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Without a Map: A Lived Experience Study of the Paths People Create Through Homelessness

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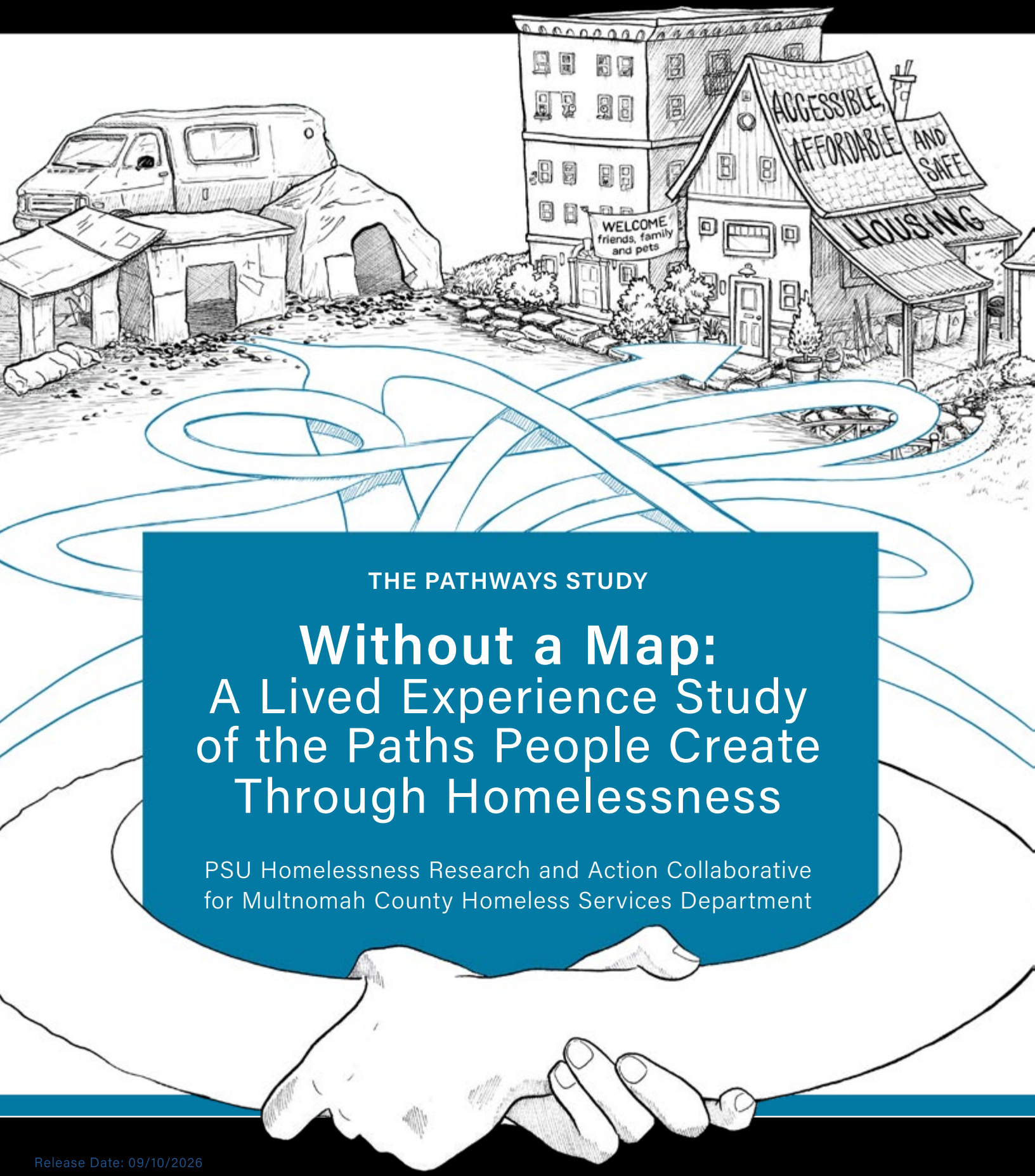
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Portland State
Homelessness Research
& Action Collaborative



THE PATHWAYS STUDY

Without a Map:
A Lived Experience Study of the Paths People Create Through Homelessness

PSU Homelessness Research and Action Collaborative
for Multnomah County Homeless Services Department

Release Date: 09/10/2026

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To learn more about the TREES Committee:
pdx.edu/homelessness/TREES

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 will be described in more detail.

About this Report

Funding

This report was funded by the Homeless Services Department, Multnomah County with support from the Institute of Metropolitan Studies at Portland State University and the OHSU-PSU School of Public Health.

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

Acknowledgments

First and foremost, we extend our gratitude to all of the participants who bravely shared their stories with us. We also are thankful to the TREES committee, most of whom have worked with us for over two years on this project. Together, we have personally experienced, witnessed and held the trauma that this community faces as a result of homelessness, via the interviews we conducted and the journeys we have walked in producing this research.

Additional thanks for their contributions and support on this project go to (alphabetical order): Mckinsey Carroll, Abbi Connelly, Minji Cho, Natalie Cholula, Tania Hoode, Emily Chi Keck, Stefanie Koehler, Molly Laing, Amy Laird, Eileen Lu, Carolyn Niehaus, Kate Reed, and Frankie Spurbeck.

About the Art and Artist

The illustrations presented throughout report were developed in collaboration with TREES as part of a detailed, visual representation of the study findings. The art was developed by Stefanie Koehler who is an artist, designer, and strategist who works to help organizations innovate to plan for sustainable and just futures. She combines system thinking, visual facilitation, and facilitative processes to cocreate solutions that help audiences understand the broader system in which their work is situated. She can be contacted at stefanie.m.koehler@gmail.com

Dedicated in memory of Rebecca “Becky” Lange and to all the lives lost while navigating pathways through homelessness



We are dedicating this Pathways report in memory of Becky Lange. Becky’s advocacy work for those experiencing homelessness helped many people. She helped get the Kenton’s Women village up and going. When she was passionate about a project, she would keep working until she figured out how to make it happen. Becky was passionate about the Pathways study, both as a strong driving force in the TREES committee, and as an advocate for empathy and meaningful change for those experiencing homelessness.

Becky’s life was brutally cut short as we were working to finish the Pathways project. Becky wanted to be able to be safe. She wanted to grow a garden and have her pets. She wanted to be some place to be on her own, to be home. So we dedicate this report in Becky’s memory, to all of those who have lost their lives while traveling their own pathways towards housing, and remind all of us to work towards helping all of our vulnerable friends and neighbors.

Written by Lisa Larson, TREES Committee member, colleague and friend

List of Abbreviations

COVID-19	Coronavirus Disease of 2019
DHS	Department of Human Services
HSD	Multnomah County Homeless Service Department
HUD	U.S. Department of Housing and Urban Development
IPV	Intimate Partner Violence
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and/or additional genders not explicitly listed
PSU	Portland State University
RV	Residential Vehicle
SSDI	Social Security Disability Income
TREES	Transformational Research for Equity and Experience in Shelter

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Message from the Transformational Research for Equity and Experience in Shelter (TREES) committee

Pathways through homelessness are nonlinear and are shaped by intersecting personal, social, and structural factors. People navigating homelessness often experience unpredictability, recurring homelessness, and difficulty navigating complex systems. Success metrics emphasize standardized and measurable data points, which can obscure the complexity of the lived realities of homelessness. This report seeks to deepen the understanding of pathways through homelessness by centering participants' experiences and the interactions that shaped their housing trajectories. These are all real stories from real people, and by elevating lived experience we aimed to expose the realities of pathways through homelessness to inform more humane and responsive approaches to policy, services, and systems change.

Using our own lived experience, we were able to revisit our pasts, upend our biases, and bring new perspectives to our own and others' narratives. We were involved in study processes from beginning to end, and being a part of the research — rather than just being researched — made a large and positive impact on the findings. Our lived experience made it possible to build trust and relate to individuals with current or former experiences of homelessness. That connection allowed interviewees to be vulnerable and to tell their truth, because they understood that we have also walked similar paths and are trying to create sustainable change. The participants of this study believed in our mission and truly desired the same things: they all want support that is guided by empathy, dignity, respect, and compassion. Numbers, charts, and data are incredibly important, but remembering the humans living without housing, and what those numbers represent should be the priority. The stories our participants told were full of barriers and cycles that were often caused by the very systems that society believes are in place to protect them. Most homeless folks just need a helping hand and sometimes someone to walk alongside them on part of their journey. Someone to say: there is hope, they are not forgotten, and they deserve empathy, dignity, and their voices to be heard. We hope policy makers dig deep, spend time understanding these stories and the messages they reveal for needed improvements, and allow lived experience to be a voice in future decisions.



Executive Summary

Across Multnomah County, more people are experiencing homelessness or are at risk of losing housing, while the systems designed to respond face increasing demand and constrained capacity. Against this backdrop, Multnomah County commissioned the Pathways Study to better understand how people move through homelessness and toward housing, and where opportunities exist to improve that journey. A central question is not only whether enough services exist, but whether the services that do exist form pathways people can actually find, enter, and follow to the desired outcomes.

This report shows that pathways through homelessness are rarely straightforward. Participants described journeys shaped by overlapping crises and fragmented systems, broken by moments when relationships, resources, or institutions opened a possible route toward housing. Homelessness is not a single pathway with clear steps from crisis to housing. Participants described homelessness as exhausting and unsafe; it is a long and often confusing process in which progress depends on timing, eligibility, persistence, relationships, and whether the right help is available at the right moment. The difficulty is not only surviving without housing, but trying to make progress while navigating systems that are hard to understand.

This does not mean that services are unimportant. The opposite is true. Participants' stories show that services, providers, outreach workers, peer support, health systems, employment programs, and housing resources can play decisive roles in helping people move toward housing. But the impact of those supports depends on whether people can find them, qualify for them, stay connected to them, and receive help long enough to gain stability.

About the Study

The Pathways Study was a lived-experience-led, mixed-methods study conducted between 2024-2026 by Portland State University's Homelessness Research and Action Collaborative in partnership with the Transformational Research for Equity and Experience in Shelter committee, known as TREES. Funded by the Multnomah County Homeless Services Department, the study was designed to better understand what people need while experiencing homelessness, what their housing goals are, and what helps or impedes progress toward housing. In short, we sought to understand what pathways through homelessness actually look like. Because the study was led in partnership with people who had experienced homelessness themselves, the findings offer an insider perspective on what homelessness feels like, how difficult it is to exit, where systems break down, and how relationships and everyday acts of support can alter people's pathways.

The study included surveys with 541 people currently or recently experiencing homelessness in Multnomah County and 29 in-depth interviews, many using journey mapping, with people who had recent experiences of homelessness. A detailed report describing results from the survey data, Findings from People with Recent Experience of Homelessness in Multnomah County, was released in April, 2026 [1]. This current report focuses primarily on the interview and journey mapping findings, while integrating survey results to show how individual stories connect to broader patterns across the community.

Key Findings

1. Homelessness rarely began with one event.

Participants did not describe a single, simple cause of homelessness. Instead, they described an "(im)perfect storm" of overlapping circumstances that accumulated over time. Housing affordability and financial insecurity were central across many stories, but they often intersected with other crises, including injury, job loss, bereavement, domestic violence, and other circumstances. Many participants experienced hidden homelessness before becoming visibly homeless, cycling through couches, vehicles, or other unstable arrangements while trying to regain stability.

2. Once homeless, people often became stuck in "the churn."

Participants described homelessness as a circular and exhausting process rather than a clear sequence of steps. People made repeated efforts to seek help and to meet the requests of housing services, such as completing paperwork, contacting providers, and joining wait lists. Yet they regularly encountered delays, inconsistent eligibility requirements, poor communication, or inadequate resources. The homelessness service system was often experienced as fragmented, confusing, and difficult to navigate. Safety was also foundational. Participants were less able to engage with, or completely avoided, services where they did not feel physically or emotionally safe. Participants described avoiding congregate shelters, treatment programs, employment services and others due to safety concerns. Many people were working or seeking employment, but made insufficient wages to obtain housing or maintain stability in their housing. These barriers were especially difficult for people managing trauma, disabilities, or the daily instability of homelessness itself.

3. Financial assistance is critical to resolving homelessness, but remains out of reach for most people who need it.

Participants across the entire study (in both the survey and interview portions) identified financial barriers as major obstacles to obtaining and maintaining housing. When financial assistance was available, it could directly address these barriers and create a viable path to housing. But most participants described that access to rental assistance, flexible funds, and other forms of direct financial support was limited, difficult to obtain, or did not match their needs leaving many participants without the resource most directly matched to what keeps them homeless.

4. Eligibility rules shaped pathways as much as need did.

Participants often described needing help but not meeting the criteria required to receive it. Some were not considered old enough, disabled enough, sick enough, addicted enough, or visibly vulnerable enough to qualify for available programs. These experiences created a painful mismatch between people's actual needs and the ways services were organized. As a result, people could remain in crisis while being told they did not meet the right threshold, category, or priority level for assistance.

5. Services mattered most when skilled people helped make fragmented systems navigable.

Participants' stories make clear that services can be transformative. Effective providers within the homelessness service sector, including outreach workers and peer support specialists, and those in other sectors, like health systems, employment programs, and community organizations, helped people survive homelessness and, in some cases, move toward housing. The most helpful supports were not only material. They restored hope, dignity, trust, and self-worth. Participants especially valued providers who were knowledgeable, responsive, well-connected, persistent, and able to help them navigate systems that otherwise felt impossible to understand. Peer support was uniquely important because shared experience created trust, relatability, and concrete knowledge about how to move through the system. Too often, progress depended on exceptional individuals who knew how to work around barriers, and maintain relationships, rather than on systems designed to make those pathways clear and reliable for everyone.

6. Turning points often depended on timing, relationships, and opportunity aligning.

Nearly every participant identified a pivotal moment when something changed, sparking significant progress in their journey . These catalyzing moments included being connected to an effective provider, engaging with recovery or treatment, receiving help from a stranger, or finally getting a call from a waitlist. Some moments felt like victories; others came through crisis, loss, hospitalization, arrest, or the end of a relationship. What mattered was not only the event itself, but whether the moment connected a person to a real opportunity that could be sustained.

Participants often described persistent efforts to seek help, advocate for themselves, and follow through on available options, but effort alone was rarely enough. Progress was most likely when that persistence intersected with the right resources, relationships, or opportunities at the right moment. Because those opportunities were not consistently or predictably available, successful turning points could feel random or like a matter of luck.

7. Exiting homelessness did not always mean achieving stability.

For many participants, the transition out of homelessness was fragile. Some were living in apartments with vouchers or subsidies, some were in informal or shared arrangements, and others were in transitional housing, shelters, or other situations that still carried uncertainty. Participants often described meaningful progress — sobriety, employment, reconnection with family, improved health, or the ability to plan for the future — even when their housing remained precarious. These stories show that the pathway out of homelessness does not end when someone obtains a place to stay. Long-term stability requires continued support, income, safety, community connection, and protection from disruptions that can push people back into homelessness.

8. Pathways through homelessness often depended on systems beyond the homelessness service system.

The report identifies several recurring pathway types, including health, carceral, substance use, self-directed, and lived-experience employment pathways. These are not fixed categories of people or comprehensive routes through homelessness. Rather, they show how different systems, institutions, relationships, and opportunities became especially important in shaping how participants moved toward housing. Together, the typologies show that homelessness response cannot rest on the homelessness service system alone. Health care, behavioral health, employment, criminal-legal, substance use recovery, public benefits, and housing systems all shape whether people are able to move toward stability.

Together, these findings suggest that improving pathways through homelessness requires more than adding isolated programs. It requires multiple partners and jurisdictions to contribute to creating a system that is easier to enter, easier to navigate, and better coordinated with the other institutions that shape people's lives.

Priorities for Action

The recommendations in this report were developed from findings across both phases of the Pathways Study and in collaboration with the TREES lived experience committee. They reflect both research evidence and the expertise of people who have experienced homelessness firsthand. Together, we identify six priorities for action:

Increase access to diverse forms of affordable housing. Participants needed housing options that reflected different ages, disabilities, family structures, safety needs, trauma histories, employment situations, and preferences. No single housing model will work for everyone. Meanwhile, while people are actively homeless, they need places to go to sleep safely and meet their basic needs. Alternative shelter solutions, safer sleeping locations, and ongoing support for people's basic needs remain priorities.

Prioritize homelessness prevention and housing stability. Because many participants experienced long periods of instability before becoming visibly homeless, preventing homelessness requires earlier, more flexible support before people lose housing entirely. Stable employment with sufficient wages plays an important role in obtaining and maintaining housing stability.

Build a more coordinated, safe, and accountable homelessness service system. Participants described a system that was difficult for both people seeking help and those trying to help them navigate. They frequently encountered providers who lacked clear information about available resources, eligibility criteria, and or next steps. Participants and service providers need clearer information to facilitate stronger navigation, better follow-through, and systems that are easier to enter, understand, and remain connected to over time. Coordination across services and centralized points of information are core needs, as well as new accountability mechanisms that allow people to report unsafe or harmful experiences, ensure concerns are meaningfully addressed, and monitor service quality and safety across the service system.

Eliminate practices that disrupt pathways to housing. Involuntary displacements undermine progress and investments made in homelessness services by worsening instability. They result in loss of possessions (e.g. legal documents, medications, phones, etc.), Interrupted service relationships, and missed appointments that push people backward after they have already made progress.

Strengthen community belonging and informal support systems. Participants relied on friends, partners, culturally specific supports, faith communities, peers, and informal networks for survival, information, emotional support, and hope. These relationships should be recognized as part of the housing pathway, not treated as separate from it. Preserve supportive relationships during housing and service transitions, invest in peer- and community-led networks, create more inclusive spaces for connection between housed and unhoused community members, and avoid policies that unnecessarily separate people from those they rely on.

Integrate lived experience into solutions for homelessness. People with lived experience bring knowledge that cannot be gained through professional training alone. Their expertise should shape policy, funding, program design, research, evaluation, and system improvement.

Creating better pathways out of homelessness will require more than improving individual programs. It will require coordinated action across housing, services, policy, and community systems to make it easier for people to move toward—and sustain—housing and stability.

A Visual Synthesis of Study Findings

Navigating homelessness, including pathways through the service system, is complex. It features patterns across stories and yet is a highly individualistic experience. It is filled with both highs and lows, progress and setbacks. Communicating this complexity in a written form is challenging; the authors must make decisions about how to present information, and in what order. Written format provides the illusion that the experience can be captured in a linear way, as the story can only be read in one direction. However, the linearity of storytelling does not accurately reflect the twists and turns of the homelessness experience.

A "rich picture" is a visual tool that helps capture complexity [2]. It enables the viewer to simultaneously see both the big picture and the small, individual parts of which it is composed. While the artist, like an author, makes decisions about what to represent and how, the audience chooses how to engage; what to look at first, where to spend time, whether to focus on details or the big picture.

We created a rich picture as a synthesis of the research findings with the purpose of visualizing the findings from the Pathways study in a way that complements the written report. The imagery and depictions are drawn directly from participants' survey responses and interview narratives. A graphic artist worked closely with the TREES committee and research team to translate these findings into visual metaphors, ensuring that the meanings, emotions, and experiences reflected in the data were represented with care and accuracy. Throughout this report, excerpts from the rich picture offer another way of engaging with the findings—one that invites reflection, interpretation, and exploration rather than a single, linear reading. Just as homelessness is not experienced in a linear way, understanding it may require more than one mode of interpretation. By presenting the data through both words and images, we hope to convey not only what participants experienced, but also the complexity, interconnectedness, and humanity of their pathways through homelessness.

How to view the "rich picture"

The rich picture is presented on the following pages. We invite you to take some time to first observe the visual (find a full-scale version on the Pathways website). Take note of what areas you are drawn to, what emotions arise; what questions and curiosity does the picture evoke? Notice both the full image and the individual details and consider how these two perspectives speak to one another. Next, direct your attention to the words. These are direct quotations from participants and key findings from the study. The words connect visual elements of the picture to the research data that informed that element. In doing so, we combine both research evidence with imagery to encourage audiences to gain deeper insights into the implications of the study findings.

A VISUAL SYNTHESIS OF

WITHOUT A MAP:

A Lived Experience Study of the Paths People Create Through Homelessness

This illustrated synthesis is a companion to the Pathways Study.

Explore the full report here

ENTERING HOMELESSNESS
POPULATION RISING

ACCESSIBLE AFFORDABLE AND SAFE HOUSING

WELCOME friends, family and pets

"NOBODY WAKES UP AND SAYS THEY WANT TO BE HOMELESS AND LOSE EVERYTHING"

"I'D SO LUCKY MAN, JUST TO HAVE WORKERS THAT ACTUALLY CARED ABOUT ME."

"I'M GOING TO BE OKAY."

"I CAN GIVE BACK TO THE COMMUNITY AND NO MORE TEARS FEELING TO FOR THE HELP THEY'VE GIVEN ME"

"SEARCHING FOR UNBIASED WORKERS TO LEARN SKILLS ARE ENOUGH, PROMISE THEY SHOW YOU THAT YOU HAVE VALUE."

"I'D LIKE MEET PEOPLE WHO ARE JUST SO PASSIONATE ABOUT THEIR JOB, THEY GO ABOVE AND BEYOND. THERE'S BEEN SOME ANGELS THROUGHOUT MY HOUSELESSNESS JOURNEY."

SEEK SUPPORT

MY CULTURE IS MY HEART

Illustrated Storymap by Stefanie Koehler
in collaboration with the
TREES Lived Experience Committee and K Conte

The Pathways Study is a project of the Portland State University Homelessness Research and Action Collaborative for Multnomah County Homeless Services Department

www.pdx.edu/homelessness/pathways-study

Introduction and Methodology

Introduction

Homelessness is one of the defining social and political crises of our time, affecting the mental, physical, and intergenerational wellbeing of the millions who experience homelessness or housing insecurity in the United States. Nationally, the number of people experiencing homelessness on a single night increased 3% between 2024 and 2025 [3], with Multnomah County experiencing a similar trend [4]. As of May 2026, Multnomah County reports that about 18,248 people are currently experiencing homelessness and homelessness[2] counts are expected to rise in the coming years [5].

Across the country, the systems designed to respond to homelessness are under mounting strain: shrinking public investment in housing and healthcare, a tightening housing market, increasing demand for relevant health-care, and ever-changing public attitudes all contribute to growing systemic insufficiencies. These nationwide barriers are playing out locally in Multnomah County through government-level budget cuts that have and will continue to result in the closing of shelters and reduction of some services [6]. More people are at risk of homelessness and face more barriers to resolve homelessness while resources to prevent and address it continue to decline.

Typically asked to do more with fewer resources, local homelessness service systems are continually working to improve the impact and efficiency of the services they provide. To this end, research and data that can provide insights into whole-of-system functioning is critical to identifying opportunities for service improvements. In 2024, the Homelessness Services Department of Multnomah County partnered with Portland State University's Homelessness Research and Action Collaborative to conduct a study to understand people's experiences while actively or recently homeless.

The "Pathways" Study was a groundbreaking investment as it was the first time that the county agreed to fund a research project that would be entirely co-designed and implemented by people who had experienced homelessness themselves. Spanning over two years, Pathways was a mixed-method study conducted in two phases to answer the following research questions:

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

Research Questions

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

In Phase 1, we focused on answering research questions 1-4 via detailed surveys with 541 people currently and recently experiencing homelessness on a range of topics related to their experiences of homelessness, barriers to services and housing, and how services provided them support. These findings were released in April 2026 in a detailed report [1].

Phase 2 of the study, reported in detail in this report, focused on research question 5: what do pathways through homelessness look like? To answer, we conducted 29 in-depth interviews, many involving a process called journey mapping, with people who had recent experiences of homelessness. The purpose of these interviews was to better understand what "Pathways" through homelessness look like, contextualize the quantitative survey findings, and provide more insight into service-level improvements seeking to end homelessness.

Report Overview

This report emphasizes findings from the second phase of the study while integrating findings from the broader survey sample collected in the first phase. By pairing quantitative survey findings with in-depth personal narratives, we show not only the richness and complexity of individual journeys, but also the striking consistencies that emerged across hundreds of participants in both phases of the study. The qualitative interviews provide deeper insight into the broader patterns identified in the survey data, illustrating how commonly reported experiences unfold in practice and over time. The report is organized as described below.

First, we provide an overview of the study, including the methodology used in the journey mapping and in-depth interviews, as well as a description of the study sample. The findings are then organized into two overarching sections that examine pathways through homelessness from different analytic perspectives.

Section 1 focuses on experiences that cut across participants' journeys as a whole. It examines the broader life circumstances, service interactions, barriers, and sources of support that shaped how people experienced and navigated homelessness. Rather than focusing on specific routes to housing, this section identifies common themes and recurring experiences that emerged across

the sample. Particular attention is given to participants' interactions with the homelessness service sector, highlighting strengths, gaps, and opportunities for improvement within the systems designed to support people experiencing homelessness. Because many of these themes emerged through participants' interactions with homeless services, the findings offer important insights into how homelessness service systems are experienced and where opportunities exist for system-level change. Throughout, we integrate quotations with findings from the quantitative survey to situate individual stories within broader patterns observed across the community.

Chapters in Section 1 were named by the TREES committee, and these names reflect both the substantive themes identified in the analysis and the visceral, experiential qualities associated with them. For example, the opening chapter, "The (im)Perfect Storm," reflects findings showing how multiple structural and personal conditions converge to create the circumstances that precipitate homelessness. At the same time, the imagery of a "storm" evokes the chaos, confusion, and helplessness that participants described experiencing as these conditions unfolded. Through these chapter titles, and throughout the report more broadly, we encourage readers to consider not only the barriers and enabling factors shaping homelessness pathways, but also how these conditions are experienced by the people moving through them.

Section 2 shifts from examining shared experiences to examining recurring routes to housing. Drawing on patterns observed across participants' stories, we identify several pathway types that help explain how people ultimately secured housing and which services, institutions, relationships, and opportunities played defining roles in that process.

Whereas Section 1 examines the ecosystem of experiences, barriers, and supports that shape homelessness, Section 2 examines the distinct routes participants navigated through that ecosystem in their efforts to secure housing. The pathways illuminate how systems both within and beyond the homelessness sector—including healthcare, employment, incarceration, recovery supports, and other systems—shaped participants' journeys toward housing stability.

These pathways are not intended to represent all possible routes to housing. Rather, they are recurring patterns observed in the data that help illustrate how different combinations of services, institutions, and life circumstances can influence efforts to exit homelessness. Together, they offer a new lens for understanding the diverse routes people take to housing and the opportunities for stronger coordination across sectors.

Methodology

Approach

The research has four interrelated components

1. Co-production of research with people who have lived experience of homelessness
2. In-depth quantitative surveys with people currently and recently experiencing homelessness
3. Journey mapping with people who had recently experienced homelessness in Multnomah County
4. In-depth qualitative interviews with people who had recently experienced homelessness in Multnomah County

Each component was designed to complement the others, providing an opportunity to enhance the richness of data and understanding of the research questions. This report focuses on components 1, 3 and 4; co-production, journey mapping, and in-depth interviews. But because each component was interwoven and informed on each other, we also briefly discuss the quantitative surveys methodology here.

Protections

All data collection and analysis activities were reviewed and approved by the Portland State University (PSU) Institutional Review Board, as well as TREES committee members, to ensure that the project adequately considered research protections, applied trauma-informed interviewing practices, and held true to its commitment to answering the research questions of importance to people with lived experience of homelessness.

Component 1: Co-producing with people who have lived experience of homelessness

This study was co-produced with people who have lived experience of homelessness. Co-producing research with people who have experiential expertise is a mechanism by which research quality, relevance and impact can be improved [7–9]. It enables multiple domains of scientific knowledge, for example observational, contextual, expert, and experiential knowledge, to be integrated and inform a study [10]. In homelessness research and service design, working with people who have lived experience of homelessness improves transparency, quality and relevance of work, reduces harm, and contributes to community empowerment [11–15].

In 2024, the TREES committee was established to guide this entire study. Early in the study, committee members chose the name TREES, which stands for Transformational Research for Equity and Experience in Shelter. The people who comprise this committee are diverse. They represent a range of demographic identities (including various races/ethnicities, ages, gender identities, etc.). They represent many different life experiences, including how they navigated and survived homelessness. But they share two important commonalities: 1) they personally and recently experienced homelessness in Multnomah County, Oregon, and 2) they are committed to making changes to improve and end homelessness.

In the report we produced on Phase 1, we described a range of ways the people with lived experience of homelessness informed the overall study [1]. For example, we collaborated with several advocacy and non-profit organizations on various stages of the project. But the TREES committee was the central force. From designing the research questions to presenting findings to various international audiences - the committee has been involved in every stage.

The TREES members' experience with research was developed through their involvement in the quantitative surveys, and as their skill and experience with research increased, so did their co-leadership in Phase 2,- the interview and journey mapping stage of this study. Although the TREES committee was heavily involved in the quantitative survey (by designing questions, conducting surveys, and analyzing data), the methods and purpose of the survey had been mostly pre-defined by HSD and researchers. However, the TREES members co-designed every part of the interview and mapping portion. They selected the research methods we used (journey mapping and interviews), determined who and how to recruit participants, designed the interview questions, co-conducted interviews with community members, and guided the analysis. Additionally, some TREES members were also participants of the study, sharing their own journeys and experiences of homelessness. This provided additional insights by being both researcher and a participant and vice versa. By adopting both roles, they were able to gain a deep understanding of what the study was trying to learn, and develop research skills enabling them to better seek desired information from others [16].

The involvement of TREES substantially strengthened both the quality of the research process and the insights generated through this study. TREES members established rapport and trust with interview participants through shared experiences, language, and understandings of homelessness that academic researchers alone may have found difficult to access. Beyond facilitating participant engagement, TREES members brought experiential expertise that shaped how questions were asked, how participant narratives were interpreted, and how emerging findings were understood. Their lived experience enabled them to recognize patterns, contextualize participants' accounts within broader experiences of homelessness and service systems, and identify insights that may appear novel to researchers but are often well understood among people who have lived through similar

circumstances. In this way, TREES members contributed not only personal perspectives but also analytic expertise that enriched the interpretation and meaning of the findings. The quote below, from a non-TREES participant, reflects the shared recognition among participants and TREES members of the importance of lived experience in informing research and practice decisions.

> "I want to say this, that people with lived experience are often brought into conversations like this to share stories and these stories matter, but what matters just as much is our ability to analyze those experiences because we're not just witnesses, we understand the patterns. We've seen what works and what doesn't and where things break down. So if you're going to involve people like me in this process, it shouldn't be just for perspective, it should be for strategy because the truth is people closest to the problem are the ones that are closest to the solution."

As this participant notes, people with lived experience contribute not only personal narratives but also analytic expertise. Their knowledge is derived from observing patterns across their own experiences, the experiences of peers, and repeated interactions with homelessness and service systems. TREES members drew on this expertise throughout the research process, informing decisions about interview questions, interpretation of findings, and the significance attributed to emerging themes.

The researcher's role shifted from directing the research process alone to facilitating a collaborative process in which methodological and experiential expertise were equally valued. The value of TREES' involvement did not stem solely from lived experience. It emerged from the combination of experiential expertise and rigorous research practice. Through training, collaborative analysis, and triangulation, TREES members contributed interpretations grounded in lived experience while participating in processes designed to enhance credibility, reflexivity, and analytic rigor.

Component 2: Quantitative Surveys

In 2025, we conducted surveys with 541 individuals currently or recently experiencing homelessness in Multnomah County, Oregon. The purpose of the survey followed the research objectives previously reported, with a focus on participants' experiences accessing supportive services. We conducted the surveys at a range of service sites, shelters, and housing facilities across Multnomah County. Sites were selected to ensure broad geographic coverage and diverse recruitment of various populations. Surveys were conducted by PSU researchers with members of the TREES committee and Street Roots Ambassadors (a team of currently and formerly unhoused individuals employed by a local street newspaper and advocacy organization to conduct outreach work to community members experiencing homelessness). The 57-item survey took approximately 15 to 45 minutes and participants received a $10 gift card for completion. Participants could take the survey by themselves on their own device or a supplied tablet, or have the survey read to them by a member of the study team. Currently housed participants accessed the survey via email, flyers distributed in their facility, or

at in-person sessions we hosted at housing facilities. Participants were asked about their experiences with supportive services in Multnomah County specifically. Surveys examined people's access to services as well as the helpfulness of the services used. Participants were also asked about barriers to moving into housing, housing preferences, and demographic information. A detailed description of the survey methodology is provided in our first report [1].

Qualitative Methods: Participants and recruitment

Maximum variation sampling was used to recruit a diverse sample of interview participants. This form of sampling involves purposefully picking a wide range of cases to understand variations in stories [17]. This is done to both document diversity and identify patterns that cut across diverse experiences. Because we had surveyed so many people currently experiencing homelessness, we prioritized individuals who had recently exited homelessness for interviews to better understand the pathways through and out of homelessness. We aimed for diverse representation in participant identities (i.e. race/ethnicity, age, gender identity, disability) and in homelessness experiences and pathways (i.e. people who had been unsheltered, used shelter services, who avoided services and who had engaged intensively with services). Over the course of the study, we adjusted our recruitment to ensure that we achieved a more balanced representation of diverse identities in the sample (e.g., women were easier to initially recruit, so later we prioritized men and people with disabilities).

We also attempted to use positive-deviance sampling, which is an approach that allows comparisons between cases where things worked particularly well (i.e. people received services quickly and efficiently), to those where things did not go well at all (i.e. people who experienced many service failures) [17]. However, it was challenging to find people for whom the system "worked" for and worked quickly, although we were able to recruit a few.

We recruited participants through service provider partners as well as from the housed population in the Pathways survey. Service providers included housing and health organizations, a housing and job provider, among others.

A total of 29 participants were recruited for the qualitative components of the study. The sample is composed of members from the TREES committee and community members. All participants were at least 18 years of age and had experienced homelessness within the last 5 years or less in Multnomah County (community members had to have experienced homelessness within the last 2 years, and ideally, more recently than that). Participants were provided a $40-$50 incentive for their time. TREES elected to raise compensation to $50 for community members to better reflect the additional work of doing mapping (described below). Several people who identified as "previously homeless" actually met County definitions for homelessness (i.e. they were in transitional housing, doubled-up, or in alternative shelter). Our interest in exploring diverse Pathways through homelessness includes

understanding what people consider to be success in this context. Therefore, we retain these participants in the sample, as well as one participant who was currently in shelter, because they provide important implications for understanding how people think about concepts of "success" and "stability" in the context of the homelessness pathway (this will be discussed further in the findings).

We met with participants before the interview to ensure eligibility and to describe the study and procedures, including the mapping procedures. If participants required art supplies, we delivered them prior to the interview.

Component 3: Journey mapping

Visual mapping has been utilized previously in homelessness and co-production research [18,19]. Journey mapping is a visual narrative method in which a person depicts through their own drawing or creation, a timeline of significant events over a particular period of time [20]. By visually drawing or otherwise depicting these events, the process helps participants explore memories about places, people, or events during this journey [21]. It is a purposefully flexible technique that enables participants to contribute how and what they are able - with the emphasis being on the map as a facilitator to constructing the story, not as an end goal in and of itself.

Creative journey mapping techniques can be beneficial for vulnerable communities, as these methods provide an alternative avenue for data collection that challenges and extends traditional forms of research. It can provide a culturally-informed and responsive tool to meet participants' unique and specific needs, enabling researchers and participants to become collaborators in constructing stories as part of an iterative process of learning and reflection [22]. We chose to use journey mapping because this form of data collection can assist in the success of co-production models that are focused on knowledge exchange.

We used mapping as a method to help support participants in their reflection on a period of their lives that carries traumatic memories and experiences. To answer the research questions, we needed participants to recall the intricacies of their journeys through homelessness, yet we remained cognizant of the emotional volatility that may reside in these narratives, and the subsequent need to respect participants' boundaries related to information recall. We did not want participants to retell traumatic experiences that were outside the scope of our research questions. At the same time, we wanted participants to be able to include these experiences when they were important for understanding their journeys and interactions with services. Journey mapping allowed participants greater control over what parts of their experiences they shared while keeping the research focused on how services shaped pathways through homelessness.

Physical mapping, drawing, or doodling are trauma-informed approaches to data collection and provide a way to fidget or relieve nervous energy, thus reducing some pressure on participants to have to perform a particular way for an interview [23]. Having a physical map/drawing also provides a shared focal point away from the participant and an external organizing tool to both ground and propel the verbal narrative. It gives the researcher and participant something to examine and scrutinize collaboratively, instead of directing all questions and feelings of examination squarely at the participant, as in a typical interview context. Furthermore, introduction of the mapping activity took place prior to the interview, which allowed participants to proactively consider the elements of their narratives that they were comfortable sharing and thus exert more agency in the protocol.

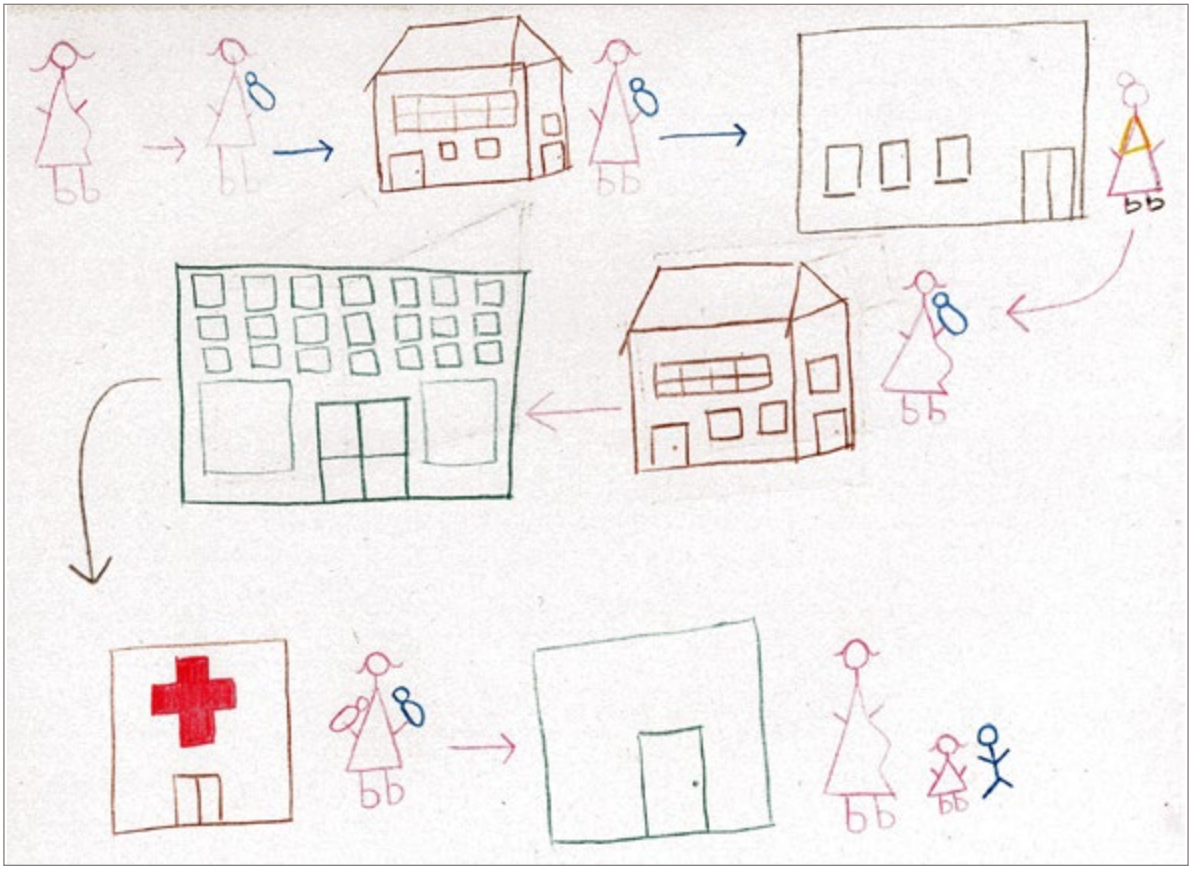
The decision to provide a visual mapping element as a precursor to qualitative interviews was made jointly by PSU researchers and TREES. TREES members preferred this style of data collection due to the ability to discuss sensitive topics in a more intimate manner. The mapping interview protocol was co-created with TREES, who piloted the mapping process to determine feasibility and best practices for using mapping in the qualitative interviews. Several TREES members, nevertheless, described re-experiencing tough memories and emotional impacts, though overall they explained it was also good to look back and see how far they had come. The visual map provided a way to do that. Overall, TREES preferred this method over other methods considered (e.g. focus groups, interviews only) for its ability to encourage reflection and storytelling. TREES members noted that if they had not been currently housed or in relatively good places in their lives, creating the map may have been too triggering or depressing to complete. This feedback reaffirmed our decision to focus this research component on exploring the journeys of participants who had successfully and recently exited homelessness in order to reduce the emotional burden for study participants.

Participants were invited, but not required, to map their journeys prior to the interview. We provided art materials, including stickers and templates participants could fill in if they were not comfortable with drawing. Members of the research team also offered to draw on behalf of a participant if they were unable to use the materials but wanted to produce a map. We developed a series of prompts for participants to follow as they drew or mapped out their journey through homelessness. In addition to helping participants figure out where to start and what to include, these prompts specifically asked participants to consider the role that services played on their journey and to identify when services helped or failed.



Most participants chose to complete a map on their own. These were brought to the interview to facilitate conversation. Maps varied in detail and in media used. For example, one participant's map is entirely made from stickers while another mapped their journey using stones and mixed media rather than drawing. For some participants who didn't create a map, researchers attempted to draw out a timeline during the interview to recreate the intention of "cocreating" a journey narrative. Examples of participants' maps are shown throughout this section, with others presented throughout the report alongside narrative.

The maps were used in the analysis to help understand participants' timelines, occurrence and sequencing of significant events on their pathways through homelessness. Maps enabled cross-case comparisons by providing overviews of journeys that could be compared one against the other.
In this report, we present examples of story maps to illustrate common themes and depictions of participants' journeys.



Component 4: Interviews

We conducted 29 interviews over 10 months. Semi-structured qualitative interviews were utilized, and each interview lasted approximately 40 to 90 minutes each. See Appendix A for the interview guide. All interviews were conducted either in-person (preferred by the research team and TREES members) or via Zoom, audio recorded and then transcribed by an external transcription service that utilized a non-learning AI technology. In total, 23 interviews were conducted in person and six interviews were conducted remotely. Due to confidentiality reasons, TREES members did not co-interview one another., Interviews with participants who were not TREES members (n=14) were conducted by at least 2 interviewers, including one TREES member and one PSU researcher. This assisted with building rapport and making participants feel comfortable, as they were able to tell their story to someone else with lived experience of homelessness.

The interview process invited people to share their maps, describing key aspects of their journeys and how they were depicted. Follow-up prompts focused specifically on understanding the role of services along the journey, how participants interacted with those services and service providers, other sources of support, and participants' goals and plans for the future. We also asked participants for demographic details and information, lifetime duration of homelessness, and time since last experienced homelessness, as well as their current housing status.

Because data collection and analysis occurred concurrently, we adapted interview questions and recruitment strategies as the study progressed to ensure broad representation of experiences. Although we initially anticipated conducting up to 50 interviews, analysis suggested that few new themes were emerging after approximately 20 interviews. At that point, we sought participants representing a wider range of experiences to test and expand emerging findings. By interview 29, additional interviews were contributing little new information to answering the studies primary questions and motivations, indicating that theoretical saturation had been reached [24].

Analysis

Qualitative analysis of the in-depth interviews and journey maps was a progressive and iterative process. We analyzed data as it was collected, constantly adapting the interview guide and process based on what we were finding in order to better support participants and gain better understandings of participants' journeys. We took several approaches. Early in our analysis we conducted a framework analysis, which is a form of analysis that utilizes a matrix layout (columns and rows) to summarize data by interview and according to pre-identified codes [25]. The framework was designed to explore the core research questions defined above and ensure we were answering these questions.

As interviews and analysis progressed, we incorporated more grounded approaches to coding and theming data, which means we used the data to generate codes rather than applying pre-determined codes. This involved generating a codebook from scratch by which researchers read interviews line-by-line to create and apply codes to each segment of text [26]. Over time, these codes were compiled and refined into an overall codebook that was informed directly from the data instead of a priori research questions [27]. Codes and broader, overarching themes were derived from this coding process.

In Section 1 of this report, themes from the pre-established framework analysis and the grounded codebook are compared, and where appropriate, either combined or explored further to provide deeper understanding into observed phenomena. This approach ensures our findings answer the research questions, while also allowing exploration of new ideas and concepts.

In Section 2, we describe pathway typologies that we developed after all data were coded. For each participant, we developed thematic summaries and narrative diagrams (see Appendix B for examples) to describe their journeys through homelessness. TREES members and researchers met to review these diagrams, and in doing so, we identified commonalities among participant journeys that could be organized into thematic categories. These categories, or typologies, reflect a series of specific activities, experiences, and service connections that reveal specific patterns through which people navigated pathways through homelessness. Through an iterative process with TREES members, we re-analyzed participant narratives to define and refine each pathway description. We focused on developing pathways for which there was sufficient data to fully explain how the pathway functioned, but identified other pathways that were apparent and required further research to more fully understand. Finally, written, thematic summaries of pathways were developed and refined by the research team using data from all relevant interviews. The typologies are presented in Section 2 of this report.

Member checking is a process by which participants, or people who represent the participant population, provide feedback on early interpretations of data analysis. The purpose of member checking is to ensure that themes are correctly identified, that findings resonate with lived experience, and that interpretations are accurate [28]. Member checking can also identify gaps in research at an early stage when the process can still be improved. TREES members acted as our primary, ongoing source of member checking and validation of findings. As several members of TREES were also research participants, they were able to provide direct assessment on the accuracy of presentation and interpretation of their data and stories. As co-interviewers, they also provided feedback on interpretations of interview data. As co-analysts, they provided insights into themes, implications, and potential gaps in need of further exploration.

Additionally, we presented emergent findings to several audiences consisting of people with lived experience and those providing homelessness services. This included two interactive sessions with these populations at biannual Homeless Services Department provider conferences. We also shared findings informally with community partners, at a local Social Change Symposium (hosted at PSU), and with national audiences at various conferences. While presentations to external audiences are not member checking in the traditional methodological sense, they provided an additional opportunity to test the resonance, clarity, and completeness of our interpretations with knowledgeable audiences. These exchanges contributed to ongoing sense-making by identifying areas of agreement, surfacing questions or alternative interpretations, and drawing attention to findings that required further examination. Feedback from formal member checking activities, alongside these broader opportunities for interpretive testing, enabled us to adjust recruitment, interview questions, and analysis to ensure broad representation and coverage of core concepts.

Triangulation is a term used to describe an approach to enhancing research rigor by using multiple approaches to understand an issue. There are four types of triangulation and these include combining various 1) sources of data, 2) methodologies, 3) theoretical approaches to analysis, and 4) involving different researchers with unique perspectives [29]. Incorporating one or more of these types of triangulation in a study enhances cross-verification of findings, reduces bias in analysis and interpretation, enhances credibility of findings, and yields a more in-depth understanding of the phenomenon of research.

Triangulation involves using multiple sources and approaches to enhance richness and validity of the results.



We used triangulation in multiple ways to build a comprehensive understanding of pathways through homelessness.

This study applies all four types of triangulation. We use a variety of sources, methods, analysis approaches and researchers who each bring different perspectives and backgrounds. See the Figure above for more information. By triangulating across these domains, we are able to provide rich insights into navigating homelessness in the Multnomah County context that are enhanced by the multiple data sources and perspectives that have contributed to this work.

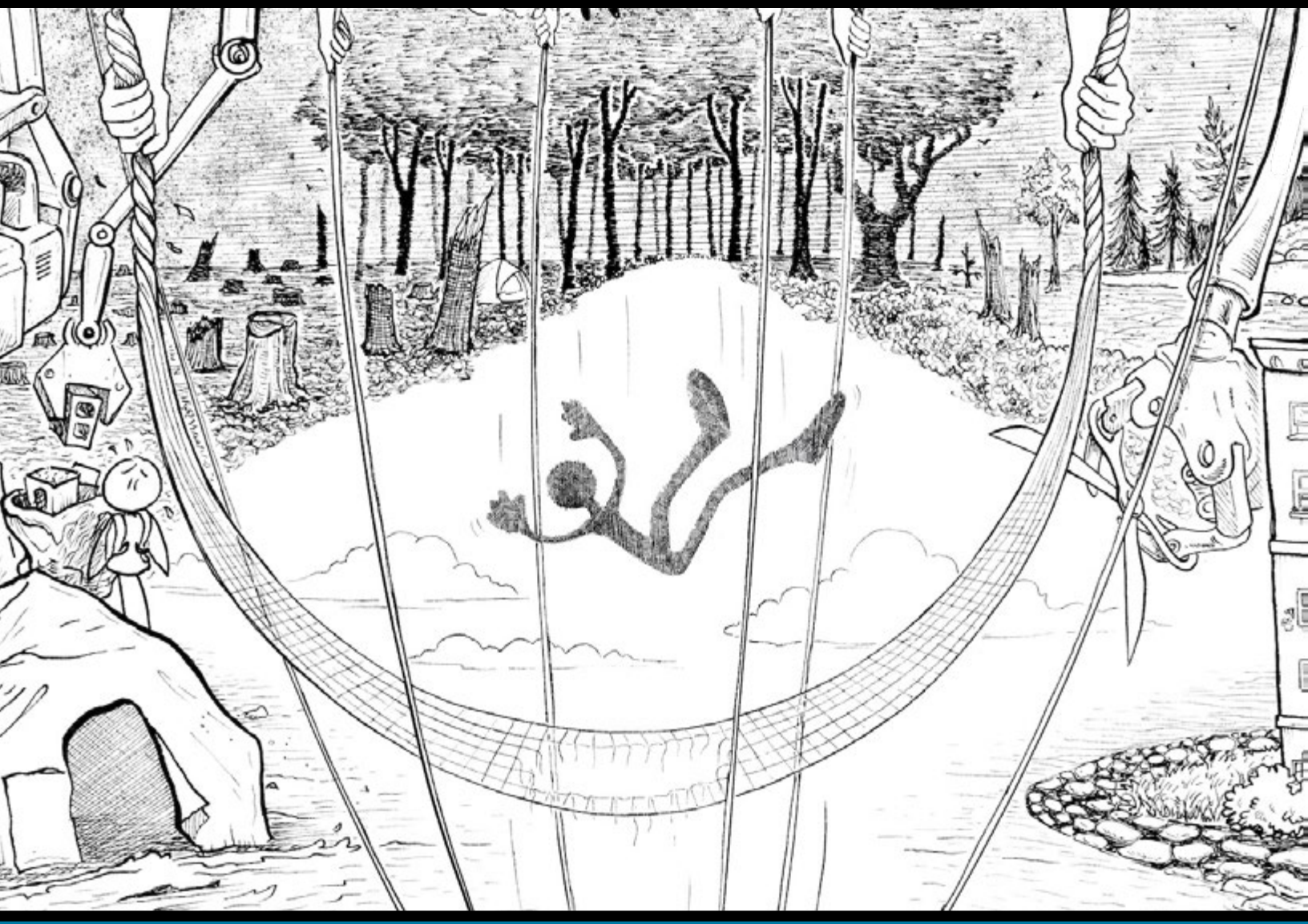
TREES committee members participated in co-analysis of qualitative data by assisting in coding, reviewing, critiquing and interpreting findings, and determining presentation styles. We regularly reported on overall themes and specific findings to TREES for group discussion, as well as posted content in interactive Google Docs and Miro whiteboards for members to review, comment, edit, and write as they were available outside of meeting times. To preserve confidentiality, we presented data as summaries or as de-identified quotes.

As described, in this report we present main findings as they relate to the research questions. Quotes are presented to contextualize findings. We have lightly edited quotes for grammar with an emphasis on maintaining participants' voices as much as possible while facilitating meaning. To maintain confidentiality, we do not provide any participant information with quotes. Any names that are presented are pseudonyms, and any stories presented are amalgamations of stories and details shared across participants. Journey maps are shared to depict participants' stories, but significant details are omitted to preserve confidentiality.

Limitations and Interpretations

This study was designed to capture a wide range of lived experiences of homelessness in Multnomah County, but the findings should not be interpreted as representative of all people experiencing homelessness in the region. Participation depended on who could be reached through community-based recruitment, and some experiences may be underrepresented, including those of people who were less connected to services or community organizations, more geographically isolated, or otherwise difficult to reach. The study also relied largely on participants' retrospective accounts of experiences that often unfolded over many years. Although we used methods to help improve recall (e.g. journey mapping), challenges remembering events, interpretation, and the timing of interviews may have shaped how events and pathways were described.

The pathways presented in this report are analytic tools for understanding recurring patterns, not fixed or mutually exclusive categories. Participants often experienced multiple pathways simultaneously or moved between them over time. In addition, the study centered the perspectives of people with lived experience of homelessness; service providers, system leaders, and other stakeholders were not interviewed as part of this study. As a result, findings about services and systems reflect how participants experienced and interpreted them rather than the intentions or perspectives of the people or organizations providing those services. Finally, because homelessness systems, programs, and policies change over time, some specific service conditions described by participants may have changed since their experiences occurred. These limitations do not diminish the value of participants' accounts, but they are important context for interpreting the findings and considering how they may apply beyond this study.



Section 1:
Shared Experiences of Homelessness and Service Navigation

Overview of Pathways Into and Through Homelessness

Pathways into, through, and out of homelessness are as diverse as the people who walk them. Each participant in our sample tells a different story about the unique pathway they traveled. And yet, each participant also tells the same story: about the complicated alignment between participants' personal characteristics that make them eligible for some services, but not for others; skilled, caring, and networked supporters who help participants navigate the service system; and the limited availability of housing resources that makes that long-anticipated move into housing feel, in the end, like simply a stroke of luck. These shared themes provide important insight into how homelessness is experienced and navigated within Multnomah County.

Findings from the qualitative interviews provide a complex view into what is involved in navigating the homeless systems in Multnomah County. We present these findings in a chronological-type order, first exploring initial entries into homelessness, then examining how people navigate homelessness and the role of services along the pathway, and finally, considering what the "resolution" of homelessness looks like for participants, and their future housing plans. Throughout, we intersperse quotes and stories from participants to bring these experiences to life. Although we summarize information throughout, each journey is nuanced, particular, and speaks to the diversity of needs and experiences within the broader population experiencing or close to experiencing homelessness.

Who We Interviewed

Demographics

The most commonly reported race/ethnicity of the sample was White (59%). Approximately 28% of participants identified as African American or Black, 24% identified as American Indian or Alaska Native, approximately 10% identified as Asian American or Pacific Islander, and approximately 24% participants identified as one or more races. For gender, women made up 52% of the sample followed by men (31%) and additional genders (17%). The sample ranged in age from 22 to 67, with a mean of 44 years of age.

English was the primary language for all but one participant, and only two previously served in the military. Twenty-eight percent identified as LGBTQIA+. Forty-eight percent self-reported having a mental disability and 62% reported a physical disability or chronic illness. We interviewed 6 people who identified as a parent to children under 18. All participants had recently experienced homelessness in Multnomah County. See the Participant Demographics Table for a full list of participant demographics, n=29 for all tables and charts in this section.

Participant Demographics (n=29)

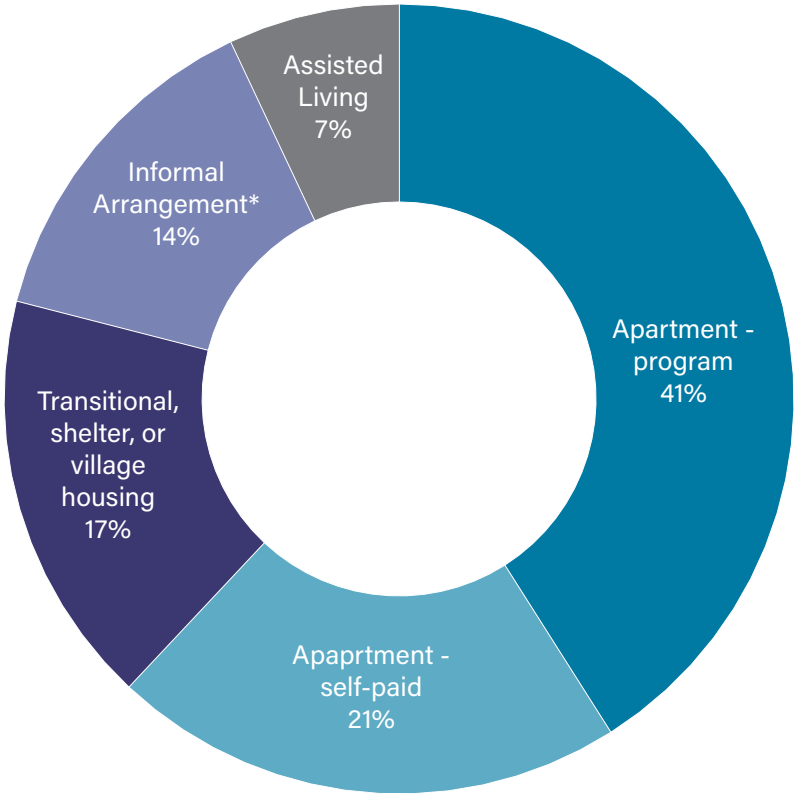
Characteristic	Percentage	Count
Race/Ethnicity*		
White/Caucasian	59%	17
Black/African American	28%	8
Indigenous/Native American/American Indian	24%	7
Asian/Pacific Islander	10%	3
Unknown	3%	1
Gender		
Male/Man	31%	9
Female/Woman	52%	15
Additional Genders	17%	5
Age		
18-29	14%	4
30-49	48%	14
50-64	34%	10
65+	3%	1
Served in the Military		
Yes	7%	2
LGBTQIA+		
Yes	28%	8
No	72%	21
Mental Disability		
Yes	48%	14
Physical Disability/Chronic Illness		
Yes	62%	18
Parent to child under 18		
Yes	21%	6
English as a second language, or non-English speaker		
Yes	3%	1

*Note: *Sum will exceed 100% because categories are not exclusive. Participants were given the opportunity to identify more than one race of which seven (24%) participants reported having more than one racial or ethnic identity.*

Living Situation at the Time of the Interview

Interview participants reported living in a variety of housing types at the time of the interviews. Most participants (41%) were currently living in apartments paid for in full or in part by housing vouchers or Section 8. Twenty-one percent lived in apartments they paid for themselves. Fourteen percent were living in informal (non-lease) arrangements they had worked out with friends, family or landlords; some of these participants paid money towards housing and others did not. Another 17% were living in transitional housing, a tiny home or shelter. Finally, 7% were living in an assisted living facility.

Participant Housing Status



**Informal arrangement includes non-lease situations where participants had arrangements with friends, family members, or landlords.*

Duration and Recentness of Homelessness

Among participants, the self-reported total length of time since last experiencing homelessness ranged from currently homeless to 8 years. This statistic reflects participants' self-reported housing status. However, interviews revealed that several participants who identified as no longer homeless were living in situations that may still meet HUD definitions of homelessness, including emergency shelter, transitional housing, tiny home villages, and doubled-up arrangements.

Recency of Last Homelessness Experience



The total amount of time that interview participants had experienced homelessness ranged from 1.5 years to 29 years. Less than 10% to more than 50%, with most participants falling between these extremes. Across participants, the median cumulative time spent experiencing homelessness over the lifespan was 8 years, and the mean was nearly 10 years.

Duration of Lifetime Homelessness Experience

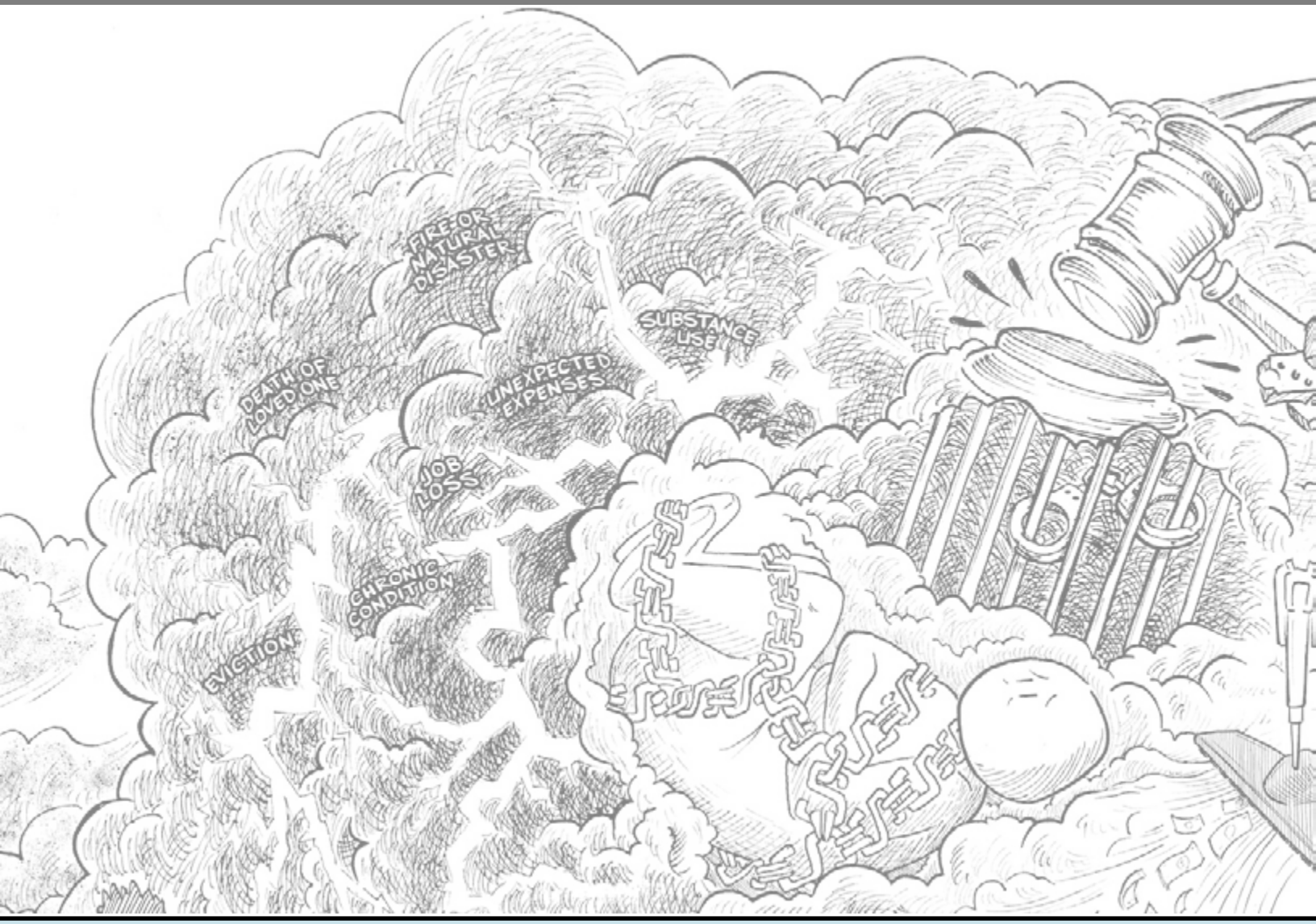


While we did not ask participants to count the number of separate times they had experienced homelessness, recurrent and chronic homelessness were common and prominent experiences among participants. Notably, the only participant who reported experiencing homelessness for less than 2 years was also one of the youngest participants and was currently navigating homeless youth services while living in an informal housing accommodation. This exception underscores how prolonged homelessness characterized the sample where even the participant with the shortest history of homelessness had experienced substantial housing instability relative to their age.

Because participants varied substantially in age, duration of homelessness alone does not fully capture the extent of their exposure to homelessness. We therefore also considered the proportion of participants' lives spent experiencing homelessness, which we refer to here as homelessness across the lifespan. This metric is defined as an estimate of the proportion of time over an individual's life (in years) spent experiencing homelessness relative to their age. It captures the extent to which homelessness is distributed across the life course rather than confined to discrete episodes. This measure illustrates that homelessness in our sample is rarely a binary transition between housed and unhoused status, but more often an extended or cyclical experience characterized by recurrent episodes of housing instability. Relative to age, participants' homelessness exposure ranged from

Homelessness Across Lifespan





SECTION 1

The (im)Perfect Storm: Exploring Causes of Homelessness

Key Take-Aways - The (im)Perfect Storm

1. **Homelessness is rarely caused by a single event.** Participants consistently described homelessness as the result of an "(im)perfect storm" of overlapping circumstances that accumulated over time.
2. **Housing affordability and financial insecurity are the underlying mechanisms connecting many pathways into homelessness.** Although participants often focused on specific crises (e.g., injury, abuse, bereavement), these events typically resulted in homelessness because they disrupted income, housing stability, or access to financial resources.
3. **Disruptions in social support networks are among the most common features of homelessness pathways.** The loss of social ties often removed critical informal safety nets that might otherwise have prevented housing loss.
4. **Bereavement is a major but often overlooked contributor to homelessness.** More than one-third of interview participants described the death of a loved one as directly or indirectly contributing to homelessness. Death created housing instability, emotional distress, strained relationships, and in some cases initiated longer trajectories of homelessness involving substance use or declining well-being.
5. **Experiences of instability often begin long before adulthood.** For some participants, homelessness was part of a broader history of childhood instability, abuse, foster care involvement, or youth homelessness. These experiences shaped expectations about housing, relationships, and security throughout adulthood.
6. **Homelessness is deeply interconnected with other forms of trauma.** Participants described pathways involving domestic violence, abuse, mental health challenges, substance use, disability, incarceration, and discrimination. These experiences rarely operated independently and were often intertwined with one another.
7. **People typically experience a period of hidden homelessness before becoming visibly homeless.** Most participants did not move directly from housing to living on the street. Instead, they cycled through couch surfing, staying with friends or family, hotels, vehicles, or other temporary arrangements while attempting to stabilize their situations.
8. **The experience of becoming homeless is itself traumatic.** Participants described homelessness onset as one of the most difficult periods of their lives. This finding helps contextualize why participants often emphasize acute crises when describing how their homelessness began.

First and foremost, this study did not seek to examine causes of homelessness. There is extensive research on this subject, reflecting decades of work that include different theories and disciplinary perspectives [30–34]. While we asked some questions related to how people started their homelessness journeys, an in-depth study is needed to truly understand the many factors that combine to result in someone not being able to afford a place to live. As such our perspective, underscored by survey findings from Phase 1 of this study, is that **the cause of homelessness is actually simple: people cannot afford housing; therefore, they become homeless.** However, as we will describe, how people come to this situation varies widely. Like journeys through homelessness itself, journeys into homelessness are complicated. There is rarely one cause. When analyzing data from the qualitative interviews, the TREES committee described the causes as an "(im) perfect storm" of factors. Characterized as a cumulative effect, various negative circumstances come together to produce homelessness. For some people, this process snowballs towards a crisis point where they lose their housing. From there, most participants do not end up directly on the street. They stay with friends and family, rent hotel rooms, sleep in cars, and find other creative solutions while they grapple with their situations and with confronting the identity and stigma of being "homeless." For some participants, the circumstances that led to this instability were sudden and acute; for others, it was reflective of a lifetime of instability. No matter the person, multiple causes were involved in their pathways into homelessness.

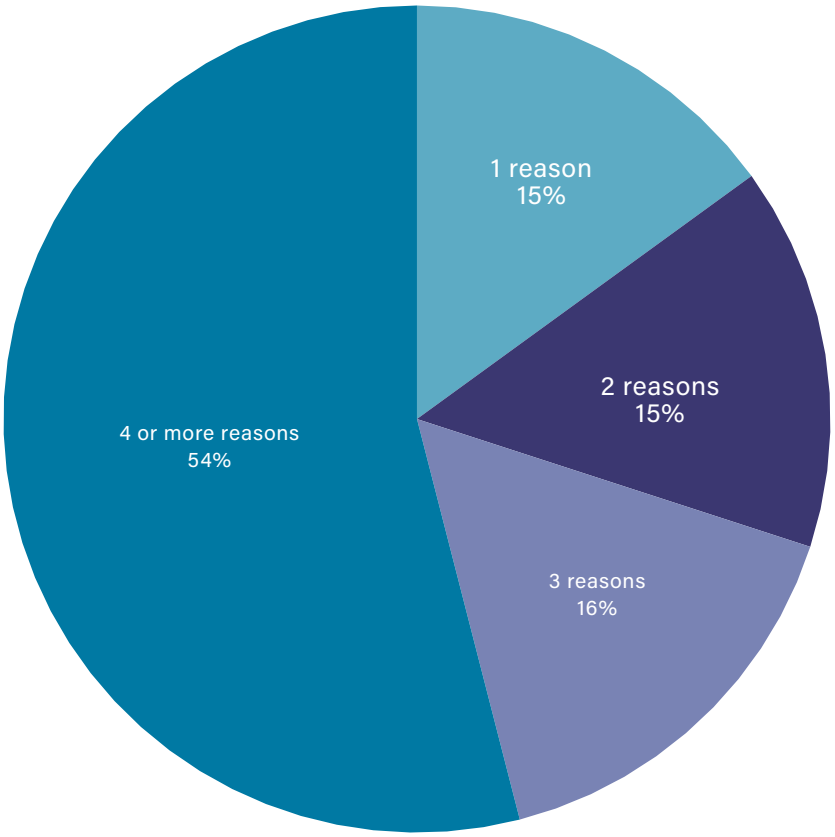


From Phase 1: Findings in Context

Throughout this report, we draw on findings from Phase 1 of the Pathways Study to provide broader context for the experiences described in the qualitative interviews. These findings were previously reported in the Phase 1 survey report and are reproduced here where they help situate or extend the findings presented in this report.

Phase 1: Findings in context

Number of reasons that contributed to loss of housing (n=394)



Previously reported in the Pathways Study Phase 1 Survey Report. n=number of participants who provided an answer out of 541 surveyed

The Role of Affordability and Financial Security

In our first report, we identified affordable housing as both the greatest need among participants and the lack of affordable housing as the greatest barrier to resolving homelessness. Similarly, the first report also showed that lost or reduced income was the highest-ranked cause of homelessness. Together, these findings underscore the central role that housing affordability and financial security play in creating and perpetuating homelessness.

Although financial insecurity and affordability are frequently discussed in the qualitative interviews, they are less prominent in participants' descriptions of how their homelessness journeys began. We attribute this partly to the design of the interview questions, but also to the ways participants make sense of their experiences. Rather than identifying financial hardship itself as the primary cause of homelessness, participants more often described specific events or circumstances that led to financial instability and housing loss. Examples included workplace injuries that resulted in lost income, chronic family instability or involvement in foster care systems that limited opportunities to develop financial resources and skills, and experiences of domestic violence that required people to leave behind jobs, social networks, family connections, and other sources of economic security.

Throughout this report, we examine the role of financial insecurity in participants' homelessness journeys. Importantly, we do not interpret its relative absence from participants' origin stories as evidence that it is less important. Instead, participants often frame their experiences around the acute and deeply consequential events that precipitated homelessness, while financial hardship is understood as the mechanism through which those events ultimately resulted in housing loss.

Disruption of Social Ties

Overarchingly, almost all participants described relationship disruptions or rifts between themselves and close friends or family members leading to an initial episode of homelessness or reentry into homelessness. Participants shared that **experiencing loss or ruptures in their social support systems** contributed to challenges maintaining stable housing. While these ruptures were rarely the sole cause, the break of key relationships was heavily featured in participants' narratives of their journeys into homelessness.

> "I got divorced from my husband. I moved in with my dad, lived there for a while until he got kicked out of his apartment. Then he went into a care home, and that's kind of when I became homeless."

Another participant explained that his divorce was a factor that led to his initial homelessness:

> "After that, after the breakup, I pretty much was trespassed from my own apartment. It was pretty much so, and [I was] on parole and probation still. So, I ended up being homeless..."

This participant discussed issues within his social support system as well as his interactions with carceral systems; these likely combined to create further instability in the participant's life that contributed to becoming homeless.

The erosion of family ties that led to participants' initial experiences of homelessness were often compounded with other issues. Managing a disability or mental illness - either their own or a family member's—experiences of abuse from older family members or partners, experiencing a severe accident or medical event, and drug use were all issues identified that strained family relationships. People described moving between staying on the street and staying with friends or families as a coping strategy to manage the tensions in their relationships or unsafe living conditions, while also hiding their homelessness experiences from loved ones.

> "It was that last two months that [my sister and I] started bashing heads on everything, which is super expected. She's two generations before me. You don't always see eye to eye on things. Also, I'm developmentally delayed. So there's also that aspect of things, she doesn't really understand that, there's a few factors there... I would go to my sister's, leave, stay on the streets, go back to my sister's, leave. But she doesn't know about the fact that I was homeless before last year. She doesn't really know about that bit and it's going to stay that way. I think for a little while. She doesn't realize I willingly decided to be homeless for a little bit because I couldn't stand my sister's strict rules."

Similarly, participants described situations in which the housing insecurity of a close friend or family member contributed to their own housing loss. For example, one participant stayed with a friend who then experienced her own difficulties and moved abruptly:

> "I went and stayed with my friend, stayed with her for six months, and then she had her own stuff. She ended up moving out of where she was at."

In this case, relying on a friend with a precarious living situation contributed to the participant's own housing instability. The participant also described how it was not until their adult son obtained housing that they were able to achieve greater housing stability themselves. Together, these examples illustrate the bidirectional relationship between housing stability and social networks: instability within close relationships can contribute to housing loss, while greater stability among family and friends can create new opportunities for people to become housed.

While this section describes the role of friends and family as part of people's journeys into homelessness, it's important to note that these relationships can play a pivotal road in surviving and ending homelessness. The important supportive role of friends, family, and other social relationships will be explored further in the chapter titled "The Stepping Stones."

Role of Bereavement

The most severe disruption to social networks that one can face is the death of a loved one. Over one third of interview participants indicated they had this experience - that **someone close to them died** preceding their experience of homelessness, and this was often a direct contributor to becoming homeless. Some participants were directly dependent on their loved one for housing (e.g., a parent or a romantic partner), and explained that their loved ones' death resulted in losing the house or lease that was tied to the deceased person.

> "I married [partner] and things were going really good, but then we were going to move in together. So I put in my 30 days, and [my partner] died two weeks before I moved out of my apartment. So I hopped between housing with friends."

Others describe how deaths in their immediate circle put strains on relationships with family and friends; the emotions and challenges of navigating bereavement was too intense to continue being together.

> "After my sister's husband died, I just couldn't handle being in the same house...it was too much for me."

Others described the death of a significant person in their lives as part of a longer journey into homelessness. People did not always recognize or describe these deaths as directly related to their causes of homelessness. For example, one participant explained their homelessness was caused by their substance use that weakened ties with their immediate family, but later explained that their substance use began when their husband died some years before:

> "I never found myself again."

This participant's experiences, alongside others, illustrate the significant **destabilizing role of death and bereavement** in homelessness journeys.

> "So when [my dad] passed away, I didn't know what I was going through, but now I know it was grief and I just never was taught how to deal with grief. I was always kind of the strong person, the dependable one in my family."

Generational Instability and Homelessness

Several participants described that their parents experienced homelessness, and therefore, their first experiences of homelessness began as a youth:

> "I had never been housed my entire life until my very first apartment when I was however old: 17, 18, 19 or something."

For many of these participants, homelessness was a key aspect of their childhood that co-occurred with experiences of abuse. Participants reported running away from home and experiencing **homelessness as a way to avoid abuse** from adult figures. Three participants identified that they had experiences with foster services as youths, and that these experiences were mostly negative and contributed to their running away, or going in and out of homelessness to avoid foster placements.

> "I think there wasn't really ever a time that I considered myself like this is home because it was always something traumatic was happening or I knew something was about to happen that this wasn't going to last. It just isn't going to last. So don't get too comfortable."

For participants who experienced youth homelessness, obtaining housing stability has been a lifelong challenge; **experiencing housing instability was described as a normal and expected aspect of life.** Their youth experiences of housing insecurity were especially salient to their transition to adulthood. Participants described lacking the guidance, education, or experience necessary to manage or navigate their finances, work, and housing systems. Some participants were able to acquire these skills over time, but many continued to struggle. On the other hand, a few participants seemed to have a better working knowledge of how to navigate service systems as a result of their childhood experiences. Notably, this knowledge did not necessarily lead to housing security, but it enabled participants to better advocate for themselves or know where to seek resources.

> "Well, I was 18. I was a young adult. My mother was homeless, so it's not like she threw me out or anything. So there was no room for me to be with her where she was at. So I had to go stay with other family. And from then on my homeless journey began. I will say that it was a lot of couch surfing, living with family and friends. I didn't really figure out how to use resources or anything like that until about six months of being on my own and that's where 2-1-1 would come in, things like that. Getting my own food stamps, things of that nature. Those were the only resources I had at that time until I would say around age 19, 20..., I found out that I was pregnant. There was a little bit more resources for me because I was pregnant and I had gotten my first place when I turned 21, but that didn't last long because I was still learning how to be an adult. I never had a job before. So I had that place for I think about a month and I lost my apartment, was homeless again by then."

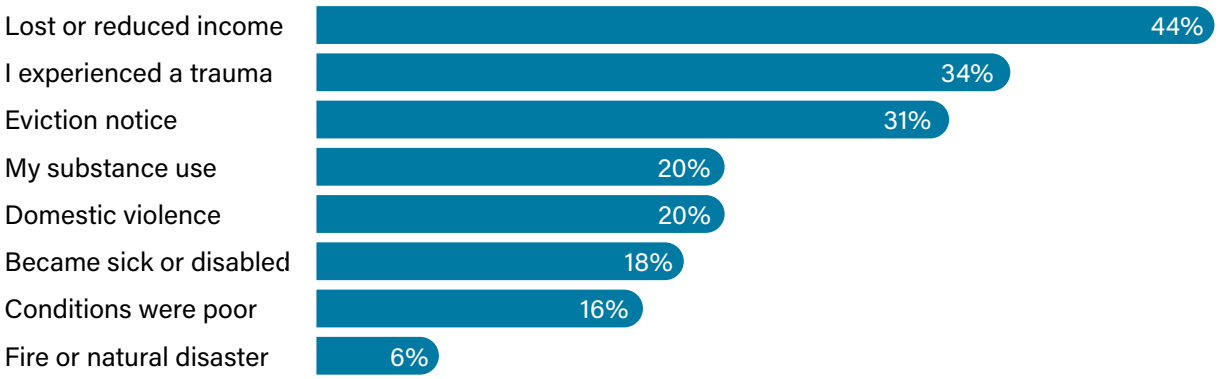
Other Direct Causes of Homelessness

In our survey data, "I experienced a trauma" was the second most commonly reported cause of homelessness, identified by 34% of respondents. Although the survey did not capture the nature of those traumatic experiences, the interviews provided greater insight into how trauma intersected with other causes of homelessness. Participants also described the experience of becoming homeless itself in terms such as "terrible," "hell," "rock bottom," and the "worst time of my life," suggesting that homelessness was not only shaped by prior trauma but could also be experienced as traumatic in its own right.

From Phase 1: Findings in Context

Selected Causes of Homelessness (n=440)

Participants in the quantitative survey were given a list of reasons people may lose housing and could select all that applied. Depicted are selected causes that align with other causes described in the qualitative interviews.



Previously reported in the Pathways Study Phase 1 Survey Report

We noted in the beginning of this chapter that participants reported many overlapping causes of homelessness. We do not describe these causes in detail for two reasons. First, in several instances we only have one or two examples of the particular cause, such as experiencing a medical accident or natural disaster. However, this should in no way lessen the significance of the scale of the cause. For example, there are only a few instances where a participants' homeless journey is directly preceded by an accident that contributed to a severe health problem. However our survey data identified almost 20% of respondents as reporting "I became sick or disabled" as a cause. While we will explore the role of medical and health in other areas of this report, we will not further explore it as a cause here.

Second, most causes of homelessness generally overlap with the underlying and more chronic causes that we report above. For example, some people identify experiences of substance use and incarceration as being direct contributors to becoming homeless, but these experiences can almost always be contextualized by a period of eroding ties with family/friends, including the death of a loved one, or linked to histories of instability or abuse.

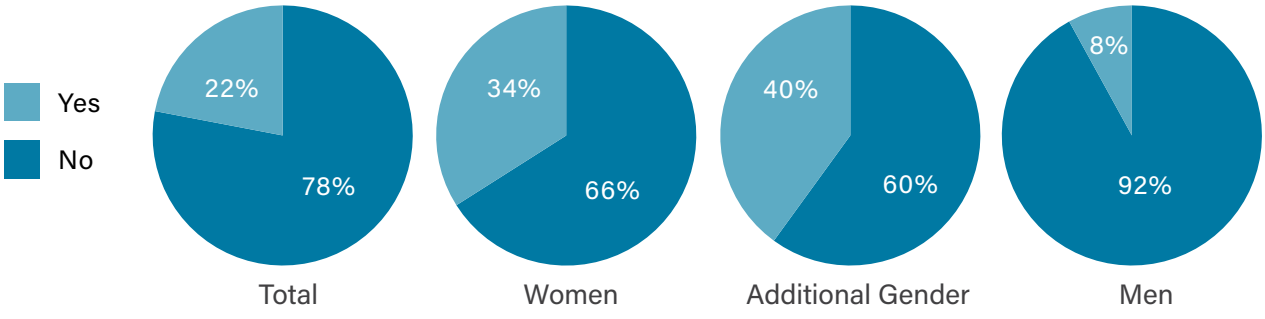
Below we provide a list of additional causes of homelessness that participants reported. For the reasons just described, we do not further explore them as causes of homelessness but will report on them further throughout this report in terms of the role that they play in participants' journeys navigating homelessness. We mention them here to enable readers to understand the breadth of causes that contribute to homelessness, and the intersecting natures of these causes.

- **Intimate Partner Violence and Abuse**

  We have already identified that violence and abuse are playing a role in disrupting family ties and youth journeys. But the role of violence is more widespread than these specific instances, and we will explore this in more detail throughout the report. In addition to histories of abuse in childhood, several participants reported direct intimate partner violence. These ranged in severity from chronic emotional and physical abuse, to sex trafficking and murder attempts. In the course of this study, one participant was killed in an incident that resulted in domestic violence-related charges.[3] Several participants became homeless as they attempted to leave these situations. Women and people who identified as an additional gender were particularly likely to report intimate partner violence. These findings echo those of the quantitative survey that demonstrates rates of experiencing domestic violence are higher among women and additional genders than among people who identify as male.

From Phase 1: Findings in Context

Domestic violence reported as a cause of homelessness, by gender identity (n=394)



Previously reported in the Pathways Study Phase 1 Survey Report.

3 We debated whether to include such information in the context of research ethics, confidentiality and research integrity. Ultimately, we chose to disclose this information because, through our relationship with this person, we strongly believe she would want people to understand the severity of the stakes for people navigating homelessness and their vulnerability to violence.

- **Mental/Behavioral Health**

  A few participants report receiving a mental health diagnosis along their homeless journey, and some attribute their previous difficulties (impacting relationships and stability) to having an undiagnosed condition. Additionally, there are other participants whose chronic mental/behavioral health were diagnosed, but the management of these conditions placed strains on their family ties and/or contributed in other ways to their homelessness.
- **Substance Use**

  Compounded with other issues reported above (e.g., intimate partner violence, mental health, etc.), several participants report that their use of substances contributed to homelessness by straining relationships and affecting daily functioning.
- **Disability**

  Becoming physically disabled as a result of a workplace injury was featured in several participants' stories. These injuries often led to job loss as well as difficulty reobtaining employment after becoming homeless.
- **Incarceration**

  One-third of participants described experiences of incarceration and transitioning out of incarceration as a cause of their homelessness. This was attributed to the difficulties of seeking and obtaining housing while incarcerated (e.g., inability to visit apartments or potential landlords not accepting phone calls made from prison). Criminal records presented an ongoing barrier to obtaining housing due to background check assessments by landlords. One participant in our sample became homeless after being in jail for a few days, resulting in a landlord filing for eviction after non-payment of rent during this period.
- **Personal Identities**

  While not necessarily a direct cause, several participants describe themselves as "different" or having difficulties finding safety and acceptance among their familial and social networks. This was particularly true for people with additional gender identities and people with a mental health diagnosis. Participants explain that their unique identities influenced conditions that preceded homelessness - for example, by causing them to move out of their family's housing, and to engage in risky behaviors while seeking community and social connections that would accept and support them.

What would have helped to prevent homelessness

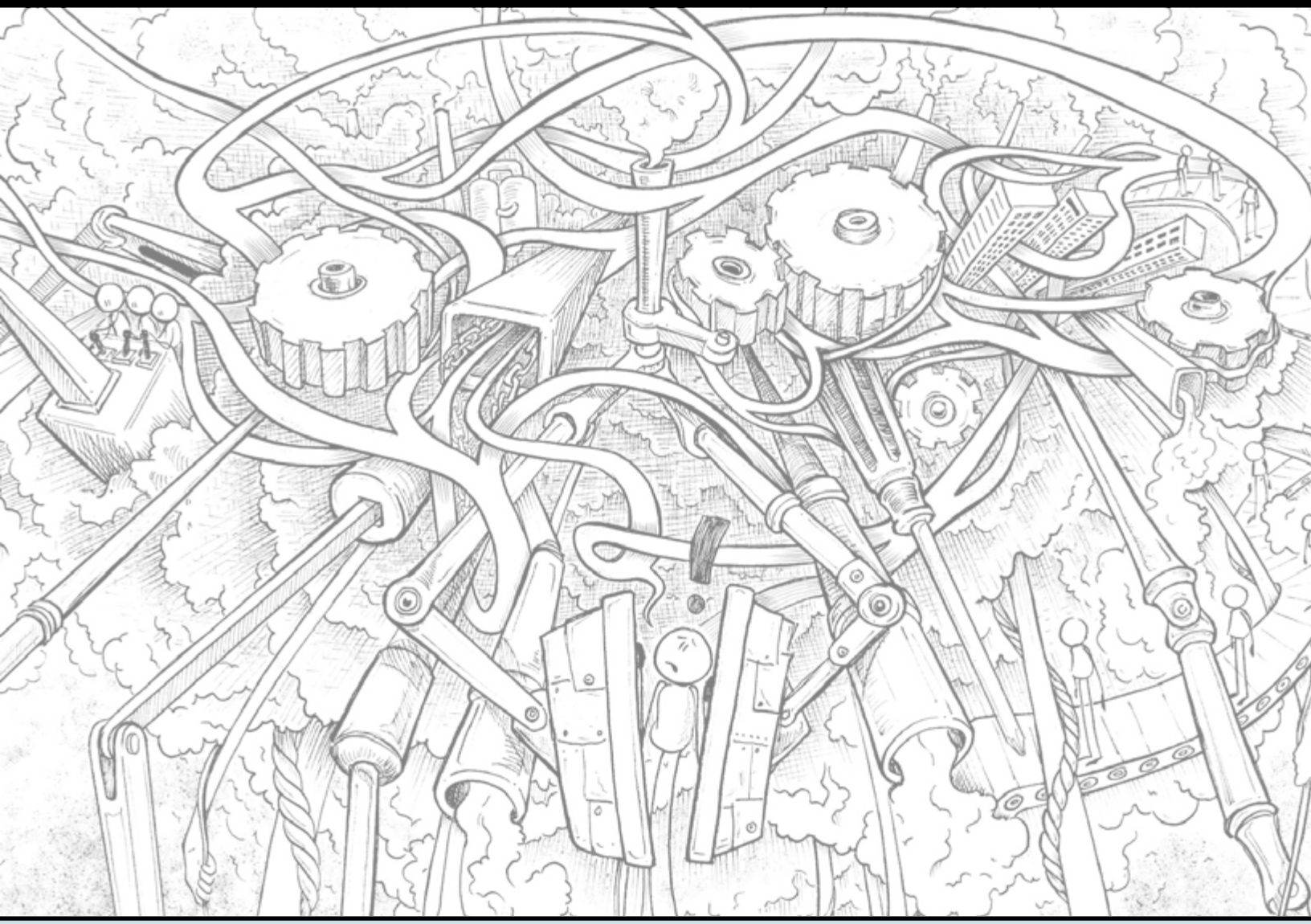
We asked participants what would have helped them to prevent them becoming homeless. Participants discussed the need for early intervention during difficult experiences, such as after the loss of a loved one, during bouts of domestic violence, or while on the edge of homelessness but still maintaining housing.

> "We lived in several circumstances and houses that were technically [un]inhabitable, which is legally classified as homelessness.... I feel like families who are struggling to the extent that my family was, should be supported with very little difference how you would support someone who's actively homeless."

> "I wish that people would've, like, taken me more seriously. Like, 'cause I, I was scared. I was running from a very, very abusive relationship, you know, and, and in turn fighting my addiction. I just wish that I wasn't looked at like it was a joke. I was looked at like that and it just put me into a depression that was hard for me to get out of."

Participants recommended rental assistance, education, counseling, early treatment for substance use, and others taking instances of domestic violence more seriously as actions that could have helped them before they became homeless. Many participants had some form of interaction with systems of care before becoming homeless, and seemed to fall through the cracks when their situations were not seen as dire enough by those providing care.

> "My dad just died. You guys are saying, I'm strange at work. I've been here three years. I need help. Can I go get 28 days of inpatient or join an outpatient or something like this? And instead they fire me. And then the drinking just went crazy."



SECTION 1

Stuck in the Churn: Exploring what keeps people homeless and why it's so difficult to get out

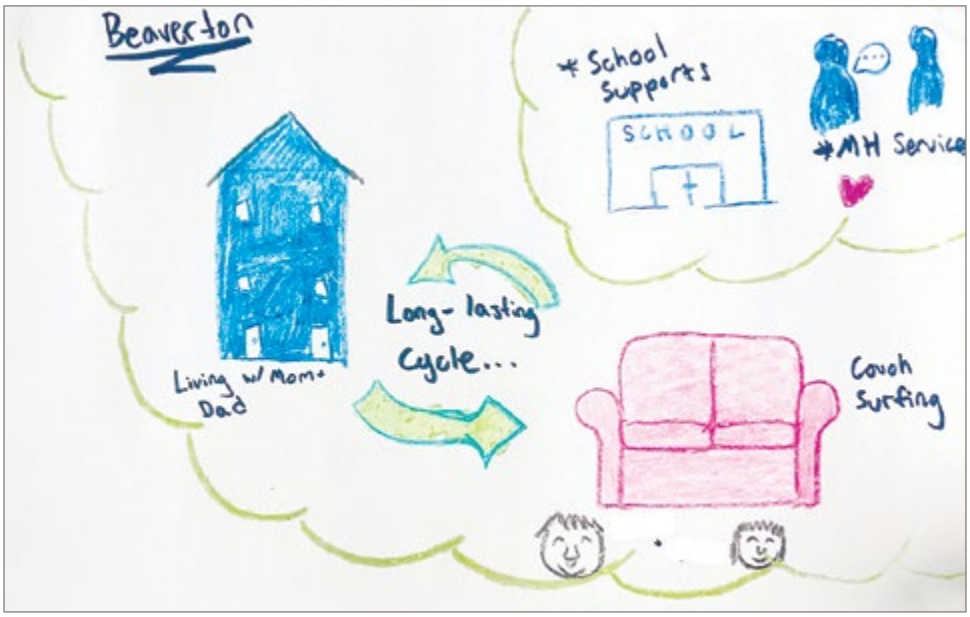
Key Take-Aways - Stuck in the Churn

1. **Homelessness is characterized by a cycle of repeated effort, setback, and instability.**
2. **Housing affordability remains the single greatest barrier to exiting homelessness.**
3. **Employment is both essential and insufficient,** especially when employment wages are insufficient to cover basic costs of living. Participants described experiencing a "benefits cliff" where employment caused them to lose assistance before earning enough to replace it.
4. **The homelessness service system is experienced as fragmented, confusing, and difficult to navigate.** Due to a lack of clear pathways into services, conflicting information from providers, and constantly changing eligibility requirements, many felt they were forced to navigate a system without a map.
5. **Administrative barriers create substantial obstacles to obtaining help.** Missing identification documents, long waitlists, canceled appointments, provider turnover, inconsistent communication, and complex paperwork prevented people from accessing services even when they qualified. These barriers were particularly difficult for people managing trauma, disabilities, or health conditions.
6. **Eligibility criteria often exclude people who are in crisis but not considered "high need" enough.** Participants frequently described needing help but being denied because they did not fit eligibility categories. In an under-resourced system, deciding who has the "highest" needs creates a system where some people will not have or present with the condition being prioritized or not have an illness, for instance, at high enough acuity. Prioritizing people based on a set of health conditions, living situation, or family status, may be necessary given resource constraints. But people experiencing homelessness know that they may be denied services because they do not present as meeting eligibility criteria, and that they may be unable to access support until their circumstances become more severe.
7. **Homelessness forces people into impossible choices.** Participants routinely had to choose between competing necessities that jeopardized safety and security. These choices often had no clear positive outcome.
8. **Housing placements and shelters are not always experienced as safe.** For some, available housing options felt so unsafe or degrading that they preferred unsheltered homelessness.
9. **The cumulative effect of service failures is erosion of trust.** Mistrust is not simply an attitude, but a product of repeated interactions with systems that participants experienced as unreliable or harmful.
10. **Repeated system failures produce emotional exhaustion, hopelessness, and despair.** Participants described profound psychological consequences from years of cycling through systems. For some, the emotional toll became as significant as the housing crisis itself.

In the (im)Perfect Storm, we describe how the pathways into homelessness are not linear or straightforward. People try to avoid becoming what they think of as "homeless" even when they meet governmental definitions of homelessness. They stay with friends, find creative places to sleep, or get short-term rentals or motels. The experience of homelessness is one of instability that participants are constantly seeking to resolve - whether it be via housing or simply a secure place to stay for the night. Once people lose their stable place of living and enter into homelessness, the defining quality of their experience is that of a vicious circuitousness - what we will refer to as "stuck in the churn". Efforts to exit homelessness often result in cycles of stagnation or decline, further entrenching individuals in maladaptive patterns that only complicate attempts to break them. Once stuck in the churn, people struggle to get out. Many participants depicted the circulatory nature of this experience in their journey maps.



In this chapter, we explore the barriers to resolving homelessness that contribute to the churn. In these cycles, people might make some progress towards housing goals, perhaps exiting homelessness for a time or finding a stable sheltering option, but ultimately setbacks, systemic failures, and the weight of conflicting choices pull people back into instability. We also explore negative experiences that people described working with some service providers, but it's important to note that effective service providers were also described as among the most useful and significant sources of support in helping build the pathway out of homelessness. We describe those more positive experiences later.



Housing Affordability

One of the main findings in Report 1 was the exponential role that affordability plays in causing and perpetuating homelessness. **The lack of affordable housing and costs associated with basic living expenses were identified as the primary cause of homelessness; access to financial and rent support resources were the primary service needs, and the primary barrier to resolving homelessness.** These findings are reinforced in the interviews. Simply put by one participant:

> "We just don't make enough money to really get into a place."

One person explained that despite having a substantial savings account, their historical monthly income was not enough to meet financial requirements mandated by landlords. This person could not secure housing despite having money they could use to supplement their income for rent for an extended period of time. Other participants describe the high costs associated with moving in as prohibitive. The lack of affordable housing, complicated by requirements like landlord references, rental histories, employment, proof of income, eviction records, and others, kept and continues to keep participants stuck in the churn. Over half of the participants we interviewed are reliant on friends and family, vouchers, or other housing programs for their current housing, raising questions about whether participants had actually "exited" homelessness for good - we will explore these concerns in other sections throughout this report.

The role of **labor and employment** was frequently discussed and often associated with financial insecurity, intersecting with affordability. Participants spoke about their **desire to work,** both as a means of building financial stability and a sense of self-efficacy. Job opportunities rarely matched participants' skill levels, personal goals, or financial needs, however. Participants described difficulties getting jobs despite having significant education or training experiences.

> "A lot of people don't want to hire you anymore, no matter how educated you are. I think I counted, I had eight associates degrees at this point, from renewable energy to engineering to transfer degrees to general studies."

Barriers to gaining employment ranged from having criminal backgrounds, health injuries and conditions, and most simply, to being homeless, which interfered with attending interviews and scheduling work hours and managing hygiene and storage of personal belongings with no secure living situation. Yet several participants' stories demonstrated grit and determination to work in spite of barriers. Some, as demonstrated in the quote below, described maintaining relationships over a period of years with people who provided work opportunities. Even if these opportunities provided nominal wages, they provided some cash resources and a sense of contribution and pride of work.

> "For the past five years, I can tell you guys this, for the past five years, I've been unloading the truck. I have a client, I unload his truck, I get paid $120 per truck. So it is only $120 per month. Sometimes you may have two trucks and you can make that $240, but it's not a salary. But I've been doing it for five years because it's mine, it's my project and I've been doing it."

Insufficient employment opportunities contributed to persistent financial insecurity and housing precarity, while other participants noted that housing placements that required some form of employment clashed with the limits of their physical, mental, or emotional abilities. Participants spoke about needing to work to maintain housing, and perhaps even wanting to, yet struggling to find employment they could reasonably accomplish or that paid a suitable wage.

> "I just need employment... I can walk around and pick up paper. I could walk around and pick up paper as a disabled person with a brain injury. I could do that until I pass out."

> "I think there's this gap once you get a job and you're working, I started and I was making only 17.50 an hour. You can't survive on that, but then you lose your food assistance and then what do you do? I mean, it's impossible to survive. How are you supposed to pay for everything?"

In Section 2 of this report we explicitly explore the role that employment can play in enabling pathways out of homelessness when individuals transition from service users to providers within the homelessness service system.

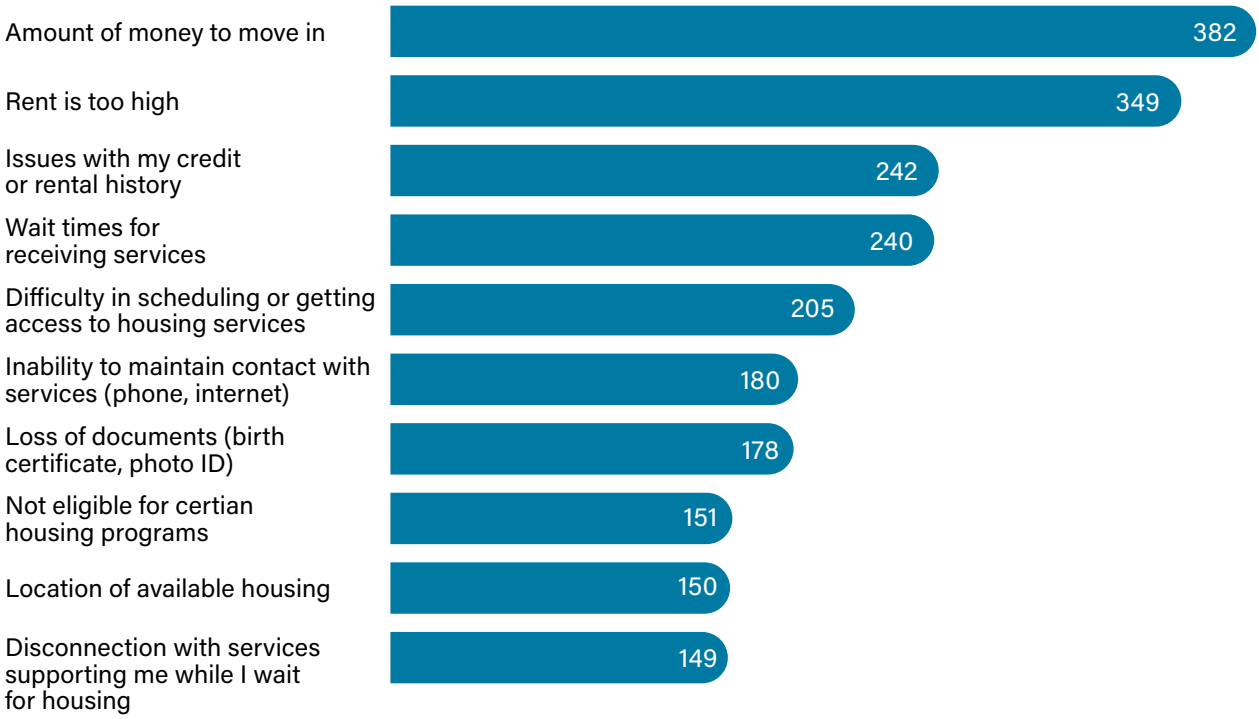
Navigating Services: Where is the pathway? How does one get on it?

Overwhelmingly, participants described experiences of homelessness as circular and recursive. One participant described it as a **"system [that] rewards maintenance, not transformation,"** meaning that the homelessness system keeps people stuck in stasis. They reported repeatedly having to complete the same steps to access services, sometimes because of service-provider turnover or limited resources, and other times because of service gaps they could not explain. Participants also described seeking and verifying information from multiple sources due to the unreliability of available information within a constantly shifting landscape in which services open and close, and policies and eligibility criteria frequently change. Collectively, these experiences portray a service system in which pathways into, through, and out of homelessness are highly ambiguous to the very clients the system is intended to serve.

These findings are reinforced by the quantitative survey data. As seen in the chart below, issues related to affordability and access make up the top three barriers to housing (as discussed above). But the remaining barriers all point to issues in accessing and navigating services and eligibility requirements. Here we report raw counts - or the number of people who identified each issue was a barrier - instead of percentages to underscore the scope of the issue. All of the issues mentioned in the survey were also raised as top barriers in the interviews. The interviews provide more insight into how these barriers operate and how they are experienced by participants.

From Phase 1: Findings in Context

Top barriers to housing (n=541)



Previously reported in the Pathways Study Phase 1 Survey Report

The "run around:" Inconsistency in services, service quality, and providers

The most striking barrier to obtaining services was ambiguity involved in how to do so. Participants reported being **redirected multiple times**, sent from service to service or provider to provider who each offered conflicting information about what services were available, to whom the services were available, and how to access them. These experiences result in participants feeling like they have to guess—that there is no clear way to navigate the system.

> "[2-1-1-] has never been helpful to me....you just call in circles. They're like, 'oh you can call this place or that place or good luck.'"

> "A lot of it I was like, I've been to this place and now this place and everywhere, and they're still not sure what to do next. I was like, I'm frustrated. I'm coming here and I need this and I'm being promised things and then they're not actually happening."

Information and service availability would change depending on who people talked to, or what times of the day or month services were sought. Participants reported having to return to locations multiple times to get services only to be turned away.

"Like they say, 'oh, do this housing stuff,' but then the housing stuff is so long and then they'll go in circles. There's this one place, I forget the name of it, but then they say, 'oh, be here at 8:30', but then you're there at eight, they're like, oh, be here at 11. And then you wait the time and they're like, oh, they aren't any beds anyway. Then you kind of give up."

Obtaining the necessary legal documents to prove eligibility to register for services was noted by several participants as a barrier. People described lacking identification documents, birth certificates, and other documentation that they needed support to re-obtain. Mostly, people just needed information about where to go and what to do to gain legal documents. But for some, the process was far more complex. One participant who had a traumatic injury illustrated how people in similar conditions need additional support to navigate these processes:

"They're like: 'you have to get all of your records.' And I'm like, I can't do that...they don't have that trauma-informed lens of you're asking me to do a thing that I just need a little bit of support."

We report in the quantitative survey that **involuntary displacements result in lost identification documents and paperwork necessary to obtain housing services.** This was likewise confirmed in the interviews:

"I lost my security card, my birth certificate [due to an involuntary displacement]. And once all that's gone, it makes everything harder, more difficult. I'm working on trying to get my birth certificate. I know all I can do is go to the social security office."

This participant was discussing an involuntary displacement action in another county that ultimately resulted in their move to Portland. Notably, the displacement action occurred several years prior to the interview, underscoring how long it can take to replace legal documents once they are gone.[4]

Participants reported experiencing **incredibly long wait times to access services,** and several of the participants we spoke with had eventually found housing through other means despite being on housing waiting lists for many years. Durations up to 10 years were reported.

"I've been on the [mobile housing] waiting list for years. They've never ever, ever, ever called me ever. They called me to get my information, but they've never called me for a place like a home or an apartment or anything like that."

4 The term "involuntary displacement" was developed by the TREES committee to describe what may otherwise be known as "sweeps" or "campsite removals." For a detailed rationale behind the language used, please see Report 1.

From Phase 1: Findings in Context

Impact of involuntary displacement

Involuntary displacements were discussed by some participants in our qualitative sample. Overall, the impact of involuntary displacements were described as harmful, resulting in the dislocation of people from safe locations, their support networks, and material goods and identification documents. People described being relocated temporarily, only for there to be no pathway forward, resulting in their return to the streets, now without the resources they were using to survive. One participant described how involuntary displacement actions introduced tensions between housed community members and those that were displaced. Upon returning to the areas where they were displaced from, this participant experienced that neighbors previously supportive of their small encampment, became less so as a result of seeing government-sactioned displacements.

"The camp was swept. We were nothing. We had nothing. They didn't keep in touch with us. And so we just went back to the camp. The people there were decidedly more hostile - we had a lot of people stopping by saying 'You can't be there. They just swept people.' Whereas before people were generally okay with us, and we had met with all of the houses that faced us."

Our survey findings offer a more robust picture of the impact of these actions on people experiencing homelessness. Below, we highlight critical data from Report 1:

In addition to experiencing emotional and personal traumas, people reported that Involuntary Displacements resulted in barriers to resolving homelessness. Of the people who experienced involuntary displacement (n=160)

- 58% reported losing their phone, which is the primary way they would be contacted by a service provider
- 49% lost their identification document
- 48% lost connection to people providing support
- 26% lost connection to a housing worker
- 25% missed a housing appointment
- In contrast, 9% reported assistance with accessing shelter/housing during the involuntary displacement process

Note: Previously reported in the Pathways Study Phase 1 Survey Report

Difficulties in navigating services and service providers

Even once connected or registered with a service, the process of getting a case manager could be lengthy:

> "There's a lot of demand. So getting the point person took about a month, and then it was another month, two months to get my case manager."

One person described spending months with a shelter and eventually moving into housing without their case manager ever contacting or meeting with them**.**

> "I think the people that worked there really didn't give me the services that they were supposed to, like the case worker and stuff like that. I was there for six months and I still hadn't seen her. I moved out and still hadn't even gotten to see my case worker there."

Many participants described making appointments with **service providers who would cancel appointments without providing notice,** who did not show up to appointments, or would not return their phone calls:

> "They made the appointment for the following week and I logged on and no one showed up."

Providers canceling and missing appointments is one of several indicators of **poor quality of services** received by participants**.** Participants report experiencing **discrimination** from service providers based on their identity, race or disability.

> "You don't know until you're actually in the wheelchair and you wind up to shelter. They look at you like, 'oh crap, here's more work.' This is, I dunno how to explain it. I don't know. It's almost like I have the plague or something."

A few participants noted that poor quality of service delivery may have been due to broader **funding restraints**, describing providers as scrambling to meet growing needs. Others described r**eceiving services that were poorly matched to their needs or encountering providers who lacked the capacity to support them effectively.**

> "For some reason they could always get me people that were supposed to help me find housing, but those people had no skills in finding housing and they didn't understand."

> "They said, 'you've lived through all this trauma and you've been incarcerated for so many years, and we just don't feel like we are prepared to deal with someone like you.' And that was it. That was my experience with mental health services."

Turnover of services and providers resulted in multiple barriers. A turnover by a housing worker could result in delays in accessing housing or filing paperwork for benefits as the new person learned the ropes or got up to speed on the clients' case. Turnover of property management companies resulted in loss of previously enrolled services, or even loss of housing when programs and requirements changed. People described experiencing homelessness all while organizations, services and nonprofits cycle through new staff, directors, and contracts. For some, the impacts of turnover were irritations and part of the reality of the system, but turnover always carried a negative connotation, raising complications and sometimes affecting physical and mental wellbeing.

> "They had a food kitchen that they teach people how to eat, how to cook ...Those little teeny things of those programs, those little programs out there got me through those five years. Just a little insert here of positive, somebody's paying attention. And of course those programs always get pulled, so you end up getting pulled out of that and then you end up back depressed and suicidal and once you get to this point, then they'll come up with another little program and it'll get funding for a little bit, but then they'll jerk it back away."

> "So I'm currently in the transferring process. I've got the pre-application. I'm on the wait list. It's just whenever it finally goes through is when I'll move. But ... I don't know if the information on the pre-application stuff was my old case manager's or mine and my case manager quit three weeks ago. So we're currently trying to figure that out. Me and the peer support worker - When that's not even the peer supports [job] nowhere near his purview of work, but we're figuring it out together because he's the only one there."

In this final example, the participant describes relying on a peer support worker to provide continuity amid ongoing case manager turnover. As the participant notes, the peer worker may have been operating beyond the formal expectations of their role, underscoring the importance of consistent, relationship-based support while navigating an unstable and fragmented service system. This small vignette also illustrates a powerful throughline in our data - the transformative difference that a relational, competent support person can make in a journey to housing. Case managers, outreach and shelter works can be some of the most helpful sources of helping people resolve their homelessness. What makes a great provider is a theme will be described in more detail in The Stepping Stones.

Not __x___ enough to receive supportive services

Participants frequently described the homeless service system as opaque and fragmented, characterized by misinformation, contradictions, and the absence of a centralized or clearly defined access points. Within this broader context, many participants recounted experiences of being deemed ineligible for the very services from which they sought assistance, ranging from housing navigation services to peer support. This emerged as a particularly salient source of confusion and despair among individuals who actively attempted to access help but were denied. Across the dataset, participants described numerous eligibility requirements they were unable to meet. We present several examples below:

Not OLD enough:

"My [husband] and I, we applied a couple times to get into housing, and his disability was never bad enough ...At that point, we weren't old enough, but we weren't disabled enough."

Not DISABLED enough:

"I got denied and denied [for social security disability benefits] and the same lady that denied me, female judge, I was so surprised. She looked at me and she goes, you are so well educated, you should be able to do something. I could barely move... But they don't give you an opportunity to explain. When you go in for your disability hearing, you don't get to say s***. They just read what you've written, and you're in the understanding of a normal person, that you're writing what's true. You only get so much room... It asks you what you do during the day. Well, I lay in bed. Yeah, I go to the store twice a month. It doesn't say that I've got a mental health worker that has to take me to the store and do all my lifting and that I can barely make it through the store. It takes everything I have and when we get home, my groceries sit on the floor for two days because I can't put 'em away."

Not perceived as HIGH-NEED enough:

"And I feel like most of the case managers, because I'm well spoken, because of my background, because of my education level, I think they just think, you don't need us. You don't need help, and we don't have anything for you."

Not ADDICTED enough:

"I called for it every single day at the same time, talk to the same gal every single day for over a month. And the whole idea was to transfer from [name of current facility]. [Name of desired inpatient facility 2 finally] said, oh, well, you've been rehabilitated for too long. Yeah."

"So people were like, if you were clean, you didn't have a f***ing chance to get any help. So then it was like, well, I could use drugs for a little bit and then go to get off them... I'm not saying that people who had never done drugs before started, but there were people that were clean that were like, well, I guess I have to relapse if I'm going to get any help. And that's a really sh*** feeling."

Not PREGNANT enough:

"At some point, I went to DHS [Department of Human Services], so when I was going back and forth between here, I went to DHS because I was in a domestic violence situation. And I know they had a [domestic violence] grant, but you had to have a child in order to get it. And I was pregnant, but I kept losing it. So like, they needed proof. And when I'd go to the doctor to get proof, they would say I lost it already."

Not ELIGIBLE enough:

"The case manager I had said 'you don't really qualify for anything.' There were times I was like, maybe I should make up some kind of crazy thing. But then do you really want that on? I don't know. I don't know how that affects you the rest of the way."

Not the right kind of ABUSE:

"So I've reached out to the [non-profit organization], but they can only help you if you're in domestic violence. And when I explained to them, they asked me a bunch of questions about me and my ex and they're like, well, that is considered domestic violence, I forget, like not, it was like mental abuse or whatever. And I'm like, I am not going down that road... When I think of, and I realize that that's a form of domestic violence."

"I was being verbally abused in that RV by [name of ex partner] and controlled and I couldn't get any help. "

As these participants describe, difficulty **meeting eligibility criteria** were barriers to gaining access to services and support. Several people who were sober or managing addictions describe a disturbing choice of considering taking drugs or relapsing in order to become eligible enough for help. While no participants told us that they actually tried this tactic, the fact that several participants raised it reflects the kinds of perverse incentives and considerations people experiencing homelessness may weigh as they try to obtain help.

Impossible choices

The difficulties participants described in navigating services reflect a broader barrier to exiting the cycle of homelessness: the need to constantly make decisions that, in other contexts, would not be experienced as meaningful choices at all. Participants were routinely forced to choose between competing risks, none of which were likely to lead to clear or positive outcomes. Many described making regular—if not daily—tradeoffs between meeting their own or their family's immediate needs and accessing services or supports that might eventually lead to housing or stability, but with no guarantee of a positive outcome. For example, people reported concerns about **leaving their belongings to look for work or help because of concerns over security** and theft by others or by involuntary displacements.

> "You can't leave your car and go look for work because if you leave your car, they're going to get your kids or they're going to steal everything you have. If you take your kids with you, they will rip off everything you have in that vehicle. And it's the mentality that's what's out there. That's the truth of it. Only reason [name of partner] could go to work was because I was in that RV 24/7. We could never leave the RV by itself because the one time we did, we lost everything."

Meeting daily needs by seeking hygiene or food requires people to be **constantly moving to seek safety and resources.** This means people may have to choose between waiting around at a service for a possible opportunity of getting shelter, food, or work, or moving on to seek out other opportunities elsewhere.

> "I've been looking for work. I work with [service provider]... Every time I call, [they say] "we'll mark you available." No, don't mark me available. I'm available now for 20 minutes. 20 minutes after I get off this phone, I may not be available. Because I don't plan my days. I'm walking...."

Many participants discussed the **physical stamina** required to be homeless and its negative **impacts on health**. They spoke to the physical strain of trying to seek services while undernourished, carrying their belongings, and in some cases being ill. But nowhere is the physical toll more apparent than among those with mobility limitations. One participant, who was living in a tent and used a wheelchair, described the extraordinary effort required simply to reach a nearby shelter:

> "I sought the [shelter] out. Some people were telling me that there was [one close by], because like I said, I'm in the wheelchair, so it was really hard for me to get places. So I had to find a place that I could push myself to, but even pushing from where I was to get myself to that shelter. Oh my gosh, it was really hard. It took me almost a day and a half and I came, had to stop and sleep in the bush. Well, beside the building thing. And then next morning because only certain hours you can go in and do the assessment or whatever. But yeah, that was bad."

Participants described facing **impossible choices that were either explicit requirements of using services, or indirect consequences** of accessing them. These include whether to relinquish pets, move away from friends and support networks, or abandon valuable belongings such as vehicles. Services may also be in dangerous environments, causing participants to choose between safety and the housing services available.

> "And he was like, 'If you get rid of two of your animals, I can get you into a tiny house village.' And I was like, 'No, counter offer. No.' And he didn't. I was like, 'These animals are literally the reason why I haven't killed myself."

> "And the couple times that my daughter would come over there, [house manager] would bring these prostitutes to the house and upstairs he was an addict. And so you can just hear everything. It's a really old house. And I brought it up to him and he basically was like 'I'm the house manager, my rules, blah, blah, blah.' And I couldn't do it anymore. I couldn't put my daughter through that. I didn't want to be in that anymore. And so then me and my ex moved to Vancouver."

Other difficult choices included whether to take **immediate offers of assistance or housing when doing so would make them ineligible for future services**. For example, accepting a studio apartment when a future 1 bedroom would be a better fit for a long-term placement; accepting a job when doing so would cause loss of benefits but insufficient funds to support living expenses.

> "By then I had a full-time job, but I was making less than 40,000 a year, who can live on that? And I was right at the cutoff. So I lost my food assistance. What do you do then? I had no more [Medicaid]."

Unsafe Living Conditions

Once people did get connected to services or received referrals, several described that subsequent placements or the options offered ended up being untenable. People described **unsafe living conditions** in both shelter and transitional housing, as well as permanent housing.

There were several examples of **poor environmental conditions** in housing units and in shelters. Participants reported experiencing **bed bugs, mold,** and **unmaintained facilities:**

> "I've dealt with 'em, gone to shelters and went to [name removed] first night, got bugs, and I figured I'll sleep outside."

These conditions were magnified by **poor management practices** from unresponsive landlords, shelter staff, building managers, or housing inspectors. In several of these situations, participants ultimately moved out of the living situation - preferring to be unsheltered than housed in locations that posed risks to health.

> "The place that I'm at, the first full month that I was there, both [my pet] and I got sick from black mold poisoning. So I've been fighting with this rental company ever since about that. And I just said, 'I'm just going to move.' I want to get a place that's decent. That's the thing. These houses and apartments that are available, not all of them will pass the inspection. ...There was no inspection really done on my place. The guy came in and he went, he left. He passed it."

> "The kitchen was corroded, the bathroom was corroded. The shower, the drain was covered. Like, it was, there was a, a thing, a ring around the tub. I cried when I got there. So it was, it was just really, really, really, really bad. And, you know, like, I can't, it wasn't just the dirt, but like, just the thing, like there was no accountability. There was no structure. You know, like I was getting high there and like, it was almost like a cry for help: "bust me, please, so I can get some services". But I don't know, it was just, it was really, really bad that that particular sober living house was really, really bad."

In the last example, the participant reported engaging in risky behaviors in an effort to prompt intervention and gain access to other services. Here, we see yet another impossible choice: remain in a poorly managed and unsafe living environment where their needs were going unmet, or engage in behaviors that might trigger access to help.

Physical safety, as discussed in the previous section, was another salient concern. People reported feeling unsafe in their housing from neighbors, housemates, and landlords.

> "It is not in the best building. I've got regular struggles with my building with violent outbursts from my neighbors."

People identifying as female particularly reported safety concerns in shared housing situations where they were stalked or harassed by housemates. Participants report going to extreme lengths to ensure their safety in these contexts. The following participant describes finding reasons to leave their housing as much as possible, by working longer hours and running early in the morning, to avoid harassment from others in her building.

"But I swear when I was [in transitional housing], it felt like across from everyone they put a sex offender because as soon as I go in the bathroom and lock the door, someone would be trying to get in. And I started realizing that the doors that were across from the bathrooms were always cracked open. So that made me even more sketched out to be there. So then I started really working long hours with [company], and I got permission from my program manager to leave at five in the morning to go run."

One participant chose not to accept a housing offer because it was located in an area near their abuser. Another participant reported that their current hotel placement is so unsafe that the Department of Human Services will not allow their child - who is currently in a foster program - to visit the location.

Rules and policies within housing programs intersected and magnified concerns about safety. Safety, in this case, refers to participants' ability to feel secure and that they are treated fairly in the application of rules and procedures. Participants described some housing rules as perpetuating personal harms:

"A lot of barriers to certain services are like you either A) are in treatment or B) not going to smoke some weed. They treat weed like every other drug. I am so not here for that. I'm not logically going to align myself in a process that's going to cause me more harm."

This quote illustrates the conflict that can arise between an individual's values and program rules. However, because cannabis is legal in Oregon, it also underscores how some program requirements are experienced as harmful, inappropriate, or unfairly applied. Similarly, the following example demonstrates how rules can be wielded against clients, often **without accountability for those in positions of authority** who enforce them unfairly or inconsistently. In this case, institutional authority is exercised in ways that perpetuate harm and instability, prioritizing the protection of program staff or managers over the needs and equitable treatment of clients.

"My experience living in a transitional housing program in some ways was honestly worse than being abused by my parents... I think in some ways it was worse because they had an institutional power where I could at least yell at my mom and she might pop me in the mouth, but I know that I'm going to still have a place to sleep and have my basic needs met. And I think knowing that these people can look at you like they're doing something good for you, and then because you didn't do enough chores, they can kick you out or they can weaponize the system against you. They are allowed to be confused about the rules and ... to make mistakes. But if you make too many mistakes, then you're out... So I feel like it was a very soul crushing experience to live in that transitional housing program. And honestly, it was worse than the experience of living in the tent, living in the hotel, living in the car."

As participants explained, there are significant knock-on implications for housing security if participants end up in a location where they feel unsafe. Because of limited availability, there may not be places to transfer to. Some vouchers or some rent-assistance programs only offer one-time support, or participants experience barriers in receiving ongoing support to deal with safety concerns. Therefore, as problems arise within housing placements, participants face another impossible choice: lose their housing (or their financial support for housing) or continue staying in an unsafe, unhealthy environment.

Concerns for physical safety was a widely-shared reason that participants chose **not to engage in the shelter system.** Participant stays in shelter were described in emotionally and physically challenging terms. Crowded sleeping conditions often led to no sleep or rest as participants reported being disturbed or needing to stay vigilant to protect their safety or security of their belongings. Even the ability to access a shelter placement was described as inconsistent.

> "The thing about the shelters is it's like you might get a space to stay, you might not. It's not consistent. And then even once you get in, you're not safe. Your stuff's not safe."

> "In the night shelters, you have a variety of people who have bad energy on them and it is random people in the shelter at night. They screaming and hollering and getting into arguments … And I'm saying to myself, man, if you want to do all that, just stay outside."

Several women reported avoiding shelters due to their **reputation as an unsafe environment.**

> "Yeah, one of the things that my transitional housing program was always like, it's like, oh, well if you lose your bed space then you can go stay at the shelter. And I had so many friends that had been sexually assaulted at the shelter, so I'm just like, why? That's not even a resource at this point. I'm not going to go there. I would rather find some random person on Grindr and stay with them. At least I can pick who I get sexually assaulted by."

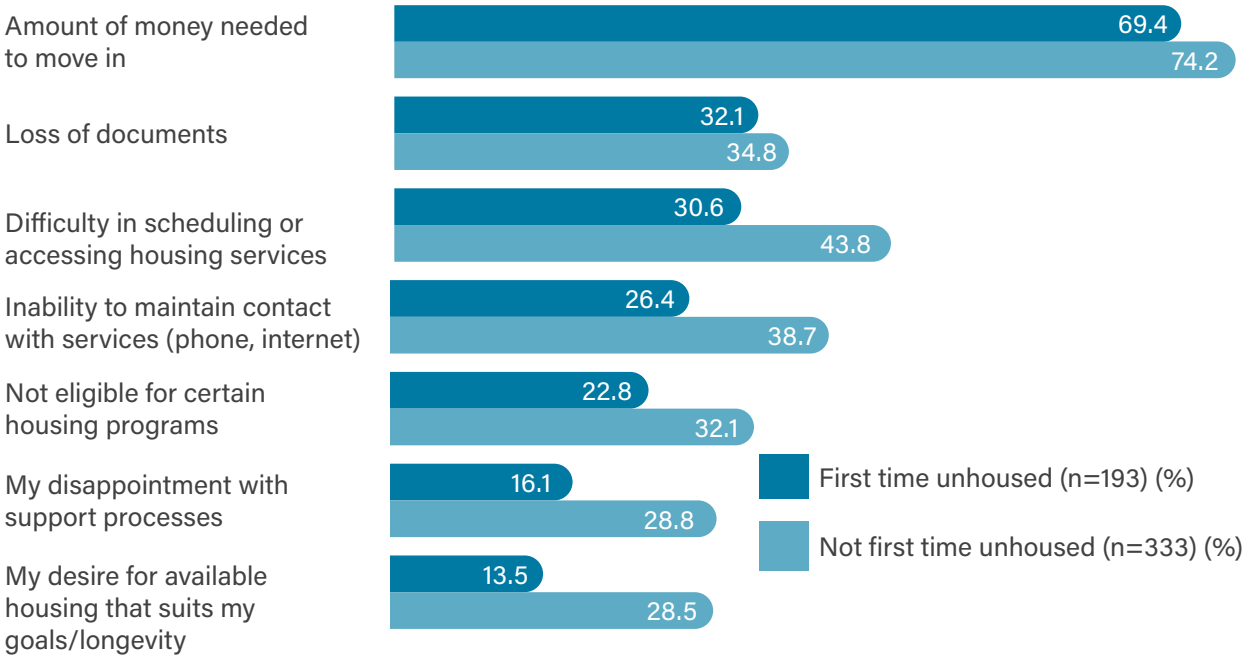
Erosion of Trust with Service System

The ultimate effects of the barriers described above is the **erosion of trust of the service system.** The longer participants experienced homelessness, the more opportunities there were for service offers to fall through, for placements to be unsuitable, and for participants to experience harm.

Quantitative survey findings likewise indicate that people with longer durations of homelessness report more service barriers and more deal-breakers, and that services offered don't meet their needs. The chart below depicts selected barriers from the quantitative survey. Some barriers, like the amount of money needed to move in and the loss of documents, affect everyone almost equally and reflect the overwhelming impact of these barriers on gaining housing. But we see that people who have multiple experiences of homelessness indicate more service-level barriers. Again, this likely reflects multiple touchpoints with services, and multiple experiences of service failure.

From Phase 1: Findings in Context

Differences in barriers reported between first time unhoused and not first time unhoused (n=526)



Previously reported in the Pathways Study Phase 1 Survey Report.

Participants reported feeling let down by multiple empty promises.

> "We've had [organization] come out, they make promises they never go through. We've had several people come out: 'Oh, we can do this and this and this,' and we never see 'em again."

Service providers' inability to follow through, regardless of reason, resulted in real and severe impacts for participants. One participant described being affected by an involuntary displacement action that was attended by a high-ranking official. The official made many offers to connect the participant with supportive services and housing opportunities. As the day went on, however, the participant observed that the official themselves seemed to become aware of their own inability to provide a real and meaningful solution:

"They even sent the Fire Chief of Portland out when they swept my camp. And he was like 'We're going to get you housing.' And then he's like 'we're going to get you all housing,' like Oprah, 'You're getting housing, you're getting housing.' And then as the day went on, he's like, okay, I can't get you housing, but I can get you in at a hotel. And then it was like 'Okay, I can't actually offer you a hotel, but if you leave everything you own right now, I can possibly get you one night at a shelter.' So no, and he was supposed to find me housing, and he came and he told me he had eight people working on finding me housing. And I watched him grow more and more frustrated and dejected as the day went on."

There is an innate promise, or hope, that comes with going through procedures to get on waiting lists and get into the system. The hope is that if you have done everything expected or asked of you—shared your trauma, appeared needy enough, completed paperwork, waited in line, attended the appointments—then this will result in some clear support outcome. But as previously illustrated, more often than not, completing these rituals results in no response or outcome, and rarely an immediate one. The result of engaging with a system that demands vulnerability as a matter of procedure is erosion—of trust, self-efficacy, emotional wellbeing, and a willingness to engage with services.

"I applied for every possible thing that I could apply for, and it's at a point where I don't even care about applying for things anymore and I'm just kind of flying by the seat of my pants because unless something actually seems feasible, it just doesn't even feel like there's a point in applying because you just get put on a wait list to be forgotten about or to never hear your name come up."

"2-1-1 is the most useless system I've ever seen. I'm sorry to say that, but it is, you want to frustrate somebody that's homeless, make 'em repeat their story 20 million times. You get PTSD [Post-Traumatic Stress Disorder], you can't communicate with people anymore because you just end up screaming at people. And it hits you that way when they start to refer you to the same services that you've told them, 'I've already been there and checked that no, they don't have any resources…' There is nothing out there to help me."

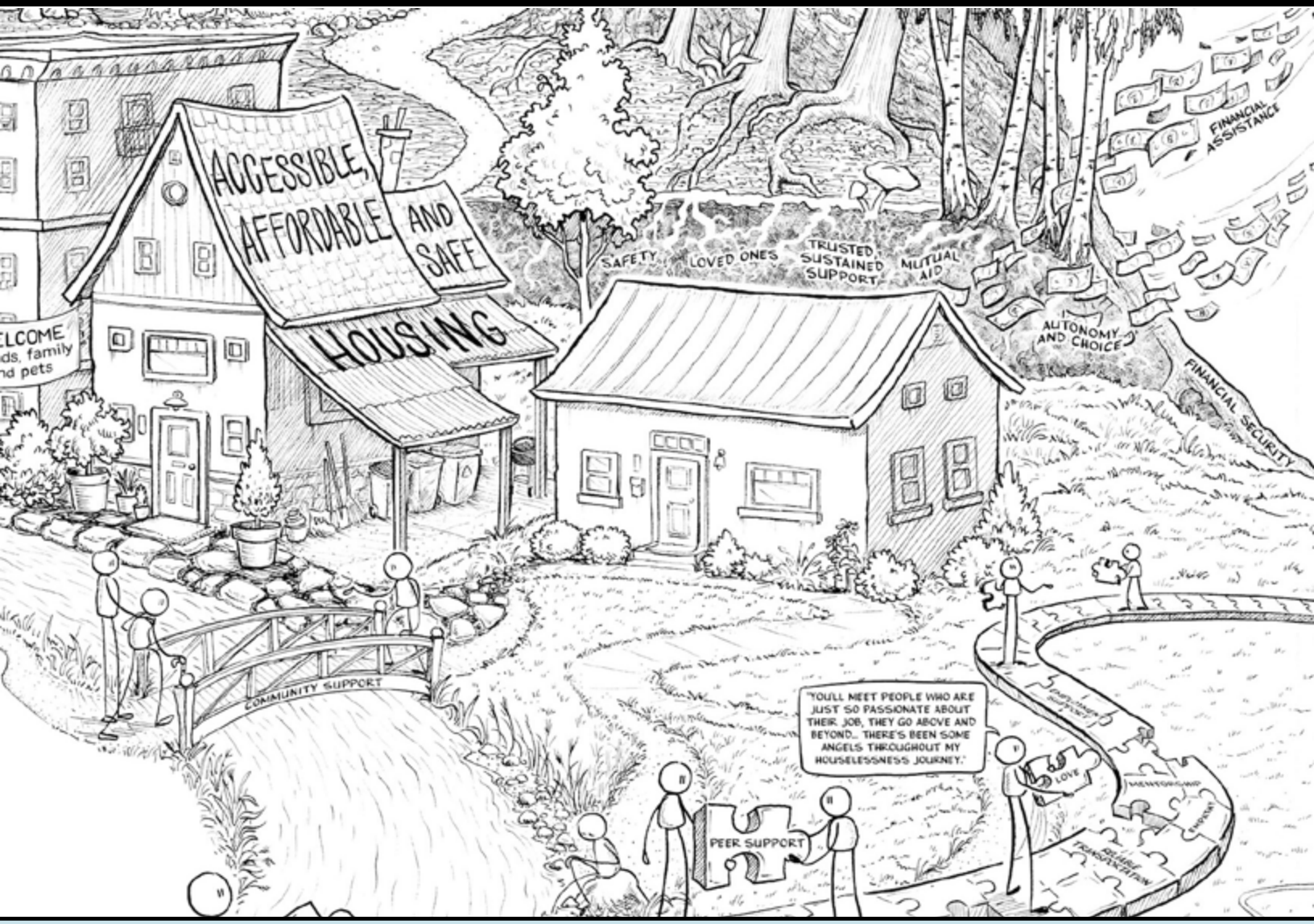
These and other participants describe the **severe emotional toll of being stuck in the churn** resulting in burnout, disengagement, and mistrust. In some cases, being stuck in the churn results in complete despair. In the next example, this participant experienced homelessness for over a decade and believed they were on a waiting list for housing that never came through. It wasn't until they were sleeping near a service organization that a case manager noticed them, and started working with them to find a housing placement. But there were problems with the building that resulted in delays to their move-in date. This participant had previously experienced numerous system failures and disappointments from service providers, and they began to fear that their move-in delay would be just another case of false hope. They describe the emotional toll this took on them:

"It took me four months [after receiving approval to move in]. Sure did. I was ready to go hang myself off the bridge because I thought it was one more fluke, you know what I mean? Someone coming up to you saying, 'Oh yeah, I can help you get out the streets or I can help you. We got what you need, help get your life right.' It's all just blow offs, they're no good. And I thought this was another one, but two days before I was ready to do it [commit suicide]. And then they came, they showed up and he said,'You ready to get in your apartment?' I said, 'Yeah.' "

The widespread mistrust that people experiencing homelessness express toward government and service systems suggests that **mistrust is not incidental, but rather an outcome that the system itself produces and perpetuates.** From the perspective of TREES members, many of the barriers embedded in the homelessness service system are not simply accidental consequences of limited resources. **They also reflect policy and programmatic choices that make services harder to access and navigate—choices that people and institutions in positions of power have the ability to change.** These barriers, together with chronic disinvestment in funding, workforce, and effective policies, contribute to mistrust that becomes a real and consequential barrier to accessing reliable services. After a lifetime of encountering barriers and the mistrust they produce, policy and program decisions that repeatedly fail to meet people's needs can come to feel deliberate rather than accidental. Addressing this mistrust is therefore critical, both in the immediate provision of services and in longer-term efforts to reform systems.

"When you grow up [in child welfare institutions], you don't come out prepared for life. You come out prepared for containment. So I carried that into adulthood and I've experienced homelessness and I've experienced instability and I've experienced what it feels like to move through systems that are supposed to help you but don't actually see you as a whole person."





SECTION 1

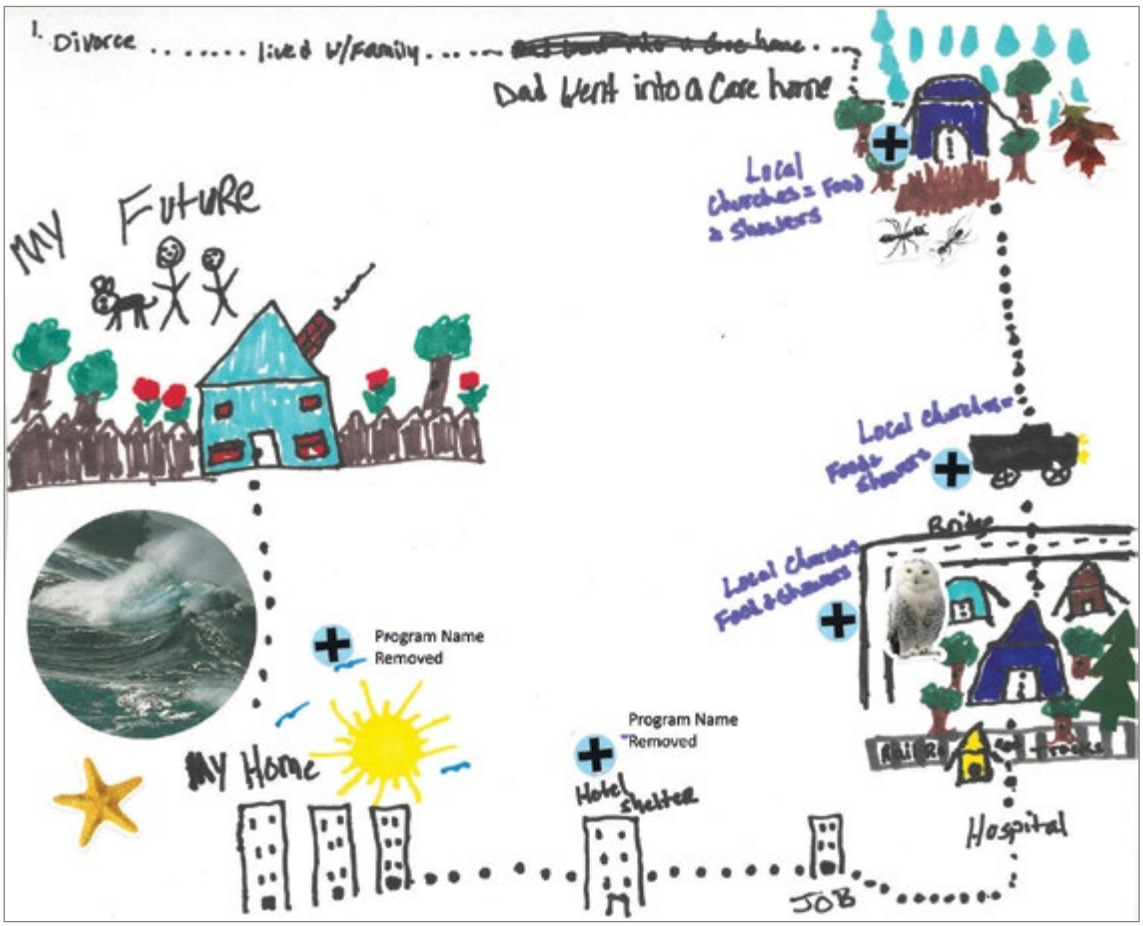
The Stepping Stones: Creating pathways out of homelessness

Key Take-Aways - The Stepping Stones

1. **Exiting homelessness requires active work and effort.** Participants described continually building pathways through a combination of effort, relationships, services, opportunities, and adaptation.
2. **Self-advocacy is necessary but not sufficient.** Some participants advocated for themselves for years without achieving desired outcomes. Success depended on whether effort was met with actual opportunities and resources.
3. **Luck and chance play a major role.** Nearly all participants described luck, coincidence, miracles, or randomness as important factors in their pathways.
4. **Services primarily help people survive homelessness.** The most useful services are those that meet immediate survival needs, but access to the sustained support, resources and opportunities needed to move out of homelessness are limited in availability and difficult to obtain.
5. **Financial assistance is one of the most important resources** for ending homelessness but it is the most difficult to obtain.
6. **Effective service providers can be transformative.** They are knowledgeable, well-connected and responsive to participants' needs. They restored hope, dignity, trust, and self-worth in addition to delivering material assistance.
7. **The most valued providers go beyond formal job expectations,** suggesting a mismatch between the scope of formally defined service roles and the kinds of support participants need.
8. **Peer support is uniquely valuable because of shared experience.** They help with practical needs and system navigation and model successful pathways forward. Trust and relatability were often viewed as important as the services themselves.
9. **Social networks are critical resources.** Family, friends and acquaintances often played decisive roles in pathways by providing information, resources, and financial and housing support.
10. **Strangers and community members often fill system gaps** by providing a range of resources, from small practical assistance to housing opportunities that were often perceived as critical turning points.
11. **The homeless community is an important source of support.** Participants often described unhoused communities as highly collaborative, with members pooling knowledge, food, supplies, and emotional support.

Overwhelmingly, the experience of homelessness is negative - marked by traumas, false promises, and lost hope in services, systems, and in other human beings. But despite the complexity of navigating homelessness and a fragmented service landscape with no central design, clear entry point, or consistent pathway through it, participants show incredible strength and ingenuity. They described positive experiences and points of hope along their journeys. We purposefully wanted to understand how people are able to leave homelessness, and what the role of the service system is in helping them to do so. In this chapter, we explore how participants create their pathways through and out of homelessness. We call it the "Stepping Stones" in recognition of the significant work and multiple efforts that must come together for participants to reach critical transition points.

Persistent Self-Advocacy



The role of self-advocacy was a significant part of many participant's journeys. Participants described navigating between multiple services and networking to find resources, determine how to navigate processes to get registered for services or waitlists, and find people who might have connections to help them.

"My case manager at [organization], she was kind of a sloth, so I would have to go on the computer, find all the numbers I needed to call to get all this stuff in place. [I had to do a lot of the footwork.] That gave me my self worth back. It has to be done."

"Finding out about [services] was tough, tough. For some reason they could always get me people that were supposed to help me find housing, but those people had no skills in finding housing and they didn't understand. I was lucky, I was educated, I kept track of everything. I got a book like fist thick of all the different places, referrals, things I used to get along, things I checked out that didn't work."

However, knowledge alone was not sufficient. Participants reported that **accessing services often required extraordinary persistence,** sometimes involving repeated visits to the same provider before receiving assistance. In a context of scarce resources and limited service capacity, **success depended not only on the availability of supports but also on an individual's ability to continually navigate, pursue, and make use of them.** Participants described the need to continually advocate for themselves, follow through on opportunities, and actively leverage available resources to achieve meaningful change. Access, in other words, did not automatically translate into improved outcomes; sustained effort was often required to transform resources into progress.

"Well, they didn't help me get in. They helped me get a housing choice voucher. And then I helped me get housing by continuing to advocate for myself."

In some cases, participants perceived that demonstrating persistence and continued engagement also influenced how service providers responded to them. It seemed to participants that some providers seemed more willing to help once participants had demonstrated that they would continue to follow through, suggesting that **persistence could be an informal condition for receiving more support.** Participants who were able to be persistent and had the skills and aptitude to learn the system described **gaining extensive knowledge of the inner workings of service systems** in order to successfully navigate them.

"But yeah, I won't say that any resource is hard to get. They're all obtainable. It's just, are they really going to respond or are you going to be waiting for weeks and weeks and weeks? But, are you that hungry to where you are going to call routinely and regularly to where they notice 'Okay, this person is serious.' You have to really have a drive to want to help yourself for sure. But I would say all the places they're obtainable. You can apply, reach out for any waiting list or things like that. But you have to show initiative yourself, get on the waiting list. But you have to show, I really need this. I really want this just for a job or anything."

We cannot determine the extent to which our participants may have been more or less likely than the general population to engage in self-advocacy. It is possible that some participants achieved greater housing stability, at least in part, because they possessed the persistence and skills necessary to navigate complex service systems. Yet this interpretation is complicated by accounts of participants who, despite years of advocating for themselves, became discouraged, disengaged from services, and lost hope. These seemingly conflicting accounts suggest that neither persistence nor service availability alone is sufficient to produce positive outcomes. Rather, pathways out of homelessness may emerge when individual effort intersects with available opportunities, resources, and support. In this sense, **success may depend less on personal abilities alone than on whether persistence is met with meaningful opportunities at the right moment.**

These findings point to a tension between a person's readiness to engage and their capacity to navigate. While several participants identified a willingness to accept help as an important factor in moving toward housing stability, successful navigation also appeared to require persistence, knowledge, organizational skills, and the ability to withstand repeated setbacks. As described earlier, participants could also be excluded from services because they did not meet narrow or opaque eligibility criteria—because they were not perceived as homeless, vulnerable, or otherwise "enough" to qualify. Together, these dynamics reveal a broader contradiction: **systems may prioritize people on the basis of vulnerability while simultaneously requiring considerable capacity to successfully access the services intended for them.** Even strong navigation skills could not overcome the absence of available resources or opportunities. Access therefore depended on multiple conditions aligning: qualifying for help, being able to navigate the system to obtain it, and encountering a meaningful opportunity that was actually available. To the extent that service systems reward persistence and navigation skills while providing limited access to support, they may inadvertently advantage those best equipped to navigate them while creating additional barriers for people facing the greatest vulnerabilities.

The Role of Luck

In direct contrast to persistent self-advocacy, almost all participants described experiences that happened due to random chance rather than their own design or effort. The concept of coincidence was addressed by almost all participants, with "luck" being the most frequent word used; others used phrases like "miracles" or "randomness," to explain how they happened upon circumstances that helped them progress forward. Sometimes luck was attributed to bad circumstances too, but it played a particularly important role in building pathways out of homelessness.

Luck was experienced in a variety of ways, but was commonly described in relationship to making progress with gaining support from services. Many people attribute success to luck meeting the right person or case worker who either cared enough to advocate for them or had the skills and ability to help.

> "Thankfully, I am on PSH [permanent supportive housing] now and I have been for about a year now. I had a really good case manager at the shelter I was at who pushed us through before he quit. But honestly, I just got really lucky with a lot of it. I wasn't always that way, but I got really lucky."

> "I got really lucky with this program because there was someone who was at [organization] and that was actually helpful. They were not part of the transitional housing program. They were somebody who was, that they were collaborating or whatever."

Participants also describe the process of getting into programs as "lucky" - or in other words, they were successful even though they had no ability to control or influence outcomes or their specific circumstances. The news that they had reached the first position on a waiting list and could move into housing was always met with surprise, sometimes confusion, and other times, outright disbelief:

> "I'm where I thought I'd never be."

> "I must've been staying in contact with them and updating my information and then I kind of forgot about it. But yeah, thankfully I had the same phone number. Otherwise it was just so random. It was just a really random call of, 'Do you still need a place to be?' And I was like 'Yeah, absolutely.' They go 'Meet me at this address' and I just had no clue. I'm like 'Who are you? Who are where?' She goes, well, this is a long time ago. ...And then they must've put me on a list, but I know that I had signed up beforehand."

Once this lucky connection was made, participants' progress through the system accelerated. For some participants, after waiting so long to gain eligibility, they were surprised by how quickly they could move into their new location, while others (as previously described) had to continue waiting, which further added to their disbelief.

> "So it was my turn basically, I guess they pick like five every month or something like that to get them to help them to get into a place. And then they'll start helping one if they don't do what they're supposed to be doing, then they go to the next person. And that's how [program specialist] got me started. Some lady showed up there and next thing I know he is filling out paperwork, the next day I got [Aging and Disability case worker] showed up that runs this place. Yeah. So it was almost instant. I mean it wasn't instant I moved in here, but it was instant that the ball was rolling ... And two days later I moved right in here."

Role of Services in Providing Support

Programs and Services

As participants described their homelessness journeys, we asked about what services and supports helped them along the way. There were many examples of services that helped people address their basic needs from day-to-day or week-to-week, and these were described with appreciation and recognition of the important role in helping people survive. These findings mirror the survey findings that ranked services meeting people's basic needs as the most used and most valuable services.

From Phase 1: Findings in Context

Top 5 most helpful and most needed services reported (n=541)

	Most used and helpful services	Percent	Most needed services	Percent
1	Access to food (food pantry) and/or meals	79	Financial assistance	61
2	Access to bathrooms or showers	79	Rental assistance	52
3	Help accessing governmental benefits	76	Legal assistance	51
4	Access to laundry facility and/or clean clothes	75	Job training programs or help finding a job	50
5	Access to computer, phone, and/or internet	70	Help managing disability, including in-home care	49

Previously reported in the Pathways Study Phase 1 Survey Report.

The most useful **basic-needs services** provided food, showers, laundry or clean clothes, and tents and sleeping bags. People also described how brief periods of stability were useful, whether it was simply being given a place to park their car or RV or a place to rest inside for a few hours, for example, at day spaces, libraries, public transportation or movie theaters. Similarly, people described the importance of emergency shelters in providing respite from inclement weather.

> "I will say another service that was helpful are the warming and cooling shelters. Very, very, very helpful. We went home from one winter and our entire tent was collapsed in from ice and snow... so those are a very helpful resource as well."

In addition to these services, people from service, volunteer, and mutual aid groups provided **comfort and human connection.** These interactions helped support people's mental health by reaffirming people's sense of value and humanity as they navigated the stresses of poor living conditions, living alone, and in encampments.

> "But thank goodness to people like [organization] checking in on homeless people and their camps and putting on little things... they were there every week and when they were closing down, they were there twice a week. I would go over and I would just talk to 'em and I'd usually be pretty chipper in a good mood and everything, but at least it was somebody that I could voice my frustrations at and I didn't have to get angry at myself."

As this quote indicates, participants took hope and expressed appreciation and gratitude for these services that helped support them while on the street.

Programs and services that provided financial resources were also highly useful and appreciated, and helped support participants to build stability. Financial resources reported by participants included money to cover move-in fees, for childcare, and to purchase clothes, but the most useful financial assistance was rent assistance.

Importantly, it is almost certain that the participants we interviewed had greater access to financial services than the general homeless population because 96% of them considered themselves "not homeless" at the time of the interview, and many of them were being supported through financial assistance programs. Conversely, financial and rent assistance were both the most desired service need, and the top unmet service need among survey participants. This underscores findings throughout both reports that **financial assistance is critical to resolving homelessness, yet it is unavailable to the vast majority of people experiencing homelessness.**

Some participants were placed in programs with specific requirements. For example, one person was required to attend religious education as a condition of their housing arrangement. Others described participating in cooking and meal preparation as part of their shelter experience, job training programs, and general skill building. Generally**, if participants could opt-into programs, their experiences were positive**. They described gaining experiences that built confidence and supported their ongoing engagement and sense of community.

Participants had mixed feelings about mandatory program requirements, especially when those requirements were linked to sobriety or required drug treatment. However, a few participants described the **importance of structure and accountability,** whether due to programmatic requirements or an ongoing relationship with a mentor or service provider. The quote below exemplifies the role that accountability can play. The participant experienced childhood homelessness and became an adult while navigating homelessness. They had experienced various programs

throughout their journey, many of which were not community oriented and felt unsafe. They eventually matched with a program that has proven to be beneficial to their skill building and helped them develop meaningful relationships, despite them being skeptical about it at first.

> "That was at [organization] and I didn't like that, but I grew to appreciate it. It made me get some responsibility. I have to be here. I need this program. I have to be here at this time. Even though in the beginning I didn't want to be able to do the groups, but you had to do the groups if you show us that you need this help. So it just made me be more responsible, hold myself accountable. So in the beginning, who wants to be told that you have to do something as an adult? But you're in a situation and this is what you have to do to show that you are trying to get out of it. And so I really started to enjoy myself and it started to feel good to have a responsibility and something to do because I'm already down bad right now. I'm feeling good. I'm in a community. This is my community right now. We're all going through the same thing. It feels good to be in my body of people right now. And we're all sharing, we're all going through, Hey, we're going to dinner after this. So I started to like it."

Helpful Service Providers

In the previous chapter we presented some negative experiences with service providers that perpetuated homelessness. However, effective **service providers were described as among the most useful and significant sources of support in helping build the pathway out of homelessness.** Helpful providers that were identified included housing outreach workers and providers, but they were not always part of the formal homelessness services system. Some were employed in service provision roles ancillary to, but intersecting with, homeless services. Such roles include people employed by the carceral system (e.g. parole officers), health system (e.g. counselors, nurses, and therapists) and others. We distinguish service providers as individuals in paid roles and as distinct from individuals either volunteering with mutual aid groups or acting independently (we will discuss volunteer roles in more detail later).

Effective providers were described as those who were competent and actively worked to get services for their clients. These providers were well-connected with other agencies and services and knew who to call and what to say to get services for people.

> "And [name] was my housing representative and young gal, but just spirited...she would do their paperwork for everything and on that phone twenty-four seven hitting up the places that she knew about."

Participants observed these providers working hard, making contacts, and putting their "whole effort" into finding placements.

For people with disabilities in particular, service providers were seen as critical to helping them navigate the system, complete forms and applications, learn about opportunities, and understand what services they might qualify for. For example, the quote below is from a person who identifies as having multiple disabilities.

> "My case manager is the reason why I found out about some resources. My case managers want to let me know about the [housing organization] waiting list, opening up. And like the [health and housing organization] waiting list opening up. She'll let me know when wait lists are opening up because that's, that's stuff I'm not super great at because I don't really know when to expect it to open up. And because I'm not that logical. I don't see it."

> "I think without [my peer specialist and therapist's] support, I don't think I would be alive today because I don't think that I can do things on my own. I'm autistic. I need a lot of support."

But most service providers who provided help were often described in terms of **going "above and beyond"** their job descriptions to provide assistance.

> "My most recent [Parole Officer] that I had... really tried, like really put effort in and was like, asking me what I needed, which is not typical from other Parole Officers."

Participants often recognized that the kinds of help they were receiving from providers were outside of their defined service roles. To these participants, it was clear that the kinds of help providers could offer within explicit job descriptions were incompatible and insufficient to meet what they actually needed. The providers participants described as exceptional were often those who went beyond these formal boundaries, taking additional steps to address needs that the existing service structure did not adequately accommodate.

> "This woman, she was a nurse, and we met at [carceral facility]... she doesn't really work with women. ... and she totally helped me out. When I released, she brought a gift card for Walmart, and she brought a gift card for Goodwill...I actually didn't qualify for anything. It was just because I met her and she was like, "I'm going to help you out." So yeah, she's been super helpful, and we've become really good friends."

> "But [name of service provider] was like a knight [in] shining armor. I don't even know how, like, I am not from Gresham. So, it was like, it was a blessing, you know? And so, he was like, "I'm gonna pay your rent for three months." He put me up in a hotel room in Gresham until I was able to move in in November."

Like the last quote describes, when participants successfully matched with a service provider who recognized, understood, and responded to their needs, this resulted not only in service improvements but emotional support and validation that revived participants' hope, engagement and feelings of self-worth. Participants described this experience as being "believed," "respected," as being given back their "self-worth and dignity." They emphasize the importance of feeling trusted and being treated with humanity.

> "Having that respect and that trust and dignity given to us - neither one of us will ever betray that. Our executive director does not like to be thanked, that's why I say, 'You gave me the opportunity to change my own life. You didn't do it' I will say the staff that were compassionate [were the most helpful]. The ones who would push you and make you feel like you got this or don't give up. Those things really matter when you're alone and fighting for survival."

The ability to connect with such a person was described in terms that indicate feelings of disbelief. These providers are referred to as "angels" and "miracles," underscoring the sense that making these connections was happenstance, not designed as part of the system, and therefore, a stroke of luck (as described above). Participants described these relationships as extending beyond the transactional boundaries they often experienced in service settings. They felt that these providers cared about them as people, not simply as clients, and that the relationship itself was sincere and meaningful. These accounts underscore the importance of building relationships that are sincere, meaningful, and authentic as a central part of effective service provision.

> "They're my therapist, but they've been a little bit of a parental figure for me too, especially when I was moving out and everything. I didn't have that guidance from my parents of, "Here's how you go about these things" and "Here's how you access insurance" and "Go and apply for the housing things" and "School," and "This is how registration and all the things work". And just knowing how to adult, I feel like they've been a big part of that for me."

As testament to the authenticity of these relationships, participants described relationships with their most effective service providers continuing after their formal relationship had ended.

> "The only person [who] went way far and beyond... he still shows up here and gives me a ride to the store if I need it. He's not even supposed to –well, he can do it now because I don't live there. But I mean, he's totally a great guy...He's helped me out tremendously."

As noted in the previous section, an effective service provider was sometimes difficult to obtain and required participants to cycle through a series of less successful case workers or navigators until they met the right person. When a strong support provider did match with a participant, or was present in the service environment, the difference could be transformative:

"He went way beyond what he needed to do. He paid attention. He literally would talk. People would come into the shelter and I'd watch him sit down and have conversations with them... And the next thing you know, if somebody was saying they needed a walker or whatever, bam. [Provider's name] was right on it."

In summary, the most effective service providers were the ones who stayed, who cared, and who were willing to provide support beyond the boundaries of their formally defined roles. Some participants in this study also worked within homelessness and related service systems, meaning that these observations reflected both experiences of receiving services and first-hand knowledge of providing them. We did not, however, systematically interview service providers about their experiences, and their perspectives are an important part of understanding how workers navigate limited-resource environments and what is required to provide effective support. Still, the recurring descriptions of providers going "over and above" to meet participants' needs raise important questions about whether formally defined roles and job expectations adequately reflect the scope and relational demands of the work.

Peer Support

In the homelessness system, peer supporters are professionals who use their lived experience of homelessness to help others navigate pathways to housing. Some peer support positions are tailored to specific experiences, for example people who have experiences with substance use, incarceration, or managing disabilities. The term "peer support worker" refers to people who have received formal training and use their own lived experiences to help guide others who are facing similar challenges. These roles encompass a range of responsibilities including providing emotional support, assisting with system and resource navigation, advocating on behalf of participants, and helping to de-escalate crises. Note there is a difference between employed peer support workers and peers who provide support, especially other people experiencing homelessness. We describe the importance of informal roles later. But taken together, **support that is provided by people with previous shared experience - whether in a formal or informal role - is highly valued.**

The distinction between peer and non-peer providers may also be less clear than these categories suggest. Our findings identified employment within the homelessness service system as one pathway out of homelessness (see Section 2), with some participants moving from receiving services into service-provider roles. TREES members also noted, based on their lived and professional knowledge of the homelessness service system, that workers with lived experience are not limited to formally designated peer positions and may move into other frontline, supervisory, or management roles. It is therefore possible that some providers described elsewhere in this report as particularly effective also brought lived experience to their work, even when they were not identified as peer workers. Yet in interviews, participants speak about peer support workers differently than service providers. They

emphasize the importance that shared experiences and understanding plays in building relationships that help support them through homelessness. When asked about who helped them most on their journey, half of participants identified peer support workers as playing critical roles.

Peer support workers assisted participants with a wide range of practical needs, including providing transportation to appointments, helping with grocery shopping, connecting people to services, and identifying potential sources of support and resources. They taught people experiencing homelessness how to budget and plan, and offered guidance on emotional health and overall well-being. Yet participants emphasized that the value of peer support extended beyond these concrete tasks. Equally important was the relationship between the peer supporter and the participant.

A few participants described these relationships as "unique," highlighting the importance of finding someone with whom trust and rapport could develop over time. As one participant explained, peer supporters were able to hold them accountable because they understood, through lived experience, the challenges they were facing. This **shared understanding fostered trust,** which became the foundation of the relationship. In many cases, it was this trusting relationship that made practical support possible, increasing participants' willingness and ability to engage with the support offered.

> "I've had good and bad relationships [with peer supporters] sometimes peer supporters, they keep it where they don't want to share their story and just try to help you. But I find it helpful when they do relate to me a little bit and they share some of their toxicity, so you can feel like you're not the only one."

Several participants are now peer supporters themselves, whether in formal or unpaid positions, and described this work as an opportunity to give back to the community. Their experiences also offered insights into why peer relationships can be particularly valuable:

> "Even with the budget cuts, there's still a big push for peer mentorship because a lot of times the peers having been through it, they know about the resources. They know how to connect people to the resources. So I think that's helpful, especially with the drug stuff... You don't understand a path to a normal life because all you can do is drugs. You don't think that you can be happy again without drugs ever. So seeing someone who's been through it is helpful because they've made it. So it's like, then why can't you?"

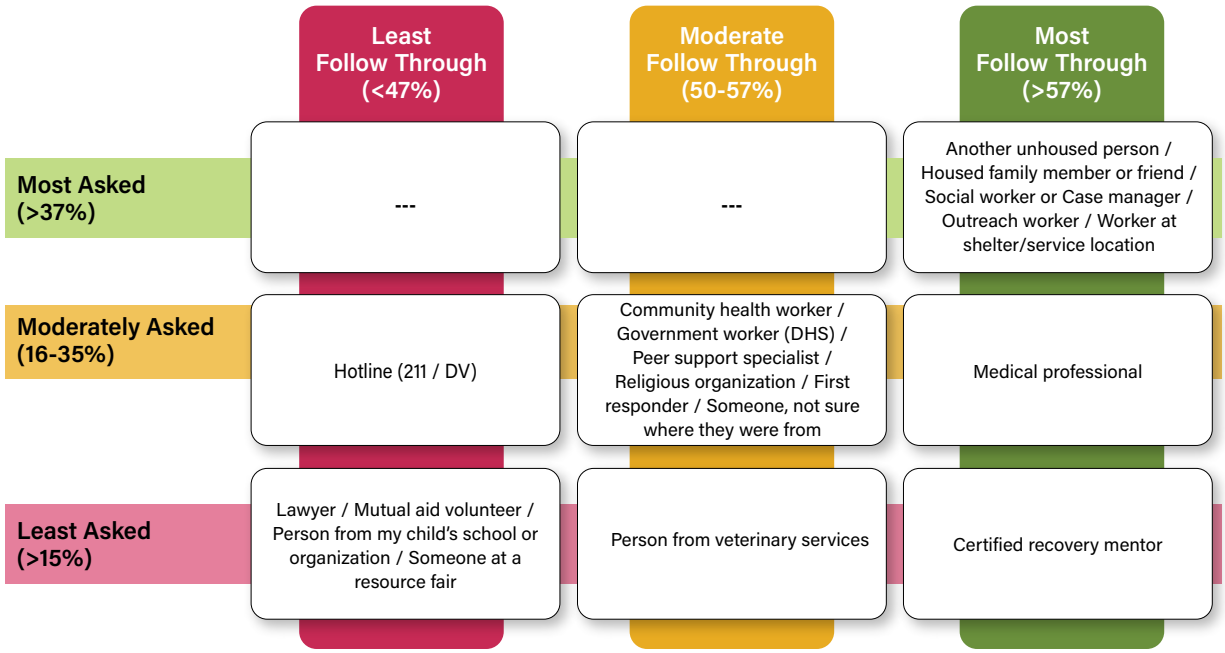
Across participants' accounts, shared lived experience helped explain why these relationships could become so meaningful and effective. It provided a pragmatic way to build trust more quickly, establish a shared language around homelessness and related experiences, and lend credibility to guidance that might otherwise feel abstract or difficult to accept. For some participants, seeing someone who had experienced similar circumstances and moved into a different role also made change itself feel more imaginable. The employment dimensions of this transition are explored further in the Lived Experience Employment Pathway in Section 2.

Social Networks, Social Support, Community

In our previous report, we explored who people experiencing homelessness ask for help, and examined the degree to which these roles are perceived as more or less helpful. As shown in the matrix below, staff associated with the homelessness system (i.e., case managers, outreach workers and shelter workers) were among those most asked for help and who exhibited the greatest follow-through. The findings in the previous section provide greater insight into the importance of this role. Yet other unhoused people and housed friends and family were also among the top three most asked and most consistent sources of help. In this section, we explore the role of these informal networks in greater detail.

From Phase 1: Findings in Context

Most asked roles and those who provided the most follow-through (n=541)



Previously reported in the Pathways Study Phase 1 Survey Report

It's not what you know, it's who you know

As much as good relationships and support from service system providers was seen as important, people in participants' social networks were equally as important. For several participants, it was not always a single person that they were in direct contact with that contributed to their success in navigating pathways out of homelessness, but rather **a connection that someone in their support system had.** These participants discussed receiving support from a person or service known by someone they were connected with in their social support system.

For example, one participant stated that it was not necessarily her own social support system, but the extensive support network of her mentor that acted as the catalyzing moment in her pathway through homelessness:

> "She was really well connected, so she knew she could just make a phone call and get someone in somewhere. So, she made a big difference."

Another participant described her new job as getting her out of homelessness. The participant learned about the job opportunity through a friend, who learned about it through another friend:

> "It was pretty cool. It all started with [name of friend] volunteering, and she was like, "Come on, come on." Just brought all of us up with her, six of us probably."

People in participants' distal social networks provided linkages to resources and information, helped to make connections and introductions to job opportunities, training programs, and services, and in some cases, helped link people to housing solutions.

> "And fortunately, I had a friend of a friend who brought me an air mattress. And brought me an electric skillet and [name of friend] gave me a microwave. And so, I knew I had some things, I didn't know what I was going to need and didn't have resources. So once again, people who have experience were super helpful."

Support from personal connections, friends, and family

Previously, we introduced the conflicting role that family and friends play in people's homelessness pathways. While disruptions with family and friends, or toxic relationships, could be a *cause* of homelessness, many participants also described the importance of the personal networks in helping them navigate a pathway through homelessness. Participants reported **staying with friends and family** as a respite from homelessness, or as a way to avoid staying on the streets.

> "I moved into a shed in the back of a friend's house, which was, I mean, it was amazing. The shed had four walls, and it had a window, and I made it cute. And it was home for probably two years."

"Luckily, I had my [ex]-wife still in Beaverton who would take me in [from the] end of Christmas through January, and I could stay out there for a while and stay warm because we're still good friends. I mean, I raised her grandchildren and stuff."

Personal connections provided **material resources**, supplies, food, and funds to help people navigate, or in this case, exit homelessness.

"So, a friend gave me enough money to get into an apartment, which was $7,000 because my rental history was so bad from all that previous stuff that nobody would rent to me. And so, it took me $7,000 to move into an apartment for me and the kids."

Yet several participant journeys point to the **precarity of relying on social and familial ties for ongoing support.** Support from family members was often characterized as inconsistent, and participants would cycle in and out of family members' homes, but the housing situations would remain unsteady due to conflicts. Participants worried about putting strains on their personal relationships.

"Sometimes it's asking, just pulling teeth to ask, can I have $5? It's just, and it's humbling. But it's also just like, okay, if you can't, you guys are my last resort."

As reported in the "(im)Perfect Storm" these strains sometimes resulted in damaged relationships that could contribute to or exacerbate the difficulty of homelessness journeys.

"I was homeless for a couple years, staying here and there, staying with my sister, which was not the thing to do...just causes more stress, and she just couldn't handle—both my mom and my sister couldn't handle me. I don't know, it was really weird. They couldn't handle me being hurt or something, so I couldn't stay with my mom. My mom had her own way and just very, "I need my structure. Can't have anyone to disrupt it," which I get."

Relying on personal connections also puts undue pressure on people experiencing homelessness to stay in **risky or abusive situations.**

"One of the biggest barriers was when I first became homeless, a friend's couch I slept on. We became really good friends, but it was an abusive friendship, and it took me six and a half years to figure it out, piece it together and be able to separate myself from it. There was a lot of financial abuse, a lot of isolation, a lot of emotional and mental as well, and a lot of it was in very innocuous ways that from an outside perspective wouldn't necessarily seem like it unless you were there for more than five or six months because a lot of it was just general standard stuff that could be explained away in easier ways to make it not look like it."

Poor or abusive relationships, especially those with romantic partners, contributed to some participants engaging in risky behaviors and using drugs or alcohol, and were in some cases the cause of homelessness, or of delaying exit from homelessness.

The kindness of strangers

Several participants discussed receiving practical support from people that they were not necessarily close to or barely knew, such as neighbors, landlords, mutual aid groups, and employers. These **informal networks often filled gaps when formal services were insufficient.** One participant described extensive work that was done for her and her camp by people in the neighborhood, filling a needed gap during the COVID-19 pandemic when city and county resources were few and far between:

> "And some kids in their twenties volunteered, They came together as a group and came down to our camp and built a tiny home for one of the campers there. They didn't know what they were doing. They learned as [they went], and did it out of goodness, they bought everything. And they brought me a watering can so I could water [my garden]. There was a guy in the neighborhood that brought a 32-gallon trash can with a water spigot so that we could wash our hands during COVID. These were f***ing just people in the neighborhood. And I saw more help from them than I ever did the City."

Other participants described similarly practical forms of support. People offered access to air conditioning in extreme heat, delivered food boxes directly to camps, provided places to stay temporarily and helped meet basic needs that participants otherwise struggled to meet. Support from informal networks could also create opportunities to leave homelessness altogether. One participant described a chance encounter that led directly to affordable housing:

> "So I happened to go to a birthday party for a friend and there was a lady at the birthday party who said 'If you know anybody who needs an apartment, I have an empty apartment downtown.' And I said 'Yeah, actually I need a place to live, but I can't afford what they're charging for rent anywhere... the most I can pay you is like $800 a month.' And she said, 'You can have it for that.' Which I don't even know she's making no money off of me. And I asked her, 'How long can I stay here?' And she said, 'Indefinitely.' And it's a miracle. I don't know how anybody can survive. I just feel so lucky to be where I am because I couldn't make it on my own."

This example illustrates the important role that even strangers can play for people navigating homelessness. By being provided with much needed affordable housing, this participant was able to exit homelessness.

Generally, strangers and acquaintances provided help at key moments for participants of the current study. These included seemingly small acts, such as the provision of a new wheelchair, to larger acts, such as providing housing at an affordable price, possibly at a cost to the owner.

Connections and support from the unhoused community

Other people within the homeless community were often key supports in participant pathways through homelessness. Many participants discussed receiving critical help from others in the homeless community. These supports included physical resources, such as paying for rent, and information, such as teaching them how to navigate social services. Generally, participants reported the importance of having community while navigating homelessness, including for safety and protection. For example, one participant said,

> "But I'm very lucky that I had my community with me. Had I not been with [name of husband] and had my friends, I'd be, I couldn't imagine being a single woman being homeless. That would be scary."

Participants described how other people experiencing homelessness helped them learn how to survive and navigate resources.

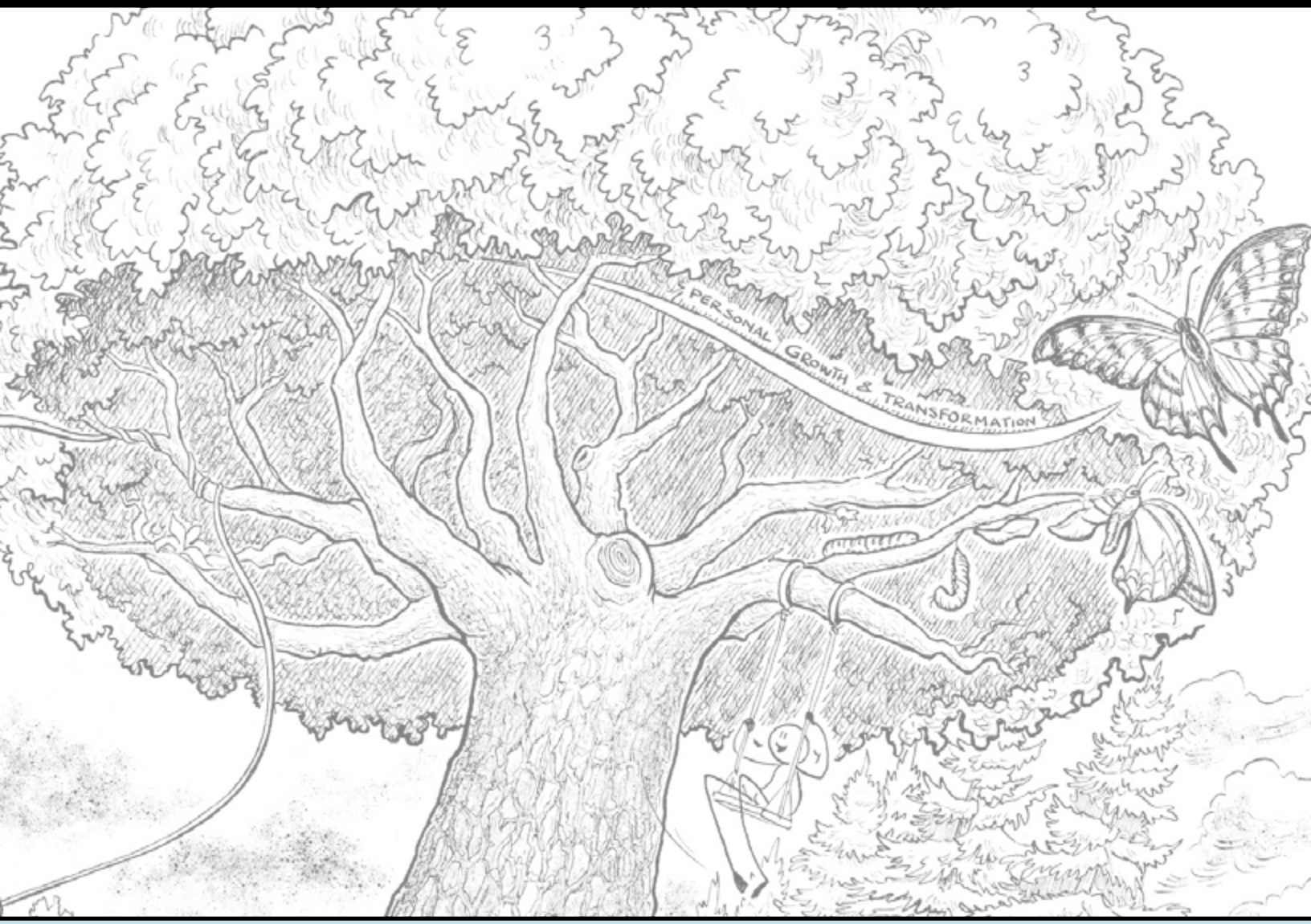
> "Luckily, my husband already knew the ropes of being homeless when I met him, and I did not. So, he's who showed me where to go to get a meal, a hot meal, or go take a shower, or going to Flying J to pay for a shower for five bucks for two hours. And so, mostly my homeless community too—maybe most of my direction of how to survive out there."

Sharing information and resources with one another enabled community members to support one another and to survive as a group. People in homeless communities often assisted one another by purchasing food or other needed items. These connections with other unhoused community members were essential to helping people navigate, survive, and maintain hope throughout their journeys. **The importance and depth of these connections illustrates how challenging it can be for people to be disconnected from their communities,** whether it be from involuntary displacements, or from moving into housing that is socially isolating from people they once relied upon. In fact, the greatest deal-breakers to accepting housing, endorsed by 50% of survey participants, was restrictions on guests visiting. Together, the survey and interview findings illustrate the importance of supportive relationships in navigating pathways through homelessness and beyond. To underscore the importance of these connections, we close this section with participants' own descriptions of how people experiencing homelessness supported one another, as sources of companionship and providers of practical resources, information and care.

"And with the peer support on that, if somebody can figure out how to maneuver through something, then we come back and tell everybody there and get through that way. For our propane vouchers we get through energy assistance or whatever it's called. And we started, if we were canceling out each other's phone calls when they would open up those lines, so when one person would get through, we would list like 20 names on that one phone call."

"When I got my food stamps, there's like 10 of us and whenever we got our food stamps, we go out shopping for the whole 10 of us to whatever. So, every month, because everybody got their food stamps, different days."

"I was outside crying when people went by and the word got spread around. Somebody stole my wheelchair and the homeless people and oh my God, next thing you know I had 10 wheelchairs outside my tent, and they're all trying to build one for me. You know what I mean? It was so cool. I mean, I had no friends up until that point, you know what I mean? It was just like they all came together, to get me a wheelchair."



SECTION 1

The Catalyzing Moment: Turning points toward something better

Key Take-Aways - The Catalyzing Moment

1. **The most common catalyzing moments involved formal systems,** especially connecting with effective service providers, receiving housing vouchers, or being placed into housing programs.
2. **Chance and timing were critical drivers of change,** with participants frequently describing "random" calls, unexpected encounters, or fortunate matches with providers or landlords.
3. **Internal readiness combined with external opportunity often produced change,** with some participants describing readiness for change that coincided with access to services or motivation to engage.
4. **Self-advocacy remained important even during catalyzing moments,** as some participants achieved housing only after years of persistence, follow-up, and independent navigation of systems.
5. **Not all catalyzing moments led to stable housing,** with some participants cycling through multiple housing attempts before achieving stability or returning to homelessness.



As we've described throughout this report, pathways through homelessness and into housing are long, circuitous, and demanding. But nearly every participant identified a moment in their narrative at which things changed—a "catalyzing moment" that broke the cycle and moved them closer towards their goals. This catalyzing moment was not always a positive event; for some it was an acute medical crisis or the end of a long-term relationship, and some participants later grew to dislike the housing that they ultimately entered. Still others described moments that felt like victories, finally getting called from a waitlist, finding the service provider who cared, or meeting the right person with an open rental.

Connecting with an effective service provider or gaining access to resources from a specific program were the most commonly reported catalyst for entering housing.

> "And then I met [nonprofit organization]. After about a month of starting there, I went into the hospital. And when I came out, they told me I would never go back to the woods again, and I never did. They put me in a hotel shelter, and from there we worked for about six months. Then they paid our deposits to move into an apartment and been working and living, paying our rent for the last three and a half years."

> "And that man called me back months later. It was so f***ing weird, <laugh>. And he just worked with me every step of the way. He got me a voucher at [non-profit],ordered me [a] bed, and got me some basic necessities when he saw how bad it was for me here. He paid my rent for three months, paid all the fees for me to get in, and then he just disappeared outta my life. It was f***ing weird <laugh>."

Some catalyzing moments were a combination of both an internal shift and an external one. One participant described hitting "rock bottom" and feeling ready to engage with services, which laid the groundwork for him to engage with and benefit from treatment and recovery programming that helped him later access housing. In the interview, a member of the research team asked the participant what changed between less successful engagements with recovery services:

> "...they have that saying that there's rock bottom and then there's a basement to the rock bottom. Well, the rock bottom was what led me to the [service provider]. Then blacking out and threatening to jump out of a window and get arrested is even further rock bottom. [And then I was] ...about to get arrested [again] was the ultimate rock bottom...There was no options left. So then it just became me. Do I want to live?"

This story illustrates the complex intersection at which timing and resources needed to meet in order for a maladaptive cycle to change for the better. Though it was often simply the receipt of a long-awaited support that marked a turning point, some participants also discussed the nebulous role of luck in creating change. For some, it was simply a chance encounter with the right person, service provider or otherwise, that propelled an individual forward on their journey out of homelessness. The story in the "Kindness of Strangers" section, shared by a participant who received a below-market price apartment from a stranger she met at a party, is a good example of a chance encounter.

The power of self-advocacy and self-navigation of resources was another prominent theme. Catalyzing moments were sometimes the result of services that only came after years of labor, hard work, and resilience from participants, many of whom felt let down by service providers and endeavored to fill in the gaps themselves

> "[Nonprofit organization] are the ones that got me – well, I'm the one that did it – but they got me the job. And I think that... once you get that feeling of, 'Hey, I can do it'... if it wasn't for them and my friends... I'd still be probably out there right now. They helped me get into an apartment, out of homelessness, and helped me show a lot of other people that were out there that there are ways – there are pathways up."

Critical also to note is that not every catalyzing moment led to a *stable* entry into housing. Many participants noted multiple catalyzing moments across their pathways, in which one housing opportunity would fall apart and send them back into homelessness. These experiences highlight a finding we have emphasized throughout this report, that the understructure of housing security is dependent on numerous factors that are rarely stabilized by a single program or resource.



SECTION 1

Foraging for the Future: Gathering resources and adapting to the ongoing journey

Key Take-Aways - Foraging for the Future

1. **Exiting homelessness is not a single endpoint but a process,** with many participants moving in and out of housing instability even after key transition moments.
2. **Post-homelessness housing is often precarious,** with many participants relying on vouchers, informal arrangements, or shared housing that would still meet technical definitions of homelessness.
3. **Participants often defined "leaving homelessness" subjectively,** emphasizing improvements to their overall contexts, like safety, sobriety, employment, or reconnection with friends and family, rather than permanent housing stability.
4. **Long-term housing stability remains fragile,** and may be vulnerable to things outside of participant's control including loss of social services, health status or other stressors identified throughout this report.
5. **Future aspirations are ambitious but constrained,** with participants expressing goals such as homeownership, education, business creation, and helping others, but often lacking clear pathways to achieve them.
6. **Homelessness exits are nonlinear and ongoing,** requiring not just housing placement but sustained support to maintain stability and prevent return to homelessness.

Participants described moving forward not as following a clear road, but as a process of searching, gathering resources, adapting to changing circumstances, and discovering new opportunities. The idea of "foraging"—not forging—emerged in conversations with the TREES committee as a more fitting description of what it means to build a future after homelessness. It is not about pushing through obstacles with unstoppable momentum (as "forging" may convey), but a process of becoming aware and accepting of new circumstances, new identities, and finding opportunities to pursue new futures.

During the survey portion of the Pathways project, participants were asked to write in responses to the question "What do you need to move into/stay in housing?" Participant responses are captured in the word cloud below. While journeys beyond homelessness are complex, many of the needs participants identified were concrete and straightforward - including money, employment, income, housing assistance, and help navigating poor credit and rental histories. These responses closely echoed what participants later described in the in-depth interviews. We include this visual from Phase 1 data to situate the findings that follow within the tangible resources and supports participants themselves identified as important to moving toward and sustaining stable housing.

From Phase 1: Findings in Context

Word cloud summarizing responses to "what do you need to move into or stay in housing?" (n=415)



Note: This word cloud summarizes 415 write-in responses to the question, "What do you need to move into housing?" Collected as part of the Phase 1 survey. The size of each word or phrase reflects how frequently that response or concept appeared in the data; larger text indicates more frequent responses. Colors are used only for visual distinction and do not represent categories or other differences in meaning. The word cloud is intended to provide a visual overview of commonly expressed needs rather than a precise comparison of response frequencies.

Goals and dreams for the future

We asked participants about their future pathways. The diversity of pathways is matched in the variety of visions participants had for what it would look like to maintain permanent stable housing. While ultimately every participant provided an individual answer that reflected their unique circumstances, motivations, and desires, the overwhelming theme across responses was that housing should not be a barrier to pursuing other hopes and aspirations.

Participants discussed wanting a place of their own, many hoping to own their own home, especially in order to avoid the rental market and to establish long-term stability. Some participants wanted their own place of any sort and just hoped to have a place that they could establish themselves. Participants hoped for a stable and safe place to live, where their children or grandchildren could be with them.

> "Things are so expensive, but I don't necessarily like living in an apartment, I would like to live somewhere forever. I would like to own a home. I'll never be able to afford that. So it's not really a goal when it comes to housing. I'm just trying to pay the expensive rent every month and just, yeah, that's it."

> "My future plans for sure is to own a home. Is have a home for me and my children for them to grow and grow up in because I never got to do that. And the things that I would need to do for that is firstly fix my credit and probably take some classes because I don't know anything about owning a home or home ownership at all. But that is my number one goal is to have a home for me and my kids a house."

Participants needed support for getting a place to live, such as access to housing vouchers, but most found that these were difficult to access and did not believe that it was likely they would receive that support. Still, participants maintained hope and planned to continue to remain on these waiting lists. Many participants discussed the need to build their credit back up after experiencing homelessness, as well as the desire to find stable employment that could support them in being able to maintain housing. A few participants were hoping to become physically or mentally healthy.

Some participants desired going to school to start or finish their education, while others wanted to write a book or share with others through art and advocacy about their experiences with homelessness. A few participants wanted to be able to retire or begin traveling, especially those that were older.

Several participants wanted to start their own business or nonprofit, with a couple of participants wanting to start villages for people experiencing homelessness. Overall, people discussed wanting to get to a place in life where they could provide needed support for others.

> "... the things I want to accomplish is to help people. I'm really trying to do that and really keep the fire lit in myself and if I can light it in others, because I did try to help the people I see out there. A lot of them are true, really good people and just get affected by the wrong people."



Security and precarity among participants who have "left" homelessness

When we recruited participants for this study, we specified that we were looking for people who had recently been housed. We purposefully did not specify a housing type or program because part of our aim was to explore how people who have previously experienced homelessness define their housing goals and what goal achievement looks like to them. As such, we recruited people who were living in a variety of situations. Except for one person who was currently staying in an emergency shelter, all participants seemed to distinguish their current situations as different from when they were previously homeless or from periods where they thought of themselves as being homeless. As we dug deeper into their stories, their current living situations and their feelings about them became particularly insightful in terms of understanding what "resolutions" to homelessness look like.

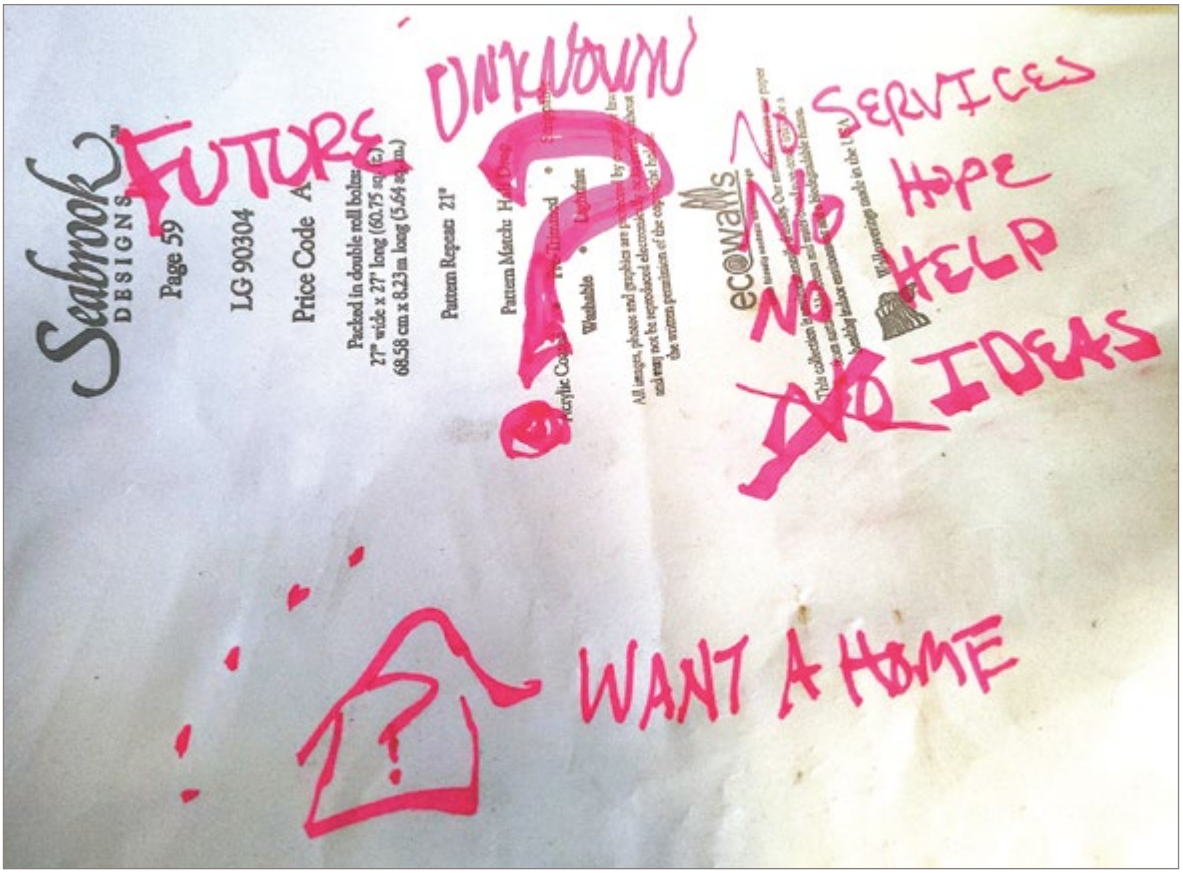
Fundamentally, many of our participants who think of themselves as having left homelessness are, nonetheless, housed in precarious living situations if not actually, technically homeless. Only 21% are housed in apartments they pay for themselves. While we don't know how secure these situations are, the rest of the respondents are in various, arguably insecure situations. For those not technically homeless, many are relying on social service programs including vouchers, which may not be long-term solutions. One person was preparing to become homeless again due to their housing voucher expiring shortly after the interview was conducted. Several people did not identify as being homeless but meet technical definitions for homelessness because they are living doubled-up, paying friends or family for spaces in homes or in places not meant for habitation (e.g., a garage). Despite this insecurity, several participants described their current living situations as their "forever homes." One

person has found their forever home living in a tiny home in a safe-rest village. By Multnomah County definitions, this person will remain homeless as long as they maintain this housing. Several people are in a kind of limbo where they have found enough security to help them overcome their addictions, get jobs, or start businesses, rekindle and build new relationships with friends and family, and engage in future planning. However, due to their backgrounds and current contexts, e.g., lack of rental history or insufficient wages, they are unable to secure permanent housing.

For most participants, homelessness was described as something in their past—a difficult and often traumatic experience that they had overcome and were continuing to move away from. Yet their stories reveal that the transition out of homelessness is rarely marked by a clear or definitive endpoint.

Rather than reflecting a disconnect between participants' perceptions and their circumstances, these accounts suggest that homelessness may be experienced as a process rather than a fixed state. Participants often defined having left homelessness not by the permanence of their housing but by meaningful changes in their lives: achieving sobriety, reconnecting with family, securing employment, regaining a sense of safety, or being able to plan for the future. For some, these gains were sufficient to view homelessness as something behind them even while their housing remained uncertain.

At the same time, participants' stories highlight the fragility of this period. Many remain vulnerable to events that could quickly destabilize their progress, including the loss of employment, strained family relationships, challenges in recovery or health status, or changes in housing assistance. Some participants, particularly those in permanent supportive housing, continue to receive services and maintain relationships with case workers and peer supporters. Others seek distance from service systems that remind them of a painful period in their lives, instead attempting to establish new identities and connections. Yet as they move beyond homelessness, they often enter a new landscape of challenges requiring new skills and service connections to navigate. Although many participants could clearly articulate their long-term aspirations, such as homeownership, stable employment, or family reunification, few could identify concrete pathways for achieving them.



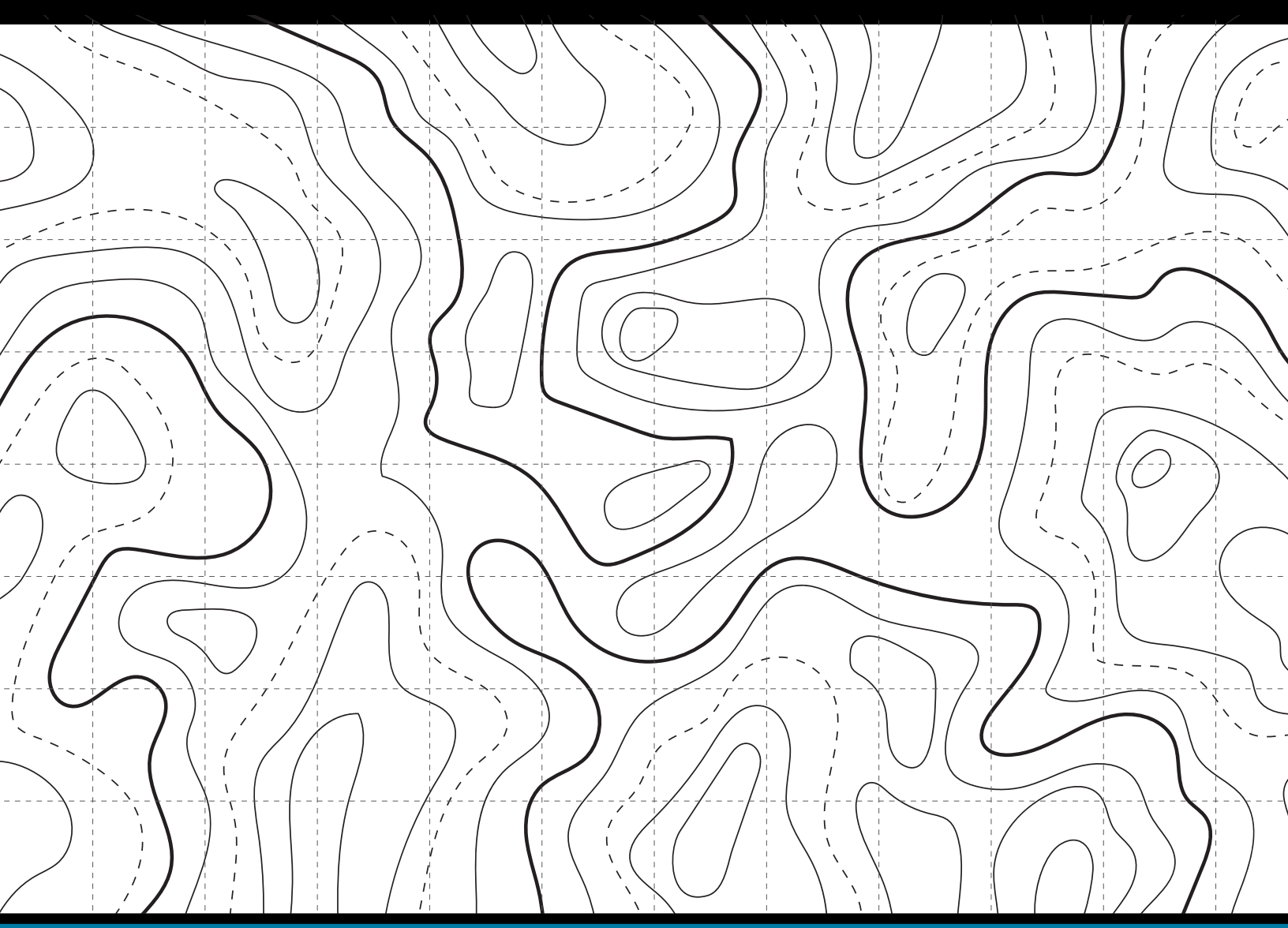
It is not our intention to conclude on a pessimistic note. The stories presented throughout this report demonstrate remarkable resilience, ingenuity, perseverance, and hope in the face of enormous barriers and a context that felt to many as aiming to drive failure rather than success. Participants repeatedly described the transformative impact of supportive relationships, timely opportunities, and their own determination in creating positive change. Yet these findings also underscore that **exiting homelessness is not the same as achieving long-term housing stability.** For many participants, the period immediately following homelessness remains a time of significant vulnerability, where progress may be undone by the loss of income, housing assistance, social support, or personal stability. Over the course of our work with the TREES committee, we have witnessed some members successfully transition into housing and some members lose housing to become homeless again, sometimes having to relearn a system that has significantly changed since they last interacted with it many years ago. These experiences suggest that the pathway out of homelessness does not end when housing is obtained. Rather, it continues through a prolonged period of uncertainty during which stability remains fragile. This points to the critical role of ongoing support in preventing a return to homelessness.

Concluding Thoughts

Taken together, the findings in this section show that navigating homelessness requires far more than simply identifying and accepting available services. Participants were often managing immediate needs for safety and survival while simultaneously trying to understand fragmented systems, meet eligibility requirements, maintain relationships, advocate for themselves, and persist through long waits and repeated setbacks. Services and providers could be critically important, but their impact depended on whether the support offered matched what a person actually needed and whether meaningful opportunities were available when people were ready and able to use them.

Across these experiences, progress often depended on an uneasy combination of persistence, relationships, timing, and chance. Participants described exceptional providers, peers, family members, friends, and even strangers as pivotal sources of support, while also describing systems in which access to resources could be inconsistent, difficult to predict, or contingent on an individual's ability to keep navigating. These findings suggest that successful exits from homelessness should not be understood simply as the result of individual motivation or service engagement, but as moments when individual effort intersects with sufficient resources, relationships, and opportunity.

In the next section, we build on these findings by examining distinct pathways through homelessness and housing. These pathways show how the themes presented in this first section come together in particular ways for groups of participants with shared experiences and circumstances. Taken together, they offer another way to conceptualize and organize our understandings of homelessness and to identify where different kinds of solutions may be needed and possible. We continue this focus on possible solutions in Section 3, which translates findings across the entire study into priorities for action.



Section 2:
A Typology of Pathways Through Homelessness

Introduction to Exploring "Pathways" Through Homelessness

In the previous section, we demonstrated that journeys through homelessness and into housing are rarely linear. Participants described long, complex, and labor-intensive experiences constructed by their individual circumstances, relationships, and access to resources. At the same time, their stories revealed important commonalities. Across diverse experiences, participants encountered many of the same systems, services, policies, and professionals that shaped their experiences of fear, trauma, frustration, resilience, and hope.

Although participants navigated a common landscape of homelessness, they did not travel the same route through it. Across interviews, we identified several distinct pathways to housing—recurring patterns in the combinations of relationships, services, opportunities, and personal circumstances that enabled participants to obtain housing. While no single pathway was universal, groups of participants described similar sequences of events, relationships, and opportunities that helped them move toward housing stability.

We provided an in-depth look at that common landscape in Section 1 and described similarities participants had in navigating through homelessness specifically as they related to engaging with homeless services, programs, and providers. In section 2, we explore five unique pathways that we identified within participants' broader experiences of homelessness: Health; Carceral; Substance Use; Self-Directed; and Lived Experience Employment. These unique pathways may be thought of as a kind of typology or a classification of patterns that can be organized into recognizable types.

The pathways to housing described here represent distinct routes through a common landscape. Some involved progressing through a series of formal services with external, system-defined eligibility criteria, as in the cases of the Health, Carceral, and Substance Use pathways. Others, like the Self-Directed and Lived Experience Employment pathways, were driven by individual preferences, access to opportunities and social connections. Each pathway represents a recurring pattern in how participants navigated services, relationships, and institutions on their journey toward housing stability.

The pathways described in this section should be understood as composite patterns constructed from multiple participants' experiences rather than as discrete categories into which individuals can be placed. They are analytical tools that help illuminate recurring routes to housing and the opportunities, barriers, relationships, and systems that shaped them.

Importantly, few participants fit neatly within a single pathway. Most moved between multiple routes over time as their circumstances, needs, and opportunities changed. The purpose of these pathways is therefore not to classify individuals, but to highlight how certain experiences and institutions can exert a particularly strong influence on efforts to exit homelessness. Factors such as serious health conditions, incarceration, gaps in social services, supportive relationships, or access to specialized programs often became defining features of participants' housing journeys. By examining these recurring patterns, we can better understand how homelessness service systems and broader social institutions shape pathways to housing.

Participants were associated with a pathway when engaging with a particular set of services, institutions, or opportunities played a defining role in shaping their route to housing. For example, the Substance Use pathway is not derived from all participants who discussed substance use or recovery supports. Rather, it includes participants' journeys into housing that were primarily structured by substance use treatment, recovery services, and related supports.

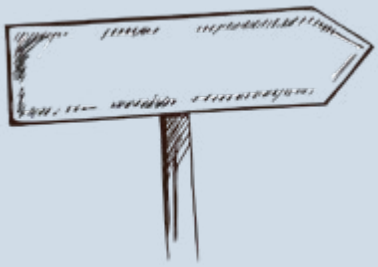
To illustrate how we have conceptualized "pathways" and to provide context for the subsequent organizing structure of this chapter, we present the following creative analogy.



Exploring Pathways: Hiking a Mountain as Analogy

When you are ascending a mountain, the path ahead of you may seem endless. You might be traveling on well-trodden ground, a route that thousands before you have used, but the pathway still requires you to struggle and persevere. A successful journey to the peak will depend on the weather, your gear, the condition of the trails, the condition of your body, and a million other factors we might lump together as "luck." To summit a mountain is a dangerous, arduous task. Many try and fail, having to return to the base and determine how to start again. Others still might die in the attempt. But for some, there is a beautiful view from the top, a perspective that only so many people will ever witness in their lifetimes.

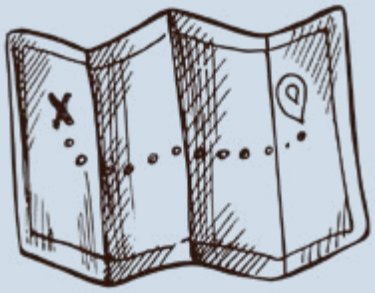
A journey through homelessness is treacherous, frightening, and arduous. It depends on a thousand factors both inside and outside of an individual's control. Although millions have made the journey from homelessness to housing before, the way forward remains ambiguous and often dangerous. And for some, even the act of reaching the summit - i.e. obtaining housing - feels perilous and temporary. The following headings describe the organization structure and depiction of each pathway as they will appear in the subsequent chapters.



Defining the Pathway

What makes someone's journey part of this pathway?

The pathways we've included here can be thought of as different routes to the summit of housing. Most people find themselves traveling between multiple routes, trying to find the best way forward, but others reach the top without deviating. All of the pathways have similar struggles—fatigue, burnout, danger—much like any one trail would share features with the others on the mountain. But our data show patterns that reveal distinct routes to the summit, shared across participants and each navigated with unique skills. These distinctions define the pathway and are described in the introduction of the following chapters.



Key Characteristics of the Route

What does this pathway look like?

One trail system winds up the sun-exposed face of the mountain. Here, navigating the route might mean that travelers will face extreme exposure. It may require more water and lighter clothing. On the other side of the mountain, where the sun doesn't quite reach, hikers may face the opposite conditions, needing different kinds of gear and knowledge to navigate unique conditions like ice or snow. They will face different obstacles, perhaps different animals or poisonous plants that live in this subclimate. One route might be steep and full of obvious dangers and obstacles; the other may appear at the outset to be safer, but also longer and more circuitous.

In this section, a pathway through homelessness is painted in its broad strokes. This section will describe some of the core experiences that defined a pathway type, offering more detail than the bare criteria for inclusion in a pathway. These descriptions provide an overview of what someone might expect on a particular route, including the unique features and barriers that are reported by participants. These descriptions are not inclusive of every pitfall or shortcut, but the key characteristics *offer the general trends that identified participants noted in their interviews*.



The Traveler and the Terrain

How does a person's circumstance and context impact their ability to traverse the pathway?

Some hikers cannot afford the best gear for the ascent, while others may have never been on a hike before and might bring the wrong materials for their specific trail. A few might not have the physical ability to make it all the way to the top, whether because of a sudden change in the weather or their own body's limitations.

The terrain of the pathway describes interactions between the specific features of the route and individual differences of the traveler, including participants' own characteristics and their broader social contexts. These interactions shape their experience of the pathway. While these interacting components influence how people move along, they do not entirely reshape their journeys; the pathway is still determined by the route. In this section, factors like trauma history, co-occurring health conditions, alternative pathways, race, gender, and other characteristics are recognized as impactful in the overarching journey. We consider terrain to include the circumstances that texture an individual's experience.



What Works and What Doesn't

How do people manage on the pathway and how does it lead out of homelessness?

Many hikers share their wisdom after attempting to reach the summit of a mountain. They might give you the map that helped them the most or the name of the manufacturer that made the shoes that saved their life. Other hikers met along the trail might try to warn those beginning the climb against their mistakes or tell them to abandon the attempt altogether.

Participants shared about the strategies, people, and systems that supported them. Some discussed repeated failures that finally led to successes, and others offered explicit recommendations that might have helped them find stability sooner. This section describes the practical takeaways indicated in our data.

Here, we have distilled from participants' journeys some key features that supported a successful entry into housing, as well as the factors that made the transition more challenging. These are not exhaustive recommendations, nor do they capture every element of an individual's experience along the pathway. However, they provide a critical look at common needs among our sample.

For each pathway, we also provide two participant stories. One depicts a journey where the system works relatively "well," and the other depicts a journey where the participant experiences multiple system failures. These stories are not best and worst-case scenarios; they are realistic descriptions of what a better and worse experience looks like *most of the time.* These are composite narratives developed from multiple real-world accounts and experiences shared by participants. While the characters and specific details are fictionalized to protect confidentiality, the situations, barriers, and system interactions described are grounded in actual experiences.



The Health Pathway

Key Takeaways:

1. More participants traveled Health pathways than any other type.
2. Some participants who experienced severe, life-threatening, physical health crises gained access to housing very quickly after their hospitalizations through coordination with medical care teams.
3. Participants who felt that providers adopted a person-centered lens and went above and beyond their job descriptions were some of the most helpful resources noted on the Health pathway.



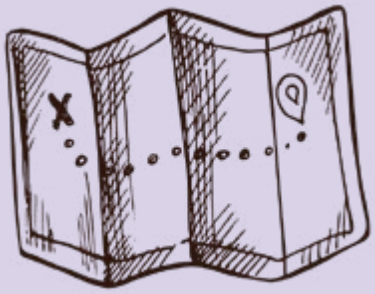
Defining the Health Pathway

What makes someone's journey part of this pathway?

Physical and mental health conditions shape one's experience of homelessness, and eighteen interview participants described their journeys through homelessness as being inextricably tied to their health status. Health conditions for these participants affected the services they received and the ones they struggled to engage with. Regardless of when in an experience of homelessness a participant on the Health pathway developed a life-changing condition, once they had, their engagement with services was permanently redefined through the perspective of their mental and physical health. For all participants on this pathway, health was described as a multi-factorial set of conditions that shaped how individuals engaged with services for nearly everyone, health improved with time in stable housing. These conditions are referred to as "biopsychosocial," in recognition that health and wellbeing are influenced by a complex combination of biological (e.g. physiological pathology), psychological (e.g. psychological distress, fear, and coping mechanisms), and social (e.g. family circumstances, work, and cultural factors) factors [35].

Participants on the Health pathway were those who emphasized the financial insecurity imposed by injury and disability, the health conditions that prevented them from accessing services, and/or the medical diagnostic criteria that determined their eligibility for certain programming. Health and disability status paved the way for new housing opportunities for some participants, while for others, the inaccessibility of service systems was a persistent impediment to progress.

These Health pathways also occurred within a context of cumulative and overlapping vulnerability. As described in our first report [1], health conditions and disabilities were common and frequently co-occurring; among participants who reported a disability, nearly six in ten identified more than one type of disability. Participants with disabilities also experienced longer durations of homelessness, more barriers to housing, and greater or more specific service needs. Similarly, people with longer histories of homelessness reported more barriers than those experiencing homelessness for the first time. Together, these findings provide important context for understanding how health needs can compound over time and make both navigating homelessness and moving toward housing more difficult.



Key Characteristics of the Route

What does this pathway look like?

Health pathways through homelessness included expedited entries into housing or supportive services in which individuals were perceived to be "sick enough" to meet various eligibility criteria for emergent housing. Participants with severe physical conditions or those who survived acute health crises described rapid entries into housing following hospitalizations wherein care teams or service providers recognized that to return to homelessness would mean life-altering harm or death.

Others with less visible disabilities like mental health conditions or chronic orthopedic injuries struggled to be recognized as needing additional supports by service providers and health systems. For these participants, when they ultimately did receive validation of their needs, they described the receipt of accessible services as a transformative boon to their overall wellbeing.

Health pathways are also characterized by the challenges and barriers imposed by participants' health conditions. This resulted in greater difficulty navigating paperwork and waitlists for participants with neurocognitive or mental health conditions; managing the physical demands of shelter(s) and other programs for those with physical limitations; struggling to tolerate services that are not trauma-informed for those with severe PTSD; or grappling with bias in traditional health settings for those with co-occurring substance use disorders.

> "Because I was in the wheelchair, people treated me like it was going to be a big old handful [e.g. a problem] to help me. You know what I mean? I was going to be a lot. I'm not kidding. I could see the look on their face like, 'Oh God, this is going to be a while."

Participants with co-occurring substance use disorders, as discussed in greater detail in the Substance Use pathway, noted unique difficulties with pain management. Some providers were described as reluctant to prescribe medications that could adequately control pain due to a

participant's substance use history. Ultimately, these experiences complicated entries into housing, as the capacity to navigate service systems was influenced by effective pain and symptom management.

> "And so I got an actual case manager, it's called a Medicaid case manager... it was a lot of advocacy on my end to even get it. And so she helped me, well, she realized kind of what was going on and I had to be my own guidance system... she had knowledge of in-home care programs through DHS [Department of Human Services], and so she referred me to them and even though my age wasn't who they would normally bring into their program, my situation, so I got in-home caregiver, thank God. And even the case manager there, did my assessment. A year later I actually got the services because he dropped the ball and he had family stuff going on. So it's a little bit of the frustration again of all that, the case managers and all the actual systems of resources and being painful to get actually solidified in."

Disability benefits, work, and the limitations of one's body were recurring themes for participants on the Health pathway. Participants who could no longer work as they had before developing a disability felt stuck in the tension between their financial needs and physical limitations. For many, Social Security Disability Income [SSDI] was a bittersweet resource, offering *some* money but not enough to pay the bills, and only for those who were able to successfully apply. Participants discussed needing to work to supplement disability income, but also being limited in the number of hours they could work before their benefits were reduced.

> "And so they went ahead and started scheduling my surgeries. I needed seven, I couldn't get disability. It took them five years before they approved my disability, short-term disability, five years, I couldn't believe it. It was surgery scheduled and everything and it was due to my age. I was 54 at the time. And when I finished my surgeries is when they finally got me into [apartments]. [Rental assistance] was paying $1,400 of my rent. I was paying $350, which was almost all my check because what they did decide they would give me was [social security administration benefits], which was $535 a month. So out of that $535, I had to pay my electric bill every month and my water, sewage, garbage and my phone, all the rest of the bills other than the other portion of rent."

Additional Note: Psychiatric Journeys

Mental health is inseparable from physical health. For our participants, there was rarely a clear line separating the two. In some cases, this looked like mental health symptoms contributing to the development of a physical condition (e.g., depressive fatigue worsening an underlying condition; psychotic symptoms resulting in physical injuries) and for others, physical health limited participants' ability to engage in the activities they previously enjoyed, which ultimately worsened their mental health.

Some of our participants explicitly named psychiatric conditions as interfering with their ability to engage with certain services. For these individuals, things like paranoia, overstimulation, and psychosis limited the kinds of services they could engage with as well as the degree of contact they felt comfortable maintaining with providers.

> "[Outreach worker] keep on telling me, well, we can get you a ride if you want to meet me, meet me this day, meet me there. It took 10 days, 10 tries for me to actually go to the office on my own. Because every time she say I can get a car and get somebody to pick us up and we can go to the office and I can get you some help. I get paranoid again. I'm like, s***hit, you might take me off somewhere. I don't know you."

The Traveler and the Terrain



How does a person's circumstance and context impact their ability to traverse the pathway?

Participants' individual identities played a role in their health journeys. Participants of color were helped by culturally specific agencies that were also supportive of their health, like those that offered co-located support groups and medical navigation. Women and LGBTQIA+ participants with disabilities often spoke about their survival of gender-based violence, both as a precipitating event that led to an initial period of homelessness and the cause of their PTSD, which later impacted the services they were able to engage in.

Participants with "invisible" disabilities (i.e., health conditions not immediately visible to external observers) in particular noted difficulty receiving recognition of their health needs from providers and social support networks and adequate accommodations from services. The participant below identified as a person with a mental health related disability and shared the following about their acceptance of an unsafe housing option:

> "I'm pretty sure that if I wasn't so overstimulated all the time, I probably would've been able to ask more questions, get better [housing options] for myself. In that sense, it was just more so I was just ready to f***ing leave [the shelter]. I was constantly debating on whether or not, because I've already got the housing applications in, if I should just go back to sleeping in a tent."



What Works and What Doesn't

How do people manage on the pathway, and how does it lead out of homelessness?

What works:

The Health Pathway: Daniel's Story

Daniel is a 45 year old white man with a chronic, disabling medical condition. He has experienced homelessness at various points across his life, but this most recent time has lasted three years. Daniel avoids doctors and other service centers whenever he can. In the past, those systems have mandated conditions he cannot meet, or he has found their services too confusing and overwhelming to navigate. Daniel prefers to sleep outdoors in camps, but last winter he stayed at a local shelter and started to build a strong relationship with his case worker there.

His situation changed one day when he suffered an acute medical crisis. Daniel was taken to the hospital where he was admitted for intensive treatment. And while normally a setting like this would only make Daniel feel worse, this time the hospital stay felt different. When he advocated for his goals and wishes, his doctors and social worker genuinely listened. So, when the medical team told him he was too sick to return to the streets, he accepted their offer of a step down plan to a hotel shelter that is run by the same organization as the shelter where he stayed last winter. He got to keep his case worker even though he moved locations, and he received a referral to a peer support person. After a little under a year in the hotel shelter, Daniel obtained an apartment through a housing voucher. His health has improved dramatically, and his new home means he can even receive in home caregiving support. He still struggles to pay rent with his SSDI checks, but he feels safe and well.

The most rapid, linear entries into housing for participants on the Health pathway occurred when participants' physical conditions deteriorated so severely that housing was seen as a life-preserving intervention, as exemplified by Daniel's story above. Typically, these interventions were triggered by a hospitalization, but it was critical that when this moment arose, health and housing service providers could align to create the opportunity. Many of the participants who were offered expedited housing after a hospitalization had previously languished in cycles of homelessness for years before their conditions deteriorated so severely as to prompt coordinated intervention between health and housing providers. Thus, a more proactive approach that offers clear, timely entries into housing for individuals with disabilities before they experience a life-altering medical crisis may be of particular benefit.

Critical to participants on the Health pathway was the experience of being understood. Providers who listened, who approached substance use from a lens of harm reduction, and who validated participants with less visible disabilities, were all noted as being especially valuable. As we've described throughout this report, providers going above and beyond or demonstrating that they truly cared about a participant were some of the most helpful resources described by participants.

> "It was beautiful because [social worker] met me. She got me into the [post-acute care]... and I was in there probably, I don't know, four or five months. I mean, she kept getting me extension after extension to stay there... She kept saying she hoped she could. She hoped she could, and she was able to, and she did. She helped me tremendously."

What doesn't:

The Health Pathway: Alita's Story

Alita is a 50 year old Latina woman with psychiatric and developmental disabilities. She has experienced homelessness across most of her life. Partners, friends, and family have been unreliable (and sometimes actively harmful) figures, and she finds it difficult to completely trust the people she meets after experiencing so much trauma. She has stayed in shelters and some transitional housing programs in the past, but these services have always failed to support her in the ways she needs she described these programs as dangerous and filled with pests, or she has felt harassed by her neighbors. Alita eventually stopped trying to find support with housing.

Recently, an outreach worker tried to connect Alita with services, including mental health supports something Alita truly wants and has never been able to receive. The outreach worker gave Alita paperwork to start on and scheduled meetings with a new mental health counselor, but Alita found the forms overwhelming and struggled to remember her appointments. When she did finally make it to an appointment with the counselor that she was referred to, they told Alita that she was outside of their scope of care. Defeated, Alita told the outreach worker to stop bothering her. She continues to sleep outside.

Paperwork and system navigation were often described as barriers to services. Participants said they felt overwhelmed by these requirements, particularly when they were also navigating a mental health or neurocognitive condition. Alita's story reflects many of the barriers described elsewhere in this report, including discontinuity in accessing services that can contribute to mistrust and avoidance. Her health conditions further complicate service navigation, making it increasingly difficult to access the very supports she needs.

The Carceral Pathway

Key Takeaways:

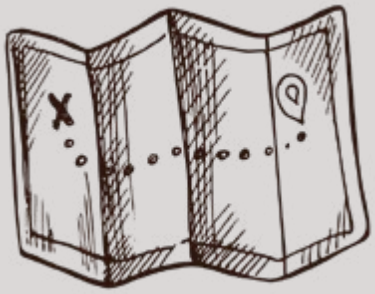
1. Informal support networks like friends and family were essential resources for participants on the Carceral pathway.
2. Interactions with the criminal legal system often prolonged periods of homelessness.
3. Some participants found stability through diversion programs that offered supportive housing.



Defining the Carceral Pathway

What makes someone's journey part of this pathway?

The ten participants who traveled the Carceral pathway were individuals whose journeys through homelessness hinged on interactions with the criminal legal system - hereafter referred to as the carceral system. These participants were those whose experiences of homelessness occurred as the result of a post-prison release, as well as those who obtained housing stability through diversion programming. The duration of incarceration and the nature of interaction with the carceral system varied for participants, with some experiencing over a decade of continuous imprisonment and others having sporadic engagement with carceral systems (i.e. repeated arrests or parole violations over the course of many years). As is the case with all of the pathways, not every person involved with the carceral system traveled a Carceral pathway; these participants were those whose housing journeys were shaped and defined by the unique challenges and resources that were (or were not) available to them as a result of their engagement with the carceral system.



Key Characteristics of the Route

What does this pathway look like?

Participants exiting prison after extended periods of incarceration rarely received necessary systemic supports upon release, leading to unstable, and sometimes dangerous, housing conditions if not outright homelessness. Participants depended on word of mouth and assistance from others who had experienced incarceration to learn about how to navigate reentry into the community.

Post-prison transitional housing was commonly described as having extremely poor conditions. These settings were often costly and short term. Participants often had to share rooms, guard supplies, and protect themselves from others in the building, including those in positions of power. This was especially the case for women on the Carceral pathway.

> "We had to even provide our own toilet paper. We had to bring our own toilet paper into the bathroom to use it because they kept us very, I dunno, it kept us kind of almost against each other, because then if you use someone else's toilet paper, nobody wanted to share. They discouraged sharing, which they do in most clean sober houses, most community settings. They do discourage sharing. 'Cause it could cause problems, but I thought that was weird with the toilet paper. If you forgot your toilet paper to bring it into the bathroom, you just didn't get it."

These conditions could also work against community formation. Participants described relationships and mutual aid as important resources throughout their pathways, yet some transitional settings were structured in ways that discouraged sharing, fostered competition over basic necessities, and therefore, made trust more difficult to build.

Incarceration can disrupt social networks, services, and other resources that support stability after release. Participants whose periods of incarceration were repeated and shorter in continuous duration noted the cumulative impact of repeated losses over time as each contact with the carceral system resulted in disconnections from social networks and resources. An individual's ability to engage with services, the offered programming being matched to a participant's needs, and feeling appropriately supported by people such as parole officers all contributed to successes or failures after repeated involvement with the justice system. Many participants described encountering unusual or opaque eligibility criteria—for example, being ineligible because they were not using substances or did not "look" homeless. As a result, Carceral pathways were often characterized by near-misses: participants came into contact with potentially helpful services but were unable to access them, did not qualify, or found that the available support did not match what they needed.

"I feel like sometimes the programs shut the doors on people that don't look a certain way, and that means whatever they think a homeless person looks like."

Participants were able to access some beneficial programs that began while they were still incarcerated and continued into life outside, like family reunification services, but these were often found through word of mouth among fellow incarcerated people and obtained through self-advocacy.

Carceral pathways are unique in that the system these participants navigate have one of the few legally mandated service provider interactions: parole officers. In our sample, these relationships were described as fraught; most participants identified parole offices as minimally helpful, if not actively harmful, and only in rare cases being truly supportive. Most participants cycled through multiple parole officers during their time on probation, making any consistent relationship impossible to maintain.

"My [parole officer] was not very helpful. I mean, the whole time throughout all this, my [parole officer] would try to communicate with me. And it was just not working out well, I just was not responsive to her, and she seemed like she just wanted to put me in jail as opposed to help me."

Many participants lost everything—home, relationships, and employment—due to involvement with the carceral system. Rebuilding these foundations required enormous effort from participants and their communities.

After release from incarceration, getting access to needed assistance was sometimes determined by chance. Participants described encounters where word of mouth or sheer randomness connected them with an essential resource. From service providers, participants on the Carceral pathway often received assistance from one specific person that went above and beyond the typical duties of their jobs. One participant discussed being connected with a highly skilled mentor who was able to gain access to housing and other supportive resources. Another participant discussed a probation officer who helped with her substance use recovery, providing a positive interaction with someone in this role which was widely considered atypical by other participants.

"You know, like, [parole officer], she gave me services... Yeah. “If you need me to call you every day, if you need to come to the office two or three times a week, let's get it done.” You know? And so, she's been, she's had my back this whole time...And so hindsight, when I look at it, like, she was just right there with me. You know? She's been amazing."

Participants on the Carceral pathway who found housing often had stable employment, though most noted that this was particularly challenging given their legal records. Participants were able to gain employment through programs that were created specifically for people with criminal histories or were located within the social services sector, and some were forced to enter these fields because their arrest record disqualified them from the work they had done prior to incarceration.



The Traveler and the Terrain

How does a person's circumstance and context impact their ability to traverse the pathway?

Approximately half of the participants on the Carceral pathway were women of color. These participants often discussed intimate partner violence (IPV) as a direct contributor to a first engagement with the carceral system, and sometimes continued to experience IPV after exiting incarceration. Two of these participants were able to access culturally-specific housing services after release, and while these were considered helpful on their pathways, both participants expressed that housing—more than the culturally-specific nature of the service—was the most valuable.

Over half of the participants on the Carceral pathway also traveled along the Substance Use pathway. In some cases, this created opportunities for supportive resources through programs such as drug court diversion.

> "I was in drug court, so they were monitoring my spending. And it was such a protection because most people get out of jail in that kind of situation, and they still have all the same stuff that's holding them back, and they never truly can get on their feet, ever. And I want to cry because I'm so grateful, because I know what a huge blessing that was for me."

For other participants, however, the dual experience of Substance Use and Carceral pathways only exacerbated vulnerabilities. Participants felt forced into programs that were overly restrictive or unable to meet their needs.

> "Anyways, so I, I was in my addiction really bad. And, um, I, I'm on federal probation, so I ended up, you know, violating and having to go to the federal halfway house. And so I ended up in the federal halfway house, and I got kicked outta there for being like, argumentative with the staff, you know, like coming off of drugs. And that was my second time there. And so it's kind of like, when you go through a place like that a second time, they, they consider you a failure or a, you know, like someone's just screwing up and not taking life serious. So they kind of gave me a hard time too."



What Works and What Doesn't

How do people manage on the pathway, and how does it lead out of homelessness?

What works:

The divergent experiences described above illustrate the importance of client-centered services. No singular intervention will serve every individual in their journey to housing; program flexibility, harm reduction, and trauma-informed practices are far more likely to reach individuals working towards housing stability than rigid policies or punitive programming.

The Carceral Pathway: Mary's Story

Mary is a 35 year old Black woman with a history of substance use, homelessness, and trafficking. She has experienced homelessness since childhood and does not describe herself as someone who has ever had stable housing. At the age of 21, she was incarcerated and ended up serving 10 years. After release, she stayed for several months in transitional housing. She shared a room with one other person. The transitional housing was run by someone who sometimes blew up at residents unexpectedly, and, from Mary's point of view, the program was clearly motivated by getting the most money it could out of its residents. The housing also had problems with mold and was in an area with bars, strip clubs, and a lot of substance use. Mary left the transitional housing when she needed to start paying for the room, as it was too expensive and the conditions were terrible.

Fortunately, throughout this time she was able to connect with others who had experienced incarceration, and they often got together for food and fellowship. Mary's friends assisted her in getting needed household items, and ultimately helped to connect her to a job as a peer mentor for women getting released from prison. After leaving transitional housing, she stayed with different friends periodically, usually moving at least once every year or two. She is currently living in her own place paid for in part by a housing voucher, and she has the long term goal of owning her own home so that she does not have to navigate the rental market and be at the mercy of predatory landlords.

As the story above highlights, social support systems were key in navigating life after involvement with the carceral system. These systems included family and friends, and often supplied participants with programmatic knowledge, material resources, and a sense of human connection where formal programming fell short.

What doesn't:

The Carceral Pathway: Mark's Story

Mark is a 67 year old white man with a history of substance use, homelessness, and chronic pain from an old injury. He has been in and out of jail for over 3 decades, and has primarily lived outside when not incarcerated. Though he has accessed some services and shelters, he has not stayed connected with any of them for long. He has gone to detox and participated in treatment and Narcotics Anonymous meetings periodically, but has not been able to get housing while connected with these programs. Mark primarily uses supportive services to access meals, but has one particular social service and case manager that he has worked with who helped him get into housing.

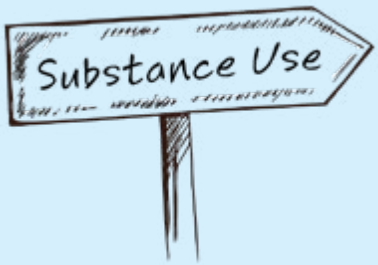
Mark does not have steady employment, and he usually sells substances to maintain some money coming in and to help treat his chronic pain. Mark has tried to get jobs and even applied at one of his previous jobs working at a store, but wasn't hired due to his record. He wants to get his record expunged, but it will be several more years until he is eligible, and the process is difficult to manage on his own anyway. Though Mark is currently living in housing that he received through a service, he was just served an eviction notice last week, and he does not have a plan or a place to go. He is trying to apply for Social Security Disability Income but is having trouble getting help to access the system.

Many participants' pathways through homelessness were initiated or impeded by their interaction with the carceral system. For example, some participants were unable to get work due to their legal histories, especially if they had a felony on their record. Other participants exited prison directly to unsheltered homelessness. Wraparound support was inconsistently available, and the transitional programs for post-prison release varied dramatically in quality, availability, and safety. Participants often needed to advocate for themselves to navigate life after an interaction with the carceral system. When participants did report receiving help, it was often from members of the community or their own social support systems that they had worked to build both during and after incarceration.

The Substance Use Pathway

Key Takeaways:

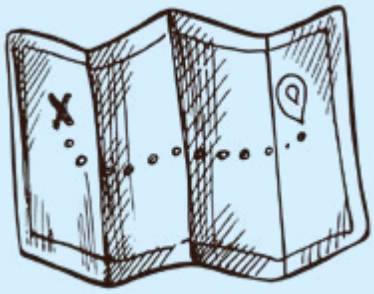
1. Substance Use pathways were most successful when participants found recovery services that met them where they were and offered longitudinal support in recovery.
2. Relationships to substances were complex and often motivated by underlying mental and physical health conditions.
3. Not all participants found abstinence to be the most helpful, emphasizing the importance of harm-reduction options in treatment and recovery.



Defining the Substance Use Pathway

What makes someone's journey part of this pathway?

Over a third of our sample at some point in their journey through homelessness traveled along a Substance Use pathway. As mentioned previously, not every participant with a substance use history or disorder traveled a Substance Use pathway. These participants are those whose experience of homelessness was structured, defined, and informed by substance use and related services. The experiences of participants we consider as traveling the Substance Use pathway highlight the barriers imposed by substance use, the specific treatment and recovery programs that served them, and the cycles of addiction and use that informed their engagement with resources. The Substance Use pathway emphasizes the role of services that are specifically geared to support people in recovery, and the associated gaps, features, and successes of those service landscapes. This pathway is also defined by the resilience of its travelers, all of whom fought for and navigated their recovery journeys amidst tremendous challenges.



Key Characteristics of the Route

What does this pathway look like?

Participants on the Substance Use pathway routinely described their substance use as a barrier to stability. Substance use was frequently associated with a loss of housing opportunities, such as when relapse led to an eviction from a sober living facility, as well as disconnections from services that mandated sobriety. Substance Use pathways were characterized by "cycles" of addiction, recovery, and relapse that required a readiness and commitment to change in order to break.

For some participants, continued use of illicit substances or legal ones like cannabis were seen as an important part of their wellbeing. These participants cited self-medication for physical and mental health conditions as the primary drivers of continued use. Participants who relied on the use of cannabis in particular noted difficult trade-offs with employers and service providers who demanded abstinence from all substances, regardless of legality.

> "And I said, okay, well, I only have medicine that is in me prescribed, but I have marijuana in my system that I use at nighttime, and I don't use it at work, and you don't have to take a marijuana test to get in this company. They ended up firing me over THC [Tetrahydrocannabinol] in my system."

Participants on the Substance Use pathway engaged with numerous recovery-oriented services including sober living homes, culturally specific recovery programs, peer support, and more. These services, while not always the "right fit" when accessed, were described by all participants as helpful when both their motivation to change and the availability of the right resource aligned. For some, these recovery services even led to direct, linear pathways into housing when an individual was able to discharge from inpatient rehab directly into a sober living home.

> "...I know I say a lot [about] [nonprofit organization], but I love them. But they made me love my life again, and I love to share my story because it does have a happy ending. And that's why I do peer support so I can show my neighbors that I work with [that] when you're ready, it will work if you want it."

Other participants emphasized the power of harm reduction approaches in their recovery journeys. Participants who were not able or willing to stop their use entirely benefitted from programs that offered resources without abstinence mandates.

Substance Use pathways were complicated by a lack of continued support into sobriety. Participants described instances in which they successfully completed treatment programs but would not or could not engage with substance use recovery services after the formal program ended. This led to repeated cycles of relapse and recovery as individuals struggled to maintain sobriety without wraparound services at the outpatient level.

Finally, as noted in Section 1 of this report, several participants described not being able to access services, including substance-specific programs, because they were not currently in active addiction. Although participants felt they could benefit from these services, their sobriety became the barrier to doing so.



The Traveler and the Terrain

How does a person's circumstance and context impact their ability to traverse the pathway?

Relationships to substances were highly complex for participants on the Substance Use pathway. Some reported first instances of substance use in early adolescence, and some did not obtain sobriety until adulthood. Others shared about the negative impact of growing up around families where substance use was normalized.

> "My mom is an alcoholic and abuses her pharmaceuticals. And so it was just funny when on the phone, she goes, "well, I just really, really want you to come home"...And that's her way of saying, yeah, you're going to be drinking and I'm going to be taking your pain pills when you have that surgery, because that's what I do. And that's what I grew up around my entire adult life."

Some individuals explicitly stated that the traumatic experience of homelessness motivated them to use or continue using substances. Other participants linked problematic substance use to recurring cycles of grief, intimate partner violence, and trauma in later life.

> "...Then you relapse and you're stuck in drug addiction again. I mean, I relapsed, my sister passed away from a fentanyl overdose and I got high again, and it just made me realize, this is why I don't want to do this again. It wasn't fun. It wasn't like it was in the good old days. It was just like, no, I'm good. So I think every recovery has relapse and it's not really recovery without it."

Pain management was a recurring issue for participants on the Substance Use pathway. The majority of the individuals who endorsed continued use at the time of their interviews all cited a need to self-medicate their chronic pain. Treatment and recovery programs that did not address the multi-faceted issues that contributed to use were also noted as being less helpful for participants, especially those whose use was motivated by an underlying mental or physical health condition.

Culturally specific services were noted as being particularly helpful for participants of color on the Substance Use pathway. These services included both recovery-oriented programs and general outreach or social service programs that were tailored to communities of color.

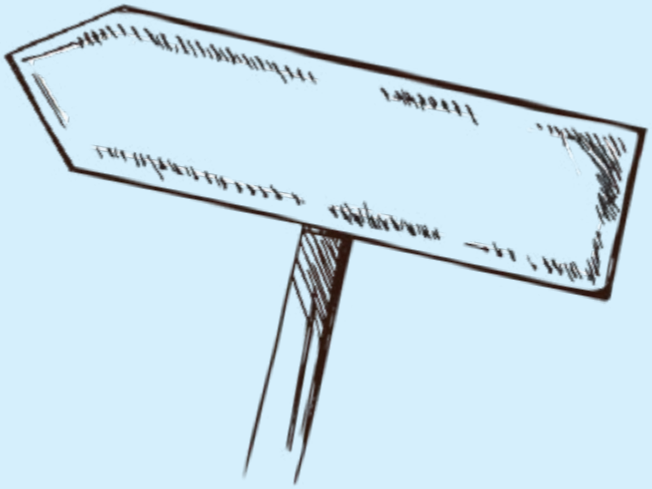
> "So I went to detox in the Native way they call when you get clean and sober, like your Red Road journey."

As mentioned in the Carceral pathway, there is significant overlap between criminal-legal experiences and substance use recovery. Relapse after release from incarceration, substance-related arrests, and selling of substances for financial stability are noted across the Substance Use pathway and share echoes of Carceral journeys. The relationship between these pathways speaks to a larger, systemic relationship between drug law and carceral intervention. Our data highlights the stabilizing (i.e. arrests that led to helpful diversion and treatment programs) and destabilizing (i.e. arrests that led to episodes of homelessness and relapse) milestones of these mutual pathways, but they are not a complete representation.

> "I've even been in arguments with judges in the courtroom. They want me to do evaluations and do this or that, and I just tell 'em no. I'm blunt with them. I tell 'em, I have no desire to quit, that their programs ain't going to do nothing for me. I told flat out, I leave here, I'm going to go get high. But they had in their head that they were going to change somebody. I tell 'em to save that s*** for some kid."

Punitive attitudes towards relapse were noted by participants as being especially difficult. Participants described negative relationships with service providers wherein they felt judged for their substance use. This was particularly common for participants on dual Substance Use and Carceral pathways.

> "[Parole officer], you know, she judged me for being a Black woman on meth. 'Cause she's a black [parole officer] and she's like, "Black people don't get high. What are you doing? You're f***ing making your race look bad." Like, she would say the most unethical s***hit to me."





What Works and What Doesn't

How do people manage on the pathway, and how does it lead out of homelessness?

What works:

The Substance Use Pathway: Arnold's Story

Arnold is a 48 year old resident of Portland with multiple health conditions, a history of childhood trauma, and an active substance use disorder. The loss of his father in early adolescence precipitated a downward spiral involving alcohol abuse that has continued into his adult life. A divorce from his wife at 40 led to his first experience of homelessness. Chaotic Use patterns and maladaptive coping skills caused Arnold to burn through the social support network that was helping him couch surf after the divorce. When his last friend told him he couldn't stay at their house anymore, Arnold started sleeping outside.

Sleeping rough and experiencing targeted harassment while unsheltered led Arnold to seek indoor shelter. However, the congregate environment was deeply triggering for him, and his use of alcohol only worsened. Arnold was faced with a decision point when the shelter told him he needed to seek treatment for his alcohol use or stop sleeping in their facility. Arnold decided to take a chance on sobriety and entered a detox program. When he successfully detoxed, he was able to step down into an inpatient facility, then later an intensive outpatient program and a room at an Oxford House. The formal structures and wraparound care from his treatment program coupled with a direct entry into sober housing helped Arnold move through recovery. Arnold has seen his community grow since getting involved with a 12 step program at the Oxford House. He is seeking employment opportunities in his former field of work to support his hopes of renting his own apartment and living independently in the future.

As Arnold's story demonstrates, when someone is ready to enter into treatment, a number of factors must align to support a successful recovery journey, some of which were particularly emphasized in our data. First, a program must be available at the level of care needed by the participant (i.e. inpatient, detox, outpatient). Second, this program must be the right fit for the individual – the facility needs to feel safe, have effective staff, and provide trauma-informed services. And finally, the program needs to have an after-care plan that supports people in their recovery even once a formal service has stopped.

When these conditions are present, Substance Use pathways can lead to very successful entries into long-term or stable housing. Participants who felt supported by abstinence programming and the structure of sober living homes in particular noted that these housing placements were especially helpful to them and typically available to them upon exits from controlled environments such as inpatient treatment or jail.

What doesn't:

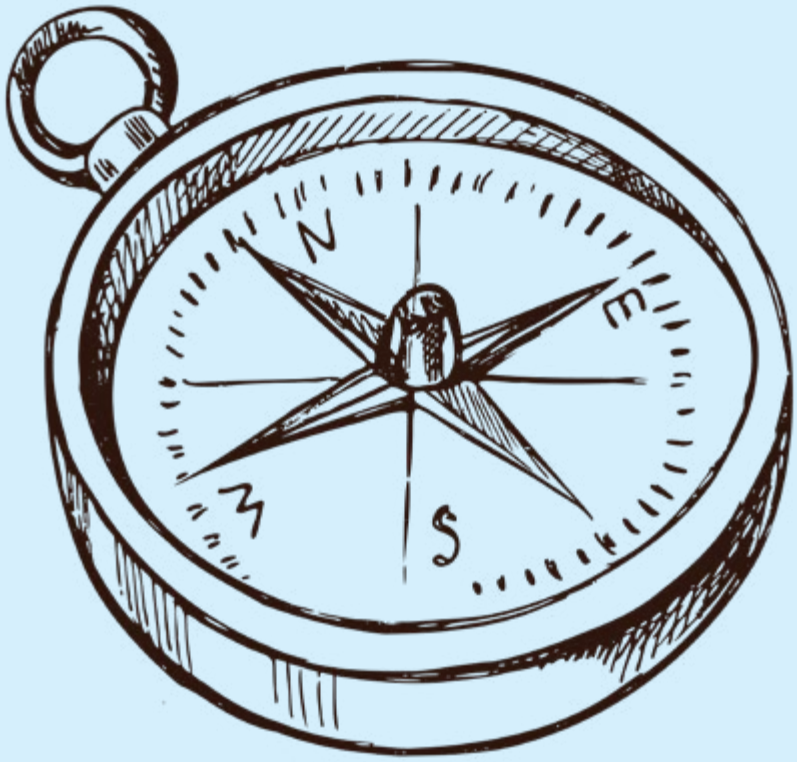
The Substance Use Pathway: Franklin's Story

Franklin is a 56 year old grandparent, widow, and Portland native. Franklin used meth in young adulthood but got sober when she became pregnant with her daughter over 20 years ago. But when her daughter and grandchild moved out of state, Franklin felt isolated and depressed, which ultimately led to a relapse. Shortly after she started using again, Franklin fell and fractured her hip; now, she lives with chronic pain, for which she is self medicating with meth. With a virtually non existent social support network and reduced mobility from her injury, when COVID 19 hit, Franklin's meth use only escalated as her mental health worsened. Eventually, Franklin lost her home when the eviction moratorium was lifted, precipitating her first experience of homelessness in her entire life.

Unsure of how to navigate service systems and socially isolated, Franklin's health deteriorated while she oscillated between emergency shelters and unsheltered homelessness. Franklin has been sober before and knows she can do it again, but the programs now are not helping her as well as they did before. When she tried to go to an inpatient facility, she felt out of place with the other clients. The outpatient treatment program she tried while staying in shelter did not offer any support for managing her chronic pain. Still, Franklin is determined and resilient. Eventually, she was able to enter an inpatient program that offers short term transitional housing after graduation. This program actually did help her get sober, but her hip pain is now debilitating. Medicaid deemed her too independent for an assisted living placement, and as her time in the transitional housing comes to an end, Franklin fears she will return to emergency shelter. Franklin is proud of her sobriety but fearful that she will relapse when she is back in the shelter environment.

Franklin's story highlights the difficulty participants described in navigating treatment and recovery programs that didn't fully address their needs. Like many of the participants in our sample living with significant pain and using substances, Franklin struggled to manage the competing desire to stay sober with her need to manage her pain. For Franklin, this is further complicated by living in environments that trigger her urge to use.

Participants on the Substance Use pathway needed programs and services that met them where they were and offered a meaningful after-care plan. People on Substance Use journeys noted the difficulty of returning to the same environments in which they had used. Franklin's story emphasizes the need for comprehensive substance use supports on this pathway.



The Self-Directed Pathway

Key Takeaways:

1. Most participants on the Self-Directed pathway were those with extensive trauma histories or early life experiences of homelessness.
2. Informal support networks like friends and family were especially helpful for participants on the Self-Directed pathway.
3. Negative experiences with service providers and systems fuel distrust and disengagement.

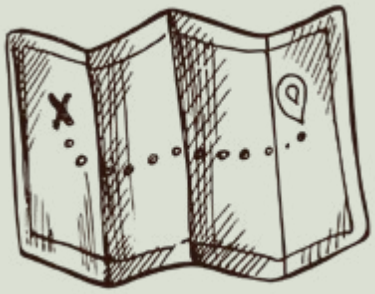


Defining the Self-Directed Pathway

What makes someone's journey part of this pathway?

A quarter of our qualitative sample described Self-Directed journeys outside of typical service programs. Participants were understood to be on the Self-Directed pathway if they were rarely or inconsistently connected with formal services to meet their needs, instead relying on informal networks like friends or highly targeted programs. Like all of our sample, participants on the Self-Directed pathway still engaged with various programs and services, but when participants on this pathway did so, they described those encounters as being almost entirely self-motivated; service providers were minimally helpful, requiring individuals to navigate processes on their own. As a result, participants on this pathway expressed difficulty trusting any service sector provider, resulting in hesitancy to engage with formal services and services systems.

It is important to note that much like in the other pathways reported here, a reluctance to utilize services could be seen across our sample. The interviews included in this pathway are those most reflective of a journey through homelessness that was shaped and informed by a complex, reticent relationship to services and service providers. Self-Directed pathways included here were those where this attitude shaped a trajectory into housing, but hesitance to engage in services that do not effectively meet needs is not limited to these interviews alone.



Key Characteristics of the Route

What does this pathway look like?

The Self-Directed pathway is defined by an absence of a clear, service-related, supportive throughline. Notably, they are not defined by the complete absence of services – participants found some help from some service providers — but their engagement with these services and their reported utility was described as less significant across the totality of their journeys, requiring participants to depend on their own knowledge and self-sufficiency to navigate homelessness. Interviews that comprise the Self-Directed pathway contained stories of mistrust of traditional service systems, stronger connections with homeless peers, and a real and perceived inability to receive necessary resources through service systems.

> "A lot of services are just being kind of thrown wholesale at the general homeless population. And when you have a nine out of 10 failure rate, you're very not optimistic about keeping going down any sort of, you don't trust services because they fail you."

Self-Directed pathways are defined by service systems wherein participants haven't felt their needs were met. Participants on this pathway either actively avoided traditional service systems or expressed hesitation around accessing them. Others still may have actively sought services and engaged with them, but reported that they never quite fulfilled what they purported to offer, ultimately resulting in participants relying on their own self-advocacy to meet a need more than any service provider's labor.

Hesitancy to utilize services existed along a continuum for participants on the Self-Directed pathway. Every participant on this pathway benefitted from some amount of service involvement, and all but two were housed at the time of their interviews through a specific housing program. Thus, this pathway is not defined by a complete absence of services; rather, Self-Directed journeys were shaped by whether these services were deemed helpful and trustworthy, which ultimately determined the degree of engagement that participants were able to maintain with programs. For some, this meant near-complete avoidance of all services until they could no longer tolerate their previous living arrangement, and for others this looked like years of persistent self-advocacy to obtain resources while still holding tremendous frustration and distrust with providers.

"I hadn't actually been actively looking [for housing]. It was funny that they came to me at that time because for about a year or so, I had been trying to figure out how I was going to get out of this situation in a doorway. I got no job. How am I going to get out of this situation? And I got comfortable in the doorway. But then as the riots and stuff started, it became a more uncomfortable, and I was starting to look, okay, I want to get off the streets, how do I, and it was just at the right time that [name of case manager], he started working for [housing non-profit] and he was my lifesaver. He was the one that actually directed me into getting housing."

The quote above illustrates an important feature of the Self-Direct Pathway: being self-directed did not mean that participants ultimately navigated or exited homelessness without assistance. Rather, these participants spent long periods navigating homelessness largely on their own, avoiding or making limited use of formal services. This participant experienced homelessness for decades, routinely avoiding services and shelter systems. But ultimately, he felt he could no longer sustain life outside and his interest in housing changed. At the moment he was ready, an effective housing provider happened to be available and helped harness the participant's readiness into a pathway to housing. This experience illustrates how long periods of self-reliance can eventually intersect with formal support, and again, emphasizes how consequential timing (or luck) can be when they do.

Overall, Self-Directed participants had some initial interaction with social service systems that either resulted in harm or a lack of success. These interactions contributed to an erosion of trust that informed their future engagement with services. For example, many participants on this pathway reported experiences of discrimination from service providers or other people experiencing homelessness as well as safety concerns within shelter settings. Self-directed participants also described repeated program closures and staff turnover as barriers to service engagement. These experiences, coupled with the high degree of early childhood trauma reported among these participants, suggest that service inaccessibility and harm, rather than individual choice, motivates service avoidance.

"There seemed to be a lot of discrimination towards a lot of other people that I saw... [so] we were just staying low under the radar. We didn't really try to make any friends or anything like that. We just stuck to ourselves."



The Traveler and the Terrain

How does a person's circumstance and context impact their ability to traverse the pathway?

Most of the participants on the Self-Directed pathway reported their first instance of homelessness in childhood or adolescence. Trauma-related experiences underscored many of these journeys. Whether it was a previous negative experience with services or an earlier memory that was evoked by service providers, many participants described prior experiences with harmful service systems as a significant factor in their present-day navigation of programming.

> "I don't think [being in foster care as a child] helped me out in any way. All it really did teach me was how to get away with things under a table and it gave me an innate wanderlust. I have trouble sticking in the same place for more than three or four years because of it, because I was always moving around so much because of that as well. It's hard to actually maintain a semblance of normal life because I self-sabotage so much because of it."

A substance use history was reported by all participants on the Self-Directed pathway, but not all of these participants traveled Substance Use pathways. Those who did not travel Substance Use pathways de-emphasized the significance of their substance use on journeys into housing.

Participants traveling dual Health and Self-Directed pathways noted unique frustrations imposed by Health conditions and reticent relationships to services. Challenges navigating complex systems of care and working with providers that didn't quite meet participants' needs were commonly reported.

Participants who were helped by services at the end of their journeys identified an internal shift that led to them feeling prepared to ask for and receive help. Whether this was an acute medical event, growing discomfort with their current living situation, or a decision to pursue sobriety, some participants felt like they had to be "ready" before they could be helped by services.

Three participants that traveled the Self-Directed pathway discussed the impact of involuntary displacement on their housing journeys. This looked like choosing specific locations that were less likely to be swept or feeling delayed in progress due to displacements. Involuntary displacements included circumstances ranging from group campsite removals; individual trespassing/abatements; as well as vehicles serving as residences being ticketed and towed. For the impacted participants, involuntary displacement did not lead to improved service connection.



What Works and What Doesn't

How do people manage on the pathway, and how does it lead out of homelessness?

What works:

The Self-Directed Pathway: Kemper's Story

Kemper is a 37 year old Black non binary person who was placed in state care at 7 years old and cycled through the foster care system until their 18th birthday. When they aged out, Kemper decided to travel the country with their friends, which was fun and sustainable for a long time. Kemper's significant other wanted to settle after a while, so they both moved to Portland because it was one of the best places they visited on their travels. They found an apartment together, but the relationship quickly deteriorated, and Kemper was forced to move out for their own safety. Because they didn't know anyone who had room for them, they ended up sleeping outside.

Kemper was houseless from 2019 2025. This period was broken up by occasional, temporary stays in shelters or sober living houses, but none of those settings quite stuck. Kemper didn't feel connected to the programs and wasn't particularly interested in staying abstinent from all substances. What was helpful to Kemper was their network of houseless friends, some of whom would stay in shelters and invite Kemper to join, but most of whom were themselves also sleeping outside. Kemper really enjoyed spending time with their friends and felt safest when they were all together. So, it was lucky when one of their friends connected with a case worker who was going to help them move into a voucher based apartment. From there, it seemed like everything fell into place for the whole friend group. Kemper and most of their community found apartments in similar voucher programs with the help of their friend's case worker. They were all able to make the journey into housing together. Kemper loves their new apartment, but they're worried about what happens when the voucher ends in one year - they still don't make enough to pay the market rate.

A critical component of the Self-Directed pathway was the community that participants found with other people experiencing homelessness and housing insecurity, as Kemper's story illustrates. These relationships filled gaps that services could or did not meet, including housing and shelter, emotional support, and basic need items like food and clothing. Sometimes, as in the case of Kemper's story above, social networks also facilitated entries into services by creating environments in which participants felt safe enough to receive other forms of support.

It is important to recognize the value of informal networks. Many people experiencing homelessness have supportive loved ones and community members that are uplifting them, and interventions that can support or serve an individual within their peer networks may be especially valuable.

> "And I do mutual aid in the neighborhood anyway. I'm in multiple Signal chats, coordinating various mutual aid things, supplies specifically supplies, that's the biggest thing. Sometimes I offer my services. The community helped me get married. They paid for my marriage license. The community. I've been helping this community for 10 years."

What doesn't:

The Self-Directed Pathway: Titus' Story

Titus is a 53 year old Native American man with a chronic physical disability. He has experienced homelessness since he was 13 years old when his parents kicked him out of his home. He bounced around between friends, family, and strangers for most of his adolescence. In adulthood, Titus has been incarcerated multiple times, and each post prison release has been to some form of homelessness. He lacks a close network of loved ones and has never gotten along with any of the service providers in his life. Titus generally distrusts formal service systems, and he's had bad experiences getting kicked out of shelters.

Titus has been sleeping outside in a fairly established camp for a few weeks, ever since the last sweep saw him and the other campers pushed out to the edges of the county. One day, an outreach worker visited the camp and talked to him about a transitional housing program. Titus would have to pay some rent, but it would be covered by his SSDI, and though it's intended to be a stepping stone, he could really stay as long as he wanted. There were no restrictions or rules he'd need to follow; he just needed to mind his business and pay his bills. Titus accepted and is living there now. He is making plans to leave, though. Titus hates his neighbors, the building has roaches, and his case worker has already changed three times since he moved in 6 months ago.

Titus' story emphasizes an important feature of the Self-Directed pathway, which is the complex relationship to supportive services. Although he is in a housing situation that is connected to service programming, he doesn't feel safe in this environment and intends to leave. Throughout his journey, Titus' engagements with service providers have been negative or inconsistent. He is interested in change and started to build connections with other peers experiencing homelessness, but these relationships were ruptured by a displacement, and outside of these peers, he lacks the strong social support that sustained other individuals on Self-Directed journeys into stable housing arrangements.



The Lived Experience Employment Pathway

Key Takeaways:

1. Employment in social services through roles like peer mentorship and advocacy were described as empowering and stabilizing.
2. Housing precarity continued for many on the Lived Experience Employment pathway as wages remained inadequately scaled to costs of living.
3. People with criminal-legal histories and disabling health conditions traveled the Lived Experience Employment pathway often because of a lack of alternative work opportunities.

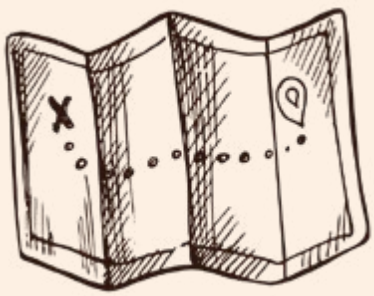


Defining the Lived Experience Employment Pathway

What makes someone's journey part of this pathway?

Employment, including both formal and unpaid roles, within social service systems and related fields was a unique pathway that supported participants' pathways out of homelessness. These pathways are distinct from the important role that general employment plays in supporting people who are navigating homelessness, which we explored in Section 1 of this report. It is critical to note that overall, much of our sample wants to work and associates employment with a sense of independence and security. Here, we distinguish general employment from a distinct pathway that involves working for and within the social service system.

Lived Experience Employment pathways include jobs and unpaid advocacy roles that specifically leverage personal experiences navigating service systems as a prerequisite. For example, while incarceration is often a barrier to employment, within the Lived Experience Employment pathway, a person's carceral history may specifically qualify them for a peer mentoring position. The Lived Experience Employment pathway, therefore, harnesses the skills of individuals who have personally navigated homelessness, incarceration, substance use, domestic violence, etc., into unique employment opportunities. Over one third of participants identified work in or for a social service program as meaningfully defining their pathway to housing stability, and the majority of those employment opportunities involved working with people experiencing homelessness. These roles reflected the journey that participants made during their pathways, transitioning from service recipient to service provider.



Key Characteristics of the Route

What does this pathway look like?

Participants described working in a range of roles within the service sector, most of which were formally compensated with wages. Some participants reported working in "room and board" type arrangements in which their labor within a community was compensated with free or reduced cost housing.

> "I did what I had to do, and now I'm here in [name removed] and I'm expecting to do better. I'm living over here at this [transitional recovery house]. It lasts. It lasts for as long as I'm participating as the house man [i.e. house manager] in the program. So that's going to be my stable housing for now. Once they put me together a payroll so I can at least have money."

Participants on the Lived Experience Employment pathway explained that helping and supporting their clients made their work feel meaningful, especially when supporting socially vulnerable populations like families and children experiencing homelessness. However, participants working in supportive service roles also were exposed to trauma, faced challenges related to turnover, and struggled with burnout.

Employment within the service sector for some participants on this pathway was a critical component of rebuilding a sense of self-esteem and self-efficacy after experiences of homelessness that left them feeling traumatized or helpless.

> "So after coming out of homelessness and not having that confidence, just having them there be like, you can do it. The other co-founder, she's not there anymore. But she encouraged me to go back to school to do the peer support certification, which I would've never done without her encouragement."

Though working in service roles provided some economic stability, opportunities upward and into other employment were not reported, even when desired by participants. Participants relied on the income from their service system positions and lacked needed supports or opportunities to develop skills that might provide mobility in other job markets. This was especially challenging for those with criminal histories that prevented them from returning to the employment sectors they had previously worked in.

"But in the future, I've always seen myself in more of a high paying type of job with my business degrees and stuff. Totally. I may go back to school, but I don't, yeah, this is kind of where I naturally fit in the peer mentor role, and I was helping people without being paid for it. I was trying to help connect people to resources and stuff before I had the job. So it's nice to be paid for and it feels good, but I've definitely been more business driven, corporate driven, so I've never ever thought I'd be in social work. So it's different."

Employment did not insulate participants from housing precarity. Even with steady employment in the social service sector, participants still experienced housing insecurity due to ongoing financial vulnerability and low wages. Participants noted increased financial pressures when rental supports decreased faster than income could supplement, affecting the types of affordable housing accessible to them, such as when gaining employment led to a need to pay more for subsidized housing.

Housing was often directly tied to employment, either through an exchange of labor wherein individuals volunteered time and received a housing arrangement, or by satisfying work eligibility criteria that guaranteed supportive benefits. This could be transformative and helpful for many but also contributed to housing precarity when individuals wanted or needed to leave an employment arrangement.



The Traveler and the Terrain

How does a person's circumstance and context impact their ability to traverse the pathway?

Participants of color on the Lived Experience Employment pathway that transitioned from consumer to provider within culturally specific programs noted this was a particularly powerful and affirming position.

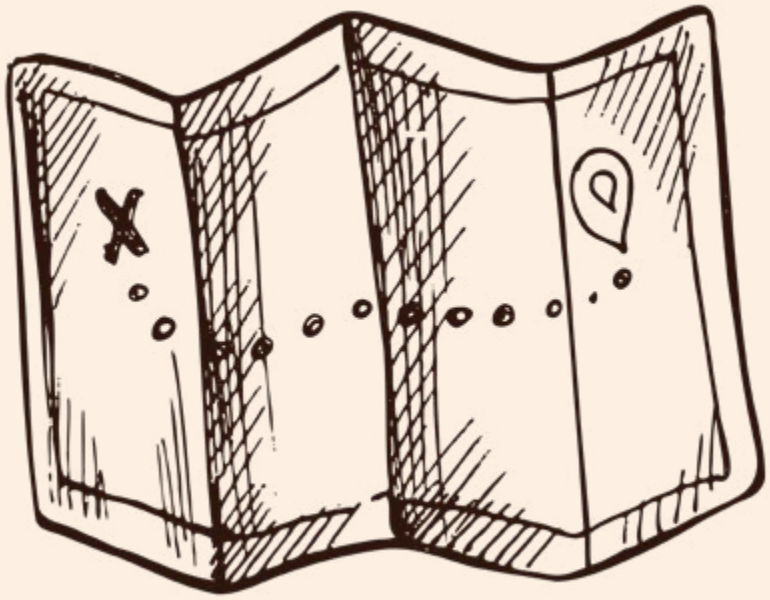
"I know that when I worked at [housing non-profit], all the native people were like, 'Hey,' because they saw me and I was wearing my beaded lanyard. I didn't have to wear things to be Native. I've been Native. But they were really, it makes people feel calm and at peace when someone can actually communicate with you because you've been through so much trauma, mentally, physically, whatever."

As noted above, participants who traveled dual Lived Experience Employment and Carceral pathways experienced unique challenges related to their legal histories. Participants in our sample who were barred from their pre-incarceration employment sectors found that employment in the service sector was one of the few places they could still obtain work. Though these arrangements were not ideal, they were described as empowering after the trauma of incarceration.

"I'm thinking that it's changed during my time in prison because now all of a sudden people with lived experience are like, everybody wants one. You guys bring something that we need. And I was like, oh my gosh, this is amazing. I've been interviewed by so many reporters and I work specifically on trying to affect change on carceral healthcare."

The nature of employment opportunities in the service sector (and the lack of opportunities for work outside of the service sector) often exposed participants to triggering conditions. For some, this exacerbated underlying mental health or substance use conditions. Participants affected in this way were then forced to pursue new employment opportunities, sacrifice their personal stability, or jeopardize their financial position. As a participant who traveled a dual Substance Use and Lived Experience Employment pathway describes:

"I was at [housing non-profit] then... And it was just bad for me, you know... this job right here, [housing non-profit] is like nothing but a drug fest, you know? Because they, the participants there, they're allowed to get high in their own space. I worked graveyard. That was a trigger for me working graveyard. And, you know, I just, I knew, I knew that job was coming to an end. So I had quit that job."





What Works and What Doesn't

How do people manage on the pathway, and how does it lead out of homelessness?

What works:

The Lived Experience Employment Pathway: Fern's Story

Fern is a 35 year old white woman and native Portlander. She was homeless and sleeping in an established encampment with a close, trusted group of friends for the last three years. Fern and her friends used substances and tried to avoid most service providers when she could. But one day, Fern's camp was swept, and one of her friends was arrested when an altercation erupted with a member of the camp removal crew.

Fern was deeply frightened by her friend's arrest and the loss of her camp. She started using more and suffered an overdose that landed her in the hospital. Fern felt like she was at rock bottom. Her friend got out of jail but now had a record, she lost all of her belongings in the sweep, and the overdose was a wake up call to try and get sober. So when she was getting ready for discharge, Fern's friends came to visit her and tell her that they found a program that looks really helpful. It was a sober living safe rest village where their fees will be paid for a few months while they go through treatment. Fern and a few members of her friend group were accepted into the village, and they worked through an intensive outpatient program while there. Upon graduation, Fern's peer support worker encouraged her to get her peer mentor certification so she can come work for the treatment program and continue to support herself in sobriety. Fern decided she's ready and enrolled. She has worked for the treatment program for three years, and even though she would like to move out of the safe rest village into an apartment, she feels better than she ever has.

Lived Experience Employment contributed to stabilization and was discussed as an empowering, financially beneficial opportunity that cultivated a sense of responsibility and connection to community. Transitioning from the role of service recipient to service provider was influenced by the other pathways that participants traveled, with individuals reported being hired in some cases by the same agencies that once served them as clients, as in the case of Fern's story. This shift in role and responsibility helped participants make meaning out of their experiences of homelessness, while also expanding the role of those with lived experience within the workforce, which may have compounding benefits for service users.

What doesn't:

The Lived Experience Employment Pathway: Chris's Story

Chris is a 33 year old who moved from his home in eastern Oregon to Portland in search of work opportunities shortly after COVID 19 lockdowns were lifted. After a persistent search, he found himself working for a textile manufacturer in Portland. He enjoyed this work, and it paid a living wage that allowed him to pay his bills on time every month. Unfortunately, Chris was severely injured at work one day and was no longer able to do his job. He received benefits to support himself while undergoing the necessary surgeries to recover, but eventually he had to return to work. Chris found himself in a difficult position. His medical leave was ending, but his injuries weren't fully healed. This meant returning to work in a limited capacity and accepting a reduced paycheck. Eventually, he couldn't keep up with his bills on a reduced income, and he became homeless.

Chris attempted to stabilize on his own by sleeping in his vehicle and still going to work, but the stress of this became too much and eventually he had to quit and try to find more accessible work. While he was out job hunting one day, his car was towed. At the end of his rope, Chris started sleeping in an emergency shelter. One day, a case worker there talked to Chris about peer support certification. Chris was immediately interested. Getting back to work would feel like a real win and help him find an apartment. Chris went through the training and landed a part time peer mentor job at the emergency shelter, but the hours were not enough to afford rent, and the work he is doing leaves him feeling drained and depressed. Chris wants to apply for a better paying, full time position at the organization, but there are no openings. He continues to sleep in the emergency shelter at night.

Importantly, despite the many benefits of Lived Experience Employment, pathways out of employment in this sector—through progressive job development and resume building—were not described or observed in our sample. As demonstrated by Chris' story, sometimes a journey on the Lived Experience Employment pathway was complicated by the work; without sufficient wages, professional development opportunities, or other options, employment left some participants stuck in arrangements that didn't support their housing goals in the long-term. Chris's story also emphasizes the instability of these housing arrangements, particularly for those exchanging work for a space in shelters and transitional housing programs.



Underexplored Pathways and Concluding Notes

The pathways described previously are constructed based on shared experiences, sentiments, and stories among participants. They illustrate the specific opportunities and barriers that exist between Multnomah County's homeless service systems and a larger ecosystem of institutions and influences that shape pathways to housing. We believe that these pathways are important for understanding similarities in the complex and arduous journeys that participants make when navigating towards housing stability. Yet we also recognize that there are differences in the needs of unique populations that are not fully captured in our typology..

There are many biopsychosocial conditions that influence homelessness journeys, including factors such as age and ethnicity, as well as experiential conditions like parental/familial status and survival of interpersonal or gender-based violence. Experiences of intimate partner violence, family status, youth and aging services, and culturally specific services (including religious-based services), are factors that we examine separately here as we could not fully develop these as detailed "pathways" with our current data. However, given their importance among the sample and the range of tailored, funded services to address these experiences within the Multnomah County homeless service system, we briefly describe them below.

Intimate Partner Violence

For many participants, housing instability was the result of surviving violence or harm perpetuated by a current or former partner. While these narratives are present across all pathways, some survivors of IPV accessed specific resources and programs designed to help them navigate those circumstances. Participants who accessed services designed for survivors of IPV remarked that women's shelters were especially secure and offered supportive programming opportunities.

> "I started to like [the women's shelter] because there was community and there were things there that I needed that I didn't think that I needed as far as sharing stories with other women. Other women were going through things that I was going through... So even though I felt alone as far as not having my family and friends, I found community there and it became easier to be there in that space... I would get excited about that to share and to be there and support the other women and stuff like that was nice."

Some participants struggled to meet strict definitions of having experienced domestic violence. Being recognized as a survivor meant gaining access to unique resources and opportunities, but for some participants who had experienced IPV, the reality of their abuse was not always believed.

> "I wish people would've taken the domestic violence more seriously. I was scared. I was running from a very, very abusive relationship and, in turn, fighting my addiction. I just wish that I wasn't looked at like it was a joke. I was looked at like that and it put me into a depression that was hard to get out of."

Journeys through housing placements varied for people grappling with IPV while also caring for children, many of whom had to weigh shelter, resources, and services against their need to protect and stay with their family. One participant describes the additional fear and vulnerability she faced fleeing an abuser with her young children before getting access to shelter:

> "Oh man. Well, there were some nights that I had to make sure that they ate and I did not eat, depending on where we were sleeping, I would not sleep. I had to be on the lookout looking around, things of that nature as far as resources, there's more resources and clothing or diaper options, things like that. So that was more places for me to look at or more people to go and talk to. But it was more so I feel like I was more just mama bear. I could not relax. I couldn't know where we were sleeping. You never know who's around. That's already scary being a woman, being houseless, but to be a woman with small children and all your bags and you just don't know who's going to be coming up behind you or anything like that."

Participants who survived IPV emphasized the importance of resources like trauma-informed care, safe and secure shelter environments, and dedicated resources for survivors. As the quotation above demonstrates, many people fleeing IPV also had children in their care, which further complicated their decision-making and navigation of resources.

Families with Children

Families experiencing homelessness with children had distinct needs and required additional supports. Several participants accessed family-specific services, or described how services responded differently to them as a parent or pregnant person.

> "Well, for sure, I can tell you the difference with not being pregnant and being pregnant is [service providers] care more [when you are pregnant]."

Many participants took pride in being a parent and described the challenges of trying to raise children and keep their families together while navigating homelessness. Custody-related disputes, whether formal or otherwise, were present in several narratives as a precipitating factor to homelessness, a destabilizing factor to achieving or maintaining housing stability, or a barrier to long term security and contentment with their housing. Interactions with foster care, Department of Human Services, courts, and schools were additional sources of strain or support, depending on circumstance.

"Why am I still in a hotel?...You know I have a DHS [Department of Human Services] case. I'm fighting. The place is so unsafe. The DHS won't even allow my child to come visit me at the hotel. So I have to commute not to the location that's convenient for me as a parent, but the foster parent to get to all the way in Hillsboro."

Similar barriers to those encountered by single people were also documented by families, including issues with waiting lists, a lack of contentment with current housing arrangements, and concurrent legal or substance use related struggles (these barriers are described in more detail in Section 1, Stuck in The Churn). These issues were only magnified for families experiencing homelessness, as every barrier to stable housing meant a further delay to a child's stability.

Age - Youth and Older Adults

Age was also an important factor in participants' experiences of housing service systems. On both ends of the spectrum, youth and older adults experiencing homelessness reported benefiting from tailored services that addressed their dynamic needs.

For young adults, youth-centered services were generally described positively. Participants shared that these programs helped them build job skills, connect with services, and develop a sense of community and belonging with their peers. A few participants described enrollment in higher education opened access to useful resources, including housing, financial supports and guidance counselors that helped to manage or resolve homelessness, revealing that this may be an important sector that can play a more active role in reducing youth homelessness.

At the same time, one participant's story highlighted the social and emotional complexities that can shape experiences within youth service spaces. They described feeling that certain services were effectively off-limits because of difficult relationships with staff and peers, as well as discomfort tied to past interactions and behaviors within those communities. These dynamics created barriers to continued engagement and belonging with those services.

> "I haven't been to [youth service program] since my one ex because I've been too afraid to go there... That partner made it really hard to keep hold of bridges."

While interpersonal tensions and social barriers can also occur in adult services, homeless youth often have fewer service options available to them. Youth may also have less experience navigating complex social environments, which can make conflicts, reputations, and feelings of exclusion especially difficult to manage.

Aging into older adulthood also shaped participants' pathways through homelessness. Several participants described how securing housing became a more urgent priority as they grew older and began experiencing the physical limitations and cumulative health impacts associated with homelessness. They recognized that remaining unhoused posed an increasing threat to their health and wellbeing, which motivated them to seek out additional supports and services. The following quotation comes from an individual who spent a number of years living unsheltered. They describe their decision to seek services as they recognized the impact that living unsheltered was having on their health, and eventually went through substance use rehab before finding their "forever home" in an assisted living facility:

> "I had a mirror and I looked at myself and oh my God, I look like I was 80 or 90 years old, and thin as a rail. My clothes were hanging off of me and I'm like, oh, no, no, no, no, I'm going to die. I just got it in my head that if I don't do something, I'm probably going to be one of the statistics this winter…I really think I wouldn't be alive today if I hadn't listened and got the help I needed. I couldn't have survived another winter. No way."

Older adulthood also brought access to new age-specific programs and services. For some participants, advancing age opened pathways to housing opportunities for which they had not previously been eligible. Two participants identified assisted living settings as their current housing arrangement, illustrating a distinct housing outcome for older adults and people with disabilities navigating homelessness. Participants highlighted the ways their age and health status shaped both their service needs and the resources available to them:

> "That was through [housing non-profit], and that's when they were giving each county money for people to prevent homelessness or to get people off the street. So the program I got into was specifically for people 50 and older. So I fell into this program, I think because of my age and my whole situation of a lot of medical issues, a lot of medical stuff going on."

Culture and Religion

Cultural supports span a range of services and organizations and include those groups operating with a religious focus. They are understood broadly as being characterized by shared beliefs, values, and practices that are relevant across pathways. Participants described culturally specific and faith-based organizations as important supports within their pathways to housing. Although the role of these organizations differed across individuals and circumstances, participants with strong cultural connections often viewed them as particularly meaningful sources of assistance. These organizations provided access to resources, information, and services while also offering support that was attentive to participants' cultural identities, values, and experiences.

> "Culture definitely is a big part of my journey. And that has been the one consistent thing, I think going through all this, getting into programs that think about somebody's culture, I think is really super important because coming into the city and being plopped in with all kinds of other cultures, sometimes we lose ourselves and sometimes the whole purpose was for us to assimilate kind of. So I definitely have fought, I'm [multi-ethnic] and that's what I teach my kids. But definitely I feel like all the work that we're doing, I think that culture needs to play a part of it and it needs to be a slow of a steady reminder that we need to have services for culturally specific populations because we get lost. And if we don't have that, that's my heart. My culture is my heart."

While religious services varied, and some individuals identified a preference to not engage with them, the role of faith-based services was a reoccurring bright spot for many. Several people described deep appreciation for faith-based ministries' outreach services that provided food, health, and hygiene services, as well as caring people to talk to.

> "The people I met on the streets—the good ones… I wanted to get sober, but I knew if I quit drinking, I could die. One of the girls said, 'Come on, let's go.'… This lady sat across from me and said, 'God has a message for you.'… I think that was the [kicking gesture] to get me going."

For those more invested in cultural and religious practices, the journey through homelessness to housing stability was often viewed through the lens of culture and faith.

Concluding Thoughts

These findings demonstrate that experiences of homelessness are shaped not only by individual circumstances but also by a variety of biopsychosocial factors and experiences. Life stage, experiences of violence, family status, and more underscore the importance of services that respond to the distinct needs of people in different circumstances. Together, they reinforce the importance of culturally-humble and trauma-informed services.

The individual differences broadly reviewed in this section also emphasize the limitations of our data. Though our findings demonstrate some of the pathways that individuals can take through homelessness and into housing, they are not perfect representations of every route. When tailored services were available, accessible, and a good match for participants, they were identified as particularly valuable.

The five primary pathways presented in this chapter provide a look at the ways multi-sector service systems do—and do not—support individuals toward the goal of stable housing. Despite this being an explicit aim of many of these services, pathways out of homelessness remain rife with barriers and service failures. Yet, stories of success across all pathways shared common themes; victories were characterized by the persistent self-advocacy of participants, service providers that went above and beyond, and moments when housing and allied services aligned at the right moment when a resource was needed.

The findings here also emphasize the persistent precarity of housing. Participants we interviewed were living in transitional settings without follow up plans, were in the process of evictions, and were still living in shelter at the time of the interview. High costs of housing, persistent financial insecurity, the time-limited duration of resources, and a lack of longitudinal support continue to undermine housing stability and the institutional investments made to serve houseless communities.

At the beginning of this section, we used an analogy of climbing a mountain to introduce the concept of pathways to housing. The five pathways presented—Health, Carceral, Substance Use, Self-Directed, and Lived Experience Employment—describe some of the many routes individuals can take to the final summit of housing. Further, we identified several other pathways that, while not fully developed, underscore that there are other opportunities and service sectors that build unique pathways through and out of homelessness. Our findings show the places where the trail is more direct and better maintained, as in the case of the success stories on each pathway. What we've also shown are the less successful stories —areas of the route where conditions deteriorate and travelers can easily get lost.

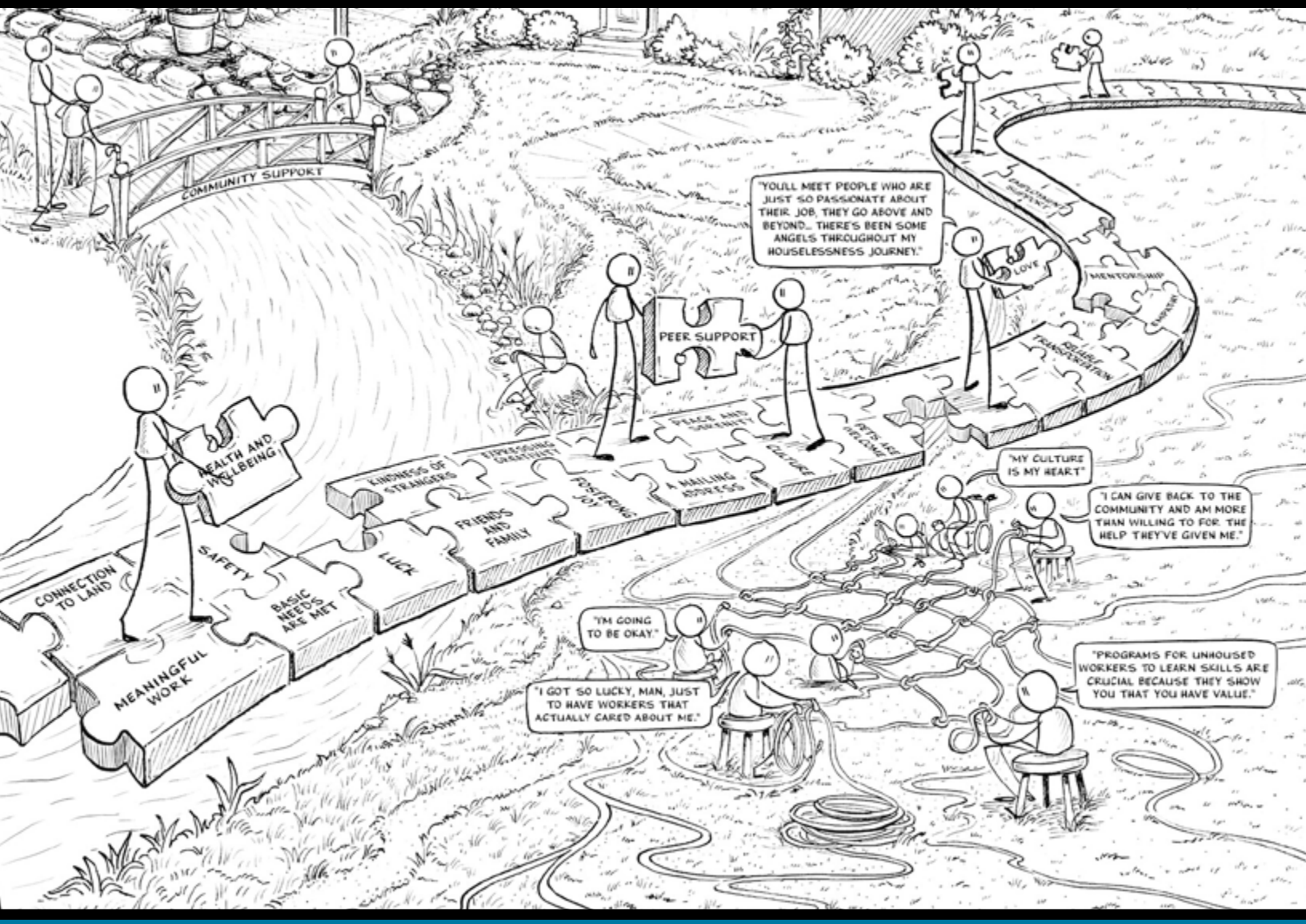
The diversity of pathways identified in this study raises an important question: how can homelessness service systems balance individualized support with the need for clarity and accessibility? Participants frequently described the benefits of services that were tailored to their specific circumstances, cultures, identities, and needs. At the same time, they also described a system that was difficult to understand and navigate, where eligibility requirements, fragmented services, and inconsistent information often prevented people from accessing support. As described throughout Part 1, participants were frequently turned away from programs for which they were not considered eligible, even when their needs remained urgent.

Our findings suggest that the challenge is not the existence of multiple pathways, but the absence of clear and connected routes between them. Participants consistently expressed a desire for a more understandable and navigable system—one that could provide a clear path toward housing while still drawing on the expertise, resources, and cultural strengths of specialized services. Rather than choosing between standardization and flexibility, the opportunity may lie in creating systems that offer both: a clear route through homelessness service systems alongside individualized supports that respond to the unique circumstances of each person seeking housing.

Importantly, our findings highlight the critical role that multiple sectors play in shaping pathways into and out of homelessness. While cross-sector collaboration between homeless services organizations and other institutions was relatively uncommon in participants' stories, it was often transformative when it occurred. Progress toward housing frequently depended not only on homeless services, but also on coordination with health care providers, behavioral health systems, employers, educational institutions, criminal legal systems, culturally specific organizations, and informal support networks.

These findings underscore a central conclusion of this report: pathways through homelessness are not, and cannot be, the responsibility of the homelessness sector alone. The factors that contribute to housing instability—and the resources required to address them—span multiple systems that are rarely designed to work together. Efforts to improve pathways to housing must therefore extend beyond just strengthening homeless services and focus on building stronger connections across the broader network of institutions that shape people's lives.

No single organization can build the path alone to resolve homelessness. The journey to housing is shaped by a landscape of interconnected systems; improving that journey will require these systems to work together rather than asking individuals to navigate the terrain on their own without a map.



Section 3:
Creating Better Pathways- Priorities for Action

The recommendations presented in this section draw on findings from both phases of the Pathways study and were developed collaboratively with the TREES lived experience committee. As a result, they reflect both research evidence and the expertise of people who have experienced homelessness firsthand.

Across these recommendations is a common theme: homelessness is not a single event but a complex, evolving experience shaped by housing, relationships, services, communities, and broader systems. Creating better pathways through homelessness therefore requires coordinated action across each of these domains. The following priorities identify 6 key opportunities to strengthen housing stability, improve services, support community belonging, and ensure that people with lived experience play a meaningful role in shaping solutions.

Core Recommendation

Priority 1: Increase access to diverse forms of affordable housing

Priority 2: Prioritize homelessness prevention and housing stability

Priority 3: Build a more transparent, coordinated, safe, and accountable homelessness service system

Priority 4: Eliminate practices that disrupt pathways to housing

Priority 5: Strengthen community belonging and informal support systems

Priority 6: Integrate lived experience into solutions for homelessness

Priority 1: Increase Access to Diverse Forms of Affordable Housing

Affordable housing sits at both ends of the problem: the lack of affordable housing was the most commonly reported cause of homelessness and the greatest barrier to exiting it. Participants described diverse housing needs shaped by disability, age, family composition, employment, trauma, safety concerns, and caregiving responsibilities. As in the broader community, no single housing model works for everyone. Ending and preventing homelessness requires investments in a range of affordable housing options that enable people to access housing that is safe, stable, and appropriate to their circumstances.

Participants were clear about one thing: they want housing where they can be successful. Success means having a safe and affordable place to live, meeting basic needs, and being with friends and family. We and TREES provide the following recommendations:

Expand and Protect Access to Affordable Housing

Expand access to rental assistance, and increase the supply of affordable housing, especially Permanent Supportive Housing.

Across participants' experiences, affordable housing emerged as both a primary driver of homelessness and the central constraint on leaving it. We found that rental assistance programs are among the most helpful housing supports available, but only when people can access them. Participants described being excluded from assistance because of narrowly defined eligibility criteria, limited program availability, or short durations of support despite experiencing homelessness, experiencing multiple vulnerabilities and seeking help. Expand rental assistance by increasing funding, broadening eligibility criteria, simplifying access, and extending the duration of support. Policymakers and service providers should also develop clearer pathways through which rental assistance can lead to long-term financial and housing stability rather than serving only as a temporary intervention.

At the same time, rental assistance alone will not meet the needs of everyone experiencing homelessness. Participants described significant and sometimes overlapping health, behavioral health, disability, and support needs that can make maintaining housing difficult without ongoing assistance. Increasing the supply of Permanent Supportive Housing is therefore particularly important for people who need both deeply affordable housing and sustained, individualized services to achieve long-term housing stability.

Invest in diverse housing options

Participants described diverse housing needs shaped by disability, age, family composition, employment, trauma, safety concerns, and caregiving responsibilities, reinforcing that no single housing model works for everyone. Increase investments in affordable housing across a range of housing types, including family housing, accessible housing for people with disabilities, housing for older adults, and permanent supportive housing with wraparound services. Housing investments should also be coordinated with healthcare, behavioral health, recovery, long-term care, and carceral reentry systems to ensure people can move directly into stable housing when needed.

Strengthen enforcement of tenant protections and supports for low-income renters

Housing placement alone does not guarantee housing stability. Participants described unresolved maintenance issues, unsafe living conditions, conflicts with landlords, and experiences of unfair treatment that threatened their ability to remain housed. Strengthen oversight and enforcement of tenant protections and increase accountability for landlords and property management companies that fail to maintain safe and habitable housing. Expand eviction prevention services, tenant rights education, financial literacy supports, and assistance navigating disputes before they result in housing loss.

Priority 2: Prioritize Homelessness Prevention and Housing Stability

The easiest homelessness to resolve is the homelessness that never occurs. Participants frequently described missed opportunities for support before becoming homeless, including periods of grief and loss, housing disputes, financial instability, and other major life transitions. Prevention efforts should focus on identifying these moments of vulnerability and providing support before housing is lost.

At the same time, our findings demonstrate that homelessness is often experienced as a recurring cycle rather than a one-time event. Obtaining housing and achieving housing stability are not the same thing. Many participants remained at risk for housing loss even after exiting homelessness. Preventing homelessness therefore requires supporting both people at risk of losing housing and those working to maintain housing after homelessness has ended. We and TREES recommend the following:

Prevent Homelessness Before it Occurs

Expand rental assistance to prevent homelessness

As described in Priority 1, expanding access to rental assistance remains one of the most effective tools for preventing homelessness. Expand rental assistance by increasing funding, broadening eligibility criteria, simplifying access, and extending the duration of support. Policymakers and service providers should also develop clearer pathways through which rental assistance can lead to long-term financial and housing stability rather than serving only as a temporary intervention.

Strengthen tenant protections before housing is lost

Many participants described learning how to navigate housing systems only after experiencing housing instability. Strengthen tenant education, legal assistance, and renter advocacy services so people can access information and support before housing crises occur. Investments should focus on helping renters understand their rights, navigate disputes, challenge unfair practices, and access resources that support housing stability, particularly for individuals experiencing youth homelessness, generational homelessness, or other forms of long-term housing instability.

Invest in grief counseling services and supports following the loss of a loved one

Bereavement emerged as a notable cause of homelessness in our data. The death of a loved one resulted not only in grief, but also the loss of housing, income, caregiving support, social connections, and stability. Despite its importance, bereavement remains an underrecognized risk factor for homelessness. Invest in grief counseling, housing navigation, legal support, and other services that can help individuals maintain housing stability following the death of a loved one. Cross-sector partnerships involving healthcare providers, estate and probate services, housing providers, and social service organizations can create critical intervention points during periods of heightened vulnerability.

Invest in Long-Term Housing Stability: Housing Is the beginning, not the end

Ensure housing remains affordable and supportive over time

Long-term housing stability requires housing that remains affordable and supportive over time. More than half of interview participants remained precariously housed despite having "left" homelessness, demonstrating that housing placement alone is not sufficient to achieve long-term stability. Housing programs should prioritize permanence by ensuring that housing remains affordable over time and that supportive services are available for as long as they are needed. Expiring vouchers, time-limited supports, and benefit structures that undermine financial stability can place people at renewed risk of homelessness. Housing should be affordable within participants' long-term financial means and paired with flexible, ongoing supports that promote sustained housing stability.

Address the benefits cliff and support transitions to economic stability

Many participants want to work and employment services are one of the biggest unmet needs that we identified (only following financial assistance). Many were working, but all were in low-wage positions despite some having advanced degrees. This was due to barriers obtaining employment while navigating out of homelessness. Participants frequently described becoming trapped between low wages and benefit eligibility. Small increases in income could result in the loss of critical supports

without providing enough additional earnings to offset those losses. This "benefits cliff" creates barriers to employment advancement, financial stability, and housing security. We recommend developing programs that involve phased transitions that allow people to pursue employment advancement, build savings, and increase financial independence without risking the loss of housing or essential benefits.

Expand low-barrier employment opportunities

Employment is a critical component of long-term housing stability, yet participants described significant barriers to obtaining and maintaining work while experiencing homelessness or transitioning into housing. Expand low-barrier employment opportunities that provide flexible schedules, opportunities for advancement, and wages that support long-term housing stability without triggering unnecessary losses of public benefits. Strengthen partnerships with employers by providing hiring incentives or tax breaks for keeping people experiencing homelessness employed for a period of time; bring job fairs and employment services into shelters and other locations frequented by people experiencing homelessness; and create pathways into careers that extend beyond temporary or low-wage employment.

Support successful transitions into housing through in-home education and peer support

Successfully transitioning from homelessness to stable housing often requires rebuilding routines, confidence, practical skills, and social connections. Education for people to learn how to maintain an apartment or home, manage a budget and expenses, and care for themselves and their families is a strongly endorsed recommendation from the TREES committee. Ideally, such services would be provided in the home to help people develop these skills as they apply to their environments, including cleaning and maintenance, developing new social networks and civic engagement, self-care including cooking and medical care, and pet care. This is an opportunity to build additional employment opportunities for peer-support workers.

Priority 3: Build a More Coordinated, Safe, and Accountable Homelessness Service System

Participants consistently described caring, dedicated providers who helped them navigate homelessness. At the same time, they described a homelessness service system that was difficult to navigate, fragmented across organizations, and characterized by inconsistent access to services and resources. Throughout this study, participants described safety as foundational to successful service engagement. Safety extended beyond protection from physical harm to include respectful treatment, accountability, consistency, trauma-informed interactions, and confidence that concerns would

be taken seriously. Success therefore depended not only on the availability of services, but on an individual's ability to connect with the right support at the right time, and to feel safe and supported to do so.

Improving outcomes will require stronger coordination across systems, clearer pathways to services, a well-supported workforce, and environments where people feel safe enough to seek help and remain engaged. Together, the following recommendations aim to create a homelessness service system that is easier to navigate, more coordinated, safer, and more accountable.

Improve Navigation and Coordination

Create clear avenues and processes for accessing services

A common assumption is that people follow relatively defined pathways through homelessness services that can be optimized and improved. One aim of this study was to better understand those pathways. Rather than revealing a common pathway, our findings demonstrated that people navigate many different pathways that change over time and depend on individual circumstances. Participants described highly individualized journeys shaped by changing needs, eligibility requirements, service availability, personal relationships, timing, and chance. Success often depended less on following a defined route than on finding the right service at the right time. This complexity should not become the responsibility of people experiencing homelessness to navigate. While services should remain flexible enough to meet diverse needs, the process for accessing them should be simpler, more transparent, and more coordinated. Develop centralized sources of information, clear referral pathways, coordinated intake processes, and stronger cross-agency communication so people can more easily connect with the supports that best meet their needs.

Tailor services to populations facing unique barriers

While clearer pathways through homelessness services are needed, standardized systems should not come at the expense of individualized supports. Our findings demonstrate that people with disabilities, individuals leaving incarceration, women with children, people with childhood experiences of homelessness or involvement with child welfare systems, and other populations face distinct barriers to obtaining and maintaining housing. Service design should intentionally address these differing needs while continuing to explore the role of culturally specific organizations, affinity-based housing, and other tailored approaches that may improve long-term housing stability.

Improve cross-sector collaborations

A key finding from Phase 2 is the important role that other sectors play in homelessness. Homelessness is not created by the homelessness service system, nor can it be resolved by that system alone. Our findings demonstrate that employment, healthcare, behavioral health, criminal legal systems, long-term care, financial systems, education, and other sectors all shape pathways into and out of homelessness. Strengthen partnerships across sectors by developing shared goals, coordinated planning, and joint accountability for preventing and resolving homelessness. Cross-sector collaboration should be viewed as an essential component of effective homelessness response rather than an optional addition.

Strengthen the Homelessness Workforce

Design programs and working conditions that support and empower good staff to do good work

Participants consistently described frontline staff as one of the greatest strengths of the homelessness service system. Our findings illustrate how hard effective staff have to work to help people resolve homelessness, often going "above and beyond" their formal responsibilities to help people navigate complex systems and maintain hope. At the same time, staff were often required to navigate the same fragmented and constantly changing system as their clients, while high turnover disrupted relationships and reduced continuity of care.

Invest in frontline staff by ensuring they are appropriately compensated, supported, and empowered to respond to clients' individual needs. Organizations should structure roles so that staff have the professional autonomy, resources, and flexibility to exercise judgment, build relationships, and tailor support rather than being constrained by rigid procedures or administrative requirements. Reducing unnecessary administrative burdens—such as through centralized information systems and coordinated referral processes—would allow staff to spend more time providing direct, client-centered support.

These investments should include the lived-experience workforce. Participants consistently described the value of working with staff who understood homelessness through personal experience and could build trust, provide hope, and navigate systems from an informed perspective. At the same time, lived-experience positions are often concentrated in entry-level or peer-support roles with limited opportunities for advancement. Organizations should create meaningful career pathways, leadership opportunities, and compensation structures that allow people with lived experience to build long-term careers within the homelessness service system.

Recommendations from TREES to frontline workers

As described in this report, the most effective service providers were those who cared and who reaffirmed peoples' dignity and humanity. These specific recommendations from TREES committee members to frontline workers reaffirm the importance of these actions:

- Understand that people don't want to be homeless.
- Listen to people – and let them know they are being heard.
- Cultivate healthy relationships and community.
- Treat people with dignity, empathy, and compassion.
- Remember that this person in the Oregon State Hospital or in prison could be your family member or loved one.
- Remember your energy, because people experiencing severe and persistent mental illness are the most sensitive. This is to provide good-quality service as well as keep you safe.

Invest in workforce development across the homelessness service system

Increase funding for non-profits to provide workforce training. Our data emphasize the value of a well-trained, caring service provider and the harm that can occur from providers that are burnt out, disengaged, or ill-equipped. Require recurring training on best practices for anyone who interacts with people experiencing homelessness on a regular basis. This includes people conducting involuntary displacements, case managers, and peer supporters, as well as people in ancillary systems such as health providers, police and parole officers, lawyers, and others. Training should be standardized, focused on trauma-informed practices, led or co-led by people who have lived experience of homelessness, and engaged with frequently, perhaps multiple times per year. Training should focus on practical components of system navigation for providers to better support clients as well as compassionate, person-centered engagement practices. This goes towards increasing safety and accountability. Embedding training as part of a continuing education or similar requirement is one way to systematize this recommendation.

Improve Safety and Accountability

Improve system-wide accountability, learning, and safety

Safety is a prerequisite for effective homelessness services. Yet, participants described a range of negative service experiences, from providers failing to attend scheduled appointments or follow through on commitments to more serious concerns involving discrimination, intimidation, unfair treatment, and abuses of authority. Both everyday failures of accountability and more serious misconduct erode trust in the homelessness service system and reduce people's willingness to engage with services.

Strengthen accountability through independent oversight, regular client feedback, transparent reporting mechanisms, and clear processes for addressing misconduct and safety concerns regardless of role or organizational position. Consider establishing an independent homelessness ombudsman to investigate complaints, monitor patterns of concern, and promote system-wide accountability.

Homelessness services operate within a rapidly changing environment. Maintaining effective services therefore requires ongoing learning, monitoring, and adaptation at all levels of the system. Service providers, nonprofit organizations, funders, and government agencies should regularly assess service quality, client experiences, unmet needs, and system outcomes to identify emerging gaps and guide improvements. At the systems level, public reporting and ongoing communication about goals, performance, and service needs can strengthen transparency, coordination, and accountability.

Improve shelter safety through evaluation, accountability, and alternative shelter models

Safety concerns were among the most commonly described reasons why participants avoided shelters despite needing indoor spaces. Our data showed that people move in and out of shelters, and many people describe unsafe experiences in shelter, leading them and others to avoid shelters due to this reputation. Yet, there are some examples of shelters working well for people. Additional attention to the design, evaluation, and management are needed to better understand what makes a shelter safe or unsafe, and how to respond to unsafe shelter situations more effectively. Invest in alternative shelter models, including shelters tailored to specific populations (e.g., people with physical disabilities, culturally-specific spaces, etc.)

Support people who experience homelessness together to stay together (if desired)

Relationships formed during homelessness are often an important source of practical, emotional, and informational support. Participants described relying on friends, partners, and chosen family to share resources, navigate services, maintain safety, and sustain hope. But not all relationships are protective. Some participants described intentionally distancing themselves from relationships associated with violence, abuse, or substance use as an important part of their pathway toward housing stability. Decisions about maintaining or separating social networks should therefore be individualized, guided by individual choice and safety.

Design housing and service policies that recognize and preserve supportive social relationships whenever safe and desired. Avoid unnecessarily separating people who rely on one another for practical and emotional support, and consider ways to accommodate visits, co-location, or coordinated housing placements when these relationships contribute to long-term wellbeing and housing stability.

Priority 4: End Practices That Undermine Pathways Out of Homelessness

Discontinue involuntary displacements and redirect investments toward housing and outreach

Throughout this report, we describe how people move toward housing through relationships, continuity, trust, safety, and sustained engagement with services. Involuntary displacements disrupt these same factors, often severing connections to providers, social supports, and sources of stability. As a result, they work against many of the conditions associated with successfully exiting homelessness. The TREES committee unanimously recommends discontinuing involuntary displacements and redirecting resources toward housing, outreach, and supportive services.

Recognizing that involuntary displacements are likely to continue in some form, the following recommendations focus on reducing harm and strengthening connections to services when they occur:

- Reach out to and connect people with services before planned involuntary displacements. Many participants who experienced involuntary displacement were never contacted by outreach workers or provided support prior to or as part of the displacement process.
- Include peer support specialists or other trusted sources before and during outreach around involuntary displacements to better improve meaningful connections to services.

- Minimize the role of law enforcement in involuntary displacement activities. Whenever possible, outreach, service connection, and displacement-related communication should be led by outreach workers, peer support specialists, or other trusted providers, with law enforcement involved only when needed to address an immediate safety concern.
- Improve the effectiveness of shelter referrals made during involuntary displacement. The City of Portland provides weekly reports about how many people express interest in a shelter referral, how many accept a referral, and how many use a shelter bed at least 1 night during involuntary displacement actions[5]. Our findings suggest that distrust of workers and the traumatic nature of displacement itself may contribute to this gap. The City should examine why referrals fail, including how, when, and by whom offers are made, and use this information to improve or reconsider current practices. This should include learning from communities and organizations that are more successful at connecting people to shelter and services, while identifying approaches that build trust and reduce harm. Better understanding the process of how these referrals are offered and by whom will provide important information and drive improvements.
- Formalize outreach roles by providing training, funding, and volunteer opportunities for peer workers, advocates, volunteers, people needing community service hours, and others to assist people before planned involuntary displacement actions.
- All people involved in involuntary displacements should receive similar training as previously described, focused on supporting connections to services with a trauma-informed, person-centered orientation.
- Strengthen outreach and support for people who remain unsheltered.
- Because shelters are often at capacity and there is insufficient housing overall, there are not enough indoor spaces available to people experiencing homelessness. Some people must sleep outdoors. Therefore, develop dedicated programs to help people navigate to safe camping and parking locations and provide support while there is no other place to go.

5 Weekly Street Services Reports are published by the City of Portland and can be found here https://www.portland.gov/homelessness-impact-reduction/news

Priority 5: Strengthen Community Belonging and Informal Support Systems

Our findings demonstrate that pathways through homelessness are shaped not only by formal services but also by the communities in which people live. Participants consistently described the importance of informal support networks, relationships, public spaces, neighbors, volunteers, and peer communities in helping them survive homelessness and move toward housing. These findings suggest that ending homelessness is not solely the responsibility of homelessness service providers or governments. Community members, neighborhood organizations, businesses, faith communities, and civic institutions all have important roles to play in creating welcoming, inclusive communities that support housing stability and belonging.

We are often asked how community members can help support homelessness. Here are some recommendations for harnessing and improving the important contributions of community members including neighbors to people experiencing homelessness:

- Build relationships.
  - Support spaces where housed and unhoused people can interact. Support mixed use gathering spaces that bring together both communities via day centers, support groups, art spaces, libraries, parks, and others. Increase relationships, understanding, and visibility of unhoused people as valuable community members.
  - Engage in neighborhood dialogues. Ensure neighborhood meetings include both housed and unhoused neighbors; establish safe processes for facilitating dialogues
- Support community-led initiatives.
  - Increase support for and presence of self-governed and resident-led shelter and housing models.
  - Invest in spaces led by and for people who are experiencing or have experienced homelessness.
  - Intentionally create community through policies and procedures that include all members, including people who are experiencing homelessness.
- Shift public responses.
  - Reduce involuntary displacements and other forms of government-level sanctions against people experiencing homelessness.
  - Prioritize peer outreach responses (like Portland Street Response) over police responses. Policing and government actions can reinforce public fears, misinformation and stereotypes about people experiencing homelessness.
-

- Increase public understanding.
  - Hold community events and meetings to educate neighbors on homelessness, myths about homelessness, and ways to support people experiencing homelessness through mutual aid, civic engagement, and advocacy.
- Lead with kindness. This is the most important recommendation. Many people struggle with housing insecurity, and as numbers of people experiencing homelessness rise, it is not hyperbole to say that many people are one disaster or unanticipated expense away from becoming homeless. A little kindness can truly make an impact in reaffirming people's humanity and supporting people through a perilous pathway.

Priority 6: Integrate Lived Experience Into Solutions For Homelessness

People with lived experience of homelessness bring expertise that cannot be gained through professional training alone. Throughout the Pathways study, the TREES committee helped shape the design, implementation, interpretation, and recommendations of this project. Their involvement demonstrated the value of lived experience not only in understanding homelessness, but in developing more effective responses to it.

The following recommendations focus on ensuring that lived experience is meaningfully represented, supported, and influential within homelessness systems and decision making.

Ensure Lived Experience Has a Meaningful Voice in Decision Making

People with lived experience of homelessness should be represented wherever decisions about homelessness are made, including advisory committees, funding bodies, policy groups, and organizational leadership. Representation should be accompanied by appropriate compensation that recognizes lived experience as a form of expertise. Decision-makers should also seek opportunities to engage directly with people currently experiencing homelessness through outreach and community engagement rather than relying solely on formal meetings. Representation should extend beyond consultation to meaningful participation in decision making about policies, funding priorities, program design, and system improvement efforts. As TREES members emphasized throughout this project: "Nothing about us, without us."

Consistent with earlier recommendations, organizations should continue expanding opportunities for people with lived experience to work throughout the homelessness service system. Participants consistently described the value of working with staff who understood homelessness through personal experience and could build trust, provide hope, and navigate systems from an informed perspective.

Create Organizational Structures That Enable Shared Leadership

Representation alone is only the first step. The impact of lived experience depends on whether organizations create genuine opportunities for influence. Creating organizational change requires genuinely sharing power with people who have lived through the systems that organizations seek to improve. Our experience working alongside the TREES committee required us to continually rethink traditional approaches to decision-making and collaboration. It meant slowing down to ensure decisions and processes were fully discussed and considered, balancing enough structure to provide direction while leaving enough space for TREES members to genuinely shape the work, and adapting communication and decision-making processes to better recognize experiential expertise. Meaningful engagement requires us to recognize experiential knowledge as a distinct form of expertise that complements professional and academic knowledge rather than being secondary to it.

Our experience demonstrated that strong relationships are not separate from effective outcomes—they are often what make effective outcomes possible. Building trust, sharing power, and creating space for lived experience to shape decisions strengthened both the research process and the recommendations that emerged from it. These approaches may require organizations to work differently, becoming more comfortable with shared authority, slower decision making, and processes that prioritize relationships alongside outcomes. However, these are small accommodations compared with the daily uncertainty, risk, and vulnerability experienced by people living through homelessness. If organizations are serious about ending homelessness, they must be willing to adapt their systems to the people they serve—not expect people to continually adapt to the systems.

A Message from TREES to People Still Experiencing Homelessness

The following reflections were developed by members of the TREES committee for people who are currently experiencing homelessness. They are shared as peer to peer encouragement based on lived experience not because homelessness is an individual's responsibility to solve, but because committee members wanted to share what helped them survive, navigate systems, and move toward housing.

Remember that your situation does not define you.

- Being unhoused is not your fault. Homelessness is a systems failure.
- People just don't want to be homeless. You deserve a safe place to call home.
- Never give up.
- Celebrate small wins and be grateful for the progress you make, even when it feels slow.
- Be good to yourself.

Build relationships and community.

- Ask questions. Word of mouth can be one of the best ways to learn about resources.
- Form healthy relationships and build community. Share information and support one another.
- Find people you can trust, and let trusted people support you. Some support people are worth trusting and they work with you.
- Speak up. Let your voice be heard nothing changes without awareness.
- When you're able, mentor others and share what you've learned.

Keep trying, even when systems are frustrating.

- Access as many services as you can. If one doesn't work, look for another path.
- If one case manager isn't a good fit, ask to work with someone else. Provide feedback if it feels safe to do so.
- Be honest about your situation and exhaust all resources.
- Treatment centers will help with housing and with trauma.
- Specific shelters can be helpful. Ask around in the community to find one that could fit your individual needs.
- Learn ways to advocate for yourself within the system, and to share grievances when it's possible and safe for you to give this important feedback.

Keep your case manager updated with your contact information.

- Be open to opportunities, even if they aren't exactly what you expected. Sometimes what helps isn't obvious at first.
- Be patient. Know that the system needs significant improvement and progress often takes time. Don't blame yourself for the systems' failures.

Take care of yourself and your future.

- Be grateful for your body and take care of it. Take time to get health support and medical care. Your body is what is getting you through this. Don't take it for granted.
- Continue engaging with services after entering housing.
- Access behavioral health supports when they're available to help heal from trauma.
- Know that it will take time to adjust to living inside. Seek out support and don't be too hard on yourself as you make this transition.
- Learn about your rights and ways to advocate for yourself within systems.
- If a shelter or program doesn't feel like the right fit, explore options that better meet your individual needs.

Support one another.

- Show solidarity.
- Help build community wherever you are.
- Become a mentor and tell your story truthfully don't candy coat it. The details matter.
- Listen to others people want to know they are being heard and that their stories matter.
- Share resources and information with others whenever you can.

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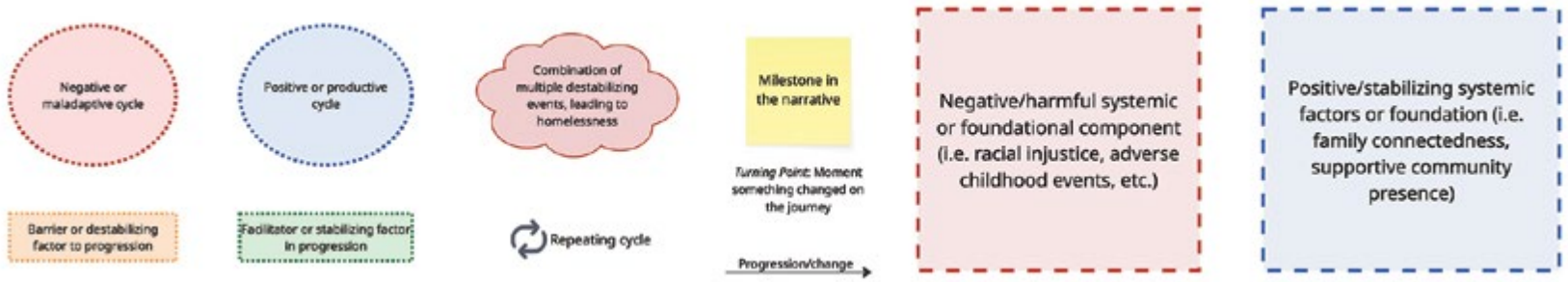
Appendix A: Qualitative Interview Guide

Main question	Suggested prompts or follow up questions
1. Tell us what you've drawn OR IF NO MAP 1a. Please share your story of how you've gotten to where you are	▪ Where would you like to start your story? ▪ Where did you stay last night (or current?) ▪ Consider your first or most recent experience. What happened before/after? ▪ Is there anything else that you remember about that time?
2. Were there services that helped you along your pathway? How did you find out about this program? Were there services that were unhelpful or that you lost contact with?	▪ Are there services you didn't want/use? Can you say why? ▪ Were there services you tried to connect with but couldn't? Why couldn't you connect with them? ▪ How did you find out about the services that helped or did not help? ▪ Were they easy to use once you found out about them? ▪ What services would you want to have access to if you could? ▪ Was there anything that held you back from looking for help to get housing?
3. We are also interested in learning about what relationships you had that were important on your pathway. Was there anyone that helped you on your journey?	▪ For example, who was important? (family, friends, service providers, other people experiencing homelessness, etc.) ▪ How were they important? Was the experience supportive or not? Why? ▪ If positive, what support did they provide? (someone to talk to, connect with resources, provided financial/ material support) ▪ What barriers got in the way or made it harder for you throughout your journey?

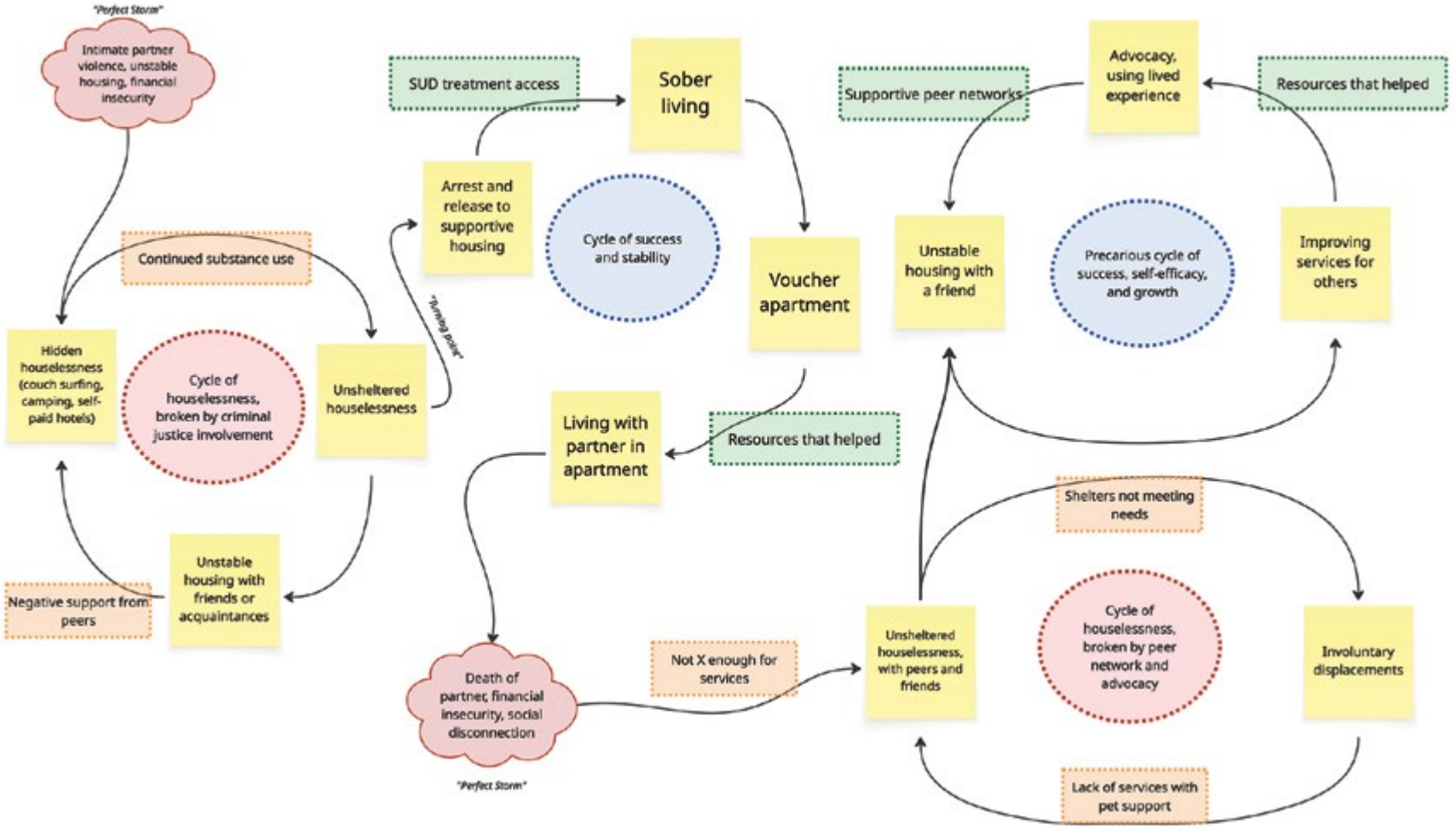
4. What do you hope your future pathway related to housing will look like? What would help you achieve your housing goals?	▪ What are your goals for the short term? What are your goals for the long term? ▪ What do you think you need to help you get there? ▪ What would your ideal pathway into housing look like? What would make it easy for you? What makes you hesitant to look into housing? ▪ Is there anything that we haven't asked about today that you want to be sure is included?
Demographic Questions	
How do you describe your race or ethnicity?	
How do you describe your gender?	
What is your age?	
When was the last time you were houseless?	
About how long, in your whole life, have you experienced homelessness (answer in months or years)?	
What type of housing are you in currently? (here is a range of examples: doubled up/couch surfing; house/apartment I pay for myself, or that I have a voucher or other assistance for; pod/tiny house/ village; shelter; unsheltered [outside/tent]; RV; other)	

Appendix B:
Examples of narrative diagrams

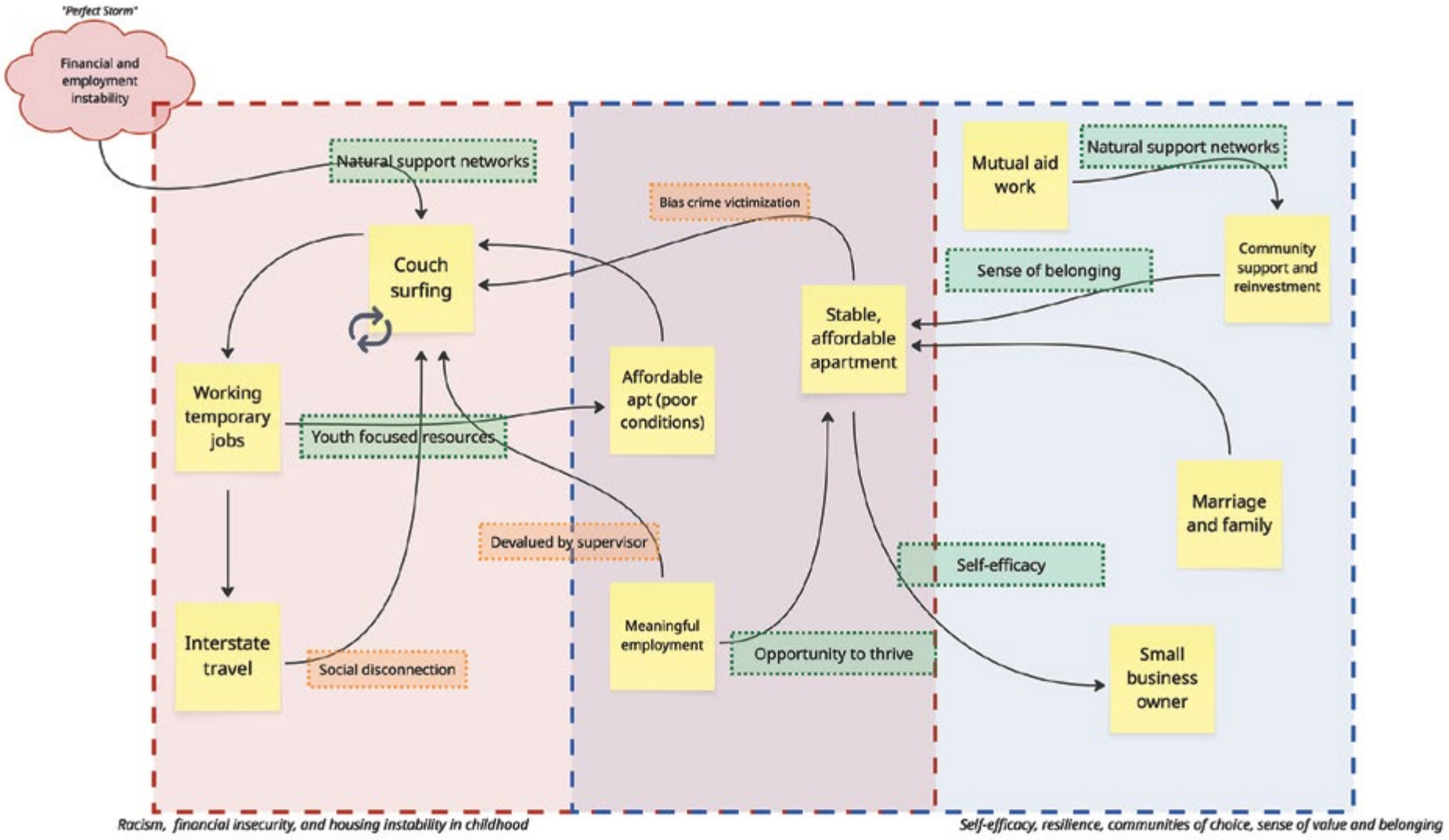
Key



Example 1


"Perfect Storm"
Intimate partner violence, unstable housing, financial insecurity
SUD treatment access
Sober living
Supportive peer networks
Advocacy, using lived experience
Resources that helped
Arrest and release to supportive housing
Cycle of success and stability
Continued substance use
Voucher apartment
Unstable housing with a friend
Precarious cycle of success, self-efficacy, and growth
Improving services for others
"Revolving door"
Hidden houselessness (couch surfing, camping, self-paid hotels)
Cycle of houselessness, broken by criminal justice involvement
Unsheltered houselessness
Living with partner in apartment
Resources that helped
Shelters not meeting needs
Unstable housing with friends or acquaintances
Negative support from peers
Death of partner, financial insecurity, social disconnection
Not X enough for services
Unsheltered houselessness, with peers and friends
Cycle of houselessness, broken by peer network and advocacy
Involuntary displacements
"Perfect Storm"
Lack of services with pet support

Example 2


"Perfect Storm"
Financial and employment instability
Natural support networks
Couch surfing
Working temporary jobs
Youth focused resources
Interstate travel
Social disconnection
Bias crime victimization
Affordable apt (poor conditions)
Devalued by supervisor
Meaningful employment
Mutual aid work
Natural support networks
Community support and reinvestment
Sense of belonging
Stable, affordable apartment
Marriage and family
Self-efficacy
Opportunity to thrive
Small business owner
Racism, financial insecurity, and housing instability in childhood
Self-efficacy, resilience, communities of choice, sense of value and belonging

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