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# Alternative Shelter Evaluation Report

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*HOMELESSNESS RESEARCH  
& ACTION COLLABORATIVE*

# *ALTERNATIVE SHELTER EVALUATION REPORT*

*JOINT OFFICE OF HOMELESS SERVICES*

*March 2024*



# RESEARCH TEAM and ACKNOWLEDGMENTS

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# TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
Project Overview	3
Cost Analysis	4
Client Experiences and Outcomes	5
Conclusion	7
INTRODUCTION	8
Project Overview	8
Background	8
Definitions	9
LITERATURE REVIEW	11
COST ANALYSIS	14
Cost Analysis Methodology	14
Village Costs	15
Cost Comparisons	17
PARTICIPANT EXPERIENCES	22
Interview Methodology	22
Summary of Interview Findings	23
Facilitators to Meeting Goals	23
Barriers to Meeting Goals	26
Other Considerations	27
CLIENT OUTCOMES	30
Prior Living Situations	32
Exit Destinations	34
CONCLUSION	37
Costs	37
Experiences	37
Outcomes	37
Implications	38
REFERENCES	39
APPENDIX A: INTERVIEW QUESTIONS	43
APPENDIX B: HMIS SHELTER DATA	45

# EXECUTIVE SUMMARY

## Project Overview

Villages and motel shelters are examples of the expanding field of “alternative” shelters for people experiencing homelessness, which is poorly defined but largely identified in contrast to “traditional,” congregate shelters. Numerous villages have been constructed in the Portland region over the past several years, some led by community members and others developed by local agencies. This model has also started to be put to use in other cities, such as Boston, Birmingham, and San Francisco (Wallace, 2023). A number of motel shelters have opened in Multnomah County as well, initially in response to the COVID-19 pandemic as a way of isolating medically fragile or sick individuals, but continuing as a strategy to quickly make available additional shelter space.

Based on research team conversations with elected officials and government employees, villages are often believed to be:

- Faster to site and build than congregate shelters
- Less expensive than other shelter types
- More desirable to many people experiencing homelessness than congregate shelters
- Better at successfully moving clients into housing than congregate shelters
- Buildable on land not immediately suitable for other types of development

In an attempt to address these questions and others, this report summarizes research by Portland State University’s Homelessness Research & Action Collaborative (HRAC) for the Joint Office of Homeless Services (JOHS) on the cost, participant experiences, and client outcomes in village-style and motel shelters as compared to each other and to traditional, congregate shelters.

The cost data used in this analysis came from several sources: JOHS-funded congregate, motel, and village shelter budget and invoice data for the 2021–22 fiscal year (July 1, 2021 through June 30, 2022), the most recent year for which complete data were available, were provided by JOHS; Safe Rest Village costs from 2022–2023 were provided by the City of Portland or downloaded from publicly available sources; additional village shelter data were derived from previous HRAC research; and Project Turnkey motel shelter data from early 2021 were provided by Oregon Community Foundation. Village analysis was separated into JOHS villages (those administered solely by JOHS) and Safe Rest Villages (initially launched and administered by the City of Portland, although some were later moved into the JOHS portfolio).<sup>1</sup>

Alternative shelter experiences were collected through 11 interviews with JOHS motel and village shelter clients during fall 2023. Each interview lasted roughly 30 minutes and asked participants about their experiences at the current shelter, experiences at other shelters, and shelter preferences. Demographic information was collected as well. Participants received a gift card in appreciation for their time and input. Each member of the research team had a current Human Subjects Research certification

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<sup>1</sup> See Appendix B for a list of shelters with data used in this report and how each shelter was categorized.

at the time of the study, and the entire research project, as well as all recruitment, interview, and data security measures, were approved by the Portland State University (PSU) Institutional Review Board.

Client outcomes were derived from an anonymized Homeless Management Information System (HMIS) data set provided by JOHS. This included clients staying in a JOHS-funded shelter who had an entry date on or before June 30, 2023 or an exit date on or after July 1, 2021, ensuring that they were in one of the shelter types analyzed during the study period. Key variables analyzed were length of stay, prior living situation, exit destination, and demographic information for each individual client.

## Cost Analysis

It is important to note that cost disparities within or between shelter types may not point to a more or less efficient model because of the varying service needs and approaches of different populations experiencing homelessness. For example, people experiencing chronic homelessness often have more complex needs than other groups, and will therefore be more expensive to successfully support, but this does not mean that higher costs associated with shelters serving these people should be seen as a negative. Costs were not adjusted for inflation, and although most cost data were from the same period, some cost data are from the six-month period immediately preceding or following the primary fiscal year of analysis. Costs were adjusted to a per-unit basis, with a single unit comprising one bed at a congregate shelter, one room at motel shelters (which typically only had a single client during the study period), or one pod at a village shelter.

Key cost findings:

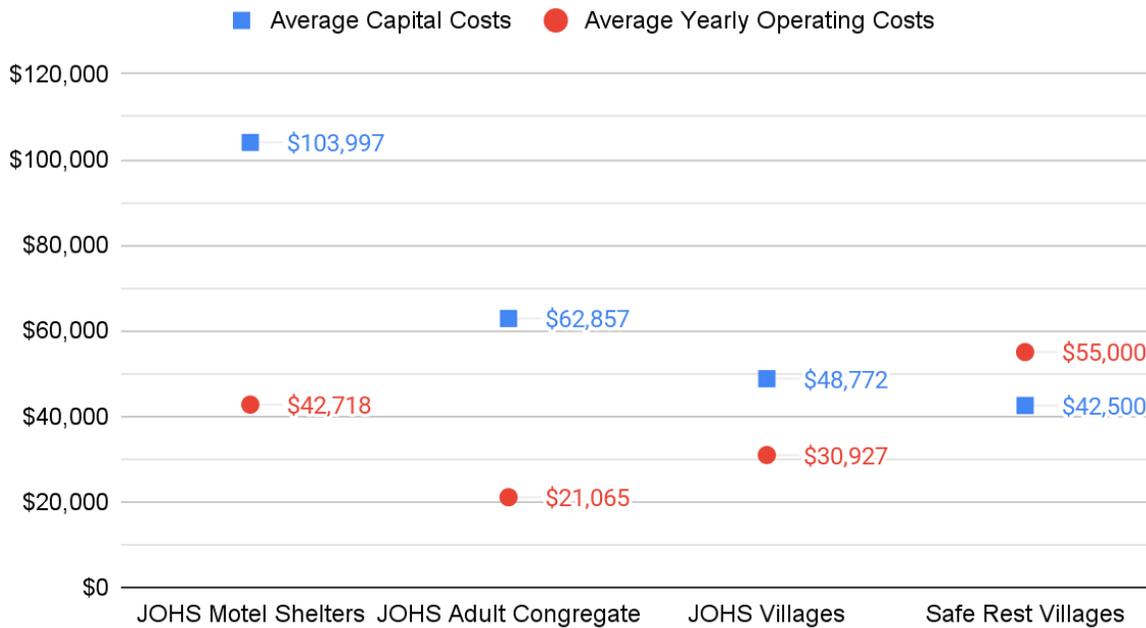
- The flexibility of villages allows them to take advantage of a range of sites, potentially at low or no cost for the site lease, and to keep capital costs relatively low.
- Motel shelters are able to begin operating quickly, in some cases faster than villages, and offer the potential for conversion into housing.
- Per-unit capital costs (including site preparation and building/pod construction) for villages are lower than other shelter types only if villages are located on free land, which has typically been the case for current villages, and if the replacement cost of pods over a similar life span to other shelter types is not included.<sup>2</sup> Otherwise, lifetime capital costs for villages would likely be as high or higher than other shelter types.
- Congregate shelters have the lowest annual operating costs per unit and Safe Rest Villages have the highest. There was no major difference in average per-unit staff ratios between shelter types, although some differences in case management and housing staff, so staffing was unlikely to contribute significantly to variations in operating costs.
- A 2018 study found that supportive housing in Portland cost between \$16,500 and \$22,500 per year (CSH & Context for Action). Rent subsidies alone cost \$16,636 through one program in 2022 (Hayden). Someone in a shelter is still experiencing homelessness, albeit sheltered homelessness. This means that, on an annual basis, the cost to move someone out of

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<sup>2</sup> Some pods only have an expected lifespan of 10 years, while motel shelters with lifespan information in the dataset used for this report had an average expected lifespan of roughly 40 years.

homelessness and provide supportive services is probably similar to the cost of providing a congregate shelter bed.

Figure 1: Capital and Operating Costs per Unit



Data Sources: JOHS, OCF, HRAC, and City of Portland

## Client Experiences and Outcomes

Interview participants felt that alternative shelters offered greater privacy, autonomy, safety, and connection to peers and staff than congregate shelters, due in part to their smaller size and private units. Larger village-type shelters may therefore negate some of these benefits. This echoes other local studies that showed people experiencing unsheltered homelessness strongly preferred motel shelters to congregate shelters (Zapata and Townley, 2020). Location was also important for clients; participants at one JOHS village shelter that was far from services and amenities felt isolated, while those at a motel shelter with a central location appreciated the convenience. Interviews also highlighted the importance of feelings of safety and belonging at identity-based shelters, such as those focused on people with ongoing medical issues, members of the LGBTQ+ community, or women-only shelters, although this is not necessarily unique to alternative shelters. Supportive and knowledgeable staff, especially peer support (from those with previous lived experience of homelessness), were also seen as instrumental in helping clients move toward personal goals including permanent housing.

One participant at a JOHS village shelter explained:

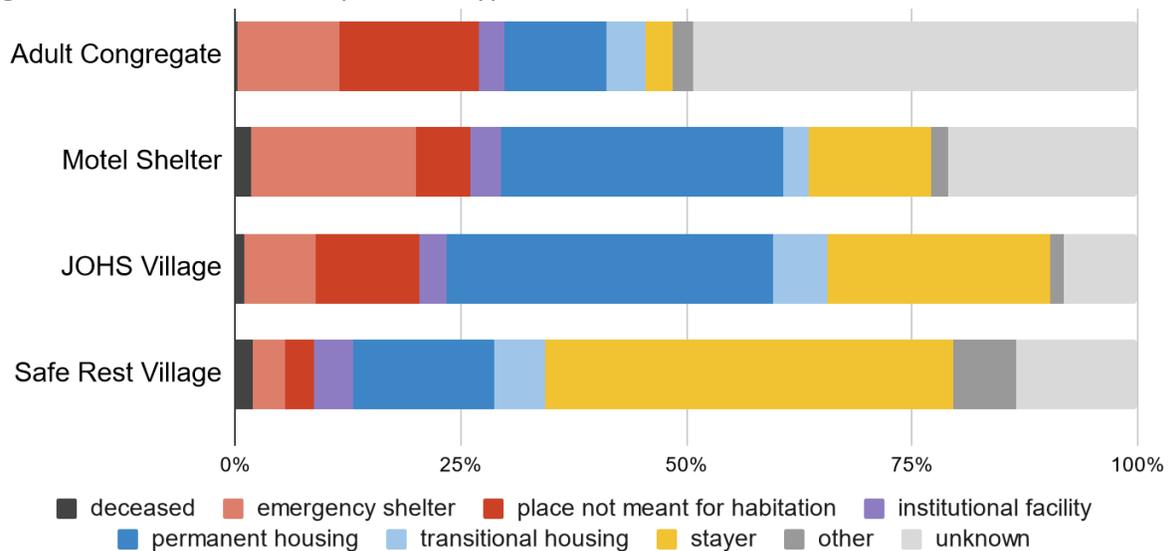
It feels like I'm a step closer to my ultimate goal of stable housing, stable living, stable everything because it gives me a sense of stability, even though it's not completely there. But it's definitely a step above being in a shelter where you're just—it's just your basic needs versus this, which is [...] It feels like there's a little bit extra, things that we can actually enjoy. I think, again, the social aspect of being around people who are also on the same path. There's just something about it that really makes me feel like I'm elevating and I'm closer to my goals than before.

Participant experiences of different shelter types were reinforced by an analysis of HMIS shelter data. More than 80 percent of clients across all shelter types entered from a prior living situation of homelessness, but some also came from either permanent or transitional housing, moving from a location intended to end their homelessness back into sheltered homelessness. Exit destinations varied widely by shelter type, and the large number of clients whose exit was “unknown” when they left adult congregate shelters complicates comparison, as does the larger share of clients who had not exited Safe Rest Villages. However, either including “stayers” (who were still at the shelter in question at the end of the study period) and unknown exits in the analysis or excluding them yielded the same results: adult congregate shelters placed a far lower share of clients into any type of housing, and exited a far larger share into unsheltered homelessness, than any other shelter category. This was despite the fact that congregate shelters had a higher ratio of staff dedicated to case management and housing placement than villages, and roughly the same ratio as motels. In short, adult congregate shelters were least successful at placing people into housing or keeping them sheltered, two key goals of any shelter model. This may be due in part to the short stays typical at congregate shelters, which dramatically reduce the time available for staff to build relationships and make referrals to other services or housing placements.

Additional findings from an analysis of HMIS data across multiple shelter types, with unknown exits and stayers included, showed that:

- All alternative shelter types placed a higher share of BIPOC (Black, Indigenous, and people of color) clients into housing than they did White clients, but also exited a higher share of BIPOC clients into unsheltered homelessness than White clients.
- JOHS villages placed a higher proportion of clients into either permanent or transitional housing than Safe Rest Villages or motel shelters, but also returned a higher share of clients to unsheltered homelessness than other alternative shelter types. This held true across nearly all racial, gender, and disability categories.
- Safe Rest Villages exited a higher proportion of clients into transitional housing as a share of overall housing placement, and had the highest rates of exits into institutional facilities and “other” locations among all shelter types.
- Safe Rest Villages served the highest proportion of clients who were White, the highest proportion who had no disabling condition, and the lowest proportion of people who identified as transgender, questioning, or nonbinary among all shelter types. JOHS villages served the largest proportion of BIPOC clients and transgender, questioning, or nonbinary clients, by design. Motel shelters served the largest proportion of clients with disabling conditions, also by design.

Figure 2: Exit Destinations by Shelter Type



## Conclusion

A useful way to consider these findings may not be to assume that one shelter type is always better than another, but rather to determine under which circumstances each might be more appropriate. With motel shelters, for example, the speed with which they can be acquired and opened, research that points to significantly improved client experiences and outcomes, a long expected building life span, similar operating costs to other shelter types, and flexibility in conversion to permanent housing make them a highly appealing approach despite higher initial costs than villages and congregate shelters. On the other hand, in rural or suburban communities with an abundance of unused or underutilized land and fewer opportunities for motel purchases, villages may offer a suitable alternative with similarly positive participant experiences and outcomes. Adult congregate shelters, although sometimes cheaper to build and typically cheaper to operate than other models, generate worse participant experiences, place fewer people into housing, and return more people into homelessness. The additional cost to society of these outcomes, both in terms of additional taxpayer expenditures and human suffering, should be carefully considered. However, there may be some situations, such as severe weather shelters, where a congregate shelter is the best option. According to this and other research, smaller shelters often lead to better client experiences and outcomes, so integrating a range of small, alternative shelters across a community is likely to be a more effective path to scale than focusing on a few, large shelters of any type.

In making a determination whether to move forward with a specific type of shelter, it is critical to involve people with current and lived expertise of homelessness, especially those who may end up living in the shelter, in the process. It is also essential to approach any shelter project with an equity lens that starts with race to ensure that the shelter is helping to reduce discrimination in homelessness, service provision, and housing placement. Finally, the full range of individual client needs, preferences, and goals should be taken into account, with wraparound services and a clear pathway into housing. Shelters are, by definition, temporary, and someone in a shelter is still experiencing homelessness.

# INTRODUCTION

## Project Overview

In 2023, the Joint Office of Homeless Services (JOHS) contracted with Portland State University's Homelessness Research & Action Collaborative (HRAC) to:

Evaluate the effectiveness of “village models” as alternative shelters for people experiencing homelessness, with a specific focus on: whether they are more successful than other models at transitioning clients experiencing homelessness into permanent housing; which practices produce the best experiences and outcomes for clients and how those practices affect clients differently based on their identities, particularly racial identities, and lived experiences; and how the cost of planning, siting, building, and operating an alternative shelter compares to traditional models of shelter.

This study and all associated interview, outreach, recruitment, and consent materials were reviewed and approved by Portland State University's Institutional Review Board as part of the university's Human Research Protection Program. This is done to ensure the ethical application of research methods and practices, including protecting the rights of study participants. In addition, each member of the research team had a current Human Subjects Research certification from the federally recognized Collaborative Institutional Training Initiative Program during the study period.

## Background

Like every region in America that has high housing prices and limited vacancy rates (Coburn and Altern, 2021), Oregon has consistently elevated rates of homelessness (de Sousa et al., 2022). The greater Portland metro area is estimated to have a shortage of more than 68,000 housing units that are affordable and available to extremely low-income households<sup>3</sup> (Aurand et al., 2023). Historical and ongoing racism and discrimination have resulted in disproportionately high rates of homelessness among people of color, especially Black and Indigenous people, members of the LGBTQ+ community, people with disabilities, and others who face marginalization (NLIHC, 2019; Olivet, et al., 2021; Paul Jr., et al., 2020). Without the existing shelter infrastructure present in states such as New York, where shelter is mandated (*Callahan v. Carey*, 1981), more than 65 percent of the people experiencing homelessness in Oregon are unsheltered (Greene et al., 2023). Until such time as enough housing can be provided that is affordable and accessible to everyone experiencing or at risk of homelessness—the only true solution to homelessness—emergency and transitional shelters provide a temporary option. Alternative shelters, and in particular the village model—which first emerged in Portland—is seen as

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<sup>3</sup> A term defined by the U.S. Department of Housing and Urban Development ([https://www.huduser.gov/portal/datasets/il.html#faq\\_2023](https://www.huduser.gov/portal/datasets/il.html#faq_2023)) as households with an income that does not exceed the higher of either federal poverty guidelines or 30 percent of area median income.

offering a potential alternative to congregate shelters, which typically group a large number of people in a dormitory-style setting.

## Definitions

### “Homelessness” and “Houselessness”

We use the term “people experiencing homelessness” and variations of this term throughout the report since it is the most commonly used, person-centered descriptor for homelessness. A person-centered term frames homelessness as an experience (hopefully temporary) rather than an element of someone’s identity. While the term “houselessness” may be more accurate, since someone’s conception of “home” is not necessarily dependent on living in a house, we use “homelessness” due to the common acceptance and widespread usage of that word in federal, state, and local documentation. Although terms such as “houseless people” or “unhoused people” are increasingly being adopted, they combine a more accurate description of someone’s living situation with a reductive description of their identity as being tied to houselessness, so we avoid them in this report.

### “Alternative Shelter” and “Villages”

The term “alternative shelter” is poorly defined in both practice and academic literature, although it frequently overlaps with “non-congregate shelter” in common usage. The U.S. Department of Housing and Urban Development defined “non-congregate shelter” in certain programs as “one or more buildings that: provide private units or rooms for temporary shelter, serve individuals and families that meet one or more of the qualifying populations, do not require occupants to sign a lease or occupancy agreement” (Sardone and Jones, 2022). The JOHS website defines alternative shelters in contrast to both congregate shelters and motel shelters, typically comprising “village”-style approaches (n.d.), while a recent student report on alternative shelters for the JOHS included villages, motels, and sanctioned tent encampments under that rubric (Jackson, 2023). For the purposes of this report, both village and motel shelter models are considered an “alternative” to congregate shelters, but tent encampments are categorized as “unsheltered” homelessness by the federal government and therefore outside the scope of this analysis. Likewise, transitional and permanent housing are outside the scope, although some motel and village shelters may be viewed indistinguishably from transitional housing by some clients or managers.

The village model is described in various ways in recent academic literature. One published definition (Greene, 2022) describes villages as: “a group of related practices [...] designed to supplement traditional, mass shelters for people transitioning out of unsheltered homelessness. They typically include separate, individual units ranging from a canvas sleeping shelter to a ‘tiny home,’ coupled with a communal space that provides kitchen, laundry, shower, and toilet facilities” (p. 171).

Another definition from HRAC’s *Village Report and How-To Guide* (Ferry et al., 2022) describes villages the following way:

The term village operates within a spectrum (formal/informal, managed/self-governed, sanctioned/unsanctioned, etc.) and remains flexible to serve people experiencing homelessness, but key features identified as essential by those most closely involved include:

- Non-congregate, safe, and private shelter/quarters off the street that provide for the use of shared common facilities.
- Sense of community that includes shared agreements on communal behavior and commitments to the whole.
- The ability for the villagers to have some agency over their social and physical environment (with self-governance seen as essential by some in the movement to meet the definition of a village).

These elements are foundational to the creation of a village, though amenities and other physical components supporting these values and addressing essential human needs are understood to be critical components of a village. These include shared facilities such as bathrooms/portable toilets, a kitchen/food preparation area(s), access to water, security elements like fencing, and a space to comfortably gather as a community.

Dr. Jennifer Wilson at University of Denver synthesized a set of priority specifications for villages from published literature, then validated and ranked these specifications with input from a panel of field experts over several rounds of review. A majority of experts agreed on 21 common specifications, with nine that each received 65 percent or more of the votes (Wilson, 2022). Listed in descending order from most to least votes, they are:

- Clear code of conduct/community agreement/lease agreement
- On-site plumbing (i.e., showers, toilets, running water)
- Houses connected to electricity
- Clear conflict-resolution processes
- Located near public transportation/coordination with local transit authority
- Coordination with local social service providers
- Clear warning/eviction policy
- Community spaces on-site
- Staff members working on-site during set hours

These specifications seem to assume a shared understanding of the physical form of a village as a set of individual shelters arranged around some shared facilities, although this is not clearly stated. They also read more as recommended best practices, which Wilson recognized by acknowledging that the “specifications cannot be replicated in a vacuum without considering the unique characteristics, conditions, and values of a particular village intended for a specific group of people in a distinct location.”

# LITERATURE REVIEW

The research team conducted a literature review of both academic literature and other resources including journal articles; newspaper articles; white papers and reports; student papers and dissertations; podcasts; websites; and other relevant material related to the costs and outcomes of various shelter and alternative shelter models. While peer-reviewed journal articles on the topic are still relatively rare due to the newness of the model, the expansive set of associated literature provides useful context and often includes original research.

This report also draws on extensive previous research by HRAC, including:

- A major report on Portland-area villages that included interviews with 42 village clients; 22 village designers, staff, and builders; 16 neighbors; and a survey of 2,065 housed Portlanders (Ferry et al., 2022)
- A survey of 383 people experiencing unsheltered homelessness in Portland that focused on the experiences of Black, Indigenous, and other people of color (Zapata and Singleton, 2020)
- A study on the housing and shelter preferences of people living unsheltered in Portland based on 97 interviews with people experiencing unsheltered homelessness (Zapata and Townley, 2020)
- A student project that conducted nine in-depth interviews with clients of Kenton Women's Village (Petteni and Leickly, 2019)

Existing literature around the costs and associated outcomes of alternative shelter models is extremely limited, as the term is relatively new and is often used to describe what something is not (traditional, congregate shelter) rather than what a shelter model is as defined by specific characteristics. While there is a spectrum of shelter options, typologies often considered alternative shelter by municipalities hosting them include village shelters, indoor village shelters, motel shelters, and sanctioned camping (Jackson, 2023). One difficulty with comparing alternative shelters to one another or with congregate shelters is that there is a wide range of models (even among villages) with differing infrastructure, support services, governance structures, cost of units, social amenities, operating budgets, etc. Research is emerging to inform village and motel shelter design and operations based on the application of best practices. Initiatives across disciplines to engage those with direct experience with various types of alternative shelters to identify minimum critical and priority specifications may lead to increased commonalities, ultimately making them easier to evaluate. Emerging research shows that many alternative shelters have better outcomes than congregate shelters. Traditional congregate shelters for people experiencing homelessness have well-documented drawbacks. Many people experiencing homelessness perceive significant danger associated with congregate shelters, based on experiences of victimization in these settings (Kerman et al., 2023). Shelter users have also described contracting diseases at shelters, and stressors such as shelter restrictions, lack of privacy, and overcrowding (Daiski, 2007). Using a shelter address can hinder job-application efforts, and shelter users felt staying in a shelter negatively impacted their sense of dignity and self-worth and did not support their efforts to find permanent housing (Daiski, 2007; Kerman et al., 2023).

Alternatives to these traditional congregate shelter models, including tiny home villages and hotel conversions, have emerged in recent years. An inventory of villages from 2020 revealed 115 self-identified villages in the United States for people experiencing homelessness (Evans, 2020), with that number likely much higher now as villages became much more widespread in response to the COVID-19 pandemic. Much of the literature on villages focuses on the process of making a village—planning, design, and implementation—rather than the experiences and outcomes of village clients. The country’s first and oldest village, Dignity Village, was the subject of a 2010 report by Kristina Smock Consulting for the City of Portland, which provides a comparative analysis of the village to other shelter/housing programs in both costs and demographics. A self-governed village since its beginning, Dignity Village was found to be several times less expensive per person (per night) than warming shelters and emergency shelters at that time (Smock, 2010). This cost-effectiveness and perceived preference for villages like Dignity Village by people experiencing homelessness has led to significant interest in the village model in the United States and Canada (Wong et al., 2020). The argument for cost savings at a village compared with other forms of shelter has proven to be effective in combating NIMBYism, which itself can lead to much more expensive processes and projects (Evans, 2021). In addition to the relatively low cost of beds/units, village advocates point to studies noting that chronically homeless individuals cost taxpayers over \$35,000 annually through emergency services and other support, and that costs were reduced by nearly 50 percent when those individuals were placed in supportive housing (NAEH, 2017).

To our knowledge, only two peer-reviewed studies have explored topics related to village client experiences and outcomes. Our research group also published a village how-to guide which included some findings on villager experiences (Ferry et al., 2022). Ehwi and colleagues examined a village of “modular homes” in Cambridge, England, and found a variety of positive outcomes for clients, including improvement in substance-use issues, money-management skills, employment and training readiness, social support, and sense of community, safety, and security (Ehwi et al., 2023). This village restricted clients to a three-year stay, which proved challenging for some clients as they worked through the lengthy and complicated process of obtaining permanent housing (Ehwi et al., 2023). When considering these findings, it is also important to note that the organization managing this village hand selected clients with “less complex needs” (i.e., clients who they thought would be successful in the village) potentially making these outcomes less generalizable to other village clients (Ehwi et al., 2023). Leickly and colleagues interviewed clients at another managed village in Portland, Oregon, and found that clients had overall high levels of satisfaction with their living situation, including their pods, their village, and the surrounding neighborhood (Leickly et al., 2022). However, some clients expressed concerns about accessibility issues getting to and from common areas, as well as interpersonal challenges characteristic of communal living arrangements (Leickly et al., 2022). Clients also felt the industrial setting of the village and the accompanying high noise levels negatively impacted their daily experience and sense of safety (Leickly et al., 2022). Concerns about noisy, high-traffic village locations have been echoed by villagers at other sites in Portland, as well as concerns about lack of transportation access (Ferry et al., 2022). Some village clients also reported low levels of food security (ibid), which drastically increases the likelihood of an individual experiencing homelessness to utilize emergency medical care (Greene, 2019), and others struggled with physical and emotional health (Ferry et al., 2022). These findings highlight a range of client experiences in villages, reflecting the diversity in implementation and practice among villages themselves.

Motel shelters are one increasingly common alternative shelter typology on the West Coast, emerging as a rapid and efficient response to the need for non-congregate shelter in the wake of COVID-19. Data are still being collected on these projects, but early indicators suggest promise in both cost-efficiency and impact. In the peer-reviewed research on client outcomes and experiences in these non-congregate shelters, clients reported a variety of positive outcomes and experiences. They felt more respected, safer, independent, and had more security and privacy in hotel shelters (Alexander et al., 2023; Colburn et al., 2022; Fleming et al., 2022; Johnson et al., 2023; Robinson et al., 2022). They described improved mental and physical health, due to better quality sleep, hygiene, and safety from COVID-19 infection (Padgett et al., 2022). The privacy afforded by hotel shelters reduced interpersonal conflict and police response in these settings (Colburn et al., 2022; Fleming et al., 2022). Hotel shelters were also more accessible, had improved food choices, and more support from staff (Alexander et al., 2023; Colburn et al., 2022; Johnson et al., 2023). Importantly, hotel shelters were found to accommodate high-need individuals who had been previously unengaged with homeless services (Montgomery et al., 2023). Despite serving higher-risk individuals, mortality rates, including from overdose, were lower in hotel shelters, as were the use of acute health services and inpatient stays (Cawley et al., 2022; Fleming et al., 2022). Clients described feeling as though they had space to breathe to pursue their goals (Colburn et al., 2022). Indeed, hotel shelters provided clients with a stable platform, including a telephone and address, from which to prepare for job interviews and plan for the future (Padgett et al., 2022; Robinson et al., 2022). Hotel shelter clients were far more likely to exit the shelter into permanent housing than clients in congregate shelters (Colburn et al., 2022).

The most significant negative aspect of hotel shelters described by clients was not to do with the shelter themselves, but rather the uncertainty of how long the arrangement would last, given hotel shelters were framed as an emergency response to the COVID-19 pandemic (Padgett et al., 2022). Researchers studying these non-congregate shelter modalities have proposed that they may provide a vital resource that is missing from the current housing continuum (Johnson et al., 2023; Robinson et al., 2022). Motel shelters also offer some of the cost-efficiency and rapid development often noted of villages, with future potential to convert motels into single-room occupancy housing (PD&R Edge, 2021). However, some argue that villages, motel shelters, and other alternative shelter models risk normalizing substandard housing and have yet to be proven for cost-effectiveness and outcomes in the long term (Evans, 2022).

# ***COST ANALYSIS***

## **Cost Analysis Methodology**

For the cost analysis, the research team analyzed budget and invoice data from the 2021–22 fiscal year (July 1, 2021 to June 30, 2022) for both “traditional” and “alternative” shelters funded by the JOHS. This is the latest fiscal year for which complete cost data were available at the time this report was prepared. Cost data included full-time employees (FTE) for each project, operational cost data, and some capital costs.

Operational cost data included:

- Salaries and wages, overtime, and benefits
- Direct materials and services related to program operation, such as printing, professional services and subcontracts, and liability insurance;
- Indirect costs
- Client assistance expenditures

The capital and site costs for congregate and motel shelters included:

- Acquisition of land and buildings
- Deferred maintenance
- Due diligence
- Closing costs
- Any renovations required to adapt a motel as a shelter
- Development costs of congregate shelters

Capital and site costs for villages included:

- Site preparation (permits, site leveling, trenching, utility connections, fencing, and similar costs)
- Communal service structures (restrooms with showers, laundry, kitchenettes, on-site management office, social spaces)
- The cost to purchase the pods

Lease costs were excluded from the analysis, since purchase (or option to purchase) costs were widely available across shelters but not enough lease cost information was available for comparison. Additional cost data for non-JOHS-funded shelters and programs, or for years in which shelters did not receive JOHS funding, were collected by the research team directly from government employees and others involved in shelter management or identified during the literature review process. Cost data from non-JOHS-funded shelters were not obtained in the same format as the JOHS data; however, the analysis attempts as much as possible to account for these differences. Cost data not specific to a certain shelter program, such as Nonprofit Association of Oregon salary survey results, were derived from the same period as the JOHS data whenever possible. The total number of units for each JOHS shelter program was derived from Multnomah County’s public shelter list (Multnomah County, 2023), with missing data provided by JOHS.

There are inherent limitations posed by the differing levels of detail between data sets; the time period involved; and differences between shelters in site ownership and situation, service delivery models, and populations served. Some locations may require far more site development and preparation than others, affecting the cost to place and build or acquire a shelter. None of the villages in this study (including Safe Rest Villages) had to pay for the land on which they were located, although this cost was incorporated into the capital costs of motel and congregate shelters located in sites acquired by JOHS. The rapid increase in the cost of materials and services since the period in question means that the costs listed here cannot be used as firm reference for future expected costs. Different service needs based on populations served affect costs, with shelters serving individuals with disabling conditions or providing a greater range of services than comparators likely being more expensive. However, this should not be taken as a lack of financial discipline.

*Please note: All costs in the report are listed in nominal terms and have not been adjusted for inflation.*

## **Village Costs**

A major reason that villages are an attractive option to many is because of the speed with which they can be developed and their flexibility related to siting, fabrication, infrastructure, and mobility. The components that make up the physical structures of a village (individual pods, shared common building(s), storage sheds, etc.) are usually all prefabricated/modular buildings. If it is prefabricated, the common building containing a village's major utilities and social spaces is permitted at the state level. It can therefore be transported to other sites, and may be small enough to be relocated with a forklift or boom (crane) truck. Pods themselves don't require foundations or permits associated with typical construction and can usually be moved with a basic forklift and flatbed truck, as well as on a trailer or through disassembly for certain types of pods.

These features related to prefabrication have several advantages. First, a village can take advantage of an underutilized site (sometimes at no cost) that couldn't reasonably accommodate permanent infrastructure or traditional buildings. For example, the Kenton Women's Village is on a site owned by the City of Portland Bureau of Environmental Services that couldn't host buildings with foundations due to major infrastructure under the ground. Therefore, the site can be provided to the village at little or no cost for an extended period of time, providing a location in proximity to amenities that would likely not otherwise be affordable. Second, while the common building is typically the most expensive part of a village (assuming limited site work is needed), a prefabricated solution allows for certain efficiencies including reduced foundation needs and the ability to be reproduced quickly for other projects. Third, a village development can be fast-tracked since the fabrication of a village's components can happen concurrently to planning and site work.

The flexibility of a village also allows for various levels of infrastructure and utilities able to accommodate the parameters of a given site or budget. A village developing as a self-governed village or emergency response, for example, may choose to begin with no hard utilities on-site and add them over time through a phased approach. Finally, the village typology of aggregated structures, as opposed to

one large building, allows an organization to operate them under outdoor emergency shelter or transitional campground designations, which can have much lower development costs and permitting requirements than a large structure.

The factors related to village development that allow for flexibility also make it difficult to compare villages since the circumstances related to a specific village's site, utility needs, and structures can vary so dramatically. For the sake of this report, the following considerations assume a village uses prefabricated pods on skids with utilities limited to electricity and a prefabricated common building(s) with full utilities (electricity, water, sewer). The JOHS villages with detailed cost information utilized for the report include:

- Kenton Women's Village
- St. John's Village
- Beacon Village
- Parkrose Village
- BIPOC Village
- Queer Affinity Village

The BIPOC Village and Queer Affinity Village were later moved into the Safe Rest Village program, but are analyzed as JOHS villages here, given their creation prior to the Safe Rest Village program and also due to operational differences. Cost data for all other Safe Rest Villages were reported as averages rather than analyzed individually due to the format in which the data were received from the City of Portland. JOHS villages were financed through the City of Portland general fund and Safe Rest Villages (including the BIPOC and Queer Affinity Villages) were funded through the American Rescue Plan Act.

Villages in Portland have historically been seen as community efforts with services being offered at cost or pro bono. This has allowed existing villages' expenditures on development and construction to be lower than the "market rate" for these costs. An architecture firm working at cost for site planning, coordination, and permitting services might charge roughly \$25,000. This includes everything from detailing where structures and utilities are on a site plan, to providing details about site plantings and ground cover, to sediment fence specifications at the time of construction. The time related to site permitting and responding to comments accounts for the bulk of the work. For example, city review and revision requests related to the design of a needed trash enclosure for a project can increase the planning time of a project by several weeks. Because of these complexities, smaller villages that share existing infrastructure (like those located on church grounds) will likely find fewer planning and permitting obstacles. Permitting is still much faster than a typical brick-and-mortar project however, because a village is not as complicated, resulting in essentially a site permit for utilities, landscapes, frontages, etc. Prioritization on expediting these projects within the Bureau of Planning and Sustainability in response to the city's state of emergency on homelessness also contributes to the speed in which both village and congregate shelter projects can be delivered. Site work remains an expense, but because there are fewer foundation and utility connections associated with the units, construction crews can be much smaller and require less skilled labor (or at least fewer types of construction trades) than a brick-and-mortar project. Inspections may be involved in water, power, and

sewer, but the only inspection on a unit-to-unit basis is for electrical connections running into the pod. All of these factors impact the cost of site development for a village.

A major factor in differing costs between villages are the prices of pods. The cost of individual prefabricated pods purchased for a range of villages during the study period varied widely: Pallet pods cost \$10,000 each (interview response); Quickhaven pods cost \$14,500 (City of Portland and Quickhaven, 2022); LIT Workshop pods cost \$14,900 (City of Portland and LIT Workshop, 2022); MODS PDX pods cost \$20,000 (interview response); Stanley pods cost \$22,500 and up (City of Portland and Stanley, 2022), and Custom Containers 915 individual bedrooms cost \$31,250 each (City of Portland and CC915, 2022). Higher costs should be assumed going forward due to the impact of inflation on the price of goods and labor.

## Cost Comparisons

### Capital and Site Costs

The costs to prepare a village or motel shelter to the point where they are ready to serve as a temporary shelter for people experiencing homelessness are listed in Table 1 below. Cost data for motels are derived from Project Turnkey data provided by Oregon Community Foundation to the research team. JOHS villages data is derived from JOHS budget and invoice reports as described above. Safe Rest Villages data were provided as averages by the City of Portland. Costs for this report were calculated on a per-unit basis, with either a single motel room, congregate shelter bed, or village pod counting as one “unit,” under the assumption that a unit typically shelters only one person at a time.<sup>4</sup> This was done to normalize costs across shelters with varying numbers of units. Detailed information on the capital and site costs included in each estimate are listed in the Methodology section above and is repeated below:

The capital and site costs for congregate and motel shelters included:

- Acquisition of land and buildings
- Deferred maintenance
- Due diligence
- Closing costs
- Any renovations required to adapt a motel as a shelter
- Development costs of congregate shelters

Capital and site costs for villages included:

- Site preparation (permits, site leveling, trenching, utility connections, fencing, and similar costs)

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<sup>4</sup> During the time period for which these cost data were available, the Shelter Utilization in Multnomah County website (2023) showed that the total number of people in a motel shelter very rarely exceeded the total number of available rooms, and then only for a single shelter, during certain months, and only by a few people—not enough for a meaningful change in the calculated average and median listed here. Family shelters, which would be expected to have multiple people in each unit, were excluded from the analysis.

- Communal service structures (restrooms with showers, laundry, kitchenettes, on-site management office, social spaces)
- The cost to purchase the pods

Total capital and site costs for a Safe Rest Villages with 60 units in late 2022/early 2023, slightly later than most of the other estimates in this report, were calculated to be roughly \$2.5 million (varying based on the amount of site prep required). A similar type of village comprising 50 units in Longview, Washington that opened at the end of 2022 also cost \$2.5 million (Brynelson, 2023). However, differences in timing, scale, and location of villages make similar comparisons difficult across the variety of villages in the Portland region. Because nearly all JOHS-funded villages, Safe Rest Villages, and other villages in the Portland area receive their land for free, whereas the land and buildings for motel and congregate shelters were purchased or leased at market rates, caution should be used when comparing costs between shelter categories.

Direct comparison is also challenging between the per-unit capital costs of villages and those of motels or congregate shelters given the differing life span of structures for each. It is difficult to determine the exact life span of a pod, but there are pods at Dignity Village that have been in use for about 20 years. Stick-framed pods at places like the Kenton Women’s Village are designed with detailing allowing for over 30-year life spans with expected maintenance. Pallet pod shelters used at the Safe Rest Villages have only been in regular use in Portland since 2020 but claim a 10-year material life span (Pallet, n.d.). The average estimated life span of the Project Turnkey motel shelters is 41 years with regular maintenance.<sup>5</sup> To maintain a Pallet pod village for that length of time could require up to three rounds of pod replacements, which at an estimated inflation rate of 3.5 percent (dramatically lower than that of the past few years) would cost an additional \$62,000 per pod over that period.

Although our analysis shows that capital and site development costs per unit are highest for motels and lowest for JOHS villages and Safe Rest Villages, this is only the case when villages are provided free land and the lifetime costs of pods versus buildings are not taken into account. For example, adding the estimated 40-year replacement costs for a typical pod to village capital costs means that villages would become the most expensive shelter type. Including market-rate land leasing or purchases would push this cost even higher for villages.

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<sup>5</sup> Estimated by research team based on internal Oregon Community Foundation data provided for this report.

Table 1: Capital and Site Costs per Unit

	JOHS Villages	Motels (Turnkey)	Motels (JOHS)	Congregate (JOHS)	Safe Rest Villages
Average	\$48,772	\$86,085	\$103,997	\$62,857	Safe Rest Villages not included in village calculations due to a lack of info on specific capital costs for each Safe Rest Villages. The average per-unit capital and site dev cost for Safe Rest Villages is estimated to be \$42,500.
Median	\$46,065	\$91,986	\$99,494	\$44,583	
Min	\$34,538	\$36,257	\$79,070	\$30,214	
Max	\$68,421	\$115,578	\$137,931	\$113,774	

Source: Data from HRAC, JOHS, and Oregon Community Foundation.

The actual time from siting decision to opening of any new shelter is difficult to predict. Motel shelters are relatively fast to acquire and renovate, with Project Turnkey able to open 19 new motel shelters in fewer than seven months from when the Oregon State Legislature approved funding (Daley and Loeb, 2021). The first of Portland’s Safe Rest Villages took roughly 11 months to open from when the Portland City Council approved the plan. The first Kenton Women’s Village had pods created in advance, but the site preparations and common building fabrication took place in just three months. However, the site was largely off grid, relying on water delivery, portable toilets, and a generator. The second Kenton Women’s Village (on its current site) has full utilities and took approximately six months of planning, fabrication, and site work. The St. John’s Village took well over a year for design and fabrication but faced unique challenges related to the pandemic. The overall process for the St. John’s Village was also delayed as a result of pushback from neighbors, which has been a common issue with many villages and some regional motel conversions.

### Operating Costs

Once shelters have opened, operating costs are relatively straightforward, although many of the villages listed here paid little or nothing for their lease. Yearly operating costs per unit (bed, room, or pod) were calculated based on budgets submitted to JOHS or estimates from the City of Portland as described in the Methodology section. The higher of either budgeted or invoiced amounts were used when there was a discrepancy. Costs were calculated by unit as described above. Adult congregate shelters and villages showed relatively clustered costs, while motel shelters showed tightly clustered costs, with the exception of two outliers (one low and one high). However, these outliers were included in the median and average calculations listed in Table 2. This table also lists the average annual cost per unit as estimated by JOHS in 2021 and *The Oregonian* in 2022 for comparison with the research team’s calculations. Salaries for positions with similar titles were broadly comparable between shelter types and in line with Nonprofit Association of Oregon averages for the study period (2021), so this is unlikely to account for the differences. Staffing levels per bed or unit were nearly identical across villages and congregate shelters, with villages averaging 3.06 pods per FTE and congregate shelters averaging 3.02 units per FTE, although motel shelters averaged a slightly lower 2.66 beds per FTE. However, there was a wide variation of staffing levels within each shelter category. Motels had the highest ratio of case

management, advocacy, and housing placement staff, averaging 4.39 units per FTE in this category, while congregate shelters had 4.97 units per FTE in this category and villages had 7.78.

Safe Rest Villages administered by the City of Portland are not included in the calculation for other villages because of differing data sources and a lack of complete yearly operating totals for Safe Rest Villages over the year in question; instead, the average annual cost for Safe Rest Villages during the research period is listed. This amount was verified through conversation with City of Portland staff and review of additional data sources, but could not be calculated to the same level of accuracy as that from JOHS-provided data.

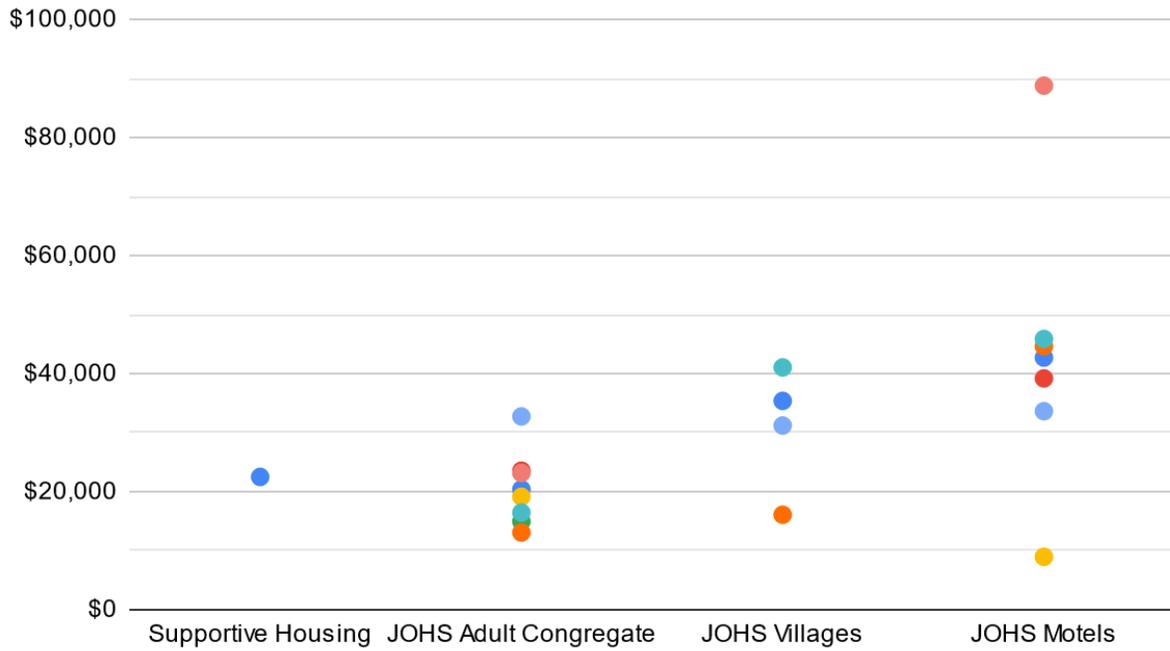
As with the capital and site development comparison listed above, direct comparison between operating costs for various shelter types may be misleading. Each shelter has dramatically different staffing, maintenance, and other operating costs based on the services offered, needs of specific populations served, type and number of physical structures on-site, and other factors such as staffing levels. More important than the cost comparison are the housing placement rates and experiences of clients across different shelter types and for people of different identities and life experiences, as described later in this report.

Although outside the scope of this study, a cost comparison with housing is useful. The shelter types mentioned here are just that, shelters, although some motels are now being converted to housing. A person in shelter is still experiencing homelessness, and the only true solution to homelessness is housing. A report estimated that Portland-area supportive housing typically cost less than \$22,500 per year in 2018 (CSH & Context for Action). While these costs would be higher if adjusted for the study period four years later, this counts as one of the least expensive options when compared to the shelter types examined, and is a (hopefully permanent) resolution, rather than a transitional step, for people experiencing homelessness.

Table 2: Yearly Operating Costs per Unit

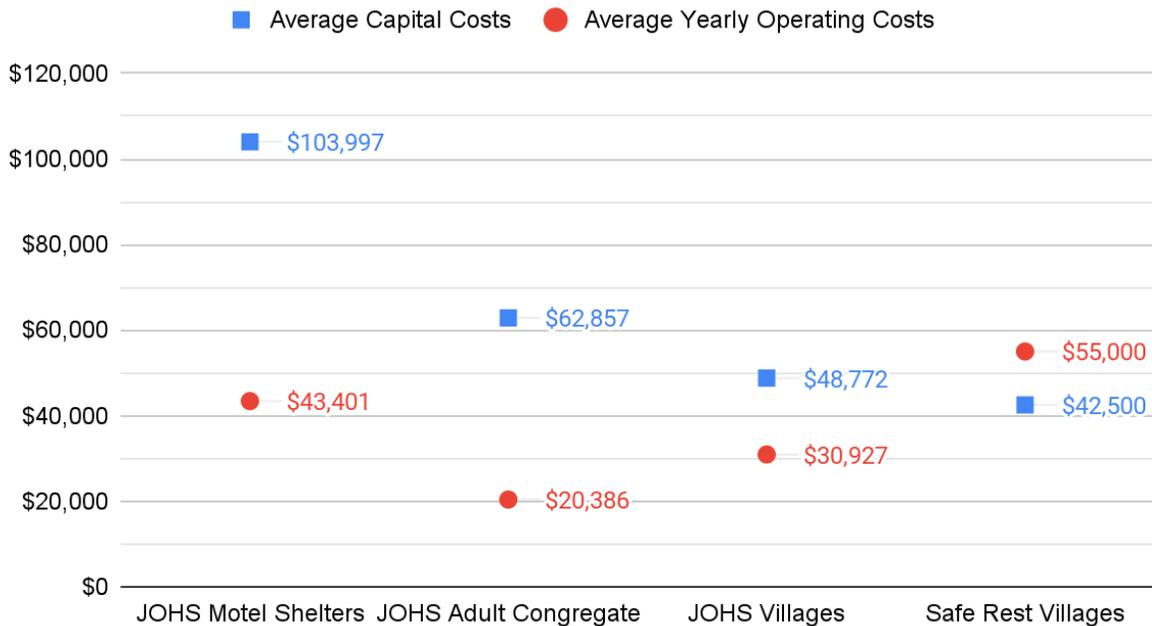
	JOHS Adult Congregate	JOHS Villages	JOHS Motels	Safe Rest Villages
Average	\$20,386	\$30,927	\$43,401	\$55,000
Median	\$19,978	\$33,287	\$42,718	
Average (Oregonian estimate, 2022)	\$17,000–\$40,000	\$26,000	\$51,000	
Average (JOHS estimate, 2021)	\$20,000–\$25,000	\$30,000–\$35,000	\$40,000	
Min	\$13,080	\$16,088	\$8,962	
Max	\$32,747	\$41,045	\$88,791	

Figure 3: Yearly Operating Costs per Unit



Data Sources: JOHS, City of Portland, CSH, Oregonian

Figure 4: Average Capital and Operating Costs per Unit



Data Sources: JOHS, OCF, HRAC, and City of Portland

# PARTICIPANT EXPERIENCES

## Interview Methodology

The interview script was developed by the research team with input from JOHS staff. The script, consent statement, and recruitment materials were reviewed and approved by PSU’s Institutional Review Board. For recruitment, the research team contacted program managers at alternative shelters in Portland, including JOHS villages, Safe Rest Villages, and motel shelters, to introduce the project and ask if shelter staff could identify clients who were interested in being contacted by the research team regarding their potential participation. Shelter staff responded with contact information for clients and the research team followed up via phone. The research team conducted 11 interviews either via phone or in person at the alternative shelter, and all participants provided verbal informed consent. Interviews included a short demographic survey and a qualitative interview about their experience in the alternative shelter and how it compared to other shelters they had stayed in previously. Each interview took around 30 minutes and participants received a \$25 VISA gift card. Interviews were transcribed into text and then thematically coded by a member of the research team. These codes were then analyzed and synthesized into the findings below. Given the limited sample size, the results should not be considered representative of the shelter experience across Portland. Instead, they are used to provide additional context to the outcomes analysis. See Appendix A for the list of interview questions.

Table 3: Demographics of Interviewees

Age	Average = 48 years old
Race/ethnicity (n=10)*	
White	6
Black/African American/African	4
Gender (n=10)	
Male	3
Female	5
Trans woman	2
Time homeless prior to alternative shelter	Average = 4 years (range 6 months to 15 years)
Time staying at alternative shelter	Average = 5 months
Veteran (n=10)	1
LGBTQIA2S+ (n=10)	3
Mental disability or mental health condition (n=10)	6
Physical disability or physical health condition (n=10)	7
Non-English speaker/English as a second language (n=10)	1
Parent to a child under 18 (n=10)	3

\*One participant declined to answer some of the demographic questions, thus the subsample of n=10 is noted for some demographic information.

## Summary of Interview Findings

Participants identified a number of characteristics of alternative shelters that facilitated their ability to reach their goals, including, but not limited to, obtaining permanent housing, finding employment, and taking care of their health. Supportive and knowledgeable staff members were a major facilitator and the privacy, autonomy, and safety afforded by alternative shelters compared to congregate shelters, or living unsheltered, was also instrumental. Additionally, participants in alternative shelters that were designed for specific identity groups found this to be supportive of their progress. Participants also identified factors that impeded their ability to reach their goals, including the challenges of navigating complex systems and bureaucracy to attain permanent housing and/or benefits, experiences of discrimination in other programs, and practical barriers such as lack of reliable Wi-Fi at their alternative shelter. Other important topics that emerged from the interviews that were not explicitly tied to meeting goals included the social climate at alternative shelters, food security, physical locations of alternative shelters, accessibility of alternative shelters for children and families, and the importance of listening to the lived experiences of unhoused people. These interview findings echoed results from other local surveys, which found that people living unsheltered strongly preferred motel shelters over congregate shelters (Zapata and Townley, 2020), and that experiencing racism and/or discrimination was a major barrier in achieving stable housing (Zapata and Singleton, 2020).

## Facilitators to Meeting Goals

### Supportive and knowledgeable staff

Most participants spoke positively about alternative shelter staff, particularly staff members who had lived experience of homelessness, or who were exceptionally knowledgeable about the housing systems in Portland. These staff members were instrumental in helping participants meet their goals.

I think a good caseworker that has a good understanding of people, and not just people, the specific person that's sitting in front of them and what they need, I think that's what makes a good caseworker. And I think that's the thing that helps everybody.

Specifically, participants appreciated programs and staff members who did not prescribe a specific path, but rather supported them as they identified their own goals.

The other factor would be the weekly meetings with staff that help us to identify goals, and then also they help us find resources to work toward those goals [...] The way that I like to describe it is essentially each villager is put in the driver's seat of what path they want to take and where they're going and then the staff members are our navigator. They help us to know the ways to get to where we want to go, but they don't tell us where we need to go.

Participants felt that the small size of these alternative shelters helped them build better relationships with staff, reinforcing findings from other studies (Ferry et al., 2022) that smaller villages or even reducing the density of congregate shelters led to improved experiences and outcomes.

And because of the fact that we are pretty small, I know all of the staff members by name and they know all of us by name, and we meet regularly. And I've, over the course of being here, developed really good relationships with several staff members.

However, some participants wished there was more support from staff that was specific to navigating the transition to permanent housing. One participant was preparing to rent an apartment for the first time in his life and wished there had been more information on what to expect in apartment living; for example, budgeting for regular rent increases and learning how to set up Wi-Fi.

The one thing that they need is they need a class that will prepare you for housing, especially if you're by yourself. If you're by yourself, if you've been in a penitentiary for 20 something years, and things to that nature, and you're 53 years old, and you never had an apartment, you have to deal with that because that's what I'm going through right now.

One participant described how, in her village, housing caseworker support was dependent on having an income (either social security or another form), which she did not currently have.

That there isn't a housing case manager through [service provider] for people without income. Everybody else with an income or on social security gets a caseworker. And if you don't have any income, you don't get a caseworker from [service provider].

### Privacy, autonomy, and safety

Alternative shelters provide participants with levels of privacy, autonomy, and safety that are not always present in congregate shelters. These factors helped participants feel like they could pause, breathe, and work toward their goals. Participants described having more autonomy compared to traditional shelters, being able to come and go as they pleased. One participant described this increased autonomy as freedom.

You can go, you can shop, you come back. It's like [a] house, like freedom. That's the difference [from the] other shelter.

Another participant described how he enjoyed certain aspects of their village compared to congregate shelter experiences.

It feels like I'm a step closer to my ultimate goal of stable housing, stable living, stable everything because it gives me a sense of stability, even though it's not completely there. But it's definitely a step above being in a [congregate] shelter where you're just—it's just your basic needs versus this, which is [...] It feels like there's a little bit extra, things that we can actually enjoy. I think, again, the social aspect of being around people who are also on the same path. There's just something about it that really makes me feel like I'm elevating and I'm closer to my goals than before.

Alternative shelters may provide more autonomy for clients to meet their basic needs as well. Another participant described how staying in the alternative shelter enabled him to maintain his hygiene, which improved his confidence and greatly impacted how he was treated by other people.

You got clean clothes and a hot shower, and you can brush your teeth, and things to that nature. So that you can show up wherever you got to show up and be presentable. And that's just how you look and how you smell. And it plays a big part in how people deal with you in society.

The autonomy and privacy offered by alternative shelters allowed participants to choose when they wanted to interact with other people, and to socialize according to their own preferences.

You have your own personal space here. You have your own privacy. If you don't want to talk to anyone, you don't have to talk to anybody. You can be by yourself, which is what I like. I don't like to talk to anybody.

The autonomy and privacy at these alternative shelters also helped participants to maintain boundaries and better relationships with others in the shelter, as one participant explained.

It's very important to have your own privacy. I could not imagine living in a dorm with three or six other women. I personally wouldn't be able to do it. And sometimes women will come in with whatever issues, mental or physical, and you know that you can't fix everything, so you just have to come home and decompress. And it's nice to have your own space to do that.

However, practices at some alternative shelters, like pod or room checks, prevented some participants from feeling like their space was truly their own. One participant described these practices as invasive.

Things aren't completely in our hands. We're living in a program, and we have pod checks and stuff to make sure that things are working, but sometimes I feel like it's a little bit more than that. I just think that there's an unspoken. They want to make sure that our pods are clean and that we're orderly, or that we're not harboring junk or have something like an illicit substance. I think that there's more to that than that, and I don't always...I feel like it's kind of invasive.

Indeed, some participants felt a limited sense of ownership over their space, considering their arrangement to be a temporary situation, rather than a permanent home.

This is not your place. You can't call this home. Even when you're staying here, you're still homeless. When you're in [traditional shelter], you're homeless. When you're in [congregate shelter], you're homeless.

### Alternative shelters that support people with marginalized identities

Some of the alternative shelters were focused on supporting specific identity groups, such as women, LGBTQ+ people, BIPOC individuals, or people with serious medical needs. Clients of an LGBTQ+-focused village felt this aspect of the alternative shelter was important to their safety and ability to progress. Knowing other clients were "on the same page" and shared similar identities meant they didn't feel the need to hide or explain themselves.

That's another factor for me because I don't think I would be as willing to get things done if it weren't queer specific. I'd be so conscious of my differences versus the similarities. I think being around people that are similar to me, even though we all are different, we have different backgrounds, we have different stories, I feel like having that core similarity is really, really empowering for us because we're like, "Yeah, these are all people that are like me."

A trans client of a village felt safe and stable in the village and was now able to resume her goal of hormone therapy.

I started HRT back in 2019, and then stuff happened to bring me to where I'm at now. So I've been able to get that goal figured out so I'm back on regular hormones like I've wanted to be. I've got food stamps. I'm working toward permanent housing now. These are all things that were not priorities because there were so many other things.

At a women's village, one client described feeling safer without the presence of men, explaining:

If I was on the street, I would be subject to any man coming by. But here at the Village, it's only women. The gate locks.

Participants at a motel shelter serving people with ongoing medical issues felt this model was very supportive for their health and safety. One participant who was immunocompromised explained how having a private room at the motel kept him safe and healthy, compared to a congregate shelter where he was potentially exposed to infections.

It was an open-dorm shelter. And this, you have your own private room. And this is a medical place. So like I said, I like it here because this is safer for me because I have a low immune system. I had to go to the hospital and get blood because—and then I don't have to be around a whole lot of peoples. I be in there. I can be in my own room. I don't worry about being afraid of catching something from somebody else.

These findings are important to consider for people experiencing homelessness who have complex medical needs, such as chronic illness, physical disabilities, mental health issues, or a substance use disorder.

## Barriers to Meeting Goals

### Navigating complex systems

Some participants described the barriers they faced in their search for permanent housing. One participant described how difficult it was to find affordable housing in Portland and worried about being able to find housing before reaching the time limit for staying at the village.

I think the program is here to help us navigate the system, but I don't think a lot of programs necessarily have the answers either [...] We're not supposed to be here for super long. I mean, you have two years in this program, but it's like ideally the goal is to be out of here before those two years and not end up back on the streets [...] But the housing situation right now, I mean, there's no options unless you do have a full-time job. Which oftentimes, if you are struggling with addiction or you're struggling with mental health issues, [is] very hard to hold onto a job or pursue a job.

## Discrimination in other programs

Participants also described how people with marginalized identities faced additional challenges of discrimination when trying to navigate housing programs. While providing identity-focused alternative shelters can help people experiencing homelessness avoid discrimination in their shelter environment, they may still face these challenges as they navigate the rest of the housing system.

There's just a lot of invisible factors, again, like discrimination, and microaggressions, and things that really affect queer people who are also maybe struggling with addiction or struggling with mental health situations... There's a lot of intersectionality that has to be considered within a lot of these programs, especially ones that are for marginalized communities like us that need to be considered, and they're not, so it makes it a lot harder for people who are in these programs and who are dealing with homelessness and/or those other issues I mentioned to find permanent supportive housing.

## Practical barriers

Participants at multiple alternative shelters mentioned that the Wi-Fi access was unreliable, and internet access is essential for applying for jobs, benefits, and other activities of daily life. One participant suggested additional technology to increase access to employment opportunities at her village.

The internet isn't that great here, and it'd be really nice if we could, while the staff's here, have tablets, so we can actually find work here [...] Instead of having to hike up to the library.

Similarly, another participant suggested that her village allow clients to receive physical mail there, as well as provide reliable landline phone access for clients.

## Other Considerations

### Interaction with other clients

Overall, participants spoke positively or neutrally about the social climate at their alternative shelter. Participants at an LGBTQ+ shelter felt it was easier to socialize and be their authentic selves, and described more connection and communication at their alternative shelter than a traditional shelter. The participants of a women's village talked about the feelings of sisterhood and community with the other women, even if this came with occasional disagreements. One woman explained:

*Most women see it as a sisterhood and just try to uplift the next woman, especially when new ones come in and they have absolutely nothing.*

Participants at a medical motel shelter described chatting occasionally with their neighbors, but were overall less socially engaged than clients at other alternative shelters. Some felt their social experience at the motel shelter was not significantly different from traditional shelters, but they had more privacy and ability to stay out of social situations. For others, their minimal engagement with other clients was partly due to their medical vulnerability:

I might go out there for a minute and sit at the table and talk to them. But I'm back in my room because it's the cold and flu season, since it's raining and everything.

## Food security

The extent to which participants had enough to eat varied across locations, and depended upon the dietary needs of clients. Participants at one village spoke glowingly of the variety and quality of food available. Participants at a motel shelter were appreciative of the free food offered, but one participant noted that heart-healthy and low-sodium options (which his doctors had recommended to him for health reasons) were less available. At another village, a participant described how staff members helped when she ran out of food, though she still struggled with food insecurity.

And as far as food goes, staff's always willing to help with food. So it might not be like you're getting three square meals a day necessarily every day, but like a week ago when I had run out of food stamps and I was waiting for them to refill, staff has some food that they keep on hand in the office space for those types of circumstances. So while I only ate once every day for that week, it's still better than not eating for a whole week or something.

## Locations of alternative shelters

For one participant, the location of the LGBTQ+ affinity village they were staying in was inaccessible to the LGBTQ+ resources they needed.

The location makes it really hard to get things done like, for instance, appointments. Unless it's here on the east side, it's hard to get to appointments. There's really no queer resources on this side of town. That makes it challenging.

The location of another village required walking uphill or down a busy street to access public transportation, which was physically difficult for many participants. One participant described how this was especially challenging for clients with physical disabilities like themselves.

You walk up [street] to the MAX stop, and so I've got some issues with my lower spine and walking can be a great difficulty. There's many women here with physical difficulties [...] Like about 30 blocks down [street], you can get a bus. But again, with physical disabilities, that's not really an option.

Participants at a motel shelter spoke positively about the shelter's location. This reflects the difference in siting between repurposed motels and villages. Many motels are already constructed in accessible locations before being converted into alternative shelters, whereas groups developing villages intentionally target underutilized land that may be in more remote and less accessible locations.

## Families at alternative shelters

Two female participants mentioned wanting to be able to have family stay with them at their alternative shelter, or at least visit more freely. One participant who had previously stayed in domestic violence (DV) shelters spoke positively of that experience, because the DV shelters were trauma informed and allowed families.

Well, all domestic violence shelters are very different. Everybody's trauma informed. Here they are, too, but most shelters don't seem to be at all. Domestic violence shelters, people tend to be very sweet to you. There's just a different way of acting. At a regular shelter, it's a little tougher. And understandably, they have to deal with all sorts of people [...] They're very nice, very supportive here. But it is not a domestic violence shelter.

Another participant felt the facilities were nicer at the traditional shelter, and didn't feel like she was living outside as she did at the village. She also preferred a traditional shelter she had previously stayed at because it allowed families.

I liked the kids running around. I liked the dogs [...] For me and what I'm going through, this [the village] isn't where I need to be. I appreciate it, but I need where children can come, or there would be more family.

## Listening to lived experience

Participants emphasized the importance of seeking out and listening to the lived experiences of people experiencing homelessness. This is essential on an organizational level when understanding how alternative shelter programs are serving people experiencing homelessness, and also on an individual level for program staff interacting with clients.

You've got to listen to the stories. A lot of this is trauma and some people have some shitty deals or shitty partners or shitty families, or whatever shit happens. So people need to respect that, hear it, understand. If you don't respect it, quit judging. [...]

# CLIENT OUTCOMES

To understand how outcomes such as housing placement might vary between clients in different shelter types, JOHS sent HRAC an anonymized set of HMIS client records. These records included anyone who had stayed in one or more of 10 adult congregate shelters, nine motel shelters, six JOHS villages, and four City of Portland Safe Rest Villages included in HMIS (see Appendix B for the complete list). Family shelters, youth shelters, and domestic violence shelters were excluded from the analysis. Clients who had entered one of these shelters on or before June 30, 2023 or who exited on or after July 1, 2021 were included in the dataset to ensure that it covered people who were staying at one of the shelters during the study period. The dataset included 9,126 records, with each record representing a single stay at a shelter (so one person may have multiple records). Each client record included demographic information on racial and ethnic identities, gender identities, disabling conditions, age category, and veteran status. Primary analysis focused on prior living situations, length of stay, and exit destinations<sup>6</sup> by shelter type and disaggregated by specific demographic categories where meaningful differences were apparent. Approximately 7 percent of records were removed as major outliers in length of stay calculations, but no outliers were removed from other calculations.<sup>7</sup>

A note on race in the dataset: during JOHS data collection, a client can choose to identify with as many racial/ethnic groups as they want. In this dataset, the individual is tagged with all the racial/ethnic groups they reported, plus one of three additional aggregate categories: BIPOC (which contains all people who chose any of the following categories, either alone or in combination: Hispanic or Latina/e/o; Black, African American, or African; Native American, American Indian, Alaska Native, or Indigenous; Native Hawaiian or Pacific Islander; Asian or Asian American. An individual who identified as White could be placed in the BIPOC group, as long as they also identified with one of the other listed groups), non-Hispanic White alone (individuals who selected only non-Hispanic White and no other racial/ethnic groups), and race/ethnicity unreported. These three supercategories are mutually exclusive.<sup>8</sup>

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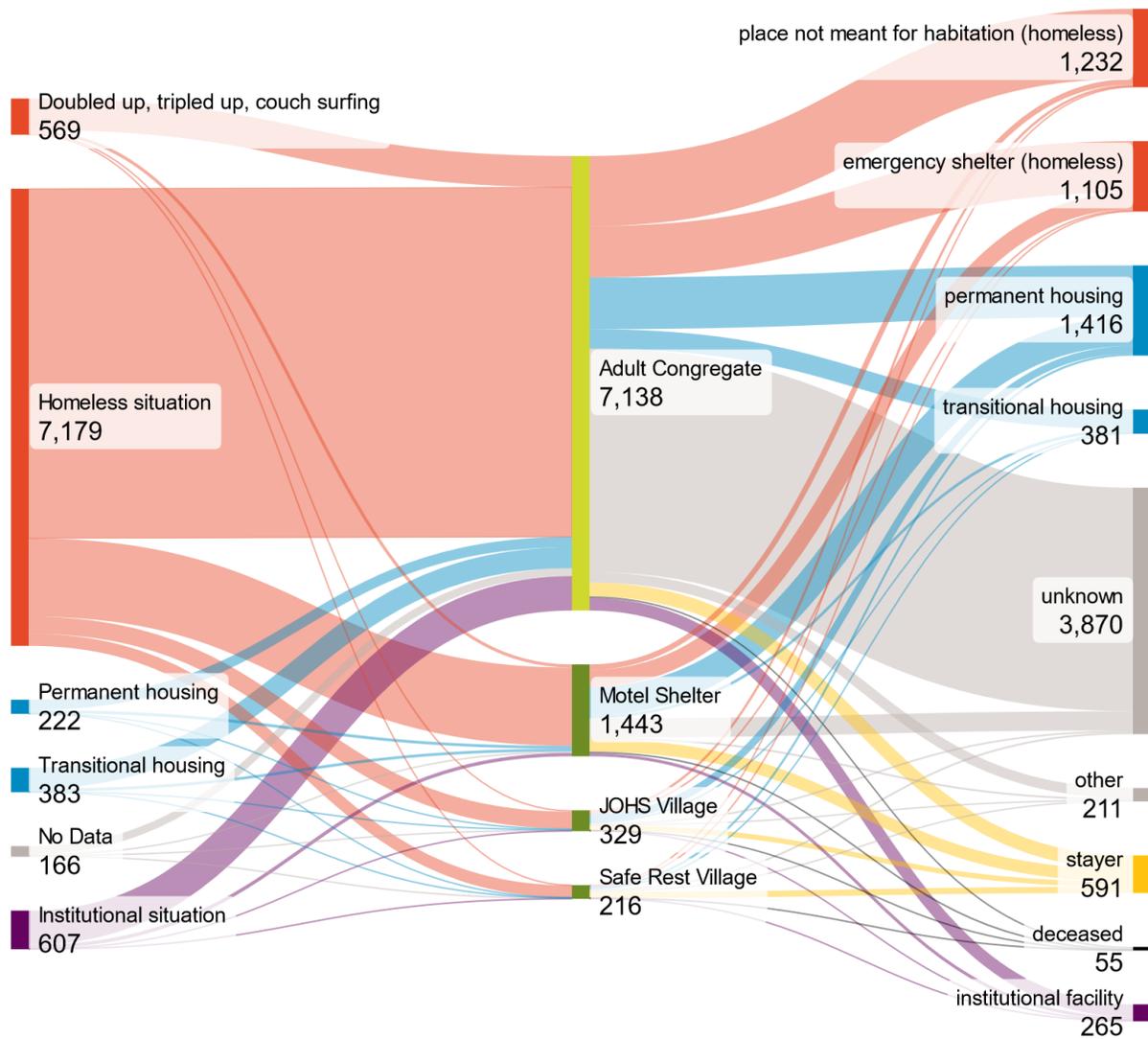
<sup>6</sup> Prior living situation and exit destination used recoded variables utilized by JOHS in their other reporting. These recoded variables grouped larger sets of very similar variables into smaller and more logical groupings.

<sup>7</sup> Before we began analysis, JOHS anticipated that the dataset would contain a number of observations where the length of stay was inaccurately long due to a failure to accurately code an exit date. This situation was complicated by the natural variation in length of stay between shelter types, with much shorter stays typical at adult congregate shelters (in the range of days to weeks) and stays of months at motel or village shelters. To work around this variation, we chose to remove records that were outliers compared to other records of the same shelter type. For each shelter type, we calculated the interquartile range for length of stay, then used the standard mean + 1.5\*IQR as the cutoff for removing records from the length of stay analysis. Using this rule, we removed 662 records from adult congregate shelters, 45 records from motel shelters, 12 records from JOHS villages, and 11 records from Safe Rest Villages. We removed proportionally more records from adult congregate shelters, which we expected, as those shelters serve many more people. We also chose to report the median length of stay, as opposed to the mean, because the median is resistant to outliers. Though outliers were removed for length-of-stay analysis, all outliers are included in other analyses, as we had no reason to believe they were inaccurate.

<sup>8</sup> Many, but not all, people in the dataset who identify as Middle Eastern/North African were recoded into non-Hispanic White alone based on their responses.

Visualizing the pathways into and out of different shelter types gives an overview of key similarities and differences across shelter types (see Figure 5). The vast majority of shelter visits during the study period were at adult congregate shelters, followed by motel shelters. JOHS villages and Safe Rest Villages sheltered far fewer people during this time period, so some demographic categories from these shelter types comprise only a few individuals, something that should be kept in mind when drawing comparisons between shelter types. In addition, some differences between the total population of each shelter type are likely due to differing policies and procedures, rather than variations in effectiveness. For example, adult congregate shelters are designed for shorter stays than other shelter types, which results in a large difference in average length of stay: 23 days for congregate shelters, 57 for Safe Rest Villages, 132 for motel shelters, and 165 for JOHS villages. However, some key differences do emerge from an analysis of HMIS data at each shelter type.

Figure 5: Prior Living Situations and Exit Destinations by Shelter Type



## Prior Living Situations

The most common prior living situation for clients in any shelter was homelessness, but Safe Rest Villages served a higher proportion of this group relative to other shelters, followed closely by motel shelters, likely due to the referral and intake processes of each. A disturbing trend across all shelter types was the number of people entering shelter from permanent housing, transitional housing, or institutional settings. Entrances from permanent housing may be due to evictions, and those from transitional housing due to evictions or to individuals reaching the end of an assistance period without permanent housing secured, although there is not sufficient detail in the records to draw a clear conclusion about either. Entrances from institutional settings such as hospitals, behavioral health facilities, or jails and prisons are due to an individual not having housing to return to after they are discharged. Adult congregate shelters showed the highest share of entrances from institutional settings. Safe Rest Villages showed the highest share of clients who had no data recorded on their prior living situation. See Table 4 and Figure 6 for details on prior living situations.

Among all shelter types, Safe Rest Villages served the largest share of clients who were White, the largest share who had no disabling condition (although they still comprised nearly 75 percent of clients), and the smallest share of transgender, questioning, or nonbinary clients. JOHS villages served the largest proportion of BIPOC clients and transgender, questioning, or nonbinary clients due to shelters such as the BIPOC Village or Queer Affinity Village. Motel shelters served the largest share of clients with disabling conditions, likely due to motel shelters for medically fragile people.

Table 4: Prior Living Situations by Shelter Type

	Adult Congregate		Motel Shelter		JOHS Village		Safe Rest Village		Total by Living Situation	
No data	123	1.7%	22	1.5%	9	2.7%	12	5.6%	<b>166</b>	<b>1.82%</b>
Doubled up, tripled up or couch surfing	491	6.9%	49	3.4%	23	7.0%	6	2.8%	<b>569</b>	<b>6.23%</b>
Homeless situation	5,491	76.9%	1,229	85.2%	268	81.5%	191	88.4%	<b>7,179</b>	<b>78.67%</b>
Institutional situation	541	7.6%	54	3.7%	8	2.4%	4	1.9%	<b>607</b>	<b>6.65%</b>
Permanent housing situation	163	2.3%	45	3.1%	13	4.0%	1	0.5%	<b>222</b>	<b>2.43%</b>
Transitional housing situation	329	4.6%	44	3.0%	8	2.4%	2	0.9%	<b>383</b>	<b>4.20%</b>
<b>Total by Shelter Type</b>	<b>7,138</b>		<b>1,443</b>		<b>329</b>		<b>216</b>		<b>9,126</b>	

Figure 6: Prior Living Situations by Shelter Type

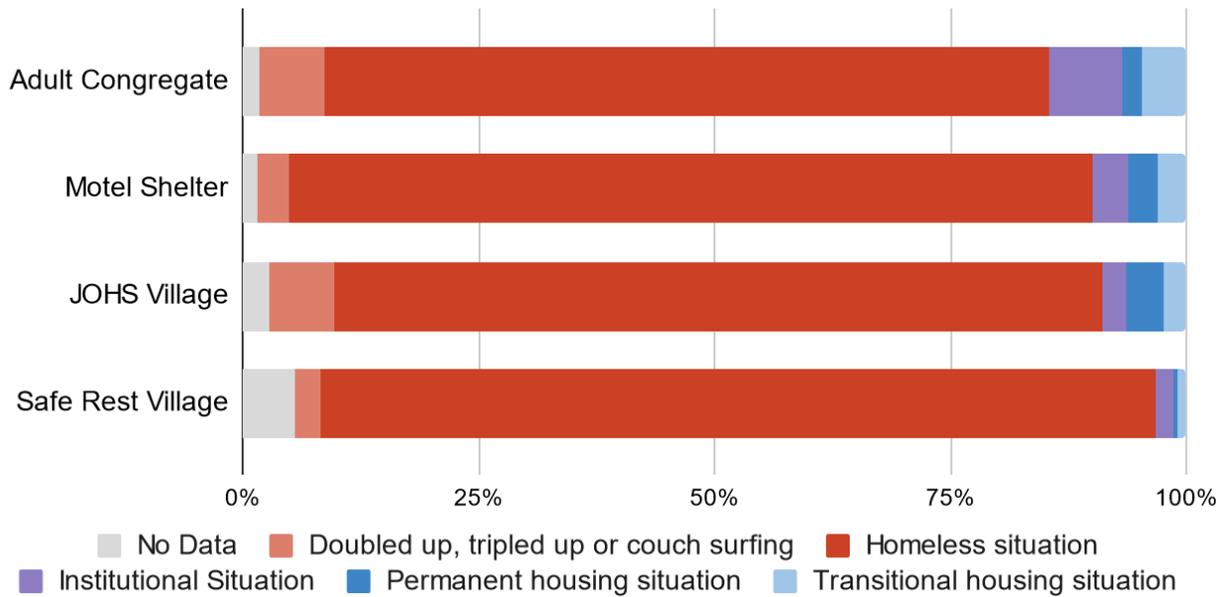


Table 5: Shelter Client Demographics

	Adult Congregate		JOHS Village		Motel		Safe Rest Village	
White only	3,849	53.9%	123	37.4%	750	52.0%	134	62.0%
BIPOC	3,069	43.0%	193	58.7%	662	45.9%	72	33.3%
Unreported	220	3.1%	13	4.0%	31	2.1%	10	4.6%
<b>Total</b>	<b>7,138</b>		<b>329</b>		<b>1,443</b>		<b>216</b>	
Man	4,250	59.5%	160	48.6%	779	54.0%	129	59.7%
Woman	2,528	35.4%	94	28.6%	595	41.2%	82	38.0%
Nonbinary	139	1.9%	37	11.2%	33	2.3%	1	0.5%
Questioning	25	0.4%	3	0.9%	4	0.3%	0	0.0%
Transgender	94	1.3%	30	9.1%	14	1.0%	0	0.0%
No data	102	1.4%	5	1.5%	18	1.2%	4	1.9%
<b>Total</b>	<b>7,138</b>		<b>329</b>		<b>1,443</b>		<b>216</b>	
No disabling condition	1,074	15.0%	64	19.5%	102	7.1%	44	20.4%
Disabling condition	5,994	84.0%	252	76.6%	1,327	92.0%	161	74.5%
Unreported	70	1.0%	13	4.0%	14	1.0%	11	5.1%
<b>Total</b>	<b>7,138</b>		<b>329</b>		<b>1,443</b>		<b>216</b>	

## Exit Destinations

Some key differences between data quality and length of stay at different shelter types means that comparisons should be made with caution. At Safe Rest Villages, 45 percent of clients remained in the shelter at the end of the study period, by far the largest proportion among shelter types. This reduces the total proportion of exits of any type from Safe Rest Villages, something to keep in mind when making comparisons between shelter types. Further complicating comparisons is the large number of exits to an unknown destination in some shelter types. JOHS villages were the most likely to record a specific exit destination, with only 8 percent of exits coded as unknown, while Safe Rest Villages coded 13 percent of exits unknown, motel shelters coded 21 percent that way, and adult congregate shelters were unable to determine the exit destination of 49 percent of clients.

Limiting analysis to exits from a shelter to a known location (that is, excluding “stayer” and exit destination “unknown”) shows that adult congregate shelters exited roughly a third of clients into either permanent or transitional housing and another third into unsheltered homelessness, far worse outcomes than other shelter types. This may be due in part to the shorter stays in adult congregate shelters, which limits the time available to connect someone with an extremely constrained supply of affordable or supportive housing. Within this more limited analysis of exits to a known destination, JOHS villages exited 63 percent of clients to housing and 17 percent to unsheltered homelessness, motel shelters exited 52 percent of clients to housing and 9 percent to unsheltered homelessness, and Safe Rest Villages exited 52 percent of clients to housing and 8 percent to unsheltered homelessness. The following analyses are based on the full dataset, including both stayers and unknown exits.

A person at a shelter is still, by the HUD definition, experiencing homelessness. Therefore, a primary goal of any shelter type should be to provide temporary accommodation while a person is placed into permanent or transitional housing, if possible. However, different shelter types showed major variation in their ability to successfully place clients into housing: JOHS villages were the most effective at this, with a 42 percent placement rate into some form of housing, followed by motel shelters at 34 percent, Safe Rest Villages at 21 percent, and adult congregate shelters at 16 percent.<sup>9</sup>

Looking at the opposite, the number of clients who exited to “a place not meant for habitation” (i.e., unsheltered homelessness), gives a more complete picture of the effectiveness of various shelter types. Safe Rest Villages exited the lowest proportion of people back into unsheltered homelessness at only 3 percent, followed by motel shelters at 6 percent, JOHS villages at 12 percent, and adult congregate shelters at 15 percent. Motel shelters were most likely among all shelter types to move clients into another shelter, possibly as a result of the COVID-19 pandemic measures that moved infected or high-risk individuals into motel shelters temporarily until they were able to move into housing or a different shelter. Table 6 and Figure 7 show additional detail on exit destinations.

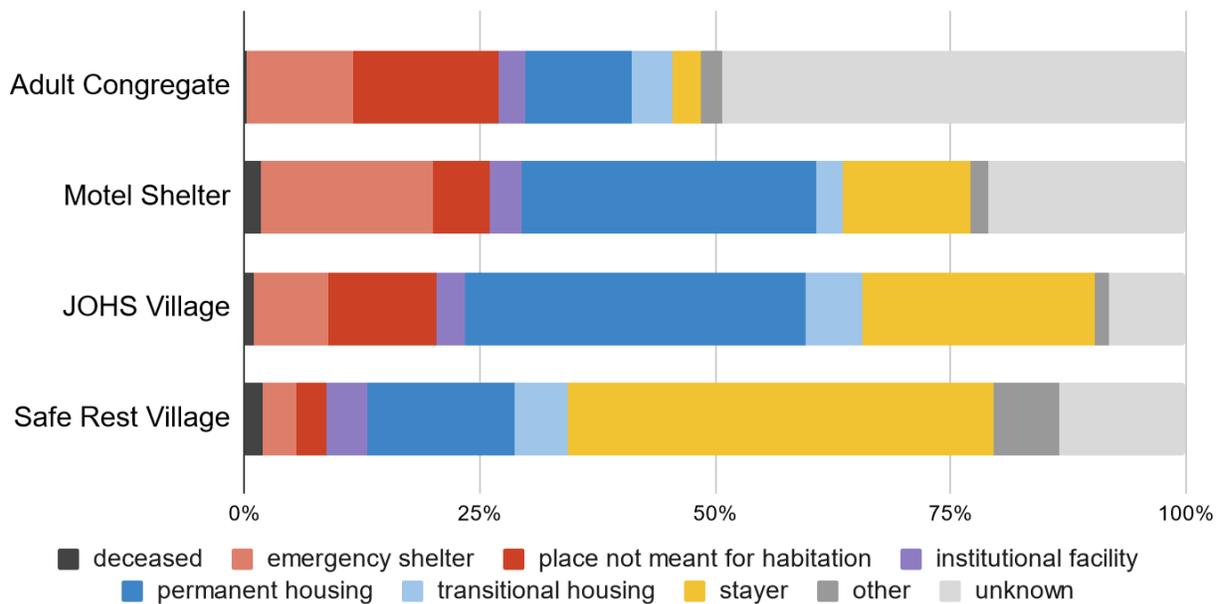
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<sup>9</sup> This was despite the lower average ratio of case management, advocacy, and housing placement staff to units in villages (7.78) than that in congregate shelters (4.97) or motel shelters (4.39).

Table 6: Exit Destinations by Shelter Type

Exit Destination	Adult Congregate	Motel Shelter	JOHS Village	Safe Rest Village	Total by Exit Destination	
Deceased	23 0.3%	25 1.7%	3 0.9%	4 1.9%	<b>55</b>	<b>0.60%</b>
Emergency shelter	806 11.3%	265 18.4%	26 7.9%	8 3.7%	<b>1,105</b>	<b>12.11%</b>
Place not meant for habitation	1,101 15.4%	86 6.0%	38 11.6%	7 3.2%	<b>1,232</b>	<b>13.50%</b>
Institutional facility	198 2.8%	48 3.3%	10 3.0%	9 4.2%	<b>265</b>	<b>2.90%</b>
Permanent housing	812 11.4%	451 31.3%	119 36.2%	34 15.7%	<b>1,416</b>	<b>15.52%</b>
Transitional housing	306 4.3%	43 3.0%	20 6.1%	12 5.6%	<b>381</b>	<b>4.17%</b>
Stayer	218 3.1%	194 13.4%	81 24.6%	98 45.4%	<b>591</b>	<b>6.48%</b>
Other	162 2.3%	29 2.0%	5 1.5%	15 6.9%	<b>211</b>	<b>2.31%</b>
Unknown	3,512 49.2%	302 20.9%	27 8.2%	29 13.4%	<b>3,870</b>	<b>42.41%</b>
<b>Total by Shelter Type</b>	<b>7,138</b>	<b>1,443</b>	<b>329</b>	<b>216</b>	<b>9,126</b>	

Figure 7: Exit Destinations by Shelter Type



Disaggregating exit destinations by race, gender identity, and disabling conditions can illustrate whether different shelter types are serving some groups more effectively than others. Racial categories used for analysis are non-Hispanic White alone (people who identify only as White) and BIPOC (Black, Indigenous, and people of color). More detailed racial categories were available for analysis where major disparities existed, but these two categories were the primary level of analysis. Gender identities were grouped into man, woman, transgender, nonbinary, and questioning. Disabling condition categories included no disabling condition, physical disability, mental health disorder, and substance use disorder.

Disaggregated data show that across nearly every demographic variable analyzed, adult congregate shelters exited fewer people into housing and more into unsheltered homelessness, demonstrating worse (often far worse) outcomes than other shelter types. Among alternative shelters (not including congregate shelters), JOHS villages placed a higher share of people into some type of housing across nearly all categories of race, gender, and disabling condition, but also returned a higher proportion of people in most categories into unsheltered homelessness, indicating a decidedly mixed effectiveness. Similarly, all alternative shelter types placed more BIPOC clients than White clients into housing, but also exited more BIPOC clients than White clients into unsheltered homelessness. Across JOHS villages, motels, and Safe Rest Villages, White clients were more likely to be stayers. See Table 7 for detail.

Table 7: Exits to Housing or Homelessness by Race, Gender, and Disability

**Exits to permanent or transitional housing by race**

Race	Adult Congregate	JOHS Village	Motel	Safe Rest Village
BIPOC	15.7%	44.0%	38.5%	22.2%
White	15.9%	39.8%	30.9%	20.2%

**Exits to unsheltered homelessness by race**

Race	Adult Congregate	JOHS Village	Motel	Safe Rest Village
BIPOC	15.4%	12.4%	6.2%	4.2%
White	15.3%	8.1%	5.7%	3.0%

**Exits to permanent or transitional housing by gender identity**

Gender Identity	Adult Congregate	JOHS Village	Motel	Safe Rest Village
Man	16.5%	36.3%	34.7%	22.5%
Woman	14.2%	46.8%	34.1%	19.5%
Transgender	21.3%	33.3%	21.4%	
Nonbinary	15.8%	59.5%	30.3%	100.0%
Questioning	20.0%	66.7%	50.0%	

**Exits to unsheltered homelessness by gender identity**

Gender Identity	Adult Congregate	JOHS Village	Motel	Safe Rest Village
Man	18.1%	11.3%	5.4%	3.1%
Woman	11.0%	7.4%	6.7%	3.7%
Transgender	9.6%	13.3%	7.1%	
Nonbinary	15.8%	24.3%	3.0%	0.0%
Questioning	4.0%	0.0%	25.0%	

**Exits to permanent or transitional housing by disabling condition**

Disabling Condition	Adult Congregate	JOHS Village	Motel	Safe Rest Village
None	16.9%	43.8%	32.4%	15.9%
Mental Health	15.5%	49.4%	34.2%	20.5%
Physical disability	15.7%	47.9%	36.0%	23.5%
Substance Use Disorder	12.8%	37.7%	31.8%	21.3%

**Exits to unsheltered homelessness by disabling condition**

Disabling Condition	Adult Congregate	JOHS Village	Motel	Safe Rest Village
None	14.4%	9.4%	7.8%	2.3%
Mental Health	15.2%	13.3%	6.1%	2.6%
Physical disability	15.7%	9.9%	4.5%	2.9%
Substance Use Disorder	16.1%	11.7%	5.1%	3.7%

# CONCLUSION

## Costs

Villages have the lowest capital costs per unit compared to other shelter models if land is free and lifetime costs are not included, but with land costs and pod replacements factored in, they become more expensive than motel or congregate shelters. Operating costs for villages are higher than congregate shelters but may be higher or lower than motel shelters, depending on the village model. Villages can be created quickly, but motel shelters may be faster to set up than villages because they are able to utilize existing structures. Motels are also more flexible in conversion to housing and have longer life spans than villages. Differing availability of suitable land for villages or motels for acquisition may also affect which shelter type to utilize in a community. Clearly established goals for a project can inform which type of shelter model is most appropriate in the short and long term, and the costs must be weighed against the experiences and outcomes of clients in each. It is worth noting that rent vouchers/assistance are cheaper than congregate shelters, villages, or motels, and even when paired with services, tend to be one of the less expensive options. But unlike the other approaches, actually result in housing and an end to homelessness.

## Experiences

As differing shelter types are considered, it is critically important to examine client preferences and experiences. Clients interviewed at motel and village shelters described a number of factors unique to alternative shelters that helped them achieve their personal goals, including the goal of finding permanent housing. The privacy, safety, and autonomy of individual pods or rooms were important for emotional and physical health. Clients felt that the smaller size of many alternative shelters when compared to congregate shelters led to better relationships with other clients, as well as better staff support and connection. This reflects findings from other studies that keeping villages to fewer than 30 residents (Ferry et al., 2022) was ideal, so expanding shelters to larger sizes may reduce or eliminate such benefits. Other factors which were not necessarily unique to alternative shelters included a focus on specific identity types, such as the LGBTQ+ community, which gave rise to feelings of connection and safety. The location of village shelters, which are sometimes placed on underutilized land that may be farther from services and amenities, was raised as a potential challenge.

## Outcomes

Analysis of HMIS data reinforced participant experiences. Adult congregate shelters were less likely to place clients into any type of housing after their shelter stay and more likely to exit them back into unsheltered homelessness than alternative shelters. Congregate shelters also did not have exit destination data for nearly half of clients, instead marking their exit destination as “unknown,” complicating any understanding of their effectiveness. Among alternative shelter types, JOHS villages had the highest exit rates into permanent or transitional housing, but also the highest rate of exits into unsheltered homelessness. Safe Rest Villages had the largest proportion of clients who did not exit at all

during the study period. Adult congregate shelters may still be important for severe weather emergencies or natural disasters, but in terms of transitioning people out of homelessness and meeting their needs, alternative shelters are more successful. Creating a large number of smaller alternative shelters near essential services may be an effective approach to scaling that retains the unique benefits of that shelter type.

## Implications

The data used in this report are from a subset of adult shelters (excluding youth and family shelters) in Multnomah County during a limited time period, so caution should be used when extrapolating to future conditions or shelters in other locations. However, some key design and programming features were clearly associated with better client experiences and outcomes. A comprehensive and effective shelter strategy should:

- Utilize shelter types with individual, private rooms
- Size shelters to a smaller total number of units
- Center equity in services and programming
- Include identity-specific shelters and/or programming
- Locate shelters close to essential services and amenities
- Consider long-term shelter costs and site usage/conversion potential in planning
- Incorporate input and feedback from people with lived experience of homelessness

Ultimately, any shelter strategy should be viewed as a temporary stopgap until enough housing can be provided to address current and forecasted needs. Someone in a shelter is still experiencing homelessness, and the only true solution to homelessness is to ensure that people who are housed are able to remain there, and people who are unhoused are placed in housing as soon as possible.

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# APPENDIX A: INTERVIEW QUESTIONS

## Client Interview Guide

### Intro

1. How long have you been living in this village/motel shelter?
1. What are three things you like about this village/motel shelter?
2. What are three things you don't like about this village/motel shelter?
3. Did the village/motel shelter differ from your expectations? If so, how?
  - a. Anything that has exceeded your expectations?
  - b. Been more difficult than expected?
4. How has living in the village/motel shelter affected your ability to meet your basic needs (for example: food, shelter, health)?
5. Has living in the village/motel shelter enhanced your safety?

### Shelter Type Comparison

6. Have you spent time in a different form of shelter (for example: warming, group, motel shelter, etc.)?
  - a. [If yes] What is different about your experience between other shelters and this village/motel shelter?
    - i. How does your level of privacy or personal space compare to other shelters you have experienced? How does it affect your experience compared to other shelters?
    - ii. How does your connection to other residents compare to other shelters you've stayed at? How does that affect your experience compared to other shelters?
    - iii. Are residents here more involved in making decisions than in other shelters? How does it affect your experience compared to other shelters?
    - iv. How do the facilities compare to other shelters you've stayed at? How does that affect your experience compared to other shelters?
  - b. [If yes] What type of shelter do you prefer? Why?
7. Would you describe this village as low barrier or high barrier? (Explain requirements and rules for entry and continuation; for example: high barrier would be requiring sobriety and service use.)
  - a. [Follow-up question if spent time in other shelter types] How does this compare to other shelters you've stayed at?

8. What factors help you achieve your personal goals living in the village/motel shelter? [Probe for individual/identity characteristics and services/support from staff.]
  - a. [Follow-up question if spent time in other shelter types] How does this compare to other shelters you've stayed at?
  - b. [Follow-up question based on the three things folks like and dislike about the village] Earlier you mentioned that you liked [X, Y, and Z] about this village. How do these help you achieve your personal goals?
  
9. What factors do you think make someone successful in finding permanent housing? [Probe for individual/identity characteristics and services/support from staff.]
  - a. [Follow-up question if spent time in other shelter types] How does this compare to other shelters you've stayed at?

Demographics

10. What is your age? \_\_\_\_\_
  
  11. How do you describe your race and/or your ethnicity? \_\_\_\_\_
  
  12. How do you describe your gender? \_\_\_\_\_
  
  13. How long were you houseless prior to staying at the village? (in months or years)
  
  14. Do you identify as any of the following?
    - a. Veteran
    - b. LGBTQIA2S+
    - c. Person with a mental disability or mental health condition
    - d. Person with a physical disability or chronic health condition
    - e. Non-English speaker, or English as a second language
    - f. Parent to a child under age 18
- Any other identity not listed here you wish to share?

# APPENDIX B: HMIS SHELTER DATA

## Adult Congregate Shelters:

- All Good NW - Market Street Shelter
- Do Good Multnomah - Downtown\_COVID
- Do Good Multnomah - Wy'East Veterans Shelter
- Our Just Future - Gresham Women's Shelter
- Transition Projects - Doreen's Place
- Transition Projects - Jean's Place
- Transition Projects - Laurelwood Center
- Transition Projects - River District Navigation Center
- Transition Projects - Bud Clark Center
- Transition Projects - Walnut Park Shelter

## JOHS Village Shelters:

- All Good NW - BIPOC Village One
- All Good NW - Queer Affinity Village Two
- Beacon Village at BUCC Alt Shelter
- Housing Transitions CC - Kenton Women's Village
- Do Good Multnomah - St John's Village
- WeShine - Parkrose Community Village

## Safe Rest Village Shelters:

- All Good NW - Multnomah
- Cultivate Initiatives - Menlo Park
- Salvation Army - Sunderland RV Safe Park
- Urban Alchemy - Peninsula

## Motel Shelters:

- Do Good Multnomah - SW Barbur
- Do Good Multnomah - Motel 6
- Do Good Multnomah - Rodeway
- Do Good Multnomah - 82nd PVI VIMO Motel
- Do Good Multnomah - Best Value Inn
- Do Good Multnomah - Days Inn
- Human Solutions - Chestnut Inn Shelter
- Transition Projects - Banfield Shelter Motel
- Urban League - The Palms Motel

Prepared by

## Portland State University Homelessness Research & Action Collaborative

PSU-HRAC addresses the challenges of homelessness through research that uncovers conditions that lead to and perpetuate homelessness. Our goal is to help reduce homelessness and its negative impacts on individuals, families, and communities, with an emphasis on communities of color.

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