

Restorative and Reentry Services, LLC

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

For the Period – 9/24/2025 – 10/7/2025 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Shelter Oversight

Submitted to: Thea Agnew Bembien, (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 September 24 – October 7, 2025

Date Submitted: October 8, 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 September 24, 2025 – October 7, 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.
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
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		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: 0 (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. Highly vulnerable individuals who cannot conduct their activities of daily living (ADL) independently continue to be in shelter (for additional context regarding this issue, refer to previous RRS Report 9/10/25-9/23/25). In order to address this challenge expeditiously, Thea Agnew Bembem facilitated a meeting between staff from the Complex Care Initiative, the Aging and Disabilities Resource Center, Adult Protective Services, Anchorage Health Department, the State Department, and RRS. A multi-approach plan is currently in the planning process. Some of the upcoming tools include slowing down or preventing the in-flow of clients needing substantial ADL support by collaborating more intentionally with hospital discharges, receiving in-person support from the ADRC by having on-site client screenings, and flagging APS reports that have been submitted for shelter clients. Additional avenues of support are also being explored such as adult care facilities during the day, peer-supported personal care, and on-site consumer-directed care options.
3. Over this reporting period, the E. 56th Avenue shelter location received a 3-day bed bug treatment. For treatment, clients were required to leave the premises for 8 hours each day. At the end of the treatment, cots, belongings, and the building were cleared of bed bugs. Another follow-up treatment is scheduled for 10/15/25.
4. Transportation has been an ongoing challenge for individuals needing to get to shelter. Shelter operators are required by contract to provide some form of transportation to clients traveling to a job, medical appointments, interviews, another shelter, or appointments in support of their case management plan. There are no available transportation options for individuals who have been admitted to shelter but do not have money for a bus or taxi, unless outreach is available to drop off a cab voucher. On weekends and holidays, bus transportation is limited or not available, and most outreach teams only work on weekdays, which prevents these individuals from accessing shelter when they need it. RRS, AHD, the Municipal Administration, and shelter operators have been working to troubleshoot this issue as there is no current system in place to address this challenge.

D. Client Outcomes

1. A young, extremely vulnerable client was successfully moved out of shelter and reunited with family.
2. 3 clients from Alex Hotel were approved and moved into Providence House.
3. A client from shelter last winter was connected to supportive housing, gained employment, and is currently shopping for their own apartment. They shared their appreciation for the support of shelter to get back on their feet.
4. A high user of emergency services successfully made it through detox programming during this reporting period. RRS and the detox provider coordinated post-detox shelter. The client is now stable and applying for jobs.
5. An elder that was displaced from their apartment due to environmental safety issues was moved safely into Complex Care.

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 feedback from two shelter clients at E. 56th Ave that they are very happy that the bed bugs have gone away.
 - ii. A client staying at the MASH Alex 2 Shelter shared gratitude for being connected to housing so expeditiously.
 - 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. Assisted in client management plan for the bed bug treatment which occurred at the E. 56th Avenue Shelter. This was a 3-day intensive bed bug treatment where clients were required to leave the building.
 - iii. Integrated client transfer system between all three shelter sites (ongoing).
 - iv. Increasing coordination with community partners to troubleshoot client placement when shelter reaches max capacity (ongoing).
 - v. Program operators are working towards synchronizing client entries and exits from the system to provide more precise HMIS data (ongoing).
 - c. Coordinated with hospital staff discharges to shelter.
 - d. Coordinated emergency placement of families:
 - i. The Emergency Cold Weather Shelter Single-Site has opened in addition to the 5 hotel rooms being provided by the Christian Health Associates.
 - 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, and ASP.
 - i. MCT has been added to the bed coordination communication which happens daily within the shelter system.
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 the security deposit and first two months rent for a shelter client to successfully get into permanent housing.
 - ii. Sponsored a highly medically vulnerable individual to stay in a hotel for one week while waiting to be admitted into Complex Care.

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