



THE PATHWAYS STUDY:

Findings from Surveys of People with Recent Experience of Homelessness in Multnomah County

PSU Homelessness Research & Action Collaborative
for Homeless Services Department

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We send our sincere gratitude to all the participants who provided information, many of whom put significant time and thought into answering this survey. Sharing their experiences with strangers and being so open is a brave and bold decision for people whose circumstances are precarious. We do not take our responsibilities lightly (please see statement from the TREES committee below ¹) and dedicate this work to all the participants, and to all those still experiencing homelessness.

We also are extremely grateful to the Street Roots Ambassadors and support staff who collaborated with us to implement the survey, as well as all sites and services who hosted us and promoted the study.

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The views expressed here do not necessarily reflect the viewpoints, recommendations or policies of Multnomah County and/or the Homeless Services Department.

¹ The Transformational Research for Equity and Experience in Shelter (TREES) committee is a group of people with lived experience of homelessness who guided this study. Their role and contributions are described in more detail in Chapter 1.

Statement From TREES, the Pathways Lived Experience Research Committee

We, the TREES committee, are all people with various types of lived experience of homelessness. Research is strongest when it is done with the community, not about it. We've learned the power in intentionally and decisively collecting and presenting data in a way that honors our fight for the issues that are close to our hearts, a fight for basic, HUMAN, dignity.

As people who have experienced homelessness, this study has been deeply personal. This is about more than just collecting data—it's about giving a voice to people whose experiences are often overlooked, misunderstood or spoken about instead of listened to. It's important to give those who are experiencing homelessness the opportunity to be a part of the conversations that shape the systems meant to support them.

No two stories or perspectives are the same; therefore, diversity matters when compiling information that affects the solutions and resources that effectively work for a community.

This survey, though comprehensive, is only one part of an exceedingly tangled web. We hope that this report can be used in tandem with relevant community feedback. These are the real experiences of real people: their real pain, struggles, and suffering.

Do not let these words, numbers, figures, and graphs in a neatly formatted document water down the reality that homeless people live each day. The emotional labor it took to share, record, and amass these data was sizable, and this report should be read with appreciation and a determination to continue the fight to help our fellow human beings.

Sweeps are dehumanizing, harmful, and traumatizing. Help for homeless communities should include mental health workers, not law enforcement, and providing safety should be a top priority. We are all one circumstance away from losing everything. If we all cared for one another with good intentions, homelessness would be eradicated.

May we pause together to reflect on the impact of homelessness in our communities and to honor the lives lost far too soon. We remember the individuals we have met, the relationships formed, and the stories entrusted to us. We carry these memories as souvenirs, and our lived experiences combined become a collage of bravery and humility and respect. Everyone, housed or unhoused, is the same in wanting to be safe and secure in their living situation. We are all human and need to be treated with dignity.

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TABLE OF CONTENTS

| | |
|--|-----------|
| KEY FINDINGS FROM SURVEYS OF PEOPLE WITH RECENT EXPERIENCE OF HOMELESSNESS IN MULTNOMAH COUNTY: THE PATHWAYS STUDY | 7 |
| CHAPTER 1 INTRODUCTION AND METHODOLOGY | 12 |
| STUDY OVERVIEW | 13 |
| <i>Leadership by Those With Lived Experience of Homelessness: The Transformational Research for Equity and Experience in Shelter (TREES) Committee</i> | 14 |
| <i>Research by People With Lived Experience of Homelessness In Portland</i> | 16 |
| <i>Report Overview</i> | 17 |
| METHODOLOGY AND DATA COLLECTION: SURVEYS WITH INDIVIDUALS WHO EXPERIENCED HOMELESSNESS IN MULTNOMAH COUNTY | 18 |
| <i>Literature Review</i> | 18 |
| <i>Survey Instrument</i> | 19 |
| <i>Sample and Recruitment</i> | 20 |
| <i>Data Collection</i> | 22 |
| <i>Data Management and Analysis</i> | 23 |
| <i>Equity Analyses</i> | 26 |
| <i>Limitations and Interpretation Notes</i> | 27 |
| CHAPTER 2 PROFILE AND EXPERIENCES OF HOMELESSNESS IN MULTNOMAH COUNTY | 28 |
| DEMOGRAPHIC CHARACTERISTICS OF THE SURVEY SAMPLE | 28 |
| <i>Comparison to Other Multnomah County Data Sources</i> | 32 |
| DURATION AND LOCATION OF HOMELESS EXPERIENCE | 34 |
| <i>Current Living Locations and Relocations</i> | 35 |
| <i>Locations Slept</i> | 36 |
| EQUITY ANALYSIS: DIFFERENCES IN EXPERIENCES OF HOMELESSNESS BY SUBGROUP | 38 |
| REASONS FOR HOMELESSNESS AND PLACE LAST HOUSED | 39 |
| <i>Reasons for Current Homelessness</i> | 39 |
| EQUITY ANALYSIS: DIFFERENCES IN CAUSES OF HOMELESSNESS BY SUBGROUP | 42 |
| <i>Location Last Housed</i> | 43 |
| CHAPTER 3 PARTICIPANT GOALS AND HOUSING PREFERENCES | 44 |
| PARTICIPANTS OVERWHELMINGLY WANT PERMANENT HOUSING | 44 |
| <i>The Meaning of “Permanent and Stable Housing”</i> | 45 |
| DESIRED FEATURES AND SUPPORTIVE SERVICES IN IDEAL HOUSING | 46 |
| “DEAL-BREAKERS” TO ACCEPTING HOUSING | 48 |
| EQUITY ANALYSIS: “DEAL-BREAKERS” BY SUBGROUP | 50 |
| WHERE PEOPLE WANT TO LIVE | 51 |
| <i>Priorities for Ideal Living Location</i> | 51 |
| <i>Where People Want to Live – and Why</i> | 52 |
| WORRIES ABOUT HOUSING | 54 |
| CHAPTER 4 BARRIERS TO ACHIEVING HOUSING GOALS | 56 |
| BARRIERS TO HOUSING | 56 |
| EQUITY ANALYSIS: BARRIERS TO HOUSING, BY SUBGROUP | 58 |

| | |
|---|------------|
| <i>What Do You Need to Move Into Housing?</i> | 59 |
| SPOTLIGHT: IMPACTS OF INVOLUNTARY DISPLACEMENT | 62 |
| INVOLUNTARY DISPLACEMENT IN MULTNOMAH COUNTY | 64 |
| FREQUENCY OF INVOLUNTARY DISPLACEMENT | 65 |
| <i>Who Tells People an Involuntary Displacement Will Happen/Is Happening?</i> | 66 |
| IMPACT OF INVOLUNTARY DISPLACEMENT | 67 |
| EQUITY ANALYSIS: IMPACT OF INVOLUNTARY DISPLACEMENT BY SUBGROUP | 68 |
| IN THEIR OWN WORDS: PARTICIPANT ACCOUNTS OF INVOLUNTARY DISPLACEMENT | 69 |
| CHAPTER 5 WHAT SUPPORTS PEOPLE WHILE THEY ARE EXPERIENCING HOMELESSNESS? | 71 |
| WHAT SERVICES DO PEOPLE HAVE ACCESS TO, AND HAVE THE SERVICES HELPED? | 71 |
| <i>Helpful and Unhelpful Services</i> | 73 |
| <i>Unmet Service Needs</i> | 74 |
| WHO DO PEOPLE ASK FOR HELP? | 75 |
| EQUITY ANALYSIS: DIFFERENCES IN WHO PEOPLE ASK FOR HELP, BY SUBGROUP | 80 |
| THE ROLE OF SHELTER | 81 |
| CHAPTER 6 EXAMINING DIFFERENT PATHWAYS THROUGH HOMELESSNESS | 84 |
| EXPLORING DIFFERENCES BY HOUSING STATUS | 85 |
| <i>Differences in Demographic Characteristics by Housing Status</i> | 89 |
| <i>Differences in Location of Experience by Housing Status</i> | 89 |
| <i>Desired Housing and Deal-Breakers</i> | 94 |
| <i>Services Used, Unmet Needs, and Who People Ask for Help</i> | 94 |
| DIFFERENCES AMONG THOSE NEWLY EXPERIENCING HOMELESSNESS | 95 |
| <i>Service Needs, Barriers, and “Deal-breakers”</i> | 95 |
| CHAPTER 7 CONCLUDING INSIGHTS AND FUTURE CONSIDERATIONS | 97 |
| PERMANENT HOUSING | 97 |
| FINANCIAL STABILITY | 98 |
| DAILY INSTABILITY | 99 |
| SERVICES | 100 |
| <i>Financial Resources</i> | 100 |
| <i>Professional Services</i> | 100 |
| <i>Food and Hygiene</i> | 101 |
| <i>Health Services</i> | 101 |
| SHELTERS | 103 |
| RELATIONSHIPS | 104 |
| DIFFERENCES BETWEEN PEOPLE AND POPULATIONS | 105 |
| LIVED EXPERIENCE PARTNERSHIP | 106 |
| FINAL THOUGHTS | 107 |
| REFERENCES | 108 |
| APPENDICES | 116 |
| APPENDIX A: SURVEY INSTRUMENT | 116 |
| APPENDIX B: SUPPLEMENTARY MATERIALS FOR CHAPTER CONTENT | 127 |

List of abbreviations used in this report

| | |
|-------|---|
| AIAN | American Indian and Alaska Native |
| BDP | Biostatistics & Design Program |
| BNL | By-Name List |
| BIPOC | Black, Indigenous, and People of Color |
| HRAC | Homelessness Research and Action Collaborative |
| HSD | Homelessness Services Department — Multnomah County |
| MENA | Middle Eastern or North African |
| OHSU | Oregon Health and Science University |
| PIT | Point in Time Count |
| PSH | Permanent Supportive Housing |
| PSU | Portland State University |
| SHS | Supportive Housing Services, usually referring to the Metro Supportive Housing Services Measure |
| SSDI | Social Security Disability Income |
| SUD | Substance Use Disorder |
| TREES | Transformational Research for Equity and Experience in Shelter |

Terms used in this report

| | |
|---------------------------|---|
| Doubled up | Individuals and families living with others out of necessity rather than choice, without a lease agreement. |
| Housed | Living in habitable housing where the occupants pay rent or are on the lease. |
| Involuntary displacement | The mandated dispersion of people living outside, also known as “sweeps,” “campsite abatement,” “encampment removal,” and other terms. For rationale on the use of this term, please refer to the corresponding section in Chapter 4. |
| Sheltered (within system) | Sleeping in a managed shelter location, including safe rest villages and transitional housing programs. |
| Sheltered (non-system) | Primarily sleeping in an unmanaged, temporary, indoor arrangement like a hotel room or couch surfing. |
| Unsheltered | Sleeping outside or in a space not meant for human habitation, like a car or abandoned building. |

KEY FINDINGS FROM SURVEYS OF PEOPLE WITH RECENT EXPERIENCE OF HOMELESSNESS IN MULTNOMAH COUNTY: THE PATHWAYS STUDY

As historic levels of funding to resolve and prevent homelessness draws down in Multnomah County, entities providing homeless services want to know the most effective ways of supporting people experiencing homelessness. The “Pathways” study aims to help answer that question. Through surveys and interviews, we sought to understand how people navigate their lives while homeless, and in particular how they interacted with homeless services. Overall, the findings reinforce what previous studies have found: people want housing, need housing to be affordable and within their means, and value helpful effective services. This report presents findings from surveys with 541 people with recent experiences of homelessness in Multnomah County. It will be followed by a second report in Summer 2026 that includes findings from in-depth interviews, looking more deeply at specific pathways through homelessness.

1

For people who are experiencing homelessness, their goals related to housing are consistent and straightforward. Participants want housing that meets their basic needs and that they can afford.

- **98% of participants want permanent housing.** Importantly, people want **housing they can afford**. People’s greatest worries about moving into housing involve not being able to continue affording it and losing it again.
- People’s housing goals are simple: **most just want housing—any housing**. Participants showed willingness to accept a range of restrictions that we called “deal-breakers” in order to obtain housing. The most desired housing features included: **housing that meets their basic needs for safety, shelter, hygiene, and sustenance, and where their family and friends can visit**. This was reiterated over and over across our questions, and was consistent across subgroups.

2

Affordable housing – and addressing the gap between incomes and basic costs – are the greatest needs and barriers to housing. People worry that if they do get housing, they will not have enough money to keep it.

- **Access to affordable housing remains the greatest need by far.** Money to pay for housing and other living expenses was consistently the top-ranked need and problem people face. Affordability was the top ranked cause of homelessness, the greatest barrier keeping people from moving into housing, and the thing that people worry most about. People are also interested in job training and connections that would provide incomes that could better enable them to support themselves.
 - People who were currently housed reported better access to rent and financial assistance, suggesting that these services are helping people when they can be accessed.
- **Participants experience notable instability, characterized by frequently changing sleeping locations.** People experiencing homelessness did not stay in one place. They moved frequently—an average of 5.6 times in the last 6-12 months, and more for some populations. They moved in and out of shelter and friends' homes, and changed where they slept outside.

3

People working towards their housing goals are impeded by ongoing instability due to frequent moves, including by involuntary displacement (i.e., sweeps). Involuntary displacements increase instability, cause harms, and create new barriers to ending participants' homelessness that counteract investments in effective housing services.

- **At least 40% of participants experienced at least one involuntary displacement** in the last 6-12 months. Of these, 48% have been displaced more than 10 times.
 - 86% reported losing personal items including clothes, tents, and food.
- **Involuntary displacements resulted in losing connections to housing services, creating new barriers for participants working to end their homelessness.** Nearly 50% lost connections with people supporting them. Additionally, participants reported lost connections to housing services workers and/or a housing appointment.
 - **Participants described significant, and in one instance fatal, negative physical and emotional consequences of involuntary displacement**, including losing medical supplies and medications, missing medical appointments and/or losing connection with hygiene services, and experiencing trauma, anger, and fear.

4

Specific needs of different groups are overshadowed by the pressing affordability barriers reported by everyone. Understanding differences is important because they point to specific needs that groups have that would become more noticeable if the near-universal needs were addressed. Here are some examples, and others are identified throughout the report.

- **Gender:** Women reported domestic or intimate partner violence as a cause of homelessness at a higher rate than men.
- **Shelter use:** Many people reported interacting with the shelter system, but only a third reported that this is where they stayed most often.
- **Doubled up:** Forty percent of the sample reported sleeping doubled up at some point in the study. People who reported that this is where they stayed most were more likely to be female, 55 years of age or older, and/or experiencing homelessness for the first time.
- **Housed population:** About 80% of people who moved from homelessness into housing in the last 12 months reported feeling stable. People who were housed during the study period reported better access to financial and housing services and better access to mental and physical healthcare, likely due to increased stability as a result of becoming housed.
- **Disabilities:** People reporting disabilities experienced a longer duration of homelessness, faced more barriers to housing, and had more service needs than the overall population.
 - People reporting substance use disorder reported wanting services to manage and treat their substance use, but importantly, **did not want their housing to be contingent on their use of and success with these services.**
- **First-time homeless versus chronic homeless:** People reporting experiencing homelessness for the first time reported fewer barriers to housing and fewer deal-breakers to accepting housing—their concerns were almost entirely financial. In contrast, people with longer durations of homelessness reported more barriers to housing and more deal-breakers.

5

People who are experiencing homelessness are supported by services that provide for their basic needs—including food and hygiene services. Their greatest unmet needs include legal assistance and help finding jobs.

- **The most used and helpful services are those that meet people’s basic needs.** People who are and have recently experienced homelessness reported using hygiene services and finding them helpful. Food access and accessing government benefits were also ranked as highly used and helpful.
- **Food insecurity is a pressing issue for all populations including housed participants.** Food access is the service people reported using most, and the service they reported was most helpful. Food access was in the top three housing supports desired for all populations, including housed populations, underscoring that support for basic needs is still important after people move into housing.
- **Unmet service needs include legal assistance and job training and searches.** Almost half of participants reported that they are currently seeking employment. Help to manage a disability was also frequently identified as an unmet need.

The findings from this report make clear that people experiencing homelessness know what they need to obtain and sustain permanent housing. While many are actively seeking support and can access some services, critical gaps remain, with many services either unavailable or ineffective. At the same time, practices such as involuntary displacement actively undermine progress and investments in housing services, and counteract effective interventions. A stronger response requires maintaining what works, urgently improving what does not, and prioritizing approaches that directly support permanent housing, financial stability, and reducing the negative impacts of homelessness for people who remain unhoused.

CHAPTER 1

INTRODUCTION AND METHODOLOGY

In the last decade, the number of people experiencing homelessness in Multnomah County has increased. As of 4/6/2026, the County’s Homeless Services Department (HSD) estimates that 17,942 people are experiencing homelessness². Funding increases over the last ten years have made more homeless services available. Multnomah County continues to evaluate and research how to most effectively address the needs of people experiencing homelessness to best prevent and resolve homelessness.

As part of this evaluative work, HSD partnered with Portland State University’s Homelessness Research and Action collaborative (HRAC) to understand people’s experiences while actively homeless or recently housed. The study touched on a many topics with a specific emphasis on peoples’ experiences with homeless services. Dubbed the “Pathways” study, we spent 9.5 months surveying and interviewing 541 people. In this report, we share the findings from the survey. A mixed methods report integrating findings from interviews with the survey data will follow in Summer 2026.

² Data current as of January 2026 from HSD data dashboard: <https://hsd.multco.us/data-dashboard/>

STUDY OVERVIEW

The Pathways study seeks to understand the factors that influence how individuals move through the homelessness system in Multnomah County and explore the role of services in that process.

The Pathways study adopted a mixed-methods approach, undertaken in two phases. The first phase involved in-depth surveys with people who have recently experienced unsheltered and sheltered homelessness within the past year (2024–2025) in Multnomah County, Oregon. The second phase involves detailed interviews and journey mapping with people who have recently experienced homelessness to further explore the context of various “pathways” through the system.

RESEARCH QUESTIONS

The research questions explored across both phases are:

1. What goals do people have relating to housing and shelter?
2. What supports/impedes people in working towards those housing and shelter goals?
3. What supports people while they are living on the street?
4. How do socio-demographic factors influence or change people’s needs, priorities, and goals (i.e., responses to previous questions)?
5. What do pathways through homelessness look like?

The study underwent review and approval from the Portland State University Institutional Review Board and was funded by the Homelessness Services Department of Multnomah County (formerly the Joint Office of Homeless Services) with support from the Institute of Metropolitan Studies and the OHSU-PSU School of Public Health at Portland State University.

LEADERSHIP BY THOSE WITH LIVED EXPERIENCE OF HOMELESSNESS: THE TRANSFORMATIONAL RESEARCH FOR EQUITY AND EXPERIENCE IN SHELTER (TREES) COMMITTEE

As scholars, we believe that the people who know their lives and needs best, and who will be most impacted by homeless policy and programmatic decisions, are people who are experiencing or have lived experience of homelessness. Academic research supports this. Collaborating with people who have lived experience of homelessness is becoming a best-practice for homeless service design and implementation. Hiring people with lived experience as peer mentors and other providers is one way to ensure representation and engagement. Another approach is to develop steering committees that include, or entirely consist of, people with lived experience of homelessness. No matter the form, engaging those with lived experience has successfully resulted in improving homeless policies, services, and research practices (Abrahams et al., 2015; Ponder et al., 2024). Including input from lived experience committees has been found to improve transparency, reduce harm, and contribute to community empowerment (Conte & Zapata, 2025; Fuentes-Salgado et al., 2025; Lazarus et al., 2014; Ponder et al., 2024; Tariq et al., 2023).

The Pathways study is guided by people who have lived experience of homelessness in various ways. We intentionally incorporated lived experience to enact a commitment to equity and power-sharing across the entire study process. Primarily, the study is co-designed by a committee of 17 individuals from a wide variety of backgrounds, all who have lived experience of homelessness, called the TREES (Transformational Research for Equity and Experience in Shelter) Committee. The TREES committee members represent diverse identities, come from different age and gender groups, and have different experiences of homelessness. All TREES members were paid for their time on this project.

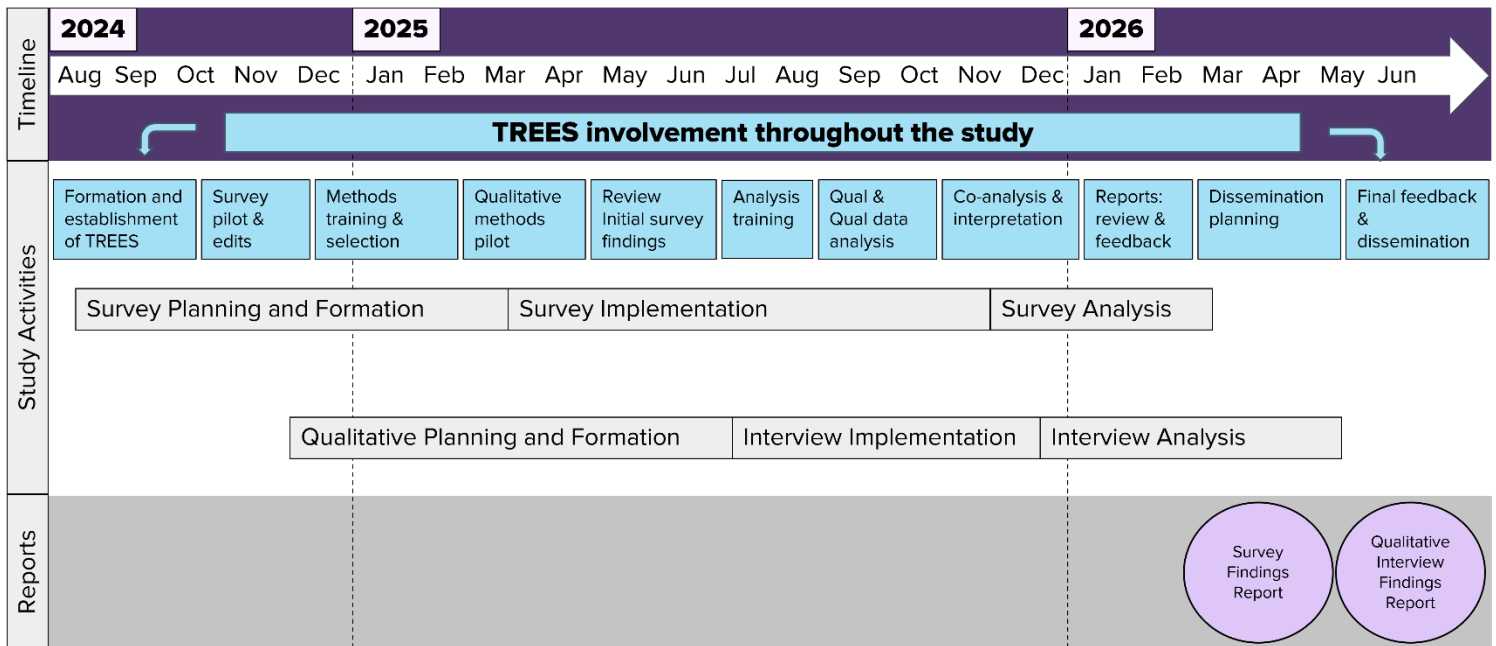
The TREES committee was recruited via online postings and referrals in August 2024. We intentionally prioritized Black, Indigenous, and People of Color (BIPOC) individuals in our recruitment in an effort to increase equitable representation on the committee. All TREES members received training in research ethics, methods, data analysis, and how to recognize bias in research.

We have met with the TREES committee once a month for two hours beginning in September 2024. During these meetings, we have workshopped research ideas, designed data collection instruments, analyzed and interpreted data, and developed recommendations. Attending monthly meetings was the minimum requirement for participation, but there have been additional meetings and study activities in which members could choose to participate. Many TREES members participated in data collection and undertook additional analysis, and

presented early findings to various audiences. TREES members were integral in informing the questions that were included in the survey instrument, and they piloted all aspects of the study from a lived experience perspective before the survey was distributed to the general community.

In addition to TREES, we collaborated with Street Roots and their team of Vendor Ambassadors. Street Roots is a local nonprofit organization that publishes a weekly newspaper sold by people experiencing homelessness and poverty to earn an income. Their Ambassador program provides training and employment in outreach and research activities, and they have been involved in implementing surveys for several local studies. Street Roots Ambassadors participated in piloting the survey and providing feedback on the survey design and recruitment procedures. They also participated in survey events, collecting data, and sharing insights with the researchers about the process of data collection and interpretation. We purposefully recruited, supported, and integrated the TREES committee and Street Root Ambassadors into the Pathways study to ensure there were many opportunities for a range of voices of lived experience to have input into the study.

Figure 1.1 Timeline of study activities including TREES involvement



RESEARCH BY PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS IN PORTLAND

People who are navigating homelessness are experts in their wants and needs. Their knowledge about causes, barriers, and trustworthy, useful services, organizations, and supporters is hard-won and acutely contextual, reflective of the particular geographies and locales they navigate. From researchers and advocacy organizations to people with experiences of homelessness themselves, many voices have and continue to uplift this important knowledge source.

When the Pathways study first started, several of the authors were already collaborating on a Portland-based participatory action research study conducted by two grassroots housing justice organizations, Sisters of the Road and the Welcome Home Coalition. We were closely involved in designing survey questions and consulting on the methodology, which involved people with lived experience in all aspects of the study design. When the time came to develop the Pathways survey, we purposefully designed it to complement and add to the research we knew was already happening in much of the same places and with the same populations. In 2025, the Finding Home report was published (Welcome Home Coalition, 2025). The report findings detail what people experiencing homelessness want: “permanent housing they can afford, with the support and freedoms that make it possible to stay housed.”

Several of the questions asked by the Pathways study mirror questions in the Finding Home study: this is purposeful. Our aim was to contribute to the mounting body of evidence about what people with lived experience say they want. Also, we purposefully did not ask some questions about types of housing preferences because we knew they were asked by the Finding Home study.

Taken together, these two studies provide complementary and compounding evidence of the priorities and needs of people experiencing homelessness: to gain housing they can afford that meets their needs for security, stability, and companionship; and that the primary barrier is affordability. Together, they add to an increasing evidence base of studies led by or involving people with lived experience of homelessness that represent their experiences and priorities, in their own voices (Abrahams et al., 2015; Housekeys Action Network Denver, 2023; Padwa et al., 2023; Ponder et al., 2024; Townley et al., 2022; Welcome Home Coalition, 2025).

REPORT OVERVIEW

In this report, we present findings from the in-depth surveys conducted in Phase 1 of the study. A further report expanding these findings and incorporating qualitative interview data will be released in Summer 2026. This report presents the story of current experiences of homelessness in Multnomah County from the survey. We examine each research question listed above.

In this chapter (Chapter 1), we provide details of our methodology including survey development, participant recruitment, and analyses procedures. We then provide a description of the study's participants and describe their experiences of homelessness (Chapter 2) and report people's goals and preferences for housing and supportive services (Chapter 3). In Chapter 4, we explore barriers that keep people from achieving their housing goals. Chapter 4 also includes a special section that provides an in-depth look at experiences and impacts of involuntary displacement – otherwise described as “sweeps.” Next, we describe how current services and people provide support to people while they are experiencing homelessness (Chapter 5). Within each chapter, sections titled “Equity Analysis” describe differences in responses by key demographic factors (i.e., race, age, gender, disability, and age). Finally, we conclude by examining key differences in responses between people who were sheltered, unsheltered, and housed at the time of the survey for insights on how these groups may receive services and how these services may support them (Chapter 6). Chapter 6 also explores differences among people newly experiencing homelessness. We offer interpretive insights and conclusions in Chapter 7.

METHODOLOGY AND DATA COLLECTION: SURVEYS WITH INDIVIDUALS WHO EXPERIENCED HOMELESSNESS IN MULTNOMAH COUNTY

LITERATURE REVIEW

Prior to beginning the Pathways project, we reviewed literature examining pathways through homelessness, the impact of lived experience, and survey methodologies. We examined peer-reviewed literature and grey literature (including reports published by governments, community organizations, policy papers, and conference proceedings reports) to inform our methodological approach. We searched databases to identify previous research that examined pathways through homelessness with a focus on learning how past research has been conducted to explore this topic. Several articles informed our survey approach, such as survey format (e.g., multiple choice vs. open-ended questions) and dissemination techniques (e.g. electronic delivery) (Bender et al., 2014; Kuhn et al., 2022, 2023; Kushel & Moore, 2023). Several of these studies explored a longitudinal approach to examining participant pathways through homelessness, and these methods were adapted to fit our needs and timeframe (Henwood et al., 2023; North et al., 2012). Previous research gave insights into best practices for exploring participant pathways through homelessness and guided our choices when creating the quantitative survey questions, such as those concerning housing preferences (O’Connell et al., 2006). As previously discussed, some of the questions were informed by or designed to complement the local Finding Home survey (Welcome Home Coalition, 2025). Although no external instruments were used in the current survey, questions were informed by the California Statewide Study of People Experiencing Homelessness (Kushel & Moore, 2023), the Portland Tri-County Point in Time Count (Zapata et al., 2025), and the State of Oregon’s race, ethnicity, spoken and written language, and disability (REALD) and sexual orientation and gender identity (SOGI) standards.

Our literature review also informed us how to incorporate people with lived experience into all stages of the study process, with a focus on involvement in methodologies and ethical research practices. Previous research suggested several best practices, such as ensuring adequate payment for participation in the creation of study materials, ensuring meaningful engagement for people with lived experience, and making concrete changes according to suggestions from lived experience committees (Ponder et al., 2024; Pratt, 2021). Previous research also discussed the importance of avoiding tokenism and exploitation when working with people with lived experience (Ponder et al., 2024). Maintaining flexibility and avoiding academic jargon were also highlighted as best practices (Abrahams et al., 2015), and we utilized these insights to inform our methodological approach. Our own previous research informed our collaborative approach

to working with the committee by ensuring that meetings were carefully designed, highly interactive and thoughtfully facilitated to ensure many opportunities and forms by which members could share their knowledge and expertise (Conte et al., 2024, 2026; Conte & Davidson, 2020). Given that previous research tends to overlook community involvement in analysis and interpretation work, we developed new techniques and approaches to facilitate knowledge co-production with TREES committee members. Overall, our review of the literature underscores the importance of incorporating lived experience into each aspect of the study, including survey questions formation, survey enumeration, and report generation.

SURVEY INSTRUMENT

We developed a 57-question survey to explore the research questions. Organized in five sections, the survey topics include: 1) details of current situation (i.e., where the participant is currently living, length of homelessness this time, length of total homelessness, if this was their first time homeless, etc.), 2) demographics, 3) use and helpfulness of homelessness services, 4) experience with involuntary displacements, and 5) housing interests and preferences. Survey questions are available in Appendix A.

The time it took to complete the survey varied, with the median time at about 24 minutes. Some respondents, especially those working with TREES or Street Roots Ambassadors, spent substantial time, as much as an hour, completing the survey as rapport was built and participants provided in-depth explanations to questions. To reduce survey fatigue for the unhoused population, sections 4 and 5 were offered as optional questions that individuals could opt in to answer. Most participants opted to complete these questions, which demonstrates a high degree of engagement in the survey process, despite its length.

The survey was created in Qualtrics survey software. Multiple rounds of validation testing and revisions were conducted with TREES members and collaborating partners (including Street Roots and HSD staff), and the survey was pilot tested at two sites, including a public library and a day service site.

Surveys were professionally translated into Spanish, and a Spanish version was available on Qualtrics. Twelve surveys were taken in Spanish (2% of the sample), and the rest were taken in English.

SAMPLE AND RECRUITMENT

Because we are interested in understanding various pathways through the homeless system, we intentionally recruited people who were living unsheltered, people currently living in shelter, and people who recently exited homelessness (i.e., people who have moved from homelessness into housing in the last 12 months). The main focus of this report is on findings from the full sample which includes the housed and unhoused samples combined. The rationale for this is that these populations are more alike than not; we report on these similarities throughout the report. We provide a more in-depth discussion of differences between responses based on housing status in Chapter 6.

To be eligible to participate in the survey, individuals had to meet the following eligibility criteria: 1) 18 years of age or older, 2) currently experiencing homelessness or if housed, experienced homelessness in the last 12 months, and 3) must have experienced homelessness in Multnomah County during this period. Additionally, participants had to speak and/or read English or Spanish and could only take the survey one time. Participants who completed the survey were given a \$10 Visa gift card (in person, or via mail for housed participants). We also provided an assortment of snacks and hygiene supplies at in-person surveying events.

To attend to disparities experienced by different populations and reflected in homelessness research (National Alliance to End Homelessness, 2025; Olivet et al., 2021; Richards & Kuhn, 2023; Tsai & Lampros, 2024; Wilson et al., 2020), we purposefully sought to recruit of people identifying as BIPOC, women, and gender expansive identities. We prioritized sites and services that intentionally provided services to BIPOC, female, and gender expansive subgroups. In the field, we attempted to prioritize BIPOC and women/gender expansive populations by asking organizations to first refer these populations to us, and/or TREES members/Ambassadors intentionally approaching people from these groups first. This was challenging given our limited capacity and people's strong interest in the survey (largely driven by the \$10 incentive).

To ensure we reached people living unsheltered but unlikely to connect with day service sites, Central City Concern allowed us to accompany them during outreach. This population was expected to be living with more challenges managing their behavioral health and/or substance use disorder.

We experienced challenges identifying and recruiting people who had recently moved into housing. To maintain confidentiality of participants, HSD connected researchers with service coordinators at housing sites via email to promote the survey. Because we could not contact eligible participants directly, we had to rely on coordinators across various organizations to promote the study across many sites, each often housing only a few participants that met our

eligibility criteria. As such, it was a more involved and time-intensive process to identify and recruit eligible participants across many housing sites, whereas for the unhoused sample, we easily recruited people at central service locations where many eligible people would gather at once. Our recruitment approach for each sample is described below.

Unsheltered/Sheltered Sample: Sites that provide services to people experiencing homelessness were identified across Multnomah County. We selected sites both to achieve the best geographic coverage and by demographic profile of people served at the site to ensure a diverse sample across demographic domains and experiences of homelessness. We approached sites directly to invite participation and to coordinate a day and time to conduct surveys. Once at the site, surveys were conducted on a first-come, first-served basis. We surveyed at nine day service sites, eight shelters (including congregate shelters, transitional apartments, pod villages, and RV sites), two apartment buildings, one assisted living site, and one public library, and conducted one street outreach event (see Table 1.1 and Figure 1.2).

Housed Sample: To reach people who had recently moved into housing (in the last 12 months) we sent targeted emails to housing providers across Multnomah County and announced the survey in the HSD newsletters. HSD also sent emails to housing providers, providing flyers and links to share with residents. TREES members visited 25 housing sites to promote the study by meeting with residents and staff, helping people complete the survey, and providing flyers that included QR code links for residents to complete the survey online.

Table 1.1 Sites characteristics where surveys were conducted or promoted

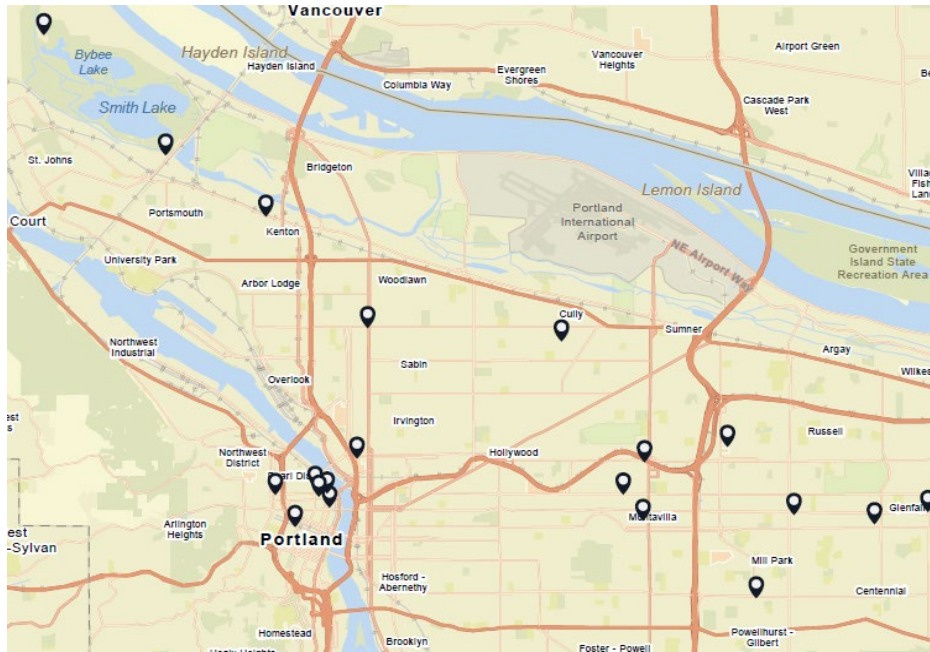
| Site Information | Number of sites (N=47) n | Number of completed surveys ¹ (N=553) n (%) |
|--|--------------------------------|--|
| Site Type | | |
| Day center | 9 | 250 (45.2%) |
| Congregate shelter | 3 | 88 (15.9%) |
| Transitional housing | 1 | 11 (2.0%) |
| Pod Village / Temporary Alternative Shelter Site | 4 | 60 (10.8%) |
| Public library | 1 | 15 (2.7%) |
| Street outreach event | 1 | 12 (2.2%) |
| Apartment Building (provided flyers, no survey events) | 25 | 91 (16.5%) |
| Apartment Building/Assisted living (survey events) | 3 | 26 (4.7%) |
| Geographic location, in-person survey events only | | |
| Total | 22 | 425 |
| North Portland | 3 | 96 (20.8%) |
| Northeast Portland | 8 | 126 (27.2%) |
| Northwest Portland | 5 | 166 (35.9%) |
| Southeast Portland | 4 | 47 (10.2%) |
| Southwest Portland | 2 | 27 (5.8%) |
| ¹ Total exceeds final sample size due to incomplete surveys and other field-related discrepancies. These numbers are derived from survey metadata and compared with the tracking forms for gift cards we distributed. Overall, the sample is notable for the high degree of correspondence between survey instances and gift cards distributed. | | |

DATA COLLECTION

Data were collected from March 11 through December 31, 2025.

Unsheltered/Sheltered Sample: For people currently experiencing homelessness, we collected most data in person at the sites described above. These events were attended by trained TREES members or Street Roots Ambassadors with lived experience of homelessness who acted as enumerators. Enumerators facilitated recruitment and supported people in taking the survey on provided tablets or individuals’ cell phones (where the survey was accessed via QR code). While we did not collect identifiable information in the survey, we did collect people’s names for gift card distribution and tracking. Because in-person data collection was highly facilitated, we are reasonably confident that each response reflects a unique individual.

Figure 1.2 Locations of in-person survey events



Housed Sample: An online version of the survey was available for people who were currently housed and experienced homelessness in the last 12 months. However, we did survey some housed people at in-person events (n = 28) where they were receiving services at day center locations. Participants found the survey link through flyers and emails from housing or case managers that received study information. Members of the TREES committee also went to housing sites to provide flyers and promote the survey. Most people who were housed completed surveys on their own, but some completed the survey with members of TREES who brought tablets with them when they promoted the survey. One survey event was conducted with people living in a long-term care facility to reduce access barriers. Gift cards were mailed to participants, and we used mailing addresses and IP addresses to ensure unique responses as much as possible.

DATA MANAGEMENT AND ANALYSIS

We received 510 responses for the in-person administered surveys, of which 429 were eligible and answered questions. Of the 81 who were not eligible, 24 were not currently unhoused and had not experienced homelessness in the last twelve months and another 22 had not experienced homelessness in Multnomah County in the study window. For the online-administered survey, we received 207 responses, of which 112 were eligible and answered questions. Of the 95 who were not eligible, 71 had been in their current residence for longer than 12 months and nine had not experienced homelessness in the last twelve months. Our

total sample consists of the responses from the 541 participants who were eligible for the survey and answered questions.

Survey responses were exported from Qualtrics and all quantitative data management and analyses were done in Stata version 15. Write-in responses for questions including “other (specify)”, number of times relocated, and last place housed were reviewed and discussed by the team, and interpreted as needed. Categorical variables were defined for characteristics including race, gender, and sheltered/housed current status. Demographic characteristics and key outcomes including service utilization and helpfulness and housing preferences (desired housing features, barriers to housing, and housing deal-breakers) were examined, stratifying on factors such as race, gender, disability, sheltered/housed current status, and whether the current or most recent experience being unhoused was their first. Since many questions asked participants to remember events from the past 12 months or so, results may be impacted by recall bias.³

To gain insight into the research questions, we summarized responses to questions from all five sections of the survey in both univariate and bivariate ways. Specifically, we defined new categorical variables as needed and generated tables of frequencies and percentages of key variables, stratifying on other variables as appropriate.

To examine differences based on housing status, we categorized the sample based on where people were living at the time of the survey (see Chapter 6 for the results of this analysis). Participants were considered “housed” if they reported that they were currently housed at the time of the survey – no matter the duration. Participants who were unhoused at the time of the survey were categorized by where they reported sleeping the most over the last 6 months. The definitions and sample breakdown are described in Table 1.2.

³ Recall bias refers to a type of bias that can occur when participants are discussing events that happened a long time ago, which can lead to less accurate memory of an event or time period (National Institutes of Health, 2011).

Table 1.2 Category definitions for current housing status (N=540)¹

| Category definitions | n (%) |
|--|-------------|
| <p>Housed: participants who reported NOT being homeless and selected one of the following living locations:</p> <ul style="list-style-type: none"> ● PSH unit or apartment ● A rental unit (with or without voucher) ● A house or apartment that you pay for (with or without roommates) | 99 (18.3%) |
| <p>Unsheltered: participants who reported most often staying in a location that is primarily outdoors or not meant for habitation</p> <ul style="list-style-type: none"> ● Private vehicle ● Public transportation ● Outdoors ● Tent or other temporary structure ● Abandoned building | 192 (35.6%) |
| <p>Sheltered, system: participants who reported most often staying in a location that is primarily indoors, including city-funded and privately funded shelters and transitional housing facilities</p> <ul style="list-style-type: none"> ● Indoor shelter (including congregate and motel shelters) ● Transitional housing ● Pod or village ● Emergency shelter or warming center | 181 (33.5%) |
| <p>Sheltered, non-system: participants who reported most often staying in a location that is primarily indoors and not part of the county homelessness system</p> <ul style="list-style-type: none"> ● Own house or apartment² ● Friend or family member’s place (couch surfing) ● Motel or hotel room paid for by the individual ● Jail or prison ● Deflection center ● Inpatient in hospital or health facility ● Other place | 68 (12.6%) |
| <p>¹Of the 541 eligible participants from both surveys, just one had missing sheltered/housed status. ²This category captures participants who were experiencing homelessness at the time of the survey, even if they had been housed at some point in the past 12 months.</p> | |

We also categorized the sample based on demographic variables including race, gender and age. Details of category construction are included in Appendix B1. We created visualizations including pie charts, bar plots, stacked bar plots, scatterplots, and heat plots to facilitate interpretation of the results. We examined quantitative and qualitative write-in survey results holistically to gain insight into each of our research questions. We were deliberate in our decision to present results descriptively.

We chose not to use a hypothesis testing framework for several reasons. Namely, while we do have specific hypotheses we would like to examine, they involve small groups such as race

categories. But observed differences that are important and meaningful may not be found to be statistically significant at the 5% level. We also did not have testable hypotheses for differences for each group (e.g., different racial groups) that would result in testing differences for some but not all groups. For these reasons we present quantitative results descriptively, in the form of frequencies and percentages and visualizations, and do not use hypothesis testing in this report.

For write-in questions, initial analyses were conducted with members of the TREES Committee during facilitated analysis workshops. TREES members worked in small groups to sort responses into initial categories that they discussed, created, and defined. Thematic domains were refined with support from the PSU research team. Two TREES members further analyzed and refined the categories over multiple independent sessions, re-sorting data into the refined categories. Final themes were refined by the PSU research team and reported back to the TREES committee for final validation.

EQUITY ANALYSES

Different groups of people experience homelessness differently. BIPOC are disproportionately represented among homeless populations (Fusaro et al., 2018; Homeless Services Department, 2025; U.S Census Bureau, n.d.; Zapata et al., 2025). People with disabilities, and of different genders and ages, have different service and health needs and experiences while unhoused. To explore disparities among various demographic groups (hereafter referred to as “subgroups”), we conducted analyses on key questions by membership in these subpopulations.

For example, we examined differences in responses between subgroups to examine how experiences of homelessness, barriers to housing, service and support access, involuntary displacement, and other aspects varied. Throughout the report, key equity analysis findings will be highlighted. Because most people overwhelmingly have the same primary needs and preferences, differences among subgroups, while present, become quite nuanced. We continue to draw attention to the particular needs and preferences of subgroups because we do not want differences to be lost that could be quite important. We examined and noted differences across all subgroups, but when differences were very small (usually by a margin of 8% or less) we report these findings only if they resulted in a difference of ranking or prioritization for the subgroup. When differences are based on just a few responses, usually 10 people or fewer, we do not report these findings.

While there are many nuances to glean from these analyses, our overall findings are remarkable in their clear and consistent messages across all subgroups: that causes, barriers, and solutions to homelessness are primarily related to affordability.

LIMITATIONS AND INTERPRETATION NOTES

Traditional limits to survey-based primary data collection include: recruitment; participation consent; data completion and data collection protocols; and human error in administration. Given the long duration of the survey, we aimed to reduce fatigue by offering shorter surveying options. For two categories of questions, one about the impact of involuntary displacements and one about housing preferences and causes of homelessness, participants were given the choice to “opt in” to answering. For the “impact of sweeps” questions, approximately 48% of the 502 participants who responded to this question agreed to answer (n = 241). For the “housing preferences and reasons for homelessness” questions, approximately 81% (n = 440) participants agreed to answer. Overall, these rates indicate a high degree of engagement with the survey. Throughout this analysis, we indicate if findings come from an opt-in question and represent a subsample. For all questions, we report the number of participants, denoted as N, who received the question.

Note that for many questions, participants could choose multiple responses. In these cases, sums will exceed 100% and will be noted.

CHAPTER 2

PROFILE AND EXPERIENCES OF HOMELESSNESS IN MULTNOMAH COUNTY

This chapter describes the 541 unique responses that make up this sample. Here, we summarize the demographic characteristics of the sample and begin describing their experiences of homelessness by examining, for example, duration of homelessness, where people reported sleeping, how often they move, and the causes of homelessness.

Our sample consists of an overall diverse representation of identities and experiences of homelessness. To some extent, the sample reflects the characteristics of Multnomah County's homeless population; however, relative to the population our sample includes more people identifying as female and /or as a gender expansive identity, as American Indian or Alaska Native, as having a disability and as slightly older. This follows our aims to increase representation from subpopulations that are often underrepresented in homelessness research.

More than anything, this section highlights the great instability people experiencing homelessness face. Multiple findings demonstrate the inordinate degree to which people relocate their sleeping situation and the variety of places they reported staying.

DEMOGRAPHIC CHARACTERISTICS OF THE SURVEY SAMPLE

Participants in our sample identified primarily as white (54%) and as male (49%). The sample consists mostly of people between the ages of 25 and 54 years, though people younger than 25 and older than 54 are represented (Table 2.1). (See Appendix B1 for stratification by gender variables and Table B2.1 for more detailed demographic characteristics by gender).

Almost three-quarters of the sample identified as having a disability (73%); however, this number is likely an underestimate of the true value given missing responses. Eighty-two percent of the participants who shared information on disability reported having one or more disabilities, and 48% reported having two or more, with mental illness being the most commonly reported (51%). Almost half the sample (44%) reported being unemployed but seeking work while 20% reported being unemployed and not seeking work. Twenty-one

percent identified as having served time in prison, 12% as speaking English as a second language, and only 4% as caretaker to a child.

Table 2.1. Demographic characteristics of analytic sample (N=541)¹

| Characteristic | n (%) |
|---|-------------|
| Race alone or in combination² | |
| American Indian or Alaska Native | 68 (13.5%) |
| Asian | 10 (2.0%) |
| Black or African American | 88 (17.5%) |
| Hispanic or Latino/a/e | 71 (14.1%) |
| Middle Eastern or North African | 5 (1.0%) |
| Native Hawaiian or Pacific Islander | 15 (3.0%) |
| White ³ | 327 (64.9%) |
| Other race | 8 (1.6%) |
| Declined to answer or missing | 41 |
| Age category | |
| 18–24 | 33 (6.3%) |
| 25–34 | 106 (20.3%) |
| 35–44 | 136 (26.1%) |
| 45–54 | 132 (25.3%) |
| 55–64 | 89 (17.0%) |
| 65+ | 26 (5.0%) |
| Declined to answer or missing | 19 |
| Gender² | |
| Culturally specific identity (e.g., Two-Spirit) | 6 (1.2%) |
| Genderqueer | 8 (1.6%) |
| Nonbinary | 16 (3.1%) |
| Man | 253 (49.3%) |
| Woman | 221 (43.1%) |
| Transgender | 14 (2.7%) |
| Cisgender | 9 (1.8%) |
| Gender questioning | 4 (0.8%) |
| Different gender | 2 (0.4%) |
| Declined to answer or missing | 29 |
| ¹ Findings are reported in the order they were presented to participants during data collection. | |
| ² Since participants could select more than one response, the sum of the percentages exceeds 100%. | |
| ³ Those who selected only the White race category made up 54.4% (n=272) of the sample. | |

Table 2.1 Demographic characteristics of analytic sample (N=541), continued¹

| Characteristic | n (%) |
|---|-------------|
| Disability² | |
| Mental illness | 252 (50.8%) |
| Substance use disorder | 210 (42.3%) |
| Physical illness, chronic health condition, physical disability | 194 (39.1%) |
| Other disability | 73 (14.7%) |
| None of these | 84 (15.5%) |
| Declined to answer or missing | 63 |
| Of those who identified as having a disability (n=394): | |
| Selected 1 category | 163 (41.4%) |
| Selected 2 categories | 142 (36.0%) |
| Selected 3 categories | 74 (18.8%) |
| Selected 4 categories | 15 (3.8%) |
| History² | |
| English as a second language or non-English speaker | 60 (11.7%) |
| Caretaker of a child | 19 (3.7%) |
| Caretaker of an elderly person or someone who is ill or disabled | 21 (4.1%) |
| Veteran | 27 (5.3%) |
| Formerly incarcerated person (served time in prison) | 107 (20.9%) |
| None of these | 273 (50.5%) |
| Declined to answer or missing | 49 |
| Current employment² | |
| Employed for wages full-time | 27 (5.1%) |
| Employed for wages part-time | 35 (6.6%) |
| Currently working in exchange for housing, food, or other resources | 17 (3.2%) |
| Volunteer—for no money or resources | 24 (4.5%) |
| Retired | 28 (5.3%) |
| Not employed, not seeking employment | 108 (20.3%) |
| Unemployed, looking for employment | 232 (43.6%) |
| Student | 21 (3.9%) |
| On disability | 68 (12.8%) |
| None of these | 30 (5.5%) |
| Declined to answer or missing | 26 |
| ¹ Findings are reported in the order they were presented to participants during data collection. | |
| ² Since participants could select more than one response, the sum of the percentages exceeds 100%. | |

Participants were asked to check all options that applied for demographic characteristics including race, gender, disability status, history, and current employment. An option to specify a selection not listed and write an answer was provided; written answers were reviewed by the team and categorized where possible.

Because participants could check all that apply for race and gender variables, we assigned participants to exclusive categories to conduct comparisons for the Equity Analyses reported throughout this document. (See Appendix B1 for detailed information about category construction). The breakdown of participants based on these categories are presented in Figures 2.1 and 2.2. We combined race categories where responses were <5% of the sample. We also categorized gender categories into man (only), woman (only), and gender expansive identities.

Figure 2.1 Sample characteristics by race, categorized (N=541)

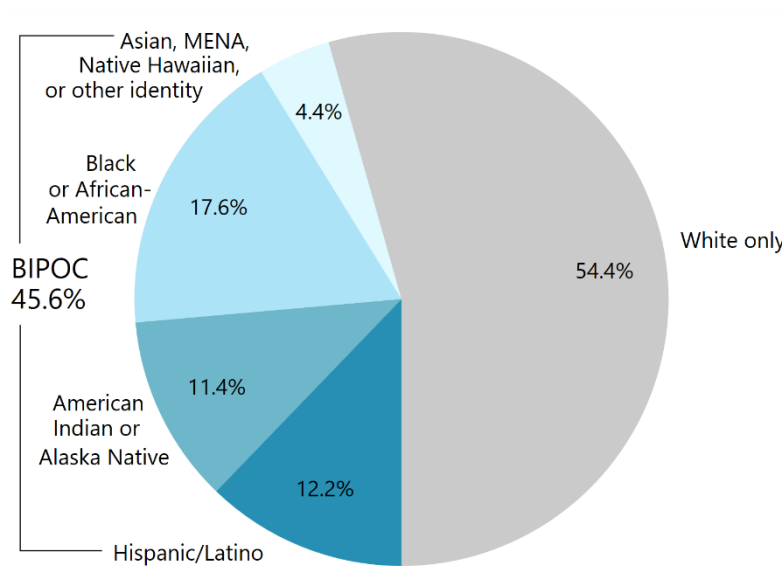


Figure note. Figure reflects exclusive categories as defined in Appendix B1. All 541 participants were presented with this question. Results shown are based on the n=500 who shared race information.

Figure 2.2 Sample characteristics by gender, categorized (N=541)

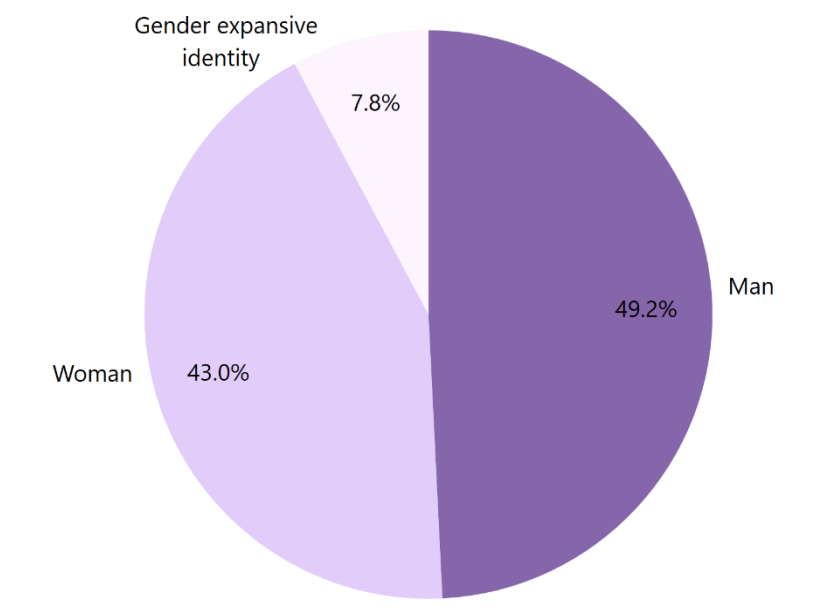


Figure note. Figure reflects exclusive categories as defined in Appendix B1. All 541 participants were presented with this question. Results shown are based on the n=512 who shared gender information.

COMPARISON TO OTHER MULTNOMAH COUNTY DATA SOURCES

In Table 2.2, we compare the Pathways sample with three recent data sources describing demographic characteristics of the homeless population in Multnomah County or Portland, Oregon. We used data from the 2025 Multnomah County Point in Time (PIT) count (Cho et al., 2026; Zapata et al., 2025), and the Multnomah County Homelessness Services by-name list (BNL) of all those who experienced homelessness in 2025. We also compared against the Finding Home report sample which focused recruitment on the Portland metro area (Welcome Home Coalition, 2025). The Pathways study is slightly more white, slightly more female and gender expansive, and overall, slightly older than the other Multnomah County data sources. Pathways also includes more people identifying as American Indian or Alaska Native. Overall, Pathways represents more racial and gender diversity than the Finding Home report.⁴ The Pathways study recruited a higher proportion of people reporting any disability compared to the by-name list and Finding Home.

⁴ The Finding Home sample closely represents the demographic characteristics of people using homeless services in the city of Portland which aligns with the study's recruitment strategies and focus.

Table 2.2. Pathways study demographics, compared against the 2025 Multnomah Point in Time (PIT) Count, the Multnomah County Homeless Services Department (HSD) 2025 By-name list (BNL), and the Finding Home Report

| Characteristic | Pathways Sample (N=541) | 2025 PIT Count Multnomah County (N varies; see below) | HSD Multnomah BNL ¹ (N=29,234) | Finding Home Report (N=429) |
|--|-------------------------|---|---|-----------------------------|
| Race | | N=4370 | | |
| American Indian or Alaska Native | 14% | 5% | 10% | 9% |
| Asian | 2% | 1% | 2% | 15% |
| Black or African American | 18% | 13% | 22% | 15% |
| Hispanic or Latino/a/e | 14% | 22% | 17% | 9% |
| Middle Eastern or North African | 1% | 0% | 1% | 1% |
| Native Hawaiian or Pacific Islander | 3% | 4% | 4% | 6% |
| Multiple Races | Not Available | 8% | Not Available | Not Available |
| White alone | 54% | 49% | 49% | 63% |
| Age (years) | | N=9864 | | |
| 18–24 | 6% | 9% | 10% | 4.0% |
| 25–44 | 46% | 49% | 51% | 73% |
| 45–54 | 25% | 22% | 19% | 25% |
| 55+ | 22% | 20% | 20% | 20% |
| Gender | | N=10137 | | |
| Gender Expansive Identity | 12% | 5% | 4% | 5% |
| Man | 49% | 59% | 55% | 59% |
| Woman | 43% | 37% | 42% | 24% |
| Disability (any)² | 73% | Not available ³ | 61% | 62% |
| <p><i>Note: For Race and Gender, participants were asked to “select all that apply,” so the sum of the percentages will exceed 100%.</i></p> <p>¹ All Homeless BNL data is for all of calendar year 2025.</p> <p>² For the Pathways sample, N=541 which includes missing or skipped responses. If restricted to those who provided information on disability (N=478), then 82% reported any disability.</p> <p>³ The 2025 PITC dataset does not include a comparable and valid disability number.</p> | | | | |

DURATION AND LOCATION OF HOMELESS EXPERIENCE

We asked individuals several questions about the duration of their current and life history of homelessness. About 37% reported this current experience of homelessness as 1 year or less; 21% reported a duration between 1 and 2 years, and 38% reported a duration of more than 2 years. For 37% of participants, the current experience is their first experience of homelessness. There is a range of experiences reflected in total time unhoused over the lifetime, from less than a year to more than 10 years, with most people having experience greater than 1 year.

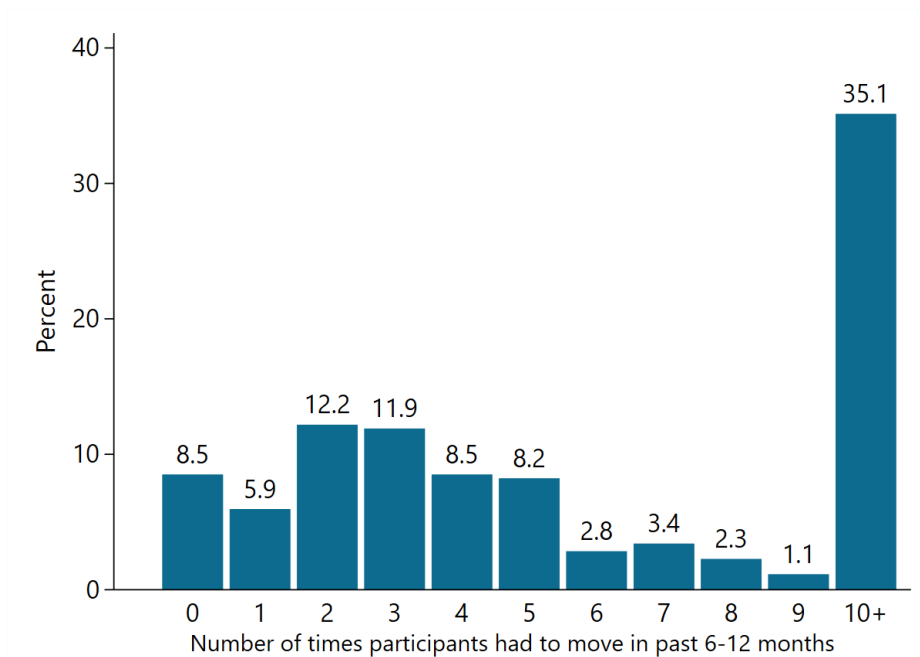
Table 2.3. Duration of homelessness this time and ever (N=541)

| Duration | n (%) |
|--|-------------|
| Duration of being unhoused during current/most recent experience housed | |
| Less than one month | 35 (7.1%) |
| 1–2 months | 100 (20.2%) |
| 6–12 months | 67 (13.5%) |
| 1–2 years | 105 (21.2%) |
| 2+ years | 189 (38.1%) |
| Declined to answer or missing | 45 |
| First time being unhoused? | |
| Yes | 146 (36.9%) |
| No | 250 (63.1%) |
| Declined to answer or missing | 145 |
| Total time unhoused over lifetime | |
| Less than one year | 65 (12.4%) |
| 1–2 years | 111 (21.1%) |
| 3–4 years | 115 (21.9%) |
| 5–9 years | 123 (23.4%) |
| 10 years or more | 112 (21.3%) |
| Declined to answer or missing | 15 |

CURRENT LIVING LOCATIONS AND RELOCATIONS

Participants reported frequently changing the type and location of their living conditions while experiencing homelessness. For example, only 8% indicated that they had not changed where they slept in the last 6 months, while 56% reported moving 1–9 times, and 35% reported moving 10 or more times (Figure 2.3 and Table B2.2).

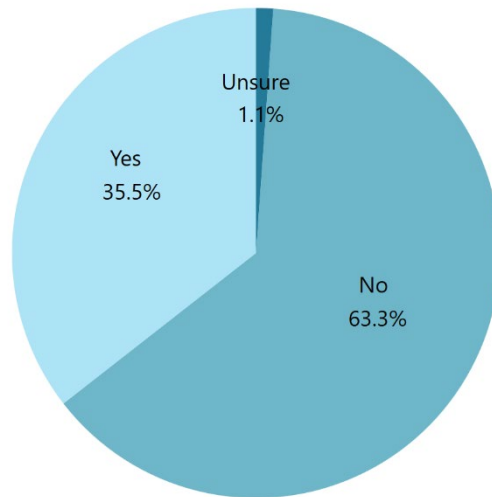
Figure 2.3 Number of times participants had to move in the past 6-12 months (N=541)



As a conservative average, people reported moving at least 5.6 times (median = 5 moves) in the previous 6 months for unhoused participants, and 12 months for housed participants. We did not ask people how many times they moved if more than 10 times meaning that the average will not reflect the range of times moved over 10. For unhoused populations, the average number of moves is higher in a shorter time period when compared to the housed population: 7.6 moves in the past 6 months (median = 10+) vs. 4.4 moves (median = 4) in 12 months. These findings, coupled with others throughout this report, indicate a great degree of instability experienced by over a third of our participants. The section on Involuntary Displacement in Chapter 4 provides more context for this against the backdrop of ongoing displacement from encampment removals. Chapter 6 explores these differences by housing status at the time of the survey.

Despite changing locations frequently, most participants (63%) reported that their experience of homelessness in the last 6 months was only within Multnomah County (Figure 2.4).

Figure 2.4 Participants who experienced homelessness outside of Multnomah County, (N=541)



LOCATIONS SLEPT

We asked participants where they slept in the 6 months prior to taking the survey, and participants were asked to select all places that applied. Participants were then shown the places they had selected and asked to mark the one place they had slept most often in the past 6 months. Findings are presented in Figure 2.5 (See Table B2.3 and B2.4 in Appendix B for more details).

Participants reported sleeping in a variety of locations, with outdoors as both the most common location (by 53% of participants) and the place where people reported sleeping most often (by 17% of participants). Outdoors was defined as a “park, sidewalk or bus stop” and excluded other locations often included in definitions of unsheltered homelessness like tents, public transportation, abandoned buildings, and private vehicles. These locations were captured as other, unique response options. If all outdoor locations are summed, then 44% of people reported any outdoor location as where they slept most often. However, 17% of people reported outdoors with no cover – not even a tent – as where they slept most often. Even 54% of people who were housed at the time of the survey reported spending at least one night in an unsheltered location (i.e., private vehicle, public transportation, outdoors, tent, abandoned building) and 26% of currently housed respondents reported an unsheltered location as the place where they stayed most often in the last 12 months prior to gaining housing. This

indicates that our sampling recruited among participants who had moved directly from the outdoors into housing within a recent period, as was our aim.

Over 40% of respondents reported sleeping doubled up (i.e., “couch surfing” or staying with a friend/family member) and 7% reported this is where they slept most often. These findings reflect that moving in and out of others’ homes while homeless is a common experience.

Approximately 67% (n = 360) of the individuals reported that they interacted with the shelter system by staying in a shelter⁵ in the last 6 months, but only 34% identified the shelter system as where they slept most often. Of those who reported staying in shelters, 48% stayed in multiple shelters, and 50% of those who stayed in multiple shelters reported staying in three or more shelters in the past 6 months. Collectively, these data show the instability of people’s lives when homeless.

Figure 2.5 Places where participants slept most often and any time (N=541)

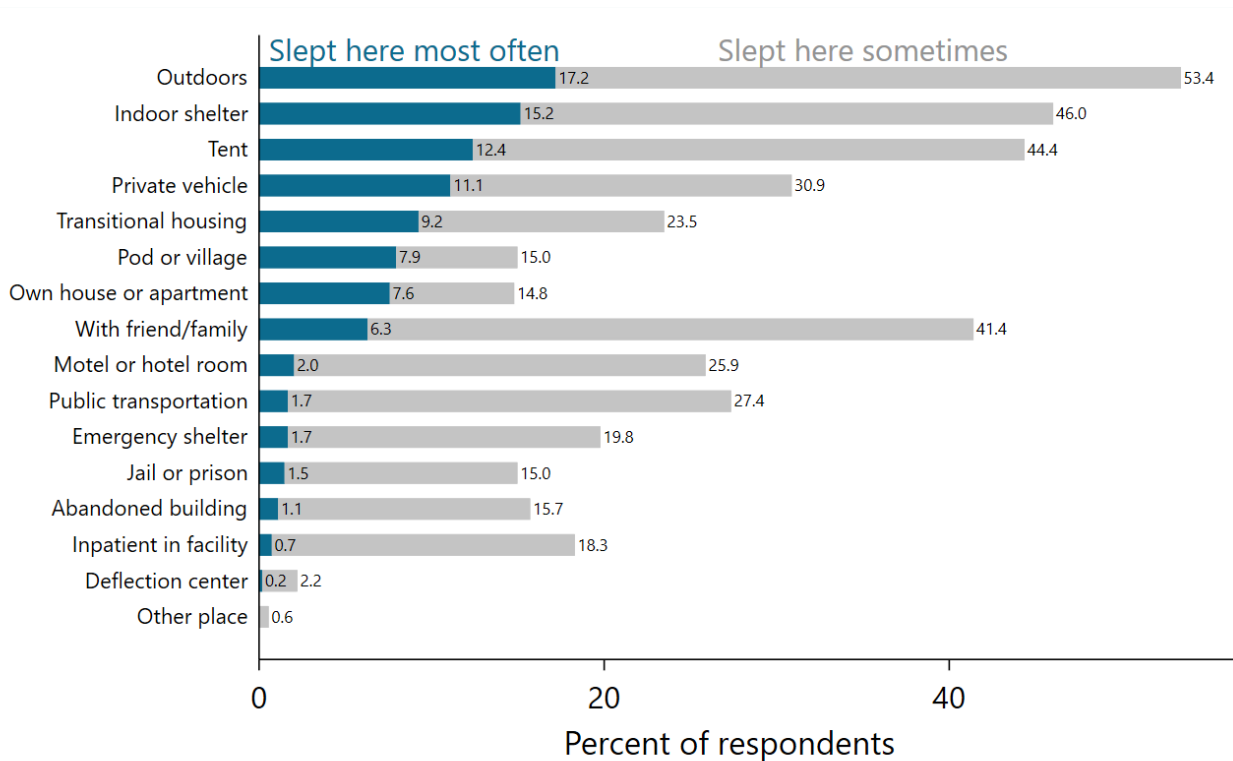


Figure note: Places where participants slept most often (blue) and the places where they reported sleeping at all (gray). Note: Participants could check all that applied for where they slept (“slept here”), so the sum of those percentages will exceed 100%. Outdoors was defined as “park, sidewalk or bus stop”.

⁵ Shelter is defined as indoor shelter, transitional housing, pod or village, and/or emergency shelter or warming center.

EQUITY ANALYSIS: DIFFERENCES IN EXPERIENCES OF HOMELESSNESS BY SUBGROUP

Demographic subgroups experience homelessness differently. Below, we summarize these different experiences by gender, race, disability, and age. What stands out here is that people living with disabilities – any disability – reported longer durations of homelessness than their non-disabled peers.

Differences in homeless experiences: duration, relocations, where slept most often, and any shelter system involvement, by subgroup

Gender

- **Men** were more likely to report more moves and sleeping outside, and less likely to report involvement with shelter system compared to women.
- **Women** were more likely to report sleeping in shelter, particularly indoor shelter, compared to men.
- **Gender expansive identities** were more likely to report mental illness and disability, and more likely to stay in indoor shelters compared to the full sample.

Race

- **Hispanic** respondents were more likely to have experienced homelessness for less than 1 year; more likely to sleep outdoors – but not in tents; and less likely to sleep in indoor shelters compared to the full sample.
- **Black** respondents were more likely to report sleeping in indoor shelters compared to the full sample.
- **White** respondents reported a longer duration of homelessness compared to the full sample.

Disability

- People who reported having a **disability** reported experiencing longer durations of homelessness throughout their lives than the sample average.
- People who reported **substance use disorder** reported more relocations, were more likely to sleep in tents and pods/villages, and less likely to sleep in a sheltered, non-system location (i.e. doubled up) than people who did not report substance use disorder.
- People who reported a **physical or chronic condition** were less likely to report sleeping in a private vehicle, more likely to sleep in a pod/village, and more likely to report involvement with the shelter system than people without a physical or chronic condition.

Age

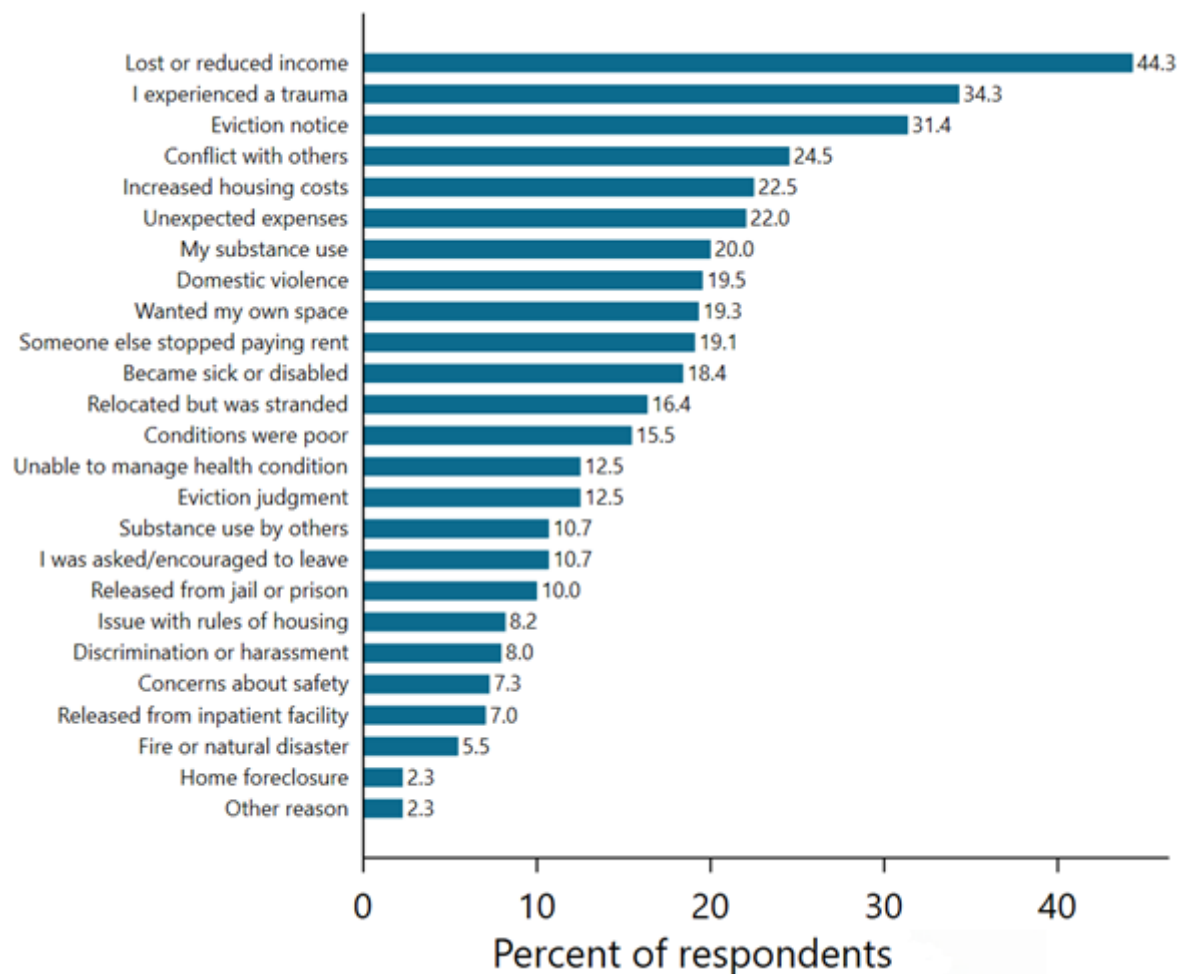
- **Adults aged 55 years and older** were more likely to report a longer duration of homelessness, sleeping in a private vehicle, staying inpatient in a hospital facility, or doubled up than adults aged 18-54 years old. Almost half of older adults reported experiencing homelessness for the first time compared to only 34% of adults younger than 55.

REASONS FOR HOMELESSNESS AND PLACE LAST HOUSED

REASONS FOR CURRENT HOMELESSNESS

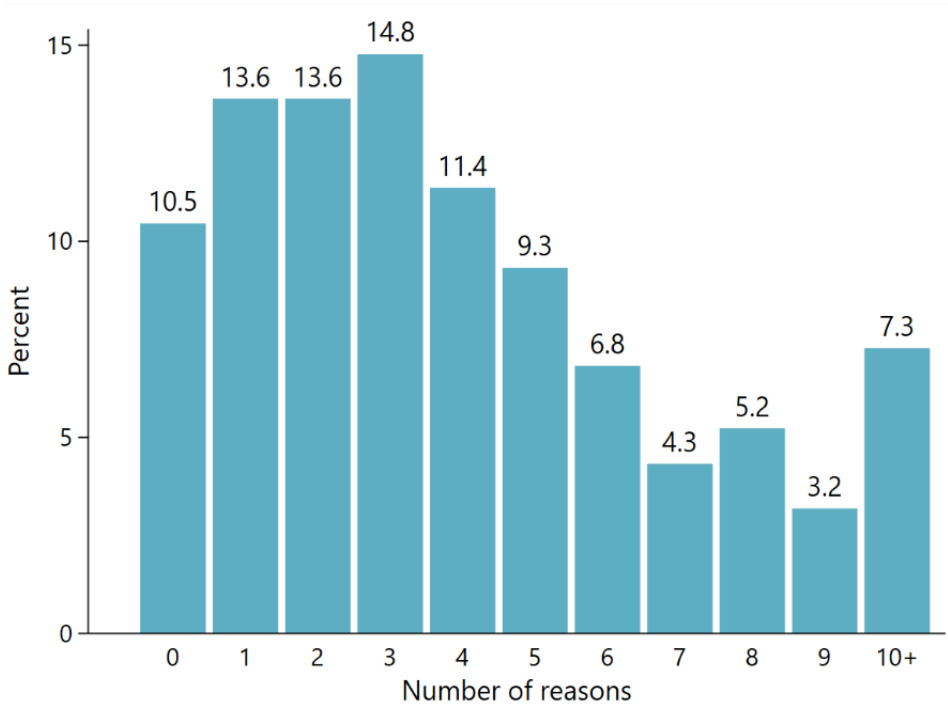
Participants who answered questions about housing preferences (n = 440) were presented with a list of possible reasons that contribute to homelessness and asked to select any that applied in their current or most recent situation. Lost or reduced income was the most frequently reported cause of homelessness by a 10-point margin and was endorsed by almost half the respondents (44%; see Figure 2.6 below and Table B2.5 in Appendices).

Figure 2.6 Reasons for loss of housing (N=440)



Most participants reported multiple reasons contributing to their homelessness: 80% selected two or more reasons (Figure 2.7).

Figure 2.7 Number of reasons that contributed to loss of housing selected by participants (N=440)



Several financial-related causes were frequently selected together. Co-selected items are depicted in Figure 2.8. Lost or reduced income was often selected with increased housing costs. Unexpected expenses and rising housing costs were also often selected together. Not surprisingly, eviction notice and eviction judgement were frequently co-selected.

Domestic or intimate partner violence and experiencing a trauma were the two items with the strongest correlation, meaning they were selected together most often. Yet experiencing a trauma was the second most cited reason for housing loss overall, indicating that people are experiencing other kinds of trauma as part of becoming homeless. When TREES members reviewed these findings, they noted that it is likely that whatever the trauma is that people experience, it likely leads to a decrease or loss in income.

Figure 2.8 Heat map of co-selected causes of homelessness (N=440)

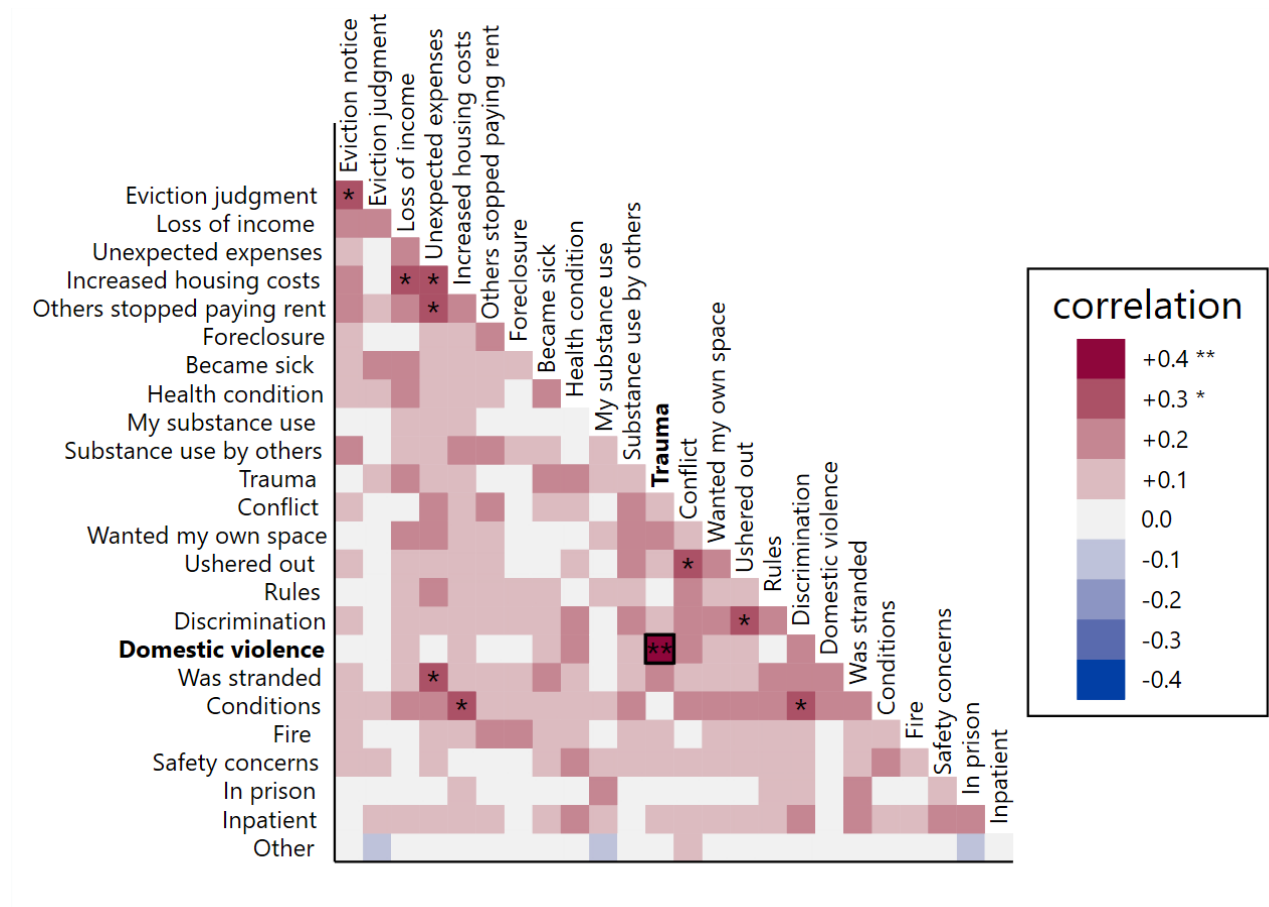


Figure note. The darker the red colors, the stronger the correlation, or relationship, between the items. Particularly strong correlations are marked: one asterisk (*) for (rounded) correlations of +0.3 and two asterisks (**) for correlations of +0.4. The strongest correlation is between domestic violence and trauma (marked with two asterisks and black square).

EQUITY ANALYSIS:

DIFFERENCES IN CAUSES OF HOMELESSNESS BY SUBGROUP

While the overall causes of homelessness were consistent, demographic subgroups experienced some notable differences. As reflected in numerous other studies (Beijer et al., 2018; Broll & Huey, 2020; Daoud et al., 2016; Olsen et al., 2013), women in our sample were more likely than men to report experiencing domestic violence, by a margin of 24%. Also notable is that older adults were more likely to report eviction as a cause of homelessness. This likely reflects national trends in increased rates of homelessness among adults over 55 due to the inability of social security payments to keep pace with rising housing costs (Stevens, 2024). While the 2025 PIT report stated that this population was no longer the fastest growing first-time homeless population, their rates continued to increase. If older adults are especially susceptible to eviction, then eviction prevention may be an intervention to prioritize for this population.

Differences in causes of homelessness

Gender

- **Women** were more likely to report experiencing domestic violence and/or trauma as causes of homelessness than men.
- **Gender expansive identities** were more likely to report unexpected expenses and/or wanting their own space as primary causes of homelessness compared to all genders.

Race

- **American Indian and Alaska Natives** were more likely to report that they or someone close became sick/disabled, they became stranded after relocation, and/or poor living conditions as causes of homelessness compared to the full sample.
- **Black** participants were more likely to report that someone else stopped paying rent, and/or that they wanted their own space as causes of homelessness compared to the full sample.
- **Hispanic** participants were less likely to report experiencing trauma, domestic violence, and/or interpersonal conflict with other residents as causes of homelessness compared to the full sample.

Disability

- People with **mental illness** were more likely to report experiencing trauma, conflict with other residents, inability to manage health conditions, domestic violence, and/or that they or someone close becoming sick/disabled as causes of homelessness compared to those without mental illness.
- People with **substance use disorder** were more likely to report substance use, increased housing costs, and/or release from prison as causes of homelessness compared to those without substance use disorder.
- People with **physical illness, including chronic conditions** were more likely to report experiencing a trauma, they or someone close becoming sick/disabled, and/or domestic violence as causes of homelessness compared to those without physical illness or chronic conditions.

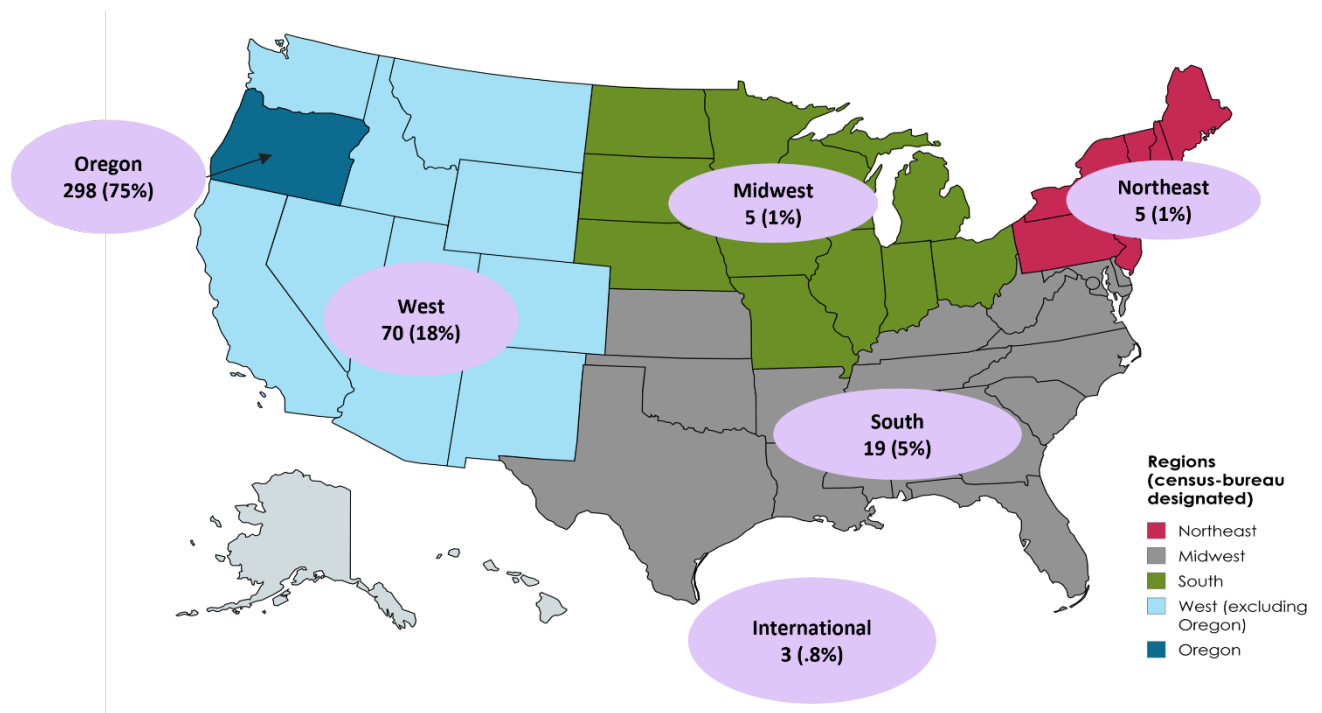
Age

- **Adults aged 55 years and older** were more likely to report eviction and wanting their own space as causes of homelessness compared to younger adults.

LOCATION LAST HOUSED

Many participants choose to write-in responses to the question “Where was the last place you were housed (city and state) before your most recent experience of homelessness?” (n = 400). Seventy-five percent of respondents shared that the state of Oregon was the last location where they had housing; 92% of these Oregonians identified the Tri-County area (Multnomah, Washington, and Clackamas Counties) as the last place they were housed. Among all respondents, the share of people last housed in the Tri-county area combined with Clark County, WA was 65%. While these shares are somewhat lower than the 2025 PIT count, they continue to confirm that people experiencing homelessness in Multnomah County are primarily from Oregon.

Figure 2.9 Location participants were last housed, by region, n(%), (N=400)



CHAPTER 3

PARTICIPANT GOALS AND HOUSING PREFERENCES

The Pathways study sought to understand the needs and priorities of people experiencing homelessness, from the perspective of people experiencing homelessness. Our data strongly demonstrate that people want safe, secure, affordable, and reasonable housing solutions. In this section, we provide these data and hear from participants — in their own words — about what permanent housing looks like. The qualitative data, combined with quantitative questions about housing preferences and priorities, paint a straightforward and simple, but impactful message: people experiencing homelessness prioritize the foundational qualities of housing that any human would want and should be able to access.

PARTICIPANTS OVERWHELMINGLY WANT PERMANENT HOUSING

Ninety-eight percent of the 350 respondents asked responded “yes,” they were “interested in moving into permanent and stable housing.” (Figure 3.1).

Figure 3.1 Interest in moving into permanent and stable housing (N=350)

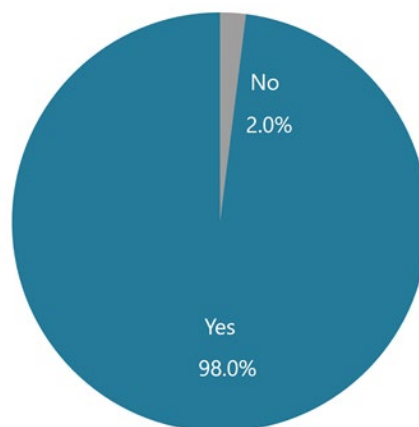


Figure note: This question was part of the housing preferences section of the survey, and was shown to everyone who opted in to answer the questions in this section. Respondents included people who were currently unhoused, as well as those who were currently housed if they indicated they were not currently living in a long-term and stable situation.

THE MEANING OF “PERMANENT AND STABLE HOUSING”

“House” and “home” mean different things to different people, and the significance of this meaning is especially acute to those who lack either. We asked participants in both the housed and unhoused surveys to share what “permanent and stable” housing meant to them (N = 341).

In Their Own Words⁶:

Participant responses to “What does permanent and stable housing mean to you?”

“Safe, warm, electricity, stable place to cook and clean myself and have my kitties”

“Not being cold”

“Long lasting, safe situation that is affordable and safe”

“Somewhere I can feel safe, be with my husband, not get told to leave or swept, and able to keep my things”

“Somewhere sustainable by a life that I am capable of maintaining and not just what someone else thinks that I should be able to maintain.”

“A studio or apartment of my own. A place I can call home”

“A place my kids can live with us in reunification”

“Like mom and dad had”

Participant responses fell into three, nearly equally represented themes. (A full account of these themes and their description can be found in Table B3.1 in Appendix B). The theme relief from hardship (n = 134) describes permanent and stable housing as a physically safe space, without a fixed time limit on how long someone can stay, and where one can find relief from the hazards of living outside. The second theme—a place where you can live (n = 144)—contains responses about housing quality and type: participants describe housing as a place that is stable, within their means and abilities, where their family can stay comfortably, and where their basic needs—like bathing and cooking—can be met. Autonomy, ownership, and choice (n = 144) is characterized by descriptions of permanent and stable housing as a place that feels “like home,” as somewhere the person feels a sense of ownership, and where they will not be removed for failing to follow arbitrary rules or impossible standards.

⁶ Completing surveys on tablets or cellphones can increase punctuation and spelling errors. As such, quotes received minor edits to punctuation to improve readability.

In summary, study participants described “permanent and stable housing” as places that meet their most foundational needs: where you can be safe, where no one can force you to leave, where your family can stay with you, and where you feel a sense of ownership over your surroundings.

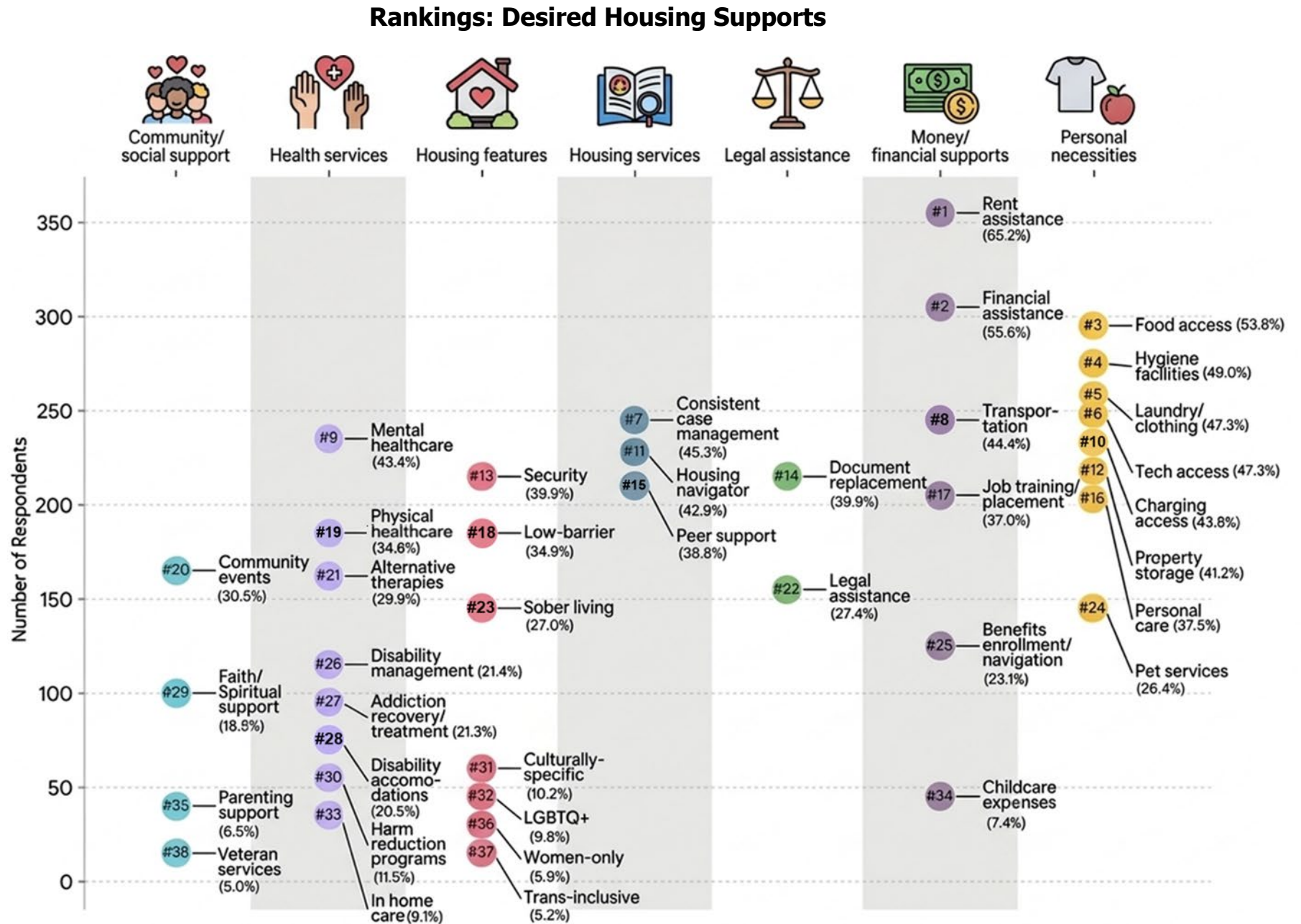
DESIRED FEATURES AND SUPPORTIVE SERVICES IN IDEAL HOUSING

Participants who opted to answer questions about housing preferences were asked to review a list of supportive services and housing features and to select those most desired in a preferred living situation. Results are shown in Figure 3.2 (Full details available in Table B3.2)

Rental and financial assistance are the number one and two services, desired by 65% and 56% of respondents, respectively. Notably, they are followed by services that support basic needs (e.g., access to food, hygiene, and security). Secondarily, many individuals identify supportive services that facilitate housing (i.e., consistent case management, housing navigator, peer support, etc.), health, and job skills and placement as also desirable. Lowest-ranked items included community-specific housing (i.e., culturally specific, gender-specific, or veteran-specific housing). However, these services are more desired by these subgroups (see Equity Analysis below). These findings align with the write-in responses and our conversations with people completing surveys, many of whom remarked they “just want a roof over my head.”

Because many services on this list are connected to the kind of housing or shelter where people live, we wanted to know if people reported different service needs based on their current housing status. We compared responses of people who were currently housed to responses from people living in shelter and unsheltered at the time of the survey. The top 3 desired features were the same across all subgroups: rent assistance, financial assistance and food access. Additionally, there was considerable consistency among the top 10 across these populations. Overall, we find that the similarities outweigh the differences. The consistency in rankings indicates that the housed sample in our study is more like the unhoused sample than they are different in terms of their housing support needs. We expected these similarities because we purposefully recruited people with very recent experiences of homelessness and expect that people may still feel unstable in their current housing situation. We report findings for the full sample here and explore differences by housing status in Chapter 6

Figure 3.2. Supportive features and services desired in a preferred/ideal living situation (N=541)



“DEAL-BREAKERS” TO ACCEPTING HOUSING

Although people may desire permanent and supportive housing, Multnomah County continues to experience a severe housing and affordability crisis that contributes to homelessness. Subsidized housing and shelter options for people experiencing homelessness are limited and often come with rules and requirements that force people to choose between core needs. For example, choosing between autonomy and shelter, a twilight shift job and a curfew, or between being with friends/family and accepting housing that cannot (or will not) accommodate vital relationships (e.g., partners, family members, and/or pets).

To further explore these tensions, we asked people what non-negotiable factors, or “deal-breakers,” would cause them to reject a housing offer or opportunity (Table 3.2). The inability to have guests, partners, or roommates was the highest endorsed deal-breaker by half of participants (50%). A previous HRAC study (Zapata, 2020) found this deal-breaker as well. In this current study, additional deal-breakers included requirements that restrict individual liberties or independence, including for example, room checks and/or curfews, mandatory religious participation, or requiring a roommate.

These identified deal-breakers reinforce research about how to resolve homelessness. People experiencing homelessness are more likely to stay housed when they have the opportunity to be treated like any other tenant in a rental unit (Aubry et al., 2015; Davidson et al., 2014; Tsemberis, 2010).

Notably, short-term or temporary locations where participants would have to leave or move from were deal-breakers for about 45% of the sample. Possible explanations for this can be drawn from the earlier reporting about frequency of moves while individuals experience homelessness. Displacement and its consequences are chronic challenges reported in our sample (the median number of moves was greater than 10 times in the last 6 months, 48% of shelter users accessed multiple shelters in a 6-month period, and 160 participants have had to move due to involuntary displacement actions, i.e., “sweeps” — see Chapter 4 below). Subsequently, we can infer that temporary housing would offer less appeal for individuals who move so frequently, often without choice. Displacement disconnects people from the materials, networks, and resources they use to create safety while homeless. Because of these experiences with forced moves, people may be even more hesitant about moving to short-term locations, even if it leads to housing.

Table 3.1. “Deal-breakers” that would cause non-acceptance of housing (N=440)¹

| Deal-breaker | n (%) ² |
|--|--------------------|
| No guests, roommates, or partners | 219 (49.8%) |
| Room checks, required to keep door open | 214 (48.6%) |
| Curfew: unable to enter/leave building after a certain time | 203 (46.1%) |
| Short-term or temporary stay (time limit on housing) | 196 (44.5%) |
| Required to have a roommate | 187 (42.5%) |
| Religious requirements (mandatory church attendance, mission work) | 178 (40.5%) |
| Difficult to get to or too far away | 169 (38.4%) |
| No pets | 162 (36.8%) |
| Required drug testing | 151 (34.3%) |
| Shared kitchen or bathroom | 151 (34.3%) |
| Mandatory meetings | 150 (34.1%) |
| Mandatory substance use treatment | 146 (33.2%) |
| No internet access | 144 (32.7%) |
| Required to take prescribed meds | 125 (28.4%) |
| Sober and drug-free housing (no weed, alcohol, other drugs) | 121 (27.5%) |
| ID checks at front entrance | 95 (21.6%) |
| No smoking policies | 95 (21.6%) |
| Gender segregated building | 90 (20.5%) |
| Criminal background checks or criminal record exclusions | 87 (19.8%) |
| Mandatory case management | 80 (18.2%) |
| Mixed-gender building | 28 (6.4%) |
| Other (please specify) | 8 (1.8%) |
| None of these | 18 (4.1%) |
| ¹ Opt-in question | |
| ² Since participants were asked to check all that apply, the sum of the percentages exceeds 100%. | |

Table 3.1 also emphasizes the important role of pets, in that many people have pets or would prefer to have one. “No pets” was ranked number eight as a deal-breaker, indicating that 37% may prefer to remain unhoused rather than accept housing without their pet. Additionally, 23% of people who responded to not having used pet/vet care still identified “no pets” as a deal-breaker; presumably this suggests those without pets are put off by not being able to have animals around.

Finally, we asked people to check all deal-breakers that would apply, so it is notable that no deal-breaker was identified by 50% or more of the full sample. In other words, at least 50% of the sample are willing to accept each of these dealbreakers to gain housing. Many of the deal-breakers listed reflect activities that people who own their own home, and, to a lesser degree, living in market-rate housing, would not lose their housing for (especially, for example, no guests, room checks, curfews, and religious requirements).

Additionally deal-breakers that were ranked as lower, selected by the fewest number of people, provide an indication of what people are willing to accept to obtain housing. Many of the lowest-ranked items are still restrictive, including being required to take prescribed medications, to participate in case management, and to have personal activities monitored. Many of these deal-breakers, such as taking prescribed medications, have been demonstrated to make people less successful at maintaining housing (Padgett et al., 2006; Tsemberis, 2010). Collectively, these findings continue to underscore many other findings throughout this report that demonstrate how much people want housing, and what they are willing to sacrifice to achieve it.

EQUITY ANALYSIS: “DEAL-BREAKERS” BY SUBGROUP

No guests, room checks, curfews, and short-term housing are consistently reported as the biggest deal-breakers. For women and gender expansive groups, not being able to have pets is in the top four deal-breakers. Other differences among demographic subgroups are depicted below.

Differences in deal-breakers by demographic subgroup

Gender

- **Women** were less likely to accept housing without their pets and without a private kitchen/bathroom compared to men.
- **Gender expansive identities** were more willing to accept curfews, substance use restrictions, roommates, and shared facilities compared to the full sample. They were less likely to accept pet restrictions, gender-segregated buildings, and religious requirements compared to the full sample.

Race

- **American Indian and Alaska Native** participants were less likely to accept short-term stays, room checks, curfew, mandatory meetings, and religious requirements, compared the full sample.
- **Black** respondents were more likely to accept religious requirements compared to the full sample.
- **Hispanic** participants reported fewer deal-breakers overall compared to the full sample.

Disability

- People with **mental illness** were less likely to accept no pets, housing that is difficult to get to, religious requirements, no smoking policies, and/or no internet compared to people without mental illness.
- People with **substance use disorder** reported many more deal-breakers at a higher rate than people without substance use. Top deal-breakers included drug testing, no guests, room checks, curfews, criminal record exclusions, religious requirements, housing that is difficult to get to, and/or sober/drug-free housing compared to people without substance use.
- People with **physical illness and/or chronic disease** reported many more deal-breakers at higher rates than people without physical illness. Top deal-breakers included shared facilities, curfews, religious requirements, room checks, and/or roommates compared to people without physical/chronic illness.

Age

- There were no notable differences reported between age groups.

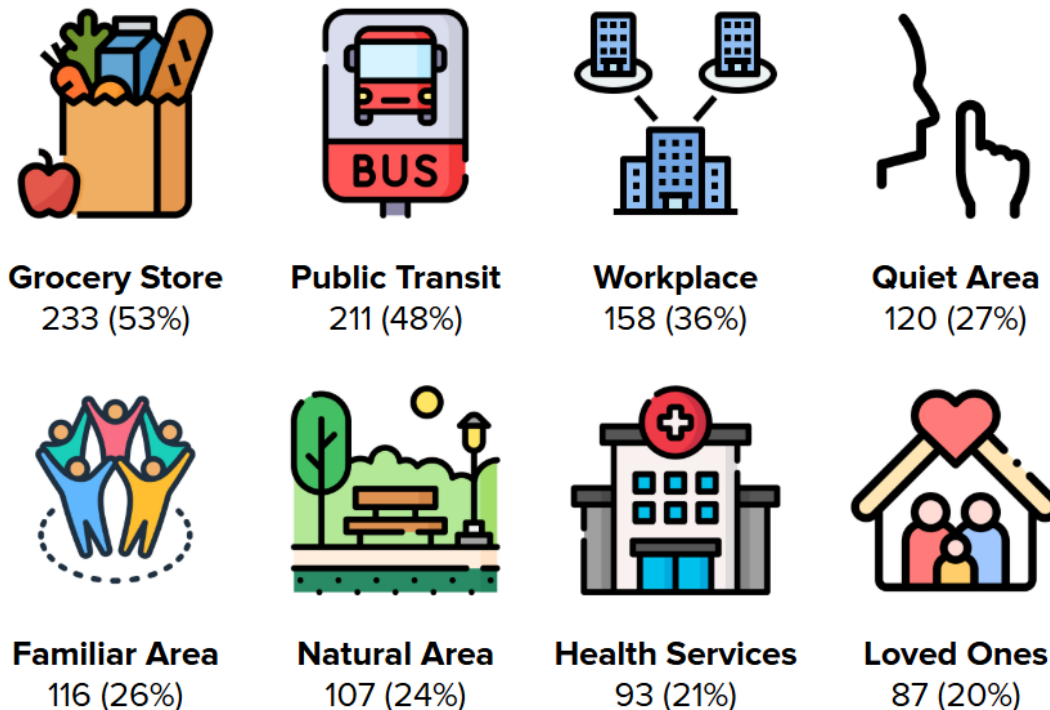
WHERE PEOPLE WANT TO LIVE

PRIORITIES FOR IDEAL LIVING LOCATION

We also asked participants about their top three preferences for where their ideal housing would be located. The top three endorsed categories were proximity to grocery stores, transportation, and work (Figure 3.3 and B3.3 for full list). Men were slightly more likely than women to want to live near their workplace (45% vs. 34%). Women, and people with any disability, ranked their top considerations as living near health services (#1), followed by social services or homeless service organizations (#2).

Figure 3.3 Top location factors desired in ideal housing (N=440)

Ideal Housing is Located Near or In:



WHERE PEOPLE WANT TO LIVE – AND WHY

We asked both housed and unhoused participants to share (write in) if there was a neighborhood or area that they knew they wanted to live in, and explain why. About one third (n = 113) of respondents reported that they had no particular area in mind or that they would be explicitly willing to live anywhere so long as it meant having a home.

“I’m content with simply having a place to live.”

The majority of participants had at least some preference; whether it was a particular place or a kind of place, respondents knew where they wanted, or did not want, to call home (see Table 3.2 for specific geographical locations).

Table 3.2. Housing location preferences (n=391)

| Location Preference | n (%) ¹ |
|---|--------------------|
| No preference, or “anywhere” | 113 (28.9%) |
| Non-geographical | 39 (10.0%) |
| Large area (entire city, county, or state) | 26 (6.6%) |
| Don't know | 14 (3.6%) |
| Not [X] ² – where people do NOT want to live | 10 (2.6%) |
| Uncategorizable | 7 (1.8%) |
| Specific Neighborhood, by popularity | 182 (46.5%) |
| Southeast | 34 (8.7%) |
| Northeast | 29 (7.4%) |
| Downtown | 26 (6.6%) |
| North Portland | 21 (5.4%) |
| Gresham | 17 (4.3%) |
| East | 10 (2.6%) |
| Outskirts (far east or west) | 9 (2.3%) |
| Beaverton | 9 (2.3%) |
| Northwest | 9 (2.3%) |
| Southwest | 9 (2.3%) |
| Other (Tigard, Milwaukie, Lake Oswego) | 9 (2.3%) |

¹ Since participants could select more than one response, the sum of the percentages exceeds 100%.
² Examples: “Not really just not in bad area”; “anywhere other than downtown”

Beyond geographical areas, participants described emotional and environmental preferences; these included places that were quiet, near the water, or felt like their childhood homes.

“Near the water. I love fishing and swimming”

Of those who had a preferred place where they wanted to live, a substantive portion (n = 148) named specific neighborhoods in the Portland-metro region, indicating good familiarity with the city and its neighborhoods.

“I would like to live either in NE or north because we had a community. And as a African Americans, we don't have a community now.”

“I wanna live in a house that faces the sun, that's not full of clutter garbage and broken things, has clean water, beautiful bathroom, had a wonderful bed to lay my head on. A place where I could be safe taking my medications and have rest to recuperate and also a place to see my children and my grandchildren. And where I could help others become clean from drugs so they could become part of the solution and get away from being part of the problem.”

WORRIES ABOUT HOUSING

Respondents were asked to share what worries (if unhoused) or worried (if housed) them most about moving into and maintaining housing. The responses across both groups were similar and were combined for analysis (N = 309; see B3.4 for a table of themes with descriptions). Most commonly, people worry that housing will not meet their needs (43%). For example, many people worried about the safety of future housing (20%). These participants shared concerns about moving into a home that was dangerous, either structurally or environmentally.

"Being a single lady and dealing with stalker. Safety"

Other needs people feared would go unmet included having access to people and things they need (9%)— like their loved ones, essentials like furniture, or that they would lose resources and supportive services they currently receive that are linked to their housing status (2%).

"Not being able to have my kids or dog move in with us"

Many people worry about becoming homeless again (38%), either because they will not be able to afford housing (20%) or that something would happen that could cause them to lose their housing after obtaining it (18%).

"Affordability should I lose my vouchers"

"Getting violated and losing home after I have it"

Participants worried they would not be able to afford their housing without their voucher, that they could not pay their portion of rent, or that other bills would ultimately overwhelm them. For people who have experienced the trauma of becoming homeless, it is unsurprising that their biggest fears would relate to re-living this experience. Participants who worried about losing housing speculated that rule violations or other factors could return them to homelessness. These responses correspond with participants' answers about what they need to successfully move/stay in housing, described later in the next chapter (Chapter 4).

"Too many rules that I would be forced to break"

The severity of the impact that homelessness has on individuals' well-being and health, especially for those who have navigated homelessness over prolonged or repeated periods, are

potently summarized by a small group of individuals who reported their most pressing worry was that they would never be able to ever get into housing (6%).

"That I'll die before I actually get that housing.... I've been waiting for home for section 8 housing and it's almost killed me."

Twenty-one percent of respondents reported they were "not worried", underscoring other findings in this report of participants' readiness and eagerness to gain housing.

CHAPTER 4

BARRIERS TO ACHIEVING HOUSING GOALS

We asked people about what barriers stood in their way of achieving their housing goals. Again, affordability rose to the top when compared to other issues. While affordability needs related to financial barriers already documented in this report, like housing costs and money needed to move into housing, other financial barriers revealed here include issues with credit and rental history. This chapter highlights these and other barriers experienced by people in obtaining their housing goals; it also highlights the importance of other supportive services, such as housing navigation.

This chapter also includes information on the impact of involuntary displacements on people. We discuss how these displacements impact reaching housing goals. This chapter is nuanced and we encourage readers to review it carefully. Many people describe serious negative outcomes caused by involuntary displacements. People reported losing personal items critical to navigating homelessness such as cell phones and identification because of involuntary displacement. Others shared that they had lost connections with people who had been helping them. We provide more survey participant stories in this section than others. The impact of involuntary displacement as told by participants in their own words adds gravitas to the findings described above and throughout the chapter: navigating homeless services is challenging, and involuntary displacement creates additional barriers to reaching housing goals.

BARRIERS TO HOUSING

We asked participants to indicate all barriers on a provided list that they experienced in seeking housing, as well as the top three barriers amongst all the barriers they selected. The responses for the top three barriers are listed in Figure 4.1 below.

Similar to participants' reports of the causes of their homelessness and desired services, the top three barriers to housing were financially related. The amount of money needed to move in and rent is too high were endorsed as the top barriers, by a margin of more than 20 percentage points, followed by credit/rental history. Eighty percent of participants (n = 446) selected money needed to move in, the rent is too high, or both as a barrier; 36% of the sample (n =

193) selected all three. All three barriers were consistently endorsed among all participants, no matter their demographic identity or duration of homelessness. See Appendix B4 for a full list of barriers (Table B4.1).

Figure 4.1 Top barriers to housing (N=541)

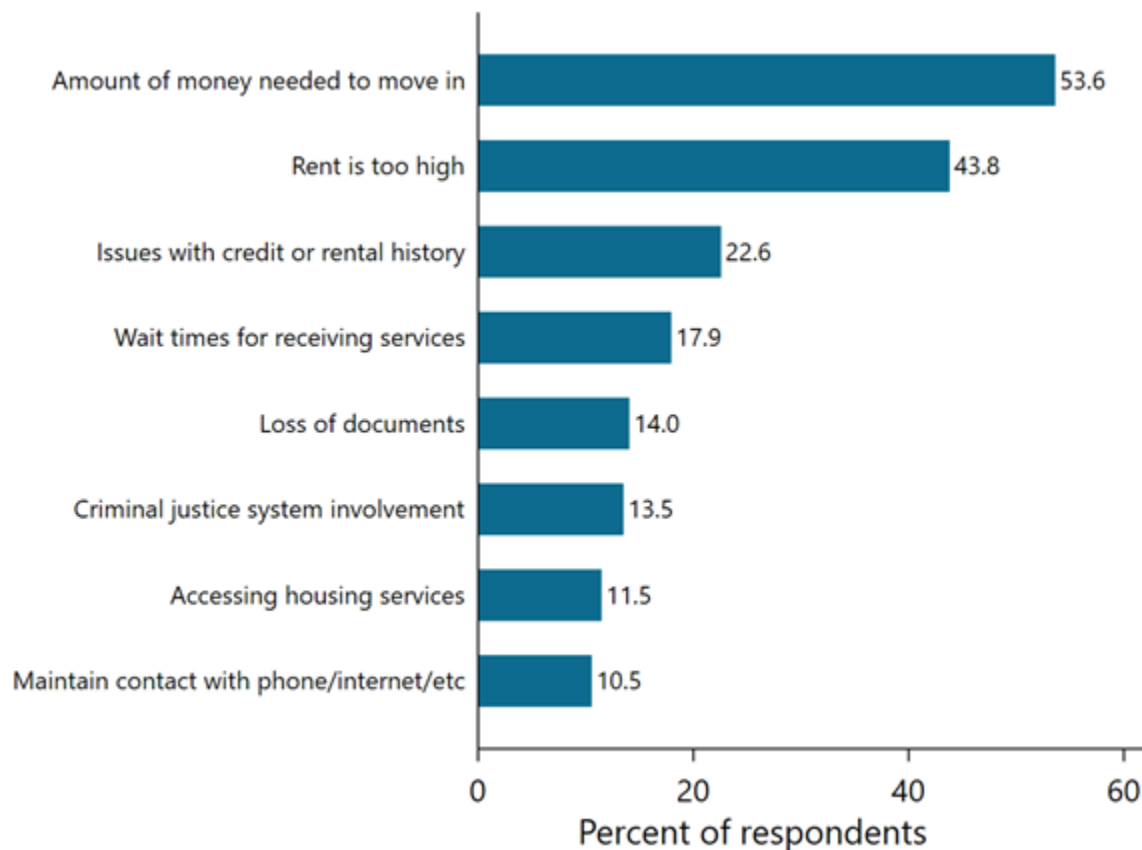


Figure note: Barriers shown are those that were marked by at least 10% of respondents as being among their top 3 barriers to housing. Since participants were asked to select the top three barriers, the sum of percentages exceeds 100%. A full list of barriers to housing is available in Appendix B4.

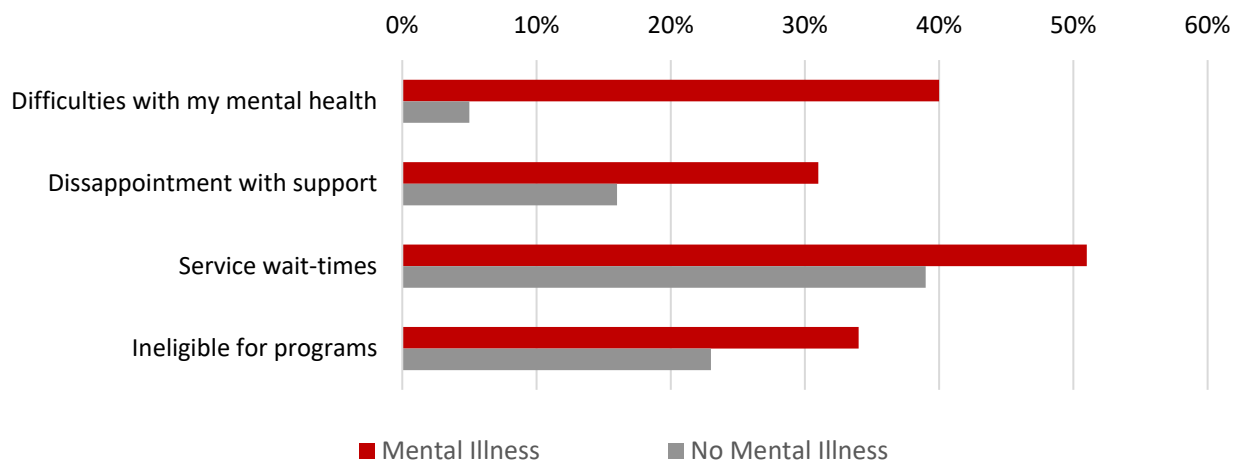
In addition to financial barriers, participants also identified system-level issues including wait times for services and difficulty scheduling or accessing housing services, as well as legal issues such as loss of documents and involvement in the criminal justice system. However, financial barriers were much more widely cited as the most critical barriers to gaining housing.

EQUITY ANALYSIS: BARRIERS TO HOUSING, BY SUBGROUP

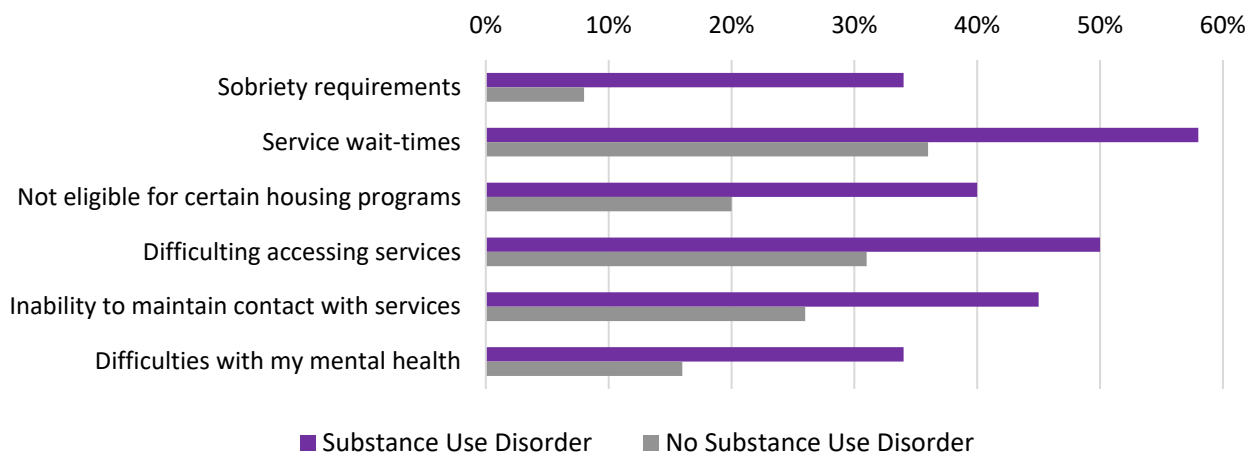
As reported above, financial barriers are the main barriers to housing, and this holds true across demographic subgroups. For people who identified as male, Hispanic, American Indian or Alaska Native (AIAN), or Black, or reported having a substance use disorder, “involvement in the criminal justice system” moves into the top five barriers. People who identified as BIPOC reported more “discrimination based on race” than those who identified as white, by 6 percentage points. As a group, people with a disability reported more barriers than those with no disability. These are further described in the charts below.

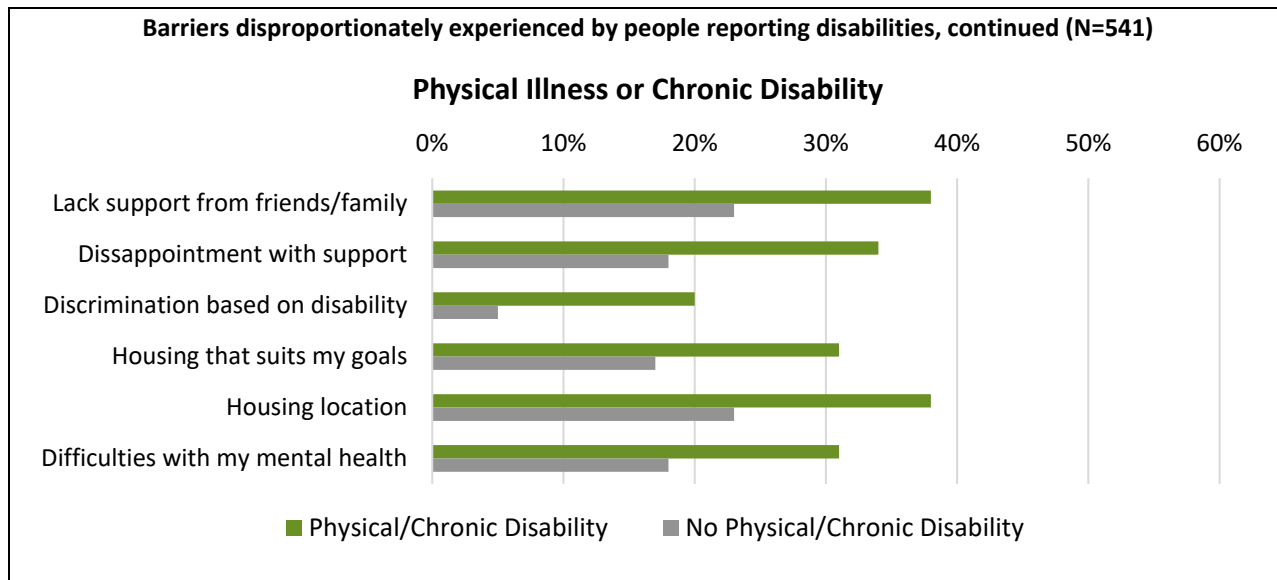
Barriers disproportionately experienced by people reporting disabilities (N=541)

Mental Illness



Substance Use Disorder





WHAT DO YOU NEED TO MOVE INTO HOUSING?

"I need to get into a home that is safe and open to my wife and daughter. We have to get a home as soon as possible to get our daughter back. All the waitlist simply don't pan out or end up saying we don't fit for the place for whatever reason"

Housed and unhoused respondents were both asked to describe what they need to stay in (for housed participants) or first obtain (for unhoused participants) housing (open-ended response; see Table B4.1 for the full list of themes and descriptions). Participants in both groups largely shared the same responses and thus were combined for analysis (n = 415).

In Their Own Words:

Participant responses to “What do you need to move into/stay in housing?”

“Need help getting started. It’s been hard to reach a housing coordinator to get help because there’s so many people who need it right now.”

“Permanent housing so that I have the stability and security to be able to process my trauma and grief.”

“My biggest barrier is financial. I am about to reapply for SSI [social security insurance] but with not having adequate time working for the last applicable quarters, even when I get approved it will be a very small amount monthly. Not enough to survive on. Of course it will be helpful but I still would not be able to afford housing after being approved.”

“A world that doesn't hate and discard homeless people”

“I don’t want that anymore I want heaven”

Most responses to this question identified a need for financial support and services to obtaining housing (86%). This included employment opportunities; money for rent; receipt of a housing voucher; and assistance with resolving more complex financial problems such as unpaid debts, evictions, or poor credit histories. Following financial support, participants identified a need for support navigating various service systems (36%). This included access to various non-monetary resources, like a cellphone, a case manager, or help using the internet; accessing health-related services like social security benefits or caregivers; resolving or working around challenging legal histories; and obtaining personal identification documents. Finally, a smaller share of participants (10%) indicated that they needed housing that could meet their unique needs. These responses included being able to choose a place that fits them, finding housing that was safe, and knowing their family could live in the same place as them.

The identification of financial insecurity as the primary barrier to housing is consistent with our other findings. Financial support to address affordability is one of the most commonly reported unmet needs in our sample (refer to unmet needs in Chapter 5), and affordability ranks high among participants’ worries about moving into housing (refer to Worries about Housing in Chapter 3). Resources and systems navigation as the second most persistent barrier to housing is well aligned with the data reported below about housed participants’ most helpful resource as they moved into housing.

What most helped you move into housing?

Some housed respondents (n = 16 of 88 housed respondents) opted to share what was most helpful to them as they moved into housing. Though a small sample, their responses lend valuable insight into the most vital supports for people navigating homelessness. The most productive resource reported in this question was good case management, endorsed by half of the respondents. Friends and family (25%) were the second most reported, followed by money and voucher programs (19%). One individual identified luck as the most helpful resource. These data align with our findings regarding the self-reported helpfulness of resources used by participants (see Who Do People Ask for Help, Chapter 5), which identifies case managers and family/friends among the most responsive to participants' requests for assistance.

SPOTLIGHT:

IMPACTS OF INVOLUNTARY DISPLACEMENT

A Note About the Phrase “Involuntary Displacement”

This section describes experiences with what is often referred to as “sweeps” by people who are or have experienced homelessness, or “encampment removal” by some government, corporate, and nonprofit entities. The City of Portland⁷ refers to this process as their “Impact Reduction Program,” and describes the work as “coordinating campsite cleanups” through a process of assessing, notifying, removing, and storing the personal property of people living in those campsites – although this has been contested by people who have had difficulty retrieving their belongings. The act of removing personal property, including tents and other shelter structures, from people who are sleeping outside is controversial, politically fraught, and legally contested. We used the term “sweeps” in the survey as it is generally preferred by people with lived experience.

HSD requested that HRAC determine appropriate language to describe encampment removals or “sweeps” in this section. It was acknowledged that the term “sweeps” can be politically and emotionally charged to many audiences, including those with lived experience, but that other terms like “encampment removals” understate the impact of such actions and policies. It was decided that the TREES committee should offer their input on the most appropriate language to use here, as critical partners in this project.

We took the discussion and decision to the TREES committee. A familiar debate for many, the committee discussed arguments for using “sweeps” or “encampment removal.” Many agreed that “sweeps” was a controversial word for some people and use of it might risk losing key audiences that they wanted to hear their message. Most members also pointed out that the term “sweeps” does not appropriately capture the physical and psychological harm endured in the process. They felt that “encampment removal” tried to obscure what was happening, the harm done, and/or tried to couch removals in a framing of community “livability” to avoid

⁷ Readers can find more information about the City of Portland’s Impact Reduction Program, including policies for assessing and removing campsites, at their website: <https://www.portland.gov/homelessness-impact-reduction>.

talking about homelessness. TREES felt that the language of “encampment removals” rendered what is generally experienced as a traumatizing process to a basic cleaning activity.

The committee members decided to create their own terminology. They selected “**involuntary displacement**” to describe actions taken by entities that resulted in people losing their place to sleep and belongings. The TREES members felt that identifying a new term might better reflect what was happening in a more technical manner while still uplifting the pain of what happens when someone is removed. The new term also demonstrates to people who would be turned off by the use of “sweeps” that they did want them to read the information.

The TREES Committee hopes that people who find “involuntary displacement” unsettling will pause for a moment to consider the source of this feeling and read on with an earnest desire to listen and understand these data. For clarity, we will use “sweeps” and “campsite removals” when specifically referencing the survey question and/or sharing direct quotes.

“

“I felt helpless. There was nowhere for us to go. Neighborhood people don’t want us, [the] city doesn’t want us, parks don’t want us and even Walmart won’t let us stay in their parking lot anymore. We can’t just stop existing.”

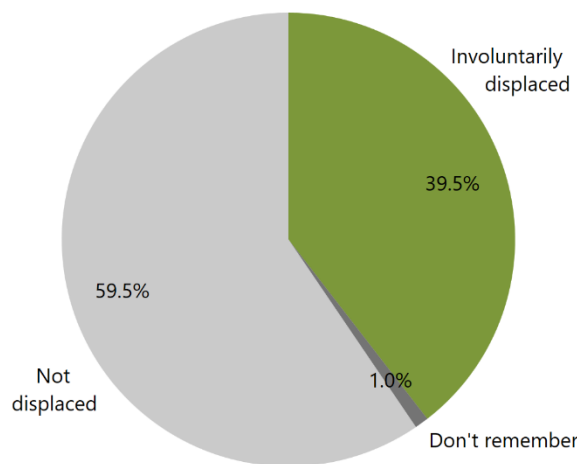
- Participants' written response to, “Is there anything else you’d like to tell us about how you were or are impacted by sweeps or campsite removals?”

INVOLUNTARY DISPLACEMENT IN MULTNOMAH COUNTY

Involuntary displacement — the process of removing unsanctioned campsites — is a common part of the homeless experience in Multnomah County. The analysis below shows that involuntary displacements overwhelmingly have negative impacts on individuals. This is consistent with other local reporting (O’Donnell-King, 2025, 2026) and national studies (Talbot et al., 2024). We report these findings here to contextualize the role of involuntary displacement in impeding people from achieving their housing-related goals.

We asked a series of optional questions about involuntary displacement (i.e., sweeps or campsite removals). Among participants who provided a responses to these questions (N = 405), 160 reported experiencing at least one involuntary displacement in the past 6–12 months, while 241 reported no displacement. This corresponds to 40% reporting displacement and 60% reporting no displacement among those who responded to this question. Accordingly, we estimate that at least 30% of the full sample (N = 541) experienced involuntary displacement in the 6–12 months prior to the survey.

Figure 4.2 Proportion of participants experiencing involuntary displacement (N=405)



The participants who opted out of these questions did so for various reasons, including not wanting to discuss the topic (n = 52), survey length (n = 45), or item nonresponse (n = 39). It is very plausible that some individuals in these groups may also have experienced displacement, therefore it is likely our estimates are low.

There is growing research that underscores the negative impacts of involuntary displacement resulting in negative health outcomes, disconnection from services and decreased stability and security (Goldshear et al., 2025; Mayer et al., 2024; Qi et al., 2022; Zwick et al., 2025). We

emphasize that about 30% of the sample experienced losing their sleeping location — and of these, 97% indicated that it happened more than once (see below). They also had their goods taken, and/or experienced one of the other involuntary displacement outcomes described below.

FREQUENCY OF INVOLUNTARY DISPLACEMENT

Participants who reported being involuntarily displaced were asked to specify how many times this has happened to them. Forty-eight percent of those who provided a response indicated that they experienced involuntary displacement 10 or more times, and of these, many reported substantially more than 10 times (see Figure 4.1). People also said “many” times or provided a frequency (e.g., “twice a week”), indicating that involuntary displacement was a frequent and expected part of their life over the last 6 months. Non-numerical responses included variations of several, many, “an inhuman number of times,” or “too many to count.”

Table 4.1. Frequency of Involuntary Displacement (n=160)

| Frequency | n (%) ¹ |
|--|--------------------|
| Once | 11 (7.3%) |
| 2-3 times | 27 (18.0%) |
| 4-9 times | 32 (21.3%) |
| 10-19 times | 28 (18.7%) |
| 20-49 times | 16 (10.7%) |
| 50-99 | 3 (2.0%) |
| 100 + | 2 (1.3%) |
| Several, many, or multiple times per week (combined) | 31 (20.7%) |
| Several | 5 (3.3%) |
| Many | 17 (11.3%) |
| 1 time per week | 4 (2.7%) |
| 2 times per week | 3 (2.0%) |
| 3 times per week | 2 (1.3%) |

Note: Responses from write-in question. 10 missing or incompatible responses are not reported.

In their reporting, ProPublica found that the City of Portland conducted 19,000 involuntary displacements between 2021 and 2024 and removed 20 encampments per day in 2024 (Talbot et al., 2024). Given the numbers, our data may indicate that some of these involuntary displacements were likely of the same people over and over again.

WHO TELLS PEOPLE AN INVOLUNTARY DISPLACEMENT WILL HAPPEN/IS HAPPENING?

Respondents who reported experiencing involuntary displacement were asked who told them they had to move. Participants were presented with a list of communicators and asked to mark all that applied. Most participants (64%) indicated they were told by police or law enforcement officials, and 58% of respondents marked two or more categories of communicators.

Figure 4.3 Who told respondents they had to move (N=160)

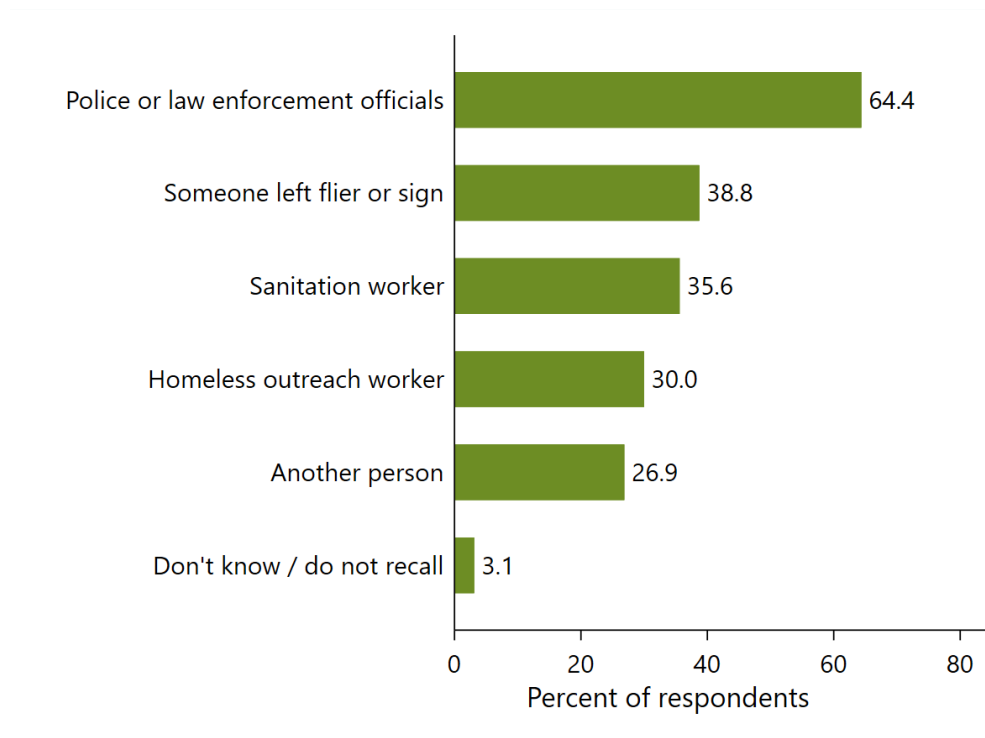


Figure note: Since participants could select more than one response, the sum of the percentages exceeds 100%.

IMPACT OF INVOLUNTARY DISPLACEMENT

Participants reported that involuntary displacement resulted in lost property, phones, identification documents, and medical supplies. Eighty-six percent of respondents reported losing personal belongings such as their clothes, tent, or food. Nearly half of respondents reported losing connection with people who were supporting them, and 25% and 26% reported missing a housing appointment or losing connection to a housing worker, respectively. Only 9% of respondents reported that someone from the involuntary displacement action helped them get into shelter/housing.

Figure 4.4 Impact of involuntary displacement action (N=160)

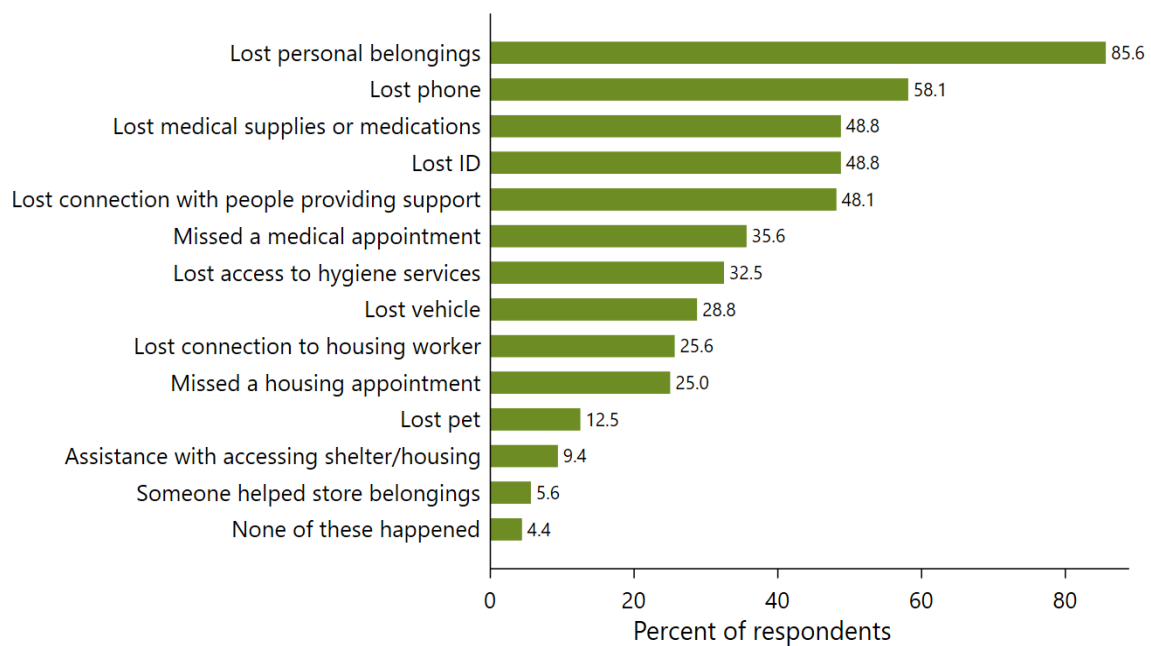


Figure note: Since participants could select more than one response, the sum of the percentages exceeds 100%.

Respondents who chose to share more about their involuntary displacement experiences via a write-in option primarily described harmful outcomes (n = 216; See B4.3 in appendix for full description of themes). Material and physical consequences (23%) included the loss of property, medications, important documents, and social supports. Emotional damages were reported (24%) and included stories of death, trauma, anger, grief, and fear. Participants negatively impacted by involuntary displacement also shared stories of mistreatment by cleanup crews (7%). Some participants reported mixed reactions (2%), such as statements about the necessity of involuntary displacement but requesting alternative methods, while others still shared positive responses (3%) characterized by gratitude for clean ups. Finally,

some participants (9%) offered suggestions to improve the current methods of removing camps or shared stories of how they survived their own experiences with involuntary displacement.

EQUITY ANALYSIS: IMPACT OF INVOLUNTARY DISPLACEMENT BY SUBGROUP

Demographic subgroups are not impacted equally by involuntary displacements. As seen throughout the report, people with disabilities reported more negative impacts of homelessness, including involuntary displacements (see below). Women were more likely than men or people with gender expansive identities to report being connected to shelter/housing by someone from the involuntary displacement action. This was not the case for any other subgroup.

Impact of involuntary displacement, by demographic subgroup

Gender

- A greater proportion of **men** reported experiencing involuntary displacement than women.
- **Men** were more likely to report losing their vehicle or phone compared to women.
- **Women** were more likely to report losing medications and medical supplies compared to men. They also reported a greater likelihood of gaining connections to housing/shelter.

Race

- A greater proportion of **White** participants reported experiencing involuntary displacement than BIPOC populations.
- **Black** participants were more likely to report losing their phone and ID compared to the total sample.
- **American Indian and Alaska Native** participants were more likely to report losing their phone compared to the total sample.

Disability

- People with **any disability** were more likely than people without disabilities to report losing their vehicle, connections to housing workers and their pet.

Age

- **Adults aged 55 years and older** were more likely than younger adults to report losing their personal vehicle.

IN THEIR OWN WORDS: PARTICIPANT ACCOUNTS OF INVOLUNTARY DISPLACEMENT

The losses and trauma described by participants impacted by involuntary displacement are presented here with minimal narrative, to uplift the voices of our respondents who shared sensitive personal information with the research team (see Table B4.3 for description of themes and example quotations). The survey questions about involuntary displacement resulted in especially emotional stories when compared to the rest of the questions. The openness and vulnerability we received for this question would not have been possible without the presence of the TREES committee and Street Roots Ambassadors conducting the surveys. We present these quotes with guidance from the TREES committee with minor edits to improve readability.

“

It was awful for one. It was winter and 28 degrees outside when they came. And snowing that morning! I only have one leg and must use a wheelchair or crutches and they "didn't care, I had to move!" (these were their exact words). And they told different people different things: "Go get help from someone else in camp" [But] others were also getting swept and trying to pack their own stuff. And we just had to move MOVE, MOVE NOW!!!!

Sweeps should be illegal. People should take care of fellow humans better than the stray dog.

“

“

This sweep thing is somebody showing up and throwing your stuff away if you don't move. It is terrifying to a person who has nowhere to go and no ability to rest or grow roots. I think it's the best way to put it, they make it entirely impossible to get anything done. If I want to go get an ID or if I wanna go get a job or if I wanna go look at options for housing, I might come back and all my shit might be gone. So I have to take most of my stuff with me everywhere I go. [It is] a huge burden.

Yes I've lost and started over like 30 times and cant take anymore losses.

“



The employees for those companies need to show more empathy and or at least be human and respect the property. And it should go the same on the flip side.

Constant displacement has broken down the little bit of community and stability we had left. It's not only taxing physically but emotionally. It's hard enough living outside. Sweeps are inhumane and lead to deaths either directly or from suicides [from] being swept from community or resources.



My bag was marked unknown. So the people who swept my stuff gave my bags to the people who camped next to me. I lost all my legal documents and my prescriptions. I've been struggling to get them reissued since.



I lost my friend, his head was driven over by a car as he came out of the tent. The tent removal truck scared him out.

CHAPTER 5

WHAT SUPPORTS PEOPLE WHILE THEY ARE EXPERIENCING HOMELESSNESS?

Despite people’s interest in gaining permanent and stable housing, rising costs of rent, move-in fees, and lack of affordable housing remain a chronic problem in Multnomah County. Our data demonstrate that waiting times and difficulty accessing housing services are common barriers to housing. Once homeless, it can be hard—if not impossible—to estimate how long it will take to secure long-term, stable housing. Furthermore, homelessness is associated with frequent moves and instability (Chapter 2) that pose additional complications to accessing reliable, consistent services. Within this context, we sought to understand what supports people during their experiences of homelessness, and what services people can access and find useful. We explore service gaps and who comprises the formal and informal support networks that provide help for those experiencing homelessness.

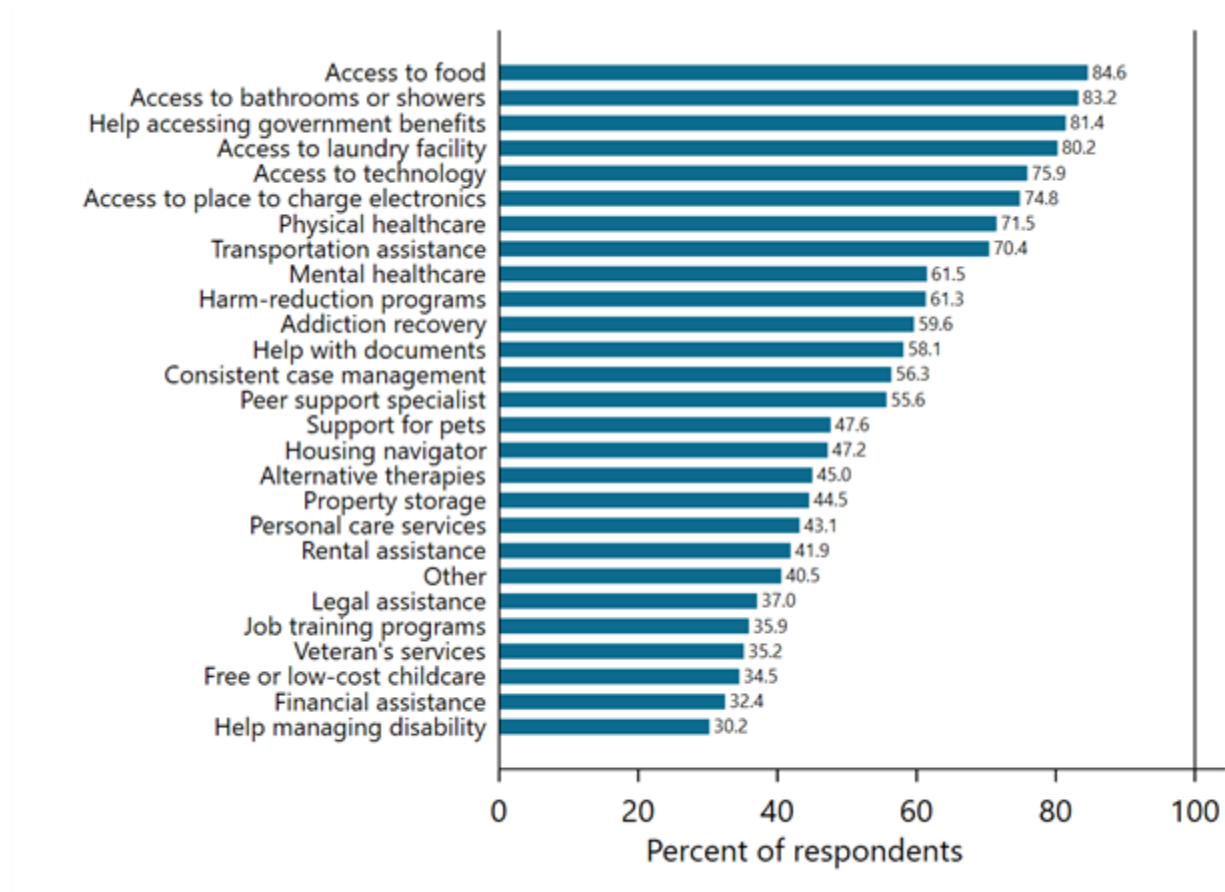
The results we present in this chapter provide an overview of what services people reported accessing and gaps that exist at a system level. As this study is an analysis of the broader system that provides services to people experiencing homelessness in Multnomah County, we include government-funded services and services provided by nonprofit organizations. We do not have specific data about any particular service. We also do not know how many times or places people have used a particular service. Instead, we provide insights into how participants make sense of the opportunities to ask for and receive help.

WHAT SERVICES DO PEOPLE HAVE ACCESS TO, AND HAVE THE SERVICES HELPED?

All respondents were presented with a list of services. For each service, they were asked to mark whether they had used that service and whether it had been helpful. If they had not used the service, they were asked whether they would be interested in using it if it were available. They could also indicate that the service was not applicable to them. For each service, survey participants could select one of the four options: used and helpful; used and not helpful; not used but desired; or, not used and not desired. Respondents could also not respond. For ease of interpretation, we report only on people who selected an answer. To see the full chart with all participant responses, refer to Figure B5.1 in the Appendix.

The services that were most used were services that attend to basic needs, including access to food and hygiene facilities. These are depicted in Figure 5.1. Help accessing government benefits was also a highly used service as well as places to charge electronics.

Figure 5.1 Services used by participants (N=541)



Physical healthcare was also accessed by almost three quarters of the sample, but we do not know what kind of services and how/by whom they were delivered. People experiencing homelessness are at risk for health problems, poorer health outcomes, increased mortality rates and face significant financial and logistical barriers to obtaining care compared to their housed peers (Garcia et al., 2024; Medellin et al., 2024; Romaszko et al., 2017). Street medicine programs attempting to provide direct, mobile services to people experiencing homelessness can improve health and connections to ongoing healthcare (R. A. Kaufman et al., 2024; Medellin et al., 2024), but they are also limited in scope. There are several street medicine and mobile health service units operating in and around Multnomah County. Further investigation is warranted to better explore what health services are being provided, to whom, and how

consistently, in order to identify unmet health service needs and understand the effectiveness of care that is provided.

HELPFUL AND UNHELPFUL SERVICES

Overall, the services that people could access aligned with services that people deemed helpful (see Figure 5.2 that depicts helpfulness and unhelpfulness of services used). Services that address basic needs and hygiene, including access to food, bathrooms and showers, laundry facilities, etc., were ranked among the top services people used and found helpful (Figure 5.1). This need is consistent with previous HRAC studies where people said that basic needs and hygiene were high priorities (Greene et al., 2022; Zapata, 2020).

Figure 5.2 Services used, helpful and not helpful (N=541)

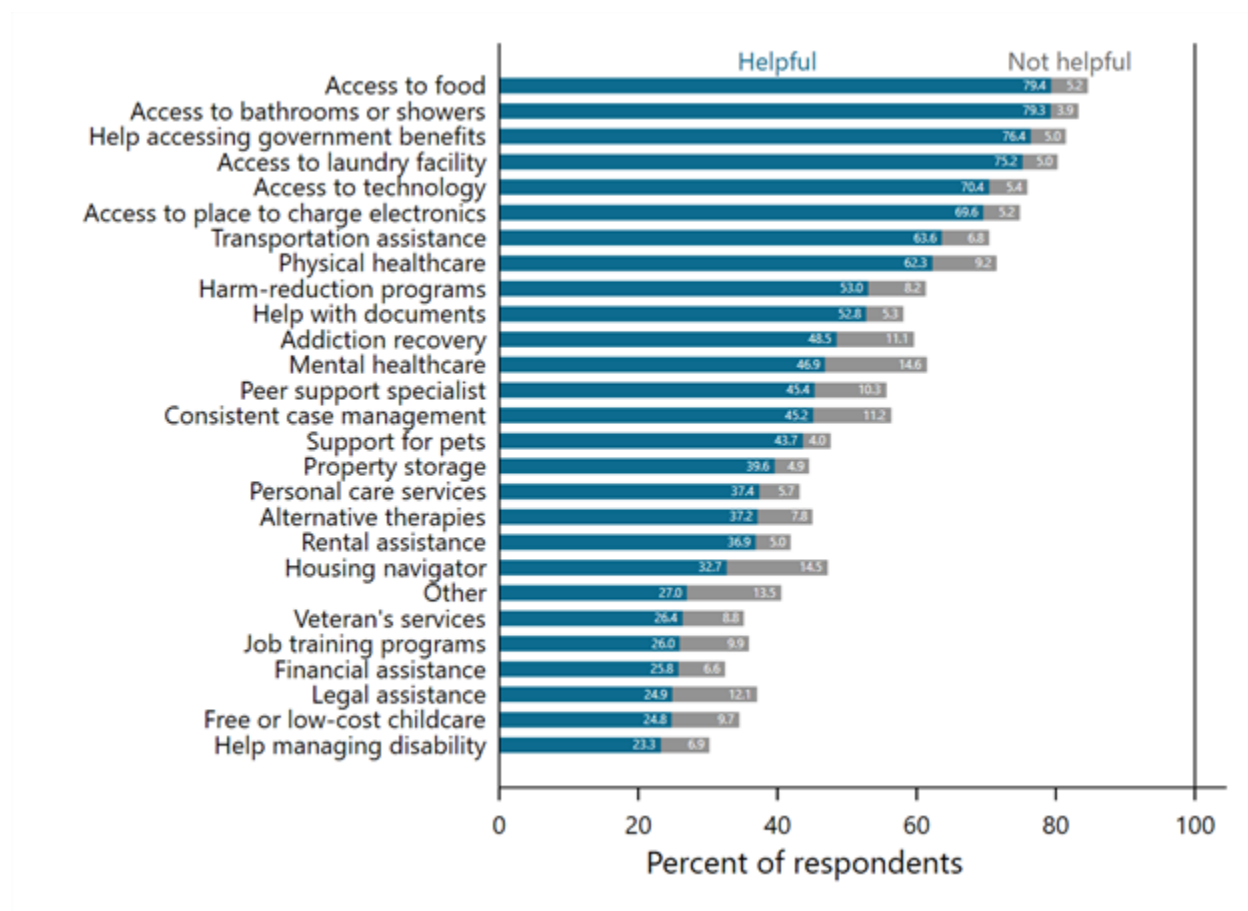


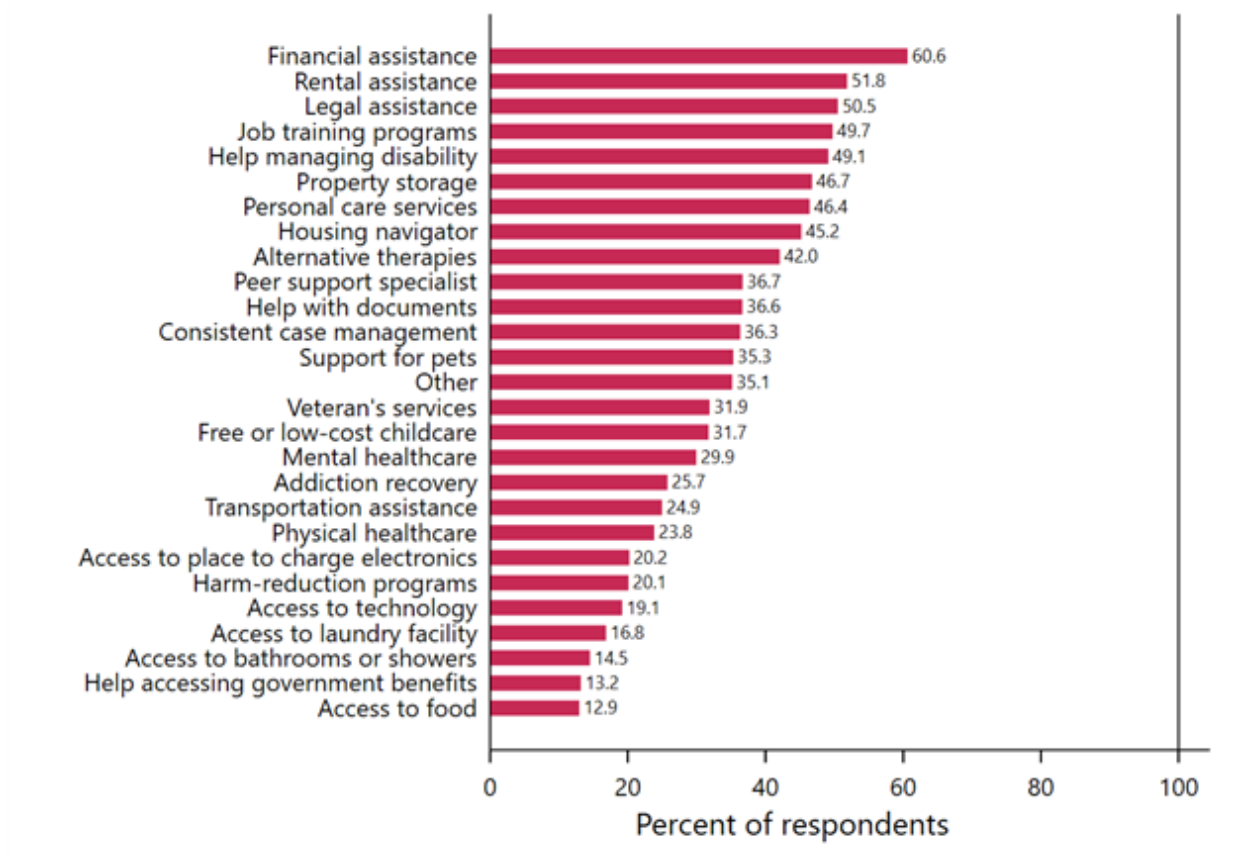
Figure note: Utilization (blue + gray) and helpfulness (blue) of services, are shown as a percentage of those who marked one of four main choices (used and helpful, used but not helpful, not used but desired, not used and not desired; NA not included). For each service, totaling values for "helpful" and "not helpful" will yield the percentage of respondents who have used this service, also depicted in Figure 5.1. Services are displayed in decreasing order of helpfulness.

Three services identified as unhelpful by the largest proportion of respondents were mental healthcare (14.6%), housing navigation (14.5%), and legal assistance (12.1%). However, these services were also rated as helpful by other respondents. Because we do not have details of specific service providers and frequency of use, we do not know whether a “not helpful” rating refers to the quality of the service received, the lack of accessibility of the service, or whether they desired to use the service more than it was available. In Chapter 3 we report that all three of these are supports people rank as highly desired in their ideal housing situation and legal assistance is in the top three unmet needs (described below). Together, these findings suggest that inaccessibility is at least some part of the problem. But ultimately, we do know that these services are not working well for some respondents.

UNMET SERVICE NEEDS

Services that respondents had not used but indicated that they would use if they were available are identified here as unmet service needs (Figure 5.3). The top *unmet* service need was financial assistance, selected by 61% of respondents (meaning they had not used the service but would if it were available).

Figure 5.3 Unmet and desired service needs (N=541)



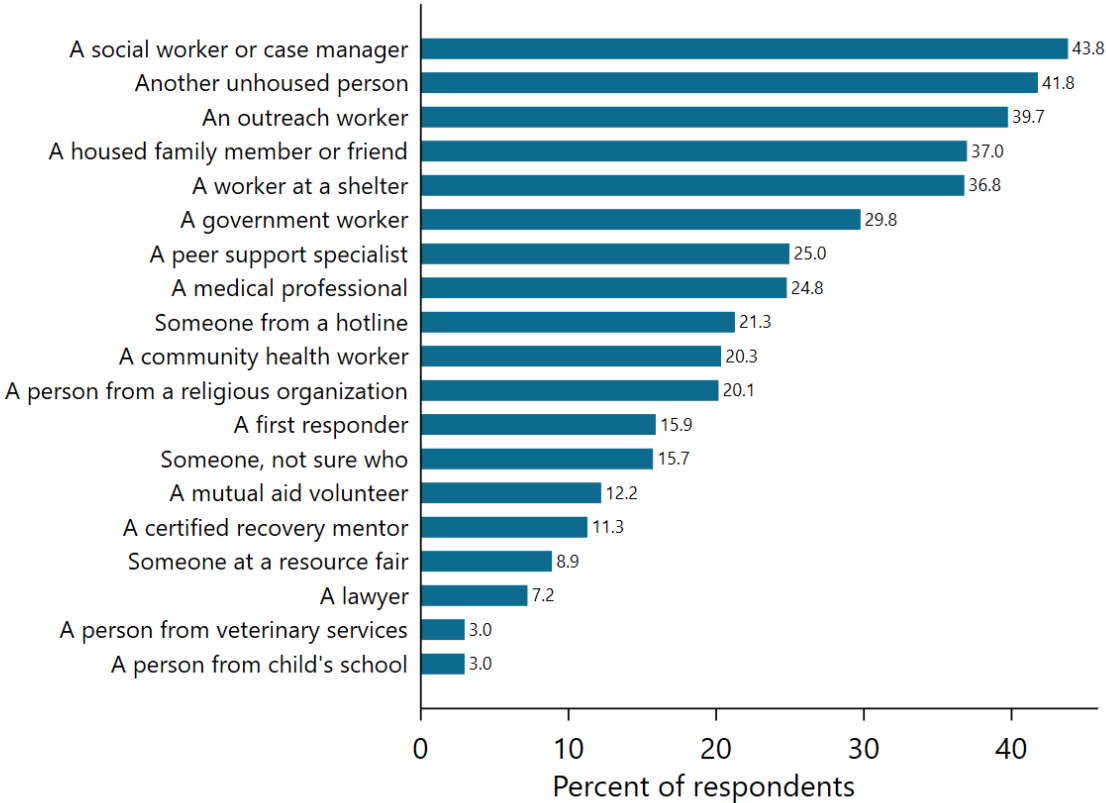
The next four most common unmet needs identified included rental assistance (52%), legal assistance (51%), job training/job attainment (50%), and help managing a disability (49%). All of these unmet needs were reported as the least used services, which likely suggests that these are also the least accessible. Given their ranking as both the highest unmet need and the least used, we see these unmet needs as warranting the most attention.

Note that services that ranked lowest in Figure 5.3 should not be interpreted as being least needed or useful to participants. In fact, the lowest ranked services in terms of unmet need – access to food and showers – are the highest ranked in terms of utilization as well as helpfulness. The intersection of these two findings indicates that these services are accessible and needed– that people are using them, and they are wanted.

WHO DO PEOPLE ASK FOR HELP?

All respondents were shown a list of people or service providers representing various supportive roles and service organizations (hereafter referred to as “supporters”). They were then asked to identify who they had asked for help in the last 6–12 months.

Figure 5.4 Who do people ask for help? (N=541)



For each supporter participants asked, we participants indicated who actually helped them. Figures 5.5–5.7 visualize how these supporters compare based on their helpfulness percentage. The helpfulness percentage shows how often certain supporters actually did help when asked, regardless of how many times they were asked. We call this “follow through.”

Figure 5.5 Who followed through when asked for help (N=541)

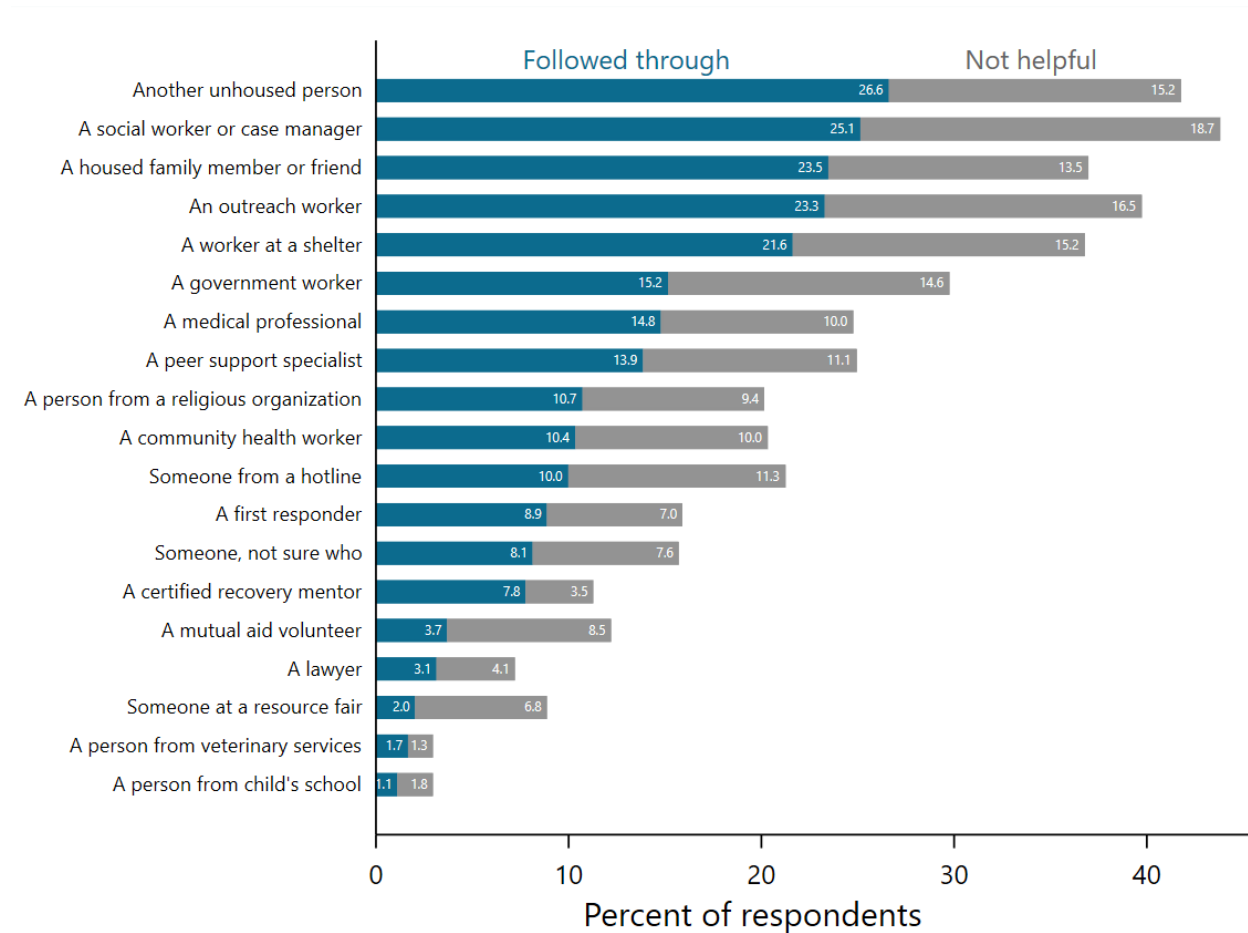


Figure note: Frequency of times a respondent asked for help (blue + gray) and was actually helped (blue) are ranked in descending order of frequency of follow-through on asks (blue bar).

Supporters who were more frequently asked for help were also most often identified as having helped. Social workers/case managers and shelter/service and outreach workers; unhoused peers; as well as housed family and friends were considered some of the most helpful supporters and those that were asked for help the most frequently.

Understanding the actors who are asked more frequently and perceived to be more helpful (Figure 5.6 and 5.7) provides additional insights into social networks of people experiencing homelessness throughout the pathway from unsheltered homelessness to housing. These findings align with prior research that suggests that informal social networks (e.g., unhoused peers, family, and friends) are important resources for people experiencing homelessness that may have a positive impact on health and wellbeing (Hwang et al., 2009).

The high degree of perceived helpfulness of both other unhoused people and peer support providers also reinforces the importance of involving those with lived experience of homelessness in research and service delivery (Mangan et al., 2024; Padwa et al., 2023).

Figure 5.6 Helpfulness (or follow-through when asked) of supporters (N=541)

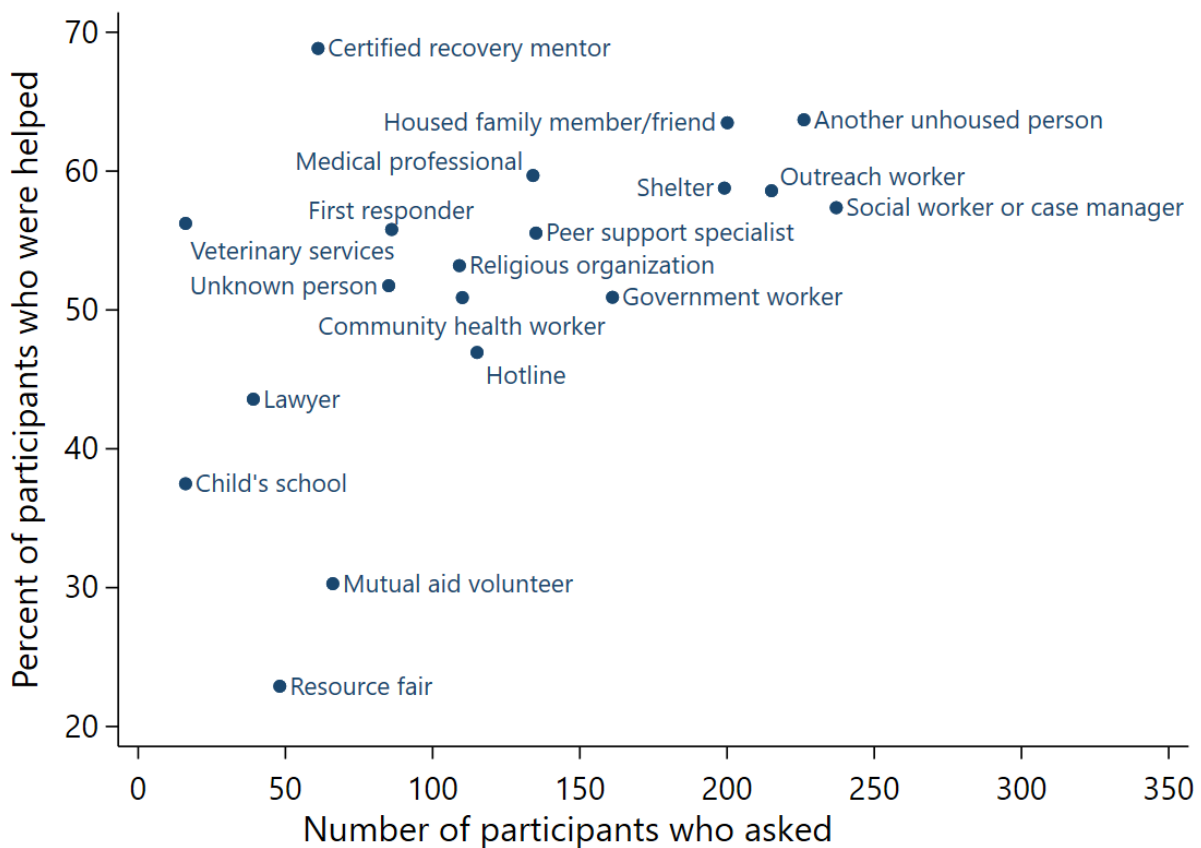


Figure note: The helpfulness percentage of persons, services, and organizations are visualized in the scatterplot demonstrating the range of perceived helpfulness across these resources.

We classified supporters into categories based on frequency of ask (low, medium or high) and degree of follow-through (low, medium or high follow-through if asked) (see Figure 5.7). The supporters with the highest frequency of asks and highest perceived follow-through reinforce the role of informal and formal social networks and community support as well as institutional resources in supporting people experiencing homelessness. Hotline support (211/Domestic Violence) received a moderate degree of ask but was reported among the least who followed-through (or where helpful). However, women were more likely to report hotline support follow-through (or helpfulness), which may indicate its value as a discrete source in assisting women escaping domestic violence situations (McDonnell et al., 2018).

Figure 5.7 Helpfulness Matrix: helpfulness by frequency of asks (N=541)

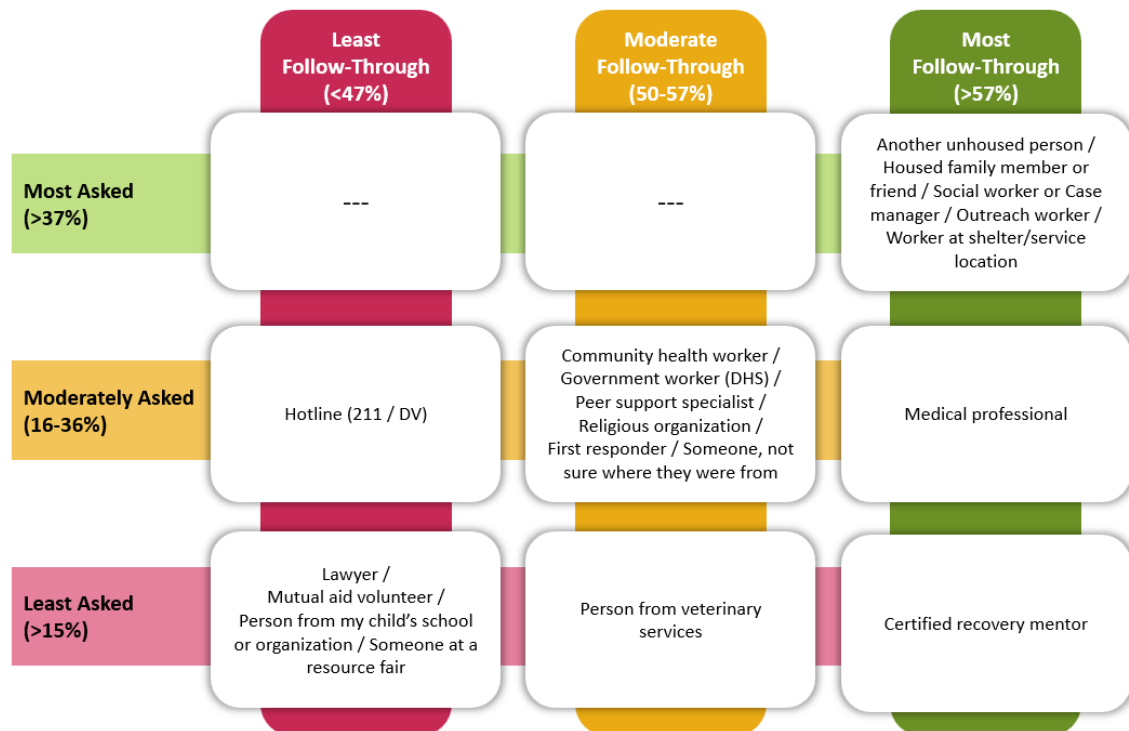


Figure note: Supporters were classified into terciles based on the percentage of respondents who reported asking them for help and the percentage of those interactions rated as helpful. Low asks for help were defined as actors selected by 12.2% or fewer respondents, moderate asks: 15.7% to 29.7%, high asks: >36.7%. Low helpfulness: 47.0% or fewer helpful interactions; moderate helpfulness: 50.9% to 56.3%; high helpfulness: >57%. Each square is best interpreted in relationship to one another rather than independent evaluations of a supporter-type's helpfulness. The lack of high frequency-low help responses as well as the tight clustering of values within terciles points to value in further analysis of how relationships of care and social support networks are integral for people experiencing homelessness navigating pathways to shelter and housing.

The analysis also reveals some possibly highly effective but under-asked sources of support from medical professionals and certified recovery mentors. These findings underscore the importance of these roles in serving people experiencing homelessness while also pointing to a greater overall need for supporters providing these services.

Respondents indicated that “someone, not sure who” was both asked moderately frequently and was moderately helpful. There are people and organizations, including advocacy and mutual aid groups, formally and informally out serving people experiencing homelessness. Few are wearing uniforms or branded name tags. Knowing the affiliation of someone helping you may not be realistic, be a priority, or stay with you. People may have been asking strangers for money or food—a single transaction where personal information is not shared.

Importantly, the degree to which specific supporter roles were asked for help less frequently does not imply these supporters are less effective per se, but instead should be interpreted alongside survey response data that point to overlapping unmet service needs. For example, lawyers were ranked as infrequently asked and infrequently helpful, but legal assistance was ranked as the third highest unmet need. Taken together, these findings suggest disconnects between people experiencing homelessness and specific resource types despite a high degree of need.

EQUITY ANALYSIS: DIFFERENCES IN WHO PEOPLE ASK FOR HELP, BY SUBGROUP

Overall, the top sources of help are consistent among demographic subgroups, with social workers, case workers, other unhoused people, and family and friends being the top sources. A closer look, however, reveals that some support roles are more prevalent in the social networks of some subgroups. For example, a greater proportion of older adults reported asking and receiving support from medical providers. Understanding what roles are more prevalent for certain groups may provide insights into trusted sources of information and/or opportunities for better reach and connection. These results are presented below.

Sources asked for help and degree of follow-through, by demographic subgroup

Gender

- A greater proportion of **women** asked for help from social workers or case managers, government workers, and/or someone from a hotline compared to men. Women were more likely to report follow-through from hotlines than men.
- **Men** asked fewer types of sources for help compared to women and gender expansive identities.
- **Gender expansive identities** were more likely to ask for help from mutual aid volunteers, certified recovery mentors and/or someone from a hotline compared to the full sample.

Race

- **American Indian and Alaska Native** participants were more likely to ask for help and receive it from housed friends or family members and/or a certified recovery specialist compared to the full sample.
- **White** participants reported asking the greatest variety of sources for help compared to the full sample.
- **Black** participants reported asking the least variety of sources for help compared to the full sample.

Disability

- People experiencing **mental illness** were more likely to report asking for help from case workers, peer support specialists, medical professionals, and/or community health workers compared to people with no mental illness.
- People experiencing **substance use disorder** were more likely to report asking and receiving help from outreach workers, certified recovery mentors, other unhoused persons and/or peer support specialists compared to people with no substance use disorder.
- People experiencing **physical illness, including chronic conditions**, were more likely to report asking and receiving help from medical professionals, social workers, community health workers, workers at a shelter, and/or an outreach workers compared to those with no physical/chronic condition.

Age

- **Adults aged 55 years and older** were more likely to report asking and receiving help from a medical professional compared to younger adults.

THE ROLE OF SHELTER

In addition to learning who participants asked for help, we also sought to understand how individuals engaged with the shelter system while navigating homelessness. Participants who reported staying in shelter were asked an optional question, "Is there anything else you'd like to tell us about your experience in shelter or transitional housing programs?" We categorized responses as: mostly negative, mostly positive, or mixed or neutral (N = 204).

Those who chose to share more information offered predominantly negative narratives (58%). These responses were characterized by a lack of safety in shelter, problems with staff and management, problematic exposure to substance use, issues complying with shelter rules, and reports of inadequate conditions in shelters.

"You all need to keep a better eye on how they are working right and how they are interacting with people, treating them fairly and doing and following the rules the nonprofits are supposed to follow of everything!"

"There are so many of them and it's difficult to weigh options vs resources vs what will be a comfortable or safe situation. Then for some reason maybe you can't make it back and hopefully the place didn't steal or throw away your trash. Even if it becomes routine to lose everything sometimes it still hurts"

"At times I have felt that I am in a FEMA camp rather than a transitional housing place."

"Getting robbed by other people in the shelters and having my possessions, including shoes, stolen"

"...They were abusive & neglective to everyone including those with disabilities."

"They need to figure out a way to have less people using drugs in shelter. They don't care in low barrier shelter"

" It sucked. Being homeless sucks."

Positive experiences (34%) described caring staff relationships, effective case management, feelings of safety in shelter, and substance use recovery support. Participants also described mixed or neutral perspectives (16%), which included the feeling that shelter worked for the guests who engaged with programs, or that shelters and their staff were trying their best within a flawed and under-resourced system.

"I've gotten quite a bit of help with various things to help get back on my feet since arriving here"

"The shelter that I'm in now I like a lot. I worked for homeless services in Portland for 5 years, working in multiple shelters. The [program] is formatted in a much more holistic way. The staff is all cross-trained, so they all have the same informative information to give when asked a question. It's actually been a pleasure to be at this shelter they are genuinely kind."

"It's been pretty safe. They have services, trying to help me get into housing"

"Having a bed here at [program] is helping me to stay in and hopefully successfully complete intensive outpatient drug treatment :)"

"I think they are beneficial IF they are run correctly."

"As long as you followed the program requirements it is very accessible"

Viewed together, the combined positive and mixed responses present a more even split of opinions about shelter when compared to the preponderance of negative evaluations. This would suggest that components of shelter programs *do* work for a subset of the population, providing at minimum a degree of support that participants find valuable. For instance, across both ends of the spectrum, participants identify shelter staff as one of the most critical components of their experiences; feeling supported or safe with shelter workers defines the likelihood of success in the program, and the loss of that trust is equally devastating. The role of staff is also reinforced in the above finding about shelter staff who were considered among the most asked and most helpful.

“I feel hopeless”

“It was an experience like none other, had a lot of faith in god”

CHAPTER 6

EXAMINING DIFFERENT PATHWAYS THROUGH HOMELESSNESS

One goal of the Pathways study is to gain a deeper understanding of how people navigate their experiences of homelessness. We are interested in exploring variations in the “pathways” that people experience as they navigate homelessness and seek their housing goals. The pathways, or journeys, that people take will be naturally diverse and full of rich details, and we hope to gain deeper insight into what these pathways might tell us about the effectiveness of the homelessness system. The second report (expected Summer 2026) focuses on findings from the qualitative mapping and in-depth interviews that explore this topic in more depth. But there are some questions we can begin to explore using the quantitative survey data. This chapter examines two ways to define pathways: by housing status and by duration of homelessness.

For the current report, we conducted an analysis of survey responses to explore whether people experiencing different types of homelessness differ in their experiences, needs, and housing preferences. As described in our sampling approach, our recruitment process purposefully included people who were primarily unsheltered or in shelter, and those who had been recently housed at the time of the survey. We also asked people about the duration of their homelessness experience over the course of their lifetime, and whether the most recent experience was their first experience of homelessness. This allows us to examine differences between participants by their housing status, and by those who are newly experiencing homelessness and those who have experienced homelessness for a longer duration.

As repeated throughout the report, our findings are notably consistent across questions and subgroups – and this includes by housing status or length of homelessness. For example, financial barriers to housing are the leading barriers for all groups, no matter their race, gender, age, disability status, current housing status, or duration of homelessness. After accounting for the primary findings, there are some differences among subgroups. These differences point to some specific needs and differences in experiences by those subpopulations. But overall, the magnitude of the differences is small. However, the overarching messages that are repeated throughout this report are clear: that barriers and solutions to homelessness are financial.

In this chapter, we present findings from the two subgroups in which the most diversity in responses was observed: by housing status at the time of the survey, and by first-time homeless.

EXPLORING DIFFERENCES BY HOUSING STATUS

As previously reported, people experiencing homelessness also experience a great degree of instability and change in their living situations. Where people actually slept the previous night before the survey (this definition is used by federal Point in Time counts to determine location) and where we actually surveyed them (i.e., a shelter vs. a day center) are likely to be based on chance rather than reflective of people’s overall living location. This is underscored by findings reported in Chapter 2 that show people move frequently, in and out of shelters and other living situations, during and up to the point at which they obtain housing. Therefore, we choose to categorize participants by whether or not they were currently housed, and if not in housing, where they reported sleeping the most over the last 6 months. The breakdown of respondents by category is depicted in Figure 6.1. A full description of these categories, including definitions, was reported in Table 1.1 (Chapter 1). A description of demographic distribution by housing status is provided in Table 6.1.

Figure 6.1 Unsheltered, sheltered, and housed status of participants (N=540).

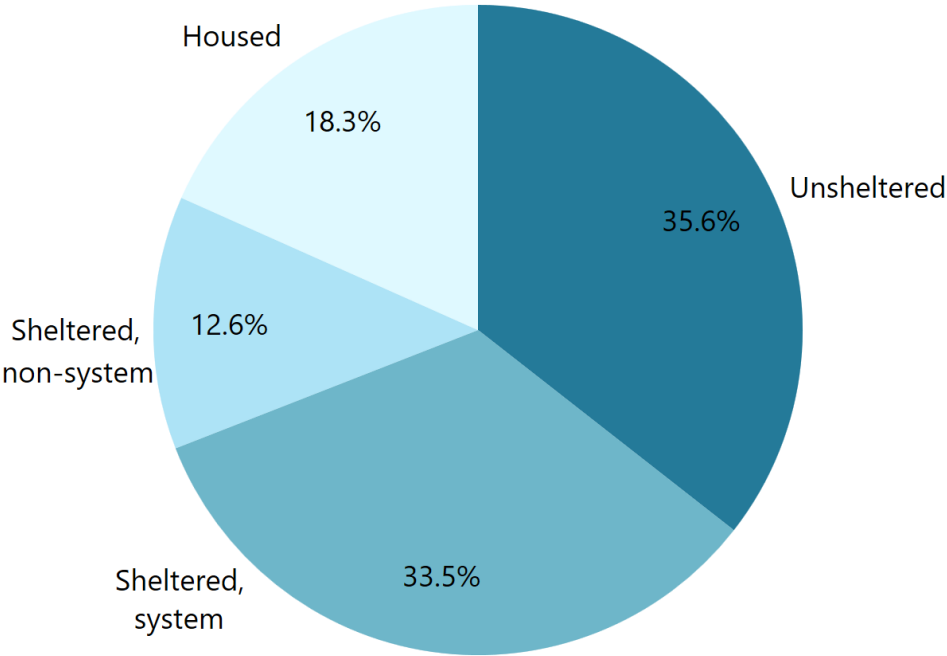


Figure note: Status could be determined for all but one participant in the sample.

Table 6.1. Demographic characteristics by housed status (part 1) (N=540)

| Characteristic | Unsheltered (N=192) n (%) | Sheltered, system (N=181) n (%) | Sheltered, non-system (N=68) n (%) | Housed (N=99) n (%) | All (N=541) n (%) |
|---|---------------------------------|--|---|---------------------------|-------------------------|
| Race | | | | | |
| American Indian or Alaska Native | 21 (11.5%) | 18 (10.6%) | 7 (10.4%) | 21 (25.0%) | 68 (13.5%) |
| Asian | 1 (0.5%) | 4 (2.4%) | 1 (1.5%) | 4 (4.8%) | 10 (2.0%) |
| Black or African American | 31 (17.0%) | 33 (19.4%) | 12 (17.9%) | 12 (14.3%) | 88 (17.5%) |
| Hispanic or Latino/a/e | 26 (14.3%) | 20 (11.8%) | 7 (10.4%) | 17 (20.2%) | 71 (14.1%) |
| Middle Eastern or North African | 2 (1.1%) | 2 (1.2%) | 0 (0.0%) | 1 (1.2%) | 5 (1.0%) |
| Native Hawaiian or Pacific Islander | 5 (2.7%) | 4 (2.4%) | 3 (4.5%) | 3 (3.6%) | 15 (3.0%) |
| White | 113 (62.1%) | 113 (66.5%) | 48 (71.6%) | 53 (63.1%) | 327 (64.9%) |
| Other race | 4 (2.2%) | 2 (1.2%) | 1 (1.5%) | 1 (1.2%) | 8 (1.6%) |
| Declined to answer or missing | 12 | 12 | 2 | 15 | 41 |
| Age category | | | | | |
| 18–24 | 7 (3.7%) | 14 (7.9%) | 5 (7.6%) | 7 (8.0%) | 33 (6.3%) |
| 25–34 | 39 (20.4%) | 38 (21.5%) | 15 (22.7%) | 14 (16.1%) | 106 (20.3%) |
| 35–44 | 56 (29.3%) | 48 (27.1%) | 11 (16.7%) | 21 (24.1%) | 136 (26.1%) |
| 45–54 | 53 (27.7%) | 45 (25.4%) | 11 (16.7%) | 23 (26.4%) | 132 (25.3%) |
| 55–64 | 31 (16.2%) | 23 (13.0%) | 16 (24.2%) | 18 (20.7%) | 89 (17.0%) |
| 65+ | 5 (2.6%) | 9 (5.1%) | 8 (12.1%) | 4 (4.6%) | 26 (5.0%) |
| Declined to answer or missing | 1 | 4 | 2 | 12 | 19 |
| Gender | | | | | |
| Culturally specific identity (e.g., Two-Spirit) | 1 (0.5%) | 1 (0.6%) | 0 (0.0%) | 4 (4.7%) | 6 (1.2%) |
| Genderqueer | 0 (0.0%) | 4 (2.3%) | 2 (2.9%) | 2 (2.4%) | 8 (1.6%) |
| Nonbinary | 1 (0.5%) | 10 (5.7%) | 1 (1.5%) | 4 (4.7%) | 16 (3.1%) |
| Man | 119 (64.3%) | 77 (44.3%) | 30 (44.1%) | 27 (31.8%) | 253 (49.3%) |
| Woman | 55 (29.7%) | 82 (47.1%) | 34 (50.0%) | 49 (57.6%) | 221 (43.1%) |
| Transgender | 5 (2.7%) | 6 (3.4%) | 0 (0.0%) | 3 (3.5%) | 14 (2.7%) |
| Cisgender | 6 (3.2%) | 3 (1.7%) | 0 (0.0%) | 0 (0.0%) | 9 (1.8%) |
| Gender questioning | 1 (0.5%) | 2 (1.1%) | 0 (0.0%) | 1 (1.2%) | 4 (0.8%) |
| Different gender | 1 (0.5%) | 1 (0.6%) | 0 (0.0%) | 0 (0.0%) | 2 (0.4%) |
| Declined to answer or missing | 7 | 7 | 1 | 14 | 29 |

Table 6.1 Demographic characteristics by housed status, continued

| Characteristic | Unsheltered (N=192) n (%) | Sheltered, system (N=181) n (%) | Sheltered, non-system (N=68) n (%) | Housed (N=99) n (%) | All (N=541) n (%) |
|--|---------------------------------|--|---|---------------------------|-------------------------|
| Disability | | | | | |
| Mental illness | 81 (45.8%) | 84 (52.2%) | 32 (51.6%) | 55 (57.9%) | 252 (50.8%) |
| Substance use disorder | 86 (48.6%) | 66 (41.0%) | 18 (29.0%) | 40 (42.1%) | 210 (42.3%) |
| Physical illness, chronic health condition, physical disability | 55 (31.1%) | 69 (42.9%) | 27 (43.5%) | 43 (45.3%) | 194 (39.1%) |
| Other disability | 29 (16.4%) | 15 (9.3%) | 12 (19.4%) | 17 (17.9%) | 73 (14.7%) |
| None of these | 36 (18.8%) | 29 (16.0%) | 10 (14.7%) | 9 (9.1%) | 84 (15.5%) |
| Declined to answer or missing | 15 | 24 | 7 | 16 | 63 |
| Of those who identified as having a disability (N=394): | | | | | |
| Selected 1 category | 65 (46.1%) | 52 (40.6%) | 24 (47.1%) | 22 (29.7%) | 163 (41.4%) |
| Selected 2 categories | 47 (33.3%) | 50 (39.1%) | 16 (31.4%) | 29 (39.2%) | 142 (36.0%) |
| Selected 3 categories | 24 (17.0%) | 22 (17.2%) | 11 (21.6%) | 17 (23.0%) | 74 (18.8%) |
| Selected 4 categories | 5 (3.5%) | 4 (3.1%) | 0 (0.0%) | 6 (8.1%) | 15 (3.8%) |
| History | | | | | |
| English as a second language or non- English speaker | 22 (12.2%) | 19 (10.9%) | 8 (12.1%) | 11 (12.0%) | 60 (11.7%) |
| Caretaker of a child | 4 (2.2%) | 11 (6.3%) | 2 (3.0%) | 2 (2.2%) | 19 (3.7%) |
| Caretaker someone who is elderly, ill, or disabled | 4 (2.2%) | 8 (4.6%) | 5 (7.6%) | 4 (4.3%) | 21 (4.1%) |
| Veteran | 12 (6.7%) | 8 (4.6%) | 5 (7.6%) | 2 (2.2%) | 27 (5.3%) |
| Formerly incarcerated person (served time in prison) | 42 (23.3%) | 34 (19.5%) | 13 (19.7%) | 18 (19.6%) | 107 (20.9%) |
| None of these | 99 (51.6%) | 96 (53.0%) | 33 (48.5%) | 45 (45.5%) | 273 (50.5%) |
| Declined to answer or missing | 14 | 11 | 4 | 19 | 49 |
| Current employment | | | | | |
| Employed for wages full-time | 8 (4.3%) | 11 (6.2%) | 3 (4.5%) | 5 (5.1%) | 27 (5.1%) |
| Employed for wages part-time | 13 (6.9%) | 13 (7.3%) | 5 (7.5%) | 4 (4.1%) | 35 (6.6%) |
| Currently working in exchange for housing, food, or other resources | 9 (4.8%) | 5 (2.8%) | 2 (3.0%) | 1 (1.0%) | 17 (3.2%) |
| Volunteer—for no money or resources | 7 (3.7%) | 9 (5.1%) | 2 (3.0%) | 6 (6.1%) | 24 (4.5%) |
| Retired | 6 (3.2%) | 13 (7.3%) | 5 (7.5%) | 4 (4.1%) | 28 (5.3%) |
| Not employed, not seeking employment | 45 (23.9%) | 33 (18.5%) | 9 (13.4%) | 21 (21.4%) | 108 (20.3%) |
| Unemployed, looking for employment | 87 (46.3%) | 80 (44.9%) | 32 (47.8%) | 33 (33.7%) | 232 (43.6%) |
| Student | 6 (3.2%) | 8 (4.5%) | 0 (0.0%) | 7 (7.1%) | 21 (3.9%) |
| On disability | 18 (9.6%) | 20 (11.2%) | 13 (19.4%) | 17 (17.3%) | 68 (12.8%) |
| None of these | 14 (7.3%) | 11 (6.1%) | 2 (2.9%) | 3 (3.3%) | 30 (5.5%) |
| Declined to answer or missing | 4 | 7 | 1 | 13 | 26 |

For participants that were currently housed at the time of the survey, most reported living in permanent supportive housing and reported that their current housing was stable (see Figures 6.2 and 6.3).

Figure 6.2 Current living arrangement of housed participants (N=88)

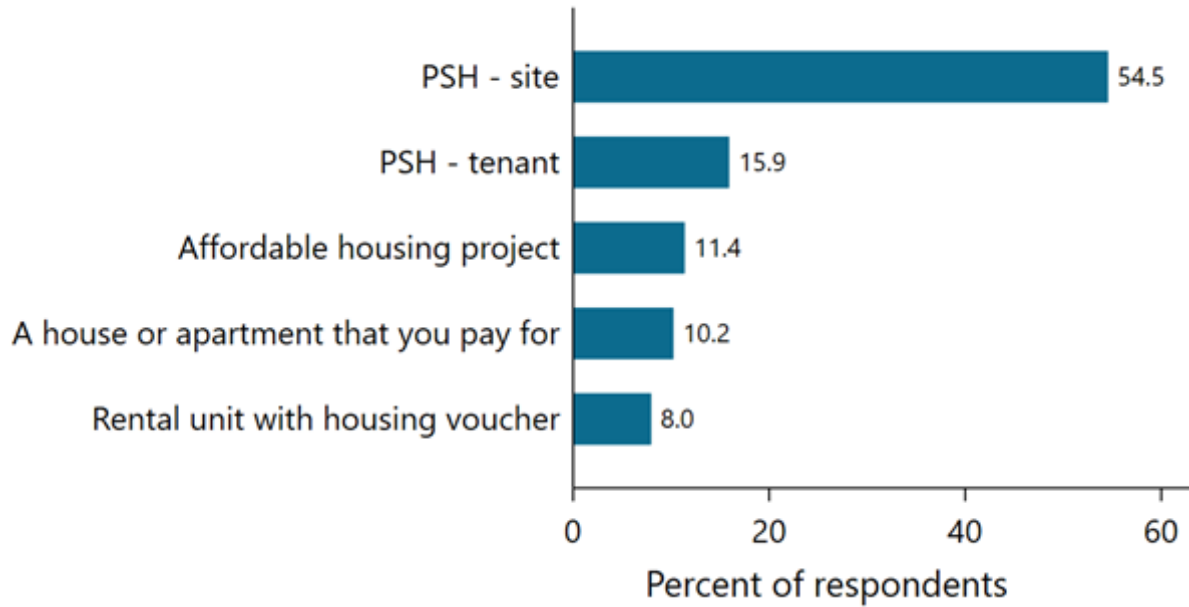


Figure note: PSH = permanent supportive housing. Eleven responses were missing.

Figure 6.3 Housed participants reporting stability in current housing (N=88)

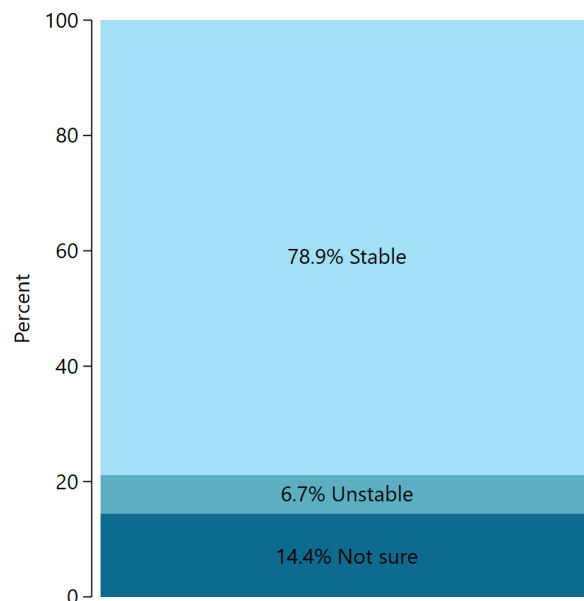


Figure note: Eleven responses were missing and not reflected in this chart.

DIFFERENCES IN DEMOGRAPHIC CHARACTERISTICS BY HOUSING STATUS

There are differences in the demographic characteristics of populations based on their housing status at the time of the survey. More people in the unsheltered sample were male than female. People in the unsheltered sample were also more likely to report substance use and had experienced homelessness for a longer period. The housed sample had a larger proportion of people reporting mental illness and physical disabilities.

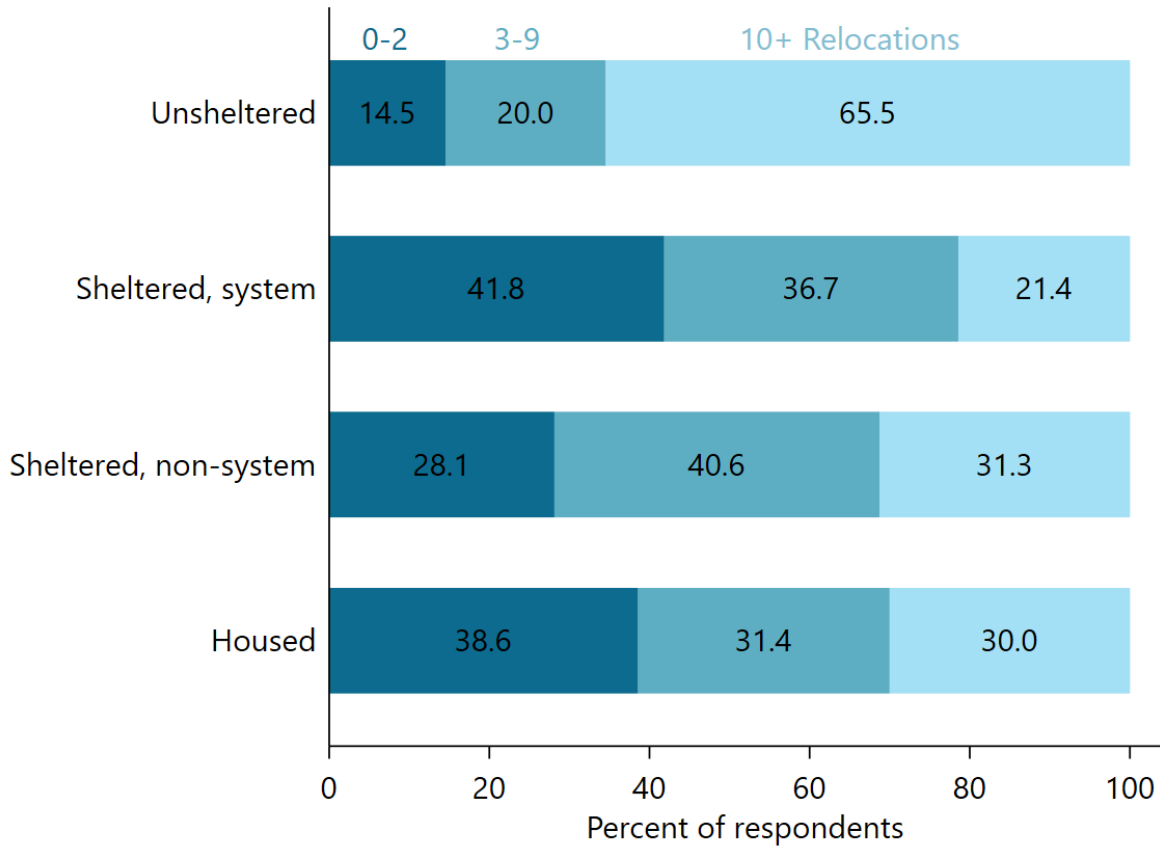
For those sheltered in a non-system location (i.e., doubled up, or staying in a motel or institution), women were over-represented as were adults 55 and older and people who were newly unhoused. Generally, this is unsurprising but confirms women and newly unhoused people relying on social resources to avoid literal homelessness (Mayock et al., 2015; Rea, 2023). The shelter samples (both system and non-system) had a lower proportion of people experiencing longer durations of homelessness (both overall and this time).

DIFFERENCES IN LOCATION OF EXPERIENCE BY HOUSING STATUS

Across housing categories, there is a notable degree of movement and instability. Unsheltered populations reported experiencing the most relocations (a minimum average of 7.6 relocations in 6 months; median = 10+), followed by people sheltered in a non-system location (minimum average = 5.2 relocations in 6 months). Sixty-three percent of people living unsheltered reported 10+ locations in the past 6 months.

What is notable is that the minimum average number of relocations for people housed at the time of the survey (minimum average = 4.8 relocations in 12 months) is not considerably different from the other categories and is actually slightly greater than that of people who were mostly living in shelter (minimum average = 4.4 relocations in six months). One possible explanation is that the number of sleeping locations results in some type of system connection that helps support housing. Another explanation is that the housed population we surveyed is somewhat more akin to the unsheltered population. Other findings indicate that this might be the case (see desired housing support in Chapter 3, for example).

Figure 6.3 Number of relocations by housing status (N=541)



Respondents across the entire sample reported that they have slept in a variety of places over the last 6-12 months. Places where people reported sleeping closely correspond with the categories we used to construct these tables (see Table 6.2). Examining any location participants slept (see Table 6.3), all possible locations are represented in all categories; that is, people across housing status report sleeping in a variety of places. Even among housed participants, many reported sleeping unsheltered in the last 12 months. The number of different types of sleeping places is highest among unsheltered respondents and pretty similar across other housing statuses (i.e., average = 4.3 types for unsheltered, 3.9 for sheltered, system location, 3.6 for non-system location, and 3.9 for housed).

Table 6.2. Most frequent sleeping locations reported by participants, sorted in descending order by total responses (all participants) (N=541)

| Place slept most often | Unsheltered (N=192) n (%) | Sheltered, system (N=181) n (%) | Sheltered, non-system (N=68) n (%) | Housed (N=99) n (%) | All (N=541) n (%) |
|--|---------------------------------|--|---|---------------------------|-------------------------|
| Outdoors | 79 (41.1%) | 7 (3.9%) | | 7 (7.1%) | 93 (17.2%) |
| Indoor shelter | | 73 (40.3%) | | 9 (9.1%) | 82 (15.2%) |
| Tent or other temporary structure | 52 (27.1%) | 6 (3.3%) | 1 (1.5%) | 8 (8.1%) | 67 (12.4%) |
| Private vehicle | 46 (24.0%) | 5 (2.8%) | | 9 (9.1%) | 60 (11.1%) |
| Transitional housing | | 35 (19.3%) | | 15 (15.2%) | 50 (9.2%) |
| Pod or village | | 39 (21.5%) | | 4 (4.0%) | 43 (7.9%) |
| Own house or apartment | | 1 (0.6%) | 19 (27.9%) | 21 (21.2%) | 41 (7.6%) |
| Friend or family member's place (couch surfing/doubled up) | | 1 (0.6%) | 26 (38.2%) | 7 (7.1%) | 34 (6.3%) |
| Motel or hotel room (self-paid) | | | 8 (11.8%) | 3 (3.0%) | 11 (2.0%) |
| Emergency shelter or warming center | | 9 (5.0%) | | | 9 (1.7%) |
| Public transportation | 8 (4.2%) | 1 (0.6%) | | | 9 (1.7%) |
| Jail or prison | | 1 (0.6%) | 3 (4.4%) | 4 (4.0%) | 8 (1.5%) |
| Abandoned building | 6 (3.1%) | | | | 6 (1.1%) |
| Inpatient in hospital or health facility | | | 3 (4.4%) | 1 (1.0%) | 4 (0.7%) |
| Deflection center | | | 1 (1.5%) | | 1 (0.2%) |
| Other place | 1 (0.5%) | 1 (0.6%) | 7 (10.3%) | 2 (2.0%) | 11 (2.0%) |

For housed individuals, we generally assume that those who reported sleeping unsheltered/sheltered or moving frequently are describing experiences that happened prior to achieving housing given the diversity of places they reported sleeping (e.g., outdoor locations, various shelter types, etc.). But we do not know this for sure because many people who have experienced homelessness continue to experience housing instability once housed for a variety of reasons. For example, 21% of housed participants in this study reported being unstable or unsure if they are stable in their current housing. One participant response provides an example of this instability. In responding to whether she was currently housed, she described how part of the family was in shelter and part was housed.

My daughter and I are staying in a shelter, my husband and son are in our previously voucher paid apartment. We all have to be out of the apartment by [date].

She illustrates that gaining housing is not always an endpoint on the pathway “out” of homelessness. The reflection describes the instability and family disconnections that occur while experiencing homelessness. The statement also highlights that even when people receive assistance, instability still exists. We do not know why this family was losing their housing. We do know that people with rental assistance are evicted for a broad range of reasons. Examples include losing the income they had to contribute to rent or a building owner selling the residence (Evicted in Oregon, 2026; Haughwout et al., 2020). We also know that one of people’s top concerns about moving into housing was being able to maintain it, and this 21% may still be carrying that concern, especially given the reality that they know you can lose housing no matter what is in place to help you.

Notably, there is representation across all categories of people who reported sleeping in their own house or apartment (n = 80). This is only partially explained in that 41% of people who reported any stay in their own place also reported experiencing homelessness for the first time. Twenty percent of people who stayed in their own place reported experiencing homelessness for more than 1 year, suggesting that these respondents either recently became homeless again, or got and lost housing within the last 6-12 months.

We included institutions such as jails or prisons and inpatient hospital facilities as sleeping options during the study time period. People may have entered homelessness when released from or exiting these facilities, or they may have entered the facilities from homelessness. Twenty-one percent of people living unsheltered reported spending at least one night in a jail or prison during the study period. Notably, about 12% of each of three other categories (two shelter groups and the housed group) reported spending time in jail or prison. Unsheltered populations may have a higher rate of contacts with the criminal justice system simply because of the fact that they are not living in a designated sleeping area.

Seventeen percent of people living unsheltered identified inpatient health facilities as a place where they slept. That percentage went up to about 18% for people in system-funded shelter, and then 19% for both people living in non-system funded shelter locations or those who were

housed. This study does not explore whether health facilities provide linkages to housing services, but with almost 20% of the sample reporting any inpatient health stay, health systems continue to be well-poised to offer opportunities for health and housing integration, and to connect people with housing services (Liu et al., 2025).

Table 6.3 Locations where respondents reported sleeping at least once in the last 6-12 months, sorted in descending order by total responses (all participants) (N=541)

| Places slept, any | Unsheltered | Sheltered, system | Sheltered, non- | Housed | All |
|--|-------------|-------------------|-----------------|------------|-------------|
| | (N=192) | (N=181) | system | (N=99) | (N=541) |
| | n (%) | n (%) | (N=68) | n (%) | n (%) |
| Outdoors | 152 (79.2%) | 88 (48.6%) | 20 (29.4%) | 29 (29.3%) | 289 (53.4%) |
| Indoor shelter | 71 (37.0%) | 107 (59.1%) | 30 (44.1%) | 41 (41.4%) | 249 (46%) |
| Tent or temporary structure | 122 (63.5%) | 65 (35.9%) | 19 (27.9%) | 34 (34.3%) | 240 (44.4%) |
| Friend or family member's place (couch surfing/doubled up) | 71 (37.0%) | 72 (39.8%) | 42 (61.8%) | 38 (38.4%) | 224 (41.4%) |
| Private vehicle | 77 (40.1%) | 48 (26.5%) | 18 (26.5%) | 23 (23.2%) | 167 (30.9) |
| Public transportation | 63 (35.3%) | 48 (26.5%) | 13 (19.1%) | 18 (18.2%) | 148 (27.4%) |
| Motel or hotel room (self-paid) | 41 (21.4%) | 49 (27.1%) | 25 (36.8%) | 25 (25.3%) | 140 (25.9%) |
| Transitional housing | 19 (9.9%) | 67 (37%) | 11 (16.2%) | 29 (29.3%) | 127 (23.5%) |
| Emergency shelter | 55 (28.6%) | 32 (17.7%) | 10 (14.7%) | 10 (10.1%) | 107 (19.8%) |
| Hospital inpatient | 33 (17.2%) | 33 (18.2%) | 13 (19.1%) | 19 (19.2%) | 99 (18.3%) |
| Abandoned building | 54 (28.1%) | 18 (9.9%) | 8 (11.8%) | 4 (4.0%) | 85 (15.7%) |
| Pod or village | 18 (9.4%) | 49 (27.1%) | 4 (5.9%) | 10 (10.1%) | 81 (15.0%) |
| Jail or prison | 40 (20.8%) | 21 (11.6%) | 8 (11.8%) | 12 (12.1%) | 81 (15.0%) |
| Own house or apartment | 9 (4.7%) | 9 (5%) | 23 (33.8%) | 38 (38.4%) | 80 (14.8%) |
| Deflection center | 3 (1.6%) | 5 (2.8%) | 3 (4.4%) | 1 (1.0%) | 12 (2.2%) |
| Other place | 1 (0.5%) | 2 (1.1%) | - | - | 3 (0.6%) |

Examining locations where people slept also offer insights into the doubled-up experience (when people “couch surf” or stay with friends/family but are not on the lease). As reported in Chapter 2, 41% of the entire sample reported any doubled-up experience, but only 6% reported this was where they stayed most often. These findings demonstrate moving in and out of friends’ or families’ homes is a notable aspect of the homeless experience.

For people who most frequently stayed in non-system, sheltered locations (i.e. outside of the formal homelessness service system), over 60% reported any instance of being doubled up (vs.

41% of the full sample), and 39% reported that this is where they sleep most often (vs. 7% of the full sample). We also see that individuals who have experienced homelessness for less than 1 year were more likely to report having been doubled up. Consistent with other research, people may have the ability to rely on family and friends early on in their homeless experiences, and that may decline after 1 year (McQuiston et al., 2014; Newheiser & Barreto, 2014).

Because we purposefully visited an RV safe park location, the number of private vehicles may be elevated in our sample. Notably, people in shelter at the time of the survey were more likely to report losing their vehicle as a result of an involuntary displacement, suggesting that the displacement action resulted in them moving into a shelter.

DESIRED HOUSING AND DEAL-BREAKERS

There were some differences between groups for desired housing supports. People living unsheltered expressed a higher desire for low-barrier housing and access to hygiene facilities when compared to people who were sheltered (any) or housed. Homeless individuals, especially those residing outside the formal service system, reported a greater need for consistent case management and housing navigators.

Higher ranked deal-breakers to accepting housing for people who were unsheltered included no guests, roommates, drug testing, sober living, no-smoking policies, and mandatory meetings and case management. People living sheltered ranked no pets and room checks as higher deal-breakers. Notably, people in housing ranked no pets as one of their top 10 deal-breakers, at a greater rate than participants overall. These findings underscore previous discussions about the importance of pets to people who have experienced homelessness. People sheltered outside of the system rank fewer deal-breakers overall.

SERVICES USED, UNMET NEEDS, AND WHO PEOPLE ASK FOR HELP

Exploring service use and need by current sleeping location yields some expected, but reassuring findings. The most notable differences are in the housed sample, who overall reported receiving and benefiting from a range of services to a higher degree than those who are currently unsheltered. The most pronounced differences between these groups in receiving and benefiting from services are in rent assistance and system-level services, including housing navigation, peer support, consistent case management, and help getting documents. Housed individuals also reported using and benefiting from mental and physical healthcare and addiction and recovery services to a greater degree than people who are currently unsheltered. Likewise, housed individuals reported fewer unmet service needs. While these findings reflect other research showing that achieving housing also results in better access and quality of

services, especially healthcare (Baxter et al., 2019; Onapa et al., 2022; Wright et al., 2016), to some extent, our findings may reflect that our survey mostly reached individuals housed in permanent supportive housing.

Housed participants also reported high rates of service use related to basic needs (e.g., food, bathrooms, and laundry) in the last 6-12 months and that these services were helpful. While we do not know whether this service use reflects access before or after receiving housing, other findings in this report speak to the ongoing financial precarity and insecurity that people continue to experience after gaining housing. Together, these underscore people's pressing needs for ongoing basic services once housed.

Housed individuals were more likely than the broader sample to report asking a social worker or case manager for help (58% asked vs. 44% for full sample) and more likely to receive the requested help from them (37% helped vs. 25%). Compared to the full sample, unsheltered respondents in particular were less likely to ask a social worker or case manager for help (34% vs. 44%) and less likely to receive the requested help from them (17% vs. 25%).

DIFFERENCES AMONG THOSE NEWLY EXPERIENCING HOMELESSNESS

As stated above, our findings are remarkable for their consistency across survey questions, and across subgroups. The most notable differences we observed among a subgroup were among individuals who had less than a year of experience of homelessness in their lifetime. As compared with those who had longer durations of homelessness, this sample tended to be younger and more Hispanic/Latino, included more people speaking English as a second language, and tended to be less likely to report mental illness and substance use. Conversely, people reporting a longer duration of homelessness were more likely to be currently living unsheltered, and more likely seeking employment, up until 10 years of unhoused experience, at which point the population is less likely to seek employment.

SERVICE NEEDS, BARRIERS, AND "DEAL-BREAKERS"

Individuals for whom their most recent experience of homelessness was their first were more likely to report fewer barriers to housing. For example, this group was less likely to identify the following as barriers: "difficulties accessing and maintaining contact with housing services," "availability of housing that suits their needs," and "disappointment with support processes." They were more likely to endorse "the amount of money needed to move in" and "loss of documents" as the top barriers compared to people who had multiple experiences of homelessness. Similarly, people experiencing homelessness for the first time did not identify as

many housing supports in their ideal housing, and reported fewer deal-breakers in accepting housing.

Examining the differences between people experiencing first-time homelessness and people who have had multiple experiences with homelessness yields possible insights into elements that are more off-putting to people who have been unhoused before. People who have multiple experiences of homelessness more strongly reported restrictions on liberties as deal-breakers, including room checks, curfews, mandatory meetings, required drug testing, and religious requirements. This may reflect rules and elements of subsidized housing that are undesired and that may have resulted in people becoming homeless again. They may also reflect housing elements that are not desired by people experiencing chronic homelessness, based on other, unmeasured, personal or systemic factors.

People newly experiencing homelessness also reported interacting with fewer people providing support. These responses indicated poorer connection to individuals with roles in the homeless service system, including social workers and outreach workers, and less use of 211 or another hotline. They were also less likely to ask housed family members or friends for help, which could indicate attempts to avoid the stigma of disclosing their homelessness status to people in their support systems, or, because of rifts between friends and family that may have led, in part, to the conditions leading to their homelessness (McQuiston et al., 2014).

Overall, these findings point to a lack of experience with the homelessness service system and homelessness placement process. People experiencing homelessness for the first time may be more willing to accept housing solutions that resolve their homelessness as soon as possible without realizing the potential benefits that supportive housing services may provide, or the reality of living with rules imposed by some housing options. In contrast, individuals with multiple experiences of homelessness are more likely to report disappointment and disengagement with homeless services that may have previously provided untenable housing solutions in the past. People who are newly experiencing homelessness may also have been more likely to have only financial barriers to return to housing. As people live outside for longer, in particular, they are more likely to experience violence, substance use exposure, sleep deprivation associated issues, and other negative issues (Gutwinski et al., 2021; Hargrave et al., 2024; K. M. Taylor et al., 2023). These problems compound with the duration of homelessness, and require additional supports to make a transition back into housing successful and sustainable (Gutwinski et al., 2021; Hargrave et al., 2024; K. M. Taylor et al., 2023).

CHAPTER 7

CONCLUDING INSIGHTS AND FUTURE CONSIDERATIONS

Homelessness in Multnomah County is rising, increasing by 67% over the past two years (Zapata et al., 2025). In this study, we surveyed people who were or had been homeless recently. Collectively, the results emphasize that people experiencing homelessness need and want housing and financial support that would allow them to maintain housing and meet their needs. They want stability. While there are some differences between subgroups, overall, the findings across groups are quite similar; people have similar needs and experiences, whether they flow between unsheltered, sheltered, or housed circumstances.

Although achieving permanent housing and financial stability may not be immediately possible, participants clearly identified what helps while they are unhoused and what barriers need to be resolved to move into housing more quickly. Survey responses highlight the challenges of accessing effective services, and they also reflect where services are working well. The study findings also provide information about the lives of people who have been recently housed, highlighting their ongoing needs and concerns. In this Conclusion chapter, we revisit some of the main findings and consider their implications for system improvements.

PERMANENT HOUSING

People want to live in permanent housing that works for them.

No matter the living situation or demographic background of survey respondents, 98% of them reported the desire for permanent housing. Participants defined permanent housing simply: it means a stable place [inside] to call home that is permanent.

While the definition of permanent housing is simple, people have hopes for what comes with their housing. People wish to host their family and friends. The highest ranked reason to say 'no' to housing is if they cannot have guests, partners, or roommates (50% of respondents). They want their housing to have access to food, hygiene, and security. They seek people like case managers and peer support specialists for help when they are housed.

Most importantly, people want to be successful in their housing. Their biggest worry about moving into housing is that they might lose it again because they cannot afford it, or because there may be rules they might break. As a notable example, many participants with substance use disorder reported wanting treatment and harm reduction support services, but they do not want it as a condition of where they live. In other words, people want help with their substance use but may be worried about losing housing if they meet setbacks in their treatment. About 30% indicated they would decline housing with sobriety requirements.

While people imagine a stable and permanent place to live that meets their needs, they are also willing to accept housing in a wide range of circumstances. When presented with options for why they would turn down housing, no option was selected by more than 50% of respondents. Visitor limitations, room checks, curfews, short-term housing, roommate requirements, and religious participation requirements are conditions that 50-60% of survey respondents appear willing to consider in order to get housing. While short-term or temporary housing was the identified by 45% of participants as a deal breaker (ranked #4 overall), 55% indicated they would take temporary housing despite the overwhelming preference for permanent housing.

FINANCIAL STABILITY

People want to be financially stable.

Financial stability was the most frequently identified need, across many survey questions, to be able to access and stay in housing. Financial stability includes rent assistance, income generating activities, and benefits access. People need help identifying financial supports to obtain housing. People reported that they used assistance to navigate government benefits and it was a helpful service. While we do not know exactly who was providing which services that people were accessing, many of the most accessed services connect people with rent assistance, health care, and disability claims. The survey results indicate that many people want to work. They want job training, and support identifying jobs. People are active in trying to move back into housing, and building the financial supports needed to stay housed.

As previously stated, one of the top worries of survey respondents about moving into housing is losing it. People experiencing homelessness know what it is like to lose housing – it makes sense that long-term affordability and sustainability would be a pressing concern.

As our survey results demonstrate, people become homeless most often due to a simple reason—lack of money to pay for rent or other needs. What leads someone to be financially insecure or unstable is what is complicated. Trauma, illness, and other challenges experienced

by people can all play a role. The sometimes-meandering pathway over many years into homelessness is not simple. But the last step that results in people becoming unhoused is simple: being unable to pay rent. This is underscored by our finding that lost or reduced income was the number one reason for loss of housing reported by participants. People experiencing homelessness tell us this time and time again: rent assistance and other financial supports are what they needed to stay in and/or access housing.

DAILY INSTABILITY

While homeless, people reported moving frequently among different living locations and situations. Many people were forced to move by an involuntary displacement action. These actions result in lost relationships and personal items and yielded other harms that undermine both the substantial investments made in housing services and their effectiveness in connecting people to housing.

If stability underpins the goals of permanent housing and finances, the degree of instability that marks the life of someone who is unhoused stands as a stark contrast. Our findings demonstrate that people experiencing homelessness routinely move in and out of different types of homelessness and different locations. These outcomes are consistent with studies over the last 20 years that reiterate that being homeless means that living situations are constantly unstable, characterized by frequent relocations (Jackson, 2012; Šimon et al., 2020).

Forty percent of people reported moving due to an involuntary displacement. About 60% of respondents that experienced involuntary displacement shared that they lost their phones, 50% lost a connection with people providing support, and 25% reported losing connection to a housing worker specifically. The impacts of involuntary displacement, therefore, diminish the return on significant service investments and weaken the very systems intended to connect people to housing.

People also reported frequent moves overall. The number of these moves are also reflected by the reported list of where people slept. We hesitate to describe the moves not driven by involuntary displacement as ‘choice’ moves. These are moves that people make out of necessity. Kaufman (2022) describes the moves that unhoused people make as ‘expulsions,’ emphasizing the lack of control that people have while homeless.

There are many different experiences of homelessness, and our findings show that these experiences do not align neatly with the static categories used to organize government services. Instead, people move frequently between different living situations. Few respondents reported being consistently sheltered or unsheltered; most experienced multiple forms of homelessness

over time. Many also reported sleeping doubled up at some point, with 7% indicating this was where they stayed most often. This is significant, as HUD does not provide homeless services to people living doubled up. This movement across living situations highlights the instability people face and calls into question the effectiveness of designing services around fixed housing status categories.

SERVICES

People need support for their daily unhoused lives and to help them move into housing; people recently rehoused continue to need support to meet their needs and maintain housing.

The goal for people experiencing homelessness is clear: permanent housing. However, the limited availability of housing units in Portland slows progress toward that goal, while the lack of affordable options makes it even more difficult to match people with housing that meets their specific needs. In addition, when housing units become available for people waiting, they need things such as identification, a phone to be able to be contacted immediately, and furniture. People also need supports while they are actively homeless. In this section, we revisit the types of services described in the report that have been used and their helpfulness, as well as desired services.

FINANCIAL RESOURCES

Whether for rent, food, or other needs, people need more money. While financial needs are not being met, survey participants did report receiving help to access government benefits (81% of respondents). We do not know for sure what those benefits are and assume based on the most commonly available government benefits that some of them are likely food stamps (i.e., Supplemental Nutrition Assistance Program benefits), Social Security Disability Insurance, or other types of benefits that could help cover some needs.

That people selected financial support in general may indicate that people would appreciate the flexibility to obtain goods, pay for services, or build towards a rental deposit as they need. Providing people with money directly is not new. Described as guaranteed or basic income, multiple programs continue to demonstrate that people can identify how to best meet their needs when given direct access to funds, including people who are actively unhoused (Calhoun et al., 2024).

PROFESSIONAL SERVICES

Survey respondents identified needing and/or using professional services. These include legal assistance, financial services, employment training, and health care (the latter is further

discussed below). Legal assistance, including dealing with rental history or criminal justice system involvement, and job training were identified in the top three unmet and desired service needs.

FOOD AND HYGIENE

People living unhoused have limited and inconsistent access to food, bathrooms, showers, and laundry. Meeting these identified needs can be done, and survey responses indicate that people *are* accessing these services.

We did not expect to find that people who were housed during the study period reported similar usage and helpfulness ratings for food and hygiene as people who were unhoused. People may be using services they previously had access to, which is likely given they only moved into housing within the last 12 months preceding the survey. They may also have access in their buildings to food and laundry, or, they may still be worried about accessing these services in the future if they become unhoused. Housed respondents rank food access as a needed and useful service indicating that once people are housed, they can still continue to experience difficulty affording and accessing services that meet their basic needs. Given the challenges we experienced recruiting individuals who had recently exited homelessness into housing, further research is needed to better understand how people navigate these transitions and the role services play in supporting long-term housing stability.

HEALTH SERVICES

Physical healthcare and harm-reduction programs were used by over 50% of respondents and viewed as helpful. The prioritization for physical healthcare supports was not ranked as highly as other services desired in ideal housing, including services that meet basic needs and for mental health, but it was still in the top 10 most useful services that people had accessed. There are multiple plausible explanations for the lower ranking. People may have good access to services. However, a possible concern is that they may be de-prioritizing physical health care as being something less urgent as some of the more basic, primary needs identified (i.e. food, shelter and security) are prioritized (Omerov et al., 2020). Making sure that people know about and have access to physical health care services is important because of the severe negative health outcomes associated with current and previous histories of homelessness (Garcia et al., 2024; Medellin et al., 2024; Oppenheimer et al., 2016; Richards & Kuhn, 2023; Romaszko et al., 2017; Seastres et al., 2020; Wiens et al., 2023). We encourage ongoing study and evaluation to better understand health and healthcare for people experiencing homelessness in and around Multnomah County.

Many people with disabilities including physical and chronic disability noted specific unmet needs for health-related services, including help managing disabilities. This is important because experiencing long-term homelessness can increase the prevalence and negative impact of disabilities (Brown & McCann, 2021; Guillén et al., 2021; Stone et al., 2019). Additionally, our findings underscore that people with disabilities experience more barriers to resolving homelessness and require tailored services that meet their unique needs (Nishio et al., 2017; Roy et al., 2020; Thurman et al., 2023).

Survey participants identified mental healthcare as one of the most desired housing supports, and people with disabilities ranked it even higher. Mental healthcare also ranks among the least helpful service for those that used it. The state of Oregon currently lacks sufficient mental healthcare services and providers. The state faces significant barriers to building the workforce necessary to meet the general populations' needs, let alone people experiencing the traumas associated with homelessness (Advocates for Human Potential, Inc, 2025).

People with substance use disorder reported actively seeking and using recovery services. These services include support from certified recovery mentors and peers, highlighting the value of these roles. Addiction recovery services was an unmet need for a quarter of the sample, and harm reduction an unmet need for a fifth. People who identified having a substance use disorder also reported barriers and housing support that differed from people without a substance use disorder. Examples include: longer service wait-times, more difficulty accessing services, and ineligibility for specific housing programs.

The responses from people with substance use disorders emphasize that access to housing should not be contingent on participation in or success with treatment. Recovery is often a non-linear process that can require multiple attempts, particularly for those with more severe or long-term use histories (Fontes et al., 2025). This is especially important in the context of homelessness, which can both contribute to substance use and intensify its effects as individuals cope with ongoing stress and instability (Doran et al., 2018; National Coalition for the Homeless, 2017). As a result, housing stability and recovery are closely connected, but making one conditional on the other creates additional barriers to both.

People use substances, including legal substances, for a variety of reasons that may include management of chronic conditions. For some people abstinence is not a goal. Again, requiring housing be contingent on cessation of all substance use undermines efforts to end homelessness and risks placing individuals in programs ill-suited to their unique needs and circumstances.

SHELTERS

Overall, shelters are viewed negatively and tend to be avoided. But they were helpful to some participants.

Overall, people did not report shelters as being especially helpful. Other studies show shelters rank among the lowest desired type of housing, and that people avoid shelters due to reasonable concerns about rules, safety, and previous negative experiences (Brallier & Southworth, 2025; Kuhn et al., 2022). Additional local studies confirm these findings (Welcome Home Coalition, 2025; Zapata, 2020). Our data similarly indicate that, while many people have used shelters at some point, they are only one of many places individuals stay while navigating homelessness, with frequent movement between multiple shelters as well as other locations. Patterns in shelter use, length of stay, qualitative responses, and TREES analysis further suggest that shelters are often avoided when possible.

We note that all shelters are not the same. Shelters differ, ranging from overnight congregate shelters with limited services to repurposed motels with 24-hour access and services on site to pod villages. We also do not know for sure that people provided responses based exclusively on shelter stays within the study window. We caution against interpreting that all shelters have significant problems. In addition, some responses illustrate that shelter can be helpful for some people.

Beyond the quality of experiences in shelters, the amount of time people are spending in shelters before exiting to housing raises concerns. Shelters are not meant to be long-term solutions, but people who use them end up staying a long time—almost 6 months on average—before gaining permanent housing. A recent HSD review of adult shelters shows the average length of stay in shelters ranging from 21-83 days in congregate shelter to up to 324 days for other kinds of shelter (Homeless Services Department, 2026). Yet, it takes stays almost twice as long for people to leave shelters for permanent housing (average = 160 days) versus all exit destinations (average = 73 days).

The degree to which our study shows people moving in and out of shelter, and their sentiments about shelter, underscores other research that shelter is not a place that many people want to be or find supportive. Shelter is a valuable tool, and, as discussed above, people staying in shelters connect with people who can help them. Which shelters are considered as viable pathways to housing, and to whom, requires more research into specific shelters and the role they are meant to play on the pathway to housing. These findings paired with the aforementioned HSD shelter report may help inform which shelters to examine in depth.

RELATIONSHIPS

Positive connections between people shapes the experiences of people experiencing homelessness.

Social supports play important roles for people experiencing homelessness both while living unhoused and for housing stability. Strong social support networks can improve housing outcomes and experiences for people experiencing chronic homelessness (Cummings et al., 2022). These types of supports include family, friends, other unhoused people, service providers and volunteers. One identified risk factor for becoming homeless is the lack or degradation of social ties (Corinth & Rossi-de Vries, 2018).

Both housed and unhoused people identified the importance of caseworkers and other professional staff positions. Caseworkers, outreach workers and shelter staff are among those who are most asked for support, but participants were split about how often they follow through, ranking these roles as both the most often and least often following through. The fact they are both the most and least helpful is due, in part, to how much more these roles are asked for help than other roles. These conflicting findings also correspond with housing navigators being identified as one of the most needed services, but also one of the least helpful services reported. Participants' perspectives on how well people working in these roles support them indicates wide variations of effectiveness, possibly in part due to the quality of relationships with people in these roles, but equally likely, due to systemic barriers that restrict what people in these roles can actually *do* for people experiencing homelessness.

Unhoused people rely on each other as well. Forty-two percent of survey respondents reported asking another unhoused person for help in the last six months. Social networks that are built while unhoused help people meet needs and weather health and safety issues (Boucher et al., 2022).

Protecting relationships formed between unhoused people and/or outreach workers, case workers, or other unhoused people matters to the daily experience of people experiencing homelessness. As discussed above, the relationships disrupted by involuntary displacement harm people experiencing homelessness and erode relationships with service providers. Protecting relationships with case workers or other unhoused people would likely improve long term outcomes. Some jurisdictions are placing people who formed relationships while homeless into housing together (J. Taylor, 2022). Other places like Houston, TX decommission an encampment after everyone has been offered access to housing (Kimmelman, 2022), a strategy that may help to preserve the important relationships between the people who live there.

DIFFERENCES BETWEEN PEOPLE AND POPULATIONS

Subpopulations were markedly similar across top goals, experiences, and needs; however, important differences emerged.

While there was a high degree of consistency between subgroups and survey responses, some differences are notable. As a group, people with disabilities reported longer durations of homelessness, more barriers to housing, and more specific supports needed. They reported specific deal-breakers at different rates compared to those without a disability, and they sought and received help from different sources of support. These differences appear to reflect their unique experiences, specific needs and opportunities for support.

For example, for people with mental illness, no pets are a greater dealbreaker than for people who have no mental illness. We assume this due to the important role of pets in providing emotional support. Our data shows that pets is an important priority for the full sample, but the magnitude of their significance seems greater for those with mental illness. People with substance use disorder reported asking and receiving more help from certified recovery mentors than those without a substance use disorder, underscoring the critical role these individuals may play in the complicated relationship between drug use, recovery and homelessness. People with physical disabilities reported needing more services, many related to accommodating physical disabilities or chronic conditions, than those without disabilities.

We also saw meaningful differences between service needs of people experiencing homelessness for the first time and those with longer durations of homelessness. People experiencing homelessness for the first time reported more financial concerns than people with longer durations of homelessness. They also reported fewer deal-breakers to accepting housing, possibly reflecting fewer experiences and negative cumulative impacts from homelessness and homelessness services. Understanding these differences may help determine how best to deploy and direct services.

Near Universal Priorities Obscure Specific Needs

Despite the differences described above, other differences were more nuanced. For example, while we saw some differences by race/ethnicity, age and gender, these differences were not as strong or as consistent as we might expect given research that establishes different pathways and service needs for these groups (Humphries & Canham, 2021; Milburn et al., 2021; Phipps et al., 2019; Stergiopoulos et al., 2012; Westbrook et al., 2025). This is because the near universal need for housing and basic needs drove responses to the survey questions.

When asked to pick the top three needs, participants consistently ranked financial issues related to housing and basic human needs—specifically, access to food—in the top three across questions and demographic profiles. Because these needs are consistently and highly prioritized, we may risk missing meaningful specific needs from some groups. We do know, and have shared in this report, needs for specific groups or people in specific situations. These differences raise opportunities to better direct and tailor important and needed resources towards different target populations. But the near-universal needs are likewise important; ongoing monitoring of these needs over time will be critical to ensuring sustained progress in preventing and addressing the primary drivers of ongoing homelessness.

LIVED EXPERIENCE PARTNERSHIP

Without the TREES Committee, the Pathways survey development, data collection, and analysis would have been markedly different. The involvement of a lived experience committee and other unhoused partners created additional questions and answer selections to the survey. We were told by multiple survey respondents that this was one of the best surveys they had taken, and that it seemed like it could make a difference. People who were or currently unhoused asked people the survey questions. Many of the interviewers built meaningful and powerful connections with participants even within the limited duration of the interview, demonstrating the power of talking to someone who shares their experiences and who is trusted in their sincerity of sentiment and purpose. This was especially the case when talking about the impacts of involuntary displacement. The TREES Committee reviewed data and data analysis, confirming some, discovering new ones, and pushing back on others. Because of the TREES Committee, the results from this survey better reflect the way that people experiencing homelessness think about and describe their goals, wants and needs, and experiences.

FINAL THOUGHTS

The findings from this study reflect that people experience the homeless service system in pieces, where they sometimes find help and other times do not. Even within a given service category, people like case managers may be perceived as being the most helpful or the least helpful resource. While some services are working, like hygiene and food access, other actions, like involuntary displacements, threaten the efficacy of and investments in those services.

Understanding the complicated interplay between those living unhoused and the services and shelters meant to support them can help inform when, where, and how interventions are deployed. For system planning to be effective, especially when supporting people who spend most of their time unsheltered, involuntary displacements must be seen as part of the system that also seeks to resolve their homelessness. If involuntary displacements are not expected to end, then planning for their impacts should be explicit.

The study findings also demonstrate the resiliency of and continued hope by people experiencing homelessness. They envision futures where they are stably housed and safe. They form new social networks. They obtain housing – some keep it and some do not and reenter homelessness. Based on our findings, components of the homeless service system are reinforcing this resiliency. Ideally, other parts of the system will grow and further support the continued hope that people hold.

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APPENDICES

APPENDIX A: SURVEY INSTRUMENT

Here we provide an outline of the questions asked to survey participants. The complete survey may be obtained by contacting the study team. Modified language or specific questions that were provided to people who were housed at the time of the survey are indicated in *blue italics*.

Pathways Survey Questions

Survey Introduction and Directions

Project Title: Pathways

Sponsor/funder: Joint Office of Homeless Services

Researcher: Kathleen Conte, PhD, Health Systems Management & Policy, Portland State University

Researcher Contact: kconte@pdx.edu/ 503-725-5120

Welcome to the “Pathways” study! This is a survey that is being done by researchers at Portland State University. We are interested in learning about how to improve services for people experiencing homelessness in and around Portland. This is a research project, and taking this survey will not give you access to service or housing– this is just for research and reporting. Your participation in this study is completely voluntary. This means it is your choice about whether you want to participate, and you may stop the survey at any time. We expect the survey will take approximately 20-60 minutes to complete.

What does this survey involve?

Our questions are about how services have or have not helped you, and how they could be improved to help you reach your housing goals.

- We are working with the Joint Office of Homeless Services/Homeless Services Department to help them learn about how to improve services for people who are experiencing homelessness in and around Portland, Oregon. We hope to learn about

what services people want and if they can get them. We also hope to learn about what services people want to help them reach their housing goals.

We will not ask you for information that could identify you. Here's more info on how we protect your data:

- Your data will be used to improve homeless services around the Portland area. Your individual data will not be shared with Multnomah County or any other government agency.
- All information gathered in the survey will be anonymous, meaning none of your answers can be linked back to you. We will not ask you for personally identifiable information, like your name or birthdate, but we will ask you for demographic information, like your race and gender. To protect your personal information, we will take measures to protect your privacy including keeping any data collected on secure platforms. We can never fully guarantee your privacy, but we will take all possible precautions.

You will get a \$10 visa gift card for completing the survey in good faith. It will take about 20-40 minutes.

- To thank you for your time, we will offer a \$10 gift card after completion of the survey. In order to be eligible for the incentive, you must complete the full survey in good faith. This means completing as much of the survey as you can.

If you have questions about this research, you may contact the lead researcher, Kathleen Conte, at kconte@pdx.edu. If you have questions about your participation as a research participant, please contact the Portland State University HRPP at psuirb@pdx.edu.

- Do you consent to participate? If you consent, please tell the person who is helping you with the survey, or click the button below to continue.

1. Section: Eligibility

- 1.1. Are you 18 years of age or older?
- 1.2. Have you been unhoused at some point in the last 6 months (since about November 2024)? For this survey, unhoused means that you slept at a shelter, outdoors, or in a car or stayed for short amounts of time with family or friends because you did not have a permanent place to sleep.

Housed Participants:

- 1.2.1. *Did you move into your current residence during or after August 2024?*

1.2.2. *Where did you move there from?*

1.2.2.1. IF jail, prison, inpatient hospital, or residential health facility:

Did you enter the [jail/prison/inpatient hospital/residential health facility] from a situation where you were unhoused or housing unstable? For this survey, unhoused or housing unstable means that you slept at a shelter, outdoors, or in a car or stayed for short amounts of time with family or friends because you did not have a permanent place to sleep.

1.3. 1.3 When you were unhoused in the last 6 months, since about November 2024 (*or 12 months, if housed*), was this in Multnomah county? As a reminder, Multnomah county includes the cities of Portland, Gresham, Troutdale, Maywood Park, Fairview, and Wood Village and areas such as Forest Park, St. Johns, PDX airport and SW Portland.

1.4. Have you already taken this survey? (You can only receive a gift card one time!)

2. Section: Understanding experiences of being unhoused

Thank you for answering those questions. You are eligible to take this survey. The first set of questions are about your current and recent experiences of homelessness.

2.1. The previous question asked you about homelessness within Multnomah County. Have you also experienced homelessness outside of Multnomah county in the last 6 months (since about November 2024) (*or if housed, 12 months [since about August 2024]*)? If so, where?

2.2. Are you currently experiencing homelessness? For this survey, “homelessness” means you are sleeping at a shelter, outdoors or in a tent, in a car or RV, or staying with friends or family because you don’t have a permanent place to sleep.

Housed Participants:

2.2.1. *Are you currently housed in a situation you consider long-term and stable?*

2.2.2. *Which best describes your current living situation?*

2.3. In the past 6 months, which of the following places have you slept at, even just for one day or night? Check all that apply.

Housed Participants:

2.3.1. *We previously asked you where you were staying before you moved into your current housing. Now, we’re interested in ANY of the following places where you*

have slept in the last 12 months, even just for one day or night. Please check all of the places you have slept in the past 12 months.

- 2.4. Which of the places we just talked about did you spend the most nights at in the last 6 months?
- 2.5. Did you stay at multiple different shelters or transitional housing programs during this time?
- 2.6. How many different shelters or transitional housing programs did you stay at?
- 2.7. Is there anything else you'd like to tell us about your experience in shelter or transitional housing programs?

- 2.8. In the last 6 months (*or 12 months, for housed participants*), about how many times would you say you have had to change where you are living or sleeping, or have had to find a new location to sleep? For example, how many times have you changed shelters, changed the place you put your tent, moved your vehicle, etc.?
- 2.9. How long have you been homeless this time (*or most recent time, for housed participants*)?
- 2.10. Is this (*or was your most recent experience, for housed participants*) your first time being unhoused and/or experiencing homelessness?
- 2.11. Was your most recent experience of homelessness the first time you experienced homelessness?
- 2.12. What is the total amount of time that you have been unhoused over your whole life? Please give your best estimate.

3. Section: Demographics

- 3.1. I describe my race as (check all that apply)
- 3.2. My age is:
- 3.3. My gender is best described as (check all that apply)
- 3.4. I have the following disabilities (check all that apply)
- 3.5. I am a (check all that apply)
English as a second language or non-English speaker; caretaker of a child; caretaker of an elderly person or someone who is ill or disabled; veteran; formerly incarcerated person; none of these; don't want to answer
- 3.6. My current employment status is (check all that apply)

4. Section: Supports and Services

Now, we are going to ask you questions about people who might have helped you in the past six months and about what services you have used.

- 4.1. In the past 6 months (since about November 2024) (*or if housed, past 12 months [since August 2024]*) if you needed help getting supplies, navigating resources or getting other needs met, who did you ask for help, even if they did not help you?
- 4.2. Out of the people you asked for help in the past 6 months (*or if housed, 12 months*), who ACTUALLY helped you?
- 4.3. Thank you for telling us about people who helped you. We are also interested in learning about what services you have used and how useful they are. For each service, please tell us if you have used the service and how helpful it was. We understand that sometimes, your response won't fit perfectly into one of these categories, so just choose the one that fits best.

| Types of Services | I have used this service and it was <u>helpful</u> | I have used this service and it was <u>not helpful</u> | I haven't used this service, but I <u>would if it was available</u> | I haven't used this service and I <u>don't want to</u> | Not applicable |
|---|--|--|---|--|-----------------------|
| Rent Assistance (for example, money to pay rent, or someone/organization paid your rent for you) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Assistance (for example, money that was paid straight to you) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Job training programs or help finding a job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Free or low-cost childcare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help accessing government benefits like food stamps or the Oregon Health Plan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing navigator: one time assistance with accessing housing services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Peer support specialist: someone who has experienced homelessness whose job it is to now help others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Consistent Case Management: ongoing support from the same person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Types of Services | I have used this service and it was <u>helpful</u> | I have used this service and it was <u>not helpful</u> | I haven't used this service, but I <u>would if it was available</u> | I haven't used this service and I <u>don't want to</u> | Not applicable |
|--|---|---|--|---|-----------------------|
| Help with getting a copy of your birth certificate, a driver's license, or other personal documents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal assistance (for example, help with immigration law, family law, expunging record) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental healthcare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical Healthcare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Harm-reduction programs, or supplies like naloxone, test strips, safer use supplies, and syringes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alternative therapies, like music therapy, art therapy, meditation, yoga, or acupuncture | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Help managing your disability, including in-home care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Addiction recovery and treatment services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to food (food pantry) and/or meals (soup kitchen) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Types of Services | I have used this service and it was <u>helpful</u> | I have used this service and it was <u>not helpful</u> | I haven't used this service, but I <u>would if it was available</u> | I haven't used this service and I <u>don't want to</u> | Not applicable |
|---|---|---|--|---|-----------------------|
| Access to computer, phone, and/or internet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to a place to charge electronics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to bathrooms or showers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Access to a laundry facility and/or clean clothing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Transportation assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal care services, like haircuts or massage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Property Storage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support for pets, like vet care or pet food | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Veteran's services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | | | |

4.4. Now we will ask you about barriers to housing and what you would want from your ideal housing situation. What barriers are you experiencing or have you experienced while trying to access housing? Check all that apply.

4.5. Of these barriers, what are/were your biggest barriers to housing? You can pick up to three "biggest barriers".

4.6. What do you need to move into housing / help you stay in housing that you don't currently have access to?

Housed Participants:

4.6.1. What most helped you move into housing?

4.7. What types of support, if any, would you want from your preferred living situation? We know you might not get all of these supports in your current housing situation- we are interested in what supports you want in an ideal housing situation.

5. Section: Sweeps

5.1. Would you be willing to answer about 2-4 questions about the impact of sweeps or campsite removals?

The next several questions are about “sweeps” or campsite removals.

5.2. In the past 6 months (since about November 2024) (*or if housed, 12 months [since about August 2024]*) did you have to move as a result of a “sweep” or campsite removal, or because of a notice of a sweep? For example, did someone tell you that you had to move, or did you show up and your stuff has been removed?

5.3. How many times have you needed to move due to a sweep or no camping law?

5.4. Who told you that you had to move? Select all that apply.

5.5. Because of the sweep, did any of the following happen? Select all that apply.

5.6. Is there anything else you'd like to tell us about how you were or are impacted by sweeps or campsite removals? We are interested in your thoughts even if you haven't been swept in the past six months.

6. Section: Ideal Housing Preferences

We are interested in learning more about what kind of housing you would want if you could choose. Would you answer these questions? There are about 5 of them and they are the last questions in the survey.

6.1. Are you interested in moving into permanent and stable housing?

6.2. What does “permanent and stable housing” mean to you?

Housed Participants:

6.2.1. Is your current housing situation working for you?

6.2.2. Are there any ways your housing could be improved to work better for you?

- 6.3. This is a list of things that people often consider when deciding where to live. Please pick the **three** things that you want the most in your ideal housing situation.
- 6.4. Is there a particular neighborhood or part of town where you would want your ideal housing to be? Why?
- 6.5. Earlier in the survey, we asked you about barriers to housing, and we asked you about support you would want in a housing situation. Now, we are going to ask you about "deal-breakers" that would cause you not to accept housing if it was offered to you. What are the "deal-breakers" that would cause you not to accept housing? Check all that apply.
- 6.6. What worries or worried you most about moving into housing?

These are the last 2 questions!

- 6.7. Where was the last place you were housed (city and state) before your most recent experience of homelessness / housing instability?
- 6.8. This is a broad list of reasons people might become homeless. Thinking about your most recent experience of homelessness, did any of these reasons contribute to you becoming homeless? *Check all options that apply.*

You made it to the end of the survey! **Please DO NOT close this window.** Bring your tablet or cell phone to one of the people who is working on administering this survey and show them this screen in order to get a gift card. Thank you for taking this survey!

Housed Participants:

You've made it to the end of the survey! Please do NOT close this window- it has information on how to receive a gift card. To thank you for taking this survey, we will send you a \$10 Visa gift card. The gift cards will be mailed to you once we have validated your response. Please allow up to two weeks to receive your gift card. We will not share your mailing address or email address with anyone. We are asking for your email so we can contact you in case your physical gift card

gets returned to us by the post office. If you have questions or concerns, please contact hracpathways@pdx.edu

Would you be interested in participating in an interview or a community conversation about housing and homelessness? If so, please let us know the best way to contact you (provide a phone number if this is your preference).

- End of Survey -

APPENDIX B: SUPPLEMENTARY MATERIALS FOR CHAPTER CONTENT

APPENDIX B1: TREATMENT AND DEFINITIONS OF RACE AND GENDER CATEGORIES

For several demographic characteristics including race and gender, participants were asked to select all categories that applied and were given the option to select “other” and provide a written response. From this information, we defined categories of race and gender as follows:

Race categories:

Disaggregating data by racial group(s) advances data equity (Ponce et al., 2023, 2025). Multiple approaches exist to decide how to assign people who select multiple identities (Liebler & Halpern-Manners, 2008; Mays et al., 2003). Researchers can group people who selected more than one racial group into a single multi-racial category, create several multi-racial categories (e.g. Black and white; Black and Latino), or they can assign people to a single racial identity group.

Pathways survey respondents could select as many racial groups as they wanted. To compare between racial groups, we created exclusive racial categories by assigning participants to one racial group. To accomplish this, we had to decide how to classify people who picked more than one racial identity. We opted not to create an overarching multi-racial category. BIPOC groups are not homogeneous, and have different experiences (Sharghi et al., 2024). The number of people selecting multiple races coupled with the multitude of combinations would result in a large, aggregated group of people across racial groups as well as people who identified as mixed (77 people; 12 combinations). The number of people who selected multiple categories follows (n=500; 40 participants declined to answer this question):

- 423 selected one category
- 64 selected two categories
- 11 selected three categories
- 2 selected four categories

We applied a racial equity lens to our data disaggregation decisions to ensure those who are least well off are considered first (Bernabei, nd). In Multnomah County most BIPOC groups are disproportionately represented negatively when compared to the white population across a range of population indicators such as wealth, educational attainment, homelessness, etc. People identifying as white alone make up 66% percent of the total population in Multnomah County (Population Research Center, nd). To ensure the strongest representation for BIPOC groups, we assigned people who selected white alone to one group and anyone who selected a

BIPOC identity, including those choosing a BIPOC identity and white, to another group. While our decision was driven by the application of an equity lens, it is similar to rarest race methodologies that can help address data equity concerns about numerically minoritized communities (Mays et al., 2003) .

We examined data for homelessness and poverty from multiple datasets to identify persistent disproportionate representation and disparate outcomes by racial group to determine how to assign people who picked more than one racial identity. Again, we sought to identify which groups might be considered least well off.

We reviewed the Homeless Service Department dashboard. We also reviewed trend lines from the 2019, 2023, and 2025 Point in Time Count. The 2019 report on poverty in Multnomah County as well as the poverty by race data available from the 2020 Census were also examined (Smock, 2019; US Census Bureau, n.d.).

We then reviewed how many times each BIPOC identity alone or in combination was selected. Two categories (Asian and MENA) fell below our threshold for reporting. Another (Native Hawaiian or Pacific Islander) was selected too few times (15) for statistical comparisons. We created a combined category for these identities along with ‘other race.’ While creating this category ensured these populations would be represented in the study, the differences would make it difficult to draw meaningful conclusions (Sharghi et al., 2024). Based on this issue we decided not to prioritize assigning people who selected Asian, MENA, and Native Hawaiian or Pacific and another BIPOC race to the aggregated group. If people selected only these groups, they were assigned to the “Asian, Middle Eastern or North African, Native Hawaiian or Pacific Islander, or other racial identity” category.

Based on relatively consistent rankings both of the share of people experiencing homelessness of poverty, and more importantly, the disparities each racial group demonstrated, we were comfortable assigning people in the following order:

1. Black
2. AIAN
3. Hispanic/Latino

The assignments meant that:

- Any participants who selected “Black or African American” were categorized as “Black or African American.”

- Of those who did not select “Black or African American”: any participants who selected “American Indian or Alaska Native” were categorized as “American Indian or Alaska Native.”
- Of those who did not select “Black or African American” or “American Indian or Alaska Native”: any participants who selected “Hispanic/Latino” were categorized as “Hispanic/Latino.”
- Of those who did not select “Black or African American,” “American Indian or Alaska Native,” or “Hispanic/Latino”: any participants who selected “Asian”, “Middle Eastern or North African”, “Native Hawaiian or Pacific Islander”, or “other” were categorized as “Asian, Middle Eastern or North African, Native Hawaiian or Pacific Islander, or other racial identity.”

The reported identity combinations, their frequency, and how they were assigned follow:

- Black or African American +
 - Black + AIAN: 11
 - Black + Latino: 4
 - Black + Native Hawaiian or Pacific Islander: 1
 - Black + Asian: 1
- American Indian or Alaskan Native +
 - Latino: 6
 - Asian: 2
 - MENA: 1
 - AIAN + Native Hawaiian or Pacific Islander: 1
 - MENA + Native Hawaiian or Pacific Islander: 1
- Hispanic/Latino +
 - MENA: 1
 - Asian + Native Hawaiian or Pacific Islander: 2

Gender categories:

- Man
- Woman
- Additional gender identity

Participants who selected “Man” and did not select “Woman” were categorized as “Man.”
 Participants who selected “Woman” and did not select “Man” were categorized as “Woman.”

Participants who selected both “Man” and “Woman,” and those who selected one or more selections that did not include “Man” or “Woman,” were categorized as “Additional gender identity.”

Participants who selected “Decline to answer” or did not mark any gender identities were not categorized.

See below for gender selections and categories:

Table B1.1 Gender selections by constructed gender categories

| | Man (N=252) n (%) | Woman (N=220) n (%) | Additional gender identity (N=40) n (%) | All (N=541) n (%) |
|---|-------------------------|---------------------------|--|-------------------------|
| Gender | | | | |
| Culturally specific identity (e.g., Two-Spirit) | 0 (0.0%) | 0 (0.0%) | 6 (15%) | 6 (1.2%) |
| Genderqueer | 0 (0.0%) | 3 (1.4%) | 5 (12.5%) | 8 (1.6%) |
| Nonbinary | 0 (0.0%) | 4 (1.8%) | 12 (30.0%) | 16 (3.1%) |
| Man | 252 (100%) | 0 (0.0%) | 1 (2.5%) | 253 (49.3%) |
| Woman | 0 (0.0%) | 220 (100%) | 1 (2.5%) | 221 (43.1%) |
| Transgender | 1 (0.4%) | 3 (1.4%) | 10 (25.0%) | 14 (2.7%) |
| Cisgender | 2 (0.8%) | 0 (0.0%) | 7 (17.5%) | 9 (1.8%) |
| Gender questioning | 0 (0.0%) | 2 (0.9%) | 2 (5.0%) | 4 (0.8%) |
| Different gender | 0 (0.0%) | 0 (0.0%) | 2 (5.0%) | 2 (0.4%) |
| Declined to answer or missing | 0 | 0 | 0 | 29 |

APPENDIX B2: SUPPLEMENTAL MATERIALS FOR CHAPTER 2

Table B2.1. Demographic characteristics by gender category (N=541)

| Characteristic | Man (N=252) n (%) | Woman (N=220) n (%) | Additional gender identity (N=40) n (%) | All (N=541) n (%) |
|-------------------------------------|-------------------------|---------------------------|---|-------------------------|
| Race | | | | |
| American Indian or Alaska Native | 24 (9.9%) | 32 (15.0%) | 11 (27.5%) | 68 (13.5%) |
| Asian | 1 (0.4%) | 7 (3.3%) | 2 (5.0%) | 10 (2.0%) |
| Black or African American | 46 (18.9%) | 32 (15.0%) | 8 (20.0%) | 88 (17.5%) |
| Hispanic or Latino/a/e | 46 (18.9%) | 20 (9.4%) | 5 (12.5%) | 71 (14.1%) |
| Middle Eastern or North African | 0 (0.0%) | 2 (0.9%) | 3 (7.5%) | 5 (1.0%) |
| Native Hawaiian or Pacific Islander | 5 (2.1%) | 8 (3.8%) | 2 (5.0%) | 15 (3.0%) |
| White | 147 (60.5%) | 154 (72.3%) | 20 (50.0%) | 327 (64.9%) |
| Other race | 4 (1.6%) | 4 (1.9%) | 0 (0.0%) | 8 (1.6%) |
| Declined to answer or missing | 11 | 8 | 1 | 41 |
| Age category | | | | |
| 18–24 | 11 (4.4%) | 13 (5.9%) | 6 (15.0%) | 33 (6.3%) |
| 25–34 | 48 (19.2%) | 42 (19.2%) | 14 (35.0%) | 106 (20.3%) |
| 35–44 | 60 (24.0%) | 63 (28.8%) | 9 (22.5%) | 136 (26.1%) |
| 45–54 | 68 (27.2%) | 57 (26.0%) | 5 (12.5%) | 132 (25.3%) |
| 55–64 | 49 (19.6%) | 35 (16.0%) | 4 (10.0%) | 89 (17.0%) |
| 65+ | 14 (5.6%) | 9 (4.1%) | 2 (5.0%) | 26 (5.0%) |
| Declined to answer or missing | 2 | 1 | 0 | 19 |

Table B2.1 Demographic characteristics by gender category, continued

| Characteristic | Man (N=252) n (%) | Woman (N=220) n (%) | Additional gender identity (N=40) n (%) | All (N=541) n (%) |
|--|-------------------------|---------------------------|---|-------------------------|
| Disability | | | | |
| Mental illness | 100 (43.7%) | 118 (58.1%) | 27 (67.5%) | 252 (50.8%) |
| Substance use disorder | 105 (45.9%) | 85 (41.9%) | 19 (47.5%) | 210 (42.3%) |
| Physical illness, chronic health condition, physical disability | 75 (32.8%) | 93 (45.8%) | 22 (55.0%) | 194 (39.1%) |
| Other disability | 25 (10.9%) | 38 (18.7%) | 8 (20.0%) | 73 (14.7%) |
| None of these | 48 (19.0%) | 33 (15.0%) | 3 (7.5%) | 84 (15.5%) |
| Declined to answer or missing | 25 | 18 | 0 | 63 |
| History | | | | |
| English as a second language or non-English speaker | 30 (12.4%) | 25 (11.8%) | 4 (10.8%) | 60 (11.7%) |
| Caretaker of a child | 5 (2.1%) | 14 (6.6%) | 0 (0.0%) | 19 (3.7%) |
| Caretaker of someone who is elderly, ill, or disabled | 5 (2.1%) | 14 (6.6%) | 2 (5.4%) | 21 (4.1%) |
| Veteran | 21 (8.7%) | 4 (1.9%) | 2 (5.4%) | 27 (5.3%) |
| Formerly incarcerated person | 71 (29.3%) | 31 (14.7%) | 5 (13.5%) | 107 (20.9%) |
| None of these | 110 (43.7%) | 128 (58.2%) | 28 (70%) | 273 (50.5%) |
| Declined to answer or missing | 13 | 12 | 3 | 49 |
| Current employment | | | | |
| Employed for wages full-time | 10 (4.0%) | 14 (6.5%) | 3 (7.5%) | 27 (5.1%) |
| Employed for wages part-time | 17 (6.8%) | 15 (7.0%) | 3 (7.5%) | 35 (6.6%) |
| Currently working in exchange for housing, food, or other resources | 9 (3.6%) | 5 (2.3%) | 2 (5.0%) | 17 (3.2%) |
| Volunteer—for no money or resources | 9 (3.6%) | 11 (5.1%) | 2 (5.0%) | 24 (4.5%) |
| Retired | 14 (5.6%) | 11 (5.1%) | 2 (5.0%) | 28 (5.3%) |
| Not employed, not seeking employment | 49 (19.6%) | 48 (22.3%) | 10 (25.0%) | 108 (20.3%) |
| Unemployed, looking for employment | 123 (49.2%) | 90 (41.9%) | 14 (35.0%) | 232 (43.6%) |
| Student | 7 (2.8%) | 12 (5.6%) | 2 (5.0%) | 21 (3.9%) |
| On disability | 23 (9.2%) | 37 (17.2%) | 5 (12.5%) | 68 (12.8%) |
| None of these | 13 (5.2%) | 9 (4.1%) | 6 (15.0%) | 30 (5.5%) |
| Declined to answer or missing | 3 | 6 | 0 | 26 |

Table B2.2 Number of times participants reported changing where they have slept in the past 6 months (N=541)

| Number of changes | n (%) |
|-------------------|-------------|
| 0 | 30 (8.5%) |
| 1 | 21 (6.0%) |
| 2 | 43 (12.2%) |
| 3 | 42 (11.9%) |
| 4 | 30 (8.5%) |
| 5 | 29 (8.2%) |
| 6 | 10 (2.8%) |
| 7 | 12 (3.4%) |
| 8 | 8 (2.3%) |
| 9 | 4 (1.1%) |
| 10+ | 124 (35.1%) |
| Missing | 188 |

Table B2.3 Number of participants who also experienced homelessness outside of Multnomah County in the last 6 months (N=541)

| Experience homelessness outside Multnomah County | n (%) |
|--|-------------|
| Yes | 189 (35.5%) |
| No | 337 (63.3%) |
| Unsure | 6 (1.1%) |
| Missing | 9 |

Table B2.4. Where participants slept and where they slept most often (N=541)

| Place | Slept here n (%) | Slept here most often n (%) |
|---|---------------------|--------------------------------|
| Outdoors | 289 (53.4%) | 93 (17.2%) |
| Indoor shelter | 249 (46.0%) | 82 (15.2%) |
| Tent or other temporary structure | 240 (44.4%) | 67 (12.4%) |
| Friend or family member's place (couch surfing) | 224 (41.4%) | 34 (6.3%) |
| Private vehicle | 167 (30.9%) | 60 (11.1%) |
| Public transportation | 148 (27.4%) | 9 (1.7%) |
| Motel or hotel room | 140 (25.9%) | 11 (2.0%) |
| Transitional housing | 127 (23.5%) | 50 (9.2%) |
| Emergency shelter or warming center | 107 (19.8%) | 9 (1.7%) |
| Inpatient in hospital or health facility | 99 (18.3%) | 4 (0.7%) |
| Abandoned building | 85 (15.7%) | 6 (1.1%) |
| Pod or village | 81 (15.0%) | 43 (7.9%) |
| Jail or prison | 81 (15.0%) | 8 (1.5%) |
| Own house or apartment | 80 (14.8%) | 41 (7.6%) |
| Deflection center | 12 (2.2%) | 1 (0.2%) |
| Other place | 3 (0.6%) | 0 (0.0%) |

Table B2.5 Reasons for loss of housing (N=440)¹

| Housing loss reason | n (%) |
|---|-------------|
| Lost or reduced income | 195 (44.3%) |
| I experienced a trauma | 151 (34.3%) |
| Eviction notice | 138 (31.4%) |
| Conflict between me and other residents | 108 (24.5%) |
| Increased housing costs | 99 (22.5%) |
| Unexpected expenses | 97 (22.0%) |
| My substance use | 88 (20.0%) |
| Domestic violence or intimate partner violence | 86 (19.5%) |
| Wanted my own space | 85 (19.3%) |
| Someone else stopped paying rent | 84 (19.1%) |
| I or someone else became sick or disabled | 81 (18.4%) |
| I relocated here for job/relationship/family but was stranded | 72 (16.4%) |
| Conditions were poor | 68 (15.5%) |
| Eviction judgment | 55 (12.5%) |
| Could no longer manage health condition | 55 (12.5%) |
| Substance use by others in household | 47 (10.7%) |
| I was asked/encouraged to leave | 47 (10.7%) |
| Released from jail or prison | 44 (10.0%) |
| Issue with rules of housing | 36 (8.2%) |
| Discrimination or harassment | 35 (8.0%) |
| Concerns about neighborhood safety | 32 (7.3%) |
| Released from inpatient facility | 31 (7.0%) |
| Fire or natural disaster | 24 (5.5%) |
| Home foreclosure | 10 (2.3%) |
| Other reason | 10 (2.3%) |

¹Opt-in question.
²Since participants were asked to check all that applied, the sum of the percentages exceeds 100%.

APPENDIX B3: SUPPLEMENTAL MATERIALS FOR CHAPTER 3

Table B3.1 Qualitative coding categories and examples for question: What does permanent and stable housing mean to you? (N=425)

| Theme | Category | n | Example |
|----------------------------------|--|----|---|
| Relief from hardship (134) | Safety/security: Participants describe housing as a place where they feel safe and secure, where they can let down defenses | 65 | <i>"A place i dont have to worry about leaving for my child and my saftey"</i> |
| | No time limits: A place that is permanent, where you do not have to worry about curfews and limits | 55 | <i>"Forever home"</i> |
| | Off the streets: The ability to be indoors and off the streets. The comfort of living inside | 14 | <i>"Not being cold"</i> |
| A place where you can live (144) | Stable/sustainable: Housing as a place that is sustainable over the long term, regardless of changes in other domains | 48 | <i>"Help me keep housing through hardships with my disabilities."</i> |
| | Affordable: Responses that identify affordability of rent or ability to pay the bills reliably | 47 | <i>"Being one of those participants that can tell a story like ' this entity just paid my rent for life"; "Somewhere where I don't have to stress about my bills for a while and focus on bettering myself"</i> |
| | Kids and Family: Home as the place where children and family can be together under one roof | 19 | <i>"A roof over my head and my familys, not havi g to be run off like we are a burden."</i> |
| | Activities of Daily Living and Basic Needs: Personal hygiene, eating whatever you want, taking care of yourself comfortably. Activities of daily living that can be more fully enjoyed in one's own home | 15 | <i>"Safe warm electricity stable place too cook and clean myself and have my kitties"</i> |
| | Within Ability: Housing that is accessible to the participant and attainable within reason | 9 | <i>"A home where my privacy is respected and I'm not expected to attend any groups or services in order to live there. And not a micro studio."</i> |

| | | | |
|---------------------------------------|---|----|--|
| Autonomy, ownership, and choice (144) | "My own" place: Descriptions of housing as a place that one has ownership over and can make independent decisions about | 80 | <i>"My own space and where I can just be"</i> |
| | Feeling(s) of being home: Responses that describe a feeling of being at home or feelings that someone associates with stable housing. This can also be the positive feelings that come with having a stable place to live | 36 | <i>"Having a life worth living"; "Like mom and dad had"</i> |
| | Not being kicked out: Home is a place where no one can tell you when you have to go or what rules you need to follow—no one has the power to tell you to leave | 28 | <i>"Somewhere to call home for my whole family unit where there is no stress of having to move again or being kicked out on a whim."</i> |
| | Uncategorized: Content unclear | 8 | <i>"Idk"</i> |
| | Negative: Housing described as a negative | 1 | <i>"Sounds like prison"</i> |

Note: This question was asked of participants in both the housed and unhoused survey if they indicated their housing was not long-term or stable, and, for participants currently experiencing homelessness, if they consented to sharing information about housing preferences. Single answers were sorted into multiple categories, leading to a larger summative number of responses in the table than contained in the participant pool.

Table B3.2 Desired features in ideal housing (N=541)

| Desired Feature/Service (check all that apply) | n (%) |
|--|-------------|
| Housing features | |
| Security (video cameras, entry code, security staff) | 216 (39.9%) |
| Low-barrier housing | 189 (34.9%) |
| Sober living | 146 (27.0%) |
| Culturally specific housing | 55 (10.2%) |
| LGBTQ+ housing | 53 (9.8%) |
| Women-only housing | 32 (5.9%) |
| Trans-inclusive housing | 28 (5.2%) |
| Money/financial supports | |
| Rent assistance | 353 (65.2%) |
| Financial assistance | 301 (55.6%) |
| Transportation assistance | 240 (44.4%) |
| Job training programs or help finding a job | 200 (37.0%) |
| Help accessing government benefits | 125 (23.1%) |
| Free or low-cost childcare | 40 (7.4%) |
| Housing services | |
| Consistent case management | 245 (45.3%) |
| Housing navigator | 232 (42.9%) |
| Peer support specialist | 210 (38.8%) |
| Legal assistance | |
| Help with getting a copy of personal documents | 212 (39.2%) |
| Legal assistance (immigration law, family law, expunging record) | 148 (27.4%) |
| Health services | |
| Mental healthcare | 235 (43.4%) |
| Physical healthcare | 187 (34.6%) |
| Alternative therapies | 162 (29.9%) |
| Help managing disability | 116 (21.4%) |
| Addiction recovery and treatment services | 115 (21.3%) |
| Disability accommodations | 111 (20.5%) |
| Harm-reduction programs | 62 (11.5%) |
| In-home care | 49 (9.1%) |

Table B3.2 Desired features in ideal housing (N=541), continued

| Desired Feature/Service (check all that apply) | n (%) |
|--|-------------|
| Support with personal care and necessities | |
| Access to food (food pantry) and/or meals | 291 (53.8%) |
| Access to bathroom or shower | 265 (49.0%) |
| Access to laundry facility and/or clean clothing | 256 (47.3%) |
| Access to computer/phone/internet | 256 (47.3%) |
| Access to place to charge electronics | 237 (43.8%) |
| Property storage | 223 (41.2%) |
| Personal care services (haircut, massage) | 203 (37.5%) |
| Support for pets (vet care, pet food) | 143 (26.4%) |
| Community/social support | |
| Community events, social support, or welcome/intro to new community | 165 (30.5%) |
| Help finding religious or faith-based support or spiritual community | 100 (18.5%) |
| Parenting support | 35 (6.5%) |
| Veteran specific support | 27 (5.0%) |
| Other support (please specify) | 5 (0.9%) |
| None of these | 46 (8.5%) |

Table B3.3 Top location factors desired in ideal housing (N=440)¹

| Proximity to (top three) | n (%) ² |
|--|--------------------|
| Live near a grocery store | 233 (53.0%) |
| Be able to access public transportation | 211 (48.0%) |
| Live near your work | 158 (35.9%) |
| Live in a quiet area | 120 (27.3%) |
| Live in a familiar area | 116 (26.4%) |
| Live near a natural area or park | 107 (24.3%) |
| Live near health services | 93 (21.1%) |
| Live near loved ones and/or friends | 87 (19.8%) |
| Live in a residential area (not downtown) | 82 (18.6%) |
| Live near social services or homeless service organization | 58 (13.2%) |
| Live in a diverse neighborhood | 51 (11.6%) |
| Live near a gym or sports facility | 49 (11.1%) |
| Live near your place of worship | 33 (7.5%) |
| Live near a community center | 32 (7.3%) |
| Live near a daycare or school | 25 (5.7%) |
| Live in a neighborhood with neighbors who are your race or ethnicity | 21 (4.8%) |
| Other (please specify) | 11 (2.5%) |

¹Opt-in question
²Since participants were asked to select three responses, the sum of the percentages exceeds 100%.

Table B3.4: Reported worries about entering housing; write-in response (N=357)

| What worries/worried you about moving into housing? | | | |
|---|--|----|---|
| Category | Definition | n | Example Quotations |
| Nothing | Nothing, N/A | 64 | "Not worried" |
| Safety of neighbors, neighborhood | Participants feel concerned that they will not feel or be safe when they are in their house. This includes dangerousness of neighbors, the building, or a general lack of safety | 62 | "Being a single lady and dealing with stalker. Safety" |
| Affordability | Not being able to pay rent or other bills comfortably | 61 | "Affordability should I lose my vouchers" |
| Losing it | Obtaining housing only to lose it later on | 56 | "Getting violated and losing home after I have it" |
| Not having who and what I need | These responses include worries that loved ones will not be allowed to live with them, participant will be a poor fit for the program, or they will not obtain essentials like furniture | 33 | "Not being able to have my kids or dog move in with us"; "Too many rules that I would be forced to break" |
| Getting it in the first place | Participants share fears of never getting housing | 20 | "That I'll die before I actually get that housing.... I've been waiting for home for section 8 housing and it's almost killed me." |
| Mental health and wellness | These responses express concern over the ability to be stable in housing or cope with stressors when in housing. This includes fears about being alone or living indoors | 19 | "I don't like to share my space with people I don't know and I also have a fear of being on my own when I don't know if I can hold down the housing long term." |
| Barriers to entry (credit, legal, IDs) | Concerns that their background will prevent entry or disqualify them from housing | 15 | "my criminal background" |
| Resource loss | These responses express fear of losing access to resources that may be tied to homeless status or a particular sleeping/living location | 10 | "I have a hard time believing that I could receive as much services in housing as I receive from [shelter program]" |
| Substance use | Fears about personal use (ability to use or remain sober) or harmful exposure to substances in housing | 9 | "Nothing. But I want to use drugs"; "I'm not good with mental instabilities / drug addiction of others and having to live near it constantly is worry." |
| Uncategorized | Answers do not fit in another category | 8 | "God will provide" |

APPENDIX B4: SUPPLEMENTAL MATERIALS FOR CHAPTER 4

Figure B4.0.1 Complete list of barriers to housing

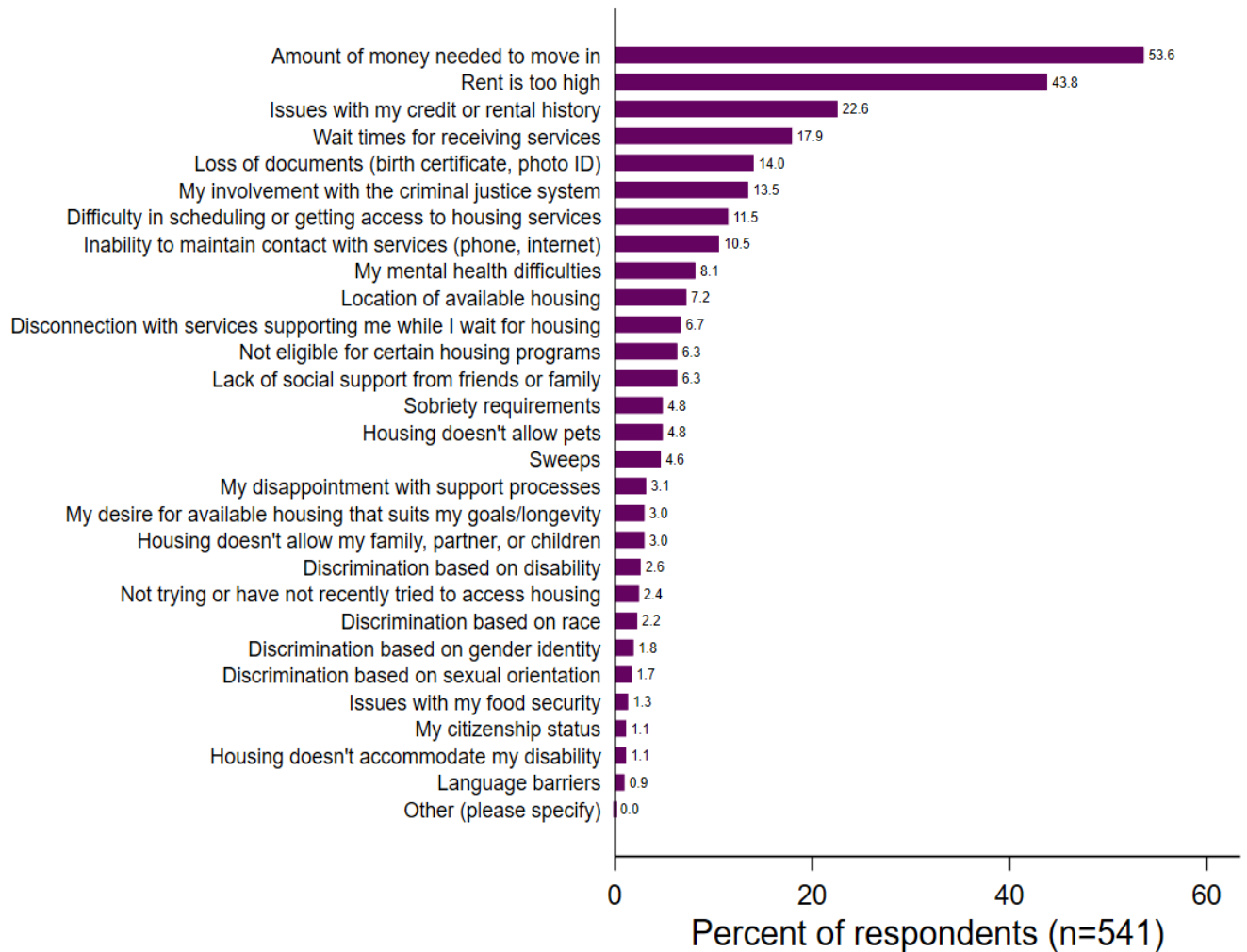


Figure note: Responses could be placed in multiple categories; thus, their summative total is greater than the number of respondents.

Table B4.1: Participant write-in responses to the question “What do you need to move into/stay in housing?” (N=415)

| What do you need to move into or stay in housing? | | | |
|---|---|----|---|
| Theme | Category | n | Example |
| A place where you can live (41) | Locations of choice: These responses describe the need to find housing that meets them where they are, including pets, physical accessibility, or freedom to choose what happens in their own home. These responses also include finding housing that is open and attainable | 19 | <i>"Nothing but the opportunity to choose my own place not just be corralled in buildings not fit for me"</i> |
| | Safety: Participants describe having a home where one feels safe, and they know their belongings will not be stolen. | 10 | <i>"I need to get into a home that is safe and open to my wife and daughter. We have to get a home as soon as possible to get our daughter back. All the waitlist simply don't pan out or end up saying we don't fit for the place for whatever reason"</i> |
| | Family/friends/community: These responses describe the need for family to live in the same home, or to feel a sense of belonging and interpersonal safety in their community | 12 | <i>"Grants or something that will help me get and maintain housing while I can focus on my recovery and bring a mother to my 8month old daughter"</i> |
| Systems navigation (148) | Resources: This category includes specific resource needs, other than financial support/rental assistance/housing vouchers, that people identify as barriers to entering into housing | 58 | <i>"Consistent access to my case manager"</i> |
| | Health and health-related resources: Barriers to housing that are associated with physical, mental, or other health concerns, including receipt of Social Security Disability Income (SSDI) and need for live-in caregiving | 31 | <i>"Steady and verifiable income which is held up by my mental disabilities and difficulties with employment from it"</i> |
| | IDs/documents/citizenship: Documentation and identification are barriers to accessing housing | 24 | 1) <i>"News license(mines valid but I'd is free not license' and if I get I'd it forfeited my license. Birth certificate social security card;"</i> 2) <i>"All my documentation;"</i> 3) <i>"U visa"</i> |
| | Legal: Barriers to housing that are related to legal eviction records/debts, criminal history, and/or other issues with court systems | 19 | 1) <i>"Criminal record expunged so I can pass the screening that landlords or rental company s do;"</i> 2) <i>"Felony friendly;"</i> 3) <i>"Getting past criminal record"</i> |

| What do you need to move into or stay in housing? | | | |
|---|---|-----|---|
| Theme | Category | n | Example |
| | Help! (Ambiguous): Participants identify a need for help but do not identify a clear resource need | 16 | 1) "Overall help;" 2) "A lit bit of everything;" 3) "Extra assistance" |
| Money and finances (355) | Money, rent money, affordability: These responses identify affordable housing and access to adequate funds as a barrier to entering into housing. | 189 | "Move in costs, getting utilities started, a place where rent is based on income maybe." |
| | Employment: Participants specifically identify that they need a job/employment | 93 | "I need to see gainful, employment" |
| | Rental assistance/voucher (receipt of, availability, and waitlists): These responses are related to voucher and rental assistance programs. Participants discuss a need for a housing voucher, shorter waitlist or access to the waitlist, and/or new programming in order to enter into housing. | 56 | "Housing voucher and move in costs" |
| | Financial health and education (credit, rental history, debt): These responses relate to more nuanced financial issues, such as the need to resolve non-eviction related debts, improve credit score, or develop a rental history | 17 | 1) "Fix credit and pay off debts;" 2) "Im not really loo,ing for housing, at least not untill i get my job and credit down." |
| | Nothing: They specify they need nothing | 34 | 1) "N/A; Nothing." 2) "Nothing;" 3) "I believe I have access to everything that I need to help me either move into or stay in housing." |
| | I do not know/cannot say: They do not know what they need or decline to say | 10 | 1) "I don't know;" 2) "Never been in housing;" 3) "Not sure at this time" |
| | Other | 3 | 1) "I don't want that anymore I want heaven;" 2) "A reason;" 3) "a world that doesn't hate and discard homeless people" |
| Unique to housed respondents | Staying sober | 3 | "Not to be around drugs so that I can get clean and stay clean and to clear my criminal record." |
| Note: Responses could be placed in multiple categories, thus their summative total is greater than the number of respondents. | | | |

Table B4.2. Among those who had to move due to a sweep: who told respondents they had to move (N=160)¹

| Who told them about sweep (check all that apply) | n (%) ² |
|--|--------------------|
| Police or law enforcement officials | 103 (64.4%) |
| Someone left flyer or sign | 62 (38.8%) |
| Sanitation worker | 57 (35.6%) |
| Homeless outreach worker | 48 (30.0%) |
| Another person | 43 (26.9%) |
| Don't know / do not recall | 5 (3.1%) |

¹Opt-in question asked of those reporting having to move due to a sweep (n=130).
²Since participants could select more than one response, the sum of the percentages exceeds 100%.

Table B4.3: Participant write-in responses to the question “Is there anything you’d like to tell us about how you were or are impacted by sweeps or campsite removals?” (N=216)

| Is there anything you’d like to tell us about how you were or are impacted by sweeps or campsite removals? | | | |
|--|---|----|---|
| Theme | Category | n | Example |
| Material and physical losses (49) | Property losses: These responses describe loss of property, both essential items like documents and IDs, as well as less essential but still valuable personal belongings | 40 | 1) "Took everything and not able to get it back" 2) "Getting my shit thrown away, not having a sheltered place to sleep, having to get rid of things because I couldn't have storage to put them" |
| | Medical consequences: Sweeps resulted in lost prescriptions, medical supplies, or resulted in someone experiencing bodily harm | 5 | "My bag was marked unknown. So the people who swept my. Stuff gave my bags to the people who camped next to me. I lost all my legal documents and my prescriptions. I've been struggling to get them reissued since." |
| | Lost contact with services or people: Sweeps resulted in the person losing contact with a service provider, support person, or community. Also included in this category is missed appointments due to sweeps | 4 | "Tore my family apart since it took months to get into anywhere together, combined with the loss mentioned" |
| Resilience and advocacy (18) | Recommendations for change: These responses provide recommendations for more effective service delivery, or different strategies for engaging with the people being swept | 16 | "It needs to happen but make sure we are notified" |
| | Survival strategies: Participants share how they coped with the sweeps or navigated the fall-out | 2 | "I always left as soon as I seen the signs." |
| Emotional impacts (78) | Emotional and psychological consequences: The emotional fallout of sweeps. This can include trauma, anger, grief, fear | 51 | "Devastating traumatic experience traumatizing trying to crawl out from a rock" |

| Is there anything you'd like to tell us about how you were or are impacted by sweeps or campsite removals? | | |
|--|---|--|
| | Harmful behavior of sweep teams: Responses describe inadequate training, cruelty, harassment, or other experiences with the groups tasked with camp removal | 16 <i>"Rapid response is a horrible and callous company who don't see the homeless as anymore then a job. They are supposed to keep your stuff for a month but they'll just say they're we're bodily fluids on everything and toss in dumpster. It's so corrupt, they'll even antagonize the campers so they can call the cops."</i> |
| | Mixed feelings: Sweeps are described as both positive and negative. These responses may include reasons sweeps are necessary, in addition to critiques or negative personal experiences | 4 <i>"I understand that they may need to happen but in my opinion I believe that the employees should have special specific training in order to deal with the people who are affected by the sweep. Such as mental health issues that might be present. I was treated with impatience to times and I didn't know where to pick up my stuff that was already packed up when I got there."</i> |
| | Positive feelings: Participant describes the sweep as a positive or necessary event | 7 <i>"It was a good thing when Rapid Response came"</i> |
| No response, impact or unable to categorize | No: Nothing, no, n/a | 57 <i>"Nope"</i> |
| | No impact: Different from no, these are responses where someone says the sweeps do not impact them | 6 <i>"Wasn't impacted by sweeps or campsite removals"</i> |
| | Uncategorized: Unable to define or understand response | 8 <i>"ODT, but year an a half ago"</i> |

APPENDIX B5: SUPPLEMENTAL MATERIALS FOR CHAPTER 5

Participants were provided with a list of services, organized into categories (listed in order of presentation in the survey): money/financial assistance, housing services, legal services, health services, support with personal care and necessities, and other. The question prompt was: “Thinking about the past 6 months (since about November 2024), please tell us if you have used each of the services listed below and how helpful it was. We understand that sometimes, your response won’t fit perfectly into one of these categories. Please pick the response category that fits best.” Participants could choose: “I used this service and it was **helpful**”, “I used this service and it was **not helpful**”, “I haven’t used this service, but I **would if it was available**”, “I haven’t used this service and **I don’t want to**.” They could also indicate if the service was not applicable. For each service, responses were mutually exclusive and therefore total to 100%. Below, all data for the question are presented, sorted by services that were the most helpful. Services that are not desired are depicted in dark gray on the far-right side.

Figure B5.1 Service use and gaps

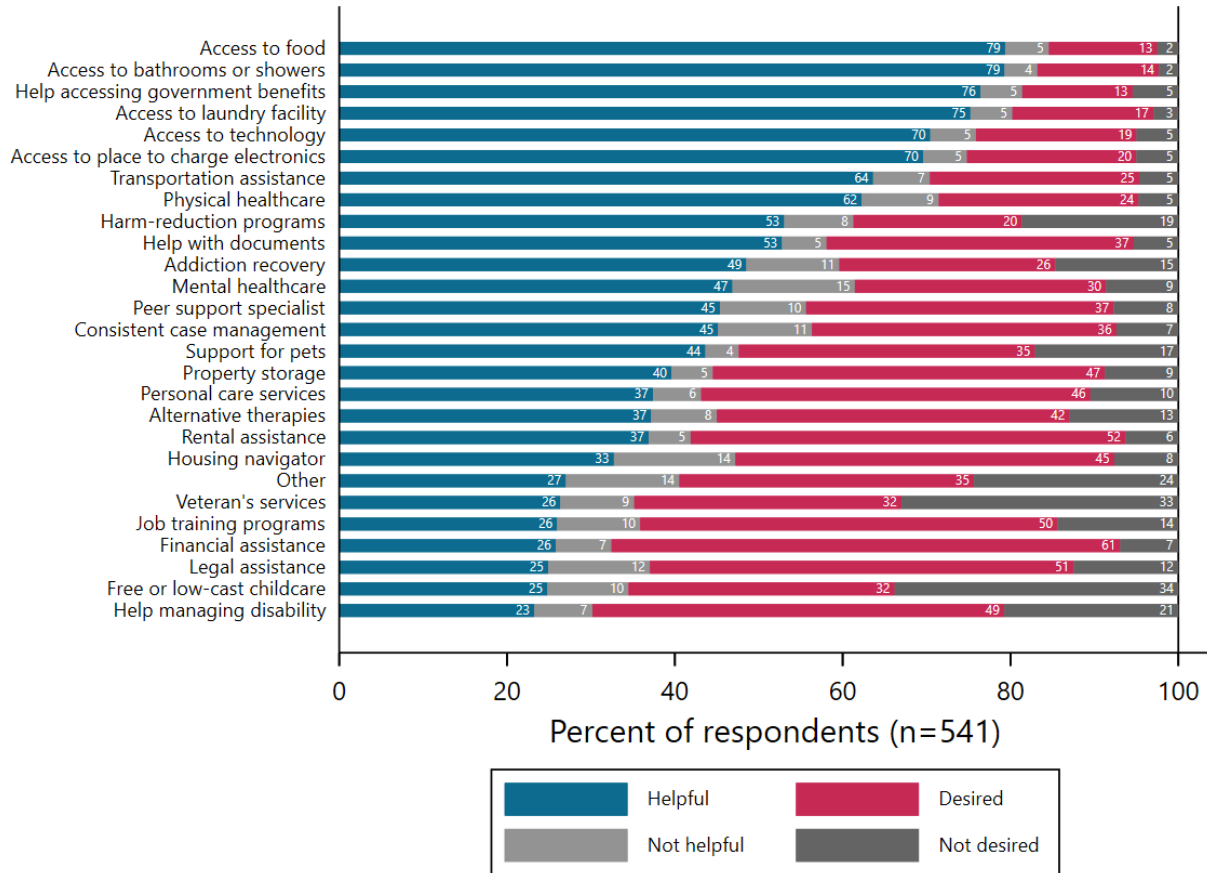


Figure note: Utilization (blue + light grey) and helpfulness (light grey) of services, and unmet need for services (red). For each service, results shown are among respondents who selected one of the four options: used & helpful, used & not helpful, not used but desired, or not used and not desired. So, for each service, the bars sum to 100%, and rounded percentage of participants who provided that rating is shown on the bar. Services are listed in decreasing order of used & helpful (blue bars). These results are shown in alternate format in Figures 5.1 and 5.2 of the main report.

–End of Report–



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