

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #22

For the Period – 3/31/2025 – 4/6/2025 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 31 – April 6, 2025

Date Submitted: April 8, 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 22.

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.RRS is meeting with CSS on this issue to explore improvements.
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
 - Data was not received by the time of submission of this report
- Henning, Inc. (Alex, Merrill Field, Henning House):
 - HH – 25 AHFC vouchers submitted, 1 client got a job, 1 client housed, 1 client approved for Assisted Living
 - Merrill - 60 AHFC vouchers submitted, 24 attended peer-support sobriety programming, 3 clients housed, 9 staff/client attended sober hockey game, 1 client obtained identification card and phone
 - Alex 2 – 2 clients housed, 34 AHFC vouchers submitted, 3 obtained employment
- 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:

- Clients at all sites shared the various steps taken to move forward on their path to gaining housing and employment and expressed gratitude for the support from case management staff along the way.
- 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/or unsafe or aggressive behavior.
2. Incidents – Most incidents were for medical attention which required Emergency Medical Services (EMS – i.e.. APD MIT, AFD MCT, and/or ASP).

F. Actions and Events During this Reporting Period

1. Warming was open from 8:00 pm-8:00 am daily throughout this reporting period. Warming served 39 - 67 unique individuals each day. A total of 18 clients were transferred from warming to CWS for the week. Due to a continuing high need, warming has been extended to April 23, 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), and the Mayor's office proactively discussed the preparation that has taken place in the event of a volcanic event. Each ECWS site has purchased protective supplies (such as masks, tarps, and items

needed for ash removal) as well as confirming the utilities needed for clean-up continue to function properly in case of emergency.

3. RRS facilitated a resource sharing meeting between ECWS providers and Akeela (Akeela is a critical community resource that provides a range of supports for individuals with complex behavioral needs).
4. Individuals 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. (on-going)
5. 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).
6. ECWS operators, AHD, ACEH, and the mayor's office have continued to collaborate to link clients with acute medical and behavioral needs to the resource(s) that fits them best (see ADL references in Weekly Reports #19 and #21). During this past reporting period, ACEH and ECWS operators are creating a uniform data tracking strategy to standardize the level of medical and behavioral needs that exist within the shelter system.

G. RRS's Recommendations, Conclusions and Summary

1. Beginning April 18, 2025, decompression of non-congregate rooms will begin. The first site to decompress is Alex 1, operated by MASH. RRS supports the planned decompression which includes identifying the most vulnerable clients who will be folded into shelter beds that will be available after Alex 1 fully decompresses on April 30.
2. 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).
3. RRS proactively encourages all shelter clients to connect with support services (case managers, housing specialists, family, and existing community resources). (As noted in prior reports, a 'program-centered' approach prioritizes the program systems over a real-time, trauma-informed response. Individuals who have experienced high levels of trauma often require low-barrier, real-time accessibility to services. Appointment-based services fail to timely connect clients to services. (on-going)
4. Provide for a warming center-type location, open at times shelters are full and community programs are closed, to include access to existing outreach teams and community programs.
5. Real-time integration, timely decision-making, and partnership by and between community programs, including programs which are private or private/public partnerships. (on-going)
6. Real-time hospital discharge-to-shelter processes continue to improve. (on-going)
7. ECWS sites have been receiving individuals who cannot perform their activities of daily living (ADLs). RRS advocates for enhancing use of the Medical Vulnerability Tool and coordination of medical service providers and shelter operators to place high-needs clients into the correct level of service.

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