

Restorative and Reentry Services, LLC

3734 Mount Blanc Circle

Anchorage, Alaska 99508

Email: cathleen@restorativeentryservices.com

emily@restorativeentryservices.com

(907) 342-5380

Restorative and Reentry Services, LLC's Weekly Report #3

For the Period – 11/18/2024 – 11/24/2024 Under

3rd Party Oversight Contract

Project Name: 3rd Party Emergency Cold Weather Shelter Oversight

Submitted to: Farina Brown, Thea Bembem, (Special Assistants to the Mayor), Becky Windt Pearson (Municipal Manager), Anchorage Assembly, Anchorage Health Dept., and Shelter Operators (Catholic Social Services and Henning, Inc.)

Date: Reporting period November 18 – November 24, 2024

Date Submitted: November 26, 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 3.

Anchorage continues to experience a cold and icy 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. Real-time collaboration with all shelter operators, APD, AFD, ASP, local hospitals, and ACEH continues. These shelters and emergency service providers look forward to additional beds and warming sites to open.

B. Actions and Events During this Reporting Period

1. RRS, CSS and Henning, Inc., with ACEH and the APD HOPE Unit, have continued to work well together. Real-time communication, along with daily bed openings reported by all sites each morning, and 2 standing meetings each week, have assisted in identifying and addressing issues as they arise. Gaps in services have been identified with some problem-solving occurring at the 2 meetings. One example of real-time coordination was targeted outreach at City Hall, where RRS learned many individuals living in the downtown area use City Hall at 7:30

a.m. each day in order to come inside and use the public restroom. After this was learned, the ECWS team of providers and ACEH coordinated efforts to get individuals on the Coordinated Entry list and/or other to shelter beds.

2. Shoring up services at each location. RRS has been auditing processes at each site in order to identify and ultimately recommend potential improvements. Areas that need more attention by the shelter operators and RRS are:

- a. Client property being accounted for, sent with clients as they move between shelter programs, and put into or taken from storage,
- b. 24/7 shelter phone access for emergency service providers and hospitals to improve the process of discharge and/or transportation to shelter sites,
- c. Client medication issues, ie. securing medication for clients on-site and processes of obtaining medications from pharmacies or medical providers,
- d. Refining the bed check process at the non-congregate shelters,
- e. Recognizing and brain-storming issues around pets (Note: The only site that accepts pets is 56th. The 3 non-congregate sites only allow service animals. There is a significant number of individuals who need shelter but who are not willing to part with their pets).
- f. Addressing health and safety issues timely regarding congregate site which include timely responses to bed bugs, lice, etc.
- g. Systematize the 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 program (Note: A process of reporting has been created but is not fully systematized).
- h. Recognizing on-going challenge of how to get individuals who do want a shelter bed to the shelter from the location they are.
- i. Transportation – As noted in the Week 2 report, client transportation is an issue that has not been fully resolved. All shelter sites are expected to provide transportation options to its clients. Bus passes are being used at all 3 sites for specific purposes but, the processes have not been systematized. One example is being able to get individuals to the area pharmacies to get medications. Shelter staff training is needed to ensure that this process is improved at all locations.
- j. Understanding how to maximize each shelter location. All shelter clients are unique, with unique needs. Some individuals do better in congregate

settings while others do better in non-congregate. The shelter operators and RRS need to develop and improve ways to place shelter clients in the shelter site that has the highest likelihood of fitting the client's immediate needs.

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 continued to actively collaborate with RRS, ACEH, APD Hope Unit, and emergency service providers. RRS will be completing its initial 360 Assessment and Report on November 30, 2024.
2. **Health, safety, and concerns of clients** – Incident Reports from all 4 locations suggest a high usage of emergency services at 56th. RRS continues to look further into this issue. There has also been an issue with bed bugs at CWS that is currently being addressed by CSS.
3. **Food services** – RRS received no complaints about the food, although RRS continues to hear anecdotally that the portions, for some, are too small.
4. **Transportation to and from shelter sites and transportation needs of clients** – RRS recognizes that transportation remains a challenge that will need improvement.
5. **Data reporting by RRS, the shelter operators, and ACEH** – Discharge data was not provided to RRS for this reporting period. RRS will be requesting more data on entries and exists from shelter sites.

D. RRS's Recommendations, Conclusions and Summary

With all shelter sites operating at capacity, challenges will exist. However, RRS is very optimistic that the problem-solving, proactive communication that is occurring now between the shelter operators, RRS, ACEH, and emergency service providers will continue, improve, and allow these challenges to be faced, not ignored. As noted above, there are several areas where the ECWS system can improve. RRS will do all it can to make these improvements happen.

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