Restorative and Reentry Services, LLC

Email: cathleen@restorativereentryservices.com
emily@restorativereentryservices.com
(907) 342-5380, (907) 351-8632

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

For the Period – 6/17/2026 – 6/30/2026 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 (Henning, Inc., and MASH)

Date: Reporting period June 17 – June 30, 2026
Date Submitted: July 1, 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 June 17, 2026 – June 30, 2026. All surge beds have closed through positive housing exits and natural attrition. System capacity is at 300 total beds: 100 at the E. 56th Avenue Shelter (operated by Henning, Inc.), 100 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
Henning, Inc. E. 56th Shelter				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns			X	
Transportation			X	
Data Reporting			X	
Food (prepared and provided by Henning, Inc.)			X	
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: 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. Municipal sheltering services have been generally stable in the month of June. Some of the biggest challenges to the shelter system have been capacity (report 5/6-5/19), vulnerable clients who need support with activities of daily living (ADLs) (report 6/3-6/16), and the tension between low barrier shelter and substance use safety measures (report 5/20-6/2). All forementioned topics have been discussed in more detail in previous reports and are ongoing. Updates regarding these topics will be added to future reports as they arrive. As a system, the primary focus of shelter is on case management and how to maximize positive housing exits as a strategy to create more capacity. Throughout this process, the shelter system has learned more about the clients currently in shelter and some of the dynamics around positive housing exits. This information is helping inform how to structure embedded supports for shelter clients moving forward.
    a. Case management teams within MASH and Henning, Inc. have been collaborating and sharing strategies to streamline repeated scenarios within shelter, (such as the process of applying for a Medicaid Waiver or conducting a person-centered intake with ADRC). All three sites have also been transferring clients in between shelters proactively to refer clients to the location/program that fits the specific needs of the clients. Client outcomes improve when they are in the program that suits their specific needs and circumstances the most.
    b. Some clients who are capable of self-sufficiency have normalized living in shelter and are unwilling to exit to independent housing due to a variety of reasons. Some of the top reasons include the cost of living independently and having friends or family in the shelter system who they are reluctant to part with. Case management teams are working on strategic incentives that will encourage these individuals to take next steps towards independence (for example, offering partial payment of a security deposit or first month's rent to incentivize taking the available unit, or to find housing options that are available to accommodate friends or family who wish to stay together).
    c. There are different types of clients within shelter who require different responses and resources. For example, some clients have been unhoused for years and have no form of identification, income, or transportation. These clients require a completely different set of resources and timeline than a client who is newly unhoused, still has employment, identification, and may struggle with substance misuse. Case management teams are working to balance the various needs of clients while also shortening the time that clients are unhoused. One of the key factors for moving clients to stable housing has been to identify who is willing to work with case management in a partnership versus clients who are not ready or willing to engage yet.

D. Client Outcomes

1. 1 client was housed from Linda's Place over this reporting period.
2. 10 clients were housed from E. 56th Ave shelter over this reporting period (6 of the 10 housed at Henning House).
3. 3 clients were housed from the Alex shelter over this reporting period.

* 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 making it back to an 8:00 pm curfew at shelter can be challenging during the summer months. This has been an ongoing discussion point within the shelter system as clients already in shelter prefer a later curfew, while clients trying to enter shelter prefer an 8:00 curfew so bed capacity is available earlier in the day. This topic is continuing to be evaluated by AHD, the Mayor's Office, shelter operators, and RRS.
    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). Integration has reached an all-time high with consistent transfers and referrals happening internal to the shelter system without the need for RRS intervention. Some of the current systems in place include regular phone calls between shelters, capacity updates on Shelter Teams Channel, meetings twice a week with all shelters and shelter partners, and weekly case management meetings between all locations to case conference, brainstorm, and troubleshoot specific housing challenges.
        iii. Auditing congregate shelter clients to identify and expedite those who can positively exit the shelter system to housing.
    c. Continued coordination with hospital staff regarding discharges to shelter. Moving the curfew from 10:00 pm to 8:00 pm has helped some, but for individuals needing a confirmed shelter bed in the morning or early afternoon to discharge from the hospital, timing and capacity continue to be a challenge.
    d. Coordinated emergency placement of families.
    e. Phone calls of individuals unsheltered seeking 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. The next Community Care Event will occur on 7/15/26 from 1:00-3:00 pm at Cuddy Family Midtown Park.
            2. AMDOT has been focusing outreach efforts specifically in (but not limited to) the midtown/Spenard area. Offers of substance misuse supportive services and shelter have been made regularly in these areas.
3. Good Neighbor Community Funds
    a. RRS is granted access to Good Neighbor Community Fund (GNF) 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 an individual's security deposit to move into independent housing. This individual is medically fragile and received community assistance to move their belongings into their new home.
ii. Long-time unhoused individual was flown back to Alabama to live with their sister.

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. With limited shelter bed availability, individuals or programs seeking shelter by phone or in person often require additional navigation support to identify safe and appropriate options that meet their unique needs. To address this gap, RRS has provided seven-day-a-week telephonic navigation support. Now that shelters have stabilized operations with 24-hour staffing and active phone coverage, RRS recommends transitioning this navigation support function to front-line shelter staff or another entity that provides 24/7 phone support.
3. RRS incorporates, by reference, the recommendations made in prior reports.

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