

# Restorative and Reentry Services, LLC

Email: [cathleen@restorativeentryservices.com](mailto:cathleen@restorativeentryservices.com)

[emily@restorativeentryservices.com](mailto:emily@restorativeentryservices.com)

(907) 342-5380, (907) 351-8632

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

For the Period – 3/11/2026 – 3/24/2026 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 March 11 – March 24, 2026

**Date Submitted:** March 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 March 11, 2026 – March 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	Phone responsiveness 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 responsiveness has improved.
Health, Safety, Client Concerns		X		Added cameras and procedures to create additional tracking for client belongings
Transportation			X	
Data Reporting			X	
Food (contracted through Beans Café)			X	
<b>Linda’s Place</b>				
Integration, collaboration, contract compliance			X	Phone responsiveness has improved.
Health, Safety, Client Concerns		X		Installed client lockers to secure belongings on-site
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. 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.
3. The Mayor's Office, AHD, RRS, and the shelter operators have been coordinating a shelter system decompression plan. E. 56<sup>th</sup> Avenue Shelter is currently at 200 beds and Linda's Place has 150. Both congregate locations need to be decompressed to 100 beds by April 30, 2026. Beginning April 18th, 2026, E. 56<sup>th</sup> Avenue Shelter will decompress by 8 beds a day based on natural attrition and positive exits to housing. Linda's place will be decompressing 50 beds total through natural attrition beginning April 15, 2026.
4. The Willow Commons project with Anchorage Recovery Center completed final requirements to open the Microunits. Additional details about this project will be shared in upcoming reports.

### **D. Client Outcomes**

1. With the addition of True North Recovery to APD, there has been a steady flow from the municipally run shelter system to treatment. Between 3-5 clients a week have gone to treatment so far since True North started at the beginning of this reporting period.\*
2. A client staying at a hotel was successfully connected to Cook Inlet Housing and was moved into independent housing.
3. Returned a young individual back to Pilot Station, Alaska, another individual back to Indianapolis, and another to North Carolina to reunite with family.\*
4. A client staying at the Alex Shelter was housed at a trust property.\*

\* 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. Linda's Place had client lockers installed over this reporting period to address this issue.
    - 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. 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. 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).
    - iii. 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.
    - i. RRS has been participating in real-time resource referrals alongside APD while engaging with unhoused individuals. The process of providing resources and choices gives individuals who are willing to engage in shelter, treatment, or other resources in real time when an individual is ready to accept services. RRS has been conducting this resource referral process with APD more than 8 times a week over this reporting period.
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. An elder and two cats were suddenly evicted from their home. Community funds were used as a bridge for them to stay at a hotel until the individual received a paycheck so that they could afford the gas to drive down to the lower 48's to live with family.
    - ii. Paid for the hotel stays of three individuals to transition from living outside to living inside over this reporting period. Two of the individuals were folded into shelter, and one individual self-discharged.
    - iii. Flew five individuals out of state or to another part of the state in this reporting period alone. These individuals were referred to RRS through MCT, two hospitals, and two shelter guests.

## **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**