

Restorative and Reentry Services, LLC

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

For the Period – 12/31/2025 – 1/13/2026 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 December 31 – January 13, 2026

Date Submitted: January 14, 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 December 31, 2025 – January 13, 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			Not submitting incident reports to AHD or RRS.
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: 1. An inappropriate physical interaction with a client occurred at E. 56th Avenue Shelter. Henning, Inc. did not report the incident to RRS or the Anchorage Health Department which is a contract violation. There will be follow-up regarding this incident and the required reporting process. 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. The BAC Transit Center on 6th Ave has been operating throughout this reporting period. The service was for an additional 25 individuals to be used as overflow capacity for sheltering at the Anchorage Safety Center. This provided additional capacity during the cold weather and will end the morning of 1/15/26.
3. The shelter system consistently operates at capacity to maximize efficiency. When bunk flips occur, the beds that become available are immediately filled with a new client so that no beds are left empty. There is a system wide push to now increase shelter availability by maximizing positive outflow from the system. Some of the successful outflow has been to independent housing, subsidized housing, assisted living homes, substance misuse treatment facilities, transitional housing, and moving in with family/friends. Additional community programs are beginning the process of filing the required Memorandum of Agreement with AHD to provide services inside shelter to positively support clients as they exit from the shelter system. This is an ongoing process and additional updates will be provided in future reports.

D. Client Outcomes

1. Three shelter clients were moved into assisted living homes over this reporting period.
2. A couple moved out of shelter together into independent housing.
3. Two clients got an apartment together, are successfully employed, and splitting the rent.

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.
 - 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 Providence, ANMC, and Alaska Regional leadership to continue to build coordination between hospitals and the shelter system.
 - d. Coordinated emergency placement of families.
 - i. The emergency cold weather family shelter was full over this reporting period.
 - ii. A family of 6 that did not qualify for the AWAIC program was successfully referred and moved into McKinnell Shelter the very same day.
 - 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 homeless response services for those in need. The following are examples of how the community funds were used during this past reporting period:
 - i. Community funds paid for the deposit of two individuals moving from shelter into an assisted living facility.
 - ii. Two additional shelter clients were flown home to the lower 48's to be reunited with family.
 - iii. Paid for the security deposit of seven individuals which ranged from independent housing to Providence House (supportive housing).

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