

# Restorative and Reentry Services, LLC

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

For the Period – 2/11/2026 – 2/24/2026 Under

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

**Project Name:** 3<sup>rd</sup> 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 February 11 – February 24, 2026

**Date Submitted:** February 25, 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 February 11, 2026 – February 24, 2026. Current system capacity is 450 beds (200 at the E. 56<sup>th</sup> 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
<b>Henning, Inc. E. 56<sup>th</sup> Shelter</b>				
Integration, collaboration, contract compliance		X		Ongoing concern about consistent responsibility 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
<b>MASH (Alex &amp; Linda’s Place)</b>				
<b>Alex Non-Congregate Shelter</b>				
Integration, collaboration, contract compliance		X		Ongoing concern about consistent responsibility 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	
<b>Linda’s Place</b>				
Integration, collaboration, contract compliance		X		Ongoing concern about consistent responsibility 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. On 2/18/26, E. 56<sup>th</sup> Ave Shelter moved the curfew time from 10:00 pm to 8:00 pm. Moving curfew to an earlier time was reported to be a smooth transition. The curfew at Linda's Place is changing to 8:00 pm beginning on the night of 2/25/26. The Alex 2 Shelter will also be transitioning from 11:00 pm to 10:00 pm by March 1<sup>st</sup>, 2026. The transition to an earlier curfew is to respond to the client and community need for bed availability earlier in the day so that alternative options can be provided to clients once shelters hit capacity.
3. In preparation for the upcoming sub-zero temperatures, the Mayor's Office, the Health Department, and the Fire Department added overflow capacity for the Anchorage Safety Center for 25 people overnight at a second location. This is expected to continue for the next 7-10 days during very cold temperatures.

### **D. Client Outcomes**

1. Transitioned 4 long-term campers from camping to hotels using Good Neighbor Community Funds, and then successfully into shelter.
2. Transitioned a very high user of emergency services into shelter after the client was medically stabilized.

\* 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. Also, per current Transit Center guidelines, operators are only able to purchase a maximum of 100 bus passes at a time per week. This situation has created additional limitations as to who is able to access transportation support in shelter. The AHD is currently working on an RFP for Public Services Shelter Transportation using federal Housing and Urban Development funding.
  - b. Communicated with shelter programs regarding coordination and integration of operations:
    - i. Continued coordination with congregate curfew and bunk flip timing (now 8:00 pm for congregate sites), discharge policies, and case management expectations for system consistency (ongoing).

- ii. AHD, RRS, and the shelter operators have discussed and are currently implementing a process to address indefinite client bans.<sup>1</sup>
  - iii. 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).
  - iv. Increasing coordination with community partners to troubleshoot client placement when shelter reaches max capacity (ongoing).
  - v. 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. Calls to RRS regarding hospital discharges has started to decrease over this reporting period. In previous weeks, RRS was receiving 5+ calls a day from hospitals. Over this reporting period, this has gone down to 1-3 hospital discharge calls per day.
  - 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.
  - f. Daily coordination with APD, AFD, ASP, and the AHD Clinic.
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. A woman who was stranded in Anchorage was returned home with family on a flight to Fairbanks.
    - ii. Paid for food for an Alaska Native elder who was waiting for their SNAP benefits to start.
    - iii. Contributed to part of the first month's rent for 4 individuals moving into independent housing.
    - iv. Paid for the hotel room of an individual who has been living outside for over a year while they transition to living inside before moving to a shelter location.

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

1. 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.

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<sup>1</sup> Up until this point, indefinite bans were occurring at only one shelter site. For the rest of the shelter sites, all bans eventually timed out. The length of time for a ban is decided by shelter staff based on the level of behavior infraction. To have consistency throughout the system, the updated policy states that indefinite bans will be reviewed by AHD before taking effect. The operator can still issue a maximum time ban in the moment of the behavior infraction, then the operator submits a review for an indefinite ban to the AHD. Once reviewed, AHD will let the operator know if the indefinite ban is approved for that client at that specific shelter location. All other bans that eventually time out continue to be used at the discretion of the operator.

2. RRS incorporates, by reference, the recommendations made in prior reports.

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