



Understanding the Ocean Front Walk (OFW) Encampment to Homes Project

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INTRODUCTION

The Ocean Front Walk (OFW) encampment outreach effort in Venice Beach engaged one of the largest encampments in Los Angeles in 2021, serving over 200 encampment residents. OFW was led by St. Joseph Center, a Venice-based nonprofit that acts as the Coordinated Entry System (CES) lead agency for Service Planning Area 5 (SPA 5) on the Westside of Los Angeles County. The report and this brief highlight the successful aspects of this project, as well as its shortcomings, in order to refine the strategies applied to future Encampment to Home encampment resolution efforts.

The OFW project was modeled on the Encampment to Home pilot project, which took place in two communities in South LA in 2018. These pilots were collaborative efforts 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. 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.

Building on the 2018 pilot, in 2021 the six-week OFW project entailed moving people living outdoors on Venice Beach into shelters or housing and onto a path toward permanent housing. OFW outreach focused on building trust among encampment residents and working with them to understand their housing and service needs. St. Joseph staff connected interested participants with an array of readily available housing and services, utilizing Project Roomkey (PRK) motel rooms, non-PRK motel rooms, and permanent housing units to relocate residents indoors.

To examine this project, The Homelessness Policy Research Institute (HPRI) employed a mixed methods approach. The quantitative portion entailed analyzing demographic information and housing referral data from St. Joseph Center and the qualitative part included seven interviews of St. Joseph's staff members of varying positions and experiences. The quotes included in this brief are drawn from the interviews with St. Joseph Center staff.

KEY FINDINGS

- 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 maximize each day’s outreach impact. Clients engaged by outreach were then flowed to staff organized by function (assessment, documentation, referral).
- 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.

WHAT WE LEARNED

1. St. Joseph Center’s Large Portfolio of Readily Available Housing Options Led to Better Housing Outcomes St.

Joseph’s ability to demonstrate that housing was immediately available to participants was a key driver of the high acceptance rate of housing referrals. St. Joseph Center was prepared with ample housing options before engaging OFW encampment residents with a housing portfolio including Rapid Re-Housing (RRH), Interim Housing (IH), Permanent Supportive Housing (PSH), Project Homekey (PHK), and Project Room Key (PRK). As a result, OFW encampment residents who chose to enroll in housing were quickly moved into local motels, shelters, and housing sites. Notably, because of the wide variety of readily available housing options, the OFW relocation effort successfully enrolled 99% of clients in some form of housing, with 93% of those clients placed in permanent housing (either RRH or PSH). For reference, in FY 2021-22 St. Joseph Center staff permanently housed 34% of all engaged clients, meaning OFW more than doubled its usual rate of permanent housing placements. OFW housing placements by housing type are shown in the graph below.



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

While OFW achieved a very high rate of permanent housing placement, it was not without challenges. Some clients felt surprised by the use of shared housing and the lack of compatibility between occupants in shared housing units. Notably, some participants expected their own housing when they were in fact being connected to shared housing. In these settings, some clients in recovery lived with clients who participate in substance use, which may have negatively impacted housing stability. In future efforts, staff should clarify the details of available housing arrangements and voucher eligibility upfront for clients, as well as ensure people are paired with compatible housemates.

2. Robust Planning and Clear Organization Led to More Client Participation and Placement

The organization and preparedness of staff involved in the OFW outreach effort was a direct result of planning and strategizing how to best engage with residents. The sheer size of the boardwalk encompassing the OFW encampment made this outreach effort geographically one of the largest to-date; to walk the entire boardwalk down and back reportedly took 4 hours. To address the challenges of covering such a large encampment, staff used aerial drone footage to map out the encampment and divide it into smaller zones. This was extremely effective in maximizing outreach teams' time, preventing duplication of work, and allowing teams to understand the characteristics of smaller groups within the larger encampment and to designate resources accordingly.

The teams were not only divided amongst zones, but also among various support functions. Dedicated teams were responsible for different tasks, including data entry, transportation, outreach, and Verification teams. This allowed for a streamlined flow of client assessment, documentation, and referral to service offerings. Once outreach staff built relationships and participants expressed interest in housing or supportive services, they were quickly connected to those resources.

3. Extended Client Engagement Built Trust and Increased Participation

Due to previous disappointments or traumatic experiences, mistrust of outreach workers was high among encampment residents. Many clients were already on waiting lists to receive housing from other organizations that had never materialized. Some reported that they had been waiting to receive support for as long as three years.

“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 difficult to overcome, as they reflect histories of trauma and failures of the homeless services system to meet clients' needs. While typical outreach efforts last only one to two weeks, the OFW's extended six-week outreach effort, coupled with immediately available housing solutions, made OFW stand out from other efforts and fostered greater trust among participants. Staff often needed to engage with clients a minimum of five to seven times before they accepted services.

Trust and word-of-mouth were also important to the OFW outreach efforts' success. Members of the OFW community who accepted services acted almost as volunteer support staff, convincing the more reluctant residents to accept services, which was only possible due to a longer time frame for engagement. People who initially refused services were much more willing to participate after seeing their friends and neighbors successfully moved into housing. This was incredibly beneficial for overcoming the mistrust built from past disappointments and traumatic experiences with the homeless services system, and it was integral in placing 99% of participants in some form of housing. Furthermore, the longer window of client engagement made this partnership possible; if OFW outreach ended after one or two weeks, participants enrolled in housing or services would not have had enough time to convince their friends to accept resources from St. Joseph Center staff.

4. Stronger Mental Health Service Partnerships with Lower Caseloads Would Have Improved Client Support

Staff reported that the small number of individuals who ultimately refused housing cited mental health challenges, including anxiety and claustrophobia as the most common reason. The presence of mental health needs among OFW encampment residents was common, as almost 40% or more of every demographic group reported histories of mental health challenges, and the majority of people within every demographic group reported experiences of trauma. Many clients indicated they also had histories of chronic illnesses, alcohol or substance use, and domestic violence, with the highest rates of domestic violence against women, nonbinary folks, and transgender individuals. Future outreach efforts should prepare for a substantial level of individuals with mental health needs, as the demonstrated need for these services requires equally high mental health service capacity. Untreated trauma and mental health needs can often lead individuals to cope with substance use, creating further barriers to secure housing.

“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.”

Despite the elevated mental health needs among OFW clients, available mental and physical health services were limited. While the majority of clients accessed mental health services at least once, overall, the 123 individuals who were connected to mental health resources accessed them a total of 218 times, which is just shy of twice per person, on average. Considering the severe levels of mental health concerns and trauma in the encampment, talking with a mental health professional twice does not seem sufficient for clients with histories of trauma or other mental health conditions. This lack of consistent mental health service engagement became a barrier. In staff interviews, several interviewees mentioned a need for more mental health service slots and the lack of adequate support.

“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.”

5. Staff Needed Private Spaces Shielded from Public Scrutiny and Media Surveillance

Encampment to Home efforts are often highly politicized efforts that garner significant public attention; this level of public scrutiny can have negative impacts on workers and volunteers. Staff reported being harassed and recorded at all operating hours, receiving accusations of not doing their jobs while attempting to take much-needed breaks throughout their days. Staff that were seen taking lunch or water breaks were immediately met with accusations of mishandling the program.

“It was frustrating at a certain point because we weren’t allowed to really [take breaks]... 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?”

Apart from the constant surveillance and pressure, the public outcry and media presence also created additional challenges faced by frontline staff. The high level of media publication on OFW led people experiencing homelessness from outside the Venice area to travel to the boardwalk in search of services. They sometimes became verbally aggressive or violent toward staff when they were told the OFW resources were intended for those who lived in the OFW encampment.

This high-pressure environment led to staff feeling uncomfortable, tired, and even unsafe. These feelings contributed to burnout, a common feature of the homeless services sector. Future Encampment to Home efforts should anticipate this heightened level of public scrutiny, planning beforehand to provide spaces for staff privacy and emotional processing/recovery.