

Restorative and Reentry Services, LLC

3734 Mount Blanc Circle

Anchorage, Alaska 99508

Email: cathleen@restorativeentryservices.com

monica@restorativeentryservices.com

(907) 342-5380

Emergency Cold Weather Shelter 3rd Party Oversight

Weekly Report for Week 17

Project Name: 3rd Party Emergency Shelter Oversight

Submitted to: Anchorage Assembly, Anchorage Mayor's Office, Anchorage Health Dept., and Shelter Operators (Henning, Inc. and The Alaska Hotel Group)

Date: Reporting period March 11 - 17, 2024

Date Submitted: March 20, 2024

Submitted by: Cathleen McLaughlin, JD/MBA

Monica Gross MD, MPH

A. Background

As required under Contract #2023003145, fully executed on November 17, 2023, RRS submits its Weekly report for Week 17. This report is for the period March 11 - 17, 2024.

B. Actions and Events During this Reporting Period

1. RRS focus is on operations at the 3 Emergency Cold Weather Shelter sites (CWS, The Alex Hotel, The Aviator).

2. Key topics:

A. **Use of The RRS Client Questionnaire is a Way to Engage in a Bigger Conversation.** To date, RRS continues to engage with ECWS clients through the use of the RRS Client Questionnaire. The general sense of clients continues to be that the shelter system is meeting their expectations. RRS's goal is to complete 150 Client surveys by next report out and prepare a more detailed summary that will be used in RRS's final 360 Assessment. (Note: In these short client interviews, RRS senses that ECWS clients are becoming anxious about what options are available for those who will not be leaving the ECWS system and into stable housing.)

B. **All 3 ECWS sites are well-operated.** RRS continues to state that all 3 sites are being operated well. Shelter operators have also been responsive to requests for information

in a timely manner. An example of this was when an Assembly member received a complaint from a client of the congregate shelter. The complaint was forwarded to AHD and RRS, who then forwarded to the shelter operator. The matter was quickly investigated and a response was provided by the shelter operator to the Assembly Member within 24 hours. This level of responsiveness and transparency builds healthy communication paths, which RRS strongly supports.

C. **Addressing the High Level of Mental Health Needs.** Addressing significant mental health and co-occurring disorders is an on-going issue at low-barrier emergency shelters nationwide. Enhancing the services for those most at-risk is actively being explored by all ECWS stakeholders. RRS strongly supports the opening of a Crisis Now facility which may be in place in 2024-2025. Collaboration and coordination between APD and AFD MIT and CAP teams and shelter operators do exist. RRS will be making recommendations in its final 360 Assessment about continuing to support the collaboration between these first responder groups and shelter operators.

D. **Review of exit data by RRS.**

On March 15, 2024 Henning, Inc. provided RRS with case management, client services and housing data. The data for the period March 1 – March 15, demonstrates Henning, Inc. is engaging with clients and providing resources to the clients at all 3 ECWS sites which include but are not limited to, assisting clients get IDs, employment, housing, updating resumes, etc.

Alex Hotel has reported that there were 8 exits to housing during this reporting period.

The Aviator has reported that there have been 34 exits to housing to date.

CWS exits were primarily to the Alex and Aviator. This integrated process continues to be beneficial to clients and, even after the ECWS sites close, RRS recommends integration between homeless service providers be encouraged.

E. **Client Call Log** – This workbook continues to be used as the daily call log and contacts for RRS. It is submitted to AHD daily.

F. **Incidences** – No overdoses have been reported at the Aviator, Alex, or CWS.

There were 2 deaths of Aviator clients. Both were properly reported and managed by shelter operators.

G. **Shelter Operator’s Brief Weekly Update** – As noted above, Henning, Inc. provided RRS with shelter data which is available on request. For those unfamiliar with the reporting structure, some explanation from Henning, Inc. may be needed.

C. Shelter Operations

1. **Alex – Non-congregate**

No additional information to report at the Alex since Report #16. The 'Next Step' program continues at the Alex. The Alex continues to be well-run. Discharges due to rule violations that RRS are aware of were appropriate (Note: While at CWS 2 clients self-disclosed they had been discharged from the Alex for rule violations and acknowledged to RRS that they had in fact violated the rules).

RRS will be at the Alex for client surveys on March 22, 2024.

2. **CWS – Congregate Shelter**

CWS continues to be well-run. As noted earlier, there was a client complaint to an Assembly member that was investigated and addressed in a timely and responsive manner. RRS visited CWS on March 13, 2024. As noted in report #16, limited transportation options, especially when public transit is not available is an on-going challenge, especially on the weekends when buses stop running at 8 p.m.

3. **Aviator – Non-congregate.**

The Aviator continues to be well-run. The population served at the Aviator does include individuals with high medical risks and underlying chronic medical conditions. Aviator clients are encouraged to access medical services offered at Brother Francis through its clinic that is open to Aviator clients. As RRS will address in its Final 360 Assessment, access to medical care is a challenge for a significant portion of the clients using ECWS. For future ECWS operations, more robust mobile medical services should be strongly considered.

D. Recommendations, Conclusions and Summary

RRS continues to recommend that ECWS stakeholders build positive momentum around shelter services, exit plans and solution-based practices. Closure of ECWS is currently set for April 30, 2024 unless extended by AHD and the Assembly.

Any questions, please contact RRS through phone, text, or email at any time.

Respectfully Submitted, Cathleen N. McLaughlin, J.D./M.B.A. Monica Gross MD, MPH