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What We Learned From Our Collaborative Efforts at the

 6th and Berendo Encampment

The 6th and Berendo encampment is located in CD10, in the Koreatown area. The encampment, located next to a church, was blocking driveway access to the church and at times, access to the sidewalk. In April of 2021, SPA 4 Multi-Disciplinary Outreach Teams began a coordinated effort to develop a by-name list of individuals staying at this encampment, determine best fit for housing, and link individuals to these resources. This location also had four Recreational Vehicles (RV) parked on the street in front of the encampment, making this site extremely complex to navigate during COVID.

This document will examine the Encampment to Home efforts that took place over a six-month period. We will look at the efforts by the outreach teams to impact this site by focusing on three areas: coordination, interventions, and maintenance, and begin to delineate some best practices from this experience.

Coordination

Coordinated intensive outreach began at the 6th and Berendo encampment location on April 22, 2021. Prior to that date, teams from multiple organizations were providing outreach but these services were not being effectively coordinated and outcomes were limited. As a result, it was difficult to determine which team was working with which individual and what the barriers were to getting individuals connected to appropriate resources. The decision to begin coordinating services was made in order to more effectively implement proactive outreach and engagement to move individuals into housing resources using an Encampment to Home model. We began by setting up collaborative meetings every Tuesday and Thursday.  The key participating agencies in these meetings included:

* The People Concern
* PATH
* Homeless Health Care Los Angeles (HHCLA)
* LAHSA – Homeless Engagement Teams
* DHS
* DMH (HOME Team when necessary)

In order to obtain an understanding of services needed at this site, we first created a by-name list and developed a tracker to assign teams to specific individuals and ensure unduplicated services. The outreach teams covered the site three days a week and reported on outcomes, barriers and solutions during the weekly meetings. This also enabled us to identify when sanitation services were needed, utilizing resources provided by CD 10 to clean up trash and debris at the site when necessary.

We determined that the best plan of action was to have individuals identify items that could be discarded just prior to transition from encampment into a housing placement. In order to achieve this effectively, CD 10 partnered with us to ensure sanitation services were available. This partnership helped to eliminate barriers and enabled us to clean up this site on multiple occasions in a manner that ensured individuals did not lose essential items. We also helped one individual move his many items into a storage unit and funded the unit, while he began the process to obtain a permanent housing placement.

Interventions

This encampment had some unusual characteristics, and as the teams began to move individuals into housing the teams began to see the subcultural and community issues that were impacting this encampment, including increased gang activity and drug use/sales. On more than one occasion it was reported that a drive-by shooting had occurred at or near the encampment, with one reportedly leading to a stray bullet shattering a window at the neighboring church. Conflicting information about these incidents made tensions with the community in this area worse. As a result of these dangerous events, the outreach teams had frequent conversations around field safety and put into place a communication plan to ensure no outreach worker was going to the encampment during times of crisis. Homeless Health Care Los Angeles and The People Concern staff continued to provide services at this site. However, to ensure safety, staff went out to the site in teams of two or more and developed a safety word in case the site needed to be exited immediately. The strong relationships that service staff built with encampment residents ensured that when staff were on site, they were engaged in meaningful work that focused on eliminating barriers and increase responsiveness. This helped to manage some of the complicated layers that existed and allowed staff to provide appropriate care in an expedited manner.

The Outreach Teams, due to their proactive efforts, were able to place 22 individuals into interim housing sites within the first 4 weeks. The majority of these individuals accepted placement at 2 Project Room Key Sites located near the encampment in CD 10. In order to help individuals access placements, the teams worked with assigned individuals and used the following Evidence Based Practices to move individuals inside:

* Proactive Engagement – This intervention was key in creating change in this encampment. Engagement needs to be proactive and not a reaction to what an individual says or does. We established consistent and coordinated days and times for the Outreach Team members to be on site at the encampment so that individuals on the by-name list knew they could rely on the outreach teams, and see that they wanted to be of assistance. This consistent, proactive engagement enabled relationships to be developed with individuals who were otherwise hesitant to engage. They began to see the teams as reliable and willing to actually link them to resources including short and long-term housings solutions. Some individuals engaged quickly with the Outreach Teams and other individuals took longer to engage. Regardless, it was important to not view individuals as service resistant, but rather requiring longer, more intense contact to successfully build trust. This proved to be very effective; individuals that initially indicated they did not want services, became fully engaged due to these consistent efforts.
* Motivational Interview techniques - Staff used cognitive behavioral techniques to help individuals change their thinking by listening and providing guidance around their goals to end their experiences of homelessness. Staff were able to help individuals understand options available to them. They also focused on explaining negative outcomes created by residents’ choices, including how those choices increased difficulties for them. These conversations helped them see the negative effects of some of their behavior and choices. This intervention also assisted individuals to accept a safer housing plan that would enable them to have better access to health care solutions, on their terms.
* Trauma Informed Care – It is important that all outreach teams understand the impact of trauma on individuals living on the street prior to engaging in street outreach efforts. Trauma Informed Care principals enabled the teams to recognize that many people who experience homelessness have previous trauma and that homelessness itself adds to this trauma. Further, Trauma-Informed Care is a “strengths-based framework” that is grounded in an understanding of responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors to “rebuild a sense of control and empowerment” (Hopper, Bassuk and Olivet, 2010). Trauma Informed Care principles utilized by the teams included ensuring awareness around appropriate space when engaging individuals in an encampment in order to promote a feeling of safety and to level the playing field, providing choice of where the individual would like to talk, and acknowledging that engagement is a collaborative process. Consistent times that the outreach teams were present at the encampment helped to build trustworthiness and allowed individuals to feel some sense of control. In some instances, it took a number of meetings with individuals at this encampment to complete the engagement process. Empowering individuals to have choice in their decisions and using collaborative, respectful language that is not shaming or coercive was key in this process.
* Harm Reduction Interventions – Many individuals living in this encampment struggled with substance use and mental health issues. In order to engage with individuals, the team did not focus on use but instead talked to them about their unsafe behavior and the danger associated with licit and illicit drug use. Although staff are always mindful of harm to self or others, trying to engage individuals in mental health or substance abuse services was not the focus. A Harm Reduction focus establishes quality of individual and community life and well-being–not necessarily cessation of all drug use–as the criteria for successful interventions. Staff engaged individuals in a non-judgmental, non-coercive manner and educated them on resources available to then in order to assist them in reducing risky behavior.
* Housing First - This included helping individuals understand the expectations and rules related to going indoors, as well as helping to problem solve and find creative solutions when individuals verbalized barriers. What the teams did discover was that when housing options were presented, most people were accepting of this intervention. Staff focused on eliminating barriers to getting people housed. However, due to limited resources and many individuals competing for the same housing options, moving individuals inside was, at times, challenging. Staff are not always able to offer a variety of choices or solutions that individuals do not experience as triggering.

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| Resource | Total | NOTES |
| Number of people engaged at encampment | 40 |   |
| **Interim Housing Outcomes** |  |   |
| Placed in Project Room Key | Total 35 | 4 individuals remained. Of these 4, 1 left and never returned ad 3 were living in an RV and were eventually placed in a PRK site. |
| Safe parking |   0 | Two referrals were made but neither individual accepted placement |
| Placed into Best Inn PHK | 1 |   |
| **Permanent Housing Outcomes** |  |  |
| Matched to a housing subsidy |  7 |   |
| Placement in Permanent Housing | 2 | 1 person return to family1 person leased up with EHV  |
| **Linkages** |   |   |
| Connection to HHCLA SA counselor |  30 | SA counselors on site at encampment weekly |
| Mental Health service | 2 | DMH HOME TEAM  |
| Medical assessments (HHCLA) | 30 | HHCLA’s medical team provided services at this site weekly |
| COVID tests administered | 30 | Weekly by HHCLA medical team |
| Storage | 1 | The People Concern assisted with storage solution for 1 individual |
| Transportation |  30 |  All clients placed in PRK were provided transportation by outreach teams. |

Barriers and Challenges at this Site

As individuals were placed from this site and we began to peel back the complicated layers that make up this encampment, the teams reported that they began to see an increase in drug use and illicit drug dealing. After housing 30 individuals from this site, 9 individuals remained. TPC worked with HHCLA and LAHSA outreach teams to continue to engaging these individuals in hopes of getting them to accepting a housing placement. This has proven to be difficult because of the interest in remaining in this location due to support around illegal activities. Additionally, at times coordinating cleanups and housings transitions from this encampment were discouraged by some members of community-based advocacy groups, further impacting the choice to move from the encampment. This polarizing messaging impacted individuals by creating a sense of mistrust and confusion.

One large barrier the outreach teams encountered was the three large RV’s that remain parked in front of the encampment. Solutions for alternative parking sites are limited and these individuals have less motivation to go inside, or give up their vehicle. We continued to discuss this during collaborative meetings in order to brainstorm creative solutions.

RV Interventions

HHCLA staff were successful in engaging individuals living in the RVs. This process took time and consistent engagement. Initially, no one living in any of these vehicles was interested in engaging, but once they saw other individuals being assisted by staff to move into a Project Room Key sites, they became willing to talk with staff. Having the teams consistently at the encampment was instrumental in building readiness and decreasing reluctance.

The RVs were problematic as they were blocking the driveway to the church and taking up space on the sidewalk, with debris blocking the walkway. They also served as an anchor to this location and, at times, drew individuals to the encampment. Once staff engaged the individuals living in each RV, it was discovered that all three vehicles were owned by one person. The owner lived in one RV, her mother in another RV, and she was allowing a friend to stay in the third RV. All three individuals were placed in a Project Room Key Site. Once placed, staff began to work with the owner to give up all three vehicles. In collaboration with CD 10 staff, we offered to purchase the vehicles from her with a plan to have them removed from the area and dismantled. Staff worked with the individual to find the pink slips to each vehicle. We successfully managed to remove one RV from the area. However, the owner made it clear that she did not want to sell the other vehicles until she and her mother were linked with a permanent housing plan. Both were matched to a voucher subsidy and are in process of accessing housing.

Site Maintenance

Once individuals living in this encampment were moved into housing options, then HHCLA became the point of contact for this encampment and worked with TPC and CD 10 to implement a site maintenance plan.

The HHCLA team began to implement a prevention plan to prevent a new encampment from developing. In order to achieve this task, the outreach team continue to be present at this location two times per week. Having an active presence means that individuals could be engaged quickly and interventions implemented to reduce individuals from returning to the site and/or attracting new individuals to this location. Moving individuals from the site quickly in order to prevent the development of another large encampment is key to site maintenance. Resources needed to achieve this included access to Project Room Key and other interim housing sites in CD 10, as well as linkage back to homeless services agencies that the HMIS system indicated they were initially connected.

Working with CD 10 staff to implement weekly site clean ups was an additional intervention to ensure the team could effectively maintain this site. Establishing a weekly clean up schedule, with City Sanitation, to remove all trash and large bulky items helps keep the area clean and deter people from thinking it is a place to set up a tent that will not be monitored. The outreach teams have noticed that people will set up encampments in areas that have excessive debris.