

# Restorative and Reentry Services, LLC

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

For the Period – 2/25/2026 – 3/10/2026 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 25 – March 10, 2026

**Date Submitted:** March 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 February 25, 2026 – March 10, 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	Phone responsivity has improved.
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	Phone responsivity has improved.
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	Phone responsivity has improved.
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. As of 2/25/26, both congregate shelter locations have a curfew of 8:00 pm. The transition to an earlier curfew has been smooth operationally and has improved the timing of bed availability for clients and community partners including but not limited to hospitals and the Anchorage Safety Center.
3. Due to the sub-zero temperatures, starting 2/27/26, 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. The overflow capacity has continued throughout this reporting period and is expected to continue until temperatures rise to a higher overnight average.
4. Over this reporting period, a client in a congregate shelter was identified as having an infectious disease. The Anchorage Health Department was notified. The client was able to receive assistance from an external party to pay for alternate lodgings so that they could isolate until they were no longer infectious. This event highlighted that currently, there is no specific funding allotted for client isolation accommodations for clients in shelter. The Anchorage Health Department is in the process of creating a policy and funding source to provide safe isolation for clients with an infectious disease moving forward.
5. The Henning House has opened capacity of 30 beds which are being filled using HOME ARP funds. Clients who are already employed or have a plan for employment are being prioritized to be moved from congregate shelter to the Henning House.
6. The Brother Francis Shelter has changed the internal bed prioritization to a waitlist system. If a client or referring entity would like to request a bed at Brother Francis, the client would need to be placed on the waitlist. Once a bed is available, the client on the top of the waitlist has 36 hours to claim the bed before moving on to the next individual on the waitlist. This is a new system and process. Additional details on the new referral system will be shared in upcoming reports.

### **D. Client Outcomes**

1. 7 individuals were transitioned into in-patient treatment services from the shelter system.\*
2. 2 individuals transitioned into assisted living homes, with 8 more ready and waiting to be transitioned. The remaining 8 have General Relief, they are only waiting on a bed to become available at an assisted living that takes clients on General Relief.\*

\* 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, 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. See note on RRS Report 2/11/26-2/24/26 for details.
    - iii. Integrated client transfer system between all three shelter sites as well as the Anchorage Safety Center (ASC). ASC has become a universal access point for individuals looking for shelter. When there is capacity in shelter, ASC assists in transferring those individuals as capacity becomes available. When the shelters reach capacity, the remaining individuals looking for shelter can safely remain at ASC to voluntarily shelter in place. This is a continuous goal that is most effective and efficient when all partnering shelter agencies proactively participate (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.
  - 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. Paid \$150.00 so that a family had enough money to move into housing.
    - ii. Supported first month’s rent at Safe Harbor for a family living in a car to move in quickly.
    - iii. Paid for a hotel room for a week of an elder individual who was displaced from their home abruptly.

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

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