

Restorative and Reentry Services, LLC

Email: cathleen@restorativeentryservices.com

emily@restorativeentryservices.com

(907) 342-5380

Restorative and Reentry Services, LLC's Weekly Report #19

For the Period – 3/10/2025 – 3/16/2025 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 March 10 – March 16, 2025

Date Submitted: March 18, 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 19.

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		3.6 Contract language requires client intakes within 48 hours of entry by a housing specialist and a case manager.
Health, Safety, Client Concerns			X	
Transportation			X	3.7.1 Contract language requires daily bus passes for any client who requests a bus pass. (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	
Health, Safety, Client Concerns			X	
Transportation			X	See Comment above re: 3.7.1 contract language
Data Reporting			X	
ESS				
Quality			X	
Quantity			X	

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
 - 1 moved into permanent housing, 1 received Social Security Card, "Sober Fun" night hosted 19, 9 gained temporary day employment, 1 couple gained permanent employment w/ same employer, "Recovering Minds" Group hosted 7, 1 utilized agency to secure income tax refund (which is allowing client to move out).
- Henning, Inc. (Alex, Merrill Field, Henning House):
 - HH – 1 client starting working, 1 received General Relief and seeking assisted living, 1 in queue for permanent housing, 1 got ID & 2 Birth Certificates, 3 remain employed
 - Merrill – 2 housed, 9 attended Life Recovery, 4 Celebrate Recovery, 9 AA, 3 employed
 - Alex - 4 got permanent jobs, 1 got housed
- CSS - CWS
 - Data was not received by the time of submission of this report

D. Client Feedback

Town Hall meetings, which included individual one-on-one conversations with shelter clients, were hosted at each shelter location. Client feedback:

- Transitioning from ECWS sites is dependent on programs and processes around housing, social security, Medicaid waivers, etc. These processes are out of the client's control so they feel their only action is to wait. Some clients want to be proactive but do not know how to self-advocate.
- 5 clients shared frustration with the challenging process of getting admitted into a detox/rehabilitation program. Even with case management support and advocacy, processes take weeks or end without admittance. Clients on a proactive path of sobriety feel frustrated. (Note: RRS has learned there are open beds for detox and treatment. See recommendations below)
- A lack of availability of bus passes and/or transportation (on-going).

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 – No 'critical' incidents reported. Incidents involved of Emergency Medical Services (EMS), APD MIT, AFD MCT, and/or ASP.

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 served 55 - 67 unique individuals each day. Warming scheduled to close March 31, 2025.
2. RRS, Emergency Cold Weather Shelter (ECWS) operators, the Anchorage Coalition to End Homelessness (ACEH), the Anchorage Health Department (AHD), the APD HOPE Team, and the Mayor's office have proactively discussed preparation of a coordinated health and safety response for clients in shelter as well as unhoused individuals in the event of a volcanic eruption of Mount Spur.
3. RRS facilitated a resource sharing meeting between ECWS providers and Sam Garcia (representing the upcoming Anchorage Recovery Center).
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.
5. RRS received between 25-30 calls from former shelter clients or newly-unhoused. These clients were referred to ECWS operators and/or ACEH. When shelter sites are at or reach capacity, these clients are referred to warming.
6. APD and ECWS shelter operators continue to schedule meetings and trainings to discuss and train around enhancing safety at and around shelter sites.

G. RRS's Recommendations, Conclusions and Summary

1. Case management and client engagement at all sites primarily focuses on assisting clients to get IDs, food stamps, and completing housing applications. Case management has not focused on linking clients to existing community providers who are not housing-focused. RRS weekly hosts a meeting with ECWS shelter operators, AHD and ACEH which includes a presentation by a non-housing community provider. RRS strongly recommends case management link clients to existing community programs that offer non-housing supportive services.
2. Best practices are to provide real-time responses to a client's needs. RRS proactively encourages all shelter clients to connect with case managers, housing specialists, 3rd Avenue Navigation, family, and existing community resources. A service gap is community programs are often 'program-centered', not 'client-centered', which impacts real-time services. (on-going)
3. Real-time integration, timely decision-making, and partnership by and between community programs, including programs which are private or private/public partnerships. (on-going)
4. Real-time hospital discharge-to-shelter processes continue to improve. (on-going)
5. ECWS is being relied upon to shelter extremely medically-vulnerable individuals. The systematic processing of applications for Medicaid waivers and General Relief Funds to transition these clients to an Adult Living Facility is slow. While applications are in process, extremely fragile ECWS clients, who are not sick enough to stay in the hospital, but not able to perform activities of daily living (ADLs) (and therefore cannot apply for Complex Care), are held at ECWS sites. Shelter staff, by default, have become personal care assistants. A gap in the continuum of care exists for this shelter population.
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