Restorative and Reentry Services, LLC

Email: cathleen@restorativereentryservices.com
emily@restorativereentryservices.com
(907) 342-5380, (907) 351-8632

Restorative and Reentry Services, LLC's Bi-Weekly Report

For the Period – 1/14/2026 – 1/27/2026 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Shelter Oversight
Submitted to: Thea Agnew Bemben, (Special Assistant to the Mayor), Becky Windt Pearson (Municipal Manager), Anchorage Assembly, Anchorage Health Dept., and Shelter Operators (Henning, Inc., and MASH)

Date: Reporting period January 14 – January 27, 2026
Date Submitted: January 28, 2026
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, and extended to December 31, 2026 by an amendment approved by the Anchorage Assembly on August 26, 2025, RRS submits its Report for the period January 14, 2026 – January 27, 2026. Current system capacity is 450 beds (200 at the E. 56th Avenue Shelter (operated by Henning, Inc.), and 150 beds at Linda's Place Shelter (operated by MASH), and 100 non-congregate beds at the Alex Hotel Annex (operated by MASH)).

B. Contract Compliance

	Non-Compliance	Pending/ Progressing	Compliant	Comments
Henning, Inc. E. 56th Shelter				
Integration, collaboration, contract compliance		X		Ongoing concern about consistent responsivity to hospitals, emergency providers, and individuals calling in
Health, Safety, Client Concerns	X			Needs to address the management of client property & theft
Transportation		X		Client transportation has been inconsistent at & between shelters
Data Reporting		X		AHD and RRS are monitoring incident reporting process
Food (prepared and provided by Henning, Inc.)			X	Contract states a minimum of 2 meals provided/day
MASH (Alex & Linda's Place)				
Alex Non-Congregate Shelter				
Integration, collaboration, contract compliance		X		Ongoing concern about consistent responsivity to hospitals, emergency providers, and individuals calling in
Health, Safety, Client Concerns	X			Needs to address the management of client property & theft
Transportation			X	
Data Reporting			X	
Food (contracted through Beans Café)			X	
Linda's Place				
Integration, collaboration, contract compliance		X		Hired on-site behavioral health clinician that started over this reporting period. Continuing to track responsivity to emergency providers.
Health, Safety, Client Concerns	X			Needs to address the management of client property & theft
Transportation			X	
Data Reporting			X	
Food (contracted through Beans Café)			X	

C. RRS Highlights & Events

1. Number of major/critical incidents in the shelter system from this reporting period: 0. All other incidents managed internally by shelter operators without significant RRS involvement, (included client medical emergencies and management of client behavioral issues). (Note: RRS is reviewing the need for on-going staff training at all sites to enhance positive staff/client interactions. All incidents were reported to RRS by shelter operators).
2. Shelter phone responsivity is constantly monitored by RRS. RRS receives many of the calls that are unable to connect with the shelters by default. Many of these calls come from hospital social workers who need to coordinate a discharge, clients needing assistance navigating shelter options/bunk flip timing, or emergency responders who need assistance with the placement of a client. RRS emphasizes the importance of consistent and reliable phone responsivity with the shelter operators. This is a challenge that RRS and shelter operators are working to address with ongoing training of front-line staff.
3. A priority of the shelter system has been to maximize integration and coordination to be as responsive and nimble as possible to serve the clients and the community. This includes filling available beds immediately and collaborating inside and outside of the shelter system to refer clients to the appropriate program in real time. One of the ongoing challenges for real time access has been the timing of the bunk flips, as they occur between the hours of 10:00 pm and midnight depending on the shelter location. When bunk flips occur later in the day, clients are unable to confirm if they have a bunk/bed until after all other resources are closed. This is also a challenge for other providers including hospitals to coordinate safe discharges to shelter when the bed availability occurs so late in the day. To respond to this need, the Mayor's Office, AHD, shelter operators, and RRS are looking into moving the bed turn over time earlier in the day. Additional information will be shared in upcoming reports.
4. The Point in Time (PIT) Count was conducted on January 27th and 28th. Community partners and members joined to conduct this count in concert with shelter operators to gather this data which is then submitted to the U.S. Department of Housing and Urban Development. Updates on the PIT count will be presented during the Assembly Housing & Homelessness Committee meeting.
5. Municipally run shelters are low-barrier and accessible to all that need it. With the diversity of clientele, there is a multitude of reasonable accommodations required. The Anchorage Health Department, the Mayor's Office, and RRS are working with shelter operators to create more detailed policies and procedures around some of the more specific client accommodations within shelter.

D. Client Outcomes

1. 3 shelter clients have transitioned from shelter to substance treatment programs. *
2. 2 shelter clients have moved out of shelter to move back in with family both in Alaska and the lower 48's over this reporting period. *
3. Shelter clients continue to exit to housing, such as apartments or assisted living homes. System-wide, (Linda's Place, E. 56th, and Alex 2), between 3-7 clients are being housed every two weeks. *

* These numbers indicate only the instances that RRS is aware of. This does *not* include all instances of housing/treatment/flights home.

E. RRS's Contacts with Shelter Clients and the Unhoused

1. RRS responds 24/7 to shelter clients, the unhoused, emergency providers, hospitals, community members, and shelter operators. The goal is to provide real-time access to address real-time needs.
2. During this 2-week period, some of the leading touchpoints with each listed entity included:
    a. Shelter clients:
        i. RRS has received complaints from all shelter locations regarding lost or stolen property. This has been an ongoing challenge. Shelter operators continue to be asked to create an

internal system to deter or prevent theft as well as tracking client property more consistently.

ii. RRS has received feedback that transportation is not consistently available at some of the shelter sites. AHD, the Mayor's Office, and RRS are exploring alternative transportation options that can be more consistently available for shelter clients.

b. Communicated with shelter programs regarding coordination and integration of operations:
   i. Continued coordination with congregate curfew and bunk flip timing, discharge policies, and case management expectations for system consistency (ongoing).
   ii. Integrated client transfer system between all three shelter sites. This is a continuous goal that is most effective and efficient when all partnering shelter agencies proactively participate (ongoing).
   iii. Increasing coordination with community partners to troubleshoot client placement when shelter reaches max capacity (ongoing).
   iv. Continued coordination regarding transportation *to* shelter. While clients receive some transportation support after the intake process, transportation to or between shelter is not a resource that is consistently available and continues to be needed on a regular basis (ongoing).

c. Coordinated with hospital staff discharges to shelter.
   i. The Mayor's Office, the Anchorage Health Department, MCT, and RRS met with ANMC leadership to continue coordination between hospitals and the shelter system.

d. Coordinated emergency placement of families.

e. Phone calls of individuals unsheltered seeking services. Over this reporting period RRS received 10-15 contacts per day of the unhoused needing linkage to services which RRS refers to existing community programs for services. One of the most common challenges for unhoused individuals is to get to shelter when bed flips occur late in the evening.

f. Daily coordination with APD, AFD, and ASP.
   i. The Mobile Crisis Team has added a CORE Team to focus specifically on high utilizers of emergency services.

3. Good Neighbor Community Funds
   a. RRS is granted access to Good Neighbor Community Fund donations which are available to pay for a variety of needs that are not covered by an existing program or entity. These funds are specifically dedicated to fill immediate gaps in homeless response services for those in need. The following are examples of how the community funds were used during this past reporting period:
      i. Paid for the security deposit of an apartment that two shelter clients moved in together.
      ii. Community funds paid for several hotel rooms which were used by individuals in need transitioning to independent payment or to shelter.
      iii. Paid for the copay of a medication a client needed for an acute medical condition.
      iv. Covered the $14.00 cost of a phone reactivation fee for a highly vulnerable individual.

F. RRS's Recommendations, Conclusions and Summary

1. Restorative and Reentry Services, LLC (RRS) receives daily requests for real-time assistance navigating the shelter system from unsheltered individuals, family members, outreach providers, Mobile Crisis Teams, hospitals, and other service partners. This demand highlights a critical gap in the current system that RRS has been addressing out of necessity. To sustainably meet this need, RRS recommends establishing a centralized, 24/7 shelter navigation call line, accessible to the public and staffed by trained personnel who can assist in real-time navigation/referrals, provide up-to-date information on shelter

availability, eligibility, and expectations. The effectiveness of this service would be strengthened by integrated transportation support to and between shelter locations.

2. RRS has been auditing the inflow/outflow of the shelter system. Part of this audit specifically is differentiating what clients at non-congregate shelter are truly in need of shelter, and what shelter is being used for.
3. RRS incorporates, by reference, the recommendations made in prior reports.

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