

## Statewide Shelter Considerations

Oregon State Senate Interim Committee on Housing and Development

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### **Current Funding Situation:**

Statewide there was \$12 million in shelter assistance allocated by the legislature in 2019, more than half of which has been distributed to date. The remainder will be distributed through the Community Action network for the 2020-2021 fiscal year. These funds go to support a wide variety of shelter activities through various sub-contractors, including:

- a) Emergency shelter
- b) Domestic violence shelters and hotel programs
- c) Homeless hotel programs
- d) Day sheltering
- e) Transitional sheltering
- f) Warming Centers

### **Need Levels before the Pandemic:**

Prior to the COVID pandemic, Oregon struggled with adequate shelter space. Low-barrier beds that were filled in alignment with housing first philosophies were particularly at a premium. HB 4001 in the short session would have created navigation centers, which are low-barrier short-term shelters that connect chronically homeless unsheltered Oregonians with permanent housing placements. That funding measure would have created navigation centers in five additional communities across the state, along with provisions for additional funding for general shelter expansion and supports for expanded winter warming (including provisions that would have made siting shelters far easier). Those plans died when the short session ended early. The need remains pressing.

National homeless data on the 2020 Point-in-Time Count has not been released yet, but 2019 homeless data as reported to Congress demonstrates that literal homelessness increased 9.7% between 2018-2019 in Oregon, an increase of 13.8%. There's been a 20 percent increase in this metric between 2015 and 2019. Oregon's unsheltered homeless rate is among the highest in the nation. In 2019, we counted 15,800 literally homeless individuals in Oregon, 10,139 of those were unsheltered (roughly 64%). The statewide shelter study, commissioned by Oregon Housing and Community Services, and released in 2019, identified two critical problems with our sheltering system that exist largely independent of the size or constituency of our homeless population. First, there is a fundamental gap in shelter capacity around the state. We simply lack the beds needed to shelter the pre-COVID homeless population. Second, there was a utilization gap in the sheltering capacity that we do have, especially for those who cannot access the regular emergency shelters and must rely on the warming stations in the winter. Of the regular emergency shelters, 95% of beds were occupied, a good percentage. The situation is grave, however, when we consider winter warming shelters, where 37 of 42 shelters reported that they never really reached full utilization. The question begged by those numbers is simple. Why are we not filling

our shelter beds, especially the warming beds, despite such a large unsheltered homeless population? The simple answer is that the shelters often have high barrier policies that limit access, which indirectly makes it more difficult for people of color, those with disabilities, and general high needs chronically homeless persons to access shelter. The ones in shelter are the ones who *can* be in shelter. For the rest, there is little to no option other than to risk violence, predation, and in some cases citation or arrest from camping on public or private property.

### **Need Levels after the Pandemic:**

Much remains unknown about the effect of this public health event on homeless services. The economic consequences of the shut-down will certainly create more unsheltered homeless citizens in Oregon, though that effect may play out slowly for many months. More immediately, we may face an even more serious cold weather sheltering crisis this winter. We were lucky last year, with a very mild winter. Our shelter capacity has been strained by the public health situation. Many shelters stopped new intakes, and saw their total residents decline dramatically. They are only now beginning to stand back up to full capacity. We have been lucky so far (to the extent that we know, COVID testing in shelters is still not widespread or systemic) in that we have not suffered large positive rates among the sheltered homeless population. In all probability the infection rates there are greater than what is known. Once they become known shelters will be under enormous pressures to reduce capacity so that they can adequately socially distance. If we experience a second viral wave in the fall, just as the need for warming and emergency shelters reaches its height, shelters will likely resort to decreasing the number of residents, which will make the state's unsheltered problem far worse.

### **Policy Recommendations:**

- **Funding:** When the legislature reconvenes, adequate sheltering supports remain a high priority, as part of a layered, flexible, and sophisticated response to unsheltered homelessness.
- **Service Models:** Navigation Centers are needed around the state, but to be fully effective they must have connections to housing placements and they cannot backslide into older poor practices (creating barriers and systems of controls that undermine the legislature's original intent).
- **Public Health:** The pandemic has reoriented some basic sheltering assumptions. Notably, we had long believed that crowding the homeless population into high density shelters was the most cost-effective way of sheltering the largest number of the homeless. But post-COVID, especially without a vaccine, such high density shelters run enormous risks of becoming viral hotspots. The homeless themselves are exceptionally vulnerable to serious consequences of a COVID infection, given the prevalence of lung disease, lifelong smoking, advanced aging, substance abuse, limitations on access to medical care, and other underlying health conditions.
- **Motel Programs:** In several regions of the state, communities have created motel programs. Essentially motel rooms function as SRO's (Single Room Occupancy housing). Historically providers have tried to avoid such high cost answers like motels, but the motels have generally worked well with few problems, and they provide stability, independence and respite for the homeless that reduces trauma and creates a sense of normalcy. Given our mental health and

substance abuse rates among the homeless, crowding them into high-density shelters where they cannot rest and isolate may in fact be contributing to our large unsheltered homeless population.

- **Cities and Counties:** Some jurisdictions have suspended enforcement of local ordinances that target the unsheltered homeless. Such ordinances (which had been quietly on the rise across the state) include traditional punitive approaches with little scientifically valid evidence of effectiveness, like sit-lie ordinances and anti-camping bans. The aggressive trespassing from ODOT properties, in particular, has declined. Other jurisdictions have gone even further, and created designated camping locations. These are positive developments and should be encouraged after the pandemic ends. Breaking up unsheltered camping is a public health threat, as outlined by the Centers for Disease Control. Forcing the homeless to remain on the move constantly is an affront to the human dignity of those in poverty. And anti-camping bans deprive the homeless, including a large number of disabled residents of this state, the opportunity to shelter against the elements.

Designated camping locations, organized camping programs, and a reorientation of our systems away from warehousing philosophies and toward field services that connect homeless campers with housing and SRO's will likely be more productive than approaches that we have tried for a generation.