

Bringing People Home From Encampments



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Bringing People Home.

Support From All Angles

Combining street outreach, healthcare, and day shelter services to find solutions to unsheltered homelessness



A Comprehensive Homeless Services Team

- Downtown Day Services Center
- Hope Has a Home Medical Respite
- Street Outreach Teams
- Starbucks Outreach Program
- CARE Encampment Program

The Downtown Day Services Center

- Opened in 2019
- A One-Stop Shop for social services
- Grounded in 3 core actions
 - Ongoing and flexible support for short and long-term needs
 - Harm reduction
 - Eliminating barriers
- Continued growth for 2025 and beyond



Downtown Day Services Center

What works?

- Low barrier shelter
- Community
- Additional opportunity for engagement
- One-stop service shop
- Collaboration across providers

What have we learned?

- Capacity vs demand
- Creating a trauma-informed space
- Flexibility is key
- Invest in what works

Hope Has a Home Medical Respite

- Opened first men's site in 2019
- Offers combination of medical respite, behavioral health, and support services
- Filling a gap in homeless healthcare
- In 2024, opened first medical respite for unhoused women in all of DC
- Meeting growing demands in 2025



Starbucks Outreach Worker Program

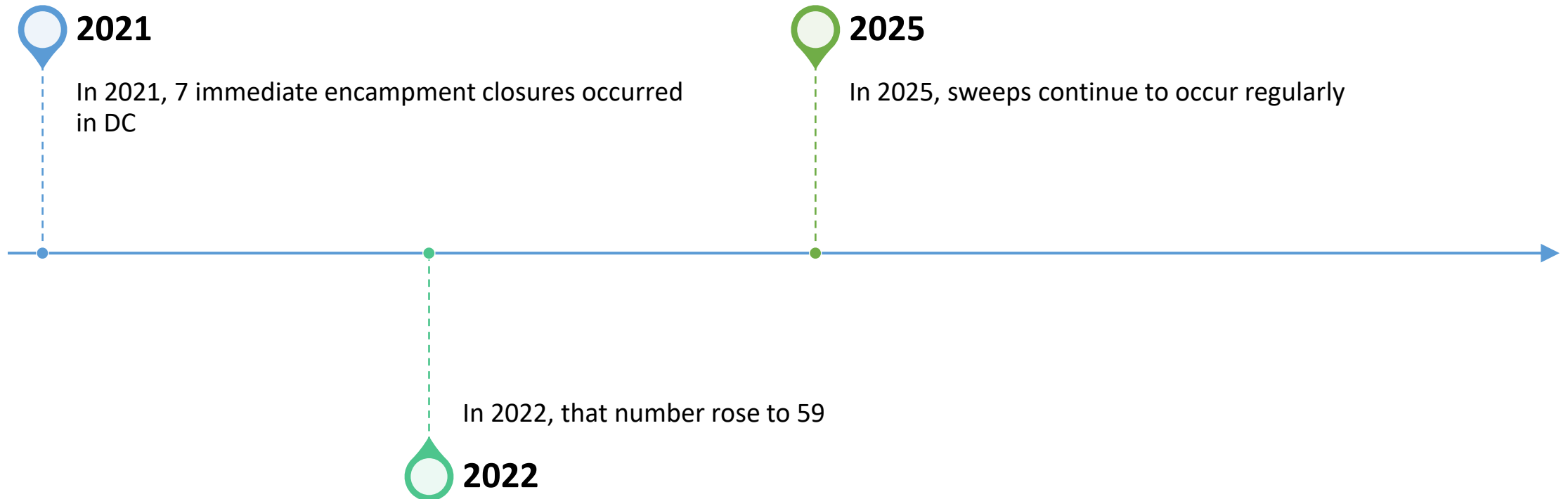
- Began in 2020
- A dignified and compassionate approach to engagement
- Partners provide outreach and housing services directly in Starbucks stores
- Offers new opportunity for engagement
- Currently active in 8 high-need cities across the United States



Homeless Outreach Teams

- 2 street outreach teams
 - DHS Outreach Team
 - GTBID Outreach Team
- How do they fit into the bigger picture?
 - Front lines of engagement
 - Meeting people where they're at
 - A bridge to other resources
 - Key to trauma-informed encampment engagement

DC Encampments 2021-2025



Why Do People Choose Encampments?

- The reality of DC shelter system
- A sense of safety in community
- Strength in numbers
- Predictability



Why Close Encampments?

- Misconceptions on why people sleep outdoors
- Misguided concerns over safety and public health
- The reality is that encampment sweeps:
 - Lower chances of improved outcomes
 - Limit opportunities for engagement
 - Create greater risks to health and safety
 - Take away a sense of community
 - Use up resources that could fund solutions

CARE: Finding Housing-Focused Solutions

- In 2021, plans began for sweeps of 2 large scale encampments in DC
- In response, funding was provided for the CARE (Coordinated Assistance and Resources for Encampments) program
- Aimed to prevent displacement by investing in housing resources specific for encampment residents

CARE: Finding Housing-Focused Solutions

Program Goals

- Fast track encampment residents into housing
- Remove barriers that delay the housing process
- Engage all encampment residents consistently and respectfully
- Provide the opportunity for all residents to move from encampments directly into housing, with transitional options available
- Invest in what works: housing and the front-line workers



CARE Encampment Program

What worked?

- A faster path to housing
- Targeted engagement
- Solution-focused approach to community health

What have we learned?

- Sweeps are not solutions
- Flexibility is necessary
- Solutions should be widespread
- Invest in housing
- Invest in people

Final Thoughts: Keys to Success

- Organized and Targeted Collaboration
- Finding ways to fill gaps in the system
- Trauma-informed approaches are successful
- Find what works and invest in it
- Advocacy and accountability
- Housing ends homelessness

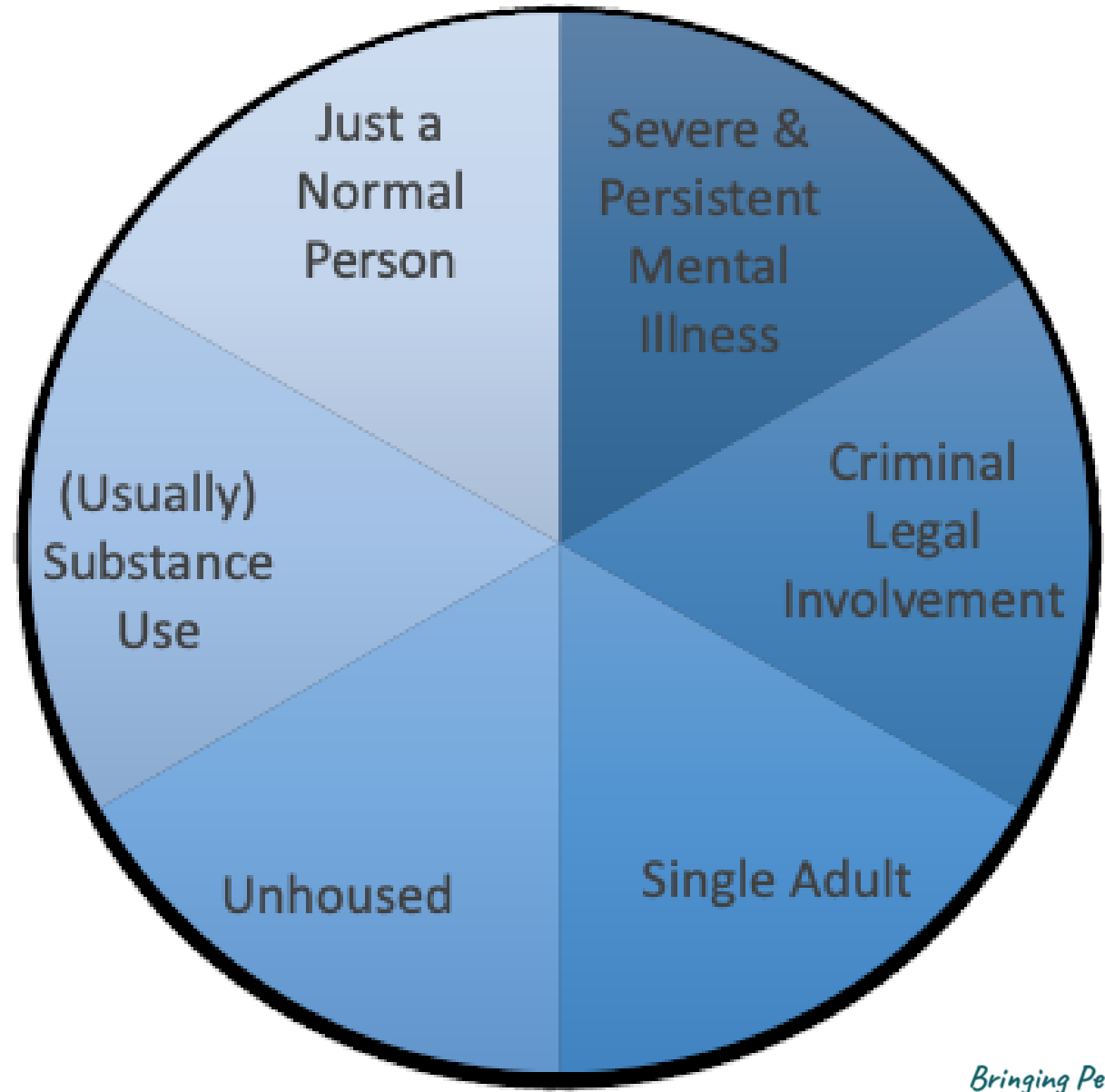
My Team

A clinical outreach program in King County, WA

We offer wraparound support, including:

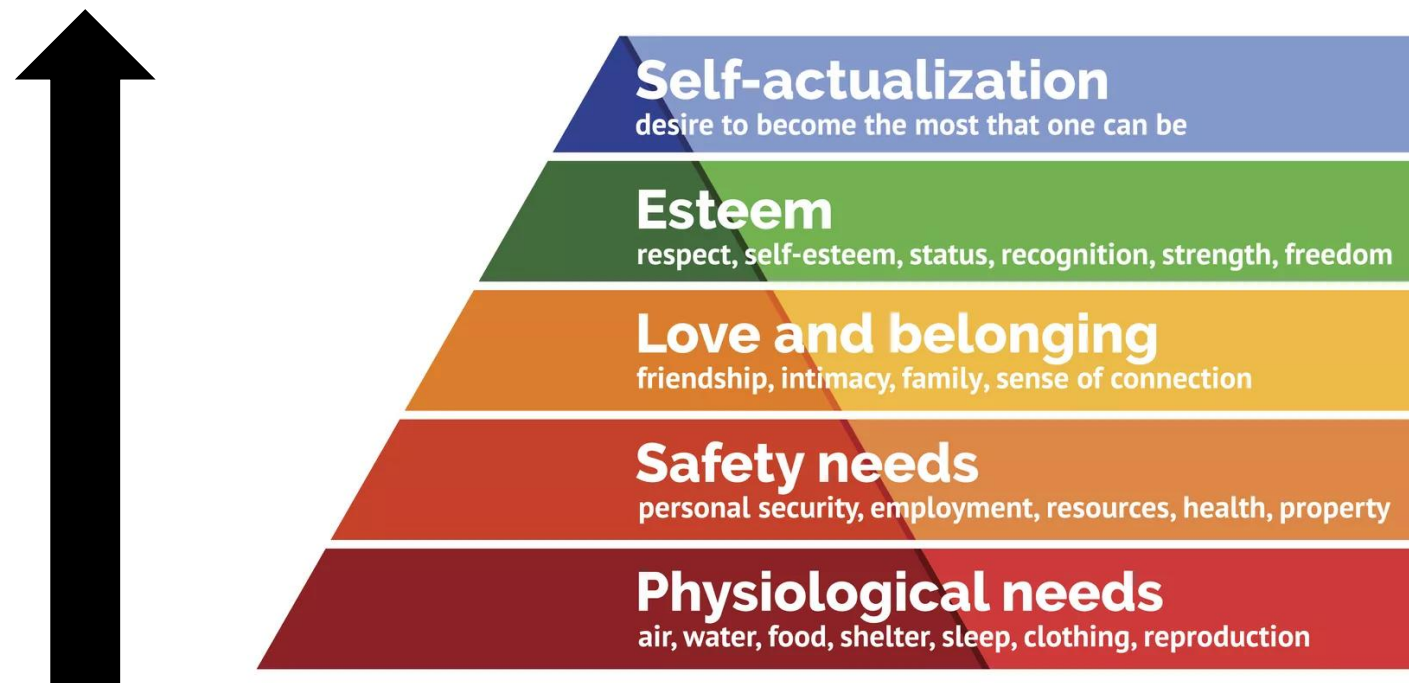
- Housing navigation
- Case management
- Peer support
- SUD counseling
- Occupational Therapy
- Nursing
- Psychiatry
- Psychotherapy

With whom do I work?



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Maslow's Hierarchy of Needs

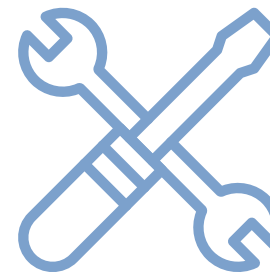
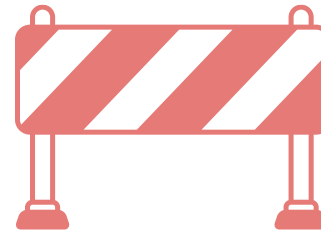


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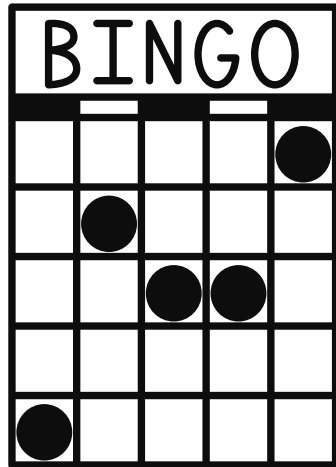
Figure modified from Plateresca via Getty Images

Today's Service Plan

- Goal: acquire housing
- Steps: navigate bureaucracy
- Barriers: ill-suited behavioral patterns
- Solutions: psycho-education, retraining behavioral patterns



Steps: Navigating the Housing System



Nominate the client

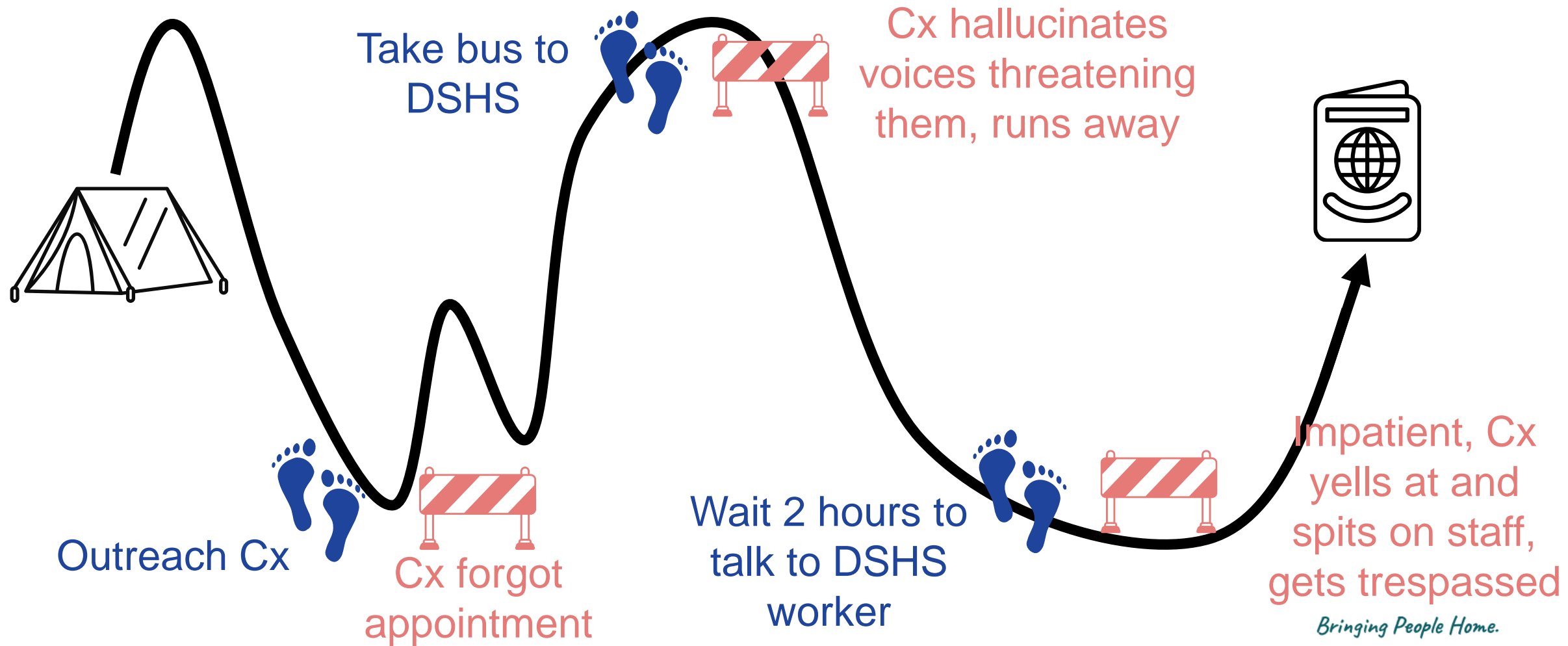


Gather documents

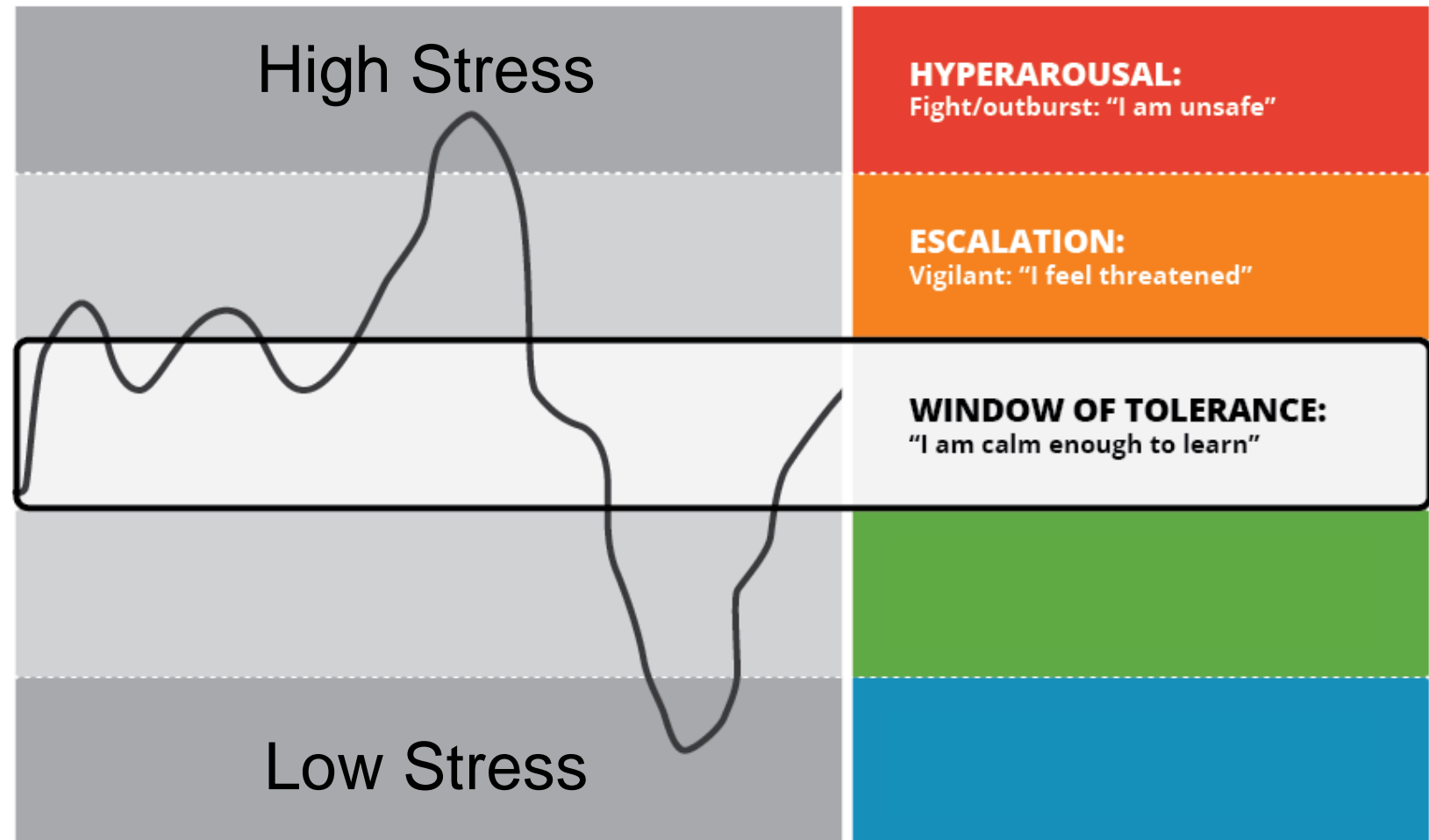


Move in & thrive

Steps: Navigating the Housing System



The “Lizard Brain” (according to Polyvagal Theory)



Bringing People Home.

Figure modified from original by Govind Krishnamoorthy & Kay Ayre

To get housed, we first have to:



1. Build a relationship that meets some of the client's **emotional safety needs**
2. Impart new, less harmful **skills and behavioral patterns**

How do we build relationships?

How do we build relationships?

- Share a meal
- Engage in leisure
- Provide survival items
- Offer Harm Reduction supplies
- Chat, share, listen

Learning new skills & behaviors

Broaden Cx distress tolerance:

- Model **grounding exercises** like mindful breathing

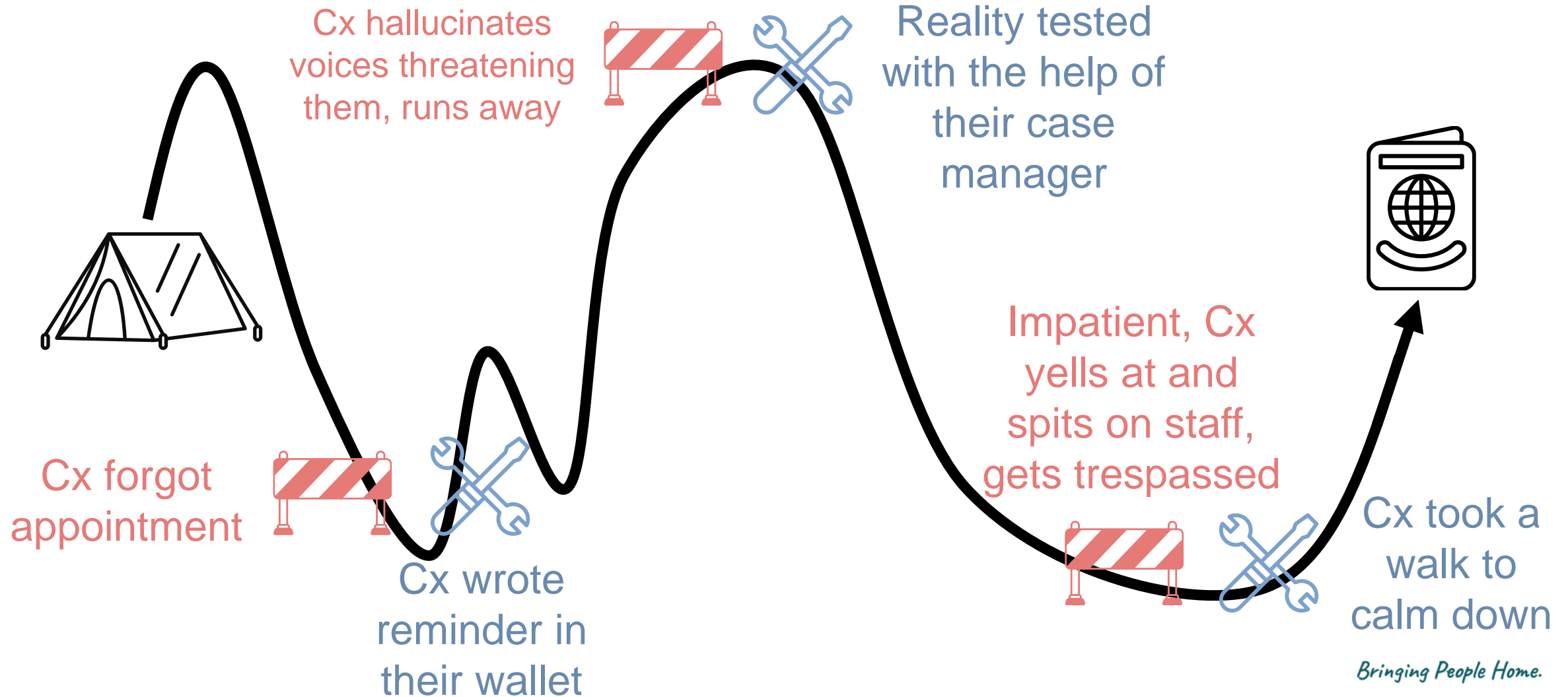
Cx threatening to get needs met:

- Set **boundary** & communicate that engagement with Cx will end in response to menacing behavior

Mitigate Cx disorganization:

- Create **routine** by outreaching on consistent schedule

Successfully reaching the goal



“just in case” slides follow

It takes 3 things to stay housed:

- 1. Pay rent**
- 2. Clean the unit to pass inspections**
- 3. Get along with neighbors & staff**

Challenges Once Housed

1. The level of care is not right
2. Lacking skills of independent living
3. Limited access to voluntary inpatient treatment
4. Overdose death

Tips for Outreach in Encampments

1. Go in pairs
2. Bring lots of “engagement tools”
3. Take your time to gather situational awareness
4. Ground yourself
5. Trust your gut
6. Move the engagement somewhere safer

Our Preferred Shelters

- 1. Crisis Respite Programs (CRP)**
 - a. Clinical support**
 - b. Trauma-informed care**
- 2. Crisis Solutions Center (CSC)**
 - a. Clients can (sort of) self-refer**
- 3. Tiny Homes**
 - a. No roommate**
 - b. Safety**
 - c. Longer-term**