Restorative and Reentry Services, LLC

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

For the Period – 7/1/2026 – 7/14/2026 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 July 1 – July 14, 2026
Date Submitted: July 26, 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 July 1, 2026 – July 14, 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		Need to enhance turn away protocol per AHD instructions
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 incidents managed internally by shelter operators, some with RRS involvement, (included client medical emergencies and management of client behavioral issues). (Note: RRS recommends more staff training to enhance positive staff/client interactions and real-time problem solving. All incidents were reported to RRS by shelter operators).
2. Municipal sheltering services have been stable in the first half of July. Systemic challenges in the shelter system have been a) being at capacity with availability of beds determined at 8 p.m. curfew, b) responding to real-time challenges caused by clients unable to perform their ADLs, c) balancing the needs of shelter clients who have active addictions and/or behavioral issues with the safety of other clients and shelter staff, and d) enhancing inter-shelter transfers and assuring options for individuals turned away from shelters or requesting resource referral services from ACEH.
    a. Case management and behavioral health teams within MASH and Henning, Inc. are more able to proactively engage with shelter clients, with as-needed support from RRS, APD, MCT, ASP, AHD and off-site case managers. The over-arching goal remains to integrate shelter, emergency and governmental services in order to deliver real-time, client-centered services.
    b. As noted in prior reports (most recently mentioned in 6/17/2026 – 6/30/2026 report) , some clients, who are capable of self-sufficiency, have normalized living in shelter and are unwilling or unable to exit to independent housing or assisted-living facilities. With assistance of the AHD Community Health Worker, these shelter clients are receiving a more targeted approach to moving them forward and out of shelter to more appropriate settings.
3. Integration of shelter services with emergency services and community providers.
    a. The Community Care Event occurred on 7/15/26 from 1:00-3:00 pm at Cuddy Family Midtown Park. Coordinated by the APD HOPE Team and AMDOT, this monthly community event, demonstrated the growing coordination between community partners who serve Anchorage's most vulnerable.
    b. Use of Anchorage Safety Center (ASC) as a portal into services increased. SALA staff at ASC proactively worked with the shelters to transport clients using ASC as a place to rest until shelter, detox, and treatment options were available. Using ASC as a portal to get individuals into shelter and services, and adding SALA to shelter meetings and the shelter teams channel has allowed for more real-time transfers into shelter from emergency providers.
    c. Outreach into the community, especially in targeted areas of community concern continued (such as downtown and midtown corridors, East Anchorage businesses, and the Spenard area). Due to heightened coordination by HOPE APD, ACEH, RRS, and coordination with shelters for beds in real time occurred. These processes continue to be reviewed and improved.

D. Client Outcomes

1. 5 clients, from MOA shelters were driven or flown back to family, homes, or support systems in rural Alaska or out-of-state.
2. 6 shelter clients received intensive substance abuse treatment navigation support and left shelter into detox or treatment.
3. Good Neighbor Funds were used 9 times during this reporting period to close funding gaps for safely exit clients from shelter to appropriate locations.
4. 6 clients housed from the Alex, 1 client housed from Linda's Place, and 7 clients housed from E. 56th Ave. Shelter (2 to Assisted Living, 2 to apartments, 3 to Henning House).

* 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's prior bi-weekly reports detail its role and duties in overseeing the MOA shelters, which include: a) enhancing the responsivity and coordination of the MOA shelters in order to provide real-time access to clients to address real-time needs, b) creating efficient, safe, and effective in-flow, shelter services, and out-flow processes in collaboration with the shelter operators and AHD, and c) being available directly to clients to address immediate needs and concerns.

2. In addition to the items listed in the last report, during this 2-week period, some of the leading touchpoints with each listed entity included:

   a. Shelter clients. There were no substantive complaints made by clients. Calls from clients were focused on next steps, getting into detox or treatment, returning home to villages, requesting bed or room changes (these requests were immediately referred to shelter staff to address), or discussing discharges. RRS views this as evidence the integrated shelter system is improving since the inception of the Third Party Oversight contract in October, 2024.
   b. Coordination and integration of shelter operations. In RRS's auditing of shelter clients, it has learned there are those who want to be in shelter and those who need to be in shelter. Work is being done to find creative, no-cost ways to inspire clients to look beyond shelter as a way of life. Changing the culture inside shelters to proactively and positively support clients, especially for those who are unable to self-advocate, demands a client-centered, trauma-informed approach which is gaining momentum.
   c. Continued coordination with hospital staff regarding discharges to shelter, particularly on the weekends. Coordination between hospitals, the shelters, and ASC has improved with real-time responsivity. RRS, as noted below, has provided this linkage and coordination but, the shelters as a whole are now coordinated enough to manage this.
   d. Good Neighbor Community Funds - As noted in earlier reports, 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. As noted above, Good Neighbor Funds were utilized during this 2 week period to return individuals to safe places, bridge funding gaps to exit individuals from shelter to more stable housing, etc.

F. RRS's Recommendations, Conclusions and Summary

1. 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 which can include non-MOA shelters, ASC, or other services. RRS has provided seven-day-a-week telephonic navigation support to demonstrate that it can be done and that it fills a gap in services. MOA Shelters have 24-hour staffing and active phone coverage. RRS recommends folding this navigation support function into existing MOA shelters or another entity that already provides 24/7 phone support for this population.
2. RRS does recognize the need for 50 night-only beds to be added to the existing MOA shelter system.
3. To maximize the use of all shelter beds, and to positively exit shelter clients, community service programs must continue to integrate and proactively build relationships to address community needs in real-time.
4. RRS incorporates, by reference, the recommendations made in prior reports.

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