

# Restorative and Reentry Services, LLC

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

For the Period – 4/22/2026 – 5/5/2026 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 April 22 – May 5, 2026

**Date Submitted:** May 6, 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 April 22, 2026 – May 5, 2026. All surge beds have closed through positive housing exits and natural attrition. System capacity has gone from 419 to 300 beds over this reporting period as surge beds closed (182 to 100 at the E. 56<sup>th</sup> Avenue Shelter (operated by Henning, Inc.), and 137 to 100 beds at Linda's Place Shelter (operated by MASH), and 100 non-congregate beds at the Alex Hotel Annex (operated by MASH) (no surge beds were ever at the Alex Shelter)).

### B. Contract Compliance

	Non-Compliance	Pending/ Progressing	Compliant	Comments
<b>Henning, Inc. E. 56<sup>th</sup> Shelter</b>				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns		X		Locks & lockers on-site. Creating internal system for client use.
Transportation			X	
Data Reporting			X	
Food (prepared and provided by Henning, Inc.)			X	
<b>MASH (Alex &amp; Linda's Place)</b>				
<b>Alex Non-Congregate Shelter</b>				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	
Data Reporting			X	
Food (contracted through Beans Café)			X	
<b>Linda's Place</b>				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns		X		Locks & lockers on-site. Creating internal system for client use.
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 ongoing staff training at all sites to enhance positive staff/client interactions. All incidents were reported to RRS by shelter operators).
2. Linda's Place and E. 56<sup>th</sup> Avenue Shelter have removed the last surge beds through positive housing exits (moved out to independent living such as an apartment, assisted living, returning home to family, etc.) or natural attrition (when an individual does not return to use their bed) over this reporting period. The municipal shelters are now serving 100 clients each, (Alex Shelter, E. 56<sup>th</sup> Avenue Shelter, Linda's Place). Out of the 100 surge beds closed at E. 56<sup>th</sup>, 14 went to Henning House and 9 exited to other positive housing. Out of the 50 surge beds closed at Linda's Place, 8 exited to positive housing.
3. On 4/29/26, RRS facilitated an in-person meeting along with the following programs/entities: the Mayor's Office, AHD, AFD (MCT), MASH, Henning, CSS, SALA, and Covenant House. During the meeting, programs discussed the past winter season and reflected on what was successful in the shelter season and what gaps were identified which need to be addressed before next winter. Some of the key takeaways from the meeting included:
  - a. Due to the increased communication and collaboration between programs as well as the high demand for shelter and supportive services, the system responded with increased integration between programs to strengthen the community safety net.
  - b. With the limited system capacity, some programs went beyond their contracted scope of services to meet the need.
    - i. To address this gap, the Mayor's Office and AHD are exploring what the optimal system capacity should be, and what budget will be needed to support that capacity.
  - c. Transportation to and between shelters and partner programs was a gap throughout the season.
    - i. To address this gap, AHD is creating an RFP to address this need moving forward.
4. EMT services are a contract requirement for congregate shelter sites. Team One has been the primary EMT service provider for the 2025-26 winter season. Team One was unable to continue providing services at shelter as of this reporting period. The shelter operators are coordinating with the appropriate agencies to continue providing EMT services on site and will be providing updates regarding the EMT provider to AHD. EMT services are scheduled to be reinstated at each congregate site over the next reporting period.

### **D. Client Outcomes**

1. Last week, Linda's Place housed 4 individuals from shelter and E. 56<sup>th</sup> housed 9.
2. A couple using shelter who have resolved their criminal cases are flying home to their village to reunite with their children.
3. An Alaska Native Elder, who was a long-time camper, transitioned into permanent housing with a lifetime voucher with the support of shelter, AHFC, APD HOPE Team, community volunteers, RRS, and the Good Neighbor Fund.

\* 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 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).
    - iii. Auditing congregate shelter clients to identify and expedite those who can positively exit the shelter system to housing so that surge beds can close.
  - 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.
  - g. AMDOT: Anchorage Multidisciplinary Outreach Team
    - i. RRS participates in AMDOT. This team is facilitated by the APD HOPE Team which coordinates outreach efforts between many agencies that meet each morning Monday-Friday at 9:00 am. Some of the participating parties include (but are not limited to): APD, AFD, True North Recovery, AHD, the Mayor's Office, RRS, ACEH, the VA, Covenant House, AWAIC, VOA Rapid Response Team, SCF, NeighborWorks, MASH, CSS, healthcare workers, and others. Some of the items addressed by this team over this reporting period are:
      1. AMDOT is continuing to plan the community care event. More details on the time and place of this event will be shared in upcoming reports. The first event is expected to take place in June, 2026.
      2. The team has been engaged in consistent street outreach with unhoused individuals. Active locations are discussed and prioritized at each morning meeting, and the team is dispersed to those areas based on the specific needs.
      3. AMDOT is also coordinating with Code Enforcement and other municipal services to coordinate shelter or housing options for individuals and families who are displaced from unsafe living conditions.
      4. AMDOT is proactively engaging Anchorage hospital emergency departments to increase a collaborative approach to some of the most vulnerable clients.
      5. AMDOT is looking into how to measure and track determinations of success. A tracking system is being piloted which will be implemented in the next 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. Paid for a veteran to fly to a transitional living facility in the lower 48's so that they can receive appropriate services.
- ii. Transitioned a couple from living in uninhabitable conditions to shelter by paying for 2 nights in a hotel room. Also paid for new clothes for the gentleman as he had no usable clothing from their previous living conditions.
- iii. Flew a shelter client who was a high user of emergency services home to Chevak, Alaska.

#### **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**