

Restorative and Reentry Services, LLC

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

For the Period – 1/28/2026 – 2/10/2026 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Shelter Oversight

Submitted to: Thea Agnew Bembem, (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 28 – February 10, 2026

Date Submitted: February 11, 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 28, 2026 – February 10, 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 responsiveness 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 responsiveness 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		Ongoing concern about consistent responsiveness 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	

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. Curfews at the congregate shelters have been set at 10:00 p.m. at E. 56th and 11:00 p.m. at Linda's Place. Due to these later curfews, and the time required to "flip" a bunk (prepare a vacated bed for the next client), bed availability is not confirmed until late in the evening. As a result, shelters often appear to be at full capacity throughout the day, even though beds typically become available after bunk flips are completed. This timing presents challenges for both clients and referring partners, including hospitals and other service providers. During daytime hours, no beds appear available in the system. Clients must wait until late evening to attempt to secure a bed, leaving little opportunity to make alternative arrangements if no space ultimately becomes available. To address these barriers and improve transparency and access, the curfew and bunk flip time for municipal congregate shelters will be moved to 8:00 p.m. This change will be implemented on the 25th of February.
3. During the reporting period, RRS was asked to provide shelter and housing navigation assistance for eight individuals identified as Halong evacuees. While the current system includes several supportive components for families who have relocated, one area still being strengthened is ongoing case management that continues after a family is placed in housing to help ensure a smooth transition. Without consistent follow-up support, some of the progress achieved prior to housing placement may be difficult to sustain, which can create challenges for families working to fully stabilize. Families who need additional guidance navigating local systems and resources may find it especially challenging to do so independently and, in some cases, may access the shelter system as a result. In response to this emerging need, the shelter system has begun tracking the number of Halong evacuees accessing services and is prioritizing connections back to programs specifically designed to support these families.
4. Municipally operated shelters are designed to be low-barrier and accessible to all individuals in need. Given the diverse population served, a wide range of reasonable accommodations must be considered and implemented. The Anchorage Health Department, the Mayor's Office, and RRS are collaborating with shelter operators to develop more comprehensive policies and procedures addressing specific client accommodation needs within the shelter system.
5. The Anchorage Assembly approved the Anchorage Recovery Center via AM 75-2026(A) as the operator for the microunit project (known now as Willow Commons) by Tudor and Elmore. Additional updates will be shared in upcoming reports.
6. RRS continuously monitors shelter phone responsiveness, as RRS frequently receives calls that are unable to connect directly with shelter providers. These calls commonly originate from hospital social workers coordinating patient discharges, individuals seeking assistance with shelter navigation or bed availability ("bunk flip") timing, and emergency responders requiring placement support for clients. RRS consistently reinforces the importance of timely and reliable phone response with shelter operators. Addressing this issue remains an ongoing effort, supported through continued training and coaching of front-line staff.

D. Client Outcomes

1. A high user of emergency services was successfully connected to the Alaska Psychiatric Institute for services.
2. 3 clients were connected to detox/in-patient substance treatment services.*
3. 3 chronic, long-time campers entered shelter over this reporting period for the first time.*

* 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. RRS has been receiving an increase in calls from hospitals regarding discharges to shelter over this reporting period. Typically, RRS receives anywhere between 1-3 hospital discharge calls per day between Alaska Regional, Alaska Native Medical Center, and Providence Hospital in addition to the discharges directly to shelter. Over the past two weeks, the number of calls has increased to 5+ calls per day to assist in hospital discharges. This marked increase in calls is partially due to the challenge in discharging clients during the day when shelters are reporting that they are full, so they request RRS assistance in navigating availability. To address this, the shelter system is moving the curfew and bunk flip timing to earlier in the day as mentioned above. Also, RRS continues to recommend additional assistance in shelter call navigation (see section F.1. below).
 - d. Coordinated emergency placement of families.
 - i. A family of 8 is moving home to family in California at the end of February 2026.
 - 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.
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. Paying for the relocation of the family of 8 in late February 2026 to California.
 - ii. Flew 4 individuals home to family in rural Alaska and the lower 48's including a woman that was stranded in Anchorage who was flown home to Kentucky.
 - iii. Paid for emergency hotel placement for 6 individuals over this past reporting period including but not limited to:
 1. A camper at Cuddy Park was relocated to a small Anchorage Hotel and partially paying the cost of their board using their own funds.
 2. Temporarily relocated Davis Park Camper into a hotel with food and supports which allowed them to be transitioned into shelter.

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