



A Report on Shelter for People Experiencing Homelessness

January 2025



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Executive Summary

Overview

This report is intended to provide general information about emergency shelters for people experiencing homelessness in Multnomah County. It highlights best practices, current research, and strategies employed in similar communities. This information is meant to support planning and decision making within the Homeless Services Department (HSD), and will also provide a broad description of our shelter system.

There are at least 65 shelters in Multnomah County, including several that are not funded by the HSD. As of January 15, 2025, there were 48 shelters funded or supported by HSD, with a total estimated capacity of 2,963 beds or units across Multnomah County. The report contains a high-level overview of how HSD shelters align with, and incorporate, best practices, current research, and common strategies from other communities into our own emergency shelters. It concludes with recommendations for how the HSD can continue to improve upon their sheltering practices and strategies.

This report also contains an appendix which provides a thorough description of the different types of shelter supported by the HSD, and the different populations they serve. Specific counts of shelters, beds, units, etc. are as accurate as possible as of January 15, 2025. These numbers are increasing very frequently, and this document may not accurately reflect these counts beyond that date.

Sources of Information

Best practices in emergency shelter for people experiencing homelessness were derived from multiple sources, including The National Alliance to End Homelessness, The United States Interagency Council on Homelessness, The U.S. Department of Housing and Urban Development, Oregon Housing and Community Services, and the Oregon Statewide Shelter Study. A variety of recently published research on emergency shelter is also included and discussed in the report, including local research conducted by the Homelessness Research and Action Collaborative at Portland State University. Common strategies being implemented in other communities (with similar challenges) were gleaned from various published plans, documents, and websites of other similar communities (similar populations, climate, etc.). This included Cities and Counties in Washington, Oregon, California, and Texas.

Best Practices and Current Research

The Five Keys to Effective Shelter include 1) taking a Housing First approach, 2) safe and appropriate diversion, 3) immediate and low-barrier access, 4) housing-focused rapid exit services, and 5) data to measure performance. Other recommended best practices include appropriate levels of well-trained staff (including Housing Navigators and Case Managers), adequate services and resources at shelters, and considerations for the siting and design of shelters. Additionally, current research identifies specific benefits of certain alternative and non-congregate shelter models that may not be as easily obtainable at congregate and large-scale shelters.

Additional Strategies

This report identifies some additional strategies that are not recognized as best practices, but are being successfully implemented in similar communities. These include: Safe Parking Sites (for people experiencing vehicular homelessness), Substance-Use Disorder focused Harm Reduction at shelters, providing storage for participants, and creating shelters that can later be repurposed into low-income housing. The report provides evidence for each strategy, and examines HSD and Multnomah County's engagement with them.

Provider Perspectives

Perspectives from local shelter providers are also included in the report. This information was drawn from two recent surveys of HSD shelter providers, recently submitted funding proposals, and ongoing, regular engagement with organizations that operate shelters in Multnomah County. The two most common themes identified from the surveys and proposals were a desire to increase staff and staff training, and strategies to improve security and overall safety at shelters. Another important topic we've received feedback from providers about is increased participant acuity and the growing number of older individuals experiencing homelessness.

Recommendations and Next Steps

This report demonstrates that HSD-funded shelters are generally in alignment with best practices, and are implementing some of the common strategies proven to be successful in other communities. This report also identifies strategies for the HSD to continue to improve alignment with best practices at specific shelters, address unique needs in our community, and further incorporate strategies that have demonstrated success in other communities. These strategies include:

- 1. Identifying and filling gaps in resources and services at specific shelters
- 2. Making physical modifications to improve shelter outcomes
- 3. Creating unique shelter solutions for chronically homeless populations
- 4. Pursuing safe park options for people experiencing vehicular homelessness
- 5. Implementing harm reduction strategies to the extent possible

Finally, this report identities the usefulness of a deeper investigation into the relationship between shelter features (staffing levels, physical design, service availability, etc.) and successful outcomes, among common shelter types.

Introduction

This report is intended to provide general information about emergency shelters for people experiencing homelessness in Multnomah County. It highlights nationally recognized best practices in shelters, current research, and shelter strategies employed by other similar communities in the United States. This information is meant to support planning and decision making within the Homeless Services Department (HSD), and also provide a broad description of our "shelter system" as a whole. As this system continues to evolve, it is vital that we understand the effectiveness of our shelters, the services we provide at those locations, and how they impact people experiencing homelessness in our community.

The data and information used in this report includes current research and national accepted best practices; information gleaned from various plans, studies, and websites of other similar communities; surveys of Multnomah County Shelter providers and additional provider perspectives. Multiple HSD staff made contributions. The report references The Homelessness Response Action Plan, the City of Portland Shelter Audit, and the HSD Community Sheltering Strategy. It also contains information about the City of Portland's unique shelter models, via the City's website.

This report explores various shelter types in Multnomah County and categorization used by HSD, emphasizing the importance of aligning shelter models with the diverse needs of the community. It also includes a summary of nationally recognized effective shelter strategies and how those strategies are operationalized in Multnomah County; current research on effective shelters, including research conducted locally; and an exploration of some common strategies being implemented in other communities.

The Shelter System in Multnomah County

Over the past several years, Multnomah County's shelter system has experienced significant growth. Prior to 2015, before the declaration of a state of emergency and the establishment of the HSD, the county's shelter capacity was limited, with fewer than 10 shelters that were high-barrier, and concentrated in the downtown core and central eastside. Examples of high barriers included restrictions on couples staying together or prohibitions against pets.

Between 2015 and 2020, shelter capacity expanded with a wave of purpose-built and lower-barrier shelters being opened. Since 2020, growth has continued and there has been a substantial expansion in the number, variety, and geographic distribution of shelters. Many newer shelters typically provide a wider range of services to participants and are lower-barrier (open 24 hours, beds by reservation and welcoming partners,

pets, and possessions). Additionally, the COVID-19 pandemic prompted the expansion of both motel-style and village-style shelters to ensure that our capacity was maintained, while providing socially distanced sheltering. The City of Portland and Multnomah County jointly funded 555 new beds or units in FY 2024, which are now operational or in development.

This expansion of shelter capacity is a critical step in addressing homelessness in Multnomah County. By providing more shelter options, including a range of programs and enhanced services, HSD is working to ensure that more individuals and families have access to safe, stable, and culturally appropriate shelter. This includes an array of service types and models that can meet the broad and diverse needs of different people and populations experiencing homelessness.

Currently, there are 48 shelters¹ in Multnomah County that are funded or supported by HSD, and at least 65 total shelters countywide. HSD-funded shelters are not operated by HSD or Multnomah County staff, but by an array of non-profit organizations. Some of these organizations operate a large number of shelters, while others operate just one or two. The total estimated capacity of the HSD funded or supported shelters is as of January 15, 2025 was 2963 shelter beds or units (rooms or pods).

The <u>Appendix</u> at the end of this report provides an overview of the different types of shelters in Multnomah County and the different populations they serve. Specific counts of shelters, beds, units, etc. are as accurate as possible as of January 15, 2025. These numbers are increasing very frequently, and this document may not accurately reflect these counts beyond this date.

HSD Community Sheltering Strategy

The Community Sheltering Strategy² was developed by the Homeless Services Department (HSD) in collaboration with the cities of Portland and Gresham, and with representatives from four local service providers. A steering committee consisting of two City Councilors and two County Commissioners, met every other week to oversee the work. The Community Sheltering Strategy aims to add an additional 1,060 shelter beds across Multnomah County by Dec. 31, 2025. This goal is also included as part of the Multnomah County and City of Portland's Homelessness Response Action Plan (more information below).

¹ Specific counts of shelters, beds, units, etc. are as accurate as possible as of the date of publication of this report. These numbers are increasing very frequently, and this document may not accurately reflect these counts beyond the date of publication.

² multnomah.granicus.com/MetaViewer.php?view_id=2&clip_id=2879&meta_id=172100

The Community Sheltering Strategy also included recommendations for which types of shelter should be created, and strategies for serving priority populations, including LGBTQ2SIA+ adults. Additional goals and recommendations included in the strategy include increasing exits from shelter to permanent housing, improving staffing ratios at shelters, increasing the availability of housing options for people at shelters (through programs like rapid rehousing), and ensuring that all sites have access to behavioral health supports.

Homelessness Response Action Plan

In June of 2024, Multnomah County and the City of Portland finalized a strategic community response to homelessness, called the Homelessness Response Action Plan³. The plan aims to house or shelter roughly 2,700 people living unsheltered by 2025. The plan lays out timelines and specific steps toward reaching its identified goals, and includes strategies identified in the HSD Community Sheltering Strategy. The top objectives related to shelter include:

- Adding 1,000 shelter beds in two years, and providing the housing and health resources people need to move through shelters quickly.
- 15% increase in adults leaving shelter for permanent housing by Dec. 31, 2025.
- Establishing a comprehensive suite of services within shelters related to housing, healthcare, employment and federal and state benefits.

Some shelter-specific action items assigned to HSD include:

- Complete, build and open 555 beds of additional adult shelter by December 2024.
- Identify funding to improve shelters and county-owned property for future shelter use.
- Add new adult shelters with 250 beds using best design and trauma informed practices.
- Prioritize creation of culturally specific shelter for LGBTQ2SIA+ adults.
- Double family shelter capacity by adding 150 units of family shelter.
- Add 80 units of shelter for survivors of domestic violence.

³ https://multco.us/info/about-homelessness-response-action-plan

- Create a culturally specific youth shelter with 25-bed capacity.
- Implement strategies from the Community Sheltering Strategy to ensure that more people exit shelter and move into housing, allowing for shelters to serve more people.

City of Portland Shelter Audit

The City of Portland recently conducted an audit of emergency shelters in Multnomah County (Amiott & Pape, 2024). The audit acknowledged the expansion of shelters across the county and an overall reduction in barriers to accessing shelter. However, the audit also found that many shelters were full with long waitlists and could still be difficult to access. It also noted that these shelters had limited success at placing people into permanent housing.

Recommendations from this audit included:

- 1) Evaluating information about the shelter system and using this information to develop further strategies to increase shelter availability, improve access, and raise the number of people being placed into permanent housing.
- 2) Homeless Services Department (HSD) continues addressing ongoing racial inequities and implements more programs targeted at communities of color.

Finally, the audit recognized that the office had already begun taking steps to address some of these issues as part of its Community Sheltering Strategy.

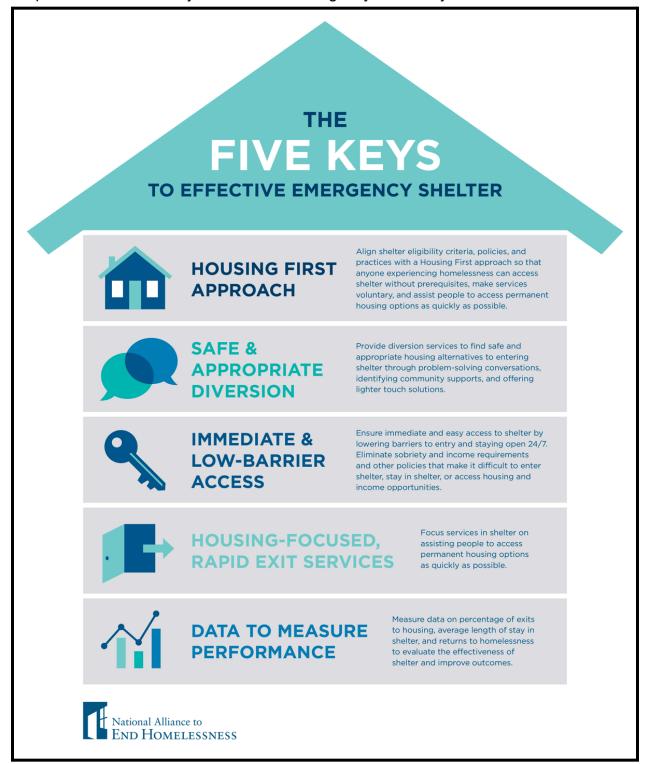
Best Practices and Current Research

This section summarizes the most commonly accepted best practices in shelters, and will identify common trends highlighted in current research and among similar communities. Nationally accepted Best Practices come from The National Alliance to End Homelessness (NAEH), a nonpartisan organization committed to preventing and ending homelessness in the United States. Additionally, the strategic plans, written standards, and published studies of 14 different communities in the region and/or with similar populations were included in this review, along with current research and policy recommendations from a variety of available sources.

The Five Keys to Effective Shelter

The most commonly accepted set of best practices for homeless shelters are the "Five Keys to Effective Shelter" from NAEH (National Alliance to End Homelessness [NAEH] 2022). These best practices are supported by many other organizations, such as The United States Interagency Council on Homelessness (USICH, 2017). They are also reinforced by research and are embraced by various communities and additional organizations. The "Five Keys" are supported at the state level by The Oregon Statewide Shelter Study (Technical Assistance Collaborative [TAC] 2019), with an emphasis on the Housing First and Low Barrier aspects. The Five Keys to Effective Shelter include a housing-first approach, safe and appropriate diversion, low-barrier access, housing-focused services, and data to monitor performance. The NAEH has created a set of self-assessment tools that shelters can use to measure alignment with these strategies, along with action plan templates that can be used when shelter practices and policies do not reflect these best practices.

Graphic 1.1: The Five Keys to Effective Emergency Shelter by the N.A.E.H



Graphic 1.1 Description: A house with the five keys to effective emergency shelter. Housing First Approach, Safe & Appropriate Diversion, Immediate & Low-Barrier Access, Housing-Focused, Rapid Exit Services, Data to Measure Performance.

Housing First

Housing First is a philosophy regarding homeless assistance that identifies providing permanent housing to people experiencing homelessness, without prerequisites or preconditions, as the top priority. This approach is centered around the idea that everyone is ready for housing immediately, and any other issues will be more easily addressed once people are housed. Participation in any additional services, such as employment programs or substance use disorder treatment, should not be required for individuals to receive support in obtaining permanent housing. This approach takes the stance that meeting the basic need for housing will enable households and individuals to choose and pursue their own strategies to further improve their quality of life. Housing First is also informed by the knowledge that people benefit from being able to choose the type of support they receive, and that allowing for that choice will likely lead to more successful housing outcomes.

The application of the Housing First approach to shelter design and operations emphasizes the need for: low-barrier entry to shelters, a focus on helping individuals and families access and sustain permanent rental housing as quickly as possible, little to no programmatic requirements to accessing permanent housing, and an emphasis that any additional supportive services are voluntary and chosen by participants. USICH (2017) recognizes this approach nationally as a best practice in shelter provision and it is prioritized in HUD's selection criteria, when choosing which projects to fund through the CoC program (Housing First Works, 2023). The Biden/Harris administration recently called on state and local governments (The White House, 2022) to follow federal guidance on best practices, and ensure that agencies direct federal investments to implement proven Housing First strategies.

Many communities in our region and nationwide have embraced the Housing First approach. Many communities also include language prioritizing Housing First Strategies within their long-term plans to address homelessness (KCRHA, 2023; San Francisco, 2023; Alameda County, 2022; Sacramento, 2022; Mid-Willamette Valley Homeless Alliance, 2021; Snohomish County, 2019; Washington County, 2018). Washington County and the City of San Diego's plans include Housing First as a fundamental part of their strategy (Washington County, 2018; Corporation for Supportive Housing [CSH], 2019), and it is identified as a best practice by the Marion-Polk Continuum of Care (Mid-Willamette Valley Homeless Alliance [MWVHA], 2021).

While Housing First is considered a national best practice, there has been an ongoing need for recovery housing as well. Some have argued (Carlson, 2024) that implementing Housing First without including recovery housing has led to less desirable outcomes, and some communities have begun to include more of a focus on recovery

housing. For example, in California a recently proposed bill (Digital Democracy Calmatters, 2024) would allow sober and drug-free shelters to compete for public funding that was previously only provided to low-barrier Housing First shelters.

The Department of Housing and Urban Development (HUD) published a Recovery Housing Policy Brief (2015) that details how Housing First and Recovery Housing can work together. It suggests that Recovery Housing can be part of a community-wide Housing First approach that emphasizes choice for individuals experiencing homelessness with substance use disorders. Communities that have implemented a system-wide Housing First approach can include Recovery Housing for individuals who choose this type of program. Entry into Recovery Housing should not be the only housing option provided (unless mandated by a court order). The brief suggests that Recovery Housing shares core elements with the Housing First approach, including minimal barriers to entry, person-oriented focus, respect for resident choice, and no eviction for failure to participate in formal service programs (participating in community-led activities is often expected in recovery housing).

The U.S. Department of Housing and Urban Development (HUD) suggests that while Recovery Housing can and should be implemented by any CoC that needs this resource to prevent and end homelessness in its community, it should be offered in proportion to the community's need and desire for such an option. Communities should ensure that housing programs serve people at all stages of recovery, including those still using alcohol or drugs. Program participants should be able to choose the living environment that best aligns with their preferred choice and communities should promote flexible policies that allow individuals and families to transition between different living environments, to both support residential stability and ending homelessness.

Taking a Housing First approach is a requirement of all HSD contracts. HSD specifically requires that:

Housing First and Low Barrier Services should be designed to support the community's commitment to Housing First. Housing First is an approach to quickly and successfully connect households experiencing homelessness to permanent housing without preconditions and barriers to entry. Housing First recognizes that everyone is "ready" to return to permanent housing as soon as a suitable unit becomes available. Therefore, absent very specific programmatic justifications (for example, Recovery Housing models), services should be designed to expedite and not delay a participant's return to permanent housing.

Diversion

Diversion is a strategy that aims to prevent people from experiencing homelessness by helping them preserve their current housing or through making immediate alternative arrangements that prevent them from having to enter a shelter. This problem-solving approach can occur as part of outreach, coordinated entry, and at shelter locations during the intake process. Diversion should be presented as a service provided rather than a denial of entry into the shelter system and should ensure that the individual or household seeking assistance is in a safe location. Many communities use financial assistance to support individuals and families in a housing crisis. According to USICH (2017):

Effectively diverting people from homelessness often requires connecting people to other types of assistance, such as landlord mediation and/or other mainstream resources, like legal services, SNAP benefits, health and behavioral health care, early childhood development and education, Temporary Assistance for Needy Families, Supplemental Security Income and Social Security Disability Insurance, and other resources. Some coordinated entry processes and emergency shelters co-locate staff who can assess and provide access to these mainstream resources for people as they seek assistance. Effective diversion can help people seeking shelter access financial assistance or other mainstream resources prior to shelter entry as part of the shelter screening and intake process, and can continue after shelter to prevent reentry.

The HSD funds Diversion Services Strategies that prevent street and shelter homelessness for people who are still in housing or are coming out of institutional settings (e.g. hospital or jail), and are imminently at risk of needing emergency shelter, by supporting the identification of immediate alternate housing arrangements and connecting individuals with services and financial assistance to access housing alternatives.

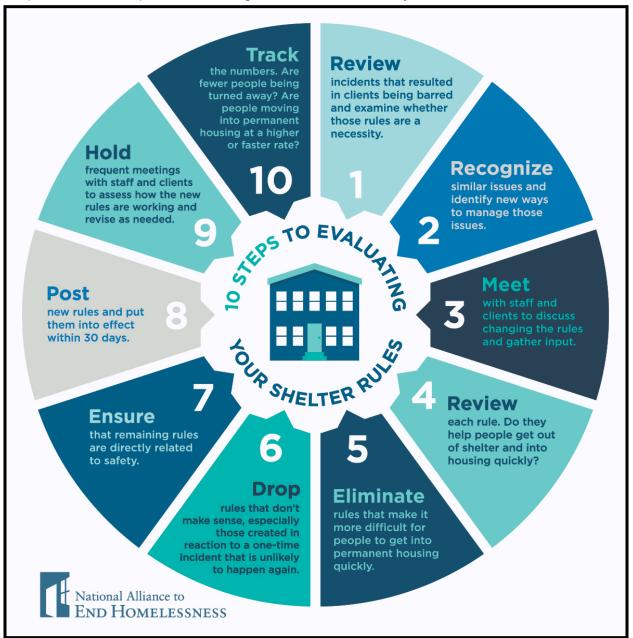
Diversion is practiced at some shelters in Multnomah County, but is a more formalized process when applied through rapid rehousing and other direct placements outside of shelter. Within the Coordinated Access system, assessors have been trained on "housing problem solving" which includes some diversion strategies with limited resources. There is a common understanding among service providers that diversion should be the first step, but there is no standardized diversion process. Limitations on client assistance funds have led to these strategies being implemented in varying ways by different providers.

Low Barrier Access

Low Barrier shelters employ policies that allow all families and individuals to access shelter without any requirements or prerequisites, such as participation in other programs or services, sobriety, or income. This means no drug/alcohol testing, income verification, or "housing readiness" assessments. This approach is also focused on eliminating barriers to entering shelter, such as the "four P's": pets, partners, privacy, and the storage of possessions (Finnigan, 2021). NAEH (2024) and USICH (2017) have identified pets, partners, and privacy as common barriers as well. The Oregon Statewide Shelter Study found that "being unable to shelter with a loved one was a top barrier for respondents who typically seek shelter along with other people" (TAC, 2019).

Additional barriers include limited access during certain times, inaccessible or inconvenient locations, overcrowded or unclean conditions, requiring identification, charging fees, conducting criminal background checks (NAEH, 2024). According to USICH (2017), "Low-barrier shelters emphasize welcoming guests in as they are, while having clear and simple behavioral expectations that apply to anyone residing in the shelter. These expectations are narrowly focused on maintaining a safe environment for all." The NAEH (2022) suggests that rules in low barrier shelters should be simple behavior-based rules, focused primarily on safety, and they have created a 10-step evaluation process that shelters can use to ensure that their rules are in alignment with the low barrier approach.

Graphic 1.2: 10 Steps to Evaluating Your Shelter Rules by the N.A.E.H



Graphic 1.2 Description: An equally-distributed pie chart with the 10 steps to evaluating shelter rules: Review, Recognize, Meet, Review, Eliminate, Drop, Ensure, Post, Hold, Track.

Oregon Housing and Community Services (Savara et al., 2023) has identified minimum low barrier standards for shelters. These standards include the voluntary nature of sobriety and treatment, with shelters allowed to set limits on drug and alcohol use in common areas and establish behavioral expectations to prevent disruptive or violent behavior resulting from intoxication. However, low-barrier shelters cannot impose a

complete abstinence requirement. Additionally, low-barrier shelters cannot require documentation of identification, custody, citizenship, or gender and must follow the HUD Equal Access Rule to ensure services are accessible to all individuals and families regardless of sexual orientation, gender identity, or marital status. Shelters must also accommodate pets and belongings.

Oregon Housing and Community Services (2018) suggested several additional best practices for low-barrier shelters. These practices include minimizing expectations and requirements for people seeking shelter, focusing on addressing disruptive or dangerous behaviors (rather than compliance with rules or case plans), and welcoming self-defined family and kinship groups to seek shelter together. Additionally, shelters should support the adoption of low-barrier policies and practices, extend or make hours more flexible, and adapt service-delivery models. Shelters should coordinate their intake process and housing navigation services closely with community-based outreach services and coordinated entry, create flexible and predictable access for people seeking shelter, and provide free stays, meals, and services. Lastly, shelters should not exclude people with criminal convictions, poor credit, or eviction histories.

In 2020, a survey of homeless individuals in Multnomah County found that 80% of people wanted their shelter/housing to have no barriers to entry (Portland State University Homelessness Research & Action Collaborative [PSU HRAC], 2020).

Many communities have implemented low-barrier approaches in their shelter system, some more recently and broadly than others. For example, in 2019 there were no low-barrier shelters in Eugene, Oregon, but since 2022 at least two have opened and the "goal in each program is to help individuals obtain housing as quickly as possible, with no pre-conditions such as sobriety or no criminal background. Program services at both shelters focus around supporting this goal and the unique needs of each individual participant." (TAC, 2018) The 2023 Lane County Community Needs Assessment found 36.6% of respondents identified low barrier shelters as a top priority, demonstrating the support for the expansion of these types of shelters (Lane County CAA, 2023).

Snohomish County has adopted a low-barrier approach and is expanding implementation at all levels. Individual shelters are at "various stages of transitioning to a low barrier approach" in that CoC (Snohomish County Human Services, 2019). Other communities have taken a more hardline low-barrier approach, such as Alameda County, which requires that all interim housing must be low barrier (Alameda County Office of Homeless Care and Coordination [ACOHCC], 2023). Houston has identified this as an integral part of their plan to end homelessness:

Reduce barriers to existing crisis services by easing sobriety requirements and by easing restrictions that inhibit access for people with untreated behavioral health issues, couples, people with support animals, people of non-binary gender identity, and people needing extra space for storage of their belongings (Burchman & White, 2021).

Generally shelters funded by HSD are designed to be as low barrier as possible, while also considering safety and requirements of specific programs. While many of the shelters in Multnomah County take a low barrier approach, a few shelters have some slightly higher barriers that serve to meet a specific sheltering need. For example, some shelters require abstinence from drugs or alcohol, to help meet the needs of many people seeking shelter and recovery. Shelters opened temporarily during severe weather are "no barrier," meaning there are no requirements of any kind to enter. Regardless of level of barrier, drug and alcohol use on site is not permitted in any HSD supported sheltering programs. Many sites allow people to be under the influence of intoxicants on site as long as their behavior is not causing harm to others, but active use is never allowable.

Housing-Focused, Rapid-Exit Services

Housing-focused, rapid-exit services are those in which the primary goal is to move people into permanent housing as quickly as possible. The NAEH (2022) suggests that all services should be housing-focused, rapid-exit services. Underlying this philosophy is the belief that a shelter's primary function is to help people acquire housing in times of crisis. Shelters should be seen as a step towards housing, not a destination. While they may provide additional services, these should be optional for participants.

USICH (2017) has also provided guidance on how shelters can and should provide housing-focused services:

Emergency shelters can make access to available housing resources as easy as possible for shelter guests by having on-site access to the community's coordinated entry process and by connecting guests to housing navigation services. In some communities, these housing navigation services exist at a community level and support people experiencing homelessness in a variety of settings, including unsheltered settings, rather than being situated in each individual emergency shelter. Regardless of how they are configured, emergency shelters can contribute to a rapid flow into permanent housing opportunities by ensuring that everyone experiencing homelessness has quick access to sufficient support needed to obtain housing. That will likely not be a "one size fits all" approach, nor can it be a purely "self-service" model, either.

Most of the shelter sites in Multnomah County provide housing-focused services to some degree. However, not all shelters have these services readily available onsite, and some provide this through partnerships or referrals to other organizations. One of the goals of the community sheltering strategy is to ensure that all shelters have improved access to housing placement resources. HSD is working to program these resources through direct allocation and expanding inreach programming.

Data to Measure Performance

The NAEH (2022) identifies four major data points that can be used to monitor performance of shelters which include: the average length of stay at a shelter, the percentage of participants who exit to permanent housing, the number of individuals who return to a shelter after exiting to permanent housing, and the utilization of shelter (the amount of shelter beds or rooms that are filled).

They also suggest that these outcome metrics are most effective when tracked together. For example, decreasing length of stay at shelters is only an improvement if exits to permanent housing also increase, or at least remain stable. USICH (2017) recommends that data should be used to improve shelter flow, rather than just monitor performance. They suggest that the community can use data to, "understand shelter use patterns and detect changes in them, identify frequent users for more intensive follow-up or targeted interventions like supportive housing, reduce the length of time spent in shelter, and right-size emergency shelter capacity within the crisis response system."

HSD actively monitors shelter data including length of stay at shelters, exits to permanent housing, and shelter utilization. HSD monitors returns to homelessness from permanent housing (including for those who went from shelter to permanent housing) overall, but not for each individual shelter. Because there are so many shelters in Multnomah County, from such a wide variety of providers, it is likely that an individual returning to shelter from permanent housing would return to a completely different shelter. Additionally, individuals moved into permanent housing often receive support or assistance from organizations outside of or separate from the shelter they exit from. This may make monitoring the number of individuals returning to shelter a less useful metric, and likely a greater reflection of the success of their housing placement than the shelter.

Staffing

The Five Keys to Effective Shelter do identify some topics that shelter staff should be trained in, such as trauma-informed care in low-barrier shelters, and that all shelter staff should have knowledge of housing resources in the community (NAEH, 2022). However, these best practices do not identify specific targets for staffing levels, types of staff, or additional training that should be required. There is limited consensus on best practices for staffing at shelters, however The Oregon Statewide Shelter Study (TAC, 2019) does identify some guidelines for staffing at shelters. "Appropriate staffing" and staff training were identified as essential elements in both attaining successful outcomes and connecting people to available services to help them accomplish stabilization. Additionally, the study states that, "to the greatest extent possible, staff should be representative of the racial, ethnic, and gender identities of shelter users," and stresses the importance of "properly screen(ing) shelter staff using criminal background checks, drug screens, and interviews."

Staff Training

The Oregon Statewide Shelter Study (TAC, 2019) provides guidance on staff training and recognizes that well-qualified, well-trained staff are more capable of helping people move into permanent housing in a shorter amount of time. The study stated that staff, "should be competently trained and supervised in both culturally-responsive and trauma-informed practices, which promote staff members' ability to build the trust, rapport, and continuous engagement that are often needed over long periods of time with shelter users and those who historically have not sought out shelter because of safety concerns."

Echoing the basic recommendations from the NAEH, the National Healthcare for the Homeless Council published guidance (Jean, 2018) that encourages shelter providers to train staff on trauma-informed care. In their article, *Shelter-Based Care for Homeless Populations* they note that, "many people experiencing homelessness have experienced trauma, and that living in a shelter environment can exacerbate that trauma or be traumatic in its own right. Continuous attention to the role that trauma plays in clients' mental and physical health is essential." While there is not much specific language around staff training, several communities' plans insist that services and support, including case management, must be delivered in a trauma-informed way. (Snohomish County Human Services, 2019; Finnigan, 2022; The Framework for an Equitable Homelessness Response, 2022).

Training required and provided to shelter staff varies among provider organizations. The HSD provides a wide array of staff training and resources directly to providers, including live training, self-paced resources, and regular provider conferences and other learning opportunities. The HSD offers technical assistance and capacity building efforts by collaborating with culturally specific organizations and other shelter provider agencies to meet their needs in training, as these vary among all service providers. The HSD offers many accessible and free training resources with trauma-informed principles and best practices in social services by curating an equity-based learning calendar monthly, from a variety of community based organizations and government agencies. In addition to the equity-based learning calendar, HSD collaborates with the Multnomah County Behavioral Health Division to offer training in preparation for severe weather activations. In FY 2024, more than 300 shelter staff from various organizations attended these training sessions.

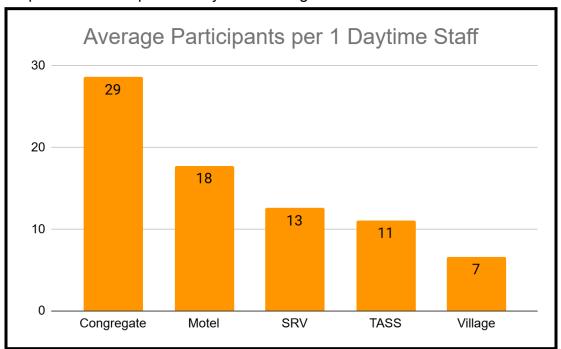
Overall Staff Levels

There are no widely accepted staffing levels locally or nationally, but the Oregon Statewide Shelter Study (TAC, 2019) recommends that shelters operate during daytime hours with "a supportive services case ratio that ranges from 1:15 and 1:40 depending on the subpopulation served." The study suggests that staffing levels will need to be higher where there are more individuals with untreated and active behavioral health conditions, while lower staffing levels would be sufficient at shelters with lower levels of need. The study recommends staffing shelter 24 hours a day, with at least two staff on duty overnight, "to promote safety and be responsive to crises."

Few communities indicated their actual or target staffing ratios in any publicly available sources. However, Lane County's Shelter Feasibility Study (TAC, 2018) indicated that the case manager caseload at shelters should be roughly 20:1 for a shelter with 75 beds, and that there should be at least three case managers on-site at all times.

The HSD Community Sheltering Strategy set minimum staffing ratio goals for each system of care as follows: 1:25 for the Adult and Family systems, 1:20 for the Domestic Violence system, and 1:20 for the Youth system.

In a survey conducted in July of 2024, staffing ratios at shelters funded by the Homeless Services Department varied widely, especially across shelter types. The average daytime staffing ratio was approximately 20 individuals:1 staff, but ranged from 4:1 to 60:1. Daytime staffing ratios reflect only the staff who work normal daytime shifts, and do not consider staff who work crossover/mid, or night shifts. Daytime is when the majority of shelters are most active and this is when shelters tend to be most fully staffed. The average daytime staffing ratio by shelter type is depicted below.



Graphic 1.3: Participant to Daytime Staffing Ratios

Graphic 1.3 Description: Vertical bar graph displaying daytime staffing ratios by shelter type. Congregate: 1:29, Motel: 1:18, SRV: 1:13, TASS: 1:11, Village: 1:7.

**Data from July 2025. Some averages have likely decreased due to recent contract rebasing.

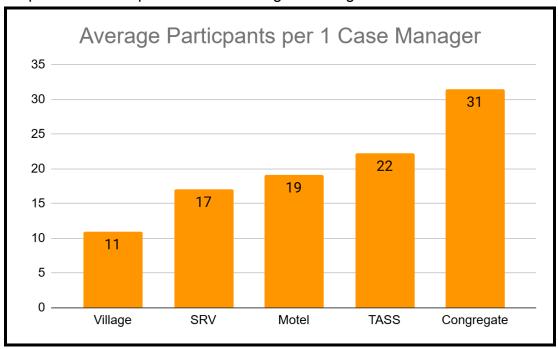
Housing Navigators & Case Managers

Specific guidance on Housing Case Managers or Navigators is also limited. Oregon Housing and Community Services published Best, Promising and Emerging Practices to End Homelessness in 2018, which briefly mentioned Housing Navigators. In 2019, a survey of homeless individuals in Multnomah County found that 58% of respondents wanted case management attached to their housing or shelter, while 37% did not (PSU HRAC, 2020).

Many communities included some discussion of Housing Navigators or Housing Case Managers in their plans or strategies. San Francisco County aims to grow and improve

housing-focused case management in an effort to make shelter exits quicker and more successful, and also to add a variety of new shelters with housing case management and other housing-focused services (San Francisco Department of Homelessness and Supportive Housing [HSH], 2023). Sacramento County plans to increase dedicated housing navigators in contracted shelters (Sacramento Steps Forward, 2022) and Contra Costa County requires emergency shelters to offer case management, which includes "resources and guidance to find long-term housing." (Contra Costa CoC, 2023) And finally, Houston (Burchman & White, 2023) has made plans to "leverage person-centered, housing-focused case management with enhanced training in evidence based best practices (e.g., trauma-informed care, critical time intervention, motivational interviewing, and housing first strategies) for service delivery."

A survey conducted in July of 2024 indicated that the availability and ratio of case managers to participants also varied widely across shelters funded by the Homeless Services Department. The average ratio of participants to Case Managers was 24:1, and ranged from 5:1 to 60:1. The average case manager to participant ratio (by shelter type) is pictured below.



Graphic 1.4: Participant to Case Manager Staffing Ratios

Graphic 1.4 Description: Vertical bar graph displaying case manager staffing ratios by shelter type. Village: 1:11, SRV: 1:17, Motel: 1:19, TASS: 1:22, Congregate: 1:31. **Data from July 2024.

Services and Resources

The availability of specific services varies widely among shelters. Many communities and individual shelters do not list specific services that are available. Some communities are very specific about what is provided at their shelters, while others are more general in their descriptions of shelter services. For example:

Minimum standards covered in the Alameda County Emergency Shelter Standards for Year-Round Shelters include requirements for safety, privacy, meals or access to food, access to supportive services and physical plant requirements. Shelters that receive County funding must follow these standards and self-monitor to ensure they meet the County's requirements. (ACOHCC, 2023)

One recent study of homeless shelters across the United States found some services to be fairly consistent across a variety of shelters, including the provision of basic medical care and providing (or facilitating access to) mental health care. This study found that some shelters also offered employment services and skills training (Spiegler et al., 2024). This type of service is provided by shelters in several of the communities reviewed for this report, including Lane County and Snohomish County. Another service commonly identified in CoC strategies is enrollment in benefits and/or applications to programs for which people are eligible (ACOHCC, 2023; Contra Costa CoC, 2023; TAC, 2018). However, beyond these commonalities, there is not much consistency. Some of the additional services mentioned in various CoC strategies are meals, laundry, mail delivery, access to showers, storage and referrals to other resources.

The specific services and resources provided at shelters in Multnomah County varies widely. Most shelters provide hygiene supplies, meals (amount and frequency varies), donated clothing, and other basic necessities. Some shelters do offer employment services as part of case management and many offer referrals for these and other programs and services as needed. Many shelters have partnered with local organizations like Portland Street Medicine and Outside In to provide medical care at or near the shelter, and some have managed to create a dedicated space onsite for medical services. Some shelters have also been able to provide personal care services, such as haircuts, through partnerships with community organizations.

Siting and Design Best Practices

The following recommendations around shelter siting and design are from the Oregon Statewide Shelter Study (TAC, 2019).

The external design of the shelter should ideally include:

- Adequate outside space to prevent guests from congregating on the sidewalk
- Sufficient parking spaces
- Windows and surveillance cameras to provide staff with clear lines of sight
- Off-street areas for both smoking and pets
- Adequate but non-intrusive exterior lighting
- An exterior design that does not have an institutional appearance
- Play area for children, as appropriate

The interior design should meet the needs of the population being served, taking into consideration:

- Accessibility issues for those with disabilities
- Safe, clean, and secure places for sleeping, including some for pets
- Storage spaces for guests' belongings
- Facilities for hygiene including bathrooms with sinks and showers
- Office and meeting spaces that offer privacy for guests to meet with staff
- Spaces where nutritious food can be stored, prepared, and served in accordance with state and local laws.

According to the study, design features that can support guests who are experiencing mental health symptoms and/or active substance use include safe and welcoming spaces separate from the general population. Ideally, such spaces should be consistently available, low-stimulus (lighting/sound), welcoming, and appropriately staffed. Shelter planners should also consider whether they are able to offer an on-site laundry area, or identify alternatives nearby.

The National Alliance to End Homelessness also recently published "universal design principles" for shelters (2024) which includes considerations for space and safety (accessibility, security and safety, personal space, adequate and secure storage, pets, and households) as well as considerations for health and wellness (sanitation, bathroom access, water & food supply, proper medication storage, overdose prevention, and thermal environment & air quality).

Where possible, Multnomah County incorporates these recommendations in its shelters. While many of our shelters are purpose-built and designed with these best practices in mind, some of the shelters in Multnomah County were set up in spaces not originally designed to be used as shelter. This creates challenges to meeting some of these recommendations, and in some cases require creative solutions. However, most Multnomah County shelters do meet these recommendations and also include:

- Common areas or Day Spaces separate from sleeping areas
- Exterior fencing for privacy and security
- Bicycle parking for participants
- Daylighting (windows or skylights) in common areas

Purpose-built Multnomah County shelters include:

- Single user accessible showers and toilets with gender neutral signage
- Computer areas for participants
- Laundry machines onsite
- Staff restrooms
- Staff break room
- Staff offices

Benefits of Non-Congregate or Alternative Shelter Models

In much of the current research and in many other communities, hotels/motel shelters and villages are grouped together and referred to as non-congregate shelters (NCS). HUD does not consider units that have shared restroom facilities (like pod villages) to be a type of NCS eligible for funding (Home-ARP, 2023). Many communities have prioritized NCS in their strategies and there is research that identifies additional benefits that NCS shelters provide (Finnigan, 2021; Colburn et al., 2020) as well as research documenting the NCS shelter's greater performance at moving people into permanent housing (Greene et al., 2024; Colburn et al., 2022).

King County's strategic plan identifies NCS as "the region's best hope at resolving the unsheltered crisis," and points out that NCS have better housing outcomes than congregate shelters, which often lack safety and may reinforce, or create new trauma (King County Regional Homelessness Authority [KCRHA], 2023). A study conducted there found that positive outcomes from hotel shelters included "increased feelings of stability associated; improved health and well-being; reduced interpersonal conflict; higher exits to permanent housing; and indications of greater engagement with housing services." (Colburn et al., 2020) Another study conducted in Sacramento County found

that NCS were able to overcome many of the disadvantages of congregate shelters for participants (Finnigan, 2022).

A recent study by The Homelessness Research and Action Collaborative (HRAC) at Portland State University found that this was true of NCS in Multnomah County as well (Greene et al., 2024). Another study conducted by HRAC found that, "villagers were largely satisfied or very satisfied with their pod as a place to live," and , "most were satisfied or very satisfied with their village as a place to live." (Ferry et al., 2022). Additionally, a 2020 survey of homeless individuals in Multnomah County found that 53% of people preferred moving into a hotel or motel while only 3% preferred moving into a shelter. When these results were broken down by demographic group, motel or hotel was the top choice for all groups except one (PSU HRAC, 2020).

In Alameda County, their experience of creating 1,200 temporary NCS allowed them to see that participants at these sites moved into housing at significantly higher rates than those in congregate shelters. Their current strategy includes a primary focus of increasing NCS availability that will include behavioral and health care services (Alameda County, 2022). The State of Washington's most recent plan (Washington State Department of Commerce, 2024) has indicated that they will seek federal and state funding specifically for non-congregate forms of shelter. Multiple communities have found that while most participants prefer NCS, many providers do as well (KRHA, 2023; Alameda County, 2022).

The HSD recognizes the benefits of NCS and Alternative Shelters, and continues to prioritize these shelter types whenever possible. While the HSD continues to include congregate sheltering as a necessary part of its strategy, lessons learned from alternative shelter models are being used to improve housing outcomes and increase the quality of congregate shelter. By increasing privacy, safety, storage, and other physical elements of congregate shelters, along with increased staffing and housing-focused services, the HSD aims to bring congregate shelters more in line with the alternative models. Additionally, hybrid models like the new Arbor Lodge shelter allow for some of the benefits of a village style shelter to be extended to congregate shelter participants.

Large-Scale Alternative or Non-Congregate Shelter

While recent research (Greene et al., 2024) has identified the benefits of alternative or non-congregate shelter models, some publications have suggested that these same findings would apply to large-scale alternative shelters (Hayden, 2024), such as the

TASS in Multnomah County. It is important to note that large-scale alternative shelters or villages may not experience the same outcomes and benefits of alternative villages, as many of these aspects relate to the smaller size of the village and increased privacy offered by motel/hotel shelters. The same study referenced above stated that:

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 (Ferry et al., 2022) that keeping villages to fewer than 30 residents was ideal, so expanding shelters to larger sizes may reduce or eliminate such benefits.

Village vs. Motel

While NCS is often more effective at moving people into housing than congregate shelters, there is less clarity around the effectiveness of village style shelters compared to hotel and motel shelters. King County, for example, does not plan to expand village shelter sites in its current 5-year plan. A majority of people they interviewed as part of developing their plan "stated a clear preference for other forms of emergency housing" and their utilization data supports those claims (KCRHA, 2023). Meanwhile, neighboring Pierce County plans to expand village style shelter sites in their 5-year plan (Tacoma/Lakewood/Pierce CoC, 2024) and Lane County has over 250 Conestoga Huts across 14 "Safe Spot Communities" (Community Supported Shelters, 2024). The HSD has received significant feedback from providers about challenges that are unique to villages, including severe weather considerations and perceived neighborhood impacts. During very cold or very hot weather events, villages create challenges for both staff and guests due to the outdoor design of villages and the difficulty in regulating pod temperatures in extreme weather. Additionally, villages are usually more visible in neighborhoods, which has led to resistance from those who may be opposed to the creation or operation of a village in a specific area. Motel shelters often go unnoticed by neighbors and face less resistance from individuals and neighborhood groups.

"Interim Housing" vs. Emergency/Homeless Shelter

Several organizations and communities (ACOHCC, 2023; San Diego Housing Commission, 2024) have transitioned away from the language of "shelter" (including "homeless shelter" and "emergency shelter") and now refer to these programs as "Interim Housing." A recent project from The Framework for an Equitable Homelessness Response (guided by the National Alliance to End Homelessness, National Health Care for the Homeless Council, Housing Justice Collective, National Coalition for the Homeless, and others) chose to embrace this language based on guidance from people

with lived experience about the "stigmatizing and traumatizing impacts" of the term "emergency shelter." (The Framework for an Equitable Homelessness Response, 2022).

The HSD continues to refer to "emergency shelter" within contracts and operations to distinguish it from other "housing" which may be subject to state and local landlord/tenant law. In some cases, local law enforcement have refused to assist providers with exits from alternative shelters in arrangements that were viewed to be more like housing. Accordingly, this language, along with other provider rules including limitations on duration of stay and/or no exclusive areas held by the shelter guest, among many other best practices, adds clarity for all involved.

Additional Shelter Strategies

In addition to nationally recognized best practices, many communities are successfully implementing other common strategies.

Safe Parking Sites

Safe Parking sites are a newer shelter model, which provide designated space for people experiencing vehicular homelessness to park and sleep, usually overnight. In addition, a range of services can be offered and outreach techniques can be used to connect people to housing and other services. This model originated in 2004 in Santa Barbara, California (McElwain et al., 2021). Since then this strategy has become more commonly accepted, especially on the West Coast, where vehicular homelessness is much more prevalent and rates of unsheltered homelessness tend to be higher.

A recent report from the NAEH (2024) identifies this as an example of an interim strategy, along with other shelter types. As of 2021, HUD (along with many other major funders) had not recognized this as a standard program. In 2022 USICH published a report that suggested identified Safe Parking as a common response to vehicular homelessness in communities. This report also warns that Safe Park sites do not necessarily negate the harmful impacts of criminalization, suggesting that "safe parking programs can represent the 'carrot' which accompanies the 'stick' of criminalization."

A nationwide review of Safe Park programs was conducted on behalf of the Center for Homeless Inquiries, a policy research group in California (McElwain et al., 2021). This study found that this model addresses an increasing need in communities, and these sites are often able to open up quickly and maintain positive relationships with surrounding neighborhoods. The review found a significant difference in policies and practices among sites using this model, including whether or not participants are allowed to stay during the day and the different services offered.

Among the sites included in this review, common services provided were basic restrooms, showers, food, wifi, charging stations, financial assistance with vehicles, and housing navigation. The review found that some sites are designed for targeted populations and many of these sites separate participants based on demographic differences. Finally the review found that case management has shown to be a highly successful strategy for moving people into permanent housing from Safe Park sites. However, these outcomes did vary among sites, ranging from 13% to 60% (McElwain et al., 2021).

King County interviewed 180 individuals with lived experience in the development of their 5-year plan and learned that many individuals experiencing vehicular homelessness do not regularly access traditional homelessness services. They additionally found that many people preferred the autonomy and privacy their vehicle provided, and chose to avoid other shelter models (KCRHA, 2023). In Lane County's 2023 community needs assessment 42.6% of respondents identified legal sleep sites as a top need in crisis housing (Lane County CAA, 2023).

In a 2020 survey of unsheltered individuals in Multnomah County, 13% said they would prefer moving into an RV or car park, compared to 3% who said they would prefer to move into a shelter (PSU HRAC, 2020).

Safe Parking sites are operationalized in the plans or written standards of many communities as well, including several communities along the west coast (Tacoma/Lakewood/Pierce County CoC, 2024; Contra Costa CoC, 2023; KCRHA, 2023; Alameda County, 2022; Sacramento Steps Forward, 2022). San Francisco County incorporates this model as part of their comprehensive strategy to address vehicular homelessness (San Francisco HSH, 2023). Safe Parking or "Legal Sleep Sites" have been part of Lane County's strategic plan since at least 2016, and there are approximately 550 legal sleep site "beds" across the County (Lane County Poverty and Homeless Board [PHB], 2022). Vancouver, Washington's Safe Parking Zone (City of Vancouver Washington, 2024) is an organized site with capacity for 50 cars or RVs and restrooms, shower facilities, and trash services. A community partner provides peer-to-peer support and housing case management. There is also a safe parking program in Bend, Oregon (City of Bend, 2024).

There is an RV Safe Park Village operational in Multnomah County, but it does not allow passenger vehicles and it may close at the end of June, 2025. One Temporary Alternative Shelter site, operated by the City of Portland, does include spaces for RV parking. Other than these exceptions, there are currently no dedicated Safe Park sites in operation. The HSD was working to develop a Safe Park program for people living in passenger vehicles (not RVs), but had to modify these plans. The site was not successful in getting a permit approved for people to sleep in passenger vehicles, primarily because they are not designed for living and/or sleeping in. This location will instead be developed as an alternative shelter with pods and parking spaces, and will prioritize people experiencing vehicular homelessness. The fenced site will include overnight parking, on-site access to trash service, showers, restrooms, laundry, a kitchenette and housing services and supports.

Substance-Use Disorder (SUD) Focused Harm Reduction

According to the National Harm Reduction Coalition (Homelessness and Harm Reduction, 2020), harm reduction is "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use," and also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. The Coalition found that people experiencing homelessness often feel that housing programs are punitive and have excessive barriers to entry, and additional research has found that harm reduction is often absent from many Housing First approaches (Watson et al., 2017).

Harm reduction approaches and strategies have been implemented by several communities (San Diego Housing Commission, 2024; KCRHA 2023; Alameda County, 2022; Snohomish County Human Services, 2019) as they have been shown to be effective ways of managing substance use. San Diego County has a specific harm reduction shelter for adults experiencing substance use disorder or co-occurring conditions (San Diego Housing Commission, 2024). The Mid-Willamette Valley Homeless Alliance (serving Polk and Marion County) has identified harm reduction as a best practice (OCHS, 2018); however, they do not include harm reduction in their 5-year plan (Mid-Willamette Valley Homeless Alliance, 2021).

The HSD does not require Harm Reduction in contracts with shelter providers, but some harm reduction strategies are encouraged and many providers do implement certain harm reduction strategies. While substance use is not allowed in any HSD-funded shelter, most HSD shelter programs allow for people to remain in the program as long as their behavior allows for the safety of all shelter participants, and is not disruptive or harmful to others. HSD-funded shelters may not allow people to use or possess drugs or alcohol on site, and all HSD funded projects are required to ensure that all state, local, and federal laws are adhered to (which includes the federal prohibition of cannabis). Shelters are not encouraged to perform searches or drug testing, however, there is an expectation that shelters are not promoting or knowingly permitting on site use. Most shelters have explicit policies detailing a progressive action plan for addressing known drug use or possession on site in sheltering programs, and these policies may be more strict at recovery shelters. The Multnomah County Health Department does operate a syringe exchange in the community, and provide overdose prevention materials within the community.

Storage

Having a safe and accessible place to store personal belongings is extremely important for people experiencing homelessness. The loss of important documents and other personal items can be a huge source of stress and creates additional barriers for people trying to move from homelessness into housing. Providing storage was recently listed as one of 19 strategies to address encampments humanely and effectively by USICH (2024) and this has been incorporated into many communities' strategies. In San Diego, for example, there are currently three storage centers operating in the City (SDHC, 2024). Research has found that having space to safely store personal belongings is one of the primary benefits of alternative shelter models (Colburn et al., 2020).

The City of Portland has provided limited storage for people experiencing homelessness since 2016, originally storing items in a shipping container. At the end of 2023, the City of Portland opened a day storage facility in NW Portland (City of Portland, n.d.) that users can access between 7 AM and 8 PM, and store items for up to 30 days at a time. This space has allowed for much more storage and been able to serve more people since opening. The organization that operates the facility provides some employment and training opportunities at the site, and outreach services are sometimes available at the storage facility as well.

In Multnomah County, storage availability varies widely as different shelter sites have developed storage policies and practices to meet their needs. While some shelters limit storage to what can fit in on a bed or in a pod, others provide extra storage as space allows. The newly developed Arbor Lodge shelter includes personal storage spaces for participants.

Repurposing Non-Congregate Shelter into Housing

Another strategy being employed by multiple communities is building non-congregate shelter sites that can be later repurposed into permanent housing. This strategy aims to provide necessary shelter units, while also planning ahead to meet the need for more housing. This strategy rests on the assumption that as the amount of available affordable housing increases, the need for shelter will decrease. Alameda County's (2022) plan includes the goal of gradually repurposing NCS sites into housing, as the need for greater shelter capacity subsides. Similarly, Sacramento's plan (2022) describes developing additional shelter units that can be repurposed into housing "as the demand for shelter falls." Washington State has included this strategy in their most recent plan addressing homelessness (Washington State Department of Commerce, 2024). Locally, the Alternative Shelter Report (Greene et al., 2024) recommends that

housing conversion potential be considered in the shelter planning and development process.

One community provider in Multnomah County is currently working towards redeveloping a previously operational shelter into a permanent supportive housing building(Our Just Future, n.d.). A Safe Rest Village that is currently in operation will be reconstructed into affordable housing in the next few years. Townhomes will be built on the site, and priority to purchase a home will be given to people previously displaced from the neighborhood (City of Portland, 2024). Similarly, a currently operational motel shelter is planned to be reconstructed into low-income apartments once it closes (Dorsey, 2023). Multnomah County is also developing two alternative shelter sites on property that was originally purchased with the intention of short-term use as shelter and longer-term development into affordable housing.

Provider Perspectives in Multnomah County

This section includes a very limited review of perspectives and information shared by organizations that operate emergency shelters in Multnomah County shared in recent data collection efforts and funding proposals. This section is not intended to provide a comprehensive exploration of provider perspectives, but rather a snapshot of some recent and relevant perspectives shared with HSD. Communication and collaboration with shelter providers is frequent and ongoing, and their feedback is regularly collected and considered by program managers, and department leadership. Additional opportunities for focused data collection efforts from providers are planned in the near future, and may require additional analysis and reporting.

Recent Surveys of Shelter Providers

In July of 2024, two surveys were administered to shelter provider organizations. One survey focused on shelter operations, including staffing levels (found earlier in this report) and safety (found below). The other survey sought information about potential new and expanded shelter programs in Multnomah County, and what shelter types providers were most interested in seeing more of in the community. A basic analysis of those responses is included below as well.

Safety in Shelters

Personal safety was identified as the biggest barrier to individuals entering shelter by the Oregon Statewide Shelter Study (TAC, 2019). Among current efforts to promote safety at shelters across Multnomah County, employee training was the most commonly identified strategy. Employee training included CPR, First Aid, Narcan/Naloxone, conflict de-escalation, crisis intervention, Assertive Engagement, motivational interviewing, trauma-informed approaches, gender fluidity, harm reduction, computer literacy, and equity. Other strategies identified include background checks for staff, hiring people with experience (both lived and worked), written safety plans/protocols, and safety committees. Some of the operational procedures identified were safety checks (of individual rooms and common spaces), security cameras and/or security staff, and perimeter fencing.

Provider organizations were asked how they would spend additional funding to increase safety; the overwhelming response was increased staffing and improved/additional training as the two highest priorities. Beyond simply hiring additional staff, some respondents specified that they would hire to fill gaps on weekends, evenings, and from staff callouts. Some organizations indicated that additional staffing would allow for more meaningful engagement with participants and less frequent occurrence of "critical"

incidents." One response was very specific saying they would use the funds for, "increased staffing for full wrap around service, grounds team, case managements, mental health counselors, Drug and Alcohol Navigator." Among the numerous responses that indicated they would spend additional funding on staff training, some specific training topics included assertive engagement, motivational interviewing, de-escalation or conflict resolution, trauma-informed care, CPR, and First-Aid. Many of these trainings are provided by HSD to provider organizations.

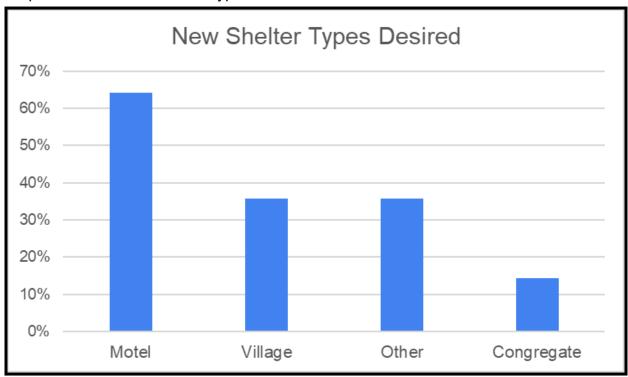
Many respondents also indicated they would use additional funding to increase safety by hiring security staff, especially overnight or after hours. Improving security and safety infrastructure, primarily through adding security cameras, was also a high priority for many providers. Other infrastructure improvements included gates, locks, lighting, and one respondent who would use additional funding, "to expand (their) current shelter into a ground floor space that would be ADA accessible for wheelchairs and could be used as a designated safer shelter space for female and/or non-binary youth."

Some providers offered additional information about staffing levels, needs, or any special circumstances related to the ability to provide safe and adequate service delivery. Several respondents reiterated the need for more staff, and the desire to pay staff a better wage. One provider indicated that "compensation levels to promote hiring and retention remain a significant issue... increasing compensation levels would improve retention and shorten hiring times so we can stay fully staffed even at the current level." High turnover was mentioned within multiple responses, as it creates challenges in staying fully staffed and having well-trained staff. Some providers specified the type of staff needed, such as "housing-specific advocates in our shelter program to help support our participants with navigating the oftentimes confusing and archaic housing systems they need to access for safety and stability after their shelter stays." One provider expressed the desire to hire a Qualified Mental Health Provider (listing high salary as a barrier), while another indicated that hiring and maintaining overnight staff to be the primary challenge. For some shelters, the Community Shelter Strategy staffing ratio goals would be sufficient, but not often realized due to call-outs, vacancies, and other factors.

Types of Shelter Desired by Providers

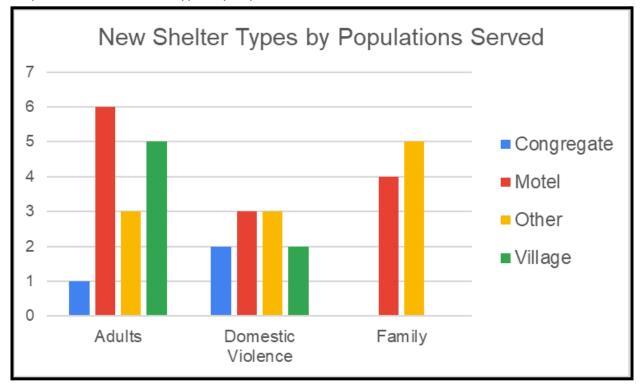
When asked about what type of shelters providers would like to see more of in Multnomah County, motel shelters were the most common response. Congregate shelters were the least common type respondents wanted to see more of.

Graphic 1.5: Desired Shelter Types



Graphic 1.5 Description: Vertical bar graph displaying shelter type vs. percentage of people in each category. Motel: ~63%, Village: ~36%, Other: ~36%, Congregate: ~13%. **Data from July 2024.

When aggregated by population served, Motel shelters still remained the most popular shelter type respondents would like to see more of. Several respondents also entered an additional text response (indicated as "other" below).



Graphic 1.6: New Shelter Types by Populations Served

Graphic 1.6 Description: Vertical bar graph displaying new shelter types by populations served. Adult System: One Congregate, Six Motels, Three Others, Five Villages. Domestic Violence System: Two Congregates, Three Motels, Three Others, Two Villages. Family System: Four Motels, Five Others.

Participant Acuity and Age in Shelters

We have also received feedback from shelter providers about increased participant acuity. Many individuals seeking shelter have increasingly complex needs, often due to disabilities that impact their ability to perform daily tasks. Shelters are often ill-equipped to handle these needs, which creates additional operational challenges. These observations are supported by recent research from the National Alliance to End Homelessness (NAEH, 2024), which identifies the rise in chronic homelessness (long-term or repeated experiences of homelessness coupled with a disabling condition) as a major contributor to the overall increase in homelessness.

^{**}Data from July 2024.

Within Multnomah County, the increasing number of individuals aged 55 and older who are experiencing chronic homelessness also presents a challenge. This older population often faces additional health complications and age-related vulnerabilities that require specialized support and care. The combination of increased acuity among shelter seekers and the rising number of chronically homeless individuals, especially older adults, underscores the need for comprehensive and targeted interventions.

Limitations of this Report

This report does have its limitations. It is important to acknowledge that there are important voices and perspectives missing from this report, along with some limitations around some of the data used.

Provider Data Limitations

Two surveys were included as data for this report, and neither was representative of the entire population of shelter providers in Multnomah County. The survey of shelter operations did gather a significant number of responses (38) from HSD-funded shelters, but it did not include responses from any non-HSD-funded shelters. Additionally, only one of these 38 shelters was a youth shelter, as the other HSD funded youth shelter is daytime only. The survey of providers interested in new and expanded shelters was open to a wider audience and yielded a total of 19 (valid) responses. Because this survey was targeted specifically at providers interested in expansion, there were several provider organizations whose perspectives were not included. Additional information was derived from a limited number of funding proposals, which is also not representative of all shelter providers in Multnomah County.

These surveys and proposals were very focused on specific topics, and were not intended to capture the abundance of experience and expertise that the providers in our community have. HSDhas received a wealth of provider feedback through informal avenues, such as regular meetings with providers and group discussions at gatherings like the HSD provider conference, that we were unable to include in this report. However, our staff actively uses that feedback to constantly improve our operations and adapt to new and ongoing challenges.

Lived Experience

Another limitation of this report is the clear lack of lived experience perspectives and voices of people experiencing homelessness in Multnomah County. HSD highly values the knowledge and perspectives of people who are currently experiencing homelessness or who have in the past. The HSD recognizes they have a unique understanding of the challenges and barriers to entering emergency shelter and housing. Their insights are essential in developing and implementing effective sheltering and housing strategies. HSD actively seeks opportunities to engage people with lived experience in its work, including through surveys, focus groups, and advisory boards. HSD believes that by incorporating these perspectives, it can better tailor its services and programs to meet the needs of those it serves. We also acknowledge that this community has been heavily researched, surveyed, and relied upon to generate data for

planning purposes. Additionally, we understand there are community partners who may be better equipped to work with people with lived experience to generate authentic results.

HSD is currently collaborating with the Homelessness Research Action Collaborative (HRAC) at Portland State University on a community-based research project that will elevate the expertise and perspectives of people experiencing homelessness in Multnomah County. The Pathways Project is being implemented with the guidance and support of a 15-person Lived Experience Committee assembled by HRAC. This two-part, mixed-methods project will include a survey of 400 people who are currently experiencing, or have recently experienced homelessness in Multnomah County. This is a first step toward identifying the most common pathways from homelessness to housing, and will be followed by a more in-depth pathway mapping of a smaller group of people who have recently moved into housing. This project may provide more insight into participant experiences at shelters, ways shelters can be improved, and the role shelters can and do play in helping people move out of homelessness and into housing. Future research and evaluation by HSD will continue to prioritize collaboration with people experiencing homelessness in our community.

Conclusion

How We are Doing

Overall, emergency shelters funded by the Homeless Services Department are doing well at aligning with nationally recognized best practices, and other successful strategies being implemented in similar communities in the United States. Continued expansion of a variety of shelter models and hybrid designs is being paired with targeted improvements at shelters currently in operation. However, there are some strategies the HSD should consider to continue this success and improve outcomes across the shelter system in Multnomah County.

While improving and expanding shelter to meet the urgent need of unsheltered homelessness is vital, the HSD continues to recognize emergency shelter as a temporary or interim strategy. Housing is the only real solution to homelessness, both for people currently experiencing homelessness and those struggling to remain housed. As affordable and subsidized housing options continue to expand, the need for emergency shelters will hopefully decline. The HSD is tasked with the challenge of finding the balance between these two strategies, and implementing them accordingly as the situation in our community continues to evolve.

Strategies for Improvement

There are several areas in which the HSD can continue to improve, including:

- 1. Identifying and filling gaps in resources and services at specific shelters
- 2. Making physical modifications to improve shelter outcomes
- 3. Creating unique shelter solutions for chronically homeless populations
- 4. Pursuing safe park options for people experiencing vehicular homelessness
- 5. Implementing harm reduction strategies to the extent possible
- 1. The HSD should continue to identify and fill gaps in resources and services at individual shelters, and continue to make targeted programmatic improvements to shelter models with less positive outcomes, to increase their effectiveness at helping people move into permanent housing. Additionally, the HSD should create quality benchmarks for shelter models and use targeted improvement strategies that prioritize ensuring resources are equitably disbursed. The HSD recently surveyed shelter providers about this topic, and

used that information to increase funding at certain shelter programs. More of these efforts are welcomed and encouraged. One of the most promising strategies in this realm is likely to add or increase the availability of housing case managers or navigators at shelter programs.

- 2. The HSD should continue to identify and implement physical modifications and updates at shelter sites that may reduce barriers to entry and increase successful exits to permanent housing. This includes strategies like implementing trauma-informed designs, a focus on safety, increasing privacy for participants, and creating additional storage solutions and/or minimum storage standards across shelters; to be included in the development of new shelter sites. While expanding shelter capacity, it is also important to continue making shelters in Multnomah County welcoming and appealing spaces, to ensure that as much of our shelter capacity is utilized as possible.
- 3. The HSD should continue to develop and implement strategies to address chronic homelessness and homelessness among older people, which present distinct challenges for shelter providers in Multnomah County. This issue is currently being addressed through ongoing efforts, such as Multnomah County's Homeless Mobile Intake Team⁴ and the Cross-Sector Case Conferencing Pilot⁵. As the HSD continues to focus on the needs of chronically homeless populations, they may also want to explore whether these populations require unique shelter solutions.
- 4. The HSD should continue to pursue the creation of a Safe Park for people experiencing vehicular homelessness, who are unable to access another shelter option. This approach has been shown to successfully connect people to services and resources in other similar communities, while people experiencing vehicular homelessness await a more suitable shelter or housing placement. The HSD should explore the current challenges and roadblocks to implement this strategy, and work to develop creative solutions. This strategy could create additional pathways for people experiencing homelessness to access services, provide safer spaces for people living in their vehicles, and reduce the presence and impact of vehicular homeless camps on neighborhoods and public spaces.
- 5. The HSD should continue to promote harm reduction practices to the extent possible, in an effort to decrease overdoses and health-related incidents at shelters. As the use of fentanyl and other substances continues to persist among

⁴ https://johs.us/story/homeless-mobile-intake-team/

⁵ https://sites.google.com/multco.us/cross-sector-case-conferencing/home

people experiencing homelessness, overdose deaths continue to be a major concern for people. Within the legal confines it is bound by, HSD should encourage providers to implement harm reduction practices as much as they are able. Many shelters already provide sharps containers, narcan for providers, and take additional measures to reduce the likelihood of negative health outcomes for people with substance use disorders staying at shelters. The HSD should encourage the continuation and expansion of these practices, to ensure the safety and success of shelter participants in moving into permanent housing.

Further Investigation

While the information gathered for this report provides useful insights into emergency shelters in Multnomah County, it also reveals an area for further research. This report discussed some high level and high impact aspects of shelter operations, such as staffing and case management. However, more detail on how specific shelter providers and programs operate may provide additional insights on how to improve individual shelters and the shelter system as a whole. This includes digging deeper into the specific factors that lead to better outcomes at shelters and understanding how recent changes to funding at shelters has influenced successful outcomes at those programs.

It is challenging to isolate the impact of specific factors, such as the availability of certain services or the presence of certain physical features, when these influences are intermingled within a variety of different shelter types. Separating the effects of a specific service model from other influencing factors is difficult within this context. Honing in on a group of shelters within a common model would make the identification of specific influencing factors much more achievable. In an effort to further identify the specific factors that lead to better outcomes at certain shelters in Multnomah County, an evaluation of affectiveness among common shelter types (e.g. an outcome evaluation of congregate shelters) may be conducted.

The Pathways Project is currently being implemented in partnership with the Homelessness Research & Action Collaborative at Portland State University. This mixed-methods, community-based research project aims to provide insight on how individuals experiencing homelessness in Multnomah County perceive and access homeless services, including different types of shelter. Combining this Lived Experience perspective with a deeper understanding of the inputs and outcomes of specific shelter service models will ideally contribute to the development and implementation of more effective, housing-focused shelter programs in Multnomah County.

Appendix: Shelter Types and Organization

The language around shelter types varies within the literature and between communities and organizations. The shelter system in Multnomah County is complex and diverse, with a variety of shelter types and models in an effort to meet the needs of different populations. The following sections will provide an overview of these systems of care and the different types of shelters in Multnomah County.

Specific counts of shelters, beds, units, etc. are as accurate as possible as of January 15, 2025. These numbers are currently increasing very frequently, and this document may not accurately reflect these counts beyond this date.

In this report the term bed is used to describe a space meant for a single individual to sleep, whereas a unit, room, or pod can and often does house multiple individuals. This can create confusion when discussing shelter capacity across shelter types, however the variance in unit type and capacity (e.g. a pod in a village with capacity for 1-2 individuals versus a room in a family shelter that has capacity for an entire family, with minor children) requires this distinction.

Systems of Care

At the HSD, shelters are organized based on the population they serve or the "system of care" that they fall into. The four main systems of care serve adults, youth, families, and survivors of domestic and sexual violence. Each system of care has its own unique needs and challenges, and shelters within each system aim to meet those specific needs. In addition to the four main systems of care, there are also a number of specialized shelters that serve specific populations, such as LGBTQ2SIA+ adults, veterans, and people with disabilities.

Adult shelters serve unaccompanied adults, including adults in couples and households with dependents 18 years or older. In Multnomah County there are currently 37 Adult shelter sites funded by HSD. Capacity at HSD-funded adult shelters ranges from 10-175 beds or units.

Family shelters serve adults with one or more minor children in their care, or pregnant adults in their third trimester. Families typically get a private room to themselves at either facility-based or motel shelters (more information about these shelter types below). In Multnomah County there are currently three Family shelter sites funded by HSD. Capacity at these shelters ranges from 18-50 rooms.

Youth shelters serve transition aged youth, 16-24 years old, who are unaccompanied by an adult. In Multnomah County there are currently two Youth shelter sites funded by HSD, and one shelter funded by DCHS. The DCHS shelter is where unaccompanied minor youth are referred to, though younger youth are occasionally served at the HSD sites. Both HSD-funded youth shelters have 30 beds. One operates on a nightly first-come first-serve basis, while the other is reservation-based for youth working with the Homeless Youth Continuum team.

Domestic and Sexual Violence (DSV) shelters serve individuals actively fleeing, or attempting to flee domestic violence, regardless of where someone is currently staying. In Multnomah County there are currently three DSV shelter sites funded by HSD. Capacity at these shelters ranges from 41-60 beds. The location of these shelters are not publicized for the safety of the participants.

Culturally Specific Shelters and Targeted Populations

Across Multnomah County, many shelters prioritize specific groups within the populations they serve. These include shelters that limit access to or prioritize women, BIPOC (Black, Indigenous, and People of Color), LGBTQ2SIA+ people, Veterans, people 55 years or older, and people with severe and persistent mental illness (SPMI). Culturally Specific Villages, which are part of the alternative shelter system, prioritize relationship-building by employing culturally-responsive services and maintaining continual knowledge of community resources and opportunities. Currently, the two culturally specific villages are the BIPOC Village and the Queer Affinity Village.

Shelter Types in Multnomah County

There are different shelter types funded by HSD, which are distinguished by facility type and service model. HSD assigns shelters into the following categories and uses these categories to distribute the management and oversight of contracts between teams that focus on each shelter category. There are some additional subcategories that do not appear in HMIS or have specific teams assigned but require exploration.

Congregate shelters serve single adults and in some cases couples. There are usually multiple adults per room, and people sleep on mats, cots, or bunk beds. There are sometimes rooms separated into more private areas. These shelters often have amenities like kitchens, bathrooms, showers, case management rooms, community spaces, clinics, and laundry rooms. This model has shelter participants sharing sleeping spaces and is often called the "traditional" shelter model.

In Multnomah County, there are currently 16 congregate shelter sites funded by HSD and at least two that are not currently funded by HSD. Capacity at congregate shelters ranges from 60 to 175 beds per site.

Alternative shelters (often referred to as "villages") contain single-room, standalone shelter units sometimes referred to as pods, which can shelter one to two adults. These pods usually have electricity, heating, cooling, lighting, windows, and locking doors, but no running water. Kitchen, bathroom, and shower facilities are located in a separate structure, and there are often also community spaces and services in an indoor or outdoor shared space. Alternative shelters also encompass micro-villages (usually less than 20 pods), Safe Rest Villages, and Temporary Alternative Shelter Sites (more detail about these models below). Services at alternative shelters often include on-site case management, physical and mental health services, and housing placement.

In Multnomah County, there are currently 14 alternative shelter sites funded by HSD and at least six alternative shelters that are not currently funded by HSD. Capacity at alternative shelters ranges from 10-100 pods.

Motel shelters are commercial motels or hotels that have been repurposed into shelters since the COVID-19 pandemic. Before 2020, hotel/motel sheltering in Multnomah County was limited to a newly opened family shelter and short-term, individual placements using client assistance funds. Many of these shelters were set up using pandemic-related funding, in an effort to keep medically fragile people safer and to help those who had contracted the virus to quarantine, and in response to reduced capacity in congregate shelters. Motel shelters continue to prioritize people in vulnerable populations, such as those who continue to have a higher risk for severe consequences from COVID-19 or who have chronic health or disabling conditions.

In Multnomah County, there are currently 11 motel shelter sites funded by HSD. Capacity at motel shelters ranges from 38 to 120 rooms. Two of these motel shelters are contracted through the Multnomah County Health Department. One motel shelter provides very short-term isolation shelter for people exiting the hospital or experiencing a communicable disease (like COVID-19).

Mixed Use or Hybrid Models

In Multnomah County, some shelter providers have begun to combine different shelter models together in an effort to serve a wider range of individuals and circumstances. Some examples of hybrid models include the Arbor Lodge shelter and the TASS site recently opened in North Portland. The Arbor Lodge shelter has both congregate beds and outdoor pods on-site, and the new TASS site will include alternative pods and

organized RV parking. Additionally, some of the DSV shelters have both congregate spaces and private rooms in what are referred to as "facility-based" shelters (shelters that have spaces with private rooms within a specific facility).

Disaster Resource Centers

Multnomah County Department of County Human Services, in partnership with Multnomah County Emergency Management, activates temporary shelters known as Disaster Resource Centers (DRCs) in the event of severe weather (hot or cold temperatures) and other emergencies. HSD acts as a partner supporting DRCs, and some HSD service providers operate DRCs as well. These shelters are designed to be very low-barrier and easily accessible. They offer warming and cooling center services, complete with adequate restroom facilities. When the County declares a Severe Weather event, these shelters help increase shelter capacity. DRCs can remain open 24 hours or close temporarily (e.g. cooling centers that are only open during the day), and in some cases remain open for multiple days in a row.

Day Centers

In addition to shelters that allow guests to stay overnight, there are also providers that operate daytime-only service centers to cater to the needs of homeless individuals during the day. These daytime facilities offer various services and amenities to support homeless individuals, ranging from basic necessities to specialized programs.

Day centers typically provide a safe and warm environment where individuals can rest, escape the elements, and access essential services. These locations may offer comfortable seating areas, lockers for personal belongings, and restrooms with showers. Some day centers also provide meals, snacks, and beverages to help individuals meet their nutritional needs. Some day centers offer a wider range of services and programs to address the complex challenges faced by homeless individuals, such as case management, housing assistance, employment training, substance abuse treatment, mental health counseling, and other support services.

In Multnomah County there are currently multiple day centers operated by various partner organizations. While day centers in Multnomah County are primarily intended to serve all homeless individuals, some facilities prioritize specific populations, such as women, children, families, veterans, and LGBTQ2SIA+ individuals. These facilities offer targeted services and programs to address the unique needs and challenges faced by these populations. One example is the Marie Equi Institute in SE Portland, which serves unhoused and low-income LGBTQAI2S+ people.

A few examples from Multnomah County include a resource center operated by Transition Projects Incorporated that offers restrooms, showers, laundry, haircuts, clothing, lockers, mail, ID & Birth Certificate support, computer lab, employment assistance, TB screening, Trimet tickets, food box vouchers, and brings in healthcare providers from partner organizations. Additionally, Blanchet House provides meals, clothing, and hygiene kits and New Avenues for Youth operates multiple day centers specifically for youth, which offer 24/7 access for youth ages 9-17. The Homeless Services Department is currently planning to open an additional day center in North Portland (in March of 2025), which will offer case management from peer providers, housing navigation assistance, hygiene services, limited meals and mailing address services.

City of Portland Shelter Models

These models were originally developed, and continue to be managed by, the city of Portland in partnership with HSD. These models are generally considered a type of Alternative Shelter by HSD.

Safe Rest Villages (SRVs) are a type of Alternative shelter, which utilize sleeping pods and shared access to community spaces, and are larger in size and capacity than micro-villages. These sites are meant to serve adults without children, and provide case management, wraparound behavioral health services, and additional services. One site operates as an RV Safe Park rather than using sleeping pods. The RV Safe Park offers a similar array of services to people currently living in an operational RV.

Temporary Alternative Shelter Sites (TASS) are another form of alternative shelter, which began operation in 2023. The second site recently opened, and incorporates RV safe parking in addition to sleeping pods. One of the most notable differences between this model and other alternative shelters in Portland is the larger capacity (more than 150 in each site), compared to the smaller number found in most other alternative shelters. These low-barrier sites originally provided a limited number of tent platforms in addition to sleeping pods, but these have since been removed and replaced with pods. Sleeping pods at these sites can shelter up to two people, and can have ADA ramps added to increase accessibility. TASS shelters aim to provide restrooms and showers (with some ADA-accessible restrooms), laundry access, community space for building connections and meeting with social workers, decompression areas, pet areas, storage space for personal goods, access to public transit/transportation, electricity (i.e., for phone charging), Wi-fi, designated parking areas, perimeter fencing, trash and hazardous waste removal, and livability enhancements like planter boxes and artwork.

Unique Shelter and Temporary Housing Models

The **Behavioral Health Resource Center** (BHRC) is a collaboration between the Multnomah County Health Department and HSD. Two floors of this five-story building serve as a day center for anyone who is houseless and experiencing addiction or mental health challenges. This day center is operated by the Mental Health & Addiction Association of Oregon. The BHRC also provides a limited number of overnight shelter beds, which are operated by a community provider (Do Good Multnomah). All referrals to the overnight shelter are made by the day center. The BHRC has a trauma-informed design and allows pets. They provide restrooms, showers, laundry, lockers, computers, charging stations, basic first aid, medical referrals, support groups, and clothing.

The **Rockwood Bridge Program** is a transitional shelter specifically for adults who are awaiting a Permanent Supportive Housing placement previously identified through the Coordinated Access process. This program is meant to help "bridge" the gap between other shelter types and permanent housing. The shelter provides ongoing behavioral health support, case management, resource navigation, and peer support.

Recuperative care facilities provide shelter and comprehensive services to low-income and homeless individuals following hospitalization. One example of this Central City Concern's Recuperative Care Program⁶, which has been operating since 2005. This program delivers critical medical services to homeless and low-income individuals after a hospitalization, including access to and support with healthcare, enhanced transitional housing, and complex care coordination and transition planning. They accept referrals from hospitals and outpatient community health settings, and require that participants be able to manage their daily activities, move themselves, and administer their own medications.

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⁶ https://centralcityconcern.org/health-care-location/recuperative-care/

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