

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #17

For the Period – 2/24/2025 – 3/2/2025 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Cold Weather Shelter Oversight

Submitted to: Farina Brown, Thea Bemben, (Special Assistants to the Mayor), Becky Windt Pearson (Municipal Manager), Anchorage Assembly, Anchorage Health Dept., and Shelter Operators (Catholic Social Services, MASH, and Henning, Inc.)

Date: Reporting period February 24 – March 2, 2025

Date Submitted: March 4, 2025

Submitted by: Cathleen McLaughlin and Emily Robinson

A. Background

As required under the Contract For Professional Services with Restorative & Reentry Services, LLC (RRS), fully executed on October 31, 2024, RRS submits its Weekly Report for Week 17.

The Emergency Cold Weather Shelter system operated at capacity during this reporting period.

B. Contract Compliance

	Non-Compliance	Pending/ Progressing	Compliant	Comments
Catholic Social Services				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	3.7.1 Contract language requires daily bus passes for any client who requests a bus pass. Shelter operators have not technically adhered to 3.7.1 for valid concerns. Contract language continues to be a point of discussion between AHD and all shelter operators. (on-going)
Data Reporting			X	
Henning, Inc.				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	See Comment above re: 3.7.1 contract language
Data Reporting			X	
Warming			X	
MASH				
Integration, collaboration, contract compliance			X	MASH remains at lower day rate as noted in prior reports
Health, Safety, Client Concerns			X	
Transportation			X	See Comment above re: 3.7.1 contract language
Data Reporting			X	
ESS				
Quality			X	

Quantity			X	
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C. Shelter Operator Highlights

The following information has been voluntarily shared by program operators. The information below does *not* account for *all* program data.

- MASH - Alex 1
 - As a result of getting the CHANGE2 voucher, 7 clients submitted housing applications. 10 new CHANGE2 applications were submitted. 1 client completed intake appointment with VOA. MASH helped unite a couple at Alex 1 that was staying on the streets.
 - 28 clients participated in the Anchorage Health Clinic in the lobby and in room 1217 to get vaccine / STI shots.
- Henning, Inc. (Alex, Merrill Field, Henning House):
 - Henning House - 3 exited into permanent housing, 2 approved for SSDI, 2 in final process of being accepted for General Relief, 2 newly employed,
 - Merrill - 1 housed, 12 attended Life Recovery, 10 attended Celebrate Recovery, 15 attended AA, 3 got employment
 - Alex – 2 newly employed, 10 new housing applications completed, 3 attended NA, 1 urgent medical assist for client needing emergency surgery
- CSS - CWS
 - Data was not received by the time of the report.

D. Client Feedback

Town Hall meetings were hosted at each shelter location. Client feedback:

- The reality that the ECWS (non-congregate) sites will be de-commissioned in April, based on current contracts, is primary topic of discussion between RRS and clients at all shelter sites.
- Clients with housing vouchers have voiced that finding housing remains challenging.
- Most clients have engaged in some level of case management services at all sites. Some clients feel ‘stuck’ in place for a variety of reasons.
- A lack of availability of bus passes and/or transportation to services remains a client concern at some shelter sites. (Note: How to provide transportation to clients under the terms of the shelter contracts, as has been noted in prior reports, continues to be a topic of conversation with clients, between shelter operators, and AHD).

E. Incident Report/Discharge Data

Incident report data provided to the Anchorage Health Department and RRS reflects the top reasons for discharge/incidents continue to be:

1. Discharges - Missed curfew, violation of rules, and unsafe or aggressive behavior.
2. Incidents

- a. Continued reports of emergency medical support interventions, for physical and/or mental health issues that require Emergency Medical Services (EMS), APD MIT, and/or AFD MCT.
- b. Incident involving contraband. Incident managed by shelter operator and APD HOPE team.

F. Actions and Events During this Reporting Period

1. Warming was open from 6:00 pm-8:00 am daily throughout this reporting period. Warming had a range of 52- 69 unique individuals each day. 21 warming clients were transferred to shelter beds.
2. RRS facilitated a resource sharing meeting between ECWS providers and the CEO of SALA Medical, Suzan Simonds. SALA shared about the services provided through their program including the Community Safety Patrol, Anchorage Safety Center, as well as non-emergency transportation services.
3. CWS has received warming boxes in order to serve hot meals on-site. CWS began serving one hot meal a day for dinner during this reporting period.
4. Some living outdoors continue to transition into the shelter system, with coordination by and between shelter operators, the APD HOPE team, the Mayor's office, RRS and ACEH. (One example - A very high-risk, long-standing camper from an abated camp voluntarily agreed to enter ECWS shelter and remains in shelter at the time of this report and is in process of receiving longer-term housing.)
5. CWS has adjusted the tracking system in place for client belongings. Adjustments made to the client property tracking system have resulted in increased successful transfers of clients with all their belongings.
6. The first Health Fair conducted by the Anchorage Health Department was held at a non-congregate location. This resource will continue to be shared with clients at all emergency shelter locations in the next two weeks.

G. RRS's Recommendations, Conclusions and Summary

1. Best practices are real-time response to a client's needs. A 24/7 client call-line imbedded in an existing program would benefit ECWS operators and clients.
2. Real-time integration, timely decision-making, and partnership by and between those listed in Report #16 needs to continue. (on-going)
3. All shelters are engaging with clients to discuss and encourage creative ways to support discharges. See Report #16. (on-going)
4. Real-time hospital discharge-to-shelter processes have improved but are not systematized. This can be done by using the Medical Vulnerability Checklist (discussed in weekly report # 16) and to proactively engage with the hospitals to shore-up discharge processes. (on-going)
5. RRS continues to monitor and recommend shelter processes and protocol, which includes ECWS response to communicable diseases (ongoing).
6. Proactively invite community providers to come to shelter sites (on-going).

Respectfully Submitted, Cathleen N. McLaughlin, J.D./M.B.A., Emily Robinson, MS