At the same time, NOAA is bringing in 40 workers with their families and a new Coast Guard cutter is coming to Ketchikan—with 100 more workers and families.

While the City and Borough have processes to support housing development, they are focused on individual developments one by one. There is no plan to develop an array of housing options. There is no publicly stated intergovernmental goal to produce or encourage housing development.

Competition for property

Just before our site visits, an apartment building was bought and developed by an employer for seasonal workforce housing and another was purchased to renovate and rent out at higher rates. Those whose month-to-month tenancy ended were scrambling for options. With high purchase prices, high rents, and limited subsidies for housing, those who are working low wage jobs have nowhere to go.

High housing prices

[Ketchikan's housing prices are the second-highest in the state](#), and had a record 16% increase from 2021 to 2022. Ketchikan's wages do not support these prices. This makes it hard to buy a home for most families, even if stock were available.

Employers are constrained in hiring because of housing shortages

The hospital and other employers report difficulty in recruiting, hiring and retaining employees because of the housing shortage, even for high-wage employees.

Behavioral health and Tribal health workforce shortages are impacted by housing unavailability and pricing.

Current funding & gaps

State grant to Akeela

The [state's comprehensive behavioral health grant to Akeela](#) for services to Ketchikan in FY22 was \$539,912.45 and a separate adult rural peer support grant was \$76,387.20.

Medicaid billing for behavioral health

The state-federal Medicaid partnership pays for a range of health and behavioral health services to low-income residents as well as to elders and people with a range of disabilities. Medicaid pays for behavioral health services through its regular program, and for specialized services through a fairly new 1115 Medicaid Waiver for behavioral health. This Waiver reimburses for services that would not normally be payable through health insurance. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a service available for reimbursement daily, and is compatible with a Sobering Center. The 1115 Waiver reimburses for behavioral health crisis center services.

At present, KIC Tribe, Akeela, PeaceHealth, Community Connections, Residential Youth Center, and the Ketchikan Fire Department all bill for Medicaid services.

City of Ketchikan Marijuana Sales Tax

The City of Ketchikan allocates its Marijuana Sales Tax for homeless services. In FY21, the City allocated \$384,674 through its Humanitarian Services Grant Program. This grant program was established primarily to assist and address the needs of the homeless population in the City of Ketchikan. In 2018, the Ketchikan Municipal Code (KMC) was amended by adding 3.04.020 (b), which established a five percent marijuana sales tax. The KMC was also amended by adding 3.04.130 (e), which required that the proceeds from the five percent marijuana sales tax be used to support the needs of the City's homeless population. Any proceeds not required for assisting and addressing needs of the homeless may be used for other humanitarian purposes.

City of Ketchikan properties

The City of Ketchikan owns and operates a variety of buildings, and has deployed them to meet the community's needs. After a non-profit youth program closed, the City renovated the building for use by First City Homeless Services.

The City is fortunate to have a Public Works department staffed with an architect, and could be capable of assessing the functional value and useful life of buildings beyond those owned by the City.

Ketchikan Gateway Borough

The Ketchikan Gateway Borough owns land that can be developed, and can also support development of property outside the City for housing and services. The Borough commissioned the Community Housing Assessment Project of 2019 which provides excellent guidance for the region to promote the development of housing for people in the City and Borough including code changes, developing Borough land, and incentivizing development.

The Borough funded homeless services during the first wave of the COVID epidemic particularly, and funds services that homeless people use.

Recommendations

Summary of recommendations

Activity	Short-term	Long-term	Result
Policy			
Establish an intergovernmental agreement prioritizing development of a range of housing as well as supportive housing and services	X		An intergovernmental agreement will help residents, developers, and funders
Encourage structured production of housing to accommodate the needs of permanent and temporary residents of the City, Borough, and Tribe	X	X	Structuring production of housing makes it easier for developers and builders to commit to building in Ketchikan, and addresses a substantial need in the community that cannot be addressed in a single year
Workforce			
Expand the behavioral health workforce: Peer Support, BHA, BHCA	X		Consistent, local residents provide increased services to support people in need
Grow the EMT pool for the region		X	Staff for the 3 fire departments, the mobile response van, and sobering center
Services			
Homeless Services Coordination	X		Efficient coordination of services across agencies, clear communication within the community.
Coordinate housing & service grant and loan applications among non-profits and for-profits	X		Sequencing grant and loan applications helps bring in support to the community from many funders over the course of time
Improve Ketchikan’s homeless services data	X		Clarified service needs and gaps as well as improved credibility for service organizations.
Develop a mobile response van with EMT staff	X		Efficient high-quality response to people who are homeless and others.
Develop a Sobering Center or behavioral health crisis center	X		People who need to sober up or calm down have a safe place to do so.
Enhance behavioral health services and response region-wide		X	Everyone has access to timely, high quality behavioral health services.
Assess PATH Building for structure & appropriateness for population	X		PATH guests have a safe and comfortable building to stabilize.
First City Homeless technical assistance	X		Anchor this program in its new space and strengthen its outcomes.
Develop supportive housing for homeless individuals and their families		X	People move out of homelessness
Secure continued technical assistance to homeless providers as needed	X		Higher quality services, data, and safety for residents of homeless services.

Detailed recommendations

Policy

Establish an intergovernmental agreement prioritizing development of a range of housing as well as supportive housing and services

Establish governmental policy at the City, Borough, and Tribe to prioritize development of housing for workers, low-income people, people with disabilities, and housing for people who are homeless. The governments include the City of Ketchikan, Gateway Borough, and Ketchikan Indian Tribe.

Encourage structured production of housing to accommodate the needs of permanent and temporary residents of the City, Borough, and Tribe

The dire housing situation will not be resolved in a single year. “Structuring production” means having a plan to build over the course of several years. Developers, builders, and funders will appreciate the consistent expectation, and be more likely to orient their work to Ketchikan over a several-year period rather than one project at a time.

- **Set annual targets for mixed income housing development** focusing on affordability and size for incoming workers (NOAA and Coast Guard) with subsidies for low-income people and those with disabilities.
- **Invite developers in.** Lay out processes for developers to work with the City and Borough to develop and re-develop properties both within the city and outside the city limits.
- **Consider putting conditions on property sales** to replace housing so that local workers, elders, and people with disabilities are not suddenly displaced.
- **Inventory dilapidated property within the City and Borough.** These are properties that have exceeded their useful lives or that need significant repairs. This will clarify the properties that are possibly available for redevelopment.
- **Encourage layering or braiding financial products to buy down the cost of development and operations:** Tax credits, HUD grants for Community Housing Development Organizations, HUD grants for permanent and supportive housing; AHFC assistance provider loans, multi-family and special needs loans, and senior housing loans; Community Reinvestment Act funds from banks, private funder grants, and other financial tools.
- **Encourage developers and businesses to use tax credits:** Use NMTCs, Historic Preservation Tax Credits, and Low Income Housing Tax Credits to stimulate commercial growth, jobs, and new housing in Ketchikan. A description of tax credit programs is found in the appendix.
- **Where a housing developer or business has a dedicated interest in the region, encourage their participation.** Other developers can coordinate with, or complement, development by these housing development entities.
 - CHDOs have access to [operating grants](#) that can include case management and other services. This is an annual process managed by AHFC; the date to register for the grant program is generally in January.
 - Tlingit-Haida Regional Housing Authority is a Community Housing Development Organization. Tlingit-Haida is also a Tribally Designated Housing Authority.
 - Ketchikan Indian Community Housing Authority is the local Tribally Designated Housing Authority and has access to [Indian Community Development Block Grant](#) funds as well as other funds to build, rehabilitate, operate, and manage housing for qualified

- households. Depending on the funding source, Ketchikan Indian Community Housing Authority can serve non-Native people with its programs.
- Wells Fargo Bank has an interest in Ketchikan, and provides grants and community development loans through the Community Reinvestment Act.

Workforce

Expand the behavioral health workforce: Peer Support, BHA, BHCA

Both Akeela and Ketchikan Indian Community behavioral health leadership have noted that their services are constrained, and that the strain on their respective abilities to provide services is in large part due to workforce recruitment, hiring, and retention issues. They are far from alone in this workforce gap statewide and nationally.

Securing housing for behavioral health workforce is a significant problem for both employers.

Both Akeela and Ketchikan Indian Community are looking outside the box for licensed professionals to work in or with people in the Borough.

We recommend that each organization continue to pursue the strategies they are using, and also that they consider recruiting and training local residents to become Peer Support, Behavioral Health Aides, and Behavioral Health Clinical Associates. Peer Support providers are people who have lived experience or who have family with lived experience, become certified as Peer Support, and who have clinical supervision. Behavioral Health Aides are tribal employees who are paraprofessionals with training through the BHA program, or whose degrees give them BHA equivalency, and who have clinical supervision. Behavioral Health Clinical Associates are bachelors prepared providers who have clinical supervision.

Grow the EMT pool for the region

There are trainers but no designated training officer on the island. There is no regular class. The region needs a coordinator/trainer at the Borough level to support EMT training of the three fire departments housed within the Borough, and to train EMTs working in other agencies.

Services

Coordinate efforts on homelessness

Residents and advocates are regularly confused about who is doing what, when, and whether organizations and individuals are duplicating services. Active coordination and external communication will benefit the organizations and the community. This coordination should include real-time resource sharing information and could be located at a non-profit or embedded within a government entity.

Coordinate grant and loan applications among non-profits and for-profits

Lenders, philanthropy, and government appreciate a coordinated approach where organizations pull together instead of competing in the same grant round. Coordinating and sequencing applications is easier if the providers are meeting regularly to coordinate their activities and fund requests. The homeless coordinator could facilitate the process of coordinating and sequencing funding requests.

Improve Ketchikan's homeless services data

- **Homeless providers should participate in the Alaska HMIS.** All shelters/homeless services organizations can and should participate in the HMIS. Failure to provide data on the people served seriously undermines the credibility of homeless services organizations, jeopardizing access to funding. The homeless service providers are aware of this issue.

- **Homeless providers should participate in the Point-in-Time count.** Participation in the Point-in-Time (PIT), with numbers of people who are homeless counted in Ketchikan, lends credibility to applications for assistance to providers in Ketchikan. The PIT count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that Continuum of Care conduct an annual count of people experiencing homelessness who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night.
- **Homeless providers can conduct a Project Homeless Connect** in the summers. Project Homeless Connect (PHC) is a convenient, one-stop event designed to connect people in need with the several local resources. PHC is a nationwide campaign with several Alaskan communities simultaneously hosting PHC events. The event is free of charge and open to anybody in the community. Other Alaska communities use this as a way to count people who are homeless that are seasonally in their communities.

Establish a mobile response van with EMT staff

- The police department and fire department regularly respond to calls for emergencies related to homeless individuals within the City of Ketchikan. Each fire department call, with a truck and staff, diverts resources from other urgent health and safety issues within the area.
- A mobile response van staffed by EMTs can provide a high-quality service to address those emergencies, including transport to the hospital or other location as needed, at a lower cost.
- Medicaid reimburses for unlimited Screening, Brief Intervention and Referral to Treatment (SBIRT) services. This service is already being provided by EMTs informally and may be formalized to off-set the cost of operations.
- For Ketchikan, this may be a cost-neutral program for the Fire Department, based on the costs of providing services now.

Develop a sobering center or behavioral health crisis center

- A 24-hour/7 day per week service staffed by EMTs where people can safely sleep off the effects of inebriation would protect those individuals and reduce stress on the hospital's emergency department. Similar sobering centers and behavioral health crisis centers may be found in other communities in Alaska. Some are located near hospitals or other health services. A sobering center could be operated by a Medicaid-billing partner inside of a building that provides supportive services and that isn't a Medicaid biller.
- SBIRT services may be provided in a sobering center, offsetting the cost of operations. In addition, the state's 1115 Behavioral Health Medicaid Waiver funds are available to support a crisis service, operated 24/7.

Enhance behavioral health services and response region-wide

The state can re-assess its grant for emergency behavioral health services

- The amount of funding, and perhaps the location of the provider, should be reviewed for adequacy.
- The state's grantee (Akeela) should consider expanding services to include on-site programming, providing 1115 Behavioral Health Waiver services, and billing for other third parties to support the cost of delivering needed services in Ketchikan.

Tribal behavioral health

- The Tribe's behavioral health services are not sufficient to address the needs of Tribal members. The Tribe is working on staffing, and can consider adding Peer Support and Behavioral Health Aides; billing for 1115 Behavioral Health Waiver services; and other supports that could benefit Tribal members and other Native people and their families.
- The Tribe's behavioral health program can assess its schedule of services to accommodate Tribal members' schedules and needs for services.

Private practice counselors

Private practitioners can work together to support non-profit and Tribal programs by dedicating a portion of their practices to support the community.

Assess PATH Building for structure & appropriateness for population

Clarify if this is the right building for the population, and if so, how it may be improved. If the building does not suit the program of services, consider other facility options.

First City Homeless Services technical assistance

First City Homeless Services can continue to grow its leadership, anchor the program in its new space and improve programming and outcomes.

Develop supportive housing for homeless individuals and their families

Homeless service providers and other housing entities can develop supportive housing programs through AHFC's [GOAL program](#) and the [HUD Continuum of Care](#).

Secure continued technical assistance to homeless providers as needed

The Alaska Mental Health Trust technical assistance program offers a variety of assistance in homeless services, behavioral health, Medicaid billing, and structuring housing applications. Non-profit and governmental agencies can request technical assistance to build capacity. Other funders such as the Ketchikan Community Foundation or Alaska Community Foundation offer similar support.

Appendices

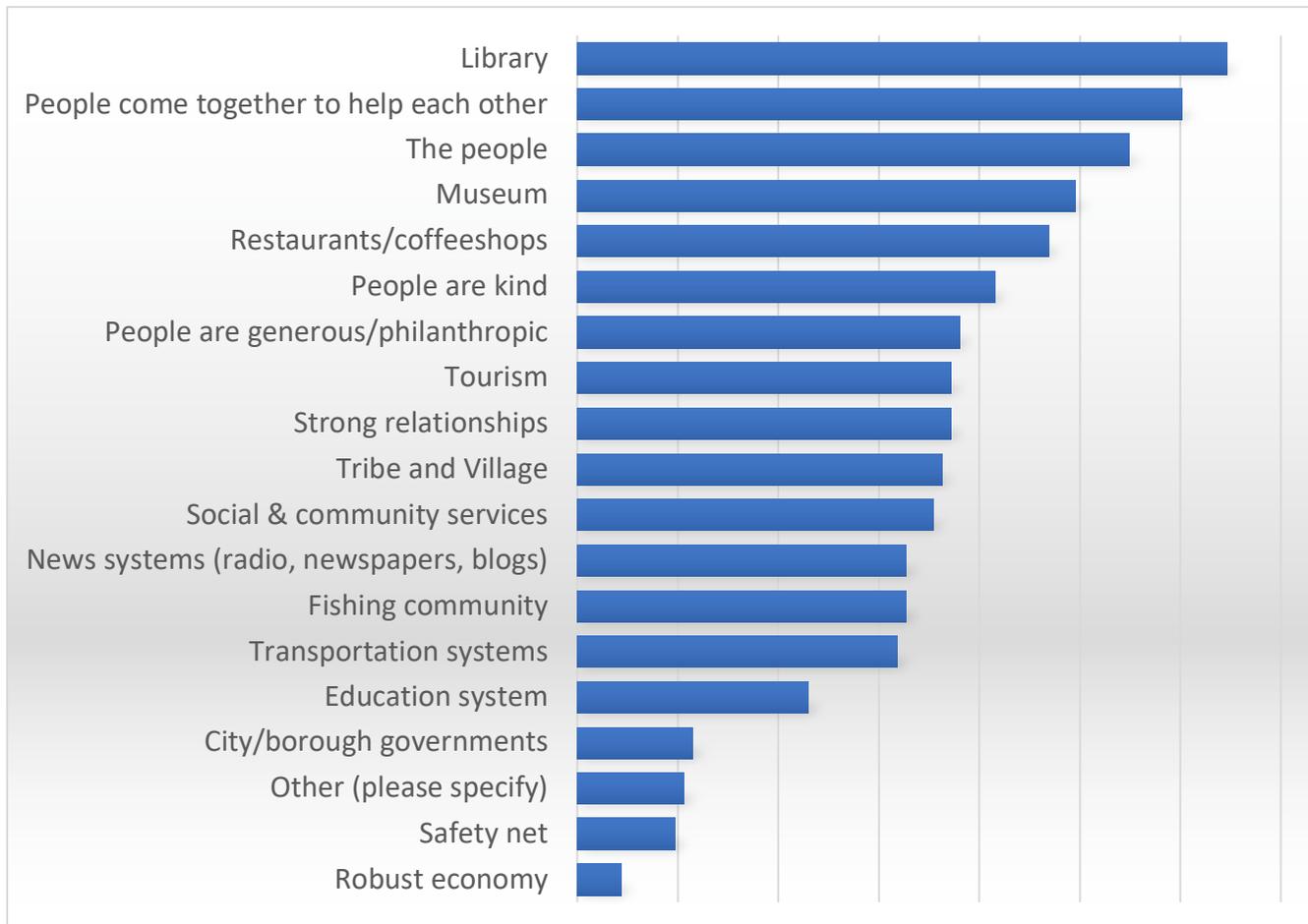
Appendix A: Community Survey analysis

We conducted a community survey using SurveyMonkey, posted multiple times by the City of Ketchikan through social media. A strong community response from 114 concerned community members added valuable feedback to consider. The survey consisted of ten questions, with five open-ended questions and five multiple choice questions. Seventy-five percent completed all of the questions. Most wrote thoughtful and thorough responses to the open-ended questions. Quotes are from the survey as written, though some grammatical errors were corrected by the authors.

1) Ketchikan has a lot going for it. Tell us some of the things that are really working here. (113 responses)

Respondents ranked what they saw as strengths in Ketchikan. The top strengths are the library and the people. Though the library is seen as the most treasured resource in the community, when all of the items related to people are combined, this is Ketchikan’s biggest asset. There is a wide perception that the people in Ketchikan are kind, willing to help their neighbors, and generous.

Other noted strengths include: The Tribe, the museum, and restaurants and coffeeshops.

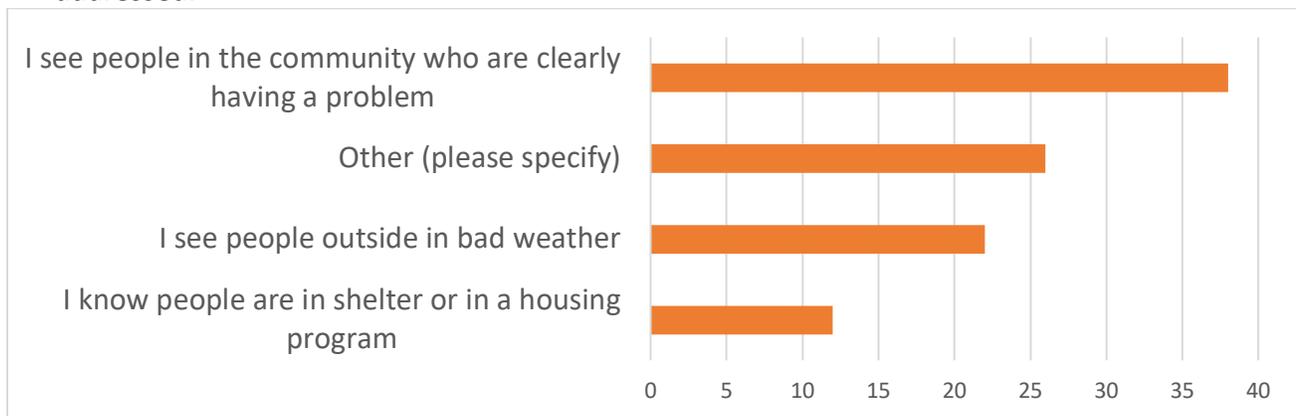


instead of fighting and blaming. We can get things done and help each other instead of get help outside of the city.”

“They don’t, they pass the buck or tell you to try someone else - Ketchikan has become too separated between the richer elites and tourists over the needs of the local people and local community needs – putting the cart before horse for profits without regard to the effect on rest of community, same with importing people for jobs before pulling the locals first for the jobs.”

3) Tell me what you know about homelessness in Ketchikan. How do you know there is a problem with homelessness in Ketchikan? (97 Responses)

In addition to the items listed that people could choose, 26% listed “Other” and wrote a comment. Some know about the issue because they work in places like the emergency room or the homeless shelter, or as a social worker. Others volunteer at food banks or places where meals are served to those in need. A couple of people shared that they had family members who were homeless, or that they themselves were homeless. Others expressed frustration that there are many visibly people who are homeless, and that they are using drugs in public places, and that without public toilets, they are using the street as a bathroom. These respondents felt that people with open alcohol containers are never fined or addressed.



4) What concerns you about homelessness in Ketchikan? (94 responses)

For this question, most took time to write a thoughtful response to this open-ended question. Most of the responses indicated people were thinking of chronically homeless rather than families and others who are at risk or recently homeless due to circumstances. The biggest concerns were:

- **Mental Health and Substance Use (35%):** Over half of these responses noted concerns about the need for better supports for mental health and substance use recovery (rehab) (64%). Others were concerned about the substance and drug use (30%) and mental health issues (1%) without mentioning services or treatment.

“I am concerned that we are not offering rehabilitation resources, whether for mental health or addiction or both, that would possibly allow for more long-term solutions.”

“I’m concerned that people are not receiving the services they need—mental health care, substance abuse treatment, financial assistance, etc.”

- Personal safety (26%): The majority of these concerns were related to the safety of those experiencing homelessness (48%), some expressed concern for both themselves and those experiencing homelessness (16%), and some expressed fear for their own safety by people who are homeless (29%).
- Exposure and people dying from being in harsh weather (20%)
- Housing and lack of affordable housing (10%): A top concern for this group had to do with the availability of affordable housing, or rent increases that put working families at risk for homelessness. They expressed that more needed to be done to build new housing, and keep housing affordable, or else more people will be forced onto the streets or into shelters.

“There is not enough housing and what is available is not affordable.”

“Anyone of us could become homeless as the rents keep rising, housing costs are skyrocketing. Those without a home or help suffer and continue to spiral down from despair and lack of hope.”

- Chronic homelessness vs. Temporarily homeless (10%): Some made a distinction between those who are chronically homeless, or a small number of people who choose to live outdoors, and those who have had a challenge or circumstance that has resulted in being homeless. There was recognition that there are different reasons someone may be homeless, and that different responses are needed for different situations.
- Transient vs. local people experiencing homelessness (8%): Some respondents were concerned with the number of people that come for jobs or other reasons and then can't find housing or jobs and end up homeless.
- Dignity and compassion (7%): Some expressed the need to treat all citizens of Ketchikan with respect and dignity, and to have compassion for the needs of all.

“Everyone deserves care and support, and many times, our neighbors facing homelessness are treated without respect or dignity. When we look at those facing homelessness, we must remember that they are people. Regardless of how or why they are in the situation they're in, they are people just like you and me. We can't forget that.”

- Kids and youth (7%): Some expressed specific concerns for youth and children who are living without a home. The streets and shelters are not safe places for kids. Health and food security are a particular risk for kids who are homeless.

“I'm concerned about children who are impacted by homeless situations. Serving meals at the Salvation Army shows that at times there are children or families in need and who struggle with housing instability”

- Other (9%): A small number of respondents expressed frustration and anger toward people who experience homelessness. These included the ideas that people need to take care of themselves; that more services will attract more people who are homeless; they “should get a job”; that they are draining resources that should be used elsewhere; and that the visibly homeless are bad for tourism dollars and make the town look bad to visitors. Others were frustrated by the crime they see that isn't being addressed. *“Vandalism. Danger to themselves*

and others. Blatant disregard for their emotional and mental health by the community. Simply throwing money is not the solution. I see them taking drugs, drinking and fighting across the street from police station.”

- **Some people who have experienced, or who are experiencing homelessness shared their perspectives.** One expressed that there are not safe places to be, and that they wished there was a safe place they could store their possessions so they could go to interviews and access services without having to “pack your life” with you. They described the application and references needed for housing as a barrier. They described times of having to eat food they knew was rotten, and which made them sick, because there was not another choice. They described abuse of elders and people with disabilities, and shared that the mental health needs and depression among those experiencing homelessness were common. Another person shared:

“I lived on the road from 1995 to 2018 the main problem is there is no place for homeless people to use the bathroom in most cities. A lot of homeless people camped in tents or makeshift shelters. If there are places where they can put their trash then they will use them. There are homeless people that cannot live inside of a building! I would say that winter presents the most problems for the homeless.”

5) What is missing in the community’s response to homelessness? (95 responses)

- **Affordable housing:** The biggest need people see is the need for affordable housing (31%) and others noted the need for different kinds of housing including transitional housing, tiny homes, family housing, low-barrier (allows substance use) housing, and rapid re-housing (getting people into housing, and then offering supports to keep them housed, without requirements such as employment or sobriety). Closely related is the need for rental assistance and rent control to help low-income individuals and families keep their housing.
- **Unified approach to take action (21%) and better coordination (12%):** People recognized the need for a focused and systematic approach to address these challenges. Many commented the need for better coordination of those involved so that efforts can be maximized and not duplicated. Others hoped the City and Borough and non-profits could coordinated and work better together.

“Homelessness is a systemic problem that often has its roots in childhood trauma and childhood poverty. Understanding that we need a broad spectrum approach of more counselors and more support services for children and families in addition to more direct support for the existing homeless population is important for the community to understand.”

- **Needed services:** The top needs expressed is for **case management** and social work support (21%) for people who experience homelessness. These services would help connect people to shelter, food, housing, mental health support (12%), and substance use recovery support (17%). Others wanted better shelter and day shelter options for individuals (18%). Some noted the need for a residential treatment center for those in recovery. Advocacy was also brought up as a needed service. Specific suggestions: Several people expressed the need for a place for people to store belongings, and safe places to shower, do laundry, and use a public restroom.

One person who experiences homelessness shared this response:

“housing options-jobs- places for homeless to live camp stay while homeless... it needs the community to come together as a family [and] help each other for the better of all who live here before catering to tourists and outsiders or all you end up with is a broken city nobody wants to come see or visit because it not just homeless issues here, sidewalks, disability access- enough ADA violations to choke a democrat to death- more compassion less putting down, more insight. Listen to homeless stories--you got no right to judge or ridicule or stereotype homeless by assuming until you actually get to know each one as an individual. The community has no right to treat us as less or different.”

- **Compassion (17%):** Many shared the need for a compassionate response. Concerns were stated about the way the chronically homeless are treated by law enforcement and members of the public. One individual who has experienced homelessness shared, *“If Ketchikan it’s like most cities that I’ve been to when I was living on the road, I would say it’s assuming that everybody that homeless is a drug addict or alcoholic and which is usually not the case.”*
- **Burden on police and fire department:** A few people noted the demand on the police and fire department to transport individuals who needed to go to the shelter or hospital.
- **Other (19%):** This was a mix of types of responses. Some people answered that “literally everything” was missing in the community’s response. Others felt enough was being done, or didn’t know what was missing. A small number of respondents (7%) felt the community is already doing too much, and spending too many resources on this issue. They expressed frustration that people who are homeless choose to do this, and if resources were cut off, they would get a job. A couple of people felt that there was no incentive to change behavior. Two individuals expressed frustration that in their view, people who are homeless break many laws and are not charged. They felt there is no accountability. They see a public safety situation, with no consequences for the individuals who are “littering and trashing” public spaces.

6) What could improve the community’s response to homelessness? (89 responses)

The responses to this section were very similar to the previous question, with some additional solutions suggested.

- **Clear vision, leadership, and action:** A large number of people called for the need for a shared vision and leadership on the issue (27%). Some suggested that there be a “homelessness czar” or other agency that coordinated the efforts related to homelessness. Others wished for a central place to get and disseminate information on the programs, resources, and services that are available. Some expressed frustration that it is time to take action, while others urged caution to research and make a good plan that is supported before moving forward.
- **Affordable housing and other housing options:** These suggestions centered around the need for affordable housing, and other kinds of housing options (25%):
 - The need for affordable housing, incentives to house locals, landlord protections to encourage landlords to rent to locals, and tenant supports to help them keep housing.
 - Study the feasibility of tiny homes or a camping area with supports.
 - Provide transitional housing for those exiting rehab or others re-entering society with needed supports.

- Provide single unit options for seniors and people with disabilities in a building that is staffed.
- Offer both sober housing (“dry”/requires sobriety) and low-barrier housing (“wet”/doesn’t require sobriety)
- **Educate, build awareness, and reduce stigma:** This group felt much more should be done to educate the public and health care providers about the issues that contribute to homelessness.

“Continuing to diversify our approach. Look at what is working elsewhere with housing first model. Recognizing it’s often (but not always) a multifaceted issue involving untreated substance use disorders & mental health disorders. Not taking a punitive approach towards individuals who are unable/unwilling to “choose” between housing and continued use.”
- Programs and supports that are needed: Many mentioned the need for **better mental health and substance use recovery services** that are integrated into the day shelter or other resources for people experiencing homelessness.
 - **Case management** support, as each person’s situation and needs are unique. Supports for families, those at risk of becoming homeless, and those who are recently homeless due to circumstances could all be helped with case management and flexible supports.

“Do not assume a homeless person is a drug addict or alcoholic. Be willing to communicate with them and find out their story. Because until you find out their story you really can’t help them!”
 - Some suggested that PATH and First City Homeless Services should be combined, or at least coordinated together. The need for a new facility for PATH was noted many times.
 - Several mentioned the need for the day shelter to include showers, laundry services, and public restrooms in addition to meals and other supports.
 - There is a need for a safe place for intoxicated people to sleep it off, where they are protected from the cold.
 - Others mentioned the need for job assistance and training, with incentives to hire locally.

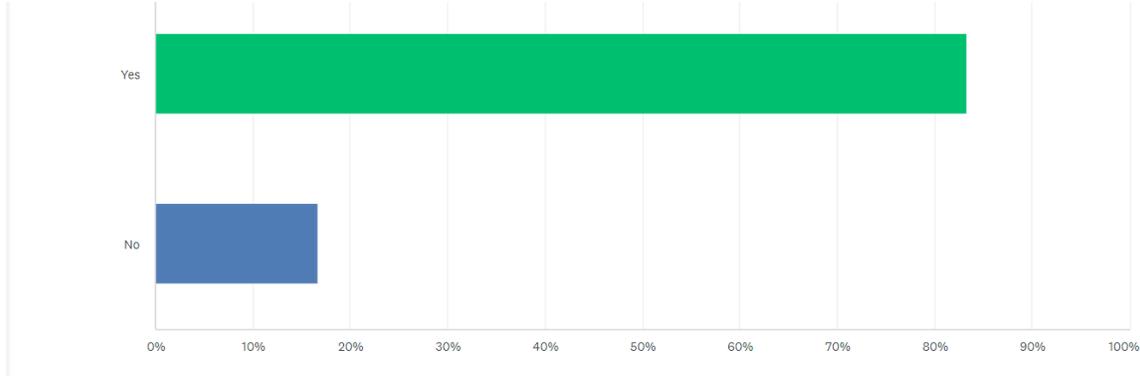
“A comprehensive approach. Housing, job assistance, medical access, detox along with mental health and substance abuse, veterans’ assistance, ways to bring hope!”
- **Grants, financial resources, and creating a path for people to help:** This group commented on the need for more resources to be dedicated to this issue, with some creative funding ideas:
 - Write grants to bring in Federal and outside funding.
 - Create a “head tax” on tourists to pay for schools and homelessness programs.
 - Create a central place where non-profits who serve people who are homeless can post their specific needs and accept donations (money and items).

“Encourage local, state, and federal lawmakers to aggressively prioritize this problem and free up funds for additional programs while also supporting the various non-profits who are actively working to assist the homeless population.”
- A small number of respondents had a very different view on these issues (12%). They stated views such as:
 - People who are homeless still need to be accountable for crimes they commit,

- There should be more police patrols,
- People should only have access to financial and housing supports if they are sober and employed,
- The resources being used for these concerns should be spent elsewhere,
- It is important to find out where new homeless people are coming from, and
- That it would be best to move the shelter from downtown to reduce the number of visibly homeless downtown.

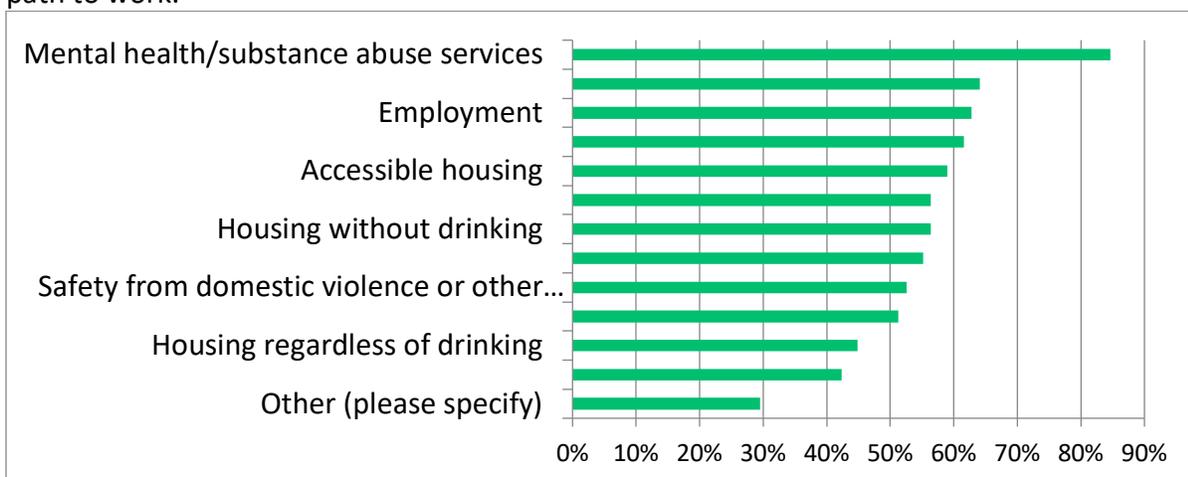
7) Do you know any homeless people, or anyone who has been homeless? (96 responses)

The majority of people answered “yes” (83%), and only 17% responded “no”.



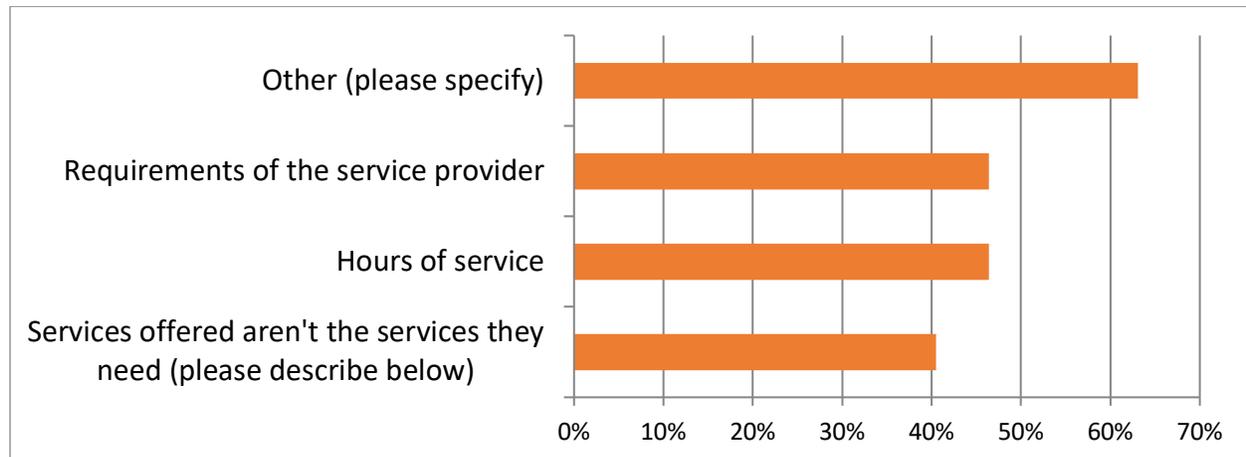
8) What would make a difference for them? (78 responses)

In this question, people ranked ideas. The ideas seen as the most important were mental health and substance abuse supports, Housing with supports, and employment and job training. The next most important were affordable housing, “dry” housing (requires sobriety), and healthcare. Of the 30% who selected “Other” and wrote a comment, many felt additional services would make a difference, such as help getting identification, work clothes, transportation to jobs, drug and alcohol counseling, mental health services, personal hygiene items, dental care, a day shelter, and a path to work.



9) Are there barriers that keep people from using the services that are available? (84 responses)

For this question, 53% of people added a comment about barriers. Many described the need for support for people to access resources and case management for follow-through. Others noted the need for a coordinated effort, or “one-stop” for accessing services.



“Actually need coordinators to help those that need the services walk through the steps and the program stick to adhere follow and have additional individual support for things necessary to that person”

“Usable addresses. You can't get a job without an address. You can rent a place without income. Catch 22 for services.”

“In a lot of cities that I have been in while living on the road, there is a lot of red tape to go through to get services. People that are homeless have a hard time dealing with Services taking a lot of paperwork in order to sign up for services. Most places did not provide consistent social workers. Every time you walked into a place you got a new social worker which meant you had to tell your story over and over and over! And a lot of the social workers treat the homeless like they are a burden. Homeless people can sense when others feel they are a burden and so being discouraged and disenchanted they give up and decide the street is the only place for them.”

“There needs to be a variety of services for all people, not just a certain group.”

“Advocacy to help get paperwork done, rides to places to gather documentation, compassion from those who are trying to provide them services - we need to meet people where they are at without judgement. What about having a gathering of agencies for homeless? Where maybe a few days each month service agencies get together in the mall and help fill out paperwork and remove barriers/silos for those who are homeless so they can get things done all in one place?”

10) How could your community help keep people from becoming homeless? (85 responses)

- **Affordable housing** is the top solution people feel can keep locals from becoming homeless (35%). In addition to affordable housing in general, people noted the need for more accessible housing, more transitional housing, tiny homes, high-density housing, and supported housing. Others called for more regulation on rentals and short-term rentals.

“We need to get a grip on the rental market and consider how locals are affected by profit-focused landlords to a point where it is an obvious issue.”

“Regulation on rental properties and income properties. Short term rentals are left vacant and people need affordable homes.”

- **Supports**—People described ideas for different kinds of supports that could help keep people from losing housing. These included:
 - better mental health and substance abuse recovery programs, with extended hours to better serve people when they need it;
 - job training and support to keep employment;
 - case management and coaching support to address needs before housing is lost;
 - domestic violence support and prevention;
 - a central hub for information and resources that individuals and families could access;
 - a referral program where teachers, landlords, or other community members could refer families and youth at risk for homelessness;
 - rent and utility assistance; and
 - landlord education to encourage landlords to help at-risk tenants get support instead of evicting.

“Regulate landlords a little more, deep dive into wages and cost of living in Ketchikan and make local adjustments. Maybe a hotline to call if someone is getting behind on their rent that gives people (landlords and tenants/friends or family of tenants) resources and support. The person I know who is homeless will not admit that he has a mental illness (bipolar with psychotic behavior) so he was evicted after an argument with another tenant in his building...Maybe a class required for landlords before they evict anyone? Or a flag program when there is a local eviction that swoops in and assists the evicted person in setting up a plan or getting connected to resources?”

*“We ***need*** more low-cost housing and more housing in general (to free up more low-cost housing); we ***need*** improved mental health and social services access, including inpatient programs for mental health and addiction and case management to help struggling people navigate services that can help stabilize them before they end up on the streets or incarcerated.”*

- **Cost of living**—Others were concerned with the overall cost of living in Ketchikan, and felt more should be done to lower the cost of importing goods, lower the cost of the bus, lower fees and taxes, and offer more financial supports for utilities. Comments included the idea that more emphasis should be put on local people, and less on tourism.
- **Youth interventions**—Some shared ideas related to prevention by teaching financial management and home economics in high school so that students are more equipped to manage financially when they graduate. There also is a need for crisis counselors for youth who are at risk of becoming homeless.
- **Community engagement**—Some people suggested ways the community could be more involved. One person who identified as a member of a church suggested that the churches could be doing more, if there was an organized effort to involve them. Others felt more education, and knowing where to get information, could support locals helping locals more effectively.
- **Reduce the amount of drugs in the community**—a small number of people (6%) felt law enforcement around drug use, reducing overserving in bars, and reducing the availability of drugs and alcohol in the community would be a way to keep people from becoming homeless.

Appendix B: Community Forums summary

We facilitated three community forums that were advertised on social media by the City of Ketchikan. Two were conducted at the public library (one over the lunch hour, and one in the evening, to accommodate different working schedules). One was conducted in the evening via Zoom, to allow a distance option. Each forum lasted about 75 minutes. A total of 14 individuals participated in the community forums.

Summary of responses:

1) Tell us what you know about homelessness in Ketchikan? What concerns you?

- Lack of housing and affordable housing
- Barriers to renting (with criminal history)
- Hard to keep housing
- People with disabilities and mental illness are more likely to be homeless
- Shelter staff can't offer the level of care that is needed
- No assisted living facility, and home health is not very available
- Hard to get access to services if homeless
- Need a secure building with a front desk attendant that is low barrier (allows some alcohol use to be there). Ketchikan Indian Community (KIC) doesn't have capacity for continuing supports needed to keep chronically homeless housed.
- There are very few landlords that will rent to this population, and those that do may not treat them well.
- Concerned about increased drug use (harder drugs) and increased mental illness
- We need better substance use supports
- It seems the non-profits are not working well together.
- There is money to subsidize housing costs, but no housing. WISH has a grant they can't spend and may have to return.
- There is no place for low income, disabled people on SSDI

2) What would you like to see? What is missing? What could be better?

- A transport system for the shelter with a driver
- New housing development for at least 100 homes
- New housing for workers and single-family homes.
- Renovate existing properties, as builders for new projects are hard to find.
- Need supported housing (housing with supports infused), mental health counseling and life skills training
- Case management support: need teams, supports, and outreach. More mental health counselors that accept Medicare and Medicaid. This could be via telemed.
- Non-profits need to coordinate on grants and bringing in more resources.
- We need rehab and detox. Sleep-off is at the shelter.
- Need coordinated food pantries.
- PATH needs a new building.

- Need to bring in outside funders, as local government is limited.
- Youth shelter and transitional housing
- Outside employers required to replace or provide housing for those displaced
- Multi-generational housing
- Accessible units on new builds
- If the Borough builds out the road, they need to also make sure there is good transportation for working people. Once an hour bus not enough.
- A coalition on homelessness
- More affordable housing for seniors. Needs to be accessible. We need better Elder services like Dementia care.
- More rentals that are not owned by Ketchikan Indian Community (KIC)
- Housing summer workers has to be a priority
- Bring in employers who are housing workers, to be a part of the solution.
- Look at vacant buildings and what is open in the winter that could be used for winter housing.
- Builders, landlords, governments, tribes, and non-profits need to work toward a shared vision.
- KIC is building a residential substance use treatment center, for both tribal members and non-tribal members.

3) What are Ketchikan's strengths/assets?

- Non-profits are collaborative.
- There are many services offered for a small community.
- We are adaptive and creative
- We are compassionate, passionate, and involved
- We are working together to make things better
- Tribal Council are strong advocates
- The City and Borough work together well, with clear divisions of focus.
- Good bus system, reliable
- If the non-profits united and worked together better, they could get so much done. They could coordinate food and other donations. Better use retired volunteers.

Appendix C: Individual and group interview questions

We had planned to speak with 20 key stakeholders, but instead conducted 29 interviews with 31 individuals. Each interview lasted about an hour. We started with an initial list of stakeholders, and then others were suggested during the initial interviews. Stakeholders included: City employees; Borough employees; City Council members; a Borough Assembly member; Ketchikan Indian Community employees; City of Saxman employee; Executive Directors, Board members, and employees of non-profits related to homeless services; Behavioral health; Developmental Disabilities service provider; and more. The list of stakeholders is found in Appendix D: Interview & Community Forum participants.

The interviews used the same basic set of questions, with follow-up questions, depending on the individual's role.

- 1) Ketchikan has a lot going for it. Tell us some of the things that are really working here?
- 2) When there is a crisis, how does Ketchikan come together to take action?
- 3) Tell me what you know about homelessness in Ketchikan. How do you know there is a problem with homelessness in Ketchikan?
- 4) What concerns you about homelessness in Ketchikan?
- 5) What is missing in the community's response to homelessness? What could be better?
- 6) Are there barriers that keep people from using the services that are available?
- 7) If you know people who experience homelessness, what would make a difference for them?
- 8) How could your community help keep people from *becoming* homeless?

(For service providers) What would help you do your job better?

(Board members) What would make it easier for your organization to offer needed services?

(Ask Police/Government) What would make it easier for the non-profits to do this work?

Appendix D: Interview & Community Forum participants

In March and April we met with these community members through interviews, phone calls and community forums:

Contact	Organization
Agnes Moran	Women in Safe Homes, Executive Director
Amie Toepfer	Librarian, Children's Services
Bernice Metcalf	Southeast Senior Services, Case Manager
Christina Townsend	Rendezvous Senior Day Service
Deborah Asper	First City Homeless Services Board Member
Deborah Halan	
Donita Odell	Former manager & former board member of First City Homeless Services
Dori Stevens	Peace Health, Chief Administrative Officer
Dustin Larna	Residential Youth Center, Director
Eric Mattson	Deputy Police Chief
Greg Karlik	Acting Assistant Chief, Ketchikan Fire Department
Jai Mahtani	City of Ketchikan, City Council Member
James Kleinschmidt	EMT, Ketchikan Fire Department
Jeff Walls	Police Chief
Jeremy Bynum	Ketchikan Gateway Borough, Assembly Member
Jerry Roberts	Senior Medic, Ketchikan Fire Department
Jessi Pelcher	First City Homeless Services Board Member
Joel Kotrc	First City Homeless Services, Program Manager
Judy Zenge	City of Ketchikan, City Council Member
Kacie Paxton	Ketchikan Gateway Borough, Borough Clerk
Lacey Simpson	City of Ketchikan, Acting City Manager
Licha Kelley-King	Rendezvous Senior Day Service
Linda Faber	Salvation Army
Lisa Pearson	Librarian, Head of Adult Services
Lisa Scarborough	Executive Director Love In Action
Lori Richmond	City of Saxman, City Administrator
Mark Hilson	City of Ketchikan, Public Works Director
Mary Stephenson	Community member
Max Mercer	Community Connections
Melissa O'Bryan	Ketchikan Indian Community, Housing Department
Michelle O'Brien	Ketchikan Chamber of Commerce, Executive Director
Myrna Chaney	Ketchikan Indian Community, Housing Director
Ossie Knowlton	Grow Ketchikan
Rebecca Brown	Librarian, Ketchikan Public Library
Renee Schwartz	Ketchikan Indian Community, Behavioral Health
Richard Harney	Ketchikan Gateway Borough, Director, Planning & Community Development
Romanda Simpson	Ketchikan Wellness Coalition, Executive Director
Ruben Duran	Ketchikan Gateway Borough, Borough Manager
Scott Brainard	Acting Chief, Ketchikan Fire Department
Ty Rettke	Park Avenue Temporary Housing (PATH), Executive Director

We were unable to meet with:	Organization
Bob Sivertsen	City of Ketchikan, Mayor
Frank Seludo	City of Saxman, Mayor
Gretchen O'Sullivan	Fire Marshall

Deb Christopher	Peace Health Behavioral Health
Lt. Brian Qualls	Salvation Army

In August and September, we spoke with, emailed, and met with these community members in community forums:

Contact	Organization
Abby Bradberry	
Agnes Moran	Women in Safe Homes, Executive Director
Amie Toepfer	Librarian, Children's Services
Bernice Metcalf	Southeast Senior Services, Case Manager
Bonnie Bromly	
Brian B.	
Carolyn Henry	
Chere Klein	Senator Murkowski & Stevens
Christa Bruce	Grow Ketchikan
Christina Townsend	Rendezvous Senior Day Service
Christy Hawley	Akeela Gateway Mental Health, SE Regional Clinical Director
Corrinne Velez	
Dan *	American Legion
Danielle Kelly	Ketchikan Daily News
Dave Wieler	
Deborah Asper	First City Homeless Services executive director
Deborah Halan	
Dion Booth	
Donita O'Dell	Former manager & former board member of First City Homeless Services
Dori Stevens	Peace Health, Chief Administrative Officer
Dustin Larna	Residential Youth Center, Director
Eric Mattson	Deputy Police Chief
Gae Yates	First City Homeless
Grant Echohawk	
Greg Karlik	Acting Assistant Chief, Ketchikan Fire Department
Jai Mahtani	City of Ketchikan, City Council Member
James Kleinschmidt	EMT, Ketchikan Fire Department
Jeff Walls	Police Chief
Jena Amzen	American Legion
Jeremy Bynum	Ketchikan Gateway Borough, Assembly Member
Jerry Roberts	Senior Medic, Ketchikan Fire Department
Jessi Pelcher	First City Homeless Services Board Member
Joel Jackson	Ketchikan Indian Tribe
Joel Kotrc	First City Homeless Services, Program Manager
Judy Zenge	City of Ketchikan, City Council Member
Kacie Paxton	Ketchikan Gateway Borough, Borough Clerk
Kathy Raminez	
Kristen Van De Geer	Youth Center Project Manager
Lacey Simpson	City of Ketchikan, Acting City Manager
Lalette Kistler	City Council
Licha Kelley-King	Rendezvous Senior Day Service
Linda Faber	Salvation Army
Lisa DeLaet	Crisis Now

Lisa Pearson	Librarian, Head of Adult Services
Lisa Scarborough	Executive Director Love In Action
Lori Richmond	City of Saxman, City Administrator
Mark Flora	
Mark Hilson	City of Ketchikan, Public Works Director
Mary Stephenson	
Max Mercer	Community Connections
Melissa O'Bryan	Ketchikan Indian Community, Housing Department
Michelle O'Brien	Ketchikan Chamber of Commerce, Executive Director
Mike Weston	American Legion
Myrna Chaney	Ketchikan Indian Community, Housing Director
Ossie Knowlton	Grow Ketchikan
Pam Christianson	
Polly Marks	
Rebecca Brown	Librarian, Ketchikan Public Library
Renee Schwartz	Ketchikan Indian Community, Behavioral Health
Richard Harney	Ketchikan Gateway Borough, Director, Planning & Community Development
Riley Gouss	
Robb & Trina Arnold	
Romanda Simpson	Ketchikan Wellness Coalition, Executive Director
Ruben Duran	Ketchikan Gateway Borough, Borough Manager
Rick Hines	Chief, Ketchikan Fire Department
Ty Rettke	Park Avenue Temporary Housing (PATH), Executive Director

Appendix E: Shelter, transitional housing and assistance grants: AHFC, HUD, Alaska Mental Health Trust

Greater Opportunities for Affordable Living (GOAL)

The GOAL program provides grants, federal tax credits and zero-interest federal loans to developers and project sponsors who build affordable rental housing for low- to moderate-income families and seniors. The program is open to for-profit corporations, nonprofit agencies and regional housing authorities.

The GOAL program's competitive funding round is administered on an annual cycle. The round generally begins in late June to early July with pre-application registration. The application deadline is in mid-November with the Notice of Intent to Award usually published by the end of December. Special GOAL rounds may be conducted as funding becomes available.

The following programs fit under the GOAL umbrella:

Homeless Assistance Program

This program is coordinated with AHFCs funding partners that include the Mental Health Trust Authority. Funds are awarded competitively to agencies, not individuals, that provide emergency or transitional housing and/or services to prevent homelessness or rapidly re-house those who have been displaced.

Emergency Solutions Grant

This program serves the Alaska 501 Continuum of Care program which includes all of Alaska outside the Anchorage municipal area. ESG is focused on addressing the needs of homeless people in emergency or transitional shelters to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

Tenant Based Rental Assistance

The Tenant Based Rental Assistance program provides eligible persons transitioning from State of Alaska Department of Corrections with financial assistance to obtain affordable housing. It helps families lease privately owned rental units from participating landlords. TBRA provides 12 months of rental assistance and security deposit assistance to eligible families.

Special Needs Housing Grant (SNHG)

The SNHG provides AHFC and Alaska Mental Health Trust funds through competitive grants to nonprofit service providers and housing developers for construction and operation of housing for Alaskan special needs populations, primarily beneficiaries of the Alaska Mental Health Trust.

Continuum of Care

Continuum of Care (CoC) funds are used by agencies to assist homeless persons to access permanent housing and to support the Alaska Homeless Management Information System (AKHMIS).

In many communities in Alaska, a local Continuum of Care group coordinates homeless service activities. These tend to be loose coalitions comprised of non-profits, churches, housing entities, tribal entities, and businesses that focus on complementing each others' efforts and coordinating Point In Time counts and Project Homeless Connect at a local level. A local Continuum of Care group will also prioritize and coordinate grant applications. In Alaska, all Continua of Care except for Anchorage are under the umbrella of AHFC's submission to HUD for homeless services grants.

AHFC serves as the Collaborative Applicant or lead agency that coordinates the submission of the annual application to the U.S. Department of Housing & Urban Development (HUD) for funding under the Continuum of Care program for the Balance of State CoC (all areas outside of Anchorage).

AHFC also provides assistance to meet the HUD required 25 percent local match through the CoC Grant Match Program.

Appendix F: Tax Credits programs that can help Ketchikan

Low Income Housing Tax Credits

[Low Income Housing Tax Credits](#) are allocated to Alaska Housing Finance Corporation annually, in coordination with grant programs to develop and operate housing to serve homeless people and people with special needs. The [LIHTC](#) can be used for new construction, acquisition and rehabilitation, and rehabilitation of a property already owned by a developer. LIHTCs may include rent subsidies. AHFC's LIHTC authority is awarded to developers through a competitive process. See AHFC's [GOAL Program](#) page for more information.

- Cook Inlet Housing Authority has considerable experience building and operating properties with LIHTCs.
- Glen Gellert of Swell, LLC has applied for and received LIHTCs for locations from Unalaska to Petersburg.

New Markets Tax Credits

[New Markets Tax Credits](#) are competitively awarded to Community Development Entities such as Alaska Growth Capital, and allocated on a rolling basis by those entities. The NMTC Program provides below-market debt with flexible terms intended to complete a project's overall funding and accelerate execution. At the end of a seven-year compliance period, a portion of the NMTC proceeds are transferred to the project, forgiving/subsidizing roughly 20% of the NMTC financed project cost.

- Census tract 02130003000 is eligible for NMTCs: This census tract includes Schoenbar Road, including Copper Ridge, South Tongass Drive past the Coast Guard base.
- While much of the Borough is eligible for New Market Tax Credits, the area surrounding Ketchikan is not—and part of Ketchikan is not.

Historic Preservation Tax Credits

[Historic Preservation Tax Credits](#) are allocated by the National Park Service and are not competitive. Properties must be historic. The state's Department of Natural Resources assists the developer in design standards to maintain the look and feel of a property. A 20% income tax credit is available for the rehabilitation of historic, income-producing buildings that are determined by the Secretary of the Interior, through the National Park Service, to be "certified historic structures." The State Historic Preservation Offices and the National Park Service review the rehabilitation work to ensure that it complies with the Secretary's Standards for Rehabilitation.

Appendix G: AHFC & US HUD loan programs

Assisted/supported housing for people with disabilities and elders

Assistance Provider Loan Program

A loan program for housing that is occupied by a live-in care provider who assists the activities of daily living for individuals with either a physical or mental disability. The loan may be for the acquisition, acquisition with rehabilitation and/or improvement of an existing property, or long-term financing of a construction loan for new housing with at least two occupants residing in the housing.

The program was developed to provide an incentive to increase the availability of housing that is occupied by a live-in care provider who provides assistance in activities of daily living for individuals with either a physical or mental disability (the resident). The home can provide services for seniors, mental health individuals or for foster children with special needs. The property should be modest in nature, appropriately sized for the number of residents and provide the necessary accessibility, equipment and therapy features.

- Borrowers may be individuals, partnerships, joint ventures, nonprofits, trusts or regional housing authorities.
- Properties may be single-family residences, duplexes, triplexes or fourplexes.
- Housing must be licensed by the appropriate authority based on its intended use.
- At least two Residents must reside in the home with a maximum of five Residents.

Senior Housing Loan Program

The Senior Housing Loan program offers financing for the purchase, construction or rehabilitation of properties for persons who meet the federal definition of elderly.

Borrowers apply directly to Alaska Housing for funds to purchase, construct or renovate senior housing. Facilities must meet both the present and future geriatric needs of senior citizens and may include conventional housing, housing for the frail elderly, group homes, congregate housing or assisted living facilities.

Borrowers may be individuals, partnerships, joint ventures, for-profit or nonprofit corporations, regional housing authorities or local governments.

- The loan may be secured by a first lien on real property in fee simple or an acceptable leasehold estate.
- Secondary financing will be considered on a case-by-case basis.
- Loans made with senior housing revolving funds will require that a covenant be placed on the real estate to ensure that the borrower will maintain the financed project as senior housing for a minimum of 30 years or the actual term of the loan.
- Escrows for taxes, assessments and other charges or liens as well as operating and maintenance reserves may be required.
- Annual audited financial statements may be required.

Multi-Family Congregate and Special Needs Program

Promotes affordable housing for persons of lower- to moderate-income for the purpose of development, acquisition, rehabilitation and refinance.

- Taxes, insurance and replacement reserves are collected monthly.
- Minimum debt service coverage ratio is 1.2 percent.
- Unit Set-Asides: 20 percent of the units for tenants at 50 percent of median income or less and 40 percent of the units for tenants at 60 percent of median income.

Senior Citizens Housing Development Fund

Funding can be used to provide housing for Alaska's senior citizens so that they may remain in their home communities as they age. SCHDF distributed under the GOAL program can be used for acquisition, rehabilitation and new construction of senior housing. Grants are made to nonprofit organizations to bridge the gap between the cost of the project and funding from other sources.

Grant recipients must choose a definition of "senior citizens" as either age 55 and older or age 62 and older according to the federal definition of "housing for older persons" under Section 807 of 42 U.S.C. 3607 implemented at 24 CFR 100.300-308. Both choices carry with them requirements detailed in the application process.

Other AHFC programs that can benefit Ketchikan

Operating Expense Assistance Program

The OEA program provides direct operating expense funding to nonprofit organizations that have qualified as a Community Housing Development Organization (CHDO), as defined under the HOME Investment Partnership Program. This program can pay for supportive services such as case management.

Teacher, Health Professional, and Public Safety Housing Program

The Teacher, Health Professional and Public Safety Housing Grant Program funds the development of teacher, health professional and public safety housing. Funds are awarded competitively on annual basis for the rehabilitation, construction or acquisition of rural housing projects. Eligible entities include school districts, local governments, regional health corporations, housing authorities, and nonprofits.

HOME investment Partnership Act

Under HOME, funding is available to develop new affordable rental housing through new construction, rehabilitation or acquisition and rehabilitation. HOME funds are typically grant funds but may also be loaned to project sponsors.

Multi-family Loan Purchase Program

AHFC participates with approved lenders to provide financing for housing consisting of buildings with at least five units and designed principally for residential use.

Borrowers may be individuals, partnerships, joint ventures, limited liability companies, regional housing authorities, for profit or nonprofit corporations and must apply for financing through an approved lender. Properties must be multifamily housing of at least five independent living units principally designed for residential use. The loan proceeds may be used to acquire, refinance, rehabilitate in conjunction with the acquisition or refinance of the property, and/or extract equity in conjunction with a refinance in order to purchase another multifamily property that is financed by Alaska Housing.

- Under the Whole Loan Program, Alaska Housing will provide 100 percent of the financed amount from your lender. If cash equity extraction is requested, other than for the purchase of another Alaska Housing-financed project, the lender must participate for the amount requested.

Multi-family Federally Insured Loan Program

AHFC participates with approved lenders and a federal guarantor to provide financing for the purpose of acquisition, rehabilitation and refinance of multi-family housing.

Loans to Sponsors

Loans to Sponsors (LTSP) is a program under which AHFC, subject to the availability of funds, makes low interest loans to non-profit corporations, regional housing authorities, or government entities (the Sponsor) to make home ownership more accessible to lower to moderate-income borrowers.

Sponsors apply directly to AHFC for funds to use with their affordable housing programs and in turn make loans to lower to moderate-income borrowers as established annually by HUD, and adjusted for family size. The sponsor's funds may be used to purchase a home or make home improvements, or for down payment or closing cost assistance. The maximum loan to any one sponsor is \$1,500,000 per fiscal year.

Single-family loan options

Senior Access Program

In partnership with local nonprofits, AHFC provides funds to allow senior citizens (those older than 55 years of age) to make accessibility modifications to their homes, extending their ability to live independently.

Interest Rate Reduction for Low Income Borrowers

This program offers subsidized interest rates to low-income borrowers depending on family income and family size.

Affordable Housing Enhanced Loan

Borrowers receive down payment assistance (secondary financing) from a local, state or federal governmental agency, nonprofit agency or regional housing authority.

Energy Efficiency Interest Rate Reduction

To promote the energy efficiency of existing and newly constructed homes, Alaska Housing offers interest rate reductions to homebuyers for properties meeting certain criteria.

State Veterans Interest Rate Preference

Qualified veterans receive a 1% interest rate reduction on the first \$50,000 of the loan amount. Veterans must meet "State Vet" income limits. Loan options are not available on multi-family loans.

Uniquely Alaskan

Conventional financing is available for certain properties with characteristics or features that limit the borrower's ability to obtain other financing. Nonconforming features include, but are not limited to, an unconventional foundation system, unconventional utilities, lack of central heating or unconventional ceiling height. The home must be structurally sound and not pose health and/or safety hazards to the occupants. Alaska Housing may require reasonable repairs if the repairs eliminate the nonconforming feature and make the property eligible for other financing.

Appendix H: Summaries of data reviewed

Ketchikan Fire Department data: 2021

Ketchikan Fire Department staff collect data on the people they serve. This data was offered in spreadsheet format.

Table 1: Fire Department calls and homelessness

Year	Total incidents	Patient encounters	People who are known to be homeless	Housing status unknown
2021	2139	1832	272	173
2020	1734	1477	183	195
2019	2033	1736	144	195

Table 2: Winter Season Counts of EMS Calls (Oct-Mar)

Years	People who are known to be homeless	Housing status unknown	Total
2020-2021	88	60	148
2019-2020	68	134	140
2018-2019	76	89	165

The Fire Department offers examples of five known repeat patients:

Year	Total encounters (EMS calls & non-transports)	winter season
2021	147	56
2020	105	40
2019	80	31
2018	56*	25*

*2018 data are partial numbers

WISH Report: 2020

In fall 2020, the WISH (Women In Safe Homes) shelter conducted a survey of 55 people who were experiencing homelessness. The survey was conducted September, October and November. The report described what appears to be primarily local people who have become homeless.

- Residency: Only 5 of the 55 interviewed had been in Ketchikan less than one year, and the average time in Ketchikan was 21.5 years.
- Education levels ranged from 7th grade to graduate level, with the most common being high school and GED.
- Veterans: 14% reported they had served in the military.
- Behavioral Health: 27% reported history of mental illness; 60% reported having had previous treatment for substance use; 61% use alcohol and tobacco, and 56% use marijuana. A smaller percentage reported using drugs such as meth (13%) and opiates including heroin (9%).
- Health and Disability: A large percentage of those surveyed reported having significant disabilities and physical health issues. Mobility issues (38%) and Traumatic Brain Injury (33%) were the top health concerns, with physical disabilities and multiple physical disabilities coming in at 29%. Chronic illness was reported by 24% and a learning or developmental disability was reported by 20%.
- Race and Ethnicity: 58% White, 48% Alaska Native or American Indian, 4% were another race.
- Housing: When asked if they would use housing if it met their needs, 88% said yes, and 12% said no. 30% reported being continuously homeless in the past 3 years, with another 12% saying it was frequent/almost daily. 44% had 1, 2, or 3 incidences of being homeless, and 14% had between 4–10.
- Reasons people became homeless: These reasons show the complexity of situations that lead to homelessness. The top reasons were job/income loss (60%); Eviction (44%); Drug/alcohol use (36%) and Domestic Violence (36%). Other reasons included release from jail or psychiatric care; injury and illness; loss or reduction of benefits; death in the family; and emotional distress.

The top 10 most important needs (ranked by people who are homeless)

1. Public benefits (Medicaid, SNAP)
2. Medical/dental treatment
3. Affordable housing
4. Free meals
5. Physical safety
6. Consistent shelter beds
7. Cash assistance
8. Information on medical services
9. Information on social services
10. Transportation

The most difficult services to access were:

1. Affordable housing
2. Job placement
3. Cash assistance

4. Consistent shelter beds
5. Job training

HMIS data

The Homeless Management Information System (HMIS) is a federal database that agencies that provide services to people who are homeless track service information. The United States Department of Housing and Urban Development (HUD) and other planners at the state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. The HMIS provides an unduplicated count of people who are homeless which can help communities understand patterns of use of services. In Ketchikan when we pulled the report, from 1/1/2018 to 11/30/21, the report shows a different picture than the WISH data. As we spoke with stakeholders and those who provide homelessness services, many were surprised at the HMIS data, as it seems to reflect a much larger population than people commonly know about. Data related to domestic violence is tracked separately, so domestic violence shelter data is NOT included in these numbers.

Total number of unduplicated individuals served: 818

- 429 seen in Emergency Services
- 309 in Homeless Programs
- 130 clients in Rapid Re-entry housing

Race

Clients self-identify 1+ race; a client is counted in EACH race identified

- White 68.0%
- American Indian, Alaska Native, or Indigenous 44.6%
- Asian or Asian American 2.8%
- Black, African American, or African 5.4%
- Native Hawaiian or Pacific Islander 6.7%

Age

- 0–11: 130 (15.9%)
- 12–17: 45 (5.5%)
- 18–24: 73 (8.9%)
- 25–34: 146 (17.8%)
- 35–44: 160 (19.6%)
- 45–54: 129 (15.8%)
- 55–64: 100 (12.2%)
- 65+: 32 (3.9%)

Gender

- Male: 497 (60.8%)
- Female: 320 (39.1%)
- Transgender: 1 (.1%)

Veteran Status

- Veteran: 53 (6.5%)
- Not a Veteran: 585 (71.5%)
- N/A or under 18: 175 (21.4%)

Chronic Homelessness

- No: 685 (95%)
- Yes: 98 (12%)
- Missing data: 25 (3.1%)

Self-report having a “Disabling Condition”

- No: 521 (63.7%)
- Yes: 295 (36.1%)

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