



UNDERSTANDING THE OCEAN FRONT WALK ENCAMPMENT TO HOMES PROJECT

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USC Price
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ST. JOSEPH CENTER
HOPE THROUGH EMPOWERMENT

Acknowledgments

This work was prepared in collaboration with St. Joseph Center by the following staff and faculty at the Homelessness Policy Research Institute at USC:

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LAND AND LABOR

The Homelessness Policy Research Institute acknowledges the Gabrielino/Tongva peoples as the traditional land caretakers of Tovaangar (the Los Angeles basin and So. Channel Islands), and we acknowledge our presence on the ancestral and unceded territory of the Chumash, Kizh, and Tataviam nations. We recognize and are committed to lifting up their stories, culture, and community. As a land grant institution, we pay our respects to the Honuukvetam (Ancestors), 'Ahihirom (Elders), and 'Eyoohiinkem (our relatives/relations) past, present, and emerging.

- Tovaangar (To-VAA-ngar)
- Chumash (CHOO-mash)
- Tataviam
- Tongva (Tong-va)
- Kizh (Keech)

HPRI acknowledges the labor of Black & African-American people—ancestors and descendants. We recognize that the United States' and global economies historically and currently rest on the ingenuity, cultural treasures and stolen labor of African-Americans and Black people throughout the diaspora. We honor their brilliance and humanity and express our heartfelt gratitude for their infinite contributions. We welcome their wisdom and joy here.



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Executive Summary

The Homelessness Policy Research Institute (HPRI) has prepared this report to help better understand the Ocean Front Walk (OFW) encampment outreach effort. This report can aid in understanding the advantages of the Encampment to Home model, which continues to grow in its application. Hopefully, the learnings from this research will help to strengthen future Encampment to Home outreach efforts by replicating its strongest points and avoiding potential barriers encountered by St. Joseph Center staff in serving the residents of Venice, California. Specifically, this report seeks to highlight the ways in which the Ocean Front Walk effort differed from St. Joseph Center's other outreach endeavors; which aspects of this unique project were particularly successful; and how future targeted outreach work can build on these insights to potentially be even more successful.

To examine these topics, HPRI employed a mixed methods approach, utilizing qualitative, open-ended interviews and statistical analysis of data provided by St. Joseph Center from their Homeless Management Information Systems (HMIS), specific to the clients who were engaged, referred, and enrolled in conjunction with the OFW project. The insights that emerged reveal the distinctive manner in which OFW was organized and resourced, and clarify how OFW clients interacted with its service and housing resources over time.

Five key takeaways emerged from this work, including:

- OFW embodied the strengths of an Encampment to Home model by securing a large portfolio of housing options before even engaging OFW encampment residents. The housing-focused approach quickly flowed clients to numerous local hotel, shelter, and housing sites which enabled clients to move off the street and into housing, including a very high rate of Rapid Re-Housing (RRH) placements.
- The organizational strategies utilized in OFW led to high rates of client engagement and placement. OFW mapped and divided the encampment into actionable zones to manage a complex outreach operation and maximize each day's outreach impact. Clients engaged by outreach were then flowed to staff organized by function (assessment, documentation, referral).
- Rather than 1-2 weeks of outreach prior to encampment resolution, as is common in other outreach efforts, the OFW Encampment to Home model engaged clients for over a month. OFW's outreach and engagement strategy allowed more time to build client trust and enabled word-of-mouth, peer-to-peer recruitment to bolster ongoing outreach efforts and get clients who initially refused to enroll in services and housing.
- Stronger mental health service partnerships with lower caseloads could help future endeavors, given the frequency of both trauma and high mental health needs among those living in encampments.
- Future Encampment to Home efforts should anticipate this heightened level of public scrutiny and plan spaces for staff privacy and emotional processing/recovery. Due to its high profile nature, OFW workers endured confrontation from concerned members of the public and advocates, and constant media surveillance, while trying to serve vulnerable clients during the COVID-19 outbreak.

Introduction

BACKGROUND

St. Joseph Center

St. Joseph Center (SJC), located in Venice, CA, was founded in 1976 with the mission of advancing social and economic equity by providing lower-income households with the resources to become stable and self-supporting. In their work with persons experiencing homelessness, St. Joseph Center is the Coordinated Entry System (CES) lead agency for Service Planning Area 5 (SPA 5), on the Westside of Los Angeles County. As the SPA 5 CES lead, St. Joseph Center provides regional leadership of the system, including partner education, collaborative meetings, case conferencing/care coordination, and matching of system resources. In its service provider capacity, the Center has multiple programs for outreach, engagement, and housing, ranging from their Homeless Service Center to street outreach to Permanent Supportive Housing (PSH). In Fiscal Year 2021-2022, St. Joseph Center served nearly 13,000 clients, mainly through outreach and food services ([St. Joseph Center, n.d.](#)).

Encampment to Home

In 2018, the Los Angeles Homeless Services Authority (LAHSA), the Los Angeles County Health Agency, United Way of Greater Los Angeles, and the Los Angeles County Homeless Initiative introduced the first Encampment to Home pilot project in two communities in South Los Angeles. It was announced as a collaborative effort between LAHSA, government agencies, outreach workers, service providers, and community members. The Encampment to Home effort differed from other encampment outreach efforts due to its higher level of outreach intensity and, most importantly, dedicated housing slots for engaged encampment residents. This pilot was successful in identifying and providing housing resources for 130 households, and 93% of those who accessed permanent housing remained there a year later ([United Way of Greater Los Angeles, 2019](#)). Since then, this Encampment to Home model has been replicated across Los Angeles and the state, with Venice's Ocean Front Walk being one such replication. More recently, California has announced a two-year \$700 million commitment to the Encampment Resolution Fund grant program, which aims to provide pathways to permanent housing for people experiencing homelessness ([Office of Governor Gavin Newsom, 2022](#)).

Ocean Front Walk

In June and July of 2021, St. Joseph Center partnered with Los Angeles City Councilmember Mike Bonin, Los Angeles Mayor Eric Garcetti, and multiple nonprofit, City, and County organizations in an effort to move people living outdoors, on Venice Beach, indoors and onto a path to permanent housing. The six week endeavor required round-the-clock outreach work to meet and engage with Venice Beach and Ocean Front Walk encampment residents, trying to build an understanding of residents' needs and to gain their trust. If and when Ocean Front Walk encampment residents were ready, St. Joseph Center staff connected them to available services and housing. This Encampment to Home project utilized Project Roomkey (PRK) motel rooms, additional non-PRK motel rooms, and permanent housing units to move folks indoors. This report has been prepared to help those working to address homelessness reflect on the successes of, and challenges posed by, the OFW program and to help extract lessons for future Encampment to Home efforts that may be pursued across Los Angeles, California, and the nation.

DATA AND METHODS

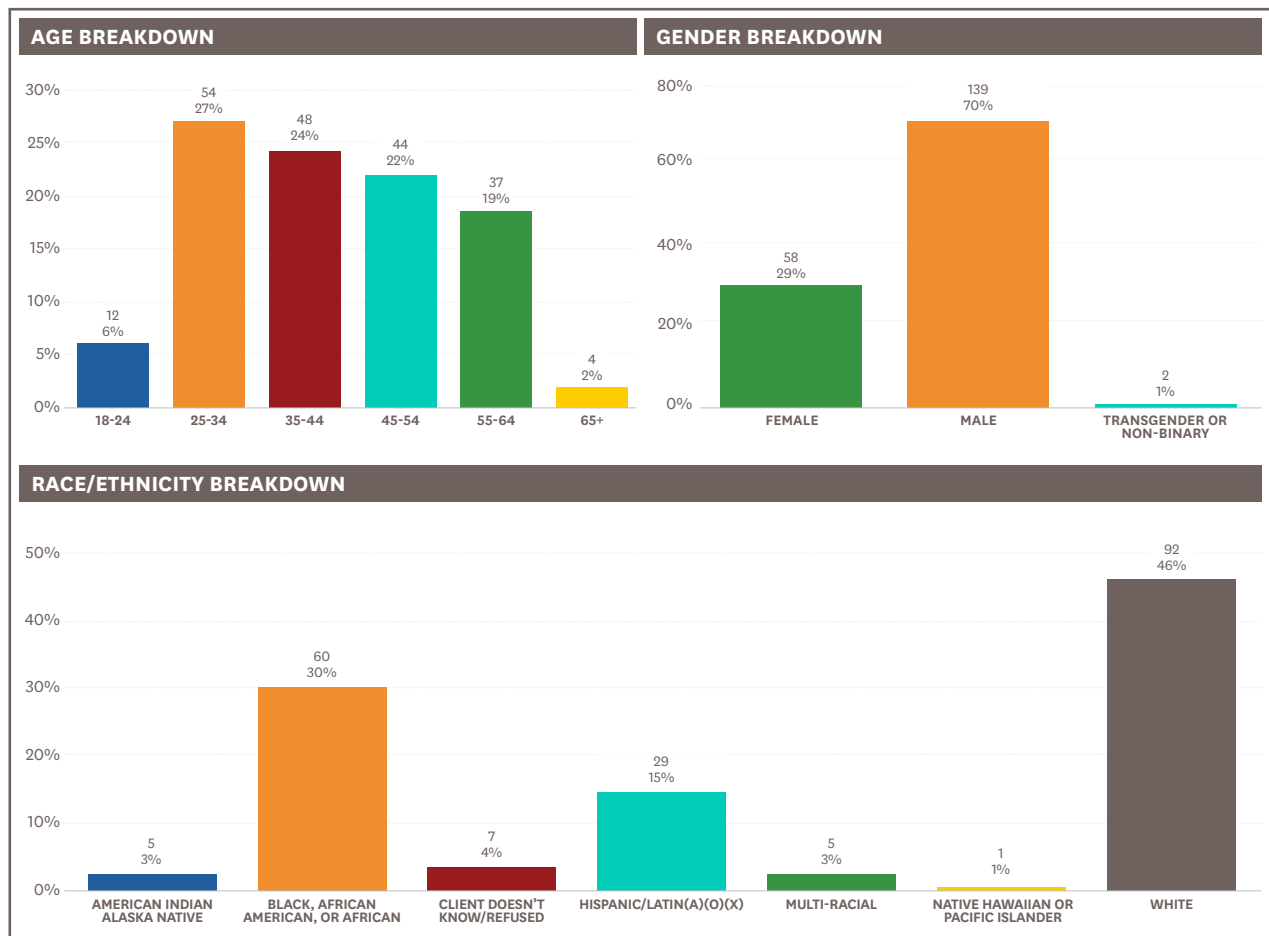
The findings presented in this report were obtained through the analysis of both quantitative and qualitative data. The quantitative analyses were conducted utilizing the demographic information and housing referral data from St. Joseph Center. These data included information for 199 people experiencing homelessness who previously lived on the Ocean Front Walk in Venice. There are six main categories of information covered in these data: individuals' 1) race/ethnicity, 2) gender, 3) age, 4) Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) [VI-SPDAT is defined in Appendix A] score, 5) services accessed, and 6) type of housing referral. Calculations based on these data quantified the number of people in each VI-SPDAT score category by race/ethnicity and gender and the number of people in each housing referral category by race/ethnicity and gender.

For the qualitative analysis, the research team interviewed a total of 7 staff members recommended by St. Joseph Center who worked on the Ocean Front Walk outreach effort. The sample consisted of staff with varying levels of experience and in different positions, including outreach staff, outreach management, mental health experts, case managers, and senior leadership. It is important to note that staff participation in the interviews was completely voluntary and anonymous, with any information derived from the interviews only accessible to the research team and the University of Southern California Institutional Review Board (IRB). All interviews were conducted virtually and were audio recorded; they typically lasted between 30 to 60 minutes. During the interviews, staff were asked about client engagement, why clients refused or accepted services, barriers faced by staff, differences between outreach efforts, and other challenges.

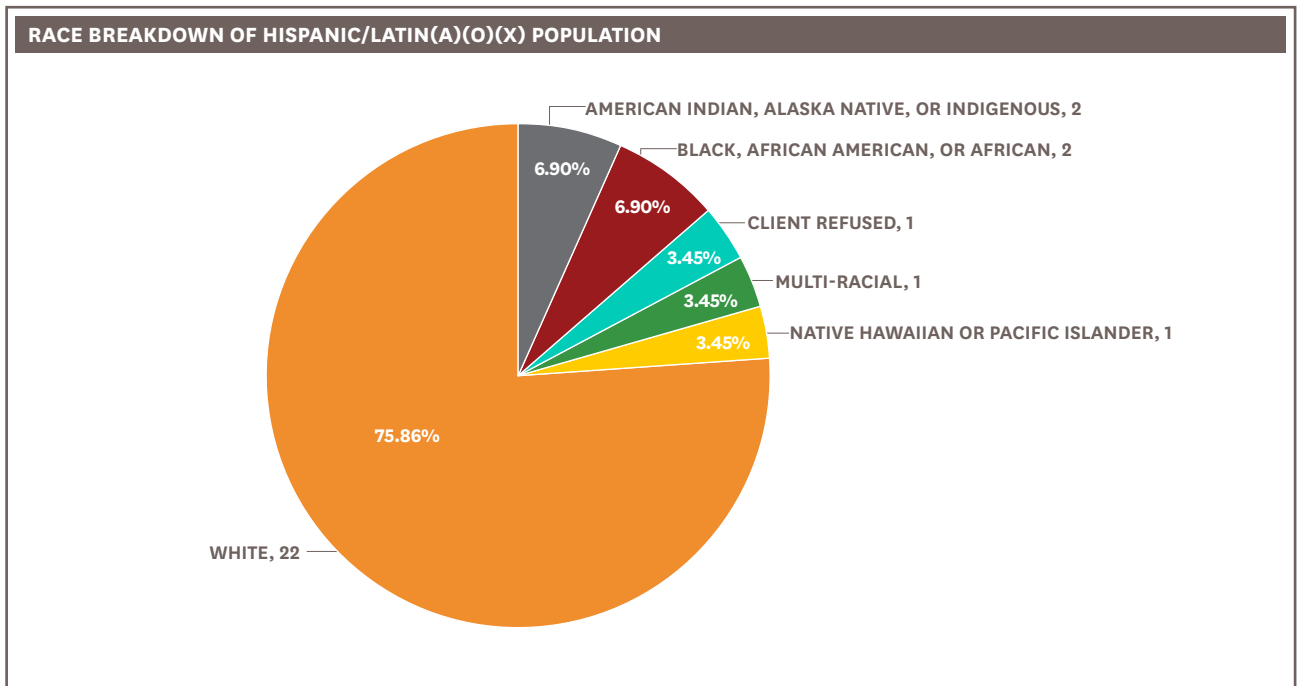
Quantitative Data Findings

DEMOGRAPHIC OVERVIEW

The demographic information collected by St. Joseph Center indicates that those engaged during the Ocean Front Walk project were majority white, male, and between 25 and 55 years old. The detailed breakdowns of each major demographic variable (age, gender, and race/ethnicity) are broken out in graphs below. The demographics of the OFW participants are largely consistent with St. Joseph Center’s overall clientele that they serve across all programs. The vast majority of OFW clients engaged by SJC are between the ages of 26 and 65. Around 55% of all clients were male and 45% were female, with small numbers identifying as transgender or non-binary. For all St. Joseph Center clients, across all locations and programs, engaged in fiscal year 2021-2022, 33% were African-American, 32% Hispanic, 31% White, 2% Asian, 2% Multi-Racial, and 1% American Indian. The OFW demographics are close to those of the general St. Joseph Center client profile, with a higher quantity of white clients and slightly fewer Black and Hispanic/Latino clients. Given the wide variety of folks who identify as Hispanic/Latino, we have also included a pie chart breakdown of the racial identities of those within the overarching Hispanic/Latino group.

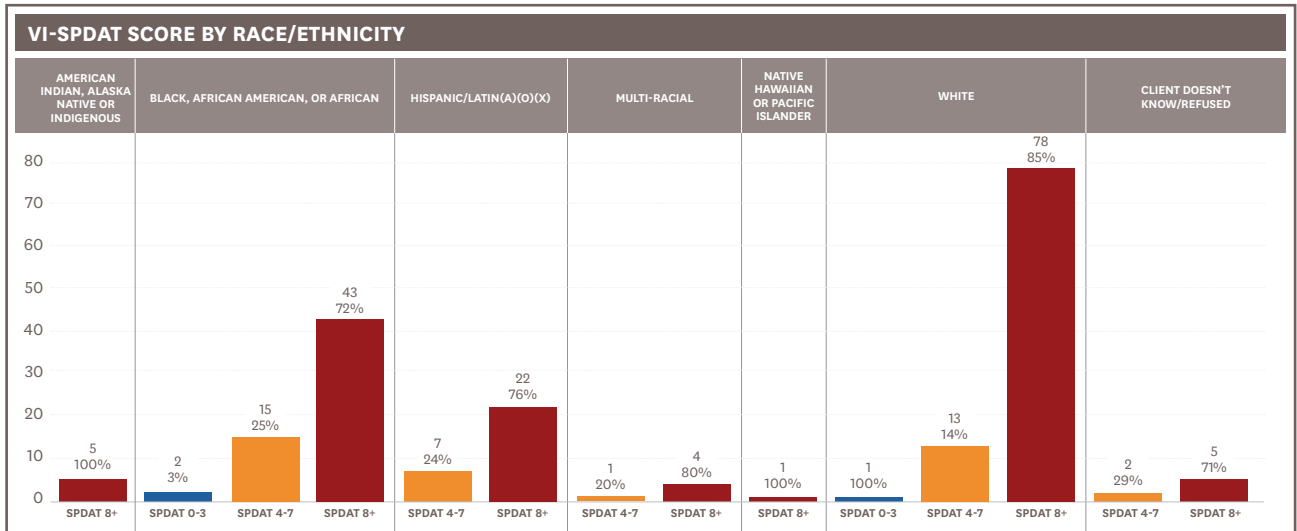


Note: Item 1. The total clients observed in the demographic data (199) is slightly lower than the total clients observed in the service-related data (213), which are explored later in this report



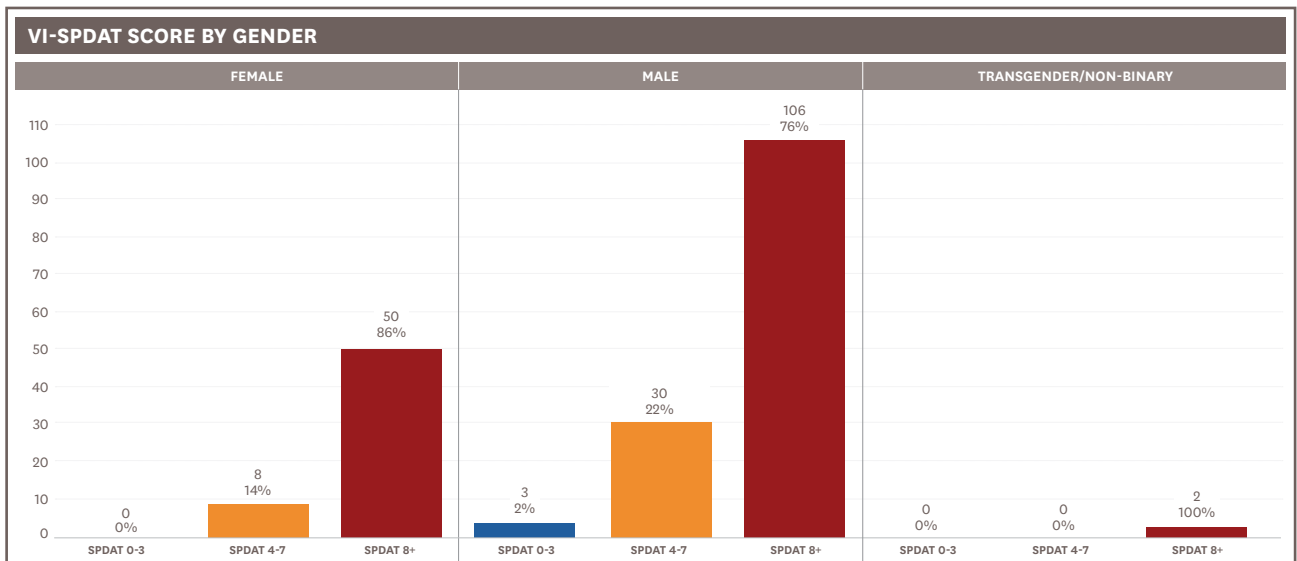
VI-SPDAT Scores Across Race/Ethnicity and Gender

As previously defined in the Data Methods section, the VI-SPDAT tool is employed in Los Angeles to understand client vulnerabilities and various housing and service needs. The OFW VI-SPDAT scores are presented by race/ethnicity and gender in two charts below and reveal a disproportionate number of scores that were 8 or higher, indicating an elevated level of client vulnerability, which is unsurprising given that the OFW population was more likely to have experienced homelessness for an extended period of time, likely contributing to higher rates of vulnerability. Note that the larger share of white clients on the high end of the VI-SPDAT scores is also unsurprising, given that a majority of the full group of OFW participants were white. White clients are disproportionately likely to be given a VI-SPDAT score of 8 or higher, with Black and Hispanic/Latino groups seeing 10-11% more in the 4-7 score range. These scores could simply reflect the particular vulnerabilities of the OFW population, but it could also substantiate concerns that the VI-SPDAT tool may more accurately reflect the vulnerability of white individuals while undervaluing the vulnerabilities experienced by people of color (Cronley, 2020).



Note: Item 1. Individuals identifying as Hispanic/Latin(a)(o)(x) also identify by race (i.e., American Indian/Alaska Native/Indigenous, Black/African American/African, Multi-Racial, Native Hawaiian/Pacific Islander, or White). To prevent double counting, these individuals are only counted in the “Hispanic/Latin(a)(o)(x)” category.

Shifting from race/ethnicity to gender, 86% of female respondents had a score of 8 or higher, compared to 76% of men. This divergence underscores the high rates of trauma endured by women experiencing homelessness both nationally and locally in Los Angeles. At the intersection of race/ethnicity and gender, it is also the case that the group with the largest percentage of respondents who had a score of 8 or higher were white women (at 97%), followed by Black men (at 83%), white men (at 78%), and finally Black women (at 67%). Given ongoing discussions regarding VI-SPDAT’s racial inequities ([Wilkey, 2019](#)), these patterns are not entirely unexpected. Although our data are congruent with potential racial bias in the tool, white OFW participants did report having experienced domestic violence and chronic illness at higher rates than participants of other racial groups, which could have contributed to their higher vulnerability scores.



Client Conditions

In addition to collecting VI-SPDAT scores, St. Joseph Center also surveyed clients about their experiences, history, and conditions to better assess clients' needs. Responses were stratified by race/ethnicity and captured group-level differences in histories of domestic violence, chronic illnesses, alcohol or substance use, mental health, and trauma. These client experiences indicate a high level of vulnerability and need across the board. Particularly of note is the presence of high mental health needs (nearly 40% or greater for every demographic) and the overwhelming experiences of trauma (which were reported by the majority of every demographic). Finally, when considering instances of domestic violence, we see a sobering reflection of larger trends with women, transgender individuals, and non-binary individuals experiencing high rates of domestic violence. Client conditions are demonstrated by race/ethnicity and by gender in the two tables below.

CLIENT CONDITION ACROSS RACE/ETHNICITY								
Count (Percentage of Group)	American Indian, Alaska Native, or Indigenous	Black, African American, or African	Hispanic/ Latin (a)(o)(x)	Multi- Racial	Native Hawaiian or Pacific Islander	White	Client doesn't know/Client refused	Total by Condition
Domestic Violence	1 (20%)	10 (16.7%)	5 (17.2%)	2 (40%)	0 (0%)	21 (22.9%)	2 (28.6%)	41
Chronic Illness	2 (40%)	17 (28.3%)	4 (13.8%)	2 (40%)	0 (0%)	35 (38.0%)	2 (28.6%)	62
Alcohol or Substance Use	0 (0%)	10 (16.7%)	5 (17.2%)	0 (0%)	1 (100%)	21 (22.8%)	0 (0%)	37
Mental Health Concerns	0 (0%)	30 (50%)	8 (27.6%)	2 (40%)	0 (0%)	40 (43.5%)	3 (42.9%)	84
Mental Health Treatment	2 (40%)	21 (35%)	7 (24.1%)	2 (40%)	1 (100%)	29 (31.5%)	3 (42.9%)	65
Trauma	4 (80%)	44 (73.3%)	15 (51.7%)	3 (60%)	1 (100%)	71 (77.2%)	3 (42.9%)	141

Notes: *Item 1.* Percentages represent—the proportion of individuals in each racial/ethnic group who are experiencing each condition. *Item 2.* Individuals identifying as Hispanic/Latin(a)(o)(x) also identify by race (i.e., American Indian/Alaska Native/Indigenous, Black/African American/African, Multi-Racial, Native Hawaiian/Pacific Islander, or White). To prevent double counting, these individuals are only counted in the “Hispanic/Latin(a)(o)(x)” category.

DOMESTIC VIOLENCE ACROSS GENDER	
	Count (Percentage of Group)
Female	20 (34.48%)
Male	19 (13.67%)
Transgender/Non-binary	2 (100%)

PROGRAM OUTCOMES

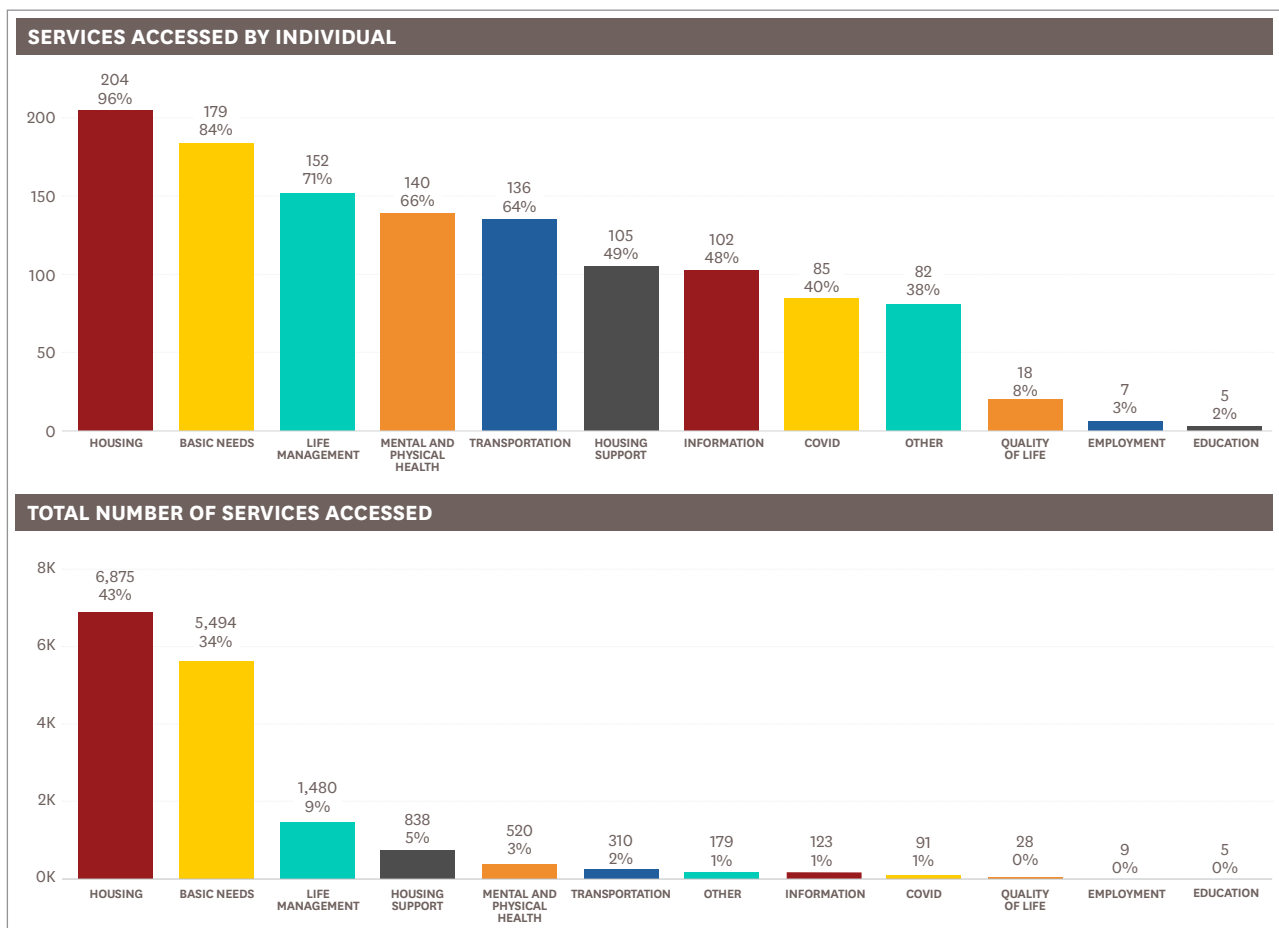
Services Accessed

St. Joseph Center staff delivered, or connected clients to, 12 categories of services which have been defined in the table below.

SERVICE CATEGORY	DEFINITION
Housing	Referral to a bed or unit (IH, RRH, PSH, etc). All housing types are defined in Appendix A
Basic Needs	Necessary materials like toiletries, food, or drinks
Housing Support	Case management, document assistance, housing search, moving cost assistance, rental assistance, housing plans, and assistance with rental deposit, utility deposit, or utility payments
Life Management	Assistance scheduling appointments, benefits application/management, legal help, life skills, money management, and more
Mental & Physical Health	Physical health care, mental health care, alcohol/substance use services, disability care, and referrals to additional health services
Transportation	Supporting clients' mobility needs via rides or help accessing transportation resources
Information	Information about the general LA area, such as how to get around or where to go to access services/other helpful resources
COVID	Access to COVID tests, COVID isolation, masks, vaccination, or other supports
Other	Services not captured by other categories
Quality of Life	Furniture assistance, help with material goods, referrals to shower services, and referrals to pet support
Employment	Assisting clients in preparing for, and seeking out, employment opportunities or employment services
Education	Supporting clients accessing educational institutions and programs

The graphs below look at the services accessed most frequently by unique individuals and also the total amount of times those services were accessed by any individual. The most commonly accessed resources by number of individuals were: housing (96%), basic needs (82%), housing support (76%), life management (71%), and mental and physical health (66%). The most frequently accessed services

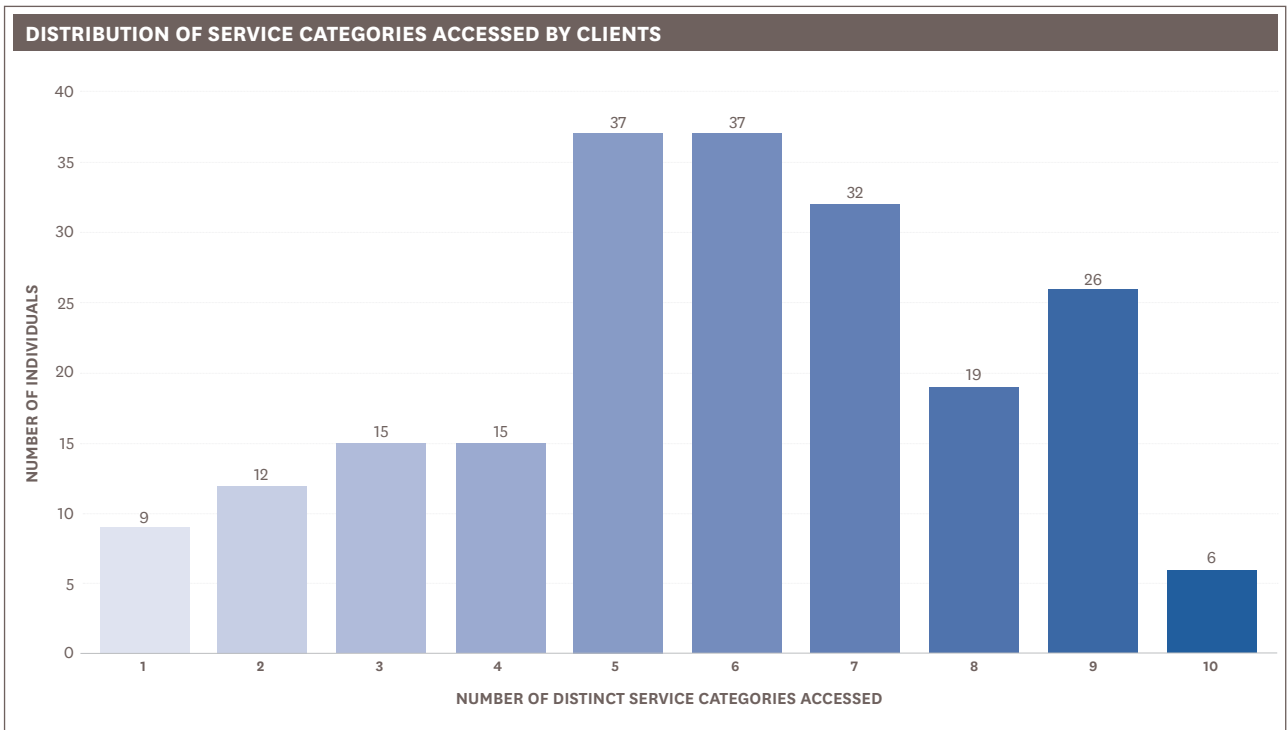
by number of times accessed were: housing, basic needs, life management, housing support, and mental and physical health. The focus on supporting individuals to prepare them and connect them to the most appropriate housing resources is in line with the Encampment to Home model and also aligns with the Housing First [Housing First is defined in Appendix A] approach employed by St. Joseph Center. The long-term approach to outreach, taking place over multiple weeks, also helps to illustrate why such a high rate of individuals agreed to come indoors and were placed in some form of permanent housing (discussed later in this section). Despite the OFW clients having a high level of mental health vulnerability, however, the frequency of mental and physical health services accessed were relatively low. While the majority of clients (140) accessed either physical or mental health services, when looking specifically at mental health services, 123 individuals accessed those services a total of 218 times. While it is promising that a majority of clients accessed mental health services, those who did averaged less than two mental health service engagements. Knowing the significant portion of clients who shared their personal history of mental health needs and/or trauma, the Homeless Management Information Systems (HMIS) records do not show a strong record of continuous mental health service engagement. This lack of consistent mental health service engagement was an issue also reflected in the qualitative data (discussed later in this report).



Note: Item 1. Services analyzed consist of those that were accessed between 7/1/2021 and 3/31/2022.

It is easily observable from the provided data that clients who interacted with the OFW program were connected to a wide variety of supportive services. There were five categories of services (housing, basic needs, life management, mental/physical health, and transportation) that were accessed by at least 50% of clients, highlighting relatively high need for these services.

The chart below illustrates the distribution of clients who accessed distinct categories of services by showing the number of clients who accessed each quantity of services. There is a particularly large cluster of clients that accessed between five and eight distinct categories of services, highlighting the variety of needs that many clients experience and St. Joseph Center’s ability to address them. This speaks to the robust nature of OFW’s program structure and the strong case management which sought to learn clients’ needs and quickly connect them to resources to address those needs.



Housing Referrals

The chart below represents housing placements at the earliest and latest times of referrals captured in our datasets. In analyzing earliest and most recent housing referrals, Rapid Re-Housing (RRH) was the most common in both cases. Interim Housing (IH) was second most common at the earliest referral, while Interim Housing and Project Roomkey (PRK) were tied for second most common at the most recent referral. Between earliest housing referral and most recent housing referral, instances of clients placed in Rapid Re-Housing nearly doubled. This, in particular, is a promising sign in the data that engaged participants were either initially matched to RRH, which is a more permanent housing program, or progressed through more interim settings before being matched to RRH.



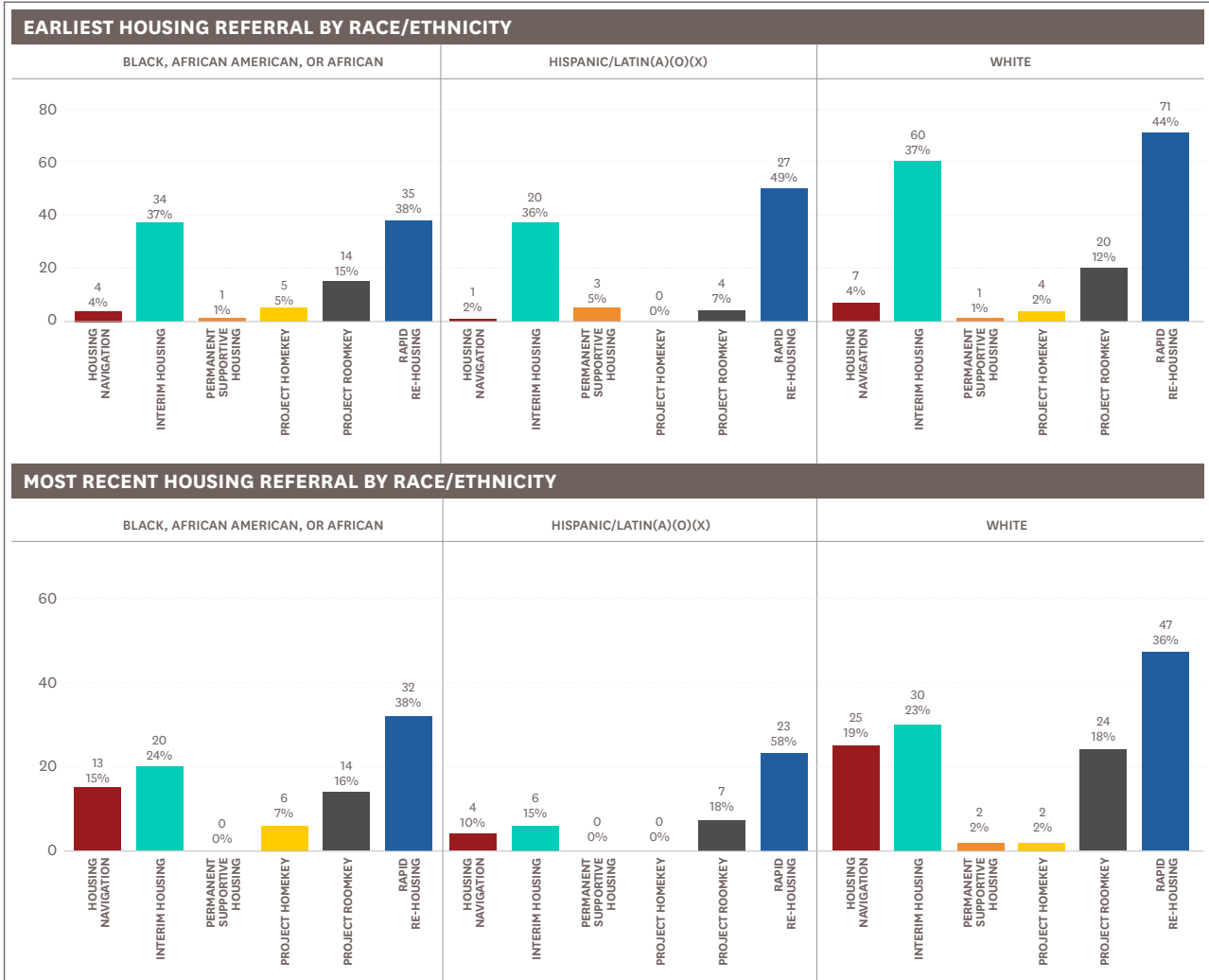
Note: Item 1. Some clients were enrolled in multiple housing placements simultaneously

The graph below shows these same housing referrals broken down by race/ethnicity. Housing referral category results broken out by race/ethnicity at both the earliest and most recent housing referrals generally display a similar pattern to the trends across the whole client population: RRH was the most common housing referral by far, followed by housing referrals to Interim Housing and PRK.

Looking specifically at the earliest housing referrals, one can observe slight differentiations between white and Black participants. White participants were, however, matched to RRH on their earliest housing referral at slightly higher than average rates while they were connected to PRK at lower than average rates. We see the inverse relationship with Black participants at a stronger magnitude, with Black participants being significantly less likely than to be matched to RRH and significantly more likely to be matched to IH at earliest referral. Additionally, Black participants were initially matched to PRK at higher than average rates. It is difficult to determine the source of these variations as it could be related to several factors in the assessment and placement process. Potential biases in the vulnerability assessment, distinct life experiences between individuals, and varying housing preferences all play a role in how individuals are assessed and referred.

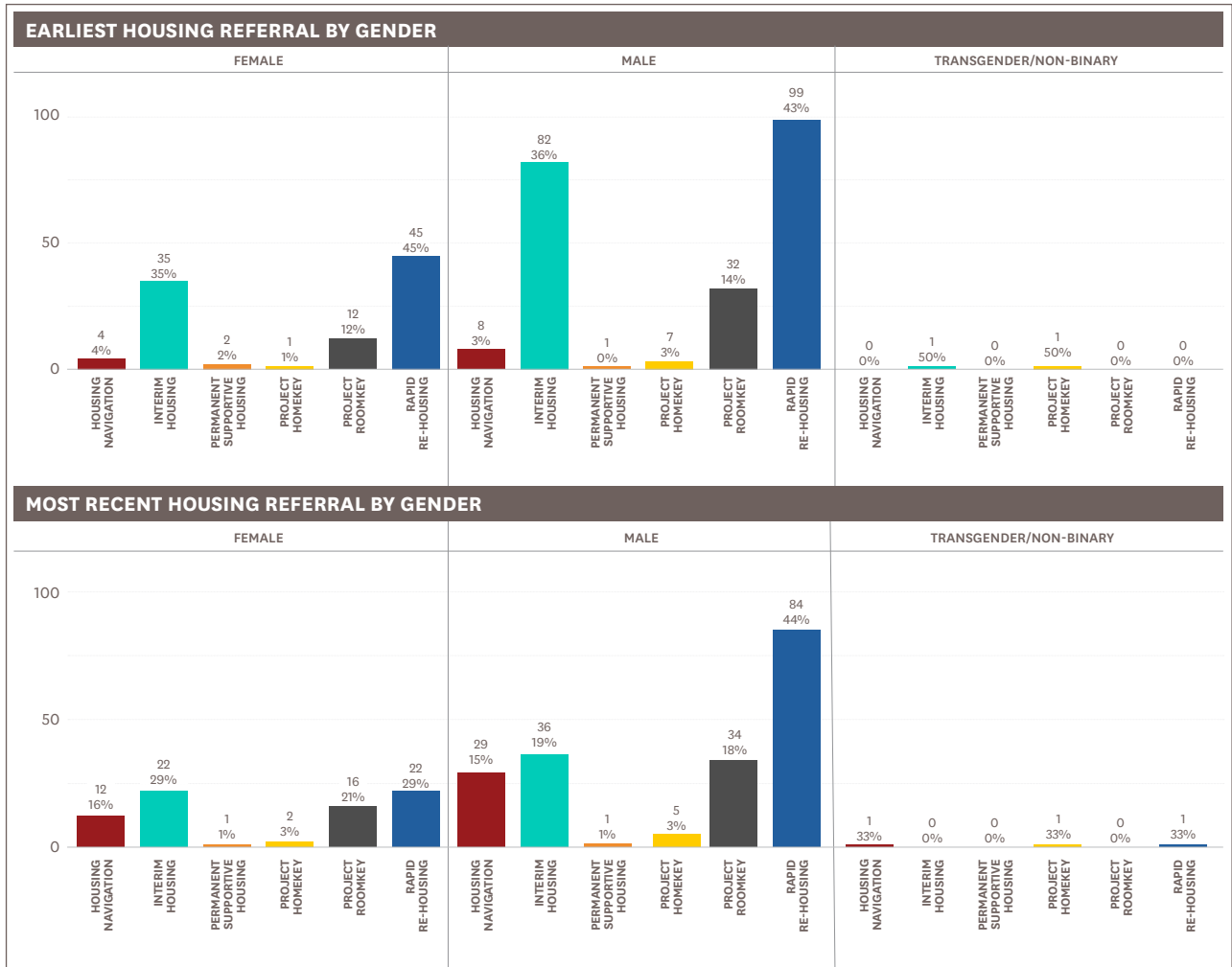
At the most recent housing referral, the patterns of housing for white participants were closely aligned with the overall client average referrals. Patterns among Black participants also moved closer to the average at the most recent housing referral, though they were still less likely to be matched to RRH and more likely to be matched to IH. Finally, while a small portion of Black clients were initially matched to PSH, none were

matched to PSH at the most recent referral, though an above-average share of Black participants were in PHK. The Hispanic/Latino demographic group saw disproportionately high referral rates to RRH at both first and last referral, while also seeing slightly lower rates of IH referrals at most recent housing referral.



Notes: Item 1. Some clients were enrolled in multiple housing placements simultaneously. **Item 2.** Individuals identifying as Hispanic/Latin(a)(o)(x) also identify by race (i.e., American Indian/Alaska Native/Indigenous, Black/African American/African, Multi-Racial, Native Hawaiian/Pacific Islander, or White). To prevent double counting, these individuals are only counted in the “Hispanic/Latin(a)(o)(x)” category.

The graphs below again look at housing referrals, this time based on clients’ reported gender. Examining referrals by gender identity, the trends across male and female identifying participants were relatively close to the average at both the earliest and most recent housing referrals. When looking specifically at most recent housing referrals, female participants were slightly less likely to be matched to RRH than their male counterparts and more likely to be matched to IH. Again, it is hard to determine the reason behind these divergences as the assessment, matching, and client choice processes present many potentially explanatory variables.



Note: Item 1. Some clients were enrolled in multiple housing placements simultaneously

Services Referred

When examining the types of resources (both housing and supportive services) to which clients were connected overall, a strong focus on housing is evident. The graph below shows all program enrollments, the share of those enrollments that are housing, and the share of enrollments that are permanent housing. Of all program enrollments and referrals, over half were housing. Within the universe of housing referrals there was, unsurprisingly, a great deal of variation as individuals transitioned between different initial housing placements to more permanent housing options as they became available. Perhaps most importantly, nearly all clients (93%) who were referred to any form of housing were connected to a form

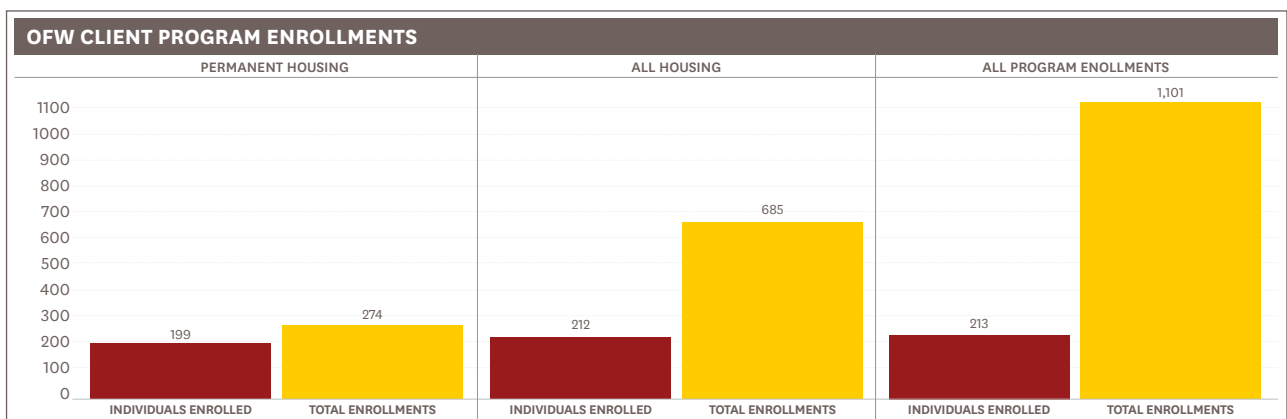
Perhaps most importantly, nearly all clients (93%) who were referred to any form of housing were connected to a form of permanent housing. This level of focus on housing is far above the normal rate of standard outreach programs. While OFW connected nearly all clients to some form of housing, LAHSA reported that in the first part of 2021 its outreach programs interacted with just over 22,000 individuals and connected just 5,312 (24%) to some form of housing (LAHSA, 2021).

of permanent housing. This level of focus on housing is far above the normal rate of standard outreach programs. While OFW connected nearly all clients to some form of housing, LAHSA reported that in the first part of 2021 its outreach programs interacted with just over 22,000 individuals and connected just 5,312 (24%) to some form of housing ([LAHSA, 2021](#)).

Overall the quantitative data demonstrate that the residents of the Ocean Front Walk are representative of unsheltered populations across Los Angeles: mainly single adults under age 60 who are disproportionately Black and have higher mental health needs. This population has also experienced high levels of domestic violence, trauma, and chronic illness.

Overall the quantitative data demonstrate that the residents of the Ocean Front Walk are representative of unsheltered populations across Los Angeles: mainly single adults under age 60 who are disproportionately Black and have higher mental health needs. This population has also experienced high levels of domestic violence, trauma, and chronic illness. It is evident in this HMIS data that the OFW

endeavor was focused on bringing participants into housing, most often into some form of permanent housing. The frequency and prevalence of enrollment in supportive services like housing support, life management, and mental/physical health show a high capacity to keep this particularly vulnerable population housed. Attending appointments, applying for programs, locating funding for rental/utility payments, gathering documents, and countless other tasks can be challenging for any person, particularly transitioning away from life on the streets. Being able to work with St. Joseph Center staff and receive support in each of these areas provides a much stronger basis from which clients can grow toward sustaining themselves and their housing. Given the high level of need in this population, their wariness of service providers, the frequent fear of enrolling in what could be strict housing placements, and the difficulty of adjusting to life outside of encampments, it is crucial to understand that the organization and techniques employed by OFW staff is what made such positive client outcomes possible. Additionally, it is important to learn from the experiences of staff to replicate successful features and avoid the negative aspects of OFW in future focused outreach efforts. The interviews with St. Joseph Center staff were structured in pursuit of those insights. Where 93% of clients engaged in this project were enrolled in some form of permanent housing (PSH or RRH), around 34% of all clients engaged by St. Joseph Center in FY 2021-2022 were newly permanently housed ([St. Joseph Center, 2022](#)).



Interview Findings

Interviews were conducted with seven St. Joseph Center staff members, across management levels and position types. These short, open-ended interviews aimed to understand how the OFW endeavor was organized and what strategies staff used to engage clients, earn their trust, understand their needs, and support them once connected to relevant resources. The findings from these interviews have been thematically organized into the following themes: OFW program organization, clients, client engagement, barriers, and OFW challenges.

DEFINING OCEAN FRONT WALK

A Different Outreach Approach

The research team asked staff about the differences between OFW and St. Joseph Center's other outreach efforts in which they had participated. Staff outlined divergences in available resources and level of planning between OFW and two other major outreach efforts in the area: Project Room Key (PRK) and the Penmar encampment.

Ocean Front Walk vs. Penmar

When comparing OFW to the other encampment engagement effort at Penmar, interviewees expressed that the planning for OFW was much more systematically organized.

“Oh, it was very much different. I was actually a part of one of our first ones which was the Penmar project. I believe that was in 2020. We were all in that project learning for the first time how to get the clients to the different hotels and how to really engage them to motivate them, to want to change”

Overall planning allowed everyone to know their role, facilitating all operations. Strategies that were reported to be helpful included the formation of teams each responsible for different tasks, including: Data, Transportation, Outreach, and Homeless Verification teams. Additionally, previous experience from the Penmar project conferred valuable learnings for staff on effective engagement strategies that could be used in OFW.

“Everybody knew their place. We had an intake team. We had the outreach workers going to the different zones, but not everybody went to the same zone. It was just well prepared. I think we prepared, I want to say six weeks ahead of time”

“Having a data team upfront, that's something we didn't have for Penmar.

We wanted to have different teams. We had an outreach team. We had a transportation team. We had a data team...a homeless verification team. The homeless verification team was a team that for people that claimed to be from the area, because it was impossible for us to know everybody that was out there.”

Penmar proved to be a crucial opportunity for staff to develop a more systematic approach that afforded role clarity, up-front organization, and marshaling of resources such that staff could focus more on their interactions with clients. While this organization was very fruitful, staff still struggled when service partnerships were either unable or unwilling to match St. Joseph Center staff's consistent, patient approach to client engagement.

Geographic Differences

In addition to general differences in outreach efforts, staff were asked about the variation in geographic locations in Service Planning Area 5 (SPA 5), which St. Joseph Center serves and how this may have affected each outreach process. Both of the major outreach efforts discussed also included Project Room Key and Penmar.

Ocean Front Walk vs. Project Room Key

Interviewees described the clients choosing to reside near the OFW and those in PRK as having very different backgrounds. Clients in PRK were often people recovering from covid or were experiencing homelessness as a result of the pandemic. On the other hand, OFW staff engaged with people who had been experiencing homelessness for years before the pandemic.

“Even people that I’ve worked with other prior case managers, they’re like, comparing PRK to OFW, this is a whole different type of crowd, a whole different type of vibe. In PRK, it was people recovering from COVID. They became homeless because of COVID. Over here at Ocean Front Walk, it was people that were homeless for years or they came out of state and they came to stay in Venice.”

This characteristic also meant that the OFW population had a much greater age range than PRK. In PRK, staff engaged with a much more elderly population, while OFW ages ranged anywhere from 18 to 70 years old. Many staff also noted that people located in Venice were not necessarily from the area, with a large percentage of individuals coming from outside the state.

“At PRK, it was anyone that was COVID vulnerable. We had elderly who were there and we had maybe a couple of youth. Maybe one young lady was a youth, but everyone else was, I want to say, closer to 40 and above. For now, I’m starting to see that we have kids out there ranging from ages, maybe 18, 19, 20 on up to 50 and 60 and 70 that were all out there homeless on Venice Beach.”

Interviewees who participated in PRK also expressed that size was one of the major differences between both outreach efforts. Compared to PRK, the outreach phase of OFW was described as far more intense due to the long hours and energy required to walk and examine the entire boardwalk. To walk the entire boardwalk down and back reportedly took 4 hours to complete.

“It was interesting, it literally took a lot of energy because you would walk the whole Boardwalk down and then back and it would take almost four hours to walk it down and back because clients will stop you, you’ll talk to them, and then you would have to come back, and then go back. It was a bit exhausting.”

The discussions with interviewees highlight Venice Beach’s unique position, providing insight into the varying resources and planning that future outreach efforts in the area will require.

Ocean Front Walk vs. Penmar

The most notable difference between both outreach efforts was the size. OFW had a much larger and public location, which made it difficult to count and keep track of the people who were permanently occupying the area at the time. Penmar was located in a much smaller, more secluded area. Organization and planning were both key to addressing the issue of size in OFW. Interviewees expressed satisfaction with how the area was divided into different quads to make the outreach process smoother.

“The most complicated thing that I noticed was just the layout of the encampment. Because with Penmar it was a fence, so you didn’t have anything on that backside. You could see everything at eye level and know how many tents were there and there was nothing potentially behind it because it was pretty much the street then the fence.

They were in between the road and the fence. For Ocean Front Walk you had from the Boardwalk all the way down to the sand there could be five tents in between that. That was probably the most challenging thing going into Ocean Front Walk is really trying to get an accurate count of how many tents are people that were on Ocean Front Walk one.”

Staff mentioned that one of the successful ways in which management helped to tackle the sheer scale of the OFW encampment was mapping out the encampment. Utilizing a drone to capture aerial footage of the encampment, outreach management then divided the large encampment into smaller zones. The teams could then focus their efforts on smaller zones as they understood the characteristics of smaller settlements and groups within the larger encampment.

CLIENTS

To gain a better understanding of the OFW clients' varying experiences, St. Joseph Center staff were asked various questions regarding those they assisted throughout the outreach effort. Through these questions, information was gathered regarding clientele background and their reasoning for moving to Venice Beach.

Background

Through client intakes and general conversations, staff gathered that many of the clients they engaged on Venice Beach were not originally from the area. The staff reported that an overwhelming majority of clients spoken to were from out of state, with clients reporting traveling from areas as far as New York, Detroit, and Colorado.

“We have people from New York, Detroit, all over the place. Even now with the encampment that we’re working on now, I would say 95% of the individuals that we’re encountering from this encampment are not from Venice.”

It is worth noting that, if this is true, Venice is an outlier in the context of Los Angeles County. Figures from the 2020 LAHSA Homeless Count show that the vast majority (80%) of unsheltered Angelenos have been in the county for at least five years and that many (67%) first became homeless in Los Angeles County ([LAHSA, 2020](#)).

Staff asked individuals what attracted them to Venice Beach and why they ultimately stayed. Some clients explained that they had originally traveled to the area to pursue a dream or opportunity, including acting, writing, and singing. Unfortunately, many of the opportunities individuals traveled for fell through, but they ultimately chose to stay in the area anyway.

“Absolutely, yes, so the ones that were there for months at a time, they came from all over the place. Some just wanted to live there, their dream was living at Venice Beach and some came from other cities and states and they had a plan to be an actor, or an actress and it didn’t go through, it didn’t follow through. Those were the people that were from out of state.”

Another common reason that clients cited for moving to the Venice area was the weather. Unlike the Midwest or the East Coast, weather in California is consistently warm throughout the year. Consistency in climate made moving to Venice attractive to those who found themselves experiencing homelessness.

“Most of them go to the beach because of the weather. The beach they feel that California stays hot 82% of the year. The rest, we get a little rain. We don’t have snow really, unless San Bernardino Mountain or something like that; so it is the weather. Our cold days are like regular days for them because they might come from Chicago or Wisconsin or somewhere like that, where it’s below zero. It’s like, this is nothing.”

These conversations provide a bit of insight into the diverse backgrounds of the clients St. Joseph Center has engaged with. Having this understanding will be useful in assessing best practices for engaging with the community moving forward. In locations like Venice Beach, which draw folks from all across the country, there may be a greater need to provide reunification services or assistance in familiarizing participants with the local area and where to find relevant services.

CLIENT ENGAGEMENT

While each client is an individual with their own story and needs, people in encampments have usually chosen a similar area due to some common backgrounds, desires, or needs. These common links lead to some overarching patterns when staff engage clients of a shared encampment. Interviews with OFW staff helped identify consistent patterns in the various reasons that individuals accepted, refused, or initially refused and then accepted housing services during OFW outreach effort. It is also important to note that clients received a wide range of services from St. Joseph Center aside from housing assistance, and the vast majority of people received multiple services.

Accepted

A deciding factor for clients' acceptance of offered services was their desire for a change in their lives. There were clients who were excited about the opportunity St. Joseph Center's staff offered and immediately accepted housing and services through the program. Moreover, interviewees explained that many clients had been on waiting lists for housing opportunities through other organizations. When participants in these scenarios heard that St. Joseph Center had resources available immediately, they accepted.

"They wanted to change. They wanted to change their life."

"Some actually wanted something different. They just didn't know how to get it. Some people out there were on different housing list from different organizations and they would say, 'Well, I've been waiting for two years and I've been waiting for three years or six months.'"

In this group of individuals who immediately accepted services or housing, we can see the value in consistent and patient engagement. While some participants may have mistrusted outreach workers due to unsuccessful prior engagement, the ability to demonstrate that housing was immediately available was invaluable for acceptance of placements.

St. Joseph Center staff's consistency in working with all encampment residents spoke for itself; and, in some cases, participants who had accepted services helped to reassure their neighbors in ways staff could never achieve. This snowball effect seemed to be particularly powerful in this particular encampment where many folks originally wanted to be left alone.

Refused

The greatest contributing factor to refusal of services was related to mental health. Interviewees conveyed concern for the mental health of both clients and those who refused services. According to staff, many of the individuals engaged during the OFW outreach effort were struggling with their mental health, often triggered by either past trauma or traumatic experiences during their time living in Venice Beach.

"That was like the hook but then you had some who didn't want it, period. They just wanted to stay outside and it could have had a mixture of severe mental illness and/or substance use."

In this vein, respondents explained that clients with mental health challenges struggled with the transition of moving indoors — citing symptoms of anxiety and claustrophobia as a reason that clients chose to exit the program. As a result, even when clients initially agreed to participate in St. Joseph Center’s program, their mental health acted as a direct barrier to successful completion.

“I had some that would get anxiety and they felt claustrophobic being in a hotel room; like they’re used to being out and about, not being in a room. I had this elderly man that told me, ‘I’m sorry, I can’t do this. I’m going to go back to the street,’ and he grabbed his stuff and he’s like, ‘I can’t breathe in here.’ It was a big struggle for some to stay or to continue.”

The second most cited reason for refusal was a lack of interest in moving away from the Venice Beach area. While on the boardwalk, individuals had developed routines, which included selling jewelry, paintings, and other items, as well as conducting personal business on the beach. Moving away from Venice would have made it difficult for clients to maintain their old schedules; as a result, housing services away from the area acted as a barrier to engagement. This was especially true for participants who were moved closer to the South L.A. area.

“They weren’t able to make a living. A lot of them sell jewelry, handmade jewelry, paintings, or things like that. It was far away from Venice, where they would go normally to make their living.”

“They’re scared to be alone because they live in a community when they’re out there on Venice Beach. It’s like a family for a lot of them, they call each other brothers and sisters and it’s a jointed family, so to come indoors and sometimes you may have to go and get your own place.”

Many people had already established communities — which they considered family — in Venice and feared moving away. In addition to being neighbors, folks helped one another out and cared deeply about one another’s wellbeing. Additionally, many encampment residents enjoy living on the beach, which has scenic views and a temperate climate.

“Because despite how we visibly see it in terms of just the human side of it, it may not be habitable to our standards, but it’s a beachfront view. They lived on the beach.

For some that was the life for them. If you didn’t come with something equivalent or better, they weren’t interested in services. To have individuals who had their own tent, who lived on a beach, who can wake up and see the sunset or sunrise and the sunset if you’re not coming with some realistic or some resources that you can see them taking, it’s pointless.”

Previous trauma played a large role in the lack of trust clients had in the OFW outreach effort. Negative experiences at shelters or other programs made some individuals reluctant to engage at all with St. Joseph Center staff. Interviewees described having heard from clients that they had experienced abuse at other programs and refused any future engagement to avoid similar experiences.

“A lot of them have had bad experiences at other shelters. When you would bring up like PRK or A Bridge Home (ABH) to bridge housing, they would connect it all to a shelter which they didn’t want to go into. That’s always another challenge is that a lot of these folks have had bad experiences at a shelter. Either they get abused or people steal their things and it leaves a bad taste in their mouth, and that makes it harder for us to try to get them connected to other resources”

In addition to experiencing theft or abuse, some individuals also refused engagement due to a previous sense of false hope created by other programs. Different outreach workers or program staff may have promised to help and provide housing, but failed to deliver on that promise. Many clients believed engaging with St. Joseph Center would have led to a similar outcome.

“I can understand, I’ve heard a lot of stories from a lot of clients saying that they’ve had case managers come by and tell them that they’re going to help them but then don’t help them, and have been trying to get help for years. I understood. In the beginning, it was definitely hard to get people to trust you because it’s like, you’re probably just that same person that is just telling me the same thing somebody else said, but you really don’t care.”

These forms of mistrust are particularly difficult to overcome, as they are based in histories of trauma and failures of the homeless services system to meet the needs of clients. The multi-week outreach time period is essential for trying to build trust that can overcome these histories of harm.

Outside of mistrust, participants cited the rules and requirements of participating hotels of OFW as a reason for not participating in the program. Rules of the program included not having guests in the hotel, no drugs, no smoking, etc., which some participants considered too restrictive. The level of restrictiveness depended on program rules and individual hotel requirements. For instance, some of the hotels that participated in OFW were part of the Project Room Key (PRK), which restricted the entrance and exit of participants after certain hours of the night.

“Even though we did get people indoors, a great deal of them went on to get permanent housing, but there was a percentage who, they just couldn’t get through that phase of, “I have to do this to — I have to follow these rules so I can have that down there.” They were exited from the program because of non-compliance.”

“I’d say most of them didn’t want any rules. Of course, when we were putting a great many people into motels, there had to be certain rules. Like you couldn’t have people over in your room. You couldn’t be like using drugs in your room. No smoking. A lot of clients, they didn’t want any rules at all. They wanted to be able to do what they wanted to do”

This reality is a hard one to accept, given that if some rules were less restrictive, perhaps more clients would have remained in PRK or temporary housing. On the other hand, for clients in recovery or with substance-related trauma, those rules could be essential to help them retain their housing. Overall, it speaks to the importance of individual permanent housing (where a resident can run their home as they see fit) and of offering a variety of shorter term housing environments to suit clients’ specific needs.

Refused then Accepted

Another common pattern witnessed during the OFW effort were clients who initially refused services before changing their mind and accepting services or housing. A crucial factor in securing successful engagement was the success of other clients in the program. By continuing to engage folks day in and day out, those who had initially refused housing or services were prone to change their minds after seeing friends and neighbors obtain housing services and resources connected to St. Joseph Center.

“...them seeing their neighbor’s house or us building relationships with their friends who may indirectly open up the door for a line of communication to even be able to — because a lot of them won’t even engage. They won’t even — ‘Oh, I’m not interested.’ Be very dismissive. The relationships of individuals out there are very important.

Like I said, they really may have a relationship with that person or just have a better approach with an individual that had been dismissive or just give a little background as far as why. Like I said, that was a major benefit for us.”

This was especially important for those who had lost trust in housing assistance programs, which had never followed through in providing them with services. Moreover, asking clients who had engaged with the outreach effort to talk to friends who had refused services also assisted in removing distrust as a barrier.

“The buy-in was the other zones who saw the first zone or the second zone, get their housing, that’s what happened. Like, oh it’s cool they give us this, they gave us that. It beats being out here in the streets or not having something to eat or just that fresh shower just looking at TV every now and again, that was a little of the buy-in too, when they saw that the other people were actually receiving these services and we were keeping our word on these services, nothing stopped.”

Repeated engagement also assisted in overcoming distrust. Interviewees reported needing to engage with clients at least five to seven times in order to ensure someone accepted services. Having repeated engagement meant greater opportunities to convince someone that St. Joseph Center services could be trusted and would be beneficial, particularly when paired with compassion and patience from outreach staff or case managers.

Additionally, many clients were reluctant to engage with the program for various reasons expressed above. Compassion and patience from case managers and outreach workers encouraged clients to follow through with the program.

“Yes. That’s what it was. It was the trust because he didn’t trust any of us at first. He’s from Kansas City. My friend, he is a Kansas City Chief. We added every time we see each other we — It’s all love. He felt a genuine love. He changed. He was one of the guys that we used to be like, ‘Oh, Maurice doesn’t — ’ to now ‘Hey, Maurice, everything all right over there?’ He’s calming other clients down and everything.”

The highly consistent nature of outreach was a crucial factor in successful outreach and engagement. The presence of St. Joseph Center staff enabled both intentional encounters but also chance encounters that aided in helping clients overcome hesitation of distrust. Knowing that staff would reliably be in the area, even if just to say hello, built rapport among encampment residents.

Lastly, it cannot be overstated how invaluable enrolled clients were. Their communication with those refusing services or housing carried more weight than any amount of additional engagement with staff. By delivering on housing or services to those who accepted, enrolled clients acted as a secondary engagement team that was rich with social currency and influence on those still hesitant to work with St. Joseph Center staff.

BARRIERS

During conversations with St. Joseph Center staff, one of the most common reasons engaged participants were not connected to housing was due to some form of barrier. This is a commonly-cited challenge across all of the homeless service sector, where people are more likely to have high needs and less likely to possess stabilizing resources that make connecting to programs easy. The variety of barriers encountered, and overcome, by St. Joseph Center's staff emphasize the importance of meeting folks where they are with as ample an array of resources as possible, while also remaining patient with participants.

Barriers to Housing

To understand the most common challenges they faced, St. Joseph Center staff were asked about the various barriers that emerged when attempting to facilitate successful housing placements for people on the Ocean Front Walk. *Mental health* was repeatedly mentioned as a barrier in accepting or maintaining housing. Interviewees noted that several clients struggled with issues related to their mental health, which could be partially attributed to past trauma. Interviewees also expressed that St. Joseph Center's outreach effort lacked the necessary mental health resources to accommodate these clients, a point that will be revisited in the next section. Without the necessary resources to accommodate certain clients in the program, transitioning into housing was oftentimes difficult and even unsuccessful.

“Try to get them situated and a lot of them have a lot of mental health issues. Majority of them, it's a lot of mental health. I think that's something that we lack a lot. They're getting funding for housing and they keep on talking about they're opening up housing sites and I get that, but they need mental health.”

Along with mental health, *substance* use was cited as an additional barrier to successfully engaging clients with housing. Staff expressed that without the adequate care to address issues with their mental health, clients turned to substance use as a means of coping with trauma. Again, without the necessary services available to staff, it was difficult to help and accommodate clients during their time in the program.

“It starts off with mental health. Then by them going into the tent or homelessness, the substance comes in for them. That’s a coping mechanism because they’re dealing with this homelessness or whatever trauma they left from, and that’s what they’re dealing with now. They’re dealing with drugs to cope with all the different pain.”

Aside from issues with mental health and substance use, clients also frequently revealed overwhelming distrust toward housing services programs. This distrust acted as an obstacle for St. Joseph Center staff when connecting clients with housing. Many on Venice Beach reported poor experiences with other outreach efforts in the area, where programs often promised access to resources and would later fail to follow through with their services.

“I understood. In the beginning, it was definitely hard to get people to trust you because it’s like, you’re probably just that same person that is just telling me the same thing somebody else said, but you really don’t care.”

The interactions with law enforcement on the boardwalk added to this distrust, as well. Prior to St. Joseph Center’s engagement, law enforcement had attempted to remove people from the boardwalk utilizing threatening or aggressive language. The stark contrast between treatment by law enforcement, other programs, and St. Joseph Center staff left clients in disbelief and wary of accepting new services.

“Barriers, as far as clients, they were in disbelief. You have months before, you have sheriffs and different law enforcement trying to remove them off the beach. Then you have a councilman and people in green shirts saying, ‘We have somewhere to move you to.’ A lot of our clients have been dealing with false hope and false dreams, and stuff for a long time, and just us saying, ‘We’re going to come in and support you,’ it was very hard for them to understand it and believe it.”

Clients’ personal desire to stay near or on Venice Beach presented an additional challenge to successful engagement. Individuals on Venice Beach cited weather, scenery, and familiarity with the lifestyle of living there as reasons for preferring the Venice area over accepting housing, which sometimes meant going to a place they did not know.

“You want to get me off the Boardwalk. This is where I love to be. I’m at the beach. I’m surrounded by beautiful water. I don’t pay rent. I don’t have bills.’ That’s what they were used to. That’s what they liked. Some of them just declined the services, they didn’t want it.”

Furthermore, staff noted that clients were well adjusted to the area, knowing when and where food and other donations would be available. Moving into housing away from the beach meant staff had to find new avenues for clients to obtain food and other donations to encourage them to stay in the program.

“It was hard to keep them in there because they’re so used to being in Venice Beach and the boardwalk, and they’re resourceful there. They know where to get food and what days people come out to donate. When we were working here, we had to find churches or different places that would donate food for them and try to get them to stay there, and then they didn’t have money. Most of them there didn’t have any benefits or medical or any of that.”

Many of the barriers discussed in this section such as mental health and substance use were challenges that could be addressed with access to appropriate resources and services. Despite this, staff often expressed difficulty in accessing necessary resources to accommodate clients.

Barriers to Services

In addition to the challenges in participants agreeing to enter housing placements, lack of resources made it difficult to provide clients with necessary services. Of these barriers, *limited accessibility to mental health* resources was consistently reported as a major issue. Staff described only having access to 40 slots of Adult Full-Service Partnership (FSP) for the entire program, despite one case manager alone having at least 40 clients. To make best use of services, interviewees cited having to decide who should be prioritized with mental health services, even when that staff member may not have received training or certification in mental health triaging. Those who were determined to need the most support would receive the available services. Although staff were able to manage limited mental health resources, the type of mental health services available was also of concern. FSP reportedly did minimal work to ensure engagement among clients; those who were not immediately receptive to their mental health services were moved on, rendering the services unhelpful.

Staff explained that one of the most notable differences between OFW and PRK was the availability and quality of mental health services. Project Room Key had access to services from the Department of Mental Health (DMH) while OFW had access to an FSP program. Interviewees expressed that services provided from DMH were more successful than FSP, since they would quickly pair clients with the appropriate resources, ensure clients followed through, and stay connected with the clients.

“I think it was having access to the DMH folks that were there because they were able to link up the clients with the resource right away. They would make sure that they followed through and stayed connected.”

Moreover, DMH representatives were reportedly more patient with clients, building rapport with them to ensure they were comfortable enough to receive services, which ultimately was very successful. The opposite was true for FSP, where clients who did not immediately engage were not assisted. Additionally, staff cited not having sufficient slots for all clients that required mental health assistance. In total there were only 40 slots for a program — but far more than 40 clients.

“As opposed to here, we just had FSP. Like I said, it was only 40 slots and it was like they came out and engaged with the client and made an attempt to engage. If they didn’t, they’ll be like, ‘Well, he didn’t want to engage. Let’s move on to another person.’

And PRK, it was more of the DMH person, really engaging with them, being more intense, but also listening to them, building the rapport, and making them feel safe enough to be open to mental health support.”

As stated earlier in the report, access to adequate resources is crucial for successful engagement of clients. By comparing PRK and OFW, staff revealed a notable difference in impact between efforts based on the quantity and quality of mental health services. Staff, however, also expressed gratitude for the structure and organization management offered during OFW.

In an attempt to accommodate clients, despite low mental health resources, staff turned to external resources. Yet using outside services has proven unreliable due to long wait times.

“I’ve been reaching out for a couple of my clients that I noticed that are going through certain things. Some of them have a lot of hoarding because of the fear of not having anything again. I did reach out to get him mental health support or just anything that I could find. I’m still waiting and it’s been over like two months waiting.”

Staff also reported participant need for mentorship on life skills in order to ensure successful completion of the program. Although participation in the program varies between clients, it often requires obtaining documentation, attending doctors’ appointments, and follow-ups with staff. Interviewees mentioned that clients will sometimes struggle to complete these tasks and make appointments. These interview learnings underscore the importance of flexible supportive services with teams who are able to support clients well beyond housing placement.

“The thing about these programs...some of these clients basically need a person, a FSP team or some type of higher care to actually literally take them to get the support they need. If it’s a doctor’s appointment or if it’s the DMV to get documentation, or Hall of Records, or where they literally need somebody to escort them to these appointments.

Because if you keep asking to do it and then every time you follow back up, you're going to get the same results. They haven't gone anywhere, they haven't done it, and they make an excuse or something of that nature."

"We need to stabilize them and give them the life skills, education that they need, and being able to help them get through the process because they're learning, like we have clients that they didn't know how to use a microwave, or didn't know how to use the washing machine. Unfortunately, we have some case managers that are not willing to teach them and it's difficult, but just having the resources and the support that they need and listening to them is a big factor."

Discussion with St. Joseph Center staff reinforced what is commonly already understood in the field: unsheltered clients are often struggling with immense amounts of trauma and/or mental health issues. While a great deal of emphasis on funding is, rightfully, placed on developing housing, the plurality of supportive services is just as important. Securing a larger budget for mental health service partnerships is essential, particularly a partnership that takes the same patient, consistent, and compassionate approach that is employed by St. Joseph Center outreach staff.

In addition to ample, high-quality services, if housing units can be identified in relatively close proximity to encampments, individuals may be more likely to accept housing so that they can preserve their routines, community-based knowledge, and social ties.

Barriers Discussed with Clients

During the interviews, staff provided insight into client thoughts regarding the OFW outreach process as well as their time in the program. One of the issues clients expressed was their misconception of the type of housing they would receive. Many clients were under the impression that they would receive their own housing unit, and were surprised when they were instead placed into shared housing. This issue, coupled with the unpredictable timing of housing voucher approval, meant clients would often be required to use their voucher toward shared housing assignments. This occurred because housing vouchers automatically applied to leases clients were required to sign while in shared housing. Unfortunately, such restrictions meant clients were unable to apply their voucher toward their own apartment.

"A lot of them are still upset because if they get a voucher and they sign a year lease with the shared housing, they have to implement that voucher into that shared housing instead of being able to get their own one-bedroom apartment."

Another issue clients had with shared housing arrangements was the lack of compatibility between their occupants. In the process of placing people into shared housing, compatibility was not taken into consideration, which led to major barriers for some. Clients with varying preferences over quietness, guests, etc. would be housed together, causing major issues in terms of living arrangements.

“A lot of the times, they were housed so fast that they didn’t even realize who they were housing with so you have a senior person that’s to himself quiet and he just wants quiet peace with a young person that’s like 26 years old, he wants to play loud music, and have fun, and drink, and invite people over. It causes a barrier there.”

Interviewees expressed concerns about the intermixing of clients in recovery with clients who participated in substance use, explaining that it made it difficult for clients in recovery to stay in recovery. Moreover, interviewees indicated that clients’ substance use was often related to mental health problems that made engagement difficult.

“Yes, there’s a lot of people that are in recovery. They’re like 10 years in recovery, not drinking or using drugs but then they’re placed in a shared housing where others are using drugs and alcohol, and then they end up relapsing. We’ve seen that a lot, also. That was one complaint also and then it’s just like mixing.”

A key component to ensuring successful shared housing arrangements is greater intentionality in clarifying housing arrangements and explaining thoroughly to clients if the timing of their voucher reception and current program enrollment would result in them not using their voucher for their own unit. Additionally, ensuring people are paired with compatible housemates is necessary to keeping clients engaged.

OFW CHALLENGES

Throughout the interviews, staff reported various challenges they faced during the OFW outreach effort. These challenges ranged from issues with the public, clients, and overall stress that made OFW operations more difficult.

A major challenge staff experienced during the outreach phase of OFW was difficulty with the media and the public. Owing to OFW's extensive media coverage, much attention and intense scrutiny was received from members of the public. Staff reported being harassed and recorded at all operating hours, receiving false accusations of inappropriately doing their jobs. Repeated harassment also made it difficult for staff to take their much needed breaks throughout the day, since staff that were seen taking lunch or water breaks were immediately met with accusations of mishandling the program. In an effort to avoid interaction with the public, several staff described bringing changes of clothes so as to not be identifiable as outreach workers during their breaks.

"It was frustrating at a certain point because we weren't allowed to really, not allowed but whenever we stopped to take a break or drink water, we had people harassing us. People that are advocates with the cameras and news people and people recording us like, 'Why aren't you helping the homeless people. You're just standing here. What's going on?'"

"I remember one time I had a call from my boss, so I answered the phone and I stopped and I was drinking water and I was telling her the situation of where I was at and what had happened and who we made contact and who we were going to bring into the table, and someone came up to my face and was recording like, "Oh, you're supposed to be helping and you're just on the phone. What are you doing?" It was the frustrating part of not being able to take a five-minute break without someone harassing you or sit down and eat your lunch or anything like that. It was an interesting experience."

In addition to challenges with the public, staff also reported overall difficulty with clients at all phases of OFW. Once again because of the large media attention received by OFW, people experiencing homelessness from outside the Venice area would travel to the boardwalk in hopes of receiving assistance from St. Joseph Center. When told they were ineligible for St. Joseph Center's housing services, some clients would become verbally aggressive or violent. One staff member noted that someone went as far as grabbing the intake computer from their hands. Staff also emphasized that avoiding verbal abuse from clients was much more difficult at the intake table, since they were unable to walk away if they felt a client was becoming aggressive.

"We got screamed at a lot at the intake table. I think at one point, a client, he was from Skid Row and he got upset that he didn't qualify and he snatched the laptop out of my hand."

"As I told you, people were coming from out of state and they got very abusive. We took a lot of abuse because like, "Where's my hotel room? I've been here for two years," when we knew that we hadn't seen them before. We took a lot of abuse from that."

Staff also experienced difficulty with clients, once clients transitioned into housing. After being enrolled in housing programs, clients would still often come to staff with complaints or issues. Staff who may not have had a background or extensive training in mental health work could struggle when faced with these confrontations.

“I’ve gotten a lot of clients get a lot — I’m working on myself at the same time, so when a client aggressively or combatively comes at me, I normally just listen. I let him scream and yell, or whatever. I don’t really show too much of a threat back or anything like that.

Once they finished yelling and stuff, I just basically explained to them how it could have been done in a better way, how you could have channeled that energy and did this way different than exploding or having a tantrum, like my eight-year-old daughter would do or something like that. I would just explain it and then let them see it for themselves. Then 5 or 10 minutes later, they’ll come back apologizing to me.”

Although staff were trained in de-escalation techniques, interviewees reported that some staff lacked experience utilizing these methods. This meant that those who lacked experience with de-escalation or mental health were left at a disadvantage, often leading to rapid burnouts from untrained staff.

“The staff that I work with, I have a history and mental health background. That’s the only way I was able to get through it, but there’s a lot of stuff that they didn’t have the knowledge of it.

They didn’t know how to engage or how to deescalate a situation. They didn’t have enough training for that because everything happened so fast and there was a lot of burnouts.”

Overall, staff reported their experience was one of high stress and intensity at both the outreach and housing/program phases of OFW. In addition to some of the challenges described above, staff also faced long and consistently busy schedules that created added stress.

“It was much more intense, because typically we were out there for 8, 10 hours at a time. It was one afternoon. The intake table where people would come and go, it was one person after, then it was like, boom, boom, boom, boom. There was no downtime. It was quite hard on the staff because it was so intense.”

Although stressful, staff also noted that the community and team mentality built between St. Joseph Center staff was a leading factor for continuing with the outreach effort.

“I think if it wasn’t for everybody coming together, even though I think there was days where within each other’s staff, where we were just trying to kill each other at a certain point from all the pressure and everything.”

While the public partnerships with various elected offices, law enforcement entities, and other service provider organizations made the OFW project possible, the extensive media coverage drew criticism from other parts of Venice and across Los Angeles. This reality was further complicated by people seeking housing coming from other areas. When those individuals were turned away, it further exacerbated tensions with critical media drawn to the Venice Beach area. Unsurprisingly, these conditions were incredibly stressful for staff who were constantly under the microscope.

Conclusion

Through the collection of qualitative and quantitative data the HPRI research team was able to gain insight into the key successes OFW generated the formidable challenges staff faced during the OFW outreach effort. Several overarching themes continuously reemerged throughout our research. These themes include: OFW's large success in housing clients, outreach organization, St. Joseph Center staff's ability to build trust, high mental health service needs, and intense public pressure on the OFW endeavor.

Housing First Emphasis

The desire to move individuals from the OFW encampment to housing was evident not only in the program design but was also borne out in the HMIS data. St. Joseph Center was prepared with ample and diverse housing options before even contacting OFW residents. The partnerships between St. Joseph Center, local motels, and RRH across the region enabled 99% (212 of 213 total clients) to be referred to housing. The most commonly referred type of housing was RRH, (a form of permanent housing) where at least 40% of clients were referred. This high rate of housing placement, particularly its emphasis on permanent housing, is worthy of celebration. Finding long-term housing solutions to persons' episodes of homelessness is essential to not only resolving encampments, but ensuring those former encampments are stably housed for years to come.

Organization

OFW was a successful outreach project particularly because of its superior organization. Learning from previous endeavors like the one in Penmar, staff decided to use unique tactics like flying a drone to capture images of the entire OFW encampment. From those images, they created a map of the entire encampment. That mapping enabled the outreach staff to divide the encampment into more focused areas with specific qualities and, one-by-one, engage with the subdivisions of the large encampment. This made each day's outreach work more manageable and tailored to the specific needs of the individual subdivisions and clusters of residents. St. Joseph Center staff were also well organized in their division of labor and flowed clients through different groups of staff who helped in the right times with the right type of support. Teams that could focus on outreach, enrollments, document checks, transportation, and housing support meant that clients could be served quickly and effectively by staff with deep expertise in the areas relevant to that client's current needs.

Building Trust

St. Joseph Center staff commonly noted that creating trusting relationships with clients was a critical aspect of engagement. The ability to utilize a larger window of time for engagement (rather than 1-2 weeks as with other encampment resolution efforts) enabled consistent communication between outreach staff and OFW residents, even those who initially refused to engage. The long window for outreach work also meant that residents who were enrolled in housing and services voluntarily acted as secondary outreach workers. Their close friendships with clients uninterested in engagement enabled them to share their own experiences and successes, which helped overcome their friends' wariness and get them into housing. This unique type of collaborative recruitment and trust building is only possible when outreach workers have a large window of time to build upon their existing relationships with clients. This finding should be of particular note as more jurisdictions move towards Encampment to Home models as a means of bringing folks indoors.

Mental Health Services

One major recurring theme throughout interviews with staff was the need for more comprehensive mental health services for clients. Staff emphasized at all points during their interviews that mental health acted as a barrier at every phase of the OFW outreach effort, including before and after clients had accepted St. Joseph Center's services.

The first major problem that was repeatedly highlighted was the lack of mental health services available to St. Joseph Center staff to assist their clients. As explained above, staff noted only having access to 40 slots of FSP for the entire program, despite one case manager having at least 40 clients and 84 clients identifying as having mental health concerns (about 40% of all 213 clients). The result of limited mental health resources was an inability to accommodate clients who required additional mental health care.

Not only did the lack of mental health services play a major role in how well clients could be accommodated, but also the type of mental health services that were available to those participating in OFW. Potentially due to limited resources, FSP services immediately moved on if they found participants to not be receptive, rather than engaging all people and attempting to build trust. Staff noted that client interaction with the Department of Mental Health (DMH) services were more patient, intentional, and frequently followed up with clients.

Clients participating in St. Joseph Center's programs were often dealing with drastic changes in their lifestyle that required added support if they were to successfully complete the program. These vast changes were also layered atop a high prevalence of domestic violence and trauma. Due to inadequate mental health resources clients who were connected to mental health resources were unable to continue with their program. As was highlighted in the Quantitative Data Findings section, those who were connected to either mental or physical health accessed those services less than 4 times on average.

Public Pressure on OFW

One unique feature of OFW that made work incredibly difficult was the amount of press coverage, activist presence, and public anger surrounding OFW. St. Joseph Center staff were constantly bombarded by questions and outcries from these three distinct groups, all of whom had specific interest in OFW. This high-pressure environment led to staff feeling uncomfortable, fatigued, and even unsafe. These sentiments contributed to burnout, which is already a common feature of the homeless services sector. While partnerships with public officials and high profile agencies made OFW possible, it also created a particularly challenging work environment for staff. It is unlikely that future projects will attract a similar level of public scrutiny, but providers should consider collaboration to suggest ideas that can better protect homeless service workers in high-profile, high pressure environments.

Appendix A: Glossary of Terms

A BRIDGE HOME an Interim Housing program that allows residents to remain on-site 24/7, providing participants a safe place to sleep and to be connected to services while they await Permanent Housing.

CASE MANAGEMENT a collaborative and client-centered approach to service provision for persons experiencing homelessness. In this approach, a case worker assesses the needs of the client (and potentially their families) and when appropriate, arranges, coordinates and advocates for delivery and access to a range of programs and services to address the individual's needs.

COORDINATED ENTRY SYSTEM (CES) CES is a regionally-based framework that connects new and existing programs, enabling centralization and coordination of resources, by assessing the needs of individuals, families, and/or youth experiencing homelessness and linking them with the most appropriate housing and services to end their homelessness.

DOMESTIC VIOLENCE (OR “INTIMATE PARTNER VIOLENCE”) a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Such abuse may be physical, sexual, emotional, economic, or psychological actions, or threats of actions, that influence another person.

FAMILY REUNIFICATION client-driven case-management approach that seeks to identify and nurture opportunities to strengthen relationships and provide assistance for an individual to exit homelessness by reconnecting with a family member.

HOUSING FIRST a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing. It is followed by provision of additional supports and services as needed.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) a local information technology system used to collect client-level data and data on the provision of housing and services to individuals, families, and/or youth experiencing homelessness and those at risk of homelessness.

INTERIM HOUSING a place of temporary shelter which allows participants to get off the streets and out of a harmful environment. While in this setting, participants can access stabilizing resources like showers, food, case management, and housing navigation. IH case managers can then act as the main point of contact for a participant as they are connected to outside supportive services and potentially referred to permanent housing placements

OUTREACH Outreach seeks to locate, identify, and build relationships with persons experiencing unsheltered homelessness. Outreach workers' efforts are focused to provide immediate support, build rapport with participants, link participants to services, and make connections with housing navigation resources.

PERMANENT SUPPORTIVE HOUSING Long-term, community-based, housing that combines affordable housing assistance with voluntary supportive services for residents. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services. Permanent Supportive Housing may be provided in one structure or in several structures in one (single site) or multiple distinct sites (scattered site).

POINT-IN-TIME (PIT) COUNTS provide a "snapshot" of the number of people experiencing homelessness on a specific date (usually one day but occasionally up to a week) in a community.

PROJECT ROOMKEY Project Roomkey was established in March 2020 as part of the state response to the COVID-19 pandemic. The purpose of Project Roomkey and Rehousing Strategy was to provide non-congregate shelter options, such as hotels and motels, for people experiencing homelessness, to protect human life, and to minimize strain on health care system capacity. These environments were bolstered with wraparound services (food, transportation, mental health, case management).

RAPID RE-HOUSING a flexible, permanent housing interventions designed to quickly house participants using market-based rental units. RRH is a valuable resource to the optimal system because it can be an appropriate housing intervention for a wide variety of participants — including those with mid-and high acuity, where appropriate — and because it enables flexible solutions such as shared housing. RRH is a form of permanent housing that provides time-limited financial assistance, case management, and connection to other services to support participants in achieving long-term housing stability. RRH enables providers to work with landlords and utilize existing, market-rate rental units to house participants and prepare them for independent living after financial assistance ends

SERIOUS MENTAL ILLNESS defined as a serious and persistent mental or emotional disorder (e.g. schizophrenia, mood-disorders, schizo-affective disorders) that interrupts people's abilities to carry out a range of daily life activities such as self-care, interpersonal relationships, maintaining housing, employment or stay in school.

TRANSITIONAL HOUSING refers to supportive, yet temporary, type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.

VULNERABILITY INDEX – SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

a brief survey tool that is used to quickly understand a client’s various health and social needs to then match them to the most relevant housing and service resources. VI-SPDAT is usually employed in the assessment phase of the Coordinated Entry process.

WINTER SHELTER The Winter Shelter Program is a seasonal program that provides overnight mass shelter, two meals (dinner and breakfast) and limited case management services to homeless persons during the winter.