

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #20

For the Period – 3/17/2025 – 3/23/2025 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 17 – March 23, 2025

Date Submitted: March 25, 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 20.

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		There is some delay in inputting data in AKHMIS
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 Neighbor Works Change housing application approved, 5 referrals made to 1 housing program, 11 worked temporary day labor, 3 got traditional jobs, 22 participated in "sober fun" recovery group, 3 approved for SNAP benefits.
- Henning, Inc. (Alex, Merrill Field, Henning House):
 - HH – 1 received adult benefits, 3 received personal documents (needed before applying for other services), 1 approved for SSDI, 4 actively working in recovery
 - Merrill – 1 client housed, 2 gained employment, 4 Celebrate Recovery, 11 attended AA/NA with one getting a sponsor
 - Alex - 2 got permanent jobs, 1 found housing w/ move-in date 4/1/25, 2 going to treatment clinic
- 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:

- Client feedback stated in Report #19 is incorporated into Report #20 by reference.
- Getting replacement Social Security Cards takes months, especially because now a person needs to set an appointment (by going in person to the social security office). A person can't schedule an appointment by phone. The appointment is then scheduled for months later.
- Concerns around loss of phones, both due to personal choices and others taking them.
- 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 – Responses to overdoses (Narcan administered). 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 60 - 84 unique individuals each day. Warming scheduled to close March 31, 2025. (Note: Warming has become a consistently, and highly-used resource for APD, AFD, ASC, and hospitals when shelter sites are full and community programs are closed)

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 proactively discussed preparation of clients' expectations around decompression of ECWS.
3. RRS facilitated a resource sharing meeting between ECWS providers and Liam Salter (Southcentral Foundation's Supervisor of Community Resource Specialists).
4. Some living outdoors continues to transition into the shelter system, with coordination by and between shelter operators, the APD HOPE team, the Mayor's office, RRS and ACEH. (on-going)
5. RRS received between 26-32 calls from former shelter clients, newly-unhoused, shelter clients currently in a hospital, 3 in in-patient treatment, various individuals who are living outside or using warming who are now wanting shelter. These clients were referred to ECWS operators and/or ACEH. RRS also received 11 calls from hospitals regarding individuals discharging who were unhoused. All were referred to shelter operators.
6. APD and ECWS shelter operators continue to schedule meetings and trainings to discuss and train around enhancing safety at and around shelter sites (on-going).
7. RRS, shelter operators, and others involved in ECWS attended the Housing Summit held March 20-21, 2025.

G. RRS's Recommendations, Conclusions and Summary

1. RRS continues to strongly recommend shelter operator case management teams link clients to existing community programs that offer non-housing supportive services, as well as, housing (on-going).
2. Best practices are to provide real-time response 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. Provide for a warming center-type location that is open at times shelters are full and community programs are closed.
4. Real-time integration, timely decision-making, and partnership by and between community programs, including programs which are private or private/public partnerships. (on-going)
5. Real-time hospital discharge-to-shelter processes continue to improve. (on-going)
6. ECWS continues to be relied upon to shelter extremely medically-vulnerable individuals. RRS is currently working with the shelter operators to try to describe and quantify the number of medically fragile clients who are unable to perform their activities of daily living (ADLs) who are currently in ECWS sites. (See RRS Recommendation regarding this topic in Report #19).
7. Proactively invite community providers to come to shelter sites. (on-going)

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