Restorative and Reentry Services, LLC

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

For the Period – 8/27/2025 – 9/9/2025 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

Date: Reporting period August 27 – September 9, 2025

Date Submitted: September 10, 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 August 27 – September 9, 2025. The Year-Round Shelter System has been decompressed to 200 congregate beds, 100 at the E. 56th Avenue Shelter (operated by Henning, Inc.), and 100 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 300 beds.

B. Contract Compliance

	Non- Compliance	Pending/ Progressing	Compliant	Comments
Henning, Inc. E. 56th Shelter				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	(Note: Plumbing at E. 56th has been a continual challenge with intermittent closing of the showers and operable handwashing sink in the men's bathroom.) On-going presence of bedbugs is continuing to be addressed but not solved.
Transportation			X	
Data Reporting			X	
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	
Health, Safety, Client Concerns			X	
Transportation			X	
Data Reporting			X	
Food (contracted through Beans Café)			X	
Linda's Place				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
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: 2 incidents at E. 56th were reported to RRS by shelter operators and appropriately resolved.
- 2. Over this reporting period, the E. 56th Shelter changed shelter operators from Catholic Social Services to Henning, Inc. The transition occurred on 8/31/25.
- 3. Linda's Place, operated by MASH, located at 1911 E. 5th, opened 9/1/2025.
- 4. From 9/1/2025 9/5/2025, the E. 56th Shelter was decompressed from 200 to 100 clients. A vetted prioritization list of clients willing and able to move to Linda's Place was created and E. 56th clients were moved to Linda's Place in a planned fashion. MASH provided transportation for clients and their belongings from E. 56th to Linda's Place. Upon entry, all clients were required to intake, take a shower, change into clean clothes provided by MASH, and have all belongings heat-treated for pests. No major incidents occurred in this transition.
- 5. Henning, Inc., as the operator at the E. 56th Ave Shelter implemented several changes, including but not limited to:
 - a. Rotating bunks through to be heat treated to proactively address bed bugs.
 - b. Modified meal service to two times per day instead of three times per day, which meets contract requirements.
 - c. Proactively engaging clients with case management team by making case managers more visible and available to clients.
- 6. MASH has implemented updated discharge guidelines regarding missed bed counts at the Alex Shelter. Previously, clients who missed 3 nights in a row were discharged. As of 8/26/25, if a shelter client misses 2 nights concurrently, or 3 nights in a month, they are discharged and offered a bunk at a congregate shelter. This is to ensure that non-congregate beds are being used to their maximum capacity. This pilot bed use policy has already made a positive impact on the usage of non-congregate beds as well as more proactive client engagement in case management to find safe exits out of shelter.

D. Client Outcomes

- 1. In the last reporting period, four shelter clients flew to family or homes, both in and out of state.
- 2. Multiple clients transitioned into sobriety supportive programming.
- 3. A client demonstrating inappropriate behavior was arrested and incarcerated.
- 4. 3 clients transitioned into housing from E. 56th.
- 5. Clients at the Alex engaged with the SALA Mobile Health Clinic to receive linkage to primary care, prescriptions, and real-time medical needs.

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. All client transfers from E. 56th Shelter to Linda's Place were voluntary.
 - ii. Client at E. 56th was connected to the VA through their case manager, and was able to enter sobriety services through the VA over this reporting period.
 - iii. Clients participating in the SALA Mobile clinic have shared their appreciation for the service. One example of the services provided includes a client who needed medical advocacy. SALA advocated for this client and supported them through the navigation needed to obtain their medication. The client was extremely grateful for the support.

- b. Communicated with shelter programs regarding coordination and integration of operations:
 - i. Executed transition of E. 56th from Catholic Social Services to Henning, Inc.
 - ii. Supported the opening of Linda's Place.
 - iii. Facilitated collaboration and coordination between APD, AFD, MCT, Henning, Inc., Adult Protective Services, the Municipality, and Providence Hospital regarding extremely vulnerable client who is unable to care for self in a shelter environment.
- c. Coordinated with hospital staff discharges to shelter.
- d. Coordinated emergency placement of families:
 - i. Referred and placed 3 families into McKinnell Shelter.
 - ii. Ongoing collaboration with Christian Health Associates to coordinate emergency placement of families into hotel rooms for the month of September starting 8/29/25. There are currently more families in need than hotel rooms available.
- e. Phone calls of individuals unsheltered seeking services. RRS receives 2-3 contacts per day from people who are unhoused needing linkage to services which RRS refers to existing community programs for services, many of which are couples.
- 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 cab ride to take a highly vulnerable client to go to the hospital.
 - ii. Supported a group of campers to stay in a short-term rental together as a group.
 - iii. Funding was used to buy new art supplies for a client who is a native artist who now is now stabilized in shelter.
 - iv. Purchased phone card to keep high-risk shelter client available for community service providers and to re-connect with support system.

F. RRS's Recommendations, Conclusions and Summary

- 1. With the decompression of shelter bed availability, RRS recommends moving towards the coordination of all shelter services within the municipality. This has been done informally through the last emergency shelter season but more systematized coordination is needed.
- 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. Findings and recommendations following this audit will be shared in upcoming reports.
- 3. RRS incorporates, by reference, the recommendations made in prior reports.

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