

# **Restorative and Reentry Services, LLC**

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

**For the Period – 10/22/2025 – 11/4/2025 Under**

### **3<sup>rd</sup> Party Oversight Contract**

**Project Name: 3<sup>rd</sup> 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 October 22 – November 4, 2025**

**Date Submitted: November 5, 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, 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 October 22, 2025 – November 4, 2025. The Year-Round Shelter System has surged by thirty beds over this reporting period to move the total available beds from 300 to 330, 120 at the E. 56<sup>th</sup> Avenue Shelter (operated by Henning, Inc.), and 110 beds at Linda's Place Shelter (operated by MASH), and 100 non-congregate beds at the Alex Hotel Annex (operated by MASH) for a total of 330 beds. An additional 20 beds are scheduled to surge at E. 56<sup>th</sup> Avenue Shelter 11/5/25.

### **B. Contract Compliance**

	Non-Compliance	Pending/Progressing	Compliant	Comments
<b>Henning, Inc. E. 56<sup>th</sup> Shelter</b>				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	Note: Plumbing at E. 56th has been a continual challenge.
Transportation		X		Client transportation has been inconsistent between shelters
Data Reporting			X	
Food (prepared and provided by Henning, Inc.)			X	Contract states a minimum of 2 meals provided/day
<b>MASH (Alex &amp; Linda's Place)</b>				
<b>Alex Non-Congregate Shelter</b>				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	
Data Reporting			X	
Food (contracted through Beans Café)			X	
<b>Linda's Place</b>				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation		X		Client transportation has been inconsistent between shelters
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: 1. A client overdosed in one of the shelters and was transported to the hospital where they were successfully revived, (all other incidents managed internally by shelter operators without significant RRS involvement included client medical emergencies, and instances requiring behavior management). All incidents were reported to RRS by shelter operators.
2. On 11/5/25, another wave of surge capacity will be initiated at E. 56<sup>th</sup> Avenue shelter, (20 beds total). The shelter operators, AHD, and RRS are continuing to track and de-duplicate turn-aways to plan and prepare for the next capacity surge.
3. The Municipality, AHD, shelter operators, and RRS have been working to resolve transportation gaps within the shelter system. When an unhoused individual arrives at a shelter that is at capacity, there has historically been no transportation available to another site with open beds. Because operators are only contracted to transport clients after intake, these individuals were left without shelter system supports to access alternate shelter options. To close this gap, AHD, the municipality, and shelter operators have collaborated to expand the shelter system's scope to include transportation for individuals with a confirmed bed at another location.
4. Individuals that have lived outside for long periods of time tend to camp together in groups for purposes of community and safety. When these groups of unhoused micro communities are approached about housing or shelter options, the need to separate in order to access services turns into a barrier. The municipality, APD HOPE Team, and RRS are working with several of the unhoused micro communities directly to collaboratively address this challenge. Additional updates on this topic will be shared in upcoming reports.
5. The shelter system is serving a growing number of clients with moderate to severe mental health challenges. This creates difficulties for both providers and clients in crisis, while also limiting access for others seeking shelter. Despite available mental health supports, some individuals are unable to self-manage effectively. When their symptoms are not severe enough to qualify for emergency psychiatric care or admission to the Alaska Psychiatric Institute (API), they fall into a service gap. Although the AFD MCT team engages with these individuals daily, not all can stabilize sufficiently to return to shelter immediately, highlighting a critical gap in the current system.

## **D. Client Outcomes**

1. Two more shelter clients have been moved into Providence House.
2. 20 clients were housed out of the Alex MASH non-congregate location in the month of October.
3. Family that moved into Alex MASH together as a group from the Williwaw abatement have successfully transitioned into shelter and have engaged in programming.

## **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 received complaints regarding theft internal to the shelter system, (AHD is currently addressing this issue, and is awaiting updated policies and procedures concerning theft from each shelter operator).

- ii. RRS receives consistent communication from individuals who were unable to follow shelter guidelines and are stranded outside as a result. RRS attempts to navigate these instances on a case-by-case basis. There is not always an immediate solution for these cases.
- 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 (ongoing).
  - iii. Increasing coordination with community partners to troubleshoot client placement when shelter reaches max capacity (ongoing).
- c. Coordinated with hospital staff discharges to shelter.
- d. Coordinated emergency placement of families.
  - i. RRS facilitated rapid housing for a single-parent family with four children at a temporary, month-to-month location in order to stabilize, (paid for by community funds).
- 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. Community Funds

- a. RRS is granted access to 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 shelter services for those in need. The following are examples of how the community funds were used during this past reporting period:
  - i. Paid for a shelter client's flight home to Louisiana.
  - ii. Supported a month of housing for single-parent family mentioned above.
  - iii. Paid for a month of housing for a woman with severe mobility challenges and her husband who is also her primary caretaker.

## **F. RRS's Recommendations, Conclusions and Summary**

1. With the limited shelter bed availability, RRS recommends moving towards the coordination of all shelter services and outreach.
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**