

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #11

For the Period – 1/13/2024 – 1/19/2025 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Cold Weather Shelter Oversight
Submitted to: Farina Brown, Thea Bemben, (Special Assistants to the Mayor), Becky Windt Pearson (Municipal Manager), Anchorage Assembly, Anchorage Health Dept., and Shelter Operators (Catholic Social Services, MASH, and Henning, Inc.)

Date: Reporting period January 13 – January 19, 2025

Date Submitted: January 21, 2025

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, RRS submits its Weekly Report for Week 11.

The Emergency Cold Weather Shelter system operated at or near capacity during this reporting period.

B. Contract Compliance

	Non-Compliance	Pending/Progressing	Compliant	Comments
Catholic Social Services				
Integration, collaboration, contract compliance		X		CSS is actively seeking to fill all case management team positions.
Health, Safety, Client Concerns		X		<i>3.3.2 (12) Laundry Services</i> CSS is proactively attempting to address laundry processes, and have implemented a tracking system for laundry, ensuring all items are returned to the correct guest.
Transportation			X	<i>3.7.1 Bus passes.</i> All shelter operators are seeking clarification from AHD around bus pass distribution protocol
Data Reporting			X	
Henning, Inc.				
Integration, collaboration, contract compliance			X	
Health, Safety, Client Concerns		X		<i>One hot meal provided/day.</i> Hot breakfast meals will commence 1/27/25. <i>2.2.7 Conduct intake/assessments to provide trauma-informed care.</i> Henning, Inc. is reviewing search protocol to ensure searches upon entry are consistent with contract and best-practices.
Transportation			X	All shelter operators are seeking clarification from AHD around bus pass distribution protocol
Data Reporting			X	
MASH				
Integration, collaboration, contract compliance			X	MASH remains at lower day rate until the Social Work position is filled. Entrance and exit processes stabilized.

Health, Safety, Client Concerns		X		<i>One hot meal provided/day.</i> Hot dinner meals commence 1/27/25.
Transportation			X	All shelter operators are seeking clarification from AHD around bus pass distribution protocol
Data Reporting			X	Inputting into AKHMIS is now in real-time.
ESS				
Quality		X		Fresh fruit and milk starting to be more regularly provided, potential concern on date stamps on prepared meals
Quantity		X		Food portions increasing with addition of fresh fruit and milk.

C. Client Feedback

Town Hall meetings were hosted at each shelter location. Client feedback was given around the following:

- Food portions. (Note: AHD has worked with the food vendor and daily portions are improving.)
- Increased drug activity (methamphetamine). (Note: ECWS site operators, AHD, Administration, APD, and RRS are taking action to enhance harm reduction practices to address this challenge.
- Anecdotally, some female clients at a non-congregate site shared they are not comfortable being patted down/searched by a male staff. (Note: All site operators are reviewing contract requirements and site staffing regarding staffing ratios to ensure female staff is on-site to perform searches of female clients at all sites.)
- Clients are requesting more accessibility to services/resources on-site, in part, because of a fear that their belongings will not be safe without their presence. (Note: Client-on-client stealing is an issue at all low-barrier shelters. All site operators address provable stealing by a client, from a client, as a violation of shelter rules. Despite protocols in place, stealing occurs.)
- Challenges in getting to and from the shelter site to perform daily activities (such as visiting food banks, checking mail box at Ingra Post Office, going to the library to job search on library computers, visiting a relative at ANMC who is coming from the village, etc.) (Note: See below. Shelter operator contract language recognizes the need to provide client transportation. The contract language is very broad and is subject to differing interpretations. AHD has been asked to review the contract language and provide guidance on how to uniformly define operator expectations regarding bus passes. To further complicate this issue, bus passes are used as trade on the street if given without a stated need.)

D. Incident Report/Discharge Data

Incident report data is provided to the Anchorage Health Department and RRS each week. Upon review of the incident report/discharge data, the top four reasons for discharge/incidents are:

1. Missed curfew/count or abandonment of room
2. Aggressive behavior/damaging of property
3. Drug or alcohol use/paraphernalia

4. Emergency responders called to site.

E. Actions and Events During this Reporting Period

1. Warming was open for the entire reporting period. Capacity is being reached early in the night and walk-up clients were turned away 4 out of the 7 days for a total of 38 turn-aways for the week.
2. RRS facilitated a resource sharing meeting between ECWS providers and True North Recovery as a community partner.
3. Outreach from ACEH, APD HOPE Team and Covenant House have been communicating with RRS and the shelter providers to coordinate filling the limited beds that become available each day. It was noted that outreach increases their ability to move unhoused people inside when they have a non-congregate bed to offer versus congregate.
4. RRS met with CSS to discuss laundry services for CWS clients. CSS has created a tracking system for client laundry to address this issue.
5. RRS has been tracking food portions at the various emergency cold weather shelter locations. AHD has reported ESS is in compliance as of this report and meeting the baseline caloric intake requirement.
6. MASH, at Alex 1, has followed RRS's recommendation regarding pairing of roommates and now has a "Client Confidential Survey Box" in the lobby for clients to privately request a change in roommates to enhance stability and safety.
7. AHD is enforcing the contractual requirement for all emergency shelter providers to provide one hot meal to each client per day. This requirement will be met by 1/27/25.
8. Shoring up services at each location. RRS is working with shelter operators to review and adopt best practices. The implementation of best practices may vary by location.
 - a. 24/7 shelter phone access for emergency service providers and hospitals.
 - b. It was reported Alex 2 Henning, Inc had no female staff for night shift so female clients were searched/patted down by male staff. RRS followed up to support more trauma-informed practices. Henning, Inc. is ensuring that they have the appropriate male to female staff ratio to address this concern.
 - c. High number of incidents regarding aggressive behavior, property damage, and drug activity at or near Alex. MASH staff continues to engage in community council meetings pursuant to good neighbor policy as well as collaborating with APD to address this challenge.
 - d. Client engagement: Both CWS and Alex 1 MASH are continuing to enhance case management teams.
 - e. Reevaluating protocol around the interface between APD and ECWS operators, staff and clients to enhance safety at and around each ECWS site.

F. RRS's Recommendations, Conclusions and Summary

RRS continues to recommend:

1. Each non-congregate site more systematically pair roommates who are compatible through a best-practices model. MASH site has implemented.

2. Recognize and address the increased use of methamphetamine at or near shelter sites (in-process),
3. Further integrate ECWS with emergency responders and medical providers (in-process),
4. Proactively engage existing community providers to come to shelter sites in compliance with AHD protocols (on-going), and
5. Adopt a process approach to utilize shelter beds optimally and in concert with Coordinated Entry, walk-in, and inter-shelter needs (on-going).

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