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# Introduction

Beginning in 2016, as a response to increased attention and concern around its unsheltered, encamped homeless population, the City of San Francisco’s Department of Homelessness and Supportive Housing (HSH) launched an initiative known as the Encampment Resolution Team (ERT). An encampment was defined as any individual or group of people living on the streets with one or more tent or other permanent or semi-permanent structure. The city identified roughly 40 distinct encampments that had six or more people, tents, or improvised structures situated in a single location for at least a month.

Over the two-year period between July 2016 and June 2018, the ERT resolved a total of 37 encampments, varying in size from fewer than 10 residents to as many as 70 persons living in a single encampment. The ERT encountered over 1,300 people (duplicated across encampments) in these 37 encampments over the two-year period. Accounting for those engaged at multiple sites, a total of 1,206 individuals were engaged by the ERT.

The following charts (Figures 1-3) summarize relevant demographic data about the 1,206 encampment residents engaged by the ERT.

Figure 1

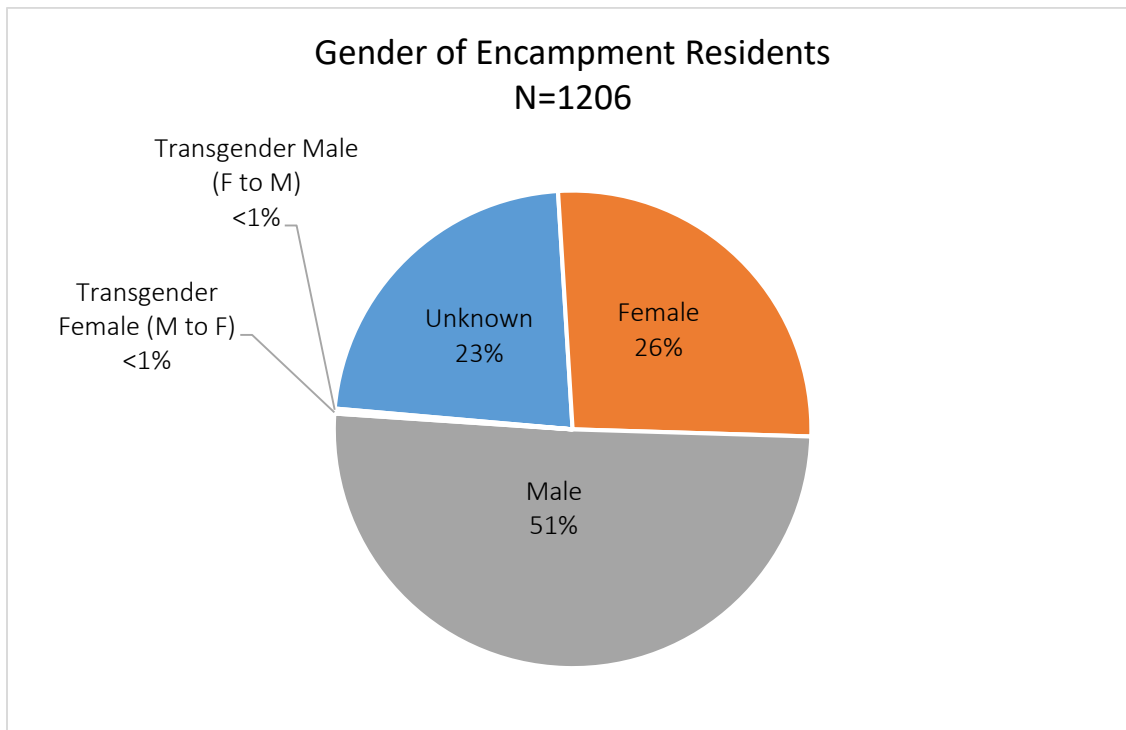


Figure 2

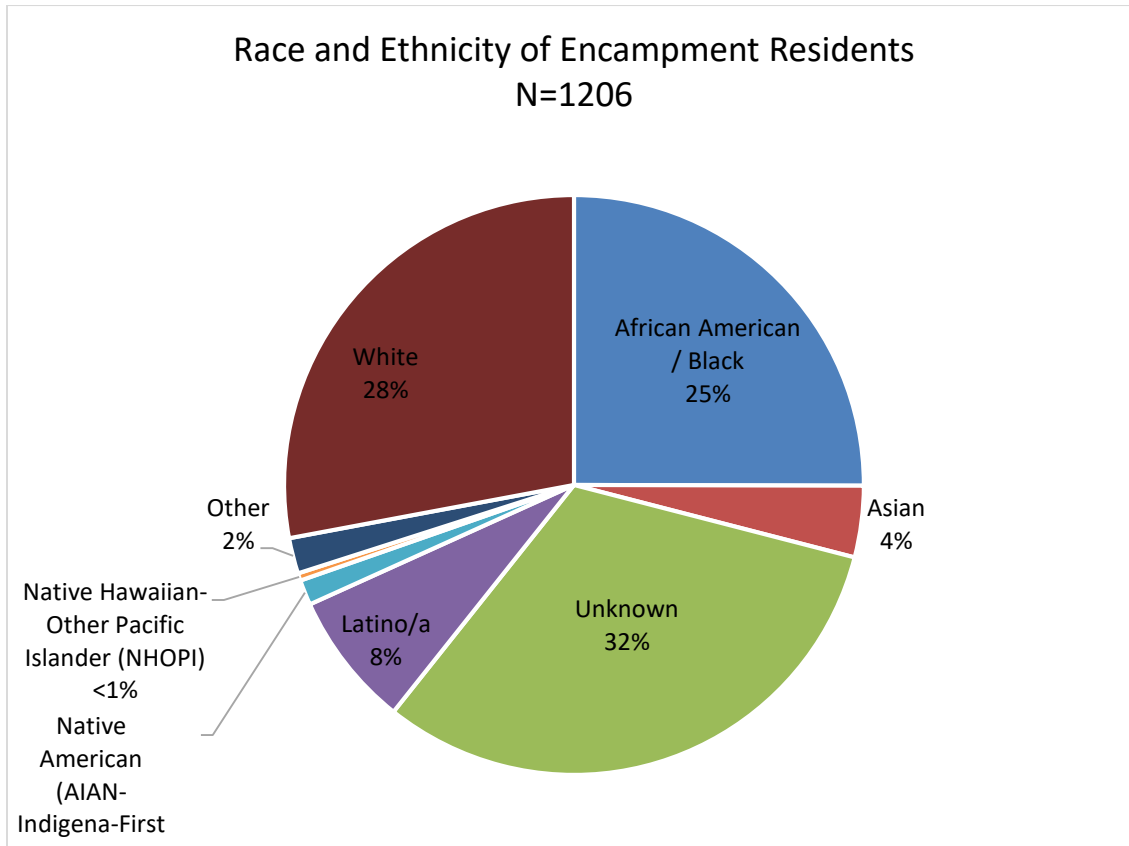
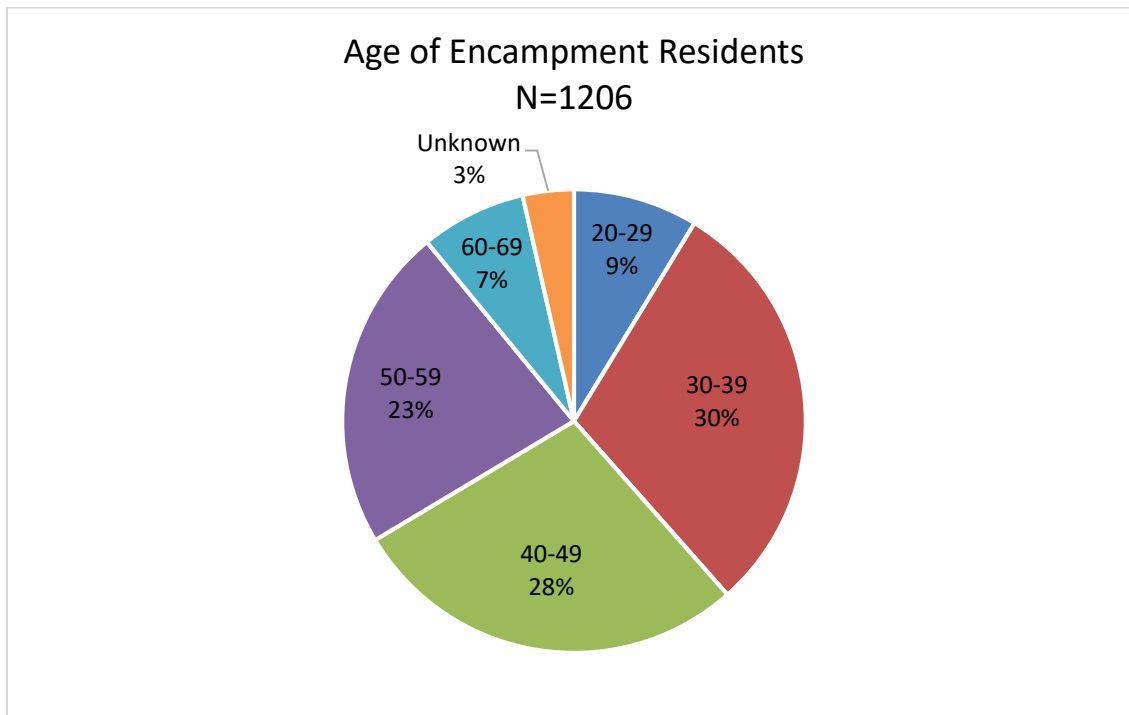


Figure 3



The following report summarizes the approach and operation of the ERT as it was conceived, the ongoing evolution of ERT in its implementation, partnerships stemming from its work, the qualitative

feedback from a small sample of the people it served, and the analysis of administrative data gathered on those that were living in encampments during this time period. Over the 24 months examined in this report, there were changes in how the ERT's work played out in practice. Varying encampment and community engagement tactics were implemented, depending on the specific needs of that location and available resources.

This document concludes with considerations and recommendations for communities seeking to address encampments of individuals living through unsheltered homelessness.

## Data Sources

The data contained in this report was obtained from the following sources:

- Stakeholder Interviews
  - *Staff from City of San Francisco Agencies.* Staff from the following city departments and units were interviewed during a site visits to San Francisco in January and June of 2019 as well as multiple conversations pre and post site visits:
    - San Francisco Department of Homelessness and Supportive Housing (HSH)
      - Homeless Outreach Team (SFHOT)
      - Encampment Resolution Team (ERT)
      - Communications and Community Relations
      - Navigation Center staff
    - San Francisco Department of Public Health (DPH)
      - Street Medicine Team
    - San Francisco Whole Person Care – a joint effort of HSH and DPH staff (WPC)
    - San Francisco Public Works (DPW)
    - Healthy Streets Operation Center (HSOC)
    - San Francisco Police Department (SFPD)
  - *Former encampment residents engaged by the ERT.* Ethnographic Client Interviews were conducted during a site visit to San Francisco in June 2019 with individuals who had lived in encampments and engaged with the ERT from 2016-18. Demographic information as well as additional quotes from this interview process are included in Appendix A.
  - *Community stakeholders.* Business owners, property management staff, and commercial property owners from the Showplace Square neighborhood were interviewed during the site visit in January 2019.
- Administrative Data
  - *ERT encampment logs and intake forms.* These logs defined the client universe of those engaged by the ERT, which was then matched<sup>1</sup> with the following data sources

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<sup>1</sup> The matched files are the basis for the data analysis provided in the Administrative Data Analysis section and Appendix B.

- *San Francisco Department of Public Health data, regarding:*
  - Mental health services
  - Outpatient services
  - Housing services
  - Medical data (e.g. urgent care and emergency service visits)
- *San Francisco HMIS (Homeless Management Information Systems) data*

## Background

When the ERT was first established in San Francisco in June 2016, HSH estimates indicated that the total number of individuals living in tents or encampments of any size was about 1,200 people. This figure constituted 15% of the overall number of people experiencing homelessness in San Francisco, and 25% of the unsheltered population. Heightened public health concerns and the visibility of the issue around the Super Bowl held in the Bay Area in February 2016 were drivers in developing a response specific to encampments. In interviews with people who had lived in encampments and engaged with City agencies, this increased attention was felt more palpably at the time.

*Ever since the Super Bowl, they were trying to move us, corral us, it was as though we were an eye sore. – ERT participant*

For others, encampment life could be isolating from what they considered to be the “outside world,” as some former residents spoke about feeling out of touch with what was happening in mainstream society.

*I was really in it for a few years. Stuck in it. We had our own world, I didn’t know what was happening in the actual world. I was stuck in the tent city world. Didn’t know any news and politics from the outside world. – ERT participant*

According to the city, rates of substance use and communicable disease were high within encampments. This perspective was also a subject encampment residents referred to in interviews.

*[You’re] not safe, your property and your being. It’s dirtier these days, more needles, not just in encampments but everywhere in SF. It wasn’t like that in the 90’s in encampments. It’s unsanitary. – ERT participant*

In this same time period, San Francisco and other Bay Area communities were facing lawsuits and other legal challenges to the ways in which they had been addressing encampments and disposing of personal property. Fear of losing personal belongings, either by theft or by being cleared by the DPW or SFPD, is a major source of anxiety and a predominant factor in how people living in encampments spend their days and the choices they make regarding shelter and other services.

ERT participants reported some advantages to living in an encampment compared to being unsheltered on one's own, such as social connection and material support from the other encampment residents. However, those who lived in encampments were clear that being unsheltered is challenging, uncomfortable, and unsafe.

*Being homeless is no fun. You gotta hustle every day. If you don't make money you don't eat. If you just sit there, you wither and die. – ERT participant*

Of particular concern to the ERT staff was the safety of newer residents. ERT staff believed that over time, as personal relationships and a common understanding of how the community was defined solidified, these camps became increasingly susceptible to conflict when new members or other perceived outsiders attempted to join the community.

## ERT Design Overview

### Intent

The intent of the ERT was to systematically address large encampments by “leading with services” through deliberate engagement by trained outreach workers prior to a scheduled cleaning and removal of all remaining structures and possessions by the City. There was to be a three-week formal period of engagement at each encampment, during which outreach staff offered services and placements into Navigation Centers, shelter, or treatment, or assistance with returning to a previous place of residence.

The design of the ERT's structure and core services was informed by the United States Interagency Council on Homelessness's framework entitled “[Ending Homelessness for People Living in Encampments](#),” published in 2015. The document outlines strategies and approaches to engaging with encampments, low-barrier access to permanent housing, and collaboration across local sectors and systems. ERT staff noted that many features of its work, such as the intention to resolve encampments only when permanent housing was available, were based off of best practices from this USICH framework.

The City's plan from the outset was to select sites for resolution based on the number of available beds at Navigation Centers, and to sequence the order of resolutions in such a way that corresponded to the timing of bed availability. At the time of the launch of the ERT, individuals referred through the ERT were allowed to stay at Navigation Centers until they found housing (non-time-limited stays). The City planned to have the ERT focus on an engagement with one encampment at a time, moving from one site to the next as each was resolved, until it worked through a prioritized list of sites across the city.

### Staffing / Service Connections

The encampment resolution work was a multi-departmental endeavor with the outreach team working alongside partners from the Department of Public Works (DPW) and the San Francisco Police Department (SFPD). However, the core of the ERT was made up of four staff positions in the HSH

department: one supervisor and three outreach team members. The ERT program was positioned inside the Homeless Outreach Team (HOT) and reported to the HOT Director.

Each of the four full-time staff members were experienced outreach workers, and trained in trauma-informed practices. The supervisor had a clinical background. Bringing on staff with lived experience of homelessness and/or substance abuse was a stated priority of HSH in the creation of the ERT. Although the intent of the ERT was to clear encampments, the ERT operated with a philosophy that by leading with services and relationship building, staff could engage residents to motivate and support them on a path to safe places, shelter, or temporary housing. One specific pathway was dedicated access to San Francisco's [Navigation Centers](#), which were newly-opened low-barrier, service enriched temporary shelter facilities focused on connecting people experiencing homelessness to the housing system.

In addition to partnering with city agencies such as DPW and SFPD, outreach workers coordinated with the Department of Public Health, which provided healthcare services to those individuals that were living in the encampments. DPH was not formally involved in the encampment resolution process. At various points within the two-year period of this study, ERT staff members were accompanied by a nurse or a psychiatric nurse practitioner from DPH's Street Medicine unit, but this was not a constant feature of in-person engagements at encampments. However, medical staff, including the lead doctor and director of Street Medicine, were available for medical consultations when requested by ERT staff. This included in-person field assessments when necessary.

## **Encampment Prioritization**

Prior to the establishment of the ERT, the city did not have an articulated systematic way of addressing or prioritizing the resolution of encampments. Responses to encampments were often driven by community complaints or as directed by elected officials within the city government. In an effort to standardize the approach, the city set parameters around the size of encampment sites that would be targeted. "Large" encampments (those to be engaged by the ERT) were defined as those containing a minimum of six tents or six individuals, stationed in a single location for at least a month. Given the history of previous, less coordinated strategies to address encampments in San Francisco, staff within various city departments discussed the creation of the ERT as an attempt to standardize the selection and response process. They acknowledged the relative arbitrariness of defining "large" encampments as they did.

One aim of HSH was that an encampment would not be engaged until they could establish that there were the requisite number of available Navigation Center beds corresponding to the number of encampment residents in a given location. Beyond the availability of resources such as Navigation Center beds in selecting a particular site for ERT engagement, the degree to which certain sites were placing demand on emergency response and health care system was also used as a determining factor.

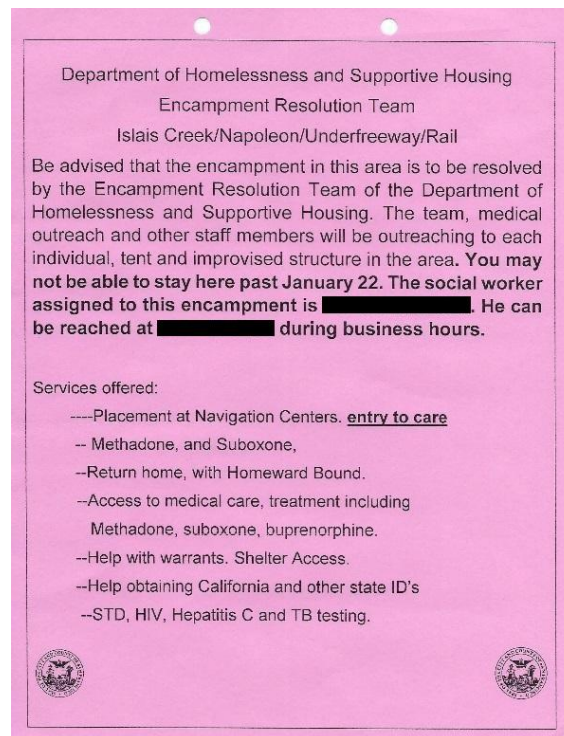
## **Pre-Engagement Outreach**

Before a formal resolution date was scheduled, the ERT began preliminary outreach to encampment residents on a weekly basis. The length of this "pre-engagement" work varied, but lasted anywhere from

a few weeks to a couple of months, and was intended to establish relationships and build trust before launching the more structured, official resolution process. This also allowed ERT staff to gather information about the number of people living in the encampment and assess the types of services and housing needs people in the encampment may have required, to inform placements in Navigation Centers and other potential service connections.

## Resident Engagement

Once an encampment was designated for resolution (the official City-enforced clearing), encampment residents were given three weeks to vacate the encampment area, with options to access residential placement at shelter, treatment, or a Navigation Center. These notices were posted directly onto tents, fencing, sign posts, and other physical structures both within and surrounding encampments and the ERT conducted regular outreach to residents of the encampment throughout the three-week period.



In the first week, the team focused on building relationships, scoping the site, posting and explaining the resolution notice to encampment residents, and, in some cases, holding community meetings with residents. At the start of the two-year period of this study and the ERT's work, Street Medicine staff accompanied ERT staff at each encampment during the three-week outreach and engagement process. The intention was that medical staff could be immediately accessible and responsive to residents in order to engage, diagnose, and treat.

Where there were high levels of community and business engagement surrounding an encampment, especially where there had been demands for a response from the City, HSH deployed a communications/community relations manager to engage with local businesses and residents. In these



meetings, the communication manager discussed and planned for new measures such as adding lighting or repairing broken fencing. Police sometimes attended these meetings to set expectations around what enforcement they could provide to discourage re-encampment.

In the second week, encampment residents were entered in housing queues for shelter and Navigation Center beds and ERT staff conducted lookups to assess for service needs. Staff worked with residents to develop an “action plan” and to inform the Department of Public Health about needs for special services (i.e. mental health treatment).

In the final week, residents who still remained in the encampment and agreed to accept placements offered by the City were relocated to shelter, housing, Navigation Centers, behavioral health or substance use residential treatment programs, or other service opportunities that had been offered. During this time, when communicating with residents, ERT staff put an increased emphasis on the final resolution date and the actions to clear the site that would be undertaken by the police and Department of Public Works. A 72-hour Notice to Vacate approved by the City Attorney was posted three days before the date the encampment was structurally cleared out.

## **Encampment Clearing**

On the scheduled day of the encampment structural clearing, ERT staff were joined by partners from the DPW and SFPD. DPW staff was responsible for breaking down and removing physical structures. DPW bagged up some possessions for storage for the encampment residents entering Navigation Centers, but many other possessions were disposed of on this day. The police served in an enforcement capacity, as no one was allowed to remain at the site beyond the resolution date. City staff noted that only once in the course ERT work did the police make an arrest as a result of an individual not complying with timelines and expectations of the encampment being resolved.

However, on the whole, those who lived in the encampments and were interviewed as part of this study often held a negative connotation with the police and the DPW. One person referenced the police as the scariest part of living on the streets. Although interviewees did highlight some specific officers that they had positive connections with and that they trusted, overall there was a negative association with the police department. There were references to a few one-off negative interactions with police that scared people as well as a feeling of being targeted by the police because they lived in an encampment. References in interviews to DPW’s role were usually associated with taking their belongings and not getting them back or them having to clean up everything and move so the street could be cleaned.

## **Re-Encampment Prevention**

Following the resolution of an encampment, the ERT was no longer responsible for a site. Re-encampment prevention efforts were under the purview of DPW, SFPD, and HSH’s re-encampment prevention team. In addition, at the site of certain encampments, property owners and local merchants pooled resources to fund infrastructure such as sidewalk barricades, increased night-time lighting, paid security guards, and video surveillance. These neighborhood groups put in requests for added street and sidewalk cleanings from DPW as well as an increased patrol presence from SFPD.

## **Navigation Centers**

Originally individuals from encampments were given permission to stay at Navigation Centers until they were placed into housing, and the City established dedicated access to Permanent Supportive Housing (PSH) units (Coordinated Entry had not yet been implemented in San Francisco). The City set an ambitious target of moving people into housing within 3-7 days. However, according to the director of one Navigation Center, this timeline averaged closer to three weeks.

Navigation Centers had been developed with an eye toward some of the longstanding barriers identified by clients in more traditional outreach and shelter efforts. In addition to being open 24/7 and not operating with curfews, Navigation Centers were set up to address what were labeled as the “3 P’s” – pets, partners, and possessions. In other shelter settings, restrictive policies around bringing animal companions, partners of any gender, and material possessions into shelters and other housing and service opportunities were perceived as inhibitors when engaging many people living on the street. Navigation Centers were meant to have more inclusive policies around these “3 P’s.” HSH and other department staff highlighted this focus on more inclusive policies around the “3 P’s” as an example of the active role that those living through homelessness had in the design of programs and services. They said that the way Navigation Centers were structured was a response to consumer feedback about barriers to traditional shelter options. City of San Francisco staff attribute the successes of the ERT’s work to a general responsiveness to input from people with lived experience.

*Further discussion of the ways in which the ERT interacted with Navigation Centers can be found in the “Navigation Centers” subsection of the “ERT in Practice” section of this document.*

## **ERT in Practice – Evolutions and Lessons Learned**

The ERT work in San Francisco was designed as a multi-disciplinary approach across HSH, DPW, and SFPD and was implemented primarily by those three agencies. Additionally, the Department of Health provided various services alongside ERT staff in encampments. However, not everything played out in practice as had been envisioned as the protocol for the ERT. The model evolved over the 24-month period covered by this study as different partners shifted their roles and function and as the availability of resources fluctuated. HSH developed a plan for the ERT based on its initial understanding of the needs; the ERT practice was refined as the HSH implementation team gained a better understanding of needs and circumstances within the encampments. Various feedback loops from city agencies and other partners influenced these changes, though it is less clear that the perspectives of those living in encampments were incorporated in the same way during the actual implementation process.

## **Communication about Scheduled Clearings**

Communication with encampment residents around scheduled clearings emerged as a significant, if also contested, theme. Despite the ERT’s intention to keep encampment residents informed of the city’s plans, residents expressed that they experienced a lack of communication and a lot of uncertainty and unpredictability when it came to the clearing of encampments. ERT staff emphasized the importance of

being vigilant in re-posting the written notice throughout the three-week period, as they were often torn or taken down. Staff also highlighted the necessity of repeated conversations with residents to help make them aware of the scheduled clearings and offer alternatives. But multiple interviewees spoke of a desire to receive more consistent and accurate communication from DPW on when they would be coming and when residents needed to get rid of or move all of their belongings. There was a disconnect between the ERT's efforts to convey its purpose and encampment clearing schedule, and how encampment residents received and retained that information. People were frustrated that DPW would just show up, seemingly without notice, and start "taking everything," as one person said.

ERT staff felt that they were better able to build relationships and trust with encampment residents when they were able to provide tangible items that had utility for residents – such as portable toilets and dumpsters. Staff believed that at these encampments, they had greater success engaging those living there. However, providing such "conveniences" was also, at times, a source of frustration for neighbors and business owners.

ERT staff worked with encampment residents to decide the best way for information delivered to them and get buy-in from residents when looking to have larger group conversations. For example, at an encampment adjacent to the ASPCA, ERT members held community meetings in the dog walk. In a predominantly Tagalog-speaking encampment, where many of the residents were alienated from their families due to methamphetamine addiction, the ERT identified that a community meeting acknowledging and addressing this issue would help build relationships. The team also organized community meetings at Islais Creek Park, an encampment that had existed for two and a half years and, according to ERT staff, had a fairly stable population and clear lines demarcating who was part of the community.

In the instances where HSH's communications/community relations manager held formal meetings with neighboring business groups, owners and property managers commented on how this process enabled them feel more assured that the city was acknowledging and responding to their concerns, and how helpful it was to have a single point of contact with HSH. They also noted that the meetings helped build community among local businesses and a common understanding of the issue and the city's response to encampments.

## **Navigation Centers**

Not long into the ERT implementation, capacity issues at the Navigation Centers required a change in policy, as placements into housing did not occur as quickly as the City anticipated. This marked a critical change in movement from encampments to housing. The policy change dictated that people entering Navigation Centers now only had 30 days to stay there (which could be extended on an individual basis). Both ERT staff and encampment residents noted that at the same time, placements into permanent options slowed as the Navigation Centers lost access to San Francisco's PSH stock. People who were undocumented or had issues securing identification also had challenges moving into housing and thus stayed for longer durations in Navigation Centers, according to ERT staff and former encampment residents. Combined with increasingly limited availability of housing and an inability to guarantee a housing placement, these factors drastically impacted the interest of those in encampments in taking Navigation Center beds.

Some ERT participants saw their friends and acquaintances get access to housing through the Navigation Centers, which might have gotten their “hopes up,” as the connection from Navigation Center to housing seemed to have diminished over time. With Navigation Center stays eventually becoming limited to 30 days for most residents, it became difficult to accomplish much in terms of services (such as obtaining identification) or accessing permanent housing dedicated to individuals experiencing homelessness. Yet others, such as those who were not connected to health services and were experiencing health issues, talked about being motivated to enter into Navigation Centers in order to have their health needs addressed or to maintain their possessions.

Navigation Centers, in their design, were intended to have more inclusive and less burdensome policies regarding possessions as compared to the way other forms of temporary and emergency housing traditionally operated. Indeed, through interviews, personal property emerged as one of the most universal themes in people’s experience of living in encampments. They spoke of being vulnerable to theft as well as to the threat of their camps and possessions being cleared and/or confiscated by DPW or SFPD. Fear of losing personal belongings, both essential for their livelihood as well as having sentimental value, was a significant factor in how people spent their days and influenced the choices they made regarding shelter and other services. On one hand, people sensed that having more belongings increased the risk of attracting the attention of the DPW and meant that relocating would be more difficult. On the other hand, people’s personal items, especially absent other forms of esteem, can be central to an individual’s sense of self.

The experience of those who went from encampments to Navigation Centers was varied, and interviews revealed barriers to entry, such as not wanting to abandon belongings that they were not allowed to bring to the center, having had belongings stolen while at the center, and past negative experiences of other shelters and institutional settings. Many of those interviewed had the experience of cycling in and out of the Navigation Centers – leaving either because they were asked to leave (denied services) for breaking a rule (most often cited was the 72-hour rule) or timing out after 30 days. Trying to track down belongings or maintain encampments, maintaining connections with partners who remain unsheltered, and hospitalizations were all mentioned as reasons for staying out of the Navigation Center for more than 72 hours, therefore losing the assigned bed.

Navigation Center capacity (and specifically access to housing) had a significant impact on how ERT was implemented in the community. Navigation Centers were the primary conduit for the final transition to housing. When initially implemented, the ERT residents who took a Navigation Center bed were given unlimited time to find housing. The slow flow of housing resources that were dedicated to those leaving encampments and staying at Navigation Centers required a change in operation that resulted in time-limited stays in Navigation Center beds. This capacity also changed the guaranteed nature of having a Navigation Center bed for those that were leaving encampments. These evolutions impacted the ERT work and made the work of transitioning people from encampments into housing, more difficult.

The importance of holding on to possessions impacted levels of trust with the DPW, SFPD, and even the HOT team. According to those interviewed, it prevented people from wanting to go into Navigation Centers, and caused people to be asked to leave (denied services) Navigation Centers when they were absent for more than 72 hours trying to maintain an encampment or recoup lost belongings. People that did enter the Navigation Center were not immune from theft. They reported having clothing, medication, and phones stolen while they were there.

## Encampment Prioritization

Per the design of the ERT response, HSH initially sought to begin an engagement only when there were corresponding Navigation Center beds available for the number of residents living in a given encampment. Therefore, the sequence of which encampments were addressed at a given time was often highly dependent on Navigation Center availability. Another factor taken into account when selecting a site for resolution was the city's belief that the longer a camp was "permitted" to exist, the more dangerous and unhealthy conditions within the encampment became for its residents.

As the work evolved, the encampment prioritization and calendaring process also came to be informed by the volume of 911 and 311 calls regarding a particular encampment, community impacts as assessed by the City, public health concerns, and public visibility of the encampment. Additionally, the City wanted to ensure that a sound re-encampment prevention plan could be established ahead of a resolution, as they did not want to move to clear an encampment without this assurance.

## Staffing

The majority of those who were interviewed discussed feeling a personal connection to the ERT staff members and noted the efforts of individual staff members to be clear and consistent in their messaging. Former encampment residents saw the ERT as helpful in connecting them to resources and navigating challenges that individuals experienced when they were transitioning from encampments. Those interviewed did not blame ERT staff for the overall lack of resources in the community, and spoke of being encouraged that some of the people they knew from encampments had actually moved into housing. This in turn increased their trust in the ERT staff, when they knew that some people had gotten into housing. A number of individuals said they did not trust the ERT staff members initially, but after staff repeatedly returned to their encampments and remembered them, they started to see that the ERT in a more positive light.

Staff at the Department of Public Health believed that the diversity of experience and expertise of the ERT staff, including the lived experience of homelessness and/or substance use, was critical to the ERT's ability to pinpoint when clinical interventions were needed. The ERT was differentiated from "traditional" outreach efforts in that it was conceived to function as an intensive, recurring engagement with individuals and entire encampment communities. From the perspective of HSH, this allowed for the building of relationships and an establishment of trust not always present in typical approaches to street outreach.

Yet those interviewed also expressed a lack of trust in the ERT at certain times, especially when they felt that the ERT staff had indicated they would show up at an encampment and then did not appear. This decreased people's trust that the ERT staff cared about what they were going through or that ERT valued their time. When staff were consistent and followed through, this created a sense that the ERT valued the individuals living in encampments. Those interviewed did note that the approachable, direct nature of the staff also increased their trust, even if they couldn't always guarantee housing placements. Though ERT staff were intended to focus on one encampment at a time and then "move on" to another site, interviews with residents revealed that ERT staff stayed in touch with some of the individuals over the years they were on the street and would offer to help connect them with job and health resources. This connection followed some people into hospitals and jails.

ERT staff and supervisors expressed concerns about the secondary trauma that they all experienced in the work to resolve encampments. There was significant time and energy invested into finding ways to help staff deal with the trauma that individuals experience when carrying out the work required of resolving encampments. ERT staff and supervisors had to balance the daily expectations of building relationships with those living in encampments, navigating complicated intra- and inter-departmental projects, and the high demand for their time as the City sought to resolve dozens of encampments. These competing pressures had an impact on those living in encampments and was also felt by ERT staff as a result of resolving those encampments.

## **Partner Agencies**

Staff of the core partners (HSH, DPW, and San Francisco Police Department) were involved in every encampment resolution. Other partner agencies entered into the work as need arose and as resources allowed. For example, in the early fall of 2016, a spike in HIV+ cases within encampments led to a new partnership with the Department of Public Health. DPH collaborated with the ERT to stage health fairs on-site at encampments. Services made available at these health fairs include clean syringe exchanges, HIV and Hepatitis C testing with results available within 20 minutes on-site, educational materials about fentanyl use and Narcan, and information about treatment programs.

Given that multiple city agencies were involved in the ERT's work, it is hardly surprising that competing interests led to tension between partners. There was not universal agreement over the methods of clearing encampments, nor over the ways in which different partners were brought into the work and at which time in the sequence of the ERT process.

Yet despite such concerns, the work of the ERT, and the partnerships and initiatives that developed out of it, can also be seen as a positive example of inter-agency collaboration in San Francisco. Some amount of conflict between departments with differing objectives seems inevitable, when their drivers are as diverse as maintaining clean public spaces, enforcing local law, offering housing placements, and providing clinical services. While these tensions still exist, the ERT was part of transforming the way the City approaches street homelessness across multiple stakeholders. The creation of the Healthy Streets Operation Center (HSOC) in January 2018 is a tangible example of strengthened and intentional inter-department collaboration. A unified "command center" based out of the City's Department of Emergency Management, HSOC brings together staff from HSH, DPH, DPW, SFPD, and other local partners to respond to street homelessness and encampments of various sizes. Multiple staff across these agencies commented on the improvements in coordination that have been borne out of the creation of HSOC.

## **Department of Public Works (DPW) and San Francisco Police Department (SFPD)**

Another instance of differences in opinions and approaches occurred around the operation of the ERT on the final resolution date. At one particular encampment, DPW staff and SFPD felt that the presence of ERT staff was actually an inhibitor to residents cleaning up and moving out of the area. ERT staff was asked to move a block away from the encampment on that day, so that DPW and SFPD could clear the encampment more swiftly. This protocol, that of moving ERT staff away from the encampment on the final resolution day, then remained in practice for a number of months until ERT staff, who voiced

concerns over this new arrangement, were able to revert back to the previous protocol. At the same time, ERT staff also noted concerns over being too closely associated with DPW, from the perspective of encampment residents, if the team was present at the time of a resolution. Client interviews made reference to the sense that when ERT staff were present, the other city staff treated the encampment residents in a more supportive manner. People also spoke of their sense that police interactions seem to have “gotten better” in the last few years, even without the ERT staff around.

## **Department of Public Health (DPH)**

The DPH worked with the ERT team provide healthcare services to encampment residents through health fairs and the Street Medicine program.

### **Health Fairs**

Apprehension or resistance on the part of encampment residents to engage with traditional or mainstream medical services had been identified as a significant barrier to improving health outcomes. DPH, and by extension, the ERT, considered the health fairs a way to build rapport with encampment residents. Offering something tangible to meet a need in the short term (for example, offering each person hot coffee in initiating a conversation), health fairs were intended as a way to entice people hesitant to utilize “four-walled” clinics to access a more “mobile” form of medical services.

Each time a health fair was scheduled, a minimum of two substance use treatment and/or detox beds were to be held open, so that if an offer of services was accepted, there would be no delay in getting a person into treatment. Staff underscored the absolute necessity of making available on-site transportation to bring the person and their possessions to the physical location of the treatment center. Otherwise, they had very little success converting offers of treatment and referrals into actual program enrollments. Some of those who had lived in encampments did mention the ERT’s role in supporting them to get treatment for their substance abuse challenges, though others talked about the challenges that they had even accessing healthcare at all. DPH staff also mentioned operational challenges with the health fairs due to their inability to conduct mobile database client look-ups while in the field. Accessing encampment residents’ medical histories would have aided DPH’s ability to engage with and offer appropriate services to clients.

Staff at the Department of Public Health did note challenges in partnering with HSH and the ERT. Community partners (organizations that attended and offered services and information at the health fairs) were in disagreement with ERT over the use of language such as “resolution.” Partners felt that associating their own work with the ERT actually inhibited their ability to make connections and build trust with the residents of the various encampments that were being “resolved”. Thus, as time went on, DPH continued to push for the health fairs to take place as far in advance of the resolution date (and thus, as close as possible to the setting of the three-week “clock”) as they were able. Some staff at DPH said that they wanted to send the message that they had “nothing to do” with ERT while ERT staff saw the partnership with the health fairs as critical ways to engage the residents of encampments and provide them additional health supports.

### **Street Medicine**

DPH’s Street Medicine team was also involved with the ERT’s work, though that partnership took on different forms during the two-year period. The initial design intended for Street Medicine to

accompany ERT staff during outreach at each encampment, but this arrangement was somewhat short-lived. According to the some DPH staff, this sort of outreach in tandem with ERT staff, which involved “knocking on tents and asking if people wanted heroin treatment,” wasn’t an effective way to bring people into treatment and didn’t include a sufficient follow-up mechanism. DPH staff noted that the health fairs had a better “yield” in this regard and that strategies such as employing a mobile van to facilitate low-barrier Medication-Assisted Treatment (MAT) would have been more effective when paired with ERT.

In contrast, ERT staff maintained that a consistent ability to medicate in the field, and a constant primary care presence from the Street Medicine unit, would have aided their outreach engagement and service delivery to encampment residents. One former encampment resident mentioned how they felt valued when nurses came out to their encampment and engaged with them right there at the site. They felt like they were a priority for the Street Medicine team and that made this individual feel valued and cared for. Many people interviewed spoke positively about the connection to public health and the support they received from ERT in order to become better connected to health services. One individual noted that the only way they had previously received healthcare treatment was when they went to jail. Once this individual was seen by jail health staff, they were told they were pregnant as well as HIV+. ERT staff spoke about the desire to have additional mental health resources and outreach made available. As the work evolved, the director of Street Medicine’s role became more of an ad hoc, consultant position, talking to ERT staff over the phone as often as three or four times a week and occasionally going out into the field to do an assessment of a particular encampment resident.

Some staff that were part of the Street Medicine team voiced concerns over the trauma inflicted on encampment residents resulting from the DPW removal of structures and possessions on the final day of the resolution. While they praised the ERT staff for their ability to form relationships with residents, there were also questions about the efficacy of terminating this relationship with staff after the three-week resolution period, as the ERT turned its attention to its next encampment. DPH staff, including those who coordinated the health fairs, felt that the services made available were better received when not tied to the ERT work and “resolution” moniker. Given San Francisco’s lack of housing options and the difficulty of securing permanent placements, staff voiced concerns over whether the potential trauma of uprooting people from encampments without a clear and swift path to permanency resulted in more harm than benefit for those engaged by the ERT.

## **Administrative Data Analysis**

The Administrative Data Analysis provides another perspective with which to understand the work of the ERT. As mentioned in the *Data Sources* section of this document, the administrative data analysis was conducted by matching data collected by the ERT team with Homeless Management Information System (HMIS) and health service utilization data. This analysis provides the following key observations:

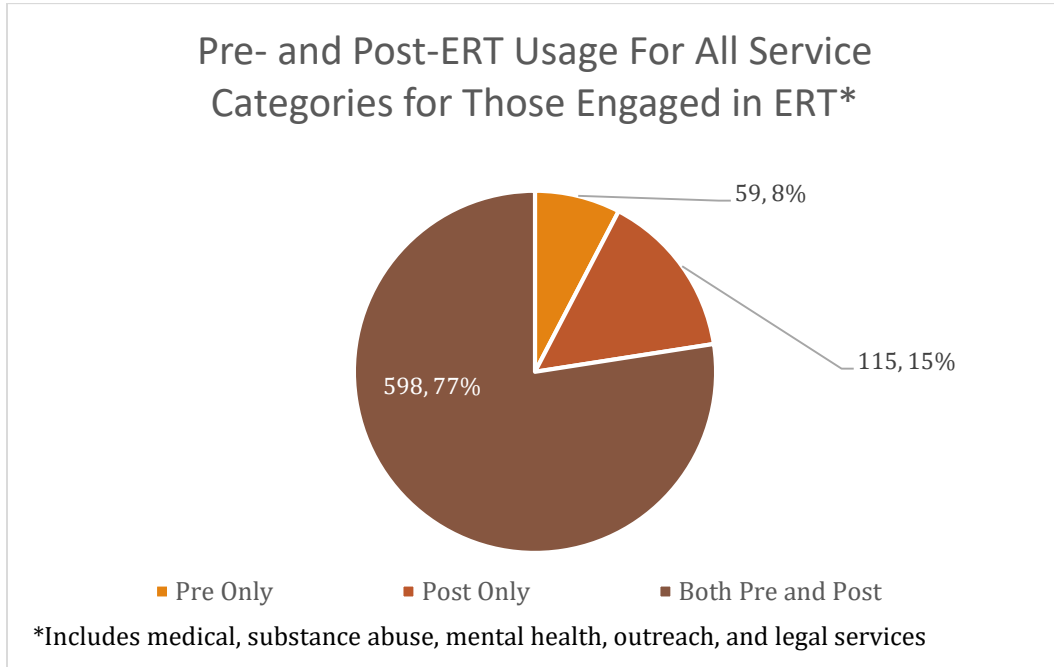
1. Individuals engaged with ERT were more likely to receive services following engagement with ERT.
2. The types of services received after engagement with ERT were most likely to be regular care services (such as outpatient mental health or case management).
3. Those engaged in regular care services or intermediate care services saw an increase in average utilization of these services in the year following their ERT engagement date.



- ERT engagement did not appear to have a significant impact on the usage of emergency services.

In order to better understand service usage patterns for those engaged by the ERT, the analysis of administrative data also looked at the number of encampment residents who received services before the ERT engagement only, after the ERT engagement only, and those who received services both pre- and post-engagement.

Figure 4



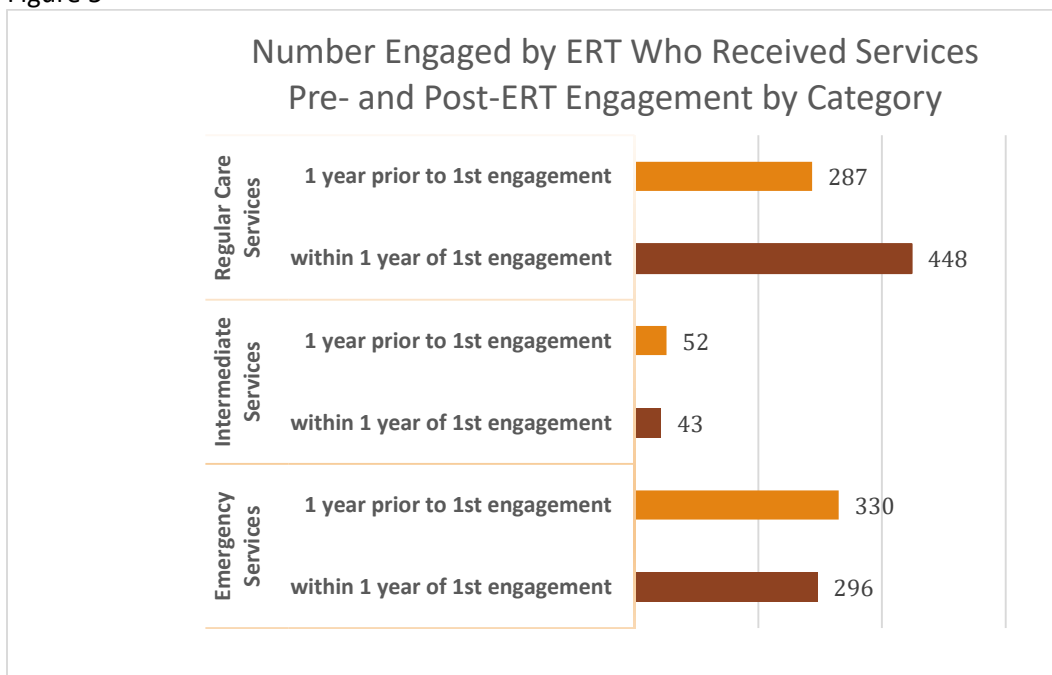
As the chart above demonstrates, the majority of residents received services both pre- and post-engagement with the ERT.

For the purposes of figures presented below, the data was grouped into the following categories<sup>2</sup>:

1. **Emergency Services:** includes jail services, sobering centers, emergency rooms, and involuntary psychiatric hospitalizations.
2. **Intermediate Services:** includes mental health respite crisis residential, rehab, and inpatient hospitalizations.
3. **Regular Care Services** includes outpatient mental health, case management, and vocational services.

Additionally, for the purpose of this analysis, “visits” were analyzed as opposed to service codes. A visit to an emergency room may include hundreds of service codes, and thus the numbers reflected in the data below are visit numbers.

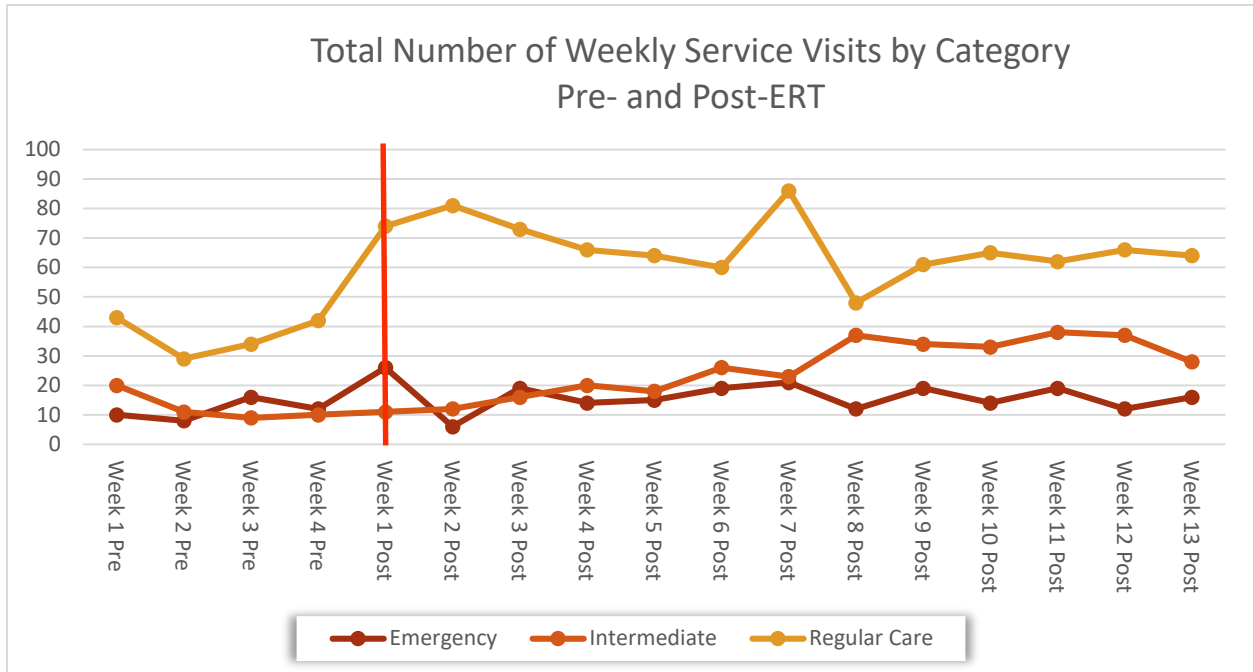
Figure 5



The chart above demonstrates that there was an increase in the number of persons receiving regular care in the year following ERT engagement, and a slight decrease in the number of people receiving intermediate or emergency visits.

<sup>2</sup> A full listing of services included in each category is available in available in Appendix B.

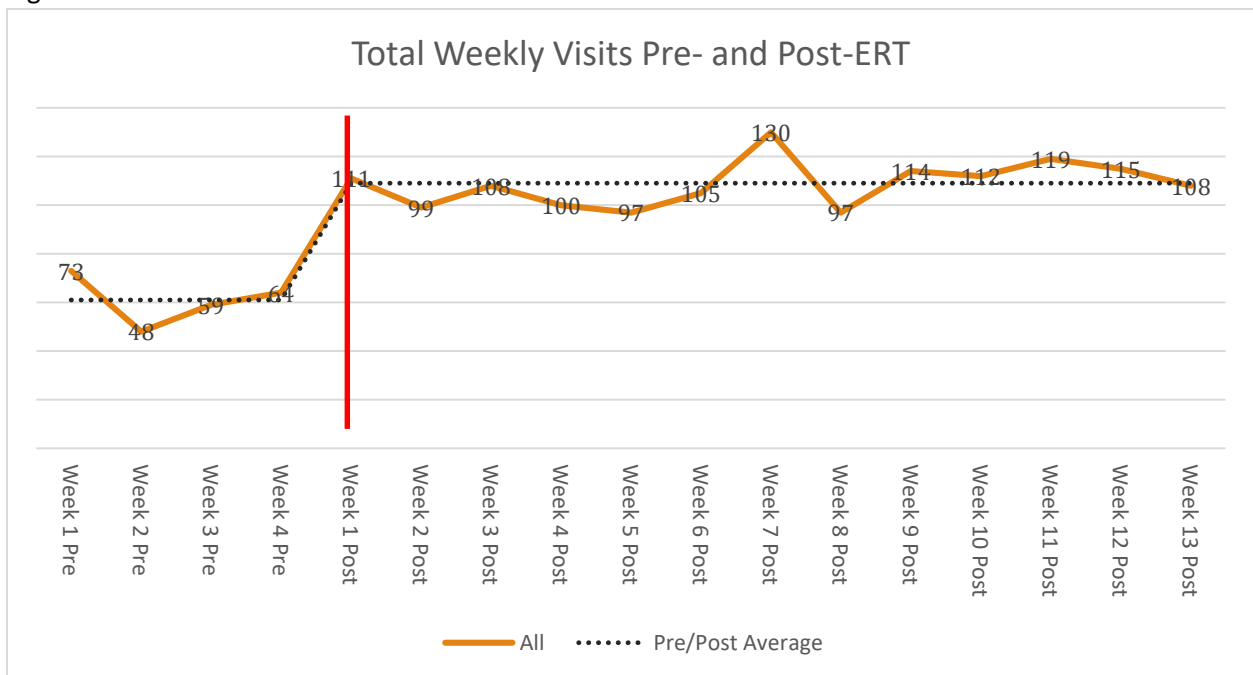
Figure 6



The red dotted line represents one-week post ERT engagement.

Although there is variance by week, the graph above demonstrates that there is an increase in service utilization for regular care visits as a result of ERT engagement. There is a slight increase in emergency services visits the week the encampment is resolved and no significant change over any length of time after. Intermediate care visits see a slight upward trend over time after ERT engagement.

Figure 7



The red dotted line represents one-week post ERT engagement.

This graph above shows the total number of visits of all types of visits weekly pre- and post-ERT.

Additional data regarding service utilization pre- and post-ERT by category (i.e. medical and outpatient) can be found in Appendix B.

## Considerations for Encampment Strategies

In this examination of San Francisco’s encampment resolution work, a number of themes emerged that are worth highlighting for San Francisco and for other communities across the country considering strategies for engaging encampments. The following “considerations,” organized by topic area, summarize some of the lessons learned from the course of the ERT’s work in San Francisco. Additionally, each section offers a series of recommendations, based on San Francisco’s experience, for other communities contemplating or designing similar efforts. Each section concludes by identifying areas that may require further exploration, study, and/or analysis.

### Defining Aims and Design

The focus of the Aims and Design section is to set a structure for what the encampment work is meant to accomplish, and to establish clear goals and objectives to measure the success of the work. San Francisco’s ERT stemmed from significant community and political pressure to address and resolve large size encampments. Developing a clearly articulated planning process enables communities to avoid a purely reactive response. The ERT brought together multiple city agencies, meaning that partners at times acted upon discrete drivers or prioritized conflicting interests. For example, issues such as whether encampment efforts are singularly directed toward the removal of encampments themselves or are intended to serve as a pathway to housing for residents should be negotiated during this design phase. Below are recommendations and prompts for further inquiries for communities.

#### *Recommendations for communities:*

- Convene diverse group of stakeholders to plan a unified, coordinated approach. Allow for sufficient time to understand each entity’s particular interest/lens to encampment work.

Examples of stakeholders include:

- Existing homeless street outreach teams
  - Persons living or who have lived in encampments
  - Public health department
  - Public works/sanitation department
  - Police
  - Medical/health service providers
  - Business and property owners located near encampments
  - Neighborhood associations
  - Other stakeholders identified by communities
- Develop shared values and principles to inform decision-making and design of approach.  
Examples include:

- Identifying trauma-informed practices as central to approach, with a focus on elevating the voices of those directly impacted and living in encampments
- Establishing stable housing as a stated and fundamental outcome, with planning efforts centered around connections to permanent housing
- Formalize a leadership process
  - For staffing, for strategy, for decision-making, for encampment prioritization, etc.
  - Process is led and informed by people with lived expertise with a specific lens towards elevating the voices of those currently living in encampments
- Develop and publicly disseminate a governance structure and written policies and procedures that also communicate and incorporate agreed upon values and principles
- Design encampment resolution strategies that can evolve and be responsive to public pressure while maintaining a focus on housing outcomes

*Further considerations:*

- How will the community's response allow for flexibility and evolutions in light of likely political involvement?

## **Staffing Encampment Response**

The focus of the Staffing section is to discuss hiring, structure, and support for staff engaging with encampments. In San Francisco, interviews with those served by the ERT underscored the essential role played by experienced, dedicated, knowledgeable outreach staff in making connections and building trust with encampment residents. Partners at multiple city departments noted that supporting staff with lived expertise was a critical component of successful program operation. Both encampment residents and city officials saw a benefit to structuring the ERT to allow for a consistent team of outreach staff to make repeated visits to each site. San Francisco's ERT developed a 3-week standardized approach to engaging those living in encampments, but both encampment residents and other City stakeholders raised questions whether a more prolonged engagement may have better served this population. The staff that are implementing encampment resolution work in communities should have the supports and time they need to deal with and process secondary trauma experienced in this work. This was a priority for ERT supervisors and management. Below are recommendations and prompts for further inquiries for communities.

*Recommendations for communities:*

- Give professional merit to applicants with lived experience and expertise (of homelessness, substance use, etc.) compared to only giving professional recognition to those holding educational degrees in related fields
- Structure staffing and response timelines that prioritize relationship building while still responding to the crisis of homelessness (moving beyond transactional relationships)
  - Allow for experimentation within staffing model. Examples include:
    - Utilizing varied encampment engagement durations
    - Extending staff/client relationship past initial clearing
  - Develop data measures to track and compare outcomes across different service and staffing models as they are implemented

- Create structures and supports for staff that will experience secondary trauma as a result of implementing encampment resolution responsibilities (some examples outlined below)
  - Supervisors trained in supporting staff experiencing secondary trauma
  - Access to mental health supports to address secondary trauma
  - Increased paid time off to have space and time away from work to heal
- Train encampment outreach staff in the following approaches and principles ([https://www.usich.gov/resources/uploads/asset\\_library/Outreach\\_and\\_Engagement\\_Fact\\_Sheet\\_SAMHSA\\_USICH.pdf](https://www.usich.gov/resources/uploads/asset_library/Outreach_and_Engagement_Fact_Sheet_SAMHSA_USICH.pdf)):
  - Trauma informed care
  - Motivational interviewing
  - Critical time intervention
  - Harm reduction practices
  - Mitigating and responding to secondary trauma
  - Other evidence based best practices connected to populations that communities are looking to engage

*Further considerations:*

- What are the implications and impacts for a model whereby staff “follow” residents into shelter, housing, or treatment?
  - What are the benefits and drawbacks of maintaining these relationships formed in encampments versus utilizing a specialized team working strictly with encampments in a community?
  - Are there measurable outcome differences between these models?
- Numerous multi-department/multi-disciplinary outreach and engagement teams with embedded staff and clinical linkages operate in communities across the country and have been operating for numerous years that can act as reference points for further development.

## **Encampment Engagement and Clearings**

The focus of the Encampment Engagement and Clearing section is on the process and activities conducted at each encampment. San Francisco’s 3-week engagement time period for each encampment was intended to make residents aware of plans to ultimately clear the site, and build relationships with encampment residents to assist in moving them, primarily, to the city’s Navigation Centers. Yet the encampment residents that were interviewed expressed a lack of communication and uncertainty around the process of clearing encampments. Other stakeholders who informed this study, such as business and property owners abutting encampment sites, praised the City’s efforts to communicate with them on resolution schedules and process. San Francisco deployed a Communications Manager in this role. The work of the ERT became more challenging when access to Navigation Center beds became more scarce, and staff noted how engagement at encampments was severely hampered when residents were not offered safe and desirable alternatives to their present situations. Below are recommendations and prompts for further inquiries for communities.

*Recommendations for communities:*

- Publicly establish and document a process by which encampments are identified and inventoried

- Make clear the rubrics (based on the values and principles already established) within which those encampments will be addressed/resolved
- Repeatedly communicate (and by varied means) with encampment residents and local businesses, residents, and property owners about plans for, and results of, addressing encampments
  - Provide forums for encampment residents and local stakeholders to have input
  - Designate a point of contact in the community to serve as a liaison with local community groups such as neighborhood associations or business districts
- Confirm corresponding availabilities in housing, shelter, treatment, or other programs before embarking on a clearing
  - If offering permanent housing, ensure that requisite number of units are available
  - If offering crisis or temporary housing, ensure that requisite number of beds are available
  - Clearly develop a process that stores belongings in alignment with legal regulations and is easily accessed by the owner of those belongings
- Connect encampment response to broader homelessness response system and coordinated entry system
  - Plan for permanent housing connections if initial options are time-limited
- Provide shelter and housing options for families that are living in encampments, including children, partners and pets

*Further considerations:*

- How will the community respond to likely involvement of political and elected officials, community groups, business owners, and other stakeholders who may not have been part of initial planning and design process?
- How will the community develop a measurement process within which the effectiveness of the project in getting individuals housed is aligned with the satisfaction of those being served by the project?
  - Those “being served” should include both individuals living in encampments as well as other invested stakeholders (neighbors, business owners, elected officials, etc.)

## **Cross-Departmental Collaboration**

The focus of the Cross-Departmental Collaboration section is on the partners convened in a community’s encampment response and the ways in which such collaboration influences the broader homelessness response system. A significant byproduct of San Francisco’s ERT work was the strengthening of partnerships across various city agencies. Staff cited the implementation of the Healthy Street Operation Center in January 2018 as an example of this enhanced collaboration. San Francisco’s HSH partnered with public health, public works, police, and other local agencies in its response to encampments. The dedication of specific police officers to the work of resolving encampments, for example, had a positive impact in both relationships with those that worked with city agencies and those that were living in the encampments. Below are recommendations and prompts for further inquiries for communities.

*Recommendations for communities (see proposed stakeholder list in “Aims and Design” section):*

- Articulate assigned roles and accompanying goals for each agency/partner from outset of design process that align with and lead to the ultimate goals of the overall project
  - Acknowledge diversity of drivers and develop an approach responsive to multiple interest groups and focus areas
  - Connect drivers identified in design phase to other elements of the implementation of this work
- Track and share data and outcomes across agencies
  - Reduce redundancies, where possible, in data collection

## Data and Outcomes

The focus of the Data and Outcomes section is on the ways in which communities set up systems and processes to understand the impact of encampment resolution work. San Francisco faced obstacles in reliably tracking clients across multiple systems and city departments, which made comprehensive analysis of the ERT's efforts challenging. Data quality is a significant challenge across outreach and engagement programs addressing homelessness. In the time period addressed in this report, San Francisco was not able to gather information for roughly a third of all encampment residents engaged by the ERT. Establishing a clear definition of the aims of the work and setting up metrics to track progress across multiple data platforms and systems is critical to understanding the outcomes of encampment efforts. Below are recommendations and prompts for further inquiries for communities.

### *Recommendations for communities:*

- Establish tracking measures from outset of encampment response design process
  - Define overall goals and aligned metrics for encampment resolution. Examples include:
    - Goal: Moving people from encampments into permanent housing; Metric: Track permanent housing placements directly connected to encampment engagement
    - Goal: Move people from encampments into shelters; Metric: placements in shelter from those who were part of the encampment engagement process
    - Goal: Connect people to ongoing supports; Metric: Track service utilization rate changes directly connected to encampment engagement
  - Determine metrics that will be tracked within different systems (public health, justice system, etc.)
  - Support staff working in encampments to facilitate quality data gathering and entry, while balancing the need for documentation with the burden this effort may present to outreach workers
- Invest in data tracking platforms and process that enable data sharing and analysis across multiple community partners and city agencies
- Develop data gathering practices grounded in the community's values and principles that minimizes the impact on those living in encampments
- Collect outcome data based on the locations and institutions encampment residents interact with following a clearing (emergency rooms, jails, sobering centers, etc.)
- Set up a separate project/program within HMIS to track encampment work

### *Further considerations:*



- For communities looking to measure the financial impact of this work, align data systems to measure pre- and post-service utilization changes across regularly accessed programs
  - Articulate financial impacts those changes (if any) have on the overall service system (e.g. emergency room access, criminal justice utilization, etc.)
- What additional measures (outside of primary metrics outlined in the recommendations section above) will the community develop to understand if encampment work has a fundamental impact in the way that people are engaging in the community’s homeless, health, and justice system?
  - As reference for possible examples, this analysis used the following metrics from San Francisco to understand the impact of the ERT:
    - Pre- and Post-ERT Usage For All Service Categories (Figure 4)
    - Number Engaged by ERT Who Received Services Pre- and Post-ERT Engagement (Figure 5)
    - Total Number of Weekly Service Visits by Category Pre- and Post-ERT (Figure 6)
    - Total weekly visits pre- and post-ERT engagement (Figure 7)
    - Number of ERT Residents Who Received Services Pre- and Post-ERT Engagement (Figure A-1)
    - Average Annual Medical Visits and Outpatient Visits Pre and Post ERT Engagement (Figure A-2)
    - Service Visits by Category Months 4-12 Post-Engagement (Figure A-3)
    - Average Annual Visits by Category Pre- and Post-ERT Engagement For Those Who Received Each Service Type (Figure A-4)

## Appendices

### Appendix A: Interviews with Former/Current ERT Residents

Appendix A is a repository of quotations from individuals who lived through encampment resolution, interviewed as part of compiling this report.

Demographic Information:

	Age	Gender	Ethnicity	Last Known Living Situation	Housing status per interview
Participant #1	57	Male	Declined / not stated	Navigation Center(?)	Unsheltered
Participant #3	48	Female	African American / Black	Navigation Center(Bayshore)	Navigation Center
Participant #4	43	Declined / not stated	Declined / not stated	Navigation Center(CLOSED - Mission)	Unsheltered
Participant #5	29	Female	White	housed independently	Unsheltered

Participant #6	47	Male	African American / Black	HSH - Engagement and Registration	Unsheltered
Participant #7	39	Male	African American / Black	homeless outdoors	Unsheltered
Participant #8	35	Male	African American / Black	housed independently	Housed
Participant #9	33	Female	White	housed independently	Housed
Participant #11	50	Male	Native Hawaiian-Other Pacific Islander (NHOPI)	STREET/VEHICLE/MAKESHIFT	Unsheltered
Participant #12	50	Male	White	Navigation Center(Civic Center)	Unsheltered

\*Participant 2 was new to homelessness and was not part of the ERT response.

Quotations:

"It's not safe, your property and your being. It's dirtier these days, more and more needles, not just in encampments but everywhere in SF. It wasn't like that in the 90's in encampments. It's unsanitary."

"Ever since the Super Bowl, they were trying to move us, corral us, it was as though we were an eye sore."

"Sometimes they were supposed to be there and never showed up - found out later it's because there were no beds available. It would be nice if they would show up anyway to let us know, or call someone at the camp that has a phone to tell people."

"You're not really sure when DPW will clear. The police are there to enforce the clearing - the bulldozer comes and knocks everything down, it's very emotional. They don't give you an exact date, the date changes, could be days or weeks. They clear part of a camp and then come back weeks later, meanwhile the cleared part has been re-encamped. Your stuff has been destroyed, you never know when they will come, so it's stressful."

"The thing I was the most scared of on the streets were the police."

Additional information gathered from individuals who lived in encampments:

Some encampment residents interviewed had a positive view of encampments, on the basis that they had trust and relationship with other individuals that were living there. The importance of relationships, which sometimes included romantic partners, was cited as a key source of support and security while living in encampments. It allowed for the ability "get things done" in other parts of the city, such as going out for food or to an appointment, because they knew someone was watching their possessions, which otherwise might be stolen. Additionally, those relationships were sometimes connected to a broader network of folks in encampments, such as friends and street family (known as "street moms" and "street dads"). At the same time, many of those interviewed said that as the encampments grew, they often began to feel more unsafe. They were more likely to lose possessions and there were more risks involved with living there, including violence.

While living in encampments, people often felt disconnected to people who had housing, whom they referred to as “normal people” or “civilians,” making it difficult to reach out to former relations for assistance as well as difficult to adjust to life in housing. “I’m estranged from my family and the friends I used to have before living on the street – they wouldn’t understand,” one person said. There was often a disconnect to those in the “housed world.” For some, those who were in more formal housing situations were not approachable or relatable. One person spoke of a complete disconnect from society outside of encampments and had no idea what was happening outside of the encampment community.

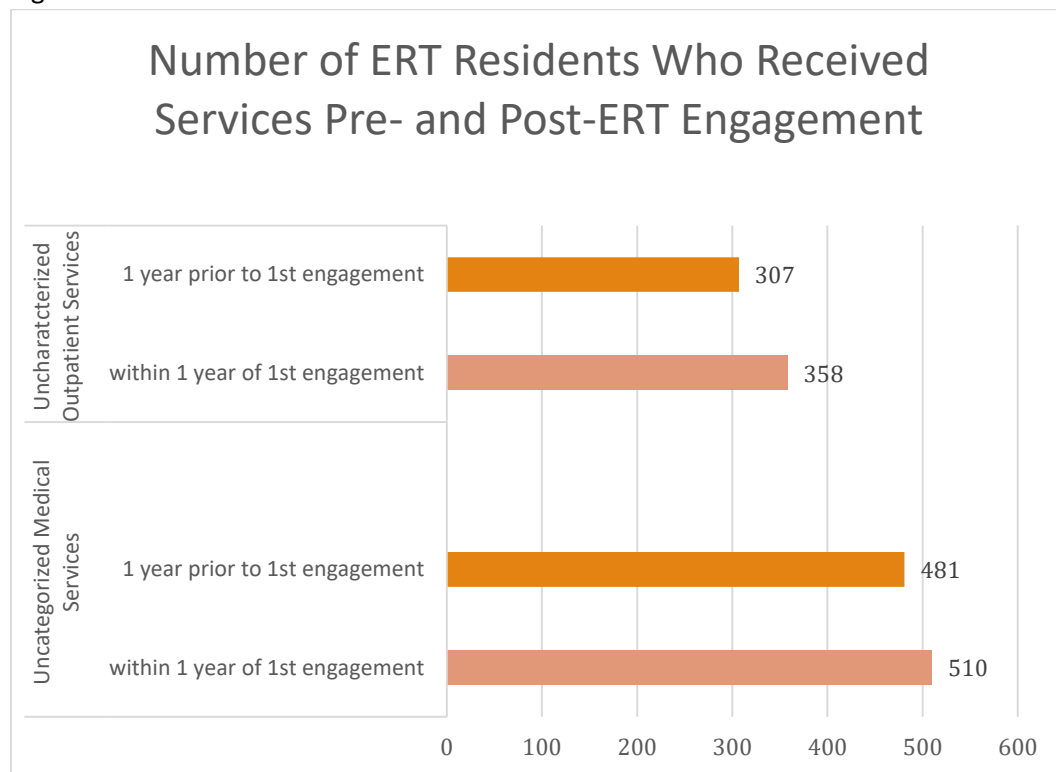
People also noted how their routines changed once they left encampments and moved to staying in tents elsewhere throughout the city. Elsewhere in the city, they had to clean up their tent by 6:30 every morning because they knew the Department of Public Works would come by and force them to leave. That was different compared to the larger encampments they lived in.

## Appendix B: Administrative Data Analysis

San Francisco made available administrative data, primarily regarding service utilization, of those engaged by the ERT over the course of this study, between July 2016 and June 2018. Although 1,206 individuals were engaged by the ERT, the analysis below represents the 846 records for which a plausible ERT engagement date could be identified. A total of 351 files had a missing first engagement date and 9 had an invalid date. For those encampment residents with a known engagement date, ERT information was matched with data provided by the San Francisco Department of Public Health regarding utilization of mental health, outpatient, housing, and medical services. Graphic demonstrations of the analysis are presented throughout the document (Figures 1 – Figure 7; Figures A-1 – Figure A-4).

The analysis of San Francisco’s Public Health Department data was able to group data by category to better understand service patterns pre- and post-ERT. However, there was a portion of the medical data provided that lacked enough detail to be categorized.

Figure A-1.



As demonstrated above, there was an increase in the number of ERT residents who received these services in the year post ERT engagement. The average utilization of these services pre- and post-ERT for this data is presented below.

Figure A-2.

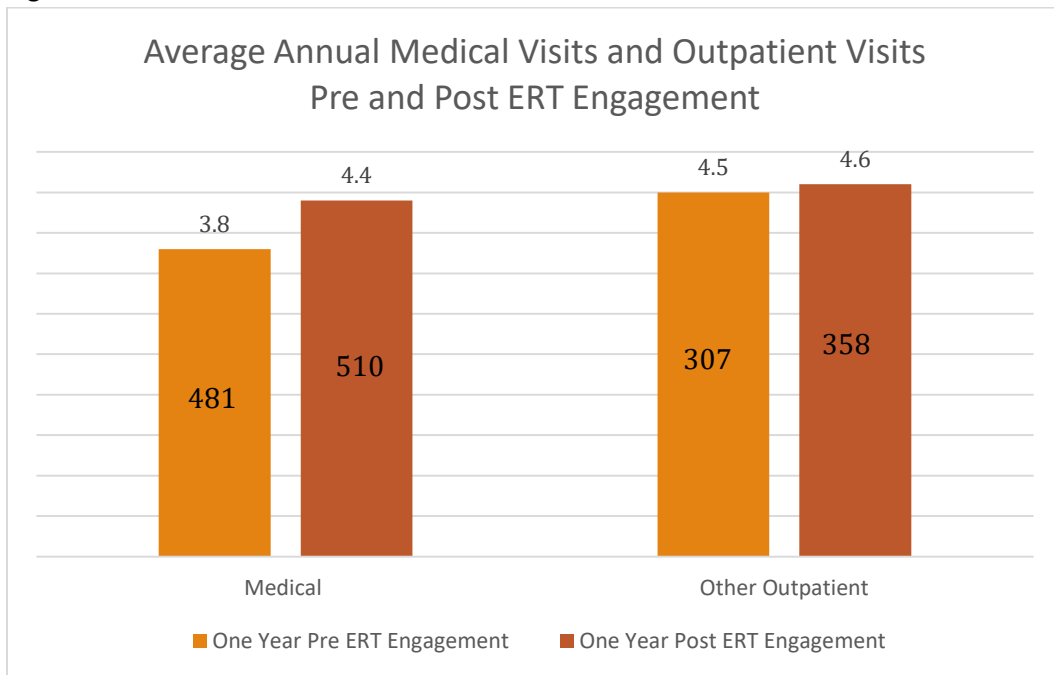
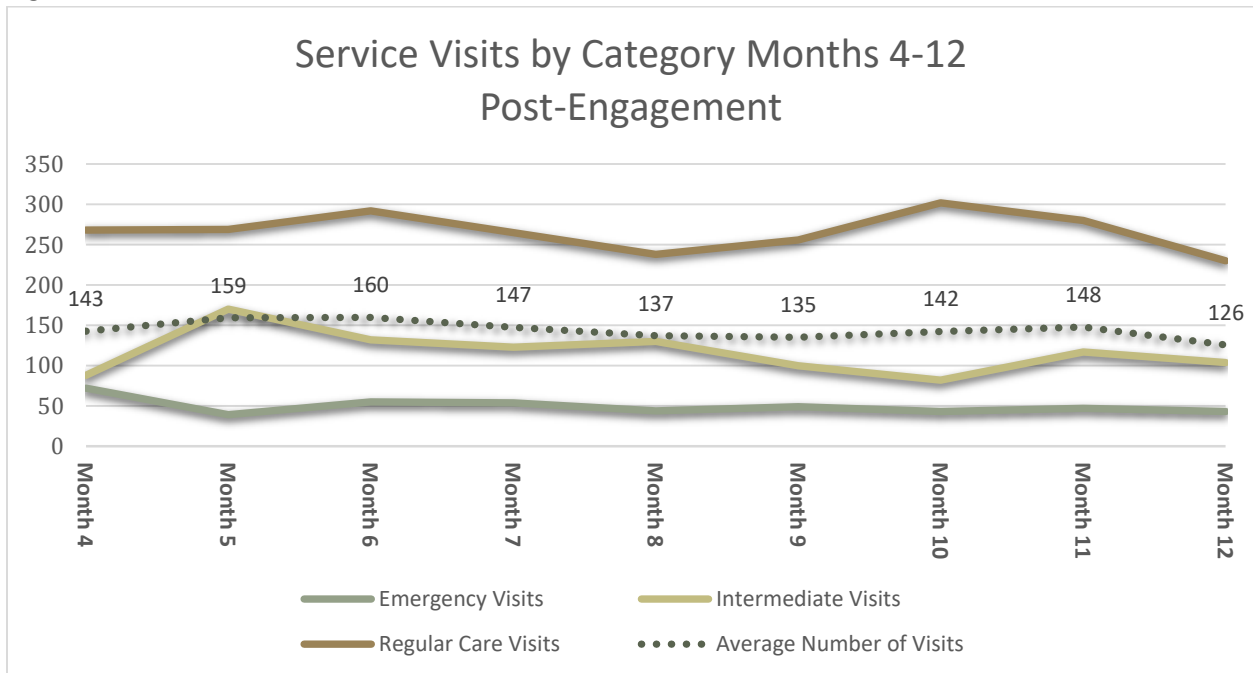
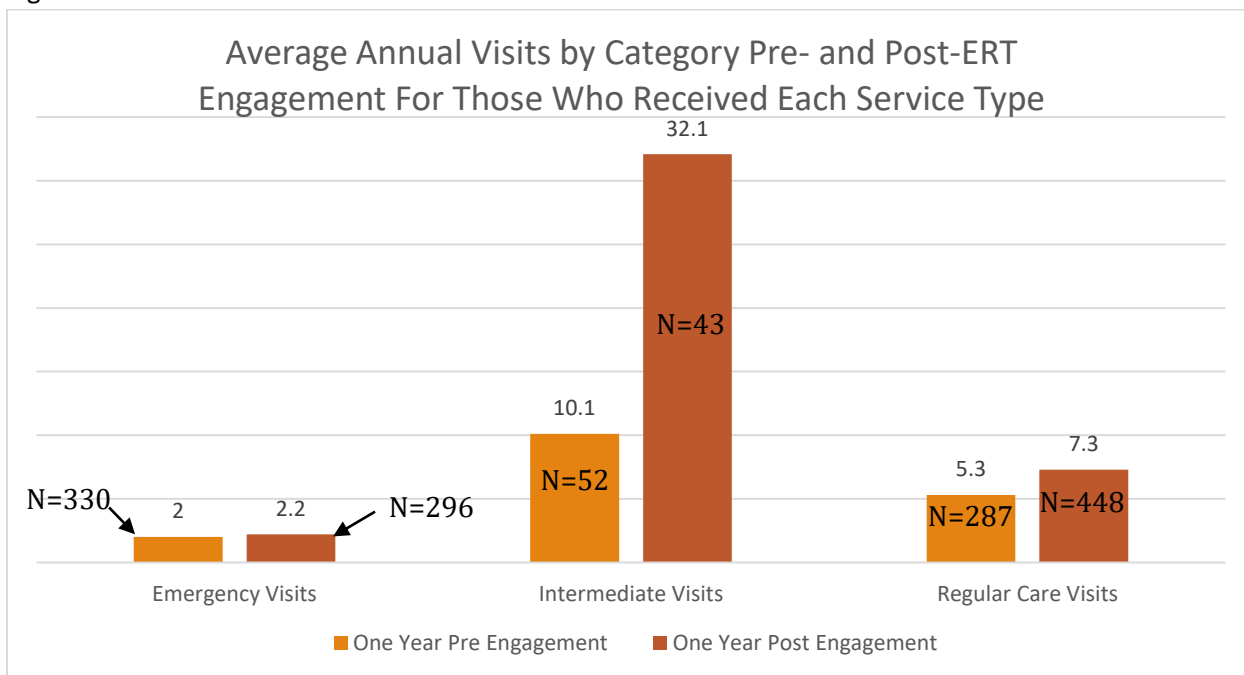


Figure A-3



The graph above shows the trends in service visits by category in months 4-12 post-ERT engagement.

Figure A-4



Below is a full list of services and the accompanying category for the analysis of service utilization by individuals engaged by ERT.

Description	Category
10 Day Rehabilitation- Full Day	2
Adult Crisis Residential	2
Adult Residential	2
Case Mgmt/Brokerage	3
Collateral-Mental Health Svcs	3
Crisis Intervention (CI)	2
Crisis Stabilization ER	1
Crisis Stabilization ER, 5150	1
Crisis Stabilization Urgent Care	2
Emergency Medicine	1
Emergency Medicine, 5150	1
Jail Medical	1
Local Hospital Inpatient	2
Medication Support	3
Mental Health Services (MHS)	3
MH Rehab Centers	2
No Entry	0
Primary Care Outpatient	3
Professional Inpatient CM	2
Professional Inpatient Visit - M	2
Psychiatry	3
Psychiatry, 5150	1

Psychiatry, 5150, 5150	1
Urgent Care Medical Services	3
Vocational Services	3

<b>Legend</b>	
Emergency Services	1
Intermediate Services	2
Regular Care Services	3

## Appendix C: Additional Data Sources

Additional information was reviewed during the ERT analysis process and that information is summarized below:

- [An Evaluation of the City of Philadelphia Kensington Encampment Resolution Pilot](#)
- [Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities](#)
- [United States Interagency Council on Homelessness: Encampment Case Study San Francisco](#)