

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #2

For the Period – 11/11/2024 – 11/17/2024 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 Wendt-Pearson (Municipal Manager), Anchorage Assembly, Anchorage Health Dept., and Shelter Operators (Catholic Social Services and Henning, Inc.)

Date: Reporting period November 11 – November 17, 2024

Date Submitted: November 19 2024

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 2.

Anchorage is experiencing a cold snap that has caused **all** shelter locations to be running at or near capacity. This includes 56th, Henning House, Merrill Field Inn, The Alex Hotel, as well as Brother Francis Shelter, Hope Center, and Anchorage Gospel Rescue Mission. There has been significant real-time collaboration with all shelter operators, APD, AFD, ASP, local hospitals, and ACEH to get vulnerable individuals inside. Despite all efforts, there remains a need for more shelter beds and warming sites to serve those still living outside.

B. Actions and Events During this Reporting Period

1. RRS, CSS and Henning, Inc., with ACEH and the APD HOPE Unit, have:
 - a. Created a real-time communication process that allows this group to report open beds that can be filled on a same-day basis,
 - b. Shored up the timing and reporting of openings at 56th,

c. Improved the processes to move individuals between the 4 locations, and also to other non-muni shelter sites based on individual needs,

d. Participated in 'open door of communication' between the shelter operators and third-party oversight with the Mayor's office and AHD so that problem-solving, gaps, and concerns can be reported in real-time,

e. Operationalized a notification of incident reports process,

f. Created a process to report discharges from the 4 shelters so decisionmakers can be informed of successes, challenges, and recommendations on how to improve the flow of individuals in and out of the shelter programs,

g. Received a local philanthropist's assistance in paying for 8 additional beds at Henning House for emergent situations and circumstances,

h. RRS made itself available for client calls from all shelter locations to address real-time concerns and questions. One concern with clients and stakeholders was having a manned phone at each location at all times. There had been difficulties in reaching shelter staff at the sites in the past. This challenge has been addressed and all shelter sites have been responsive via phone.

i. Confirming that all shelter sites have transportation options to and from for clients (Note: This process has not been fully shored-up. RRS will report more on this in its Report for Week 3).

2. As reported by Henning, Inc., discharge data from the 200 non-congregate sites during this reporting period was:

a. Alex Hotel – 31 discharges (primarily due to abandoning room, violation of rules or destruction of property). 1 individual was housed, 1 referred to Covenant House program.

b. Henning House – 13 discharges (10 for rule violations, 2 moved to other non-congregate beds, 1 flew home).

c. Merrill Field Inn – 14 discharges (violation of rules, use of drugs, and/or abandonment of room).

This data supported a concern of clients at Alex that they shared with RRS. The concern was that it was difficult to get to and from The Alex for appointments downtown or at area medical facilities. This high discharge rate is being addressed by making sure clients have better access and coordination of transportation options from this shelter site. (Note: The shelter contracts do mandate that client transportation needs will be addressed by the shelter operators. Client transportation to and from 56th has also been challenging. This topic will be addressed more fully in Report for Week 3.)

C. RRS Reporting

1. **Integration, collaboration, contract compliance and operations at and with each shelter site and shelter operator** – Both shelter operators and their staff have actively collaborated with RRS, ACEH, APD Hope Unit, and emergency service providers. RRS received copies of the 2 shelter contracts and will review and report on contract compliance within the next 2 weeks.
2. **Health, safety, and concerns of clients** – Incident Reports from all 4 locations suggest a high usage of emergency services, particularly at 56th. RRS needs to look further into this issue before stating the reasons for this and recommendations on how to reduce the use of emergency services.
3. **Food services** – There was one reported complaint about the very small portion of a pasta dinner meal. RRS was shown a picture of the size, which did appear quite small. RRS has not received a copy of the food contract to determine whether the quantities served are in compliance with the contract terms. RRS will add more detail after the contract review.
4. **Transportation to and from shelter sites and transportation needs of clients** – See comments above
5. **Data reporting by RRS, the shelter operators, and ACEH** – See data regarding discharges above. CSS will also be providing RRS data regarding discharges. This information was not received by RRS as of the time of this report.

D. RRS's Recommendations, Conclusions and Summary

With all shelter sites operating at capacity, there have been challenges that need to be acknowledged and addressed:

1. Identifying and improving options for individuals who are discharged from shelters regarding places to go. With the low temperatures and windchill, discharging clients from low-barrier shelters is very difficult, especially if there are little to no other shelter options available. RRS does not fault the shelter operators because discharges are necessary, especially if the health and safety of other clients and staff are at risk. Overseeing the discharge process has shown RRS there is a gap in services that perhaps a crisis now program would address.
2. Improving processes and options for individuals who are turned away from shelters because the sites are at capacity. This could be improved with warming sites.
3. Acknowledging, addressing and improving on-going transportation needs of clients at all 4 emergency shelter sites.
4. On-boarding case managers and having case management services at CWS (same as Week 1). There has not been a clear understanding of when these case managers will be on-site at CWS.

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