

Restorative and Reentry Services, LLC

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Restorative and Reentry Services, LLC's Weekly Report #4

For the Period – 11/25/2024 – 12/03/2024 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 25 – December 1, 2024

Date Submitted: December 3, 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 4.

Anchorage shelter locations ran at or near capacity during this period. Real-time collaboration with all shelter operators, APD, AFD, ASP, local hospitals, and ACEH continues. Additional beds became available on Saturday, November 30th, 2024 in the Alex Hotel, building 1 that are operated by MASH. Of the 132 beds opened, 38 were filled November 30 and a total of 70 were filled as of December 1, 2024.

B. Actions and Events During this Reporting Period

1. Throughout the Thanksgiving holiday, with shelters at full capacity, efforts were made to address drop-offs by emergency service providers and hospital discharges. Through real-time communication, most but not all of these drop-offs were managed. RSS, Henning, Inc., and CSS, coordinated with APD as well as hospital social workers to place highly vulnerable clients inside. Henning, Inc. enhanced services at Henry House in order to have 24/7 emergency drop-off by emergency providers.

2. Beginning Saturday, 11/30/24, MASH opened 132 shelter beds at the Alex Hotel, building 1. Within the first 24 hours of opening, MASH conducted intake on over 38 clients. On day 2, Sunday, they accepted another 32 clients totaling 70 by the time the reporting period closed.
3. Between ACEH Outreach, Henning, Inc., hospitals, and CSS, almost all of the MASH intakes were based on a referral-basis which took Coordinated Entry status into account. This allowed CWS to be slightly decompressed and for some individuals living in Davis Park to be moved inside to non-congregate shelter.
4. 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. 24/7 shelter phone access for emergency service providers and hospitals to improve the process of discharge and/or transportation to shelter sites,
 - i. 24/7 ability to drop-off clients. There have been reports from emergency service providers that CWS was not taking any new clients after 10:00 pm. CWS is an emergency, low-barrier shelter that is meant to be available at any time. This issue has been brought to the attention of CSS and they are moving towards making sure the shelter availability is 24/7.
 - b. Currently, CWS is being decompressed to allow for more capacity for clients living outside with pets. This is a short-term solution.
 - c. Addressing health and safety issues timely regarding the congregate site which include timely responses to bed bugs, lice, etc.
 - i. CSS is in the process of beginning hot box treatment for client belongings at E. 56th to address this issue. CSS has also coordinated a weekly medical collaboration with Anchorage Neighborhood Health where a clinician and supporting staff go to CWS to provide clients with PCP checks, writing prescriptions, and medication brought on-site.
 - ii. To attempt to avoid sanitary issues at Alex 1, MASH had hot boxes on site and treated all client clothing and belongings during intake to address this issue.
 - iii. Henning, Inc. addresses this challenge on a case-by-case basis.
 - d. Transportation – As noted in previous reports, client transportation is an issue that has not been fully resolved. All providers, CSS, Henning, Inc., and MASH are required to provide bus passes, taxi vouchers, Lyft or Uber rides, or in-house transportation to clients. RRS receives feedback that clients seeking medical attention for non-emergent needs as well as clients living outside who would like to go to shelter are some of the most common transportation gaps.
 - e. Discharges and transfer of clients between shelter sites. Although this process is established through daily morning check-ins between the shelter operators and RRS, there are some concerns that need to be addressed as to who is going to what shelter site. Some individuals manage better at certain sites. Others have

very high-risk behavioral issues. RRS will be focusing on this issue and report in more detail about the challenges and potential solutions.

- f. Alex 1, because it is new and word has gone out into the community that beds are available, MASH has seen several walk-ins, especially at night, who have not been referred by ACEH or other shelter operators. Because the Alex area in Spenard is far from indoor sitting options for unhoused individuals 24/7 there have been a few challenges. These will be resolved in the interim before warming sites open.
- g. Coordination and integration between Henning and MASH at Alex needs to be shored up. Shared us of laundry, entries and discharges, etc. will be addressed and reported on in Week #5.
- h. RRS will begin Townhalls at all the shelter sites. RRS believes there needs to be more client participation at all sites in order to engage clients in making each site as optimal as possible.

C. RRS Reporting

- 1. **Integration, collaboration, contract compliance and operations at and with each shelter site and shelter operator** – RRS, ACEH, Henning, Inc., and CSS participated in the onboarding of MASH. There was a high level of cooperation and collaboration between programs and staff. Emergency provider drops and discharges are starting to be actively discussed and addressed. This process is still in need of improvement. RRS is actively participating in moving this conversation forward so that more coordination is created to streamline this process.
- 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 official complaints about the food.
- 4. **Transportation to and from shelter sites and transportation needs of clients** – Client transportation needs exceed the transportation that is available at this time.
- 5. **Data reporting by RRS, the shelter operators, and ACEH** – Discharge data was not provided to RRS for this reporting period.

D. RRS's Recommendations, Conclusions and Summary

With the opening of a new site, RRS is optimistic that more vulnerable individuals living outside will be served. The next step is to create integrated systems with other programs and providers outside of the shelter system including but not limited to hospital discharges, APD drop-offs, and other emergency service providers.

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