

Restorative and Reentry Services, LLC

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

For the Period – 6/3/2026 – 6/16/2026 Under

3rd Party Oversight Contract

Project Name: 3rd 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 June 3 – June 16, 2026

Date Submitted: June 17, 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 3, 2026 – June 16, 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		Created chain of custody procedure for client medications using lockers.
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	New locks have arrived and lockers are being assigned to clients.
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. All three shelters serve individuals who are unable to independently perform activities of daily living (ADLs). The current shelter system is not designed or resourced to provide the level of support these vulnerable clients require. Despite proactive interventions—including Adult Protective Services referrals, Medicaid Waiver and General Relief (GR) Assisted Living Facility applications, Person-Centered Intake (PCI) assessments through the Aging and Disability Resource Center (ADRC), applying for a personal care attendant (PCA), applying for a legal guardian, primary care engagement, and coordination with care management services—many such clients remain in shelter for extended periods, often six months or longer. Case managers face significant barriers to securing appropriate placements, including limited GR-funded assisted living availability, challenges with client engagement, lengthy Medicaid Waiver approval timelines, waiver denials requiring reapplication, and other systemic obstacles. The Mayor’s Office, AHD, ADRC, APS, Access Alaska, RRS, hospitals, and shelter operators have been in communication about this challenge and are continuing to discuss any additional resources or avenues to better support these vulnerable clients. Follow-up on this topic will be included in future reports.
3. Shelters are navigating the challenge of providing low-barrier shelter to clients that use substances while also executing consistent policies and practices that support the safety of all clients accessing shelter. Substances are a significant health and safety risk inside shelter walls, so are not allowed in shelter. Each shelter has a safety screening every time a client enters the facility as well as a behavioral health specialist and case management on site who can assist in substance misuse treatment referrals and support. While these screenings have been successful in preventing most substances from entering the building, some clients view the safety screenings as being too robust for the type of shelter that they are seeking. Ongoing discussions continue between clients, shelter operators, RRS, AHD, APD, MCT, and treatment programs such as True North Recovery to find the right balance between safety protocols and client autonomy.

D. Client Outcomes

1. 0 client was housed from Linda’s Place over this reporting period.
2. 2 clients were housed from E. 56th Ave shelter over this reporting period.
3. 7 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 received feedback from clients at the Alex that the regularly occurring orientation meetings have been beneficial to understand program policies and expectations. It was shared that they do not always remember the guidelines and policies that were reviewed at the time of intake so having a chance to review and ask questions as a group has been helpful.
 - 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. See previous report for details.
 - c. Coordinated with hospital staff discharges to shelter.
 - i. RRS received 6-10 calls per day from hospitals over this reporting period. Hospital social workers are asked to discharge clients during the day while shelter capacity and availability is unknown until 8:00 pm each night at curfew. Finding or creating shelter bed capacity during the morning or afternoon for medically vulnerable clients has been an ongoing challenge due to timing and capacity between the shelter system and hospitals.
 - ii. Alaska Psychiatric Institute and Providence Psych have been reaching out to RRS for discharge coordination and resource navigation support. This coordination has allowed for the placement of some highly vulnerable clients, and immediate resource connection to housing for a veteran.
 - d. Coordinated emergency placement of families.
 - i. RRS has received 3 requests from large families (6+ members in each family) for shelter navigation support. Shelter availability for large families to stay intact is extremely limited and only available at McKinnell Shelter when capacity allows over the summer. One family was offered a flight to Massachusetts to live with family supports, one got into McKinnell House, and one is still staying in their car while they wait for placement.
 - e. Phone calls of individuals unsheltered seeking services. Over this reporting period RRS received 8-10 contacts per day of the unhoused needing linkage to services which RRS refers to existing community programs for services. RRS is working with shelter operators and staff to provide more consistent and proactive shelter navigation support for individuals 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 First Community Care event occurred June 10, 2026 at the Downtown Park Strip. Participants of AMDOT provided in-person resources including APD HOPE, True North, RRS, ACEH, Catholic Social Services, AHD, MASH, VOA Rapid Response, MCT CORE, the VA, and others. Food and resources were provided. The next event is scheduled for July 15th. Location to be determined.
 - 2. Outreach resources continue to be coordinated. Some of the areas that have been targeted include (but are not limited to): Russian Jack Park, Mountain View, Midtown Corridor, Downtown, corner on DeBarr and Bragaw, and the Campbell Creek trail system. For anyone wanting to report a camp, please submit a report using the [#ANCWorks Portal](#) or call 3-1-1.
- 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. Flew a high user of emergency services to Nevada to be reunited with their aunt.
 - ii. Partially paid for a flight for someone to fly back to New York to live with their grandparents.
 - iii. Paid \$150 of someone's first month's rent so that they could afford the security deposit and move from shelter to their apartment.

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