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Restorative and Reentry Services, LLC's Weekly Report #5

For the Period – 12/2/2024 – 12/8/2024 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Cold Weather Shelter Oversight

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

Date: Reporting period December 2 - 8, 2024

Date Submitted: December 10, 2024

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 5.

Anchorage shelter locations continue to run at or near capacity during this period. Of the 532 total beds opened under the Emergency Cold Shelter plan, approximately 10 – 20 turnover each day (due to abandonment of bed, rule violations, etc.)

B. Actions and Events During this Reporting Period

1. MASH opened 132 shelter beds at the Alex Hotel, building 1 (“Alex 1”). By December 3, 2024, all beds were filled through a coordinated effort between shelter operators, ACEH, HOPE APD Unit, hospital discharges, and referrals from CSS and Henning.
2. Alex 1 elevators broke and were unusable for part of the week. This limited Alex 1 usage to clients who were mobile and could maneuver stairs.
3. MASH is required under its contract to have AKHMIS access. MASH did not have the credentials needed to have access when it opened Alex 1 on November 30, 2024. This required MASH to use paper processes. MASH participated in the required training and

will be able to do real-time data entry commencing 12/12/2024. This is expected to enhance MASH's processes and stream-line data in real-time.

4. Shoring up services at each location. RRS has been auditing processes at each site in order to identify and ultimately recommend potential improvements. Areas that need more attention by the shelter operators and RRS are:
 - a. 24/7 shelter phone access for emergency service providers and hospitals. This issue is being resolved with CSS agreeing to install a landline at CWS that is manned 24/7.
 - b. Availability of housing specialists, case managers, and social service specialists at each site. Henning has a team of housing specialists and peer support that have operationalized. CSS just added its social services team at CWS, who will be on-site 8 – 4 Monday – Friday. MASH is currently interviewing individuals to work at Alex 1. RRS is hopeful that with the on-boarding of these social service specialists at all sites, clients will see more one-on-one engagement.
 - c. Addressing a higher level of negative client behavior issues at CWS. CWS experienced an up-tick in unhealthy client behavior during this reporting period. Potential reasons for this could be the weather causing individuals to remain inside more than they are used to, increase in high-risk individuals seeking shelter who cannot self-manage, and first-of-the-month payments to clients (note: historically in shelters, when monies hit clients' accounts, there is a period of instability that occurs). RRS will be addressing this with CSS, which will include more visibility at CWS and the scheduling of regular townhalls.
 - d. Discharges and transfer of clients between shelter sites. This process is established through daily morning check-ins between the shelter operators and RRS. It continues to be a work in progress. To ensure the highest and best usage of shelter beds, and to enhance client engagement into services, RRS expects these entry, exit, and stay processes to be an on-going focus. It will take time to systematize.
5. An on-going challenge has been properly sharing information and data while being in compliance with the AKHMIS system (which is used by ACEH and service providers). To solve this challenge, RRS signed an AKHIMS Data Sharing Agreement on December 4, 2024. This allows RRS to have access to client-level data for the purpose of providing Third Party Oversight of the ECWS. This will enhance RRS's ability to assist in coordinating and integrating ECWS services.

C. RRS Reporting

1. **Integration, collaboration, contract compliance and operations at and with each shelter site and shelter operator** – RRS, ACEH, Henning, Inc., CSS and MASH collaborate daily. Now that all shelter sites are at or near capacity, the next step is to stabilize each site and coordinate inter-shelter transfers to match clients to the level of shelter service they are able to manage. Entry and discharge processes

are being audited to enhance the overall shelter program. Emergency provider drops and discharges are improving. CSS will be installing a landline that is expected to improve the responsiveness to emergency providers. Henning has also provided one site, Henry House, as a 24/7 drop-off location which is used to get individuals inside while they are blended into shelter services.

2. **Health, safety, and concerns of clients** – Incident Reports show a high usage of emergency services at 56th. There is no single reason for this. RRS will be going to CWS on a daily basis to assist and support the plan to ‘normalize’ the environment. This will also be addressed at CWS through weekly townhalls. The issue with bed bugs at CWS continues but heat units and a proactive approach to hygiene now exists. Water temperature for showers is ‘lukewarm’. This challenge has not been solved.
3. **Food services** – RRS is recognizing that there is a persistent concern of clients and shelter operators that the quantity of shelter meals is inadequate. AHD has agreed to look into this with the Food Service provider ESS.
4. **Transportation to and from shelter sites and transportation needs of clients** – Client transportation has dramatically improved with all sites now offering bus passes, taxi vouchers and Lyfts.
5. **Data reporting by RRS, the shelter operators, and ACEH** – Discharge data and incident reports were provided to RRS for this reporting period. Discharges primarily resulted from bed abandonment, missing site curfews, or continued refusal to comply with shelter rules. Overdoses did happen and all were managed by shelter staff.
6. **Coordination between ECWS, APD, Healthy Spaces, MOA.** The ECWS sites are needed when camp abatements are conducted. On-going coordination is key when individuals at camps have agreed to come into the ECWS system. When the need is identified for campers to enter the ECWS, real-time coordination occurs.

D. RRS’s Recommendations, Conclusions and Summary

All 5 ECWS sites are becoming stable and more systematized. RRS expects by January 2025, shelter operators, RRS, ACEH, and community providers can focus more on client engagement, discharge planning, and stabilization of clients. The overarching goal is to use the shelter system as one step in moving clients to a more sustainable path. With case managers now coming on-site at all shelter locations, RRS remains hopeful discharge planning will improve.

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