HOUSING & HOMELESSNESS COMMUNITY NEEDS ASSESSMENT

Sheltering Services in Marion & Polk Counties

A Landscape Scan and Gap Analysis

PREPARED FOR

Mid-Willamette Valley Community Action Agency

PREPARED BY

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DATE

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SHELTERING SERVICES IN MARION AND POLK COUNTIES: A LANDSCAPE SCAN AND GAP ANALYSIS

Background

Marion and Polk Counties have seen sustained growth in homelessness and housing instability in recent years, and the region's response is delivered by a constellation of public, nonprofit, faith-based, and Tribal providers that largely operate independently of one another. The Mid-Willamette Valley Community Action Agency (MWVCAA) commissioned this Housing and Homelessness Community Needs Assessment to build a clear, shared picture of that response and to inform its regional planning. As the agency works to coordinate resources and prioritize investments across the two counties, it needs a current accounting of what sheltering capacity exists, where it is located, whom it serves, and where the most significant gaps remain. Woodson Insights Research + Evaluation (Woodson Insights) conducted a landscape scan of sheltering services for people experiencing homelessness in Polk and Marion counties from March through May of 2026. The landscape scan was the first in a series of evaluation instruments to comprehensively assess community sheltering needs in the region.

With a growing number of people experiencing housing instability in the region, this landscape scan is a key part of understanding both the geography and capacity of existing sheltering services, as well as the available services and populations served.

The landscape scan was designed to answer three key evaluation questions:

1. What sheltering services currently exist to address homelessness in Polk and Marion counties?
2. What are the gaps in sheltering services for people experiencing homelessness in the region?
3. What barriers are there to accessing sheltering services?

Subsequent evaluation instruments that are part of this ongoing community needs assessment will amplify our understanding of the strengths and weaknesses of the current sheltering system, as well as barriers that real people are experiencing on the ground. Ongoing research methods include a series of community member and service provider listening sessions, in addition to surveys for both service providers and people accessing sheltering services.

This report focuses specifically on sheltering programs, defined as the emergency, low-barrier, warming and cooling, transitional, Permanent Supportive Housing, recovery-focused, day-center, and rapid-rehousing programs that make up the region's sheltering continuum. It does not attempt to inventory the broader network of food, health, employment, and other supportive services that people experiencing homelessness also rely on. Those services are an important part of the regional landscape and are best examined in their own right. By concentrating on sheltering capacity, this gap analysis establishes a foundation that the surveys and listening

sessions in later phases of the assessment will build on with the lived experience of community members and providers.

Methodology:

The landscape scan was organized around a structured shelter inventory instrument that captured each program's organization and populations served, shelter type, capacity, operating hours, eligibility and access requirements, outreach methods, and funding. The full set of questions appears in *Appendix D*. Woodson Insights compiled an initial list of sheltering programs operating in Marion and Polk Counties in coordination with MWVCAA and refined that list throughout data collection as programs were confirmed, consolidated, or determined to be outside the scope of sheltering.

This landscape scan provides a program-level overview of all 44 shelter and housing programs included in the 2025 MWVCAA Homelessness Needs Assessment landscape scan for Marion and Polk Counties. Verification followed a tiered approach. Every program began with internet research, followed where possible by a brief confirmation call with staff, a more in-depth conversation by phone or email with program leadership, and a final email confirmation of the recorded details. *Appendix E* documents which verification steps were completed for each program. Not every program completed every step, and the depth of verification varied with each provider's availability and capacity to respond.

Limitations:

Self-reporting and verification. This landscape scan reflects program-level data that was largely self-reported by shelter providers and verified by phone and email where possible. Gathering complete and consistent information from busy frontline providers was an inherent challenge. Understandably, program staff balance data requests against the immediate demands of operating a shelter. Some information (like cost per bed and the number of unique individuals served) programs do not routinely track. In several cases, different contacts within the same organization provided different figures. Rather than treating this as error, we read it as a sign that these organizations are continually adapting to changing need, so that capacity and availability are better understood as a moving target than as fixed counts. The figures in this report reflect the best available information at the time of collection between March and May of 2026.

Uneven reporting. Reporting was uneven across several key metrics, which limits the conclusions that can be drawn at a system level. Average operating cost per bed was reported by only 15 of 44 programs, and those figures reflected different underlying definitions, as described in *Finding 27*. The number of unique individuals served annually was reported by 28 of 44 programs, bunk and congregate bed counts were reported inconsistently, and five programs did not report operating hours at all.

Households vs. individuals served. Because family-serving programs report capacity in households rather than individual beds, combined capacity estimates rely on a conservative

conversion of three individuals per household (as described in the *Definitions* section) and should be read as estimates. The region also lacks the infrastructure to produce a system-level unduplicated count. HMIS allows deduplication at the county level but not the program level, and 13 programs do not use HMIS at all, so the reported sum of unique individuals served should not be interpreted as the number of distinct people the system reaches.

Reported need vs. capacity. The Point-in-Time Count, the annual one-night census of people experiencing homelessness, is widely understood to undercount the true scale of homelessness and need.[1,2,3] It misses people who are doubled up with friends or family, sleeping in vehicles or other locations that enumerators do not reach, or otherwise out of view on the night of the count. As such, the level of need this report compares capacity against should be read as a conservative floor rather than a complete picture. Reported capacity comes with its own limits, because a bed that exists on paper is not necessarily a bed a given person can use. Eligibility restrictions reserve many beds for specific groups, so a women-only or veterans-only bed is not available to someone who does not qualify. Geographic access matters as well, since a bed in Salem does little for someone in rural Polk County without transportation to reach it. And real-time availability fluctuates, so a bed counted in the inventory may be occupied, waitlisted, or offline on any given night. For these reasons, capacity should not be read as simply the number of people the system is able to shelter. The gap between need and usable capacity is wider than a direct comparison of totals beds to total need would suggest.

Equity and equitable access. Certain dimensions central to equity and equitable access could not be fully captured in this landscape scan. Most programs reported that they are not culturally specific and serve all races and ethnicities, with only a few serving a specific community, so the scan reflects whom programs are designed to serve rather than the demographic makeup of the people they reach. Physical accessibility accommodations were reported by only a minority of programs, and the system contains no LGBTQIA+ specific programming, which limits what the scan can say about how well it reaches these communities.

Definitions:

The definitions below clarify how key terms are used consistently across this report.

Beds and households. Family-serving programs predominantly report capacity in households rather than individual beds, reflecting the reality that family shelter is unit-based. Reporting often requires data to be in the form of total beds or sleeping spaces, which requires either a conversion assumption or a separate data collection effort to determine average household size

[1] U.S. Government Accountability Office. (2020). *Homelessness: Better HUD oversight of data collection could improve estimates of homeless population* (GAO-20-433). https://www.gao.gov/assets/gao-20-433.pdf
[2] National Alliance to End Homelessness. (n.d.). *What is a point-in-time count?* Retrieved June 24, 2026, from https://endhomelessness.org/resources/policy-information/what-is-a-point-in-time-count/
[3] Schneider, M., Brisson, D., & Burnes, D. (2022). The annual homeless point-in-time count: Limitations and two different solutions. *American Journal of Public Health, 112*(4), 545–547. https://doi.org/10.2105/AJPH.2021.306640

and bed counts per unit. For combined bed counts, we calculated a conservative value of three beds per family unit.

Bed / Individual Bed	Signifies a shelter bed or sleeping space meant to accommodate one person. May include congregate beds, bunk beds, beds in private housing units or single occupancy rooms, depending on the shelter.
Household / Family Unit	Signifies a family with or without children, or a group of individuals who are living together as one economic unit. Some shelters in the landscape scan track capacity by "families" rather than "beds" because they offer private family rooms or housing units meant to accommodate a group. The number of beds vary in these instances, depending on the size of the family seeking shelter but are typically 3-5 beds.

Shelter types. Providers self-identified from the following shelter types and were able to designate multiple shelter types for one location.

Emergency shelter	Short-term, overnight accommodation for individuals or families in crisis who have no immediate place to stay. Focused on immediate safety and basic needs like a bed, meals, and hygiene.
Low-barrier shelter	Shelters with minimal preconditions to access services, such as sobriety requirements, ID, or curfews, in order to reach people who might otherwise go unsheltered.
Warming/cooling shelter	Temporary, often seasonal shelter activated during extreme weather (heat waves or freezing temperatures) to protect unsheltered individuals from life-threatening conditions. May operate out of churches, community centers, or other public spaces.
Transitional housing	Time-limited housing (typically up to 24 months) that provides a structured, stable environment between emergency shelter and permanent housing, often paired with intensive supportive services to help residents build skills and self-sufficiency.
Permanent Supportive Housing	Long-term, stable housing combined with ongoing voluntary supportive services, designed primarily for individuals with chronic homelessness or disabilities. There is no time limit on tenancy.

Day center	A daytime-only facility where unsheltered individuals can access basic needs and services — such as showers, laundry, meals, mail, phone charging, and case management — without requiring an overnight stay.
Recovery-focused shelter	A shelter specifically designed to support individuals in recovery from substance use disorders, typically maintaining a sober environment and offering structured programming, peer support, and connections to treatment services.
Rapid Rehousing	A short-term intervention that quickly moves individuals and families into permanent housing through a combination of housing search assistance, temporary rental assistance, and case management support.

Primary populations. Providers self-reported the number of beds/family units at their shelters as well as populations served. We then designated each shelter as serving a primary population (Survivors of DV, Youth, Adults Only, Adults with Children) based on their response. Some programs reported serving multiple populations, in which case we designated the primary population based on the definitions below.

Beds for Survivors of DV	Beds are dedicated to survivors of domestic violence, sexual assault, human trafficking or stalking. Not all people who seek shelter in these instances are currently experiencing homelessness, but they do have housing instability and safety concerns due to a DV situation.
Beds for Youth	Beds are dedicated to youth ages 11-17 only. These shelters often also serve survivors of DV in a mixed shelter environment.
Beds for Adults with Children	Beds are open to adults 18+ and their minor dependents. In some cases, these beds may also be open to adults without children and survivors of DV in a mixed shelter environment
Beds for Adults Only	Beds are dedicated to adults 18+ only. These shelters often also serve survivors of DV and veterans in a mixed shelter environment.
Beds for Veterans	Beds are dedicated primarily to veterans.

Key Findings:

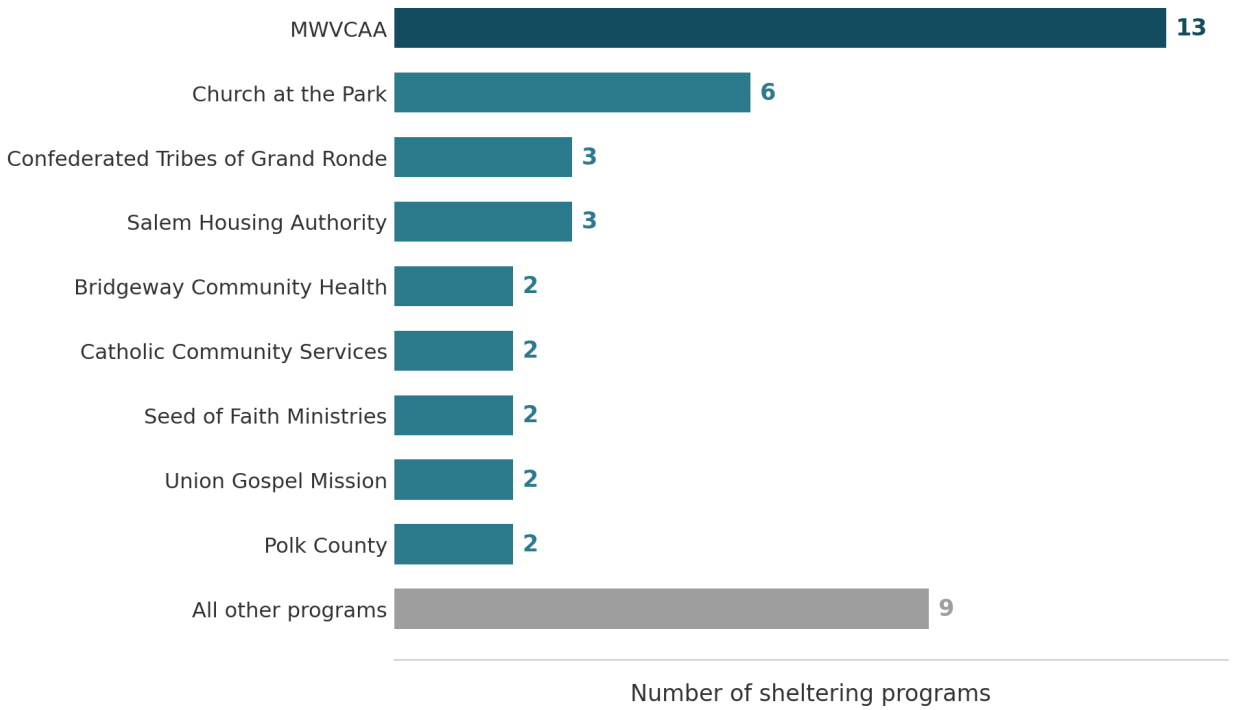
Section 1: Assessing the scale and capacity of shelters in Marion and Polk Counties.

FINDING 1: The Marion/Polk region is home to 44 sheltering programs for people experiencing homelessness, operated by 18 independent organizations.

The region relies on 18 different organizations to shelter people experiencing homelessness, yet only a handful operate most programs. MWVCAA operates 13 programs, accounting for 30% of all sheltering programs. Church at the Park accounts for the next largest share, operating six programs. Tribal organizations are also making important contributions to shelter capacity with Confederated Tribes of the Grand Ronde operating three verified shelters.[4] Together, these organizations operate more than half of all sheltering programs in the region.

Figure 1

Share of Sheltering Programs Across Organizations



[4] *NOTE: Confederated Tribes of Grand Ronde and Confederated Tribes of Siletz also operate two transitional living centers each — four total — which were not included in this count because bed data was not verified.

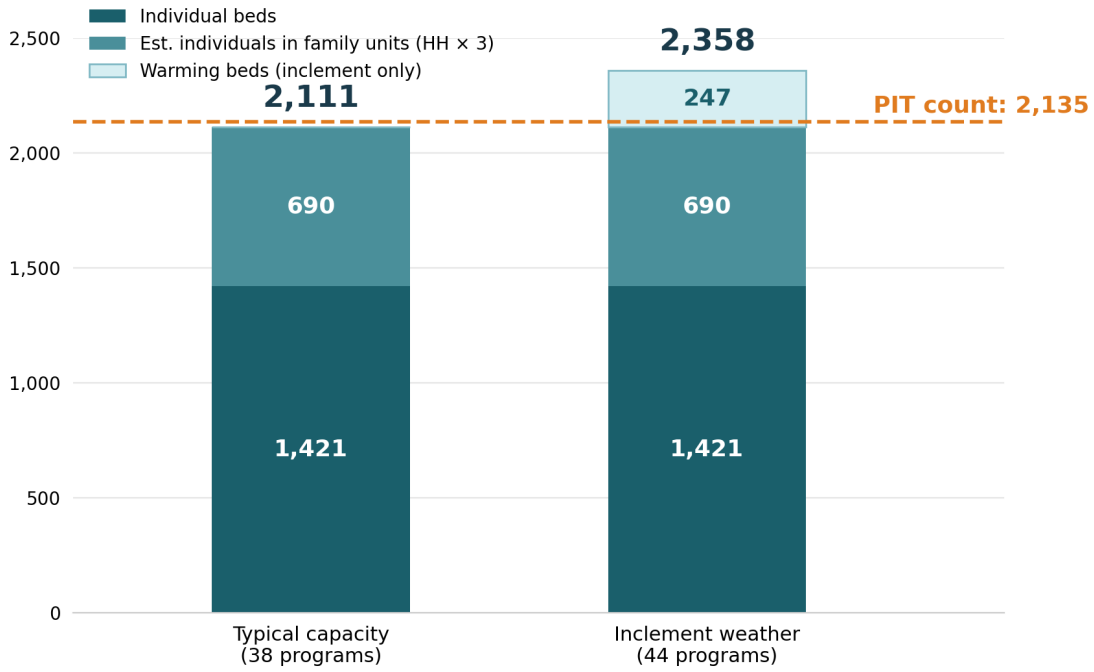
FINDING 2: The region's shelter capacity falls short of meeting the 2,135 beds needed for unhoused individuals on a typical night — but that doesn't tell the whole story.

The most recent official Point-in-Time (PIT) Count for the Marion and Polk County region (conducted in January 2025) identified 2,135 individuals experiencing homelessness. This included 953 unsheltered individuals and 1,182 sheltered residents. At that time, nearly half were experiencing homelessness for the first time.[5] At the system's current typical capacity of 1,421 individual beds and 230 family units (approx. 690 individuals), shelter beds still come up 24 beds short. This gap is filled during inclement weather when an additional 247 beds become available. However, considering that **total bed counts do not account for eligibility restrictions, geographic access or other barriers, we can't assume the current shelter capacity is sufficient to meet sheltering needs in the region**. Point-In-Time Count data also often undercounts individuals experiencing homelessness, which means the number of people in need of shelter is likely higher in the region.

For a more detailed breakdown of bed capacity see Appendix A.

Figure 2

Shelter Capacity vs. Population Experiencing Homelessness



[5] McDonald, A. (2025, May 5). Record number of homeless people counted in Marion, Polk counties. *Salem Reporter*. https://www.salemreporter.com/2025/05/05/record-number-of-homeless-people-counted-in-marion-polk-counties/

Typical capacity	Inclement weather capacity
2,111	**2,358**
24 below PIT · 99% coverage	+223 above PIT · 110% coverage
38 programs · 1,421 beds · 230 HH	44 programs · 1,668 beds · 230 HH

Notes: Est. individuals in family units = 230 households × 3 individuals per unit (this is conservative and could be up to 5 individuals per unit). Warming beds add 247 spaces during inclement weather across 5 programs (ARCHES Day Center, 30 beds; ARCHES Woodburn, 20 beds; Seed of Faith, 80 beds; ARCHES Salem First Presbyterian, 97 beds; Polk County Warming Centers, 20 beds). Surplus combined capacity does not mean all individuals are sheltered — PIT counts undercount actual homelessness and reported capacity does not account for eligibility restrictions, geographic access, waitlists, or program-specific barriers.

FINDING 3: Data collection gaps limit system-level understanding of program reach.

Most programs in Marion and Polk Counties track how many “unique individuals” they serve, which is the starting point for understanding the system's annual reach. As part of this landscape scan, **28 of 44** programs (**64%**) reported the number of “unique individuals” they serve annually, totaling **8,345** individuals.

That total is best understood as a measure of scale rather than a precise count of distinct people, because of how it is assembled. A person who moves through more than one program in a year may be counted in each of those programs' totals. At the same time, **16 programs did not report a “unique individual” count**, so some of the people the system serves are not represented in the 8,345. Taking both of those factors into account, the figure tells us the system serves people on the order of several thousand each year.

A shared system for matching records across programs already exists, and most programs are part of it. **31 of 44 programs (70%)** participate in the Homeless Management Information System (**HMIS**), the shared database that allows the same individual to be recognized across participating programs within a county. That is a strong base to build on. Producing a true unduplicated count would mean running the reported figures through that matching process and bringing the remaining 13 programs into a shared reporting approach, so that each person the system serves is counted once and counted accurately. The 13 programs that do not use HMIS represent a meaningful blind spot. This tells us the region does not currently have the ability to accurately answer the question of how many people its shelter system reaches each year. And, with 16 programs not reporting unique individuals for this report, it is difficult to draw meaningful conclusions about who is currently being served across the housing continuum.

Figure 3

“Unique Individuals” Served Annually

8,345	28 of 44	31 of 44
Sum of “unique individuals” served across programs*	programs reporting	use HMIS

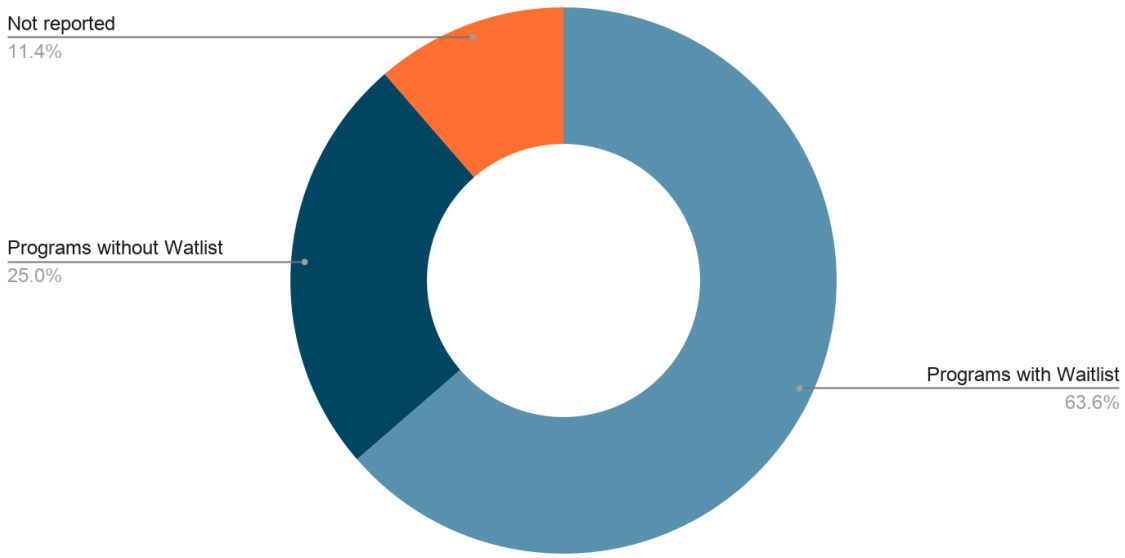
* Reported individuals should not be interpreted as unduplicated system reach. “Unique individuals” reported are unduplicated within each program, but not across programs.

FINDING 4: Most programs report operating at or near capacity with waitlists.

The region's shelter capacity is in nearly constant use across the continuum. **28 of 44 programs reported maintaining a waitlist.** The term is applied loosely, since some programs treat a waitlist as confirmation that they are full while others use it to manage the one or two beds that turn over on a given night. The current data does not capture how long any individual waitlist is. The consistent picture is one of very little open capacity at any single point in the system — across shelter types and populations served.

Figure 4

Waitlist by Program



Use of waitlists is pervasive across the system, **much more common among low-barrier shelters** (88% have waitlists) when compared to higher barrier options (50% have waitlists). When we look at wait lists by primary population served, 68% of adults only programs have waitlists and 78% of programs for adults with children. Notably, shelters for survivors of DV do not operate traditional wait lists — both operate on walk-in, hotline, and safety-need basis. Of the two youth programs, David's House reports using a waitlist.

The pressure is easiest to understand by following it through the shelter continuum. Permanent Supportive Housing runs at or near **100%** occupancy with very low turnover, which is expected for a model designed to be a long-term home rather than a temporary stop. Transitional housing is nearly as full, with **11 of 15** programs operating a waitlist. Because these long-term options rarely open up, people ready to move out of emergency shelter stay longer. That keeps emergency shelters full, **10 of 15** of which are at capacity, and leaves the low-barrier shelters that serve as the system's front door almost entirely occupied. When the back of the system does not move, the front cannot either.

How those beds fill also shapes who can reach them. Several of the low-barrier programs, including ARCHES Lodge for veterans, ARCHES Inn for adults, and the Salem Navigation Center for adults, fill openings through **Coordinated Entry**[6] — so a bed becoming available does not mean a person can walk in and claim it that night. A few programs do maintain genuine open-door availability and report no waitlist: Taylor's House for youth, the Center for Hope and Safety and Sable House for survivors of domestic violence, and Men's Mission for men. Together these offer the most dependable walk-in emergency options in the region, though each serves a specific population. Warming sites likewise report no waitlists, though they operate only a handful of nights per year during severe weather.

The thinnest point of open access is for families with children, where only **five family units** were available at the time of reporting. Importantly, this family unit count does not include short-term hotel stays, which some providers (like Center for Hope and Safety) offer to families in crisis. Family-friendly capacity is there, but available family units are limited — meaning a family arriving in crisis may have fewer immediate options.

Because programs define and track waitlists so differently, the region can see that demand is outpacing available beds but cannot yet measure the size of that gap or how long people wait. A shared definition of what counts as a waitlist, paired with a simple record of its length, would turn this from something the system observes into something it can measure and plan around.

FINDING 5: Programs report a range of average stay lengths for residents, with most beds available only short term.

Of the 44 shelters in operation, 39% (17 programs) reported an average length of stay of **up to three months**. Among those short-term stays, the majority fell within the "up to one month" range. This includes emergency shelters reporting a "30-day recertification," which means the actual average stay is usually longer than 30 days. Shelters operating as warming and or overnight centers were the only ones to report **single-night stays**. Twenty-two percent (10 programs) reported mid-range stays of **six months to one year**, and 18% (8 programs) reported longer stays of **two years and beyond**. The remaining 9 programs (21%) did not report an average length of stay, either because the measure does not apply to their model or because it was left blank.

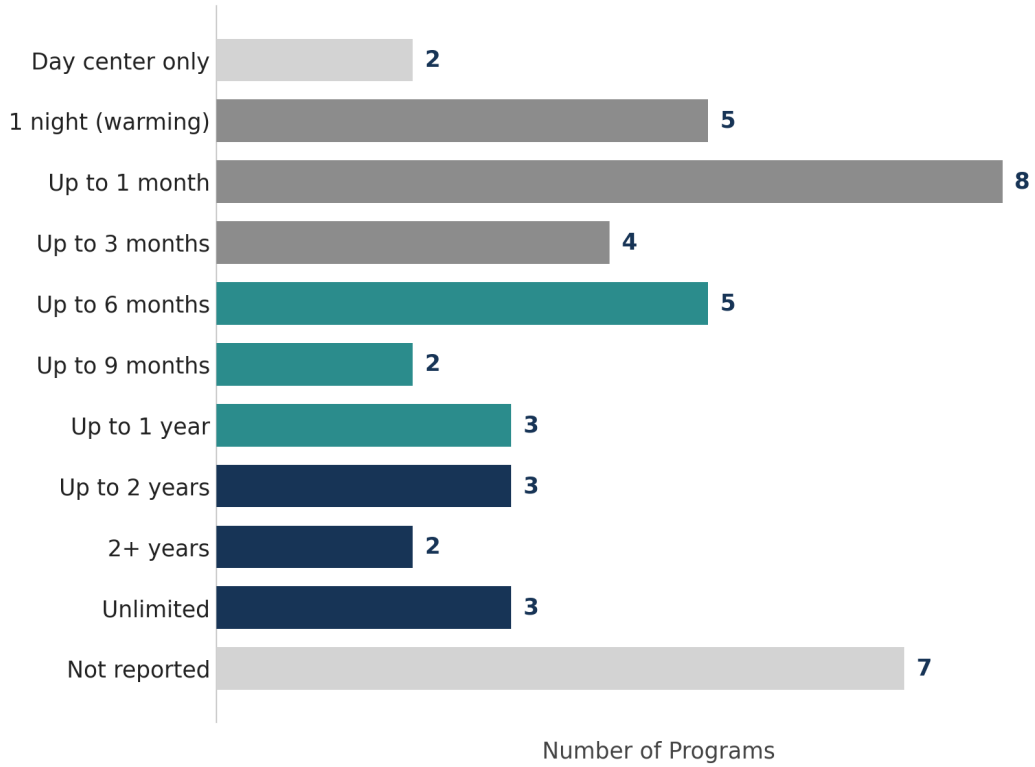
Stay length also shapes how quickly beds become available to the next person. Permanent Supportive Housing predictably reports the longest stays, with most being "unlimited." This fits a model designed to be a long-term home with very little turnover. **Emergency shelters showed the widest spread, from 30 days up to 9 months.** Center for Hope and Safety, Men's Mission, and Sheltering Silverton reported the longest stays in this category, indicating they may be operating more like transitional housing in terms of stay duration. Where emergency stays

[6] Rather than a first-come, first-serve model, Coordinated Entry is a local, centralized system that gives people a single, fair way to find and enter shelters without calling every provider. Participating providers used a shared assessment to understand the unique needs of each person and find the best fit for their situation.

stretch this long, beds open up slowly, which connects directly to the limited availability described in *Finding 4*.

Figure 5

Shelter Programs by Average Length of Stay



Note: Bar color reflects length of stay, with grey for short stays (one night to three months), teal for mid-range stays (six months to one year), and navy for long-term stays (two years or more). Day center only and Not reported, shown in light grey, are not duration categories.

FINDING 6: Shelter capacity is concentrated at the edges of the continuum.

The system is strongest at the two ends of the continuum, emergency and crisis sheltering and, to a lesser degree, long-term housing. It is thinnest in the transitional and bridge housing that moves people from shelter toward stability. Because programs self-identify with more than one shelter type, these categories overlap and should be read as descriptive rather than additive. The largest pool of individual beds operated by a single organization is at those with **low-barrier designation only**, with 311 beds across 5 programs, all run by MWVCAA through the ARCHES network. Including **all shelters with a low-barrier designation** (even if they also identify with other shelter types) brings that total to 681 beds and 70 households. A total of 829 beds and 77 family units are categorized as **emergency shelter** across 15 programs that vary widely in size, philosophy, and eligibility. At the long-term end, **Permanent Supportive Housing** accounts for 65 individual beds (6 of which are recovery-based at Redwood Crossings) and 112 family units, all with very low turnover.

The transitional middle is comparatively thin. **Transitional housing** accounts for 295 beds and 41 households combined, spread across 15 programs, many of them small and population specific. Bridge options that would speed movement out of shelter, whether transitional housing or rapid rehousing, are limited, and rapid rehousing appears at only two programs. For an individual ready to leave emergency shelter for something more stable, the pipeline forward is narrow, which means people stay in emergency and low-barrier beds longer and those beds turn over more slowly, the same pressure described in the length-of-stay and waitlist findings. It’s worth noting that what little transitional capacity exists is heavily weighted toward programs with eligibility requirements, not low-barrier options. Only three programs are low-barrier in the transitional housing space: SafeSleep and Family Promise operate primarily as emergency shelter programs with a transitional component, which means Lupe’s House (9 beds) is the only dedicated low-barrier transitional housing option.

Family unit capacity follows a different pattern, weighted toward longer-term housing with low turnover. Emergency family capacity exists, but those programs are more likely to carry waitlists, so families in immediate crisis have limited walk-in options.

Since many programs serve more than one function, this figure groups individual beds by each program's full combination of self-identified shelter types rather than by a single category. A program that operates as both an emergency and a low-barrier shelter, for example, appears under that combined label rather than being split between the two. This approach avoids double-counting beds, but it makes these categories more granular than the broader groupings used elsewhere in this chapter, so the two should not be compared directly or added together. Read this way, the figure shows that the largest concentrations of beds sit in emergency- and low-barrier-oriented programs, while Permanent Supportive Housing and the various transitional combinations each account for a relatively small share.

Figure 6.2 disaggregates the region's 230 family units (households) by each program's combined shelter type, in the same way as the companion individual-bed figure. Permanent Supportive Housing (PSH) holds the most family capacity, with 112 households in PSH alone, all of it long-term placement with low turnover. In short, families have meaningful long-term and low-barrier capacity but very little stand-alone emergency capacity.

Figure 6.1

Individual Bed Capacity by Combined Shelter Type

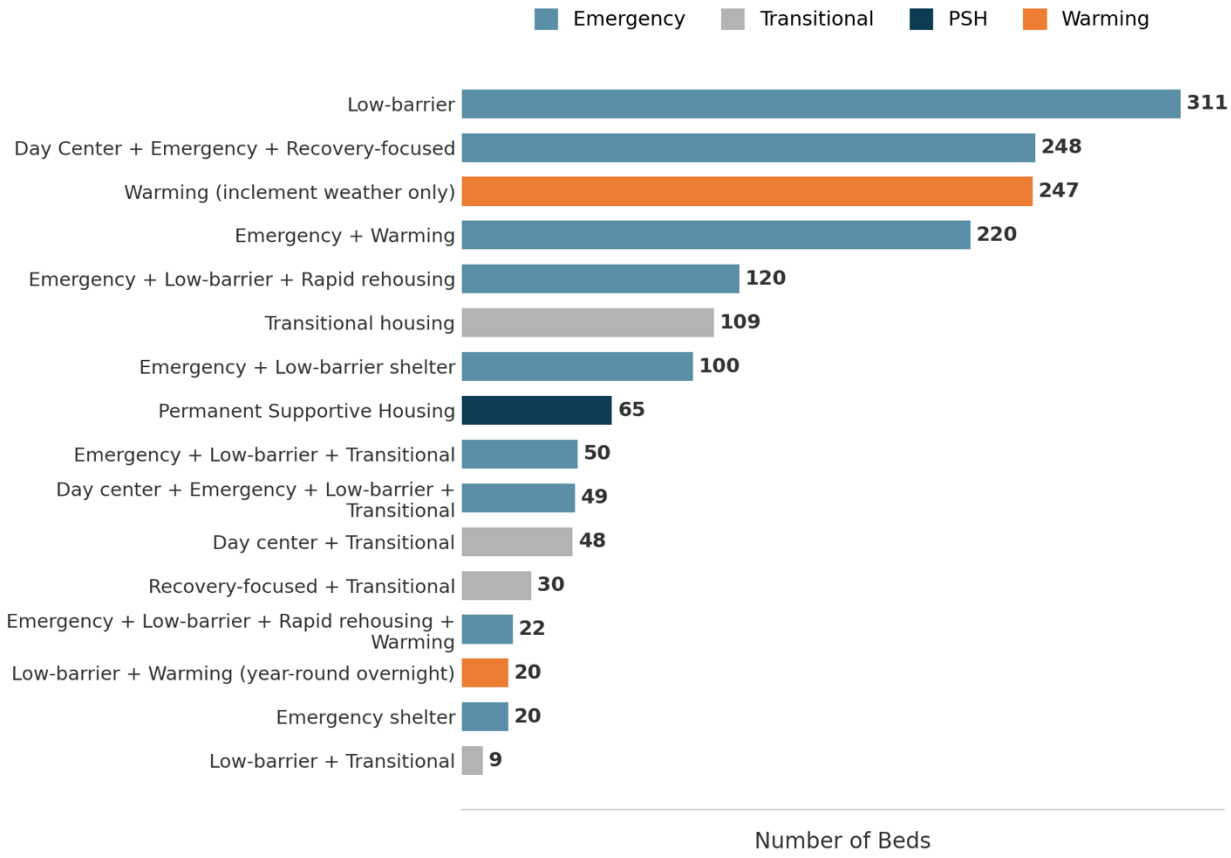
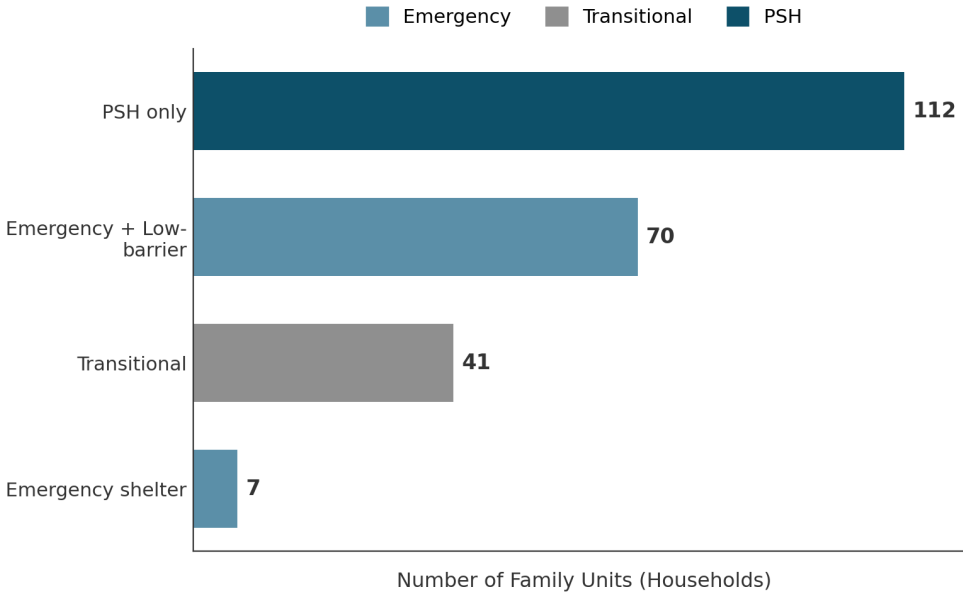


Figure 6.2

Family/Household Unit Capacity by Combined Shelter Type



FINDING 7: Bed capacity falls short of 2025 Point-In-Time Counts, except for veterans and adults with children.

Almost half of all individual beds (48.1%) are designated for **adults only, single individuals without children.** This capacity is anchored by a small number of large programs, most notably the ARCHES network and Men's Mission, which account for most adult-only beds. These programs provide meaningful scale, but their concentration in Salem means adults experiencing homelessness in rural Polk County have fewer options, unless they are willing to travel. As shown in Figure 7, the 2025 Point-in-Time Count[7] identified 1,700 adult individuals experiencing homelessness across the two counties. When we compared with 683 available beds for "adults only," that's a gap of 1,017 beds. Depending on their needs and lived experiences, however, some adults could also find DV-only beds (130 beds) or Veteran-only beds (119 beds).

Families are counted primarily in household units rather than individual beds — 91.7% of all household units and 31.9% of beds are dedicated to **adults with children** across 17 programs. The 2025 Point-In-Time Count identified 122 unsheltered and sheltered family households (419 people). When compared with 211 household units of capacity and an additional 453 individual beds, there appears to be an oversupply. However, nearly half of the household units (112) are held in Permanent Supportive Housing and individual beds are not guaranteed to offer the privacy many families need, even if these shelters are open to accompanied children.

The two subpopulations with the least dedicated capacity — **youth and survivors of domestic violence** — are also among the most vulnerable, and the Point-In-Time Count data makes the gap concrete. It is worth noting that the landscape scan and the Point-In-Time Count define youth differently: the scan uses ages 11–17, while HUD's Point-In-Time methodology extends unaccompanied youth through age 24. Treating these as two distinct groups produces a clearer picture of both supply and need.

Dedicated **minor youth** capacity (ages 11–17) totals just 20 beds across two residential programs of 10 beds each: Taylor's House in Salem and David's House in Monmouth. The 2025 Point-In-Time Count identified 16 unaccompanied children under 18, appears to match available beds. However, unaccompanied minors are among the hardest populations to reach in a single-night survey, which makes undercounting likely. Although the total is very small, the two residential programs place one in Marion County and one in Polk County, so youth shelter is not confined to Salem.

Young adults ages 18–24 face a clearer and more measurable gap. Two programs serve this age group with dedicated or near-dedicated capacity: Young Adult Shelter Community (YAS), operated by Church at the Park, provides 22 beds across 19 household units, and HOST provides 16 transitional beds — a combined total of 38 beds. The 2025 Point-In-Time Count identified 88 unaccompanied young adults ages 18–24, leaving a gap of roughly 50 beds. Unlike

[7] As provided by Mid-Willamette Valley Homeless Alliance, *2025 Point-in-Time (PIT) Count Summary Report, OR-504: Salem/Marion, Polk Counties Continuum of Care* (count conducted January 22, 2025), https://mwvhomelessalliance.org/wp-content/uploads/2026/07/2025-PIT.pdf.

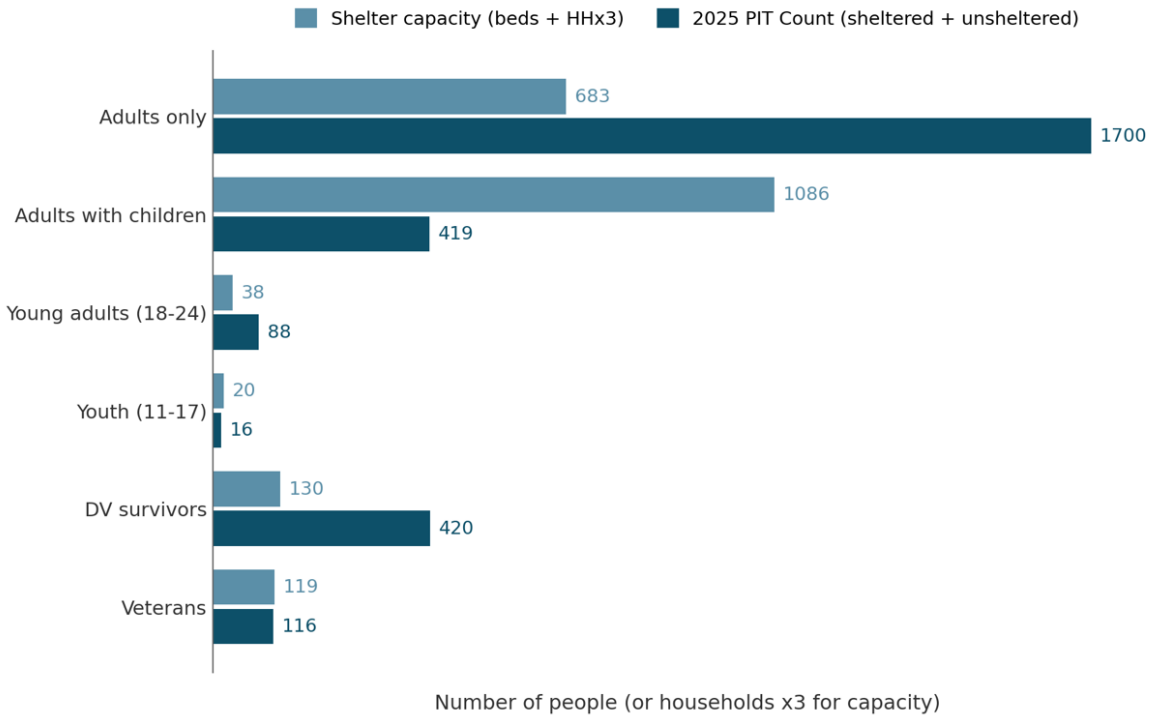
minor youth, young adults ages 18–24 are generally absorbed into adult programs across the broader system, but often without dedicated services tailored to their circumstances.

Survivors of domestic violence are served by only two dedicated programs totaling 130 beds: Center for Hope and Safety in Salem (120 beds) and Sable House in Dallas (10 beds). The 2025 Point-In-Time Count identified 420 adult DV survivors experiencing homelessness compared with 130 dedicated beds. This is the largest gap of any subpopulation. Center for Hope and Safety also offers emergency short-term hotel stays throughout the state, offering some flexibility for those in rural areas. Ten additional programs list DV survivors among the populations they serve, though without the specialized services that dedicated programs provide. For both DV survivors and youth, the very small number of dedicated providers means that a single closure, a waitlist, or a geographic mismatch can leave a highly vulnerable person with no dedicated option within reach.

Veterans are a notable exception to the pattern of undersupply. The region's three veteran-specific programs — ARCHES Lodge, VETCare Veterans Home, and Gale's Lodge — together provide 119 beds against 108 veterans identified in the 2025 Point-In-Time Count, a near-exact match without accounting for potential undercounts.

Figure 7

Supply and Demand: 2025 PIT Count vs. 2026 Capacity



Notes. *Population designations reflect "primary population" served. Some programs reported serving multiple populations, in which case a primary population was designated based on definitions provided earlier in this report. Beds = non-inclement individual sleeping spaces + household units multiplied by 3. Data based on January 2025 PIT Count Data as published at MWVHA: https://mwvhomelessalliance.org/wp-content/uploads/2026/07/2025-PIT.pdf*

Table 7

Dedicated Bed/Household Capacity by Population Served (No Inclement Weather)

Population	Programs	Beds	% of Beds	Household Units	% of Units	Program Names
Adults only (18+)	12	683	48.1%	0	0%	ARCHES Inn · Salem Navigation Center · Men's Mission · Coral Women's House · Monmouth Adult Shelter · Village of Hope (VOH) · ARCHES Woodburn · Village One · CRAWL · Lupe's House · Women at the Well Grace House · Redwood Crossings
Adults with children	17	453	31.9%	211	91.7%	Family Promise · Family Shelter Community (CCS) · Sequoia Crossings · Yaquina Hall · Village Two · Seed of Faith · Simonka Place · SafeSleep United · Sheltering Silverton · ARCHES Nest · St. Francis Family Housing · Family Site Dallas House · Warriors of Hope · Father Taaffe Homes · New Options · Ediger Hall · St. Joseph Family Shelter
Survivors of domestic violence only	2	130	9.1%	0	0%	Center for Hope and Safety · Sable House
Veterans only	3	119	8.4%	0	0%	ARCHES Lodge · Gale's Lodge · VETCare Veterans Home
Youth (ages 11–17)	2	20	1.4%	0	0%	David's House · Taylor's House
Young adult only (ages 18-24)	2	16	1.1%	19	8.3%	Young Adult Shelter Community · HOST
Total	**38**	**1,421**	**100%**	**230**	**100%**	

Notes. *Population designations reflect "primary population" served. Some programs reported serving multiple populations, in which case a primary population was designated based on definitions provided earlier in this report. Beds = non-inclement individual sleeping spaces. HH = household units (1 HH ≠ 1 bed). Sequoia Crossings, Redwood Crossings and Yaquina Hall and Coral Women's House are PSH. No inclement weather or warming beds included. Day centers and warming-only programs are excluded because they carry no year-round beds, which brings 44 down to 38.*

KEY TAKEAWAYS

Section 1: Assessing the scale and capacity of shelters in Marion and Polk Counties

1. Capacity looks adequate on paper, but that is misleading.

On a typical night the system covers about **99%** of the **2,135** people identified in the 2025 Point-in-Time Count, yet that headline ignores eligibility rules, geographic access, waitlists, and a count that itself undercounts. Raw bed totals overstate how ready the system really is.

2. A handful of organizations carry the whole system.

The region's **44 programs** are run by just **18 organizations**, and a few operate most of them (MWVCAA alone runs **30%** of all programs). That concentration is a strength today and a risk if any major provider scales back.

3. The system cannot yet measure its own reach.

Only **28 of 44** programs report the unique individuals they serve and only **31** use the shared HMIS database, so the region has no accurate, unduplicated answer to how many people it shelters each year.

4. Shelters are full.

28 of 44 programs keep waitlists and most run at or near capacity. Because long-term options rarely open up, people stay longer in emergency and low-barrier beds, and the system's front door stays blocked.

5. The transitional middle is the bottleneck.

Capacity is strongest at the two ends of the continuum (emergency/crisis and permanent supportive housing) and thinnest in the transitional and bridge housing that moves people toward stability. Only one dedicated low-barrier transitional option exists (Lupe's House, 9 beds).

6. The gaps fall hardest on the most vulnerable.

Against the 2025 Point-in-Time Count, survivors of domestic violence (**130** beds vs. **420** counted), young adults (**38** vs. **88**), and youth face the steepest dedicated capacity gaps, while veterans and adults with children come closest to matching need.

Section 2: Exploring the geographic distribution of sheltering services

The geographic findings point in one direction: this is a Salem system more than a regional one. Salem holds roughly two-thirds of the region's programs and most of its beds. Polk County has eight dedicated programs, about 4.4% of estimated bed and household capacity, clustered in Dallas and Monmouth. The rural reaches of Marion County are anchored by service-rich programs like Sheltering Silverton and Salem providers who reach into these areas. For specialized populations the gap is sharpest, since youth, domestic violence, and gender-specific options are almost entirely Salem-based.

FINDING 8: Shelters are geographically concentrated in Salem, with several shelters operating regionally.

Only eight programs are specifically located in **Polk County**, together offering 84 individual beds and 3 household units. That's roughly 4.4% of the region's non-inclement weather bed and household capacity. These eight programs span a strong range of types: low-barrier and emergency sheltering at Monmouth Adult Shelter, Family Site Dallas House and Family Promise of the Mid-Willamette Valley, transitional housing at Ediger Hall and Gale's Lodge, domestic violence sheltering at Sable House, and David's House serving youth. There are also at least 20 seasonal warming beds through the Polk County Warming Centers. Four of the eight programs are in Dallas (Sable House, Gale's Lodge, Ediger Hall, and Family Site Dallas House) and three are in Monmouth (Monmouth Adult Shelter, David's House, and the Polk County Warming Centers), which leaves Independence, Falls City, and the rural western part of the county without any dedicated program of their own.

Polk County Family and Community Outreach conducted a separate count of rural Polk County in January 2025, on the same night as the Point-In-Time count, covering the area west of Highway 51.[8] That count identified 308 individuals experiencing homelessness or at risk of homelessness, including 135 unsheltered, 81 sheltered, and 92 at risk. People counted as experiencing homelessness or at risk of homelessness are unevenly distributed across Polk County. Dallas recorded 96 individuals, Monmouth 75, the Grand Ronde area 62, Independence 45, Falls City 24, and Willamina 6. Shelter capacity does not follow that distribution. Independence, Falls City, and Willamina together recorded 75 individuals and reported zero sheltered on the night of the count. Dallas and the Grand Ronde area together accounted for 76 of the 81 sheltered individuals in rural Polk County. The Polk County unsheltered count has risen in each of the last four counts. Polk County Family and Community Outreach recorded 5 unsheltered individuals in 2021, 25 in 2022, 91 in 2023, and 135 in 2025.[8]

Findings of a similar magnitude were also captured in a study conducted by Portland State University Homeless Research and Action Collaborative.[9] The Portland State University

[8] Polk County Family and Community Outreach, "Rural Polk County 2025 Point in Time Count Data," Polk County, Oregon, count conducted January 22, 2025, https://www.polkcountyor.gov/1162/Point-In-Time-PIT-Count
[9] Minji Cho, Jacen Greene, Franklin Holcomb Spurbeck, and Marisa Zapata, *2025 Oregon Statewide Homelessness Estimates* (Portland State University Homelessness Research & Action Collaborative, 2026), Table 17.

statewide estimates describe the same disparity in different terms. Using Housing Inventory Count data from the same night as the Point-in-Time count data, Polk County reported 79 total shelter beds against 357 people counted as experiencing homelessness or 22% coverage. Polk County also has a high share of its counted population living unsheltered. 65.5 percent of people counted in Polk County were unsheltered, compared with 41.4% in Marion County and 60.9% statewide.[10]

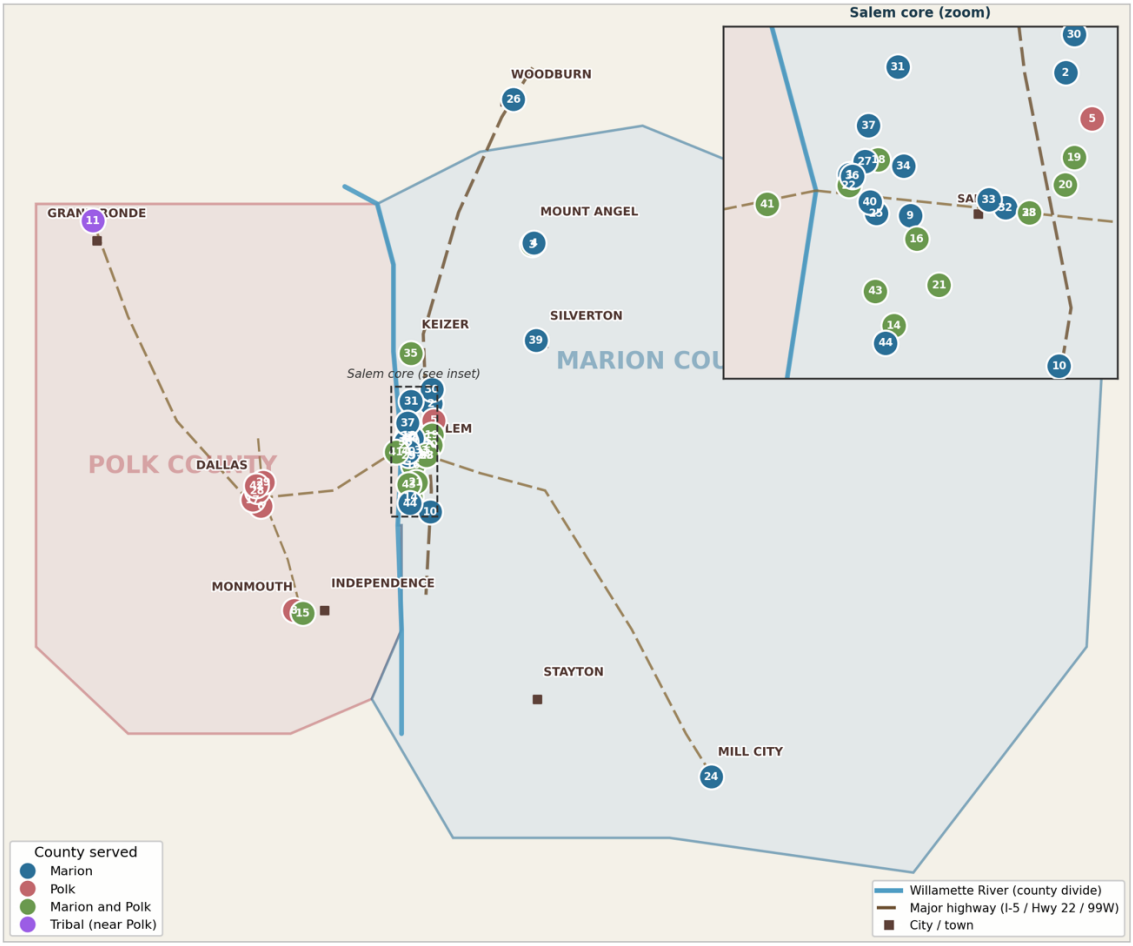
In **rural Marion County,** Mount Angel hosts two transitional programs for families, St. Joseph Family Shelter and The Father Taaffe Homes. Silverton has Sheltering Silverton (22 beds), Woodburn has ARCHES Woodburn (20 beds), and Mill City has a seasonal ARCHES warming site. Keizer, adjacent to Salem, hosts the 80-bed Simonka Place. Beyond these, the system's large-capacity resources, the ARCHES low-barrier network, the region's biggest congregate shelters, bilingual staffing, behavioral health services, and around-the-clock access, are overwhelmingly located in Salem itself. Again, Point-In-Time Counts do not give us an accurate picture of shelter needs in rural Marion County alone.

The remainder of programs are based in **central Salem**. At least a dozen of these programs located in Salem indicated that they do serve both Marion and Polk County residents. This includes programs like Center for Hope and Safety, which provide short-term hotel stays for people in both counties. Still, someone experiencing homelessness in rural Polk County or the eastern and northern reaches of Marion County may have to travel to Salem or reach a Salem-based provider to get support.

[10] Minji Cho, Jacen Greene, Franklin Holcomb Spurbeck, and Marisa Zapata, *2025 Oregon Statewide Homelessness Estimates* (Portland State University Homelessness Research & Action Collaborative, January 2026), Tables 1 and 2.

Figure 8

Shelters by geographic location



FINDING 9: Programs located in Polk County offer somewhat more limited access.

While Polk County programs span shelter types, eligibility and service access is more limited. Ediger Hall requires that families be from Polk County and have their next housing step arranged, so it functions as a bridge for households on their way out rather than a door for those in crisis. Sable House is the county's only domestic violence shelter (though Center for Hope and Safety operates regionally) and the Polk County Warming Centers operate only from 7pm to 7am during inclement weather at rotating sites. Finally, there are no day or resource centers located anywhere in Polk County. The region's day centers, including the ARCHES Day Center and ARCHES Family First, are in Salem and open to people from across both counties, but

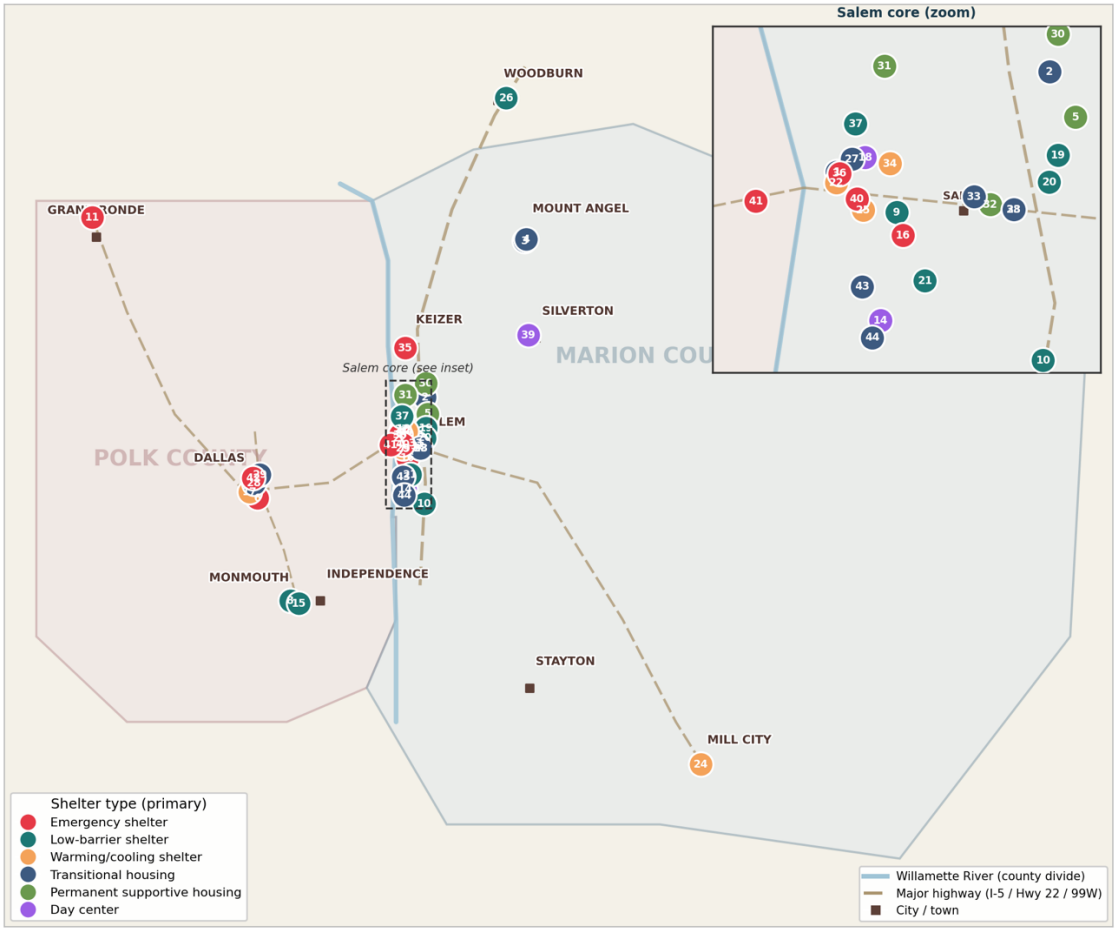
reaching them requires traveling to Salem, the same barrier that shapes access to the rest of the system.

How people access shelter in Polk County is a potential barrier, as most of Polk's capacity is not walk-in. The Church at the Park programs (Monmouth Adult Shelter and Family Site Dallas House) are entered through an online application, which assumes internet access, Family Promise has a waitlist by default, and Gale's Lodge and Ediger Hall are referral-only. The seasonal warming centers are the main walk-in option, and they note that transportation within rural Polk County can be arranged through the Cherriots system.

Service depth and funding in Polk County are uneven. Several Polk County programs provide genuine wraparound services such as housing navigation, case management, and recovery support. Funding tends to be thin and single-source, generally state dollars (Monmouth Adult Shelter, Family Site Dallas House) or private funding (Ediger Hall), which leaves these programs exposed to a change in any one funder. Sable House and Family Promise are the exception, drawing on a mix of sources. Two of the eight programs are operated by Church at the Park, a Salem-based organization.

Figure 9.1

Geographic Distribution by Shelter Type



The map shows the system's geography at a glance. Sheltering programs are so densely concentrated in Salem that the city must be broken out into a separate zoomed inset to be legible at all, while the rest of the two-county region reads as a thin scattering of single dots. Salem holds roughly two-thirds of the region's programs and most of its beds, and it is the only place where the full continuum of shelter types appears together. Emergency, low-barrier, warming, transitional, Permanent Supportive Housing, and day-center programs all sit within a few square miles of one another there.

Polk County's capacity clusters in Dallas and Monmouth, with a tribal program near Grand Ronde, and the outer towns of Marion County, Woodburn, Mount Angel, Silverton, and Mill City, carry only a program or two apiece, often of a single type such as a warming site or a small transitional home. A person experiencing homelessness in one of these communities may find one kind of help nearby but must travel to Salem for almost everything else, and those distances, paired with limited transit, turn geography itself into a barrier to access.

FINDING 10: Dedicated providers for specialized populations are thin in rural Marion County.

The geographic gap appears sharpest for populations that depend on specialized, often single-site programs like youth and survivors of domestic violence. For these groups there are only one or two providers in the entire region, and they sit in Salem, so a person living in the rural parts of Marion County, in Santiam Canyon communities like Mill City, or in Woodburn, Silverton, Mount Angel, or Stayton, has no dedicated nearby option at all. That said, Sheltering Silverton does report offering a robust set of services across populations, including gender-inclusive services and services for families and people with disabilities.

Youth options provide the clearest example. The region's only residential youth shelters are Taylor's House in Salem and David's House in Monmouth, with the Next Steps Youth Day Center in Salem offering daytime services but no beds. None of the three is in rural Marion County, so an unaccompanied minor in Stayton or the Santiam Canyon would have to reach Salem (around 45 minutes away by car from the canyon and considerably longer by the limited transit that exists) to find a dedicated youth bed. For a minor without a vehicle or a trusted adult to drive them, that distance can be the difference between being sheltered and sleeping outside.

Survivors of domestic violence face the same problem, compounded by safety. The region has only two domestic violence shelters, Center for Hope and Safety in Salem and Sable House in Dallas, and neither is in rural Marion County. However, Center for Hope and Safety does provide services across the state, including emergency hotel shelter in a confidential location. Outside of that, a survivor in eastern or northern Marion who is fleeing violence must travel to Salem or across the river into Polk County, with no intermediate or local option, at exactly the moment when leaving one's own community, arranging transportation, and protecting a confidential location are most difficult.

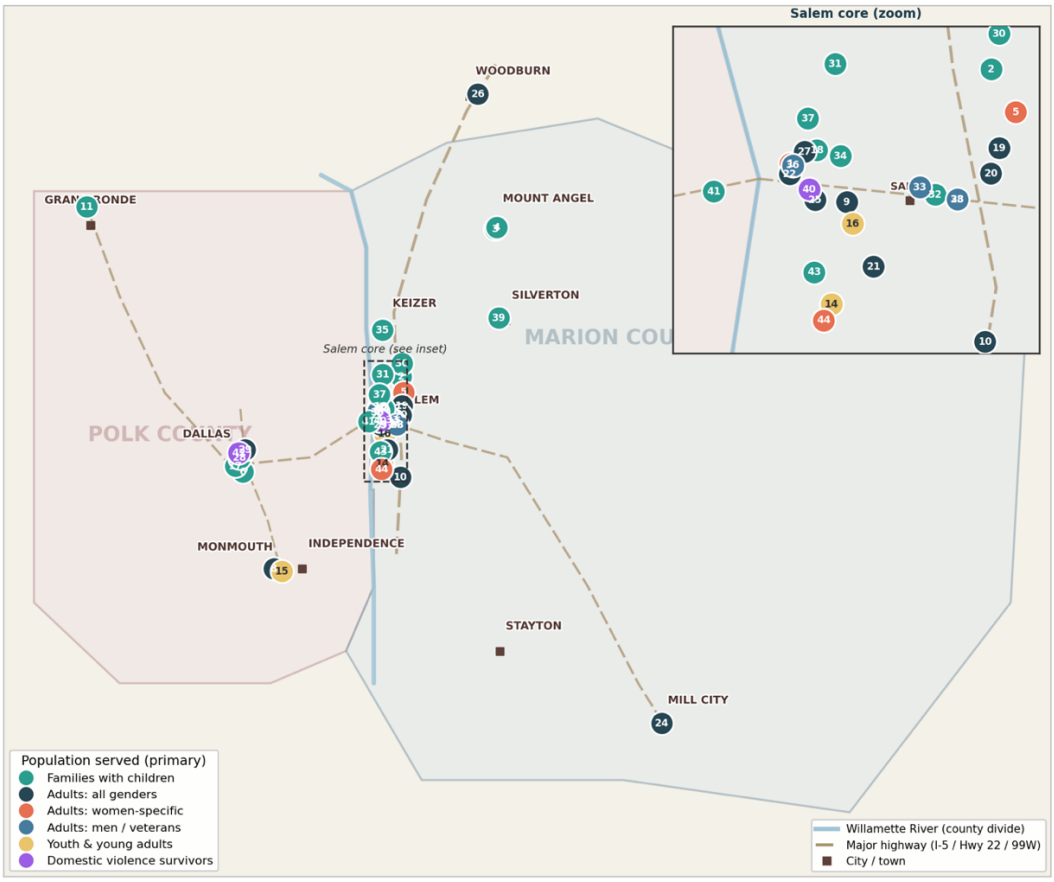
Men in rural areas have no gender-specific shelter within reach. All three men-only programs, Men's Mission, CRAWL, and the VETCare Veterans Home, are in Salem. A man experiencing homelessness in rural Marion who needs or prefers a men's program has no closer option**.** There is, however, low-barrier shelter capacity serving all genders in Woodburn and Silverton, as well as a warming-only site in Mill City. While Point-In-Time Counts indicate more men experience homelessness than women, more investigation is required to understand whether men’s only services are preferred or needed.

Families have a few more shelter options outside Salem than the other groups. The options tend to be transitional rather than emergency. Mount Angel has two transitional programs for families (St. Joseph Family Shelter and The Father Taaffe Homes) and Sheltering Silverton offers emergency shelter to families for 30 days at a time. Keizer, just north of Salem, has the 80-bed Simonka Place. Family Promise in Polk County also offers substantial emergency beds for families.

Without more detailed geographic breakdown of Point-In-Time Counts, it's unclear whether there is, in fact, a gap of beds or services in rural Marion County. What we can say is that for, youth, survivors of domestic violence, and men seeking gender-specific shelter, the rural parts of the county effectively have no dedicated provider, and reaching the nearest one means a trip to Salem.

Figure 10

Geographic Distribution by Population Served



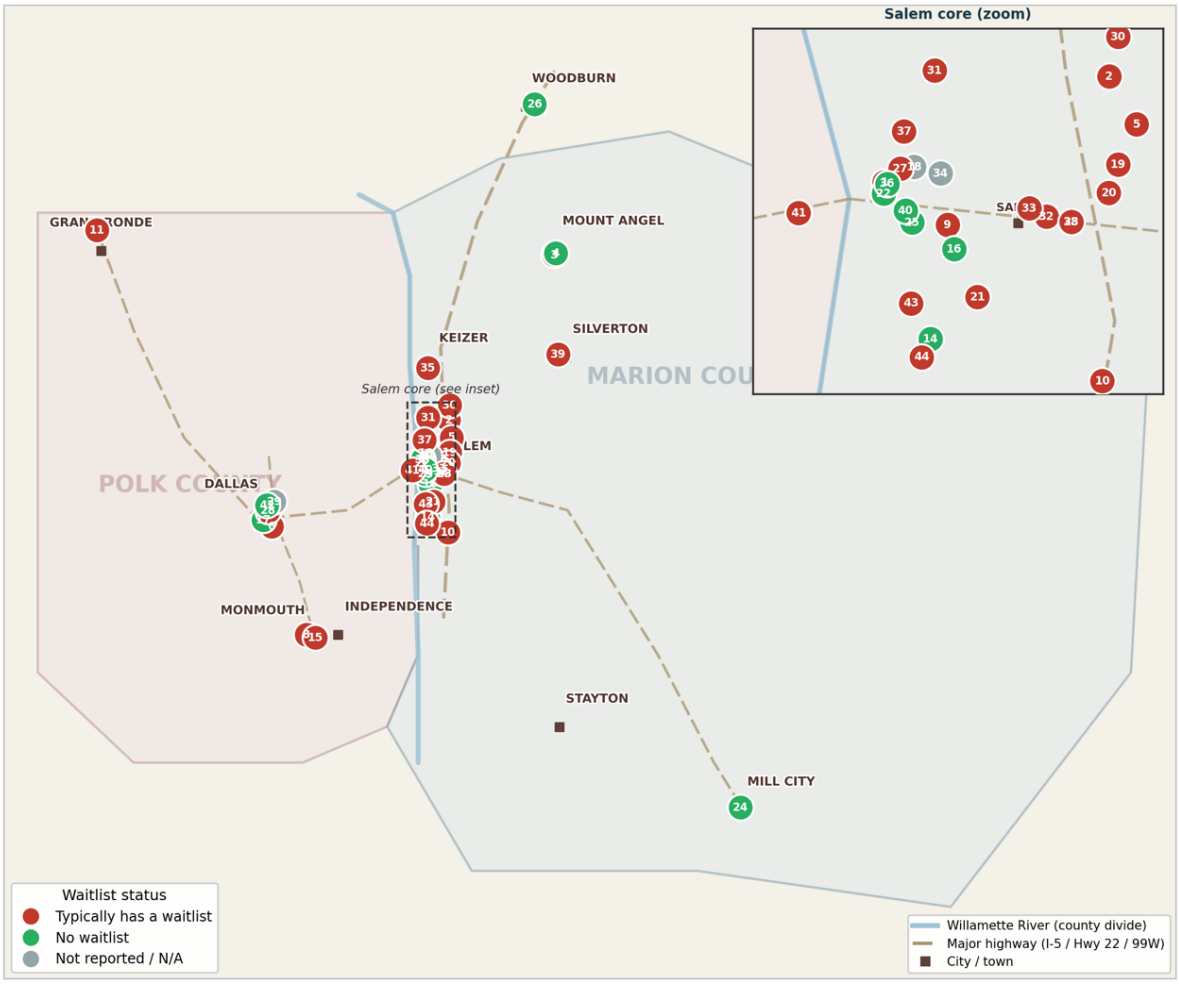
This map displays the shelters by the type of population it serves. Like other maps, the dots are concentrated in Salem. The rural towns carry a thin and uneven scattering. A youth or young-adult program (gold) appears in Monmouth, family programs (teal) turn up in Mount Angel and Silverton, and a domestic violence program (purple) sits in Dallas, but no single community outside Salem offers more than a couple of population types. The pattern shows how thin the options become for any specialized group once you leave the city, since a person seeking youth, domestic violence, or gender-specific shelter almost likely must go to Salem to find it.

FINDING 11: Wait lists are common across the two-county region.

The map below shows programs by whether they typically operate a waitlist. Across both counties, most shelters report operating at or near capacity with a waitlist, including nearly every program in the dense Salem core. The green dots, programs with no waitlist, are scattered and few, and they tend to be warming sites, day centers, or single-population programs rather than general, year-round shelter. The pattern reinforces what the bed counts already suggest: open capacity is rare almost everywhere in the system, so on a typical night a person looking for a bed faces a waitlist regardless of where in the region they are.

Figure 11

Geographic Distribution of Programs with and without Waitlists



For example, in Polk County, the single program that runs without a waitlist year-round is Sable House, which fills its 10 beds first come, first served based on safety need. However, those beds are reserved for survivors of domestic violence and sexual assault. The two other programs that report no waitlist do not fill the gap: the Polk County Warming Centers take walk-ins but open only overnight during inclement weather, and Gale's Lodge shows no formal waitlist only because its five transitional beds are filled by referral and turn over every couple of years. The result is that a person in Polk County who is not fleeing domestic violence, and who is not already on a referral pathway, has essentially no year-round bed available without joining a waitlist.

KEY TAKEAWAYS

Section 2: Exploring the geographic distribution of sheltering services

1. This is a Salem concentrated system.

Salem holds roughly **two-thirds** of the region's programs and most of its beds, and it is the only place where the full continuum of shelter types (emergency, low-barrier, warming, transitional, Permanent Supportive Housing, and day centers) sits together.

2. Polk County is thinly served and unevenly covered.

Just **8 dedicated programs** (about **4.4%** of bed and household capacity) cluster in Dallas and Monmouth, leaving Independence, Falls City, and the rural western county with no dedicated program of their own.

3. Rural Marion County relies on a scattering of single-type programs.

Towns like Woodburn, Silverton, Mount Angel, and Mill City carry only a program or two apiece, often of one type, while the system's large-capacity resources (the ARCHES low-barrier network, bilingual staffing, behavioral health services, and 24/7 access) are overwhelmingly in Salem.

4. Specialized populations have almost no rural option.

Youth, domestic violence, and gender-specific programs are nearly all Salem-based, so a young person or survivor in rural Marion County must travel to Salem (up to about **45 minutes** from the Santiam Canyon by car, and longer by limited transit) to reach dedicated help.

5. Getting in the door is harder outside Salem.

Most of Polk County's capacity is not walk-in (online applications, referral-only access, and default waitlists), there are **no day or resource centers** anywhere in Polk County, and several programs depend on thin, single-source funding.

6. A waitlist is the norm almost everywhere.

Most shelters across both counties run at or near capacity with a waitlist, and the few programs without one tend to be warming sites, day centers, or single-population programs, so a person seeking a year-round bed faces a waitlist regardless of where in the region they are.

Section 3: Approaches and requirements for accessing and gaining entry to services.

How people get into shelter matters as much as how many beds exist. This section turns from counting capacity to examining the doors into it. The picture that emerges is that physical availability and actual accessibility are not the same thing. Most beds are open around the clock, yet the pathways to reach them, intake schedules, online applications, referrals, and Coordinated Entry, often narrow precisely when and for whom they are needed most. The findings that follow look at operating hours, what "low barrier" does and does not guarantee, how people are admitted, and how programs communicate that they exist at all.

FINDING 12: Most shelter beds have 24/7 access, but barriers still exist for families seeking shelter outside weekday business hours.

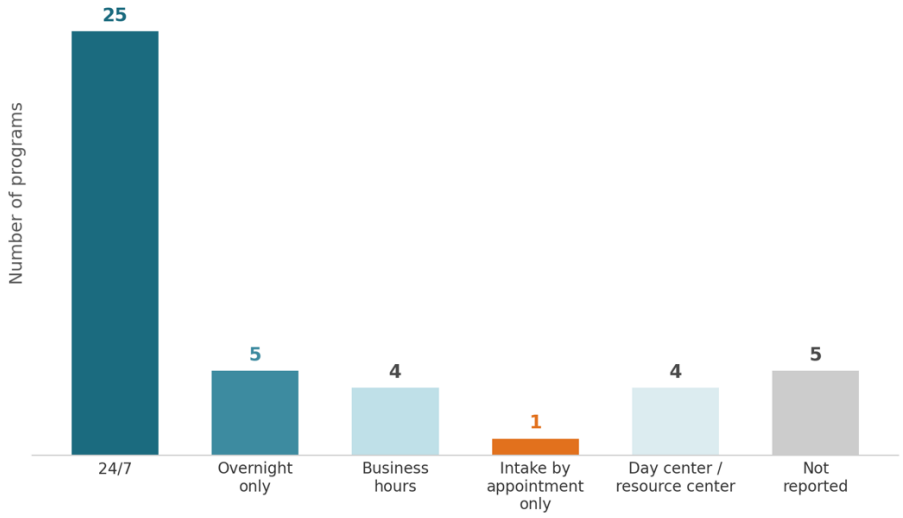
Most shelter programs (**25 of 44**) offer 24/7 access, and this coverage is most consistent where it matters most for resident safety: all four **Permanent Supportive Housing** programs and 13 of 16 programs with **low-barrier** designation (including DV programs) are available around the clock. This pattern makes sense, since these are the programs where residents live on site or arrive in acute crisis, and where a locked door overnight would carry real risk.

Families already housed in the system are similarly well-served; 12 of 20 family-serving programs operate 24/7. For families in crisis, though, intake rather than access can be the critical bottleneck. For example, Family Shelter Community (CCS), the second-largest family program by household count, requires appointment-only intake, and St. Francis Family Housing accepts new clients only during weekday business hours. A family arriving in crisis on a Friday evening therefore has limited pathways into the system until the next business day.

Five programs did not report operating hours, and several others noted different hours for shelter access versus staffed support, making it difficult to assess true around-the-clock service capacity from this data alone. As a result, the share of programs offering genuine 24/7 entry is best read as an approximation.

Figure 12

Shelter Programs by Operating Hours Reported



FINDING 13: Nearly half (47.9%) of non-inclement beds and one third (30.4%) of family units are "low barrier."

The definition of "low barrier" may vary somewhat from program to program, since programs self-identified their own shelter types rather than being classified against a single standard. In all, **16 programs identified as "low barrier,"** and many of these also identified as something else, including emergency shelter, rapid rehousing, transitional housing, day centers, and warming or cooling shelters. In practice, this means a program counted as "low barrier" may apply that approach differently, whether by reducing sobriety or identification requirements, easing entry conditions, or lowering other common barriers like justice involvement, mandatory program participation, or pet restrictions. Hence, the "low barrier" label signals a shared intent more than a uniform set of practices. This overlap is worth keeping in mind when interpreting "low barrier" counts elsewhere in this report, as the same program may appear under more than one shelter type.

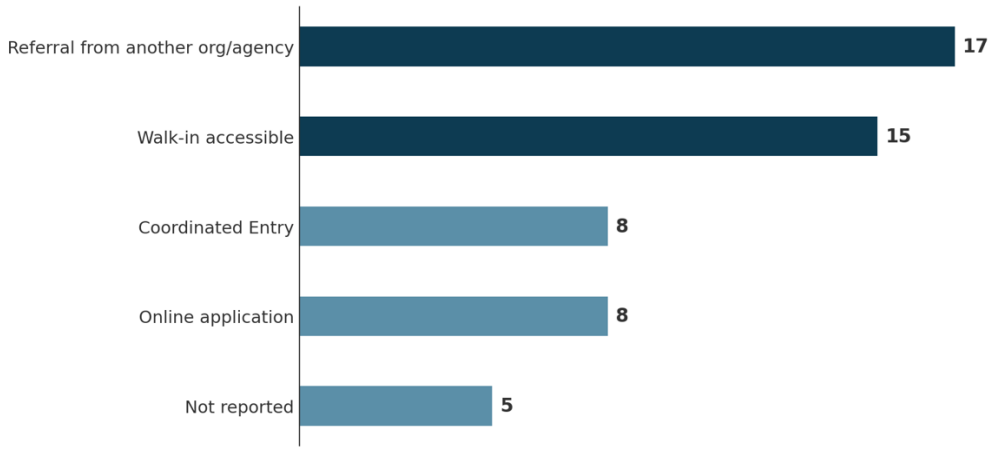
FINDING 14: How people access services tells a different story—"low-barrier" does not necessarily mean open-door access.

Fifteen of 44 programs (34%) are walk-in accessible and reachable by anyone in crisis without a phone, internet, or prior organizational relationship. An additional four programs allow for "self-referral" in some way, often by phone. The rest of the system requires either an online application (8 programs, 18%), a referral from another organization or agency (17 programs, 39%), or Coordinated Entry engagement (8 programs, 18%). Five programs (11%) did not report how people access services as a part of this landscape scan.

Entry barriers create a significant structural hurdle for people new to homelessness, distrustful of systems, or lacking digital access. Together, referral from another organization and Coordinated Entry referrals are primary access methods at 22 programs (50%). Referral-dependent access means the system is largely closed to those who haven't already been identified by another program or organization.

Figure 14

Shelter Access Methods Across Programs



Notes. *Includes 44 programs. Some programs appear in multiple categories.*

Coordinated Entry (CE) is used in some capacity at 18 programs, most of them low-barrier. Three-quarters of programs that self-identify as low-barrier mention Coordinated Entry in their services or access methods, compared to just 17% of non-low-barrier programs. CE functions less as a universal front door and more as the operating infrastructure of the low-barrier network: eight programs use it as one of their access pathways (including 3 PSH programs that use alternative CE) and 10 offer CE assessment as a service to residents. None of these groups overlap, meaning CE plays a different role depending on where in the system a person lands.

The 26 programs that did not mention Coordinated Entry fall into a few distinct categories. Two DV-specific shelters (Center for Hope and Safety and Sable House) do not participate in HMIS due to **confidentiality protections** for survivors. Three structured residential programs (St. Joseph Family Shelter, Father Taaffe Homes, and Warriors of Hope) also do not report using HMIS. For the remaining programs, it is unclear whether the absence of CE mentions reflects programs operating outside the system or simply programs that did not report their use of it.

Either way, the pattern is clear: there is no single, consistent front door into the system. Where a person enters, and whether they encounter Coordinated Entry at all, depends heavily on which program they happen to reach first and whether that program is part of the low-barrier network.

FINDING 15: Referral and outreach dominate the communication methods programs use to reach people experiencing homelessness.

The system communicates primarily through **professional networks and street outreach** rather than public-facing channels. Among the 39 programs that reported how they get the word out, the three most common methods are referral from other organizations (32 programs), street outreach (29 programs), and word of mouth (26 programs). Public, self-serve channels that a person might find on their own trail behind, with a website used by 21 programs (12 of which also use social media). In other words, the most common ways people learn about shelter all depend on already being connected, whether to another program, to an outreach worker, or to peers who have moved through the system before.

Word of mouth ranking third is especially telling, since it suggests the system leans heavily on informal peer networks to spread information. That reliance is both a strength and a vulnerability. Peer networks are trusted, low cost, and often reach people that formal channels miss, particularly those who are wary of institutions. But they reach only those who are already connected to someone in the know. A person new to homelessness, socially isolated, distrustful of others, or living far from where outreach teams concentrate may never learn that a given program exists. This is sharpest in **rural areas**, where street outreach may be less concentrated and peer networks are more dispersed.

The way programs spread the word reinforces how connection-dependent the system is. The two most common channels, **referral from other organizations and street outreach, are present at 73% and 66% of programs respectively.** Word of mouth outreach is present at 59% of programs. All three leading approaches rely on a person already being linked to an agency, an outreach worker, or a peer. Self-directed channels that someone in crisis might use on their own are a smaller share: online at 47% of programs, in-person at 45% or programs, and phone or text at just 25% of programs. In short, the system reaches people mainly through professional and informal networks rather than open, public-facing doors, which works well for those already connected but may leave the newly homeless, the isolated, and rural residents the hardest to reach.

Figure 15

Communication Methods Used by Programs



KEY TAKEAWAYS

Section 3: Approaches and requirements for accessing and gaining entry to services

1. Physical availability is not the same as real access.

Most beds are open around the clock (**25 of 44** programs offer 24/7 access), yet the pathways to reach them (intake schedules, applications, referrals, and Coordinated Entry) often narrow precisely when and for whom they are needed most.

2. Families in crisis can hit an intake wall after hours.

24/7 access is strongest where safety demands it (all four PSH programs and 13 of 16 low-barrier programs), but intake, not access, is the bottleneck for families. Appointment-only or weekday-business-hours intake (for example, Family Shelter Community and St. Francis Family Housing) can leave a family arriving on a Friday evening with no way in until the next business day.

3. "Low barrier" signals intent but not a uniform standard.

Nearly half of non-inclement beds (**47.9%**) and about a third of family units (**30.4%**) are low-barrier, but 16 programs self-identified the label and apply it differently, so it reflects shared intent more than a consistent set of practices.

4. There is no single front door, and half the system is referral-gated.

Only **15 of 44** programs (34%) are true walk-in access. Half (**22 programs**) are reached only through referral or Coordinated Entry, so the system is largely closed to anyone not already identified by another program. Where a person enters depends on which program they happen to reach first.

5. The system reaches people through networks, not open public doors.

Programs get the word out mainly through referrals (32 programs), street outreach (29), and word of mouth (26), while self-serve channels lag (a website at just 21). All three leading methods depend on already being connected, which leaves the newly homeless, the socially isolated, and rural residents the hardest to reach.

Section 4: Examining the accommodations provided to service diverse population.

Having mapped where shelter exists and how people get in, this section turns to who the system is built to serve, and how well its capacity matches the diversity of the people experiencing homelessness in the region. The findings look across gender, race and ethnicity, language, sexual orientation and gender identity, special populations, and physical accessibility. A consistent theme runs through them: the system is broadly open in principle, with most capacity available to all genders, all races and ethnicities, and a wide range of needs, but that openness is not the same as being equipped to serve specific communities well. Where the data allows, it reveals real strengths, such as substantial Spanish-language capacity and a developed continuum for veterans. Where it does not, it points to the limits of a landscape scan, which can document what programs say they offer but not the demographic reality of who walks through the door.

FINDING 16: Shelter capacity is largely gender inclusive or not serving a specific gender.

Most shelter capacity across Marion and Polk Counties, **66% of beds and 94% of family units, serves all gender identities.** This reflects a system oriented toward access regardless of gender, and it is especially pronounced for families, where nearly all household capacity is open to any family. For transgender and non-binary individuals this matters. While many programs are open to serving them, there are no programs exclusively tailored to them.

Men-only capacity is substantial but heavily concentrated. Three programs serve men only, accounting for 310 beds, or 22% of total individual bed capacity, but 248 of those 310 beds (80%) are at Men's Mission alone, with the rest split between CRAWL (32 beds) and the VETCare Veterans Home (30 beds). Men's gender-specific capacity therefore rests almost entirely on a single program. All three men-only programs are in Salem, so men seeking gender-specific shelter anywhere else in the region must travel into the city.

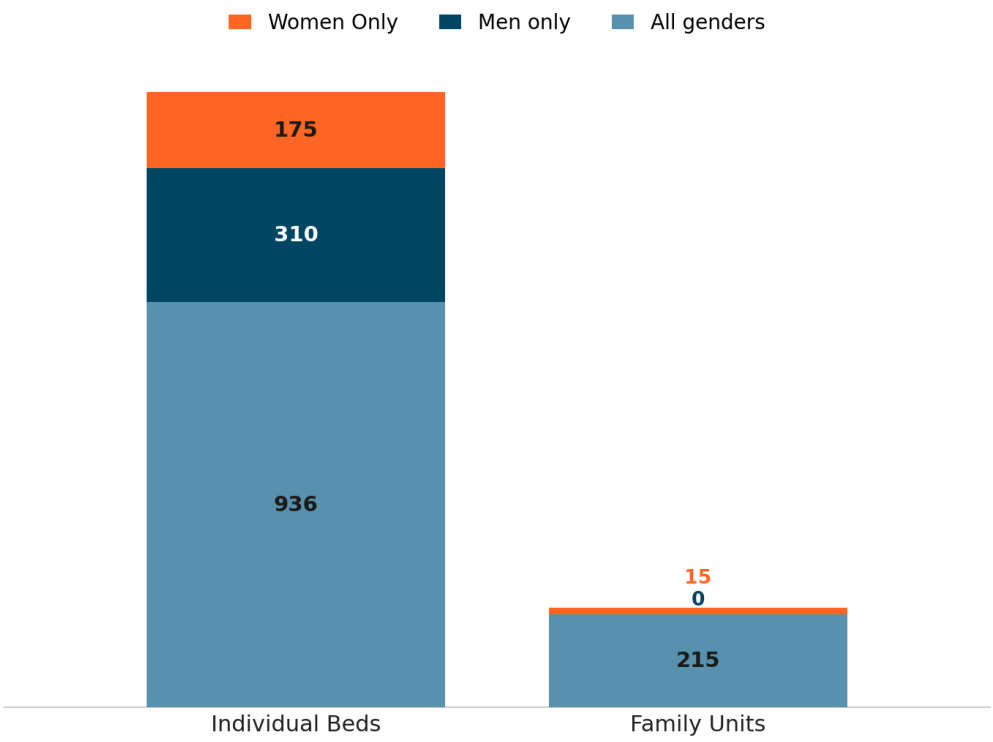
Women-only capacity is thinner overall but more distributed, both by program type and by geography. Six programs serve women only, totaling 175 beds (12%) and 15 household units, and they span a meaningful mix of models: emergency and low-barrier sheltering at SafeSleep United, transitional housing at Women at the Well Grace House, Simonka Place, and The Father Taaffe Homes, recovery-focused housing at Lupe's House, and Permanent Supportive Housing at Coral Women's House. Simonka Place (80 beds) anchors women's capacity much as Men's Mission anchors men's. Unlike men's capacity, though, women's gender-specific options extend beyond Salem, with Simonka Place in Keizer, and The Father Taaffe Homes in Mount Angel.

The **concentration of gender-specific programs in and around Salem** means that men and women seeking gender-specific shelter in rural Polk County or the outer reaches of Marion County have limited local options. They must either travel to Salem or enter the all-genders

system, which, while it accounts for most of the region's capacity, may not feel safe or appropriate to everyone, particularly survivors of gender-based violence.

Figure 16

Bed and Family Unit Capacity by Gender



FINDING 17: More information is needed about how culturally specific communities among the unhoused are served across the shelter continuum.

From the 2025 Point-In-Time Count data, we know that Latino (93 total) and Indigenous (35 total) neighbors are disproportionately unsheltered in the region. Those who identify as multi-racial (81 total), Native Hawaiian or Pacific Islander (53 total) and Black (43 total), are also overrepresented. The 2026 Point-In-Time Count confirms that these populations continue to be sheltered in the region.[11]

Of the 44 programs, 41 reported that they serve all races and ethnicities. This likely reflects a general openness rather than targeted outreach or **specialized cultural capacity**, and the two are worth distinguishing. Serving everyone is not the same as being equipped to serve a particular community well. More information would be needed to determine how, or whether, culturally specific practices are implemented within these programs. Only four programs are culturally specific, three serving tribal members through the Confederated Tribes of Grand Ronde (Warriors of Hope, Village One, and Village Two), and only one, CRAWL, lists Black or African American individuals as a primary population served. No program indicates that it

[11] Mid-Willamette Valley Homeless Alliance. (2026). *PIT summary report: OR-504 Salem/Marion, Polk Counties CoC* [Sheltered-only Point-in-Time count conducted January 28, 2026]. https://mwvhomelessalliance.org/wp-content/uploads/2026/06/PIT_Summary_Report_2026.pdf

focuses on serving the mid-Willamette Valley's significant Latino community, even though much of the system offers some Spanish-language access.

Language capacity tells a similar story of broad but uneven reach. Spanish is reasonably well covered: about 24 programs (55%) report bilingual Spanish staff or advocates, and as many as 33 (75%) offer Spanish in some form. Beyond Spanish, coverage thins sharply. Only four programs report Russian-language capacity, despite the sizable Russian-speaking population concentrated around Woodburn, two report Marshallese, one reports Vietnamese and Chinese, and three offer sign language. Chuukese, a key language among Pacific Islanders, does not appear at any program, and phone-based interpretation through a language line is available at only three. For families and individuals whose first language is not English or Spanish, the system offers very few points of entry, and language access on its own does not amount to culturally responsive care.

The inventory does not capture the demographic composition of the people each program shelters, so it cannot show whether the system's stated openness translates into proportionate access for communities of color, immigrants, and refugees, or whether groups are underrepresented relative to their presence in the unhoused population. A dedicated follow-up data collection effort, paired with HMIS-linked demographic reporting, would be necessary to characterize accurately how the shelter system is reaching, or failing to reach, these communities.

FINDING 18: No dedicated LGBTQIA+ sheltering exists in the region, and inclusive practice is largely undocumented.

Across all 44 programs, not one is designated to serve LGBTQIA+ individuals, and only one program (St. Francis Family Housing) names this population among those it serves. On the question of gender inclusion specifically, only SafeSleep United Women’s Shelter explicitly lists transgender and non-binary individuals in its gender criteria. As noted in *Finding 16*, no program is explicitly designated for transgender or non-binary residents, though providers like Sheltering Silverton report serving them. The remaining programs either serve all genders by default or use binary, gender-specific criteria. While “all genders” suggests openness, gender-segregated intake can create friction for transgender and non-binary people seeking shelter, and the data does not tell us how individual programs handle placement, pronouns, or safety for these residents in practice. For example, it is unclear how a transgender man might be received and served at a men’s only shelter. This is an area where the landscape scan can identify the structural absence but cannot characterize lived experience.

FINDING 19: Veterans have the most developed support across the shelter continuum. Other special populations are more concentrated in crisis support.

For nearly every special population, including survivors of domestic violence, veterans, seniors, people with behavioral health needs, people who are justice-involved, and people with disabilities, dedicated programs are scarce, and these groups are served mainly as secondary

populations within general programs rather than through a tailored pathway. The system tends to recognize them at the crisis point, but there is almost no population-specific route beyond emergency shelter for most of them. Veterans are the clear exception, with the most developed cross-continuum support of any group: dedicated programs at the low-barrier levels (ARCHES Lodge) and transitional (VETCare, Gale's Lodge), in addition to being served at several emergency programs. Most other programs are general-population programs. Reentry and justice-involved services are nearly absent, and only a handful of programs serve people who are justice-involved, none as a dedicated focus. For a group with significant and often prolonged housing instability, this is a notable gap.

FINDING 20: English and Spanish are the primary languages offered across programs.

The system has meaningful **Spanish-language capacity**. About 55% of programs offer bilingual staff and another 20% provide some form of interpretation, so roughly three-quarters of programs can serve Spanish-speaking clients in some way. The quality of that "interpretation" varies widely, however, ranging from trained bilingual case managers and formal phone-based services like Language Line to informal, on-the-spot tools. At least one program reported relying on Google Translate in the absence of bilingual staff, and others described arranging interpretation only as needed. As such, a Spanish speaker's actual experience might depend heavily on which program, and even which shift, they reach. Only about three programs report access to a formal language line, which means much of the interpretation in the system is ad hoc rather than professionally provided.

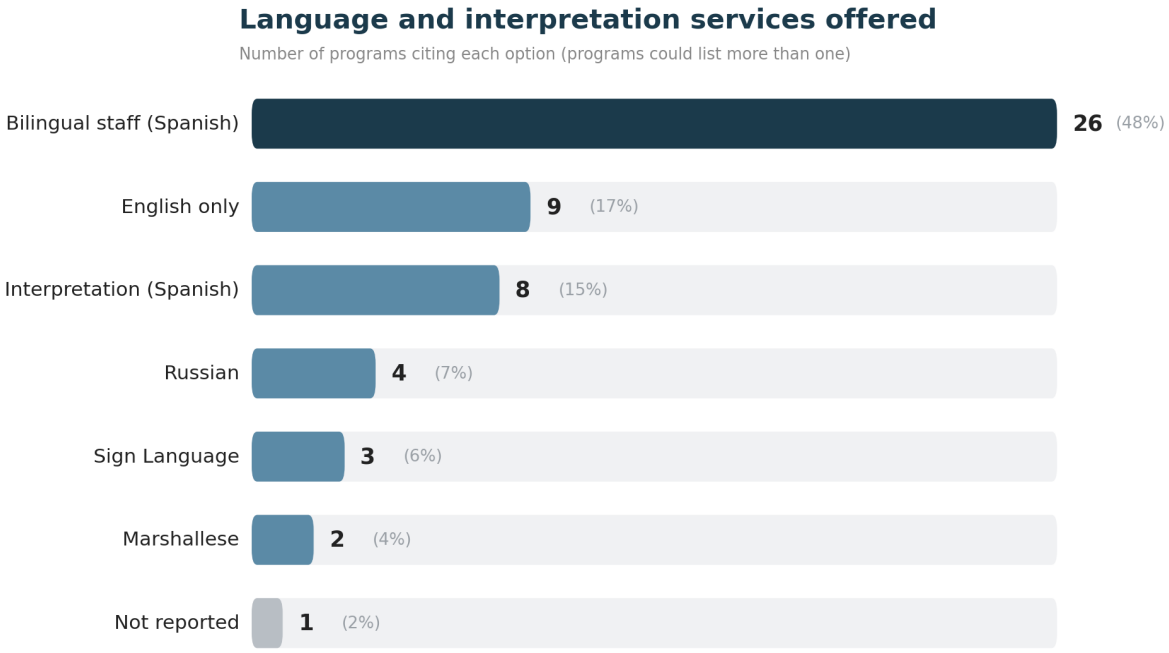
Beyond Spanish, **language access drops off sharply for common languages**[12] in Marion and Polk counties. Russian is available at only four programs (Redwood Crossings, Sequoia Crossings, Yaquina Hall, and Family Promise); sign language at three (Sable House, Sheltering Silverton, and Family Promise); Marshallese at two (Family Shelter Community and Family Promise); and Chinese and Vietnamese at Faily Promise only. This matters because several of these languages correspond to established communities in the region, including the Russian-speaking population concentrated around Woodburn and Marshallese and Chuukese[13] speakers among Pacific Islander residents. For someone whose primary language is neither English nor Spanish, the system offers very few reliable points of entry.

[12] American Community Survey estimated number of limited English proficient (LEP) individuals five years and older who self-evaluate their ability to speak English as “less than very well.” Data analysis by the Population Research Center at Portland State University (2024). https://sos.oregon.gov/elections/tac/pages/common-language-county.aspx

[13] While the ACS data above does not capture Chuukese speakers at the county level, the Portland-Salem corridor is home to one of the largest Micronesian communities in the country, including Chuukese.

Figure 20

Share of Programs Offering Language Services



FINDING 21: Physical accessibility for people with disabilities is affirmed at only a minority of programs and goes largely unreported.

Of the 44 programs inventoried, only **12 (27%)** reported any information about ADA or physical accessibility. Among those that did, all described themselves as at least partially accessible, but several qualified that accessibility is limited to one suite, a single downstairs room, first-floor units, or a day center rather than the sleeping areas (The Father Taaffe Homes, Simonka Place, Sable House, St. Francis Family Housing, Family Promise). The other **32 programs did not report accessibility status at all**, which means the system cannot currently say how many beds are usable by people with mobility disabilities. This gap compounds the privacy and congregate-setting barriers described in *Finding 25*, since congregate and bunk-bed environments are often the least accessible. Separately, eight programs identify people with disabilities or in behavioral health crisis among the populations they serve, but consistent with *Finding 19*, that capacity sits almost entirely at the emergency and crisis level rather than across the housing continuum. Standardized accessibility reporting would be a meaningful next step toward understanding whether the system can serve residents with disabilities.

FINDING 22: Faith-based organizations operate a substantial share of the system's beds, concentrated in its largest and highest-barrier congregate programs.

Twelve of 44 programs (27%) are faith-affiliated, together accounting for roughly **496 individual beds and 91 household units**. These divide into two groups. Six programs operated by Church at the Park describe themselves as faith-inspired but report that faith is not a condition of receiving services. The other six are more traditionally faith-based: two Catholic Community Services programs (St. Joseph Family Shelter, The Father Taaffe Homes), two Union Gospel Mission programs (Men's Mission, Simonka Place), Seed of Faith Ministries' CRAWL, and Women at the Well Grace House. The concentration matters because the system's two largest congregate adult shelters, **Men's Mission (248 beds)** and **Simonka Place (80 beds)**, are both faith-based, both single-gender, and both fall in the abstinence-plus-drug-testing category identified in *Finding 23*. For an adult seeking one of the region's largest pools of congregate beds, a faith-based environment and the highest-barrier substance-use policy often travel together. The landscape scan does not capture whether religious programming is required, encouraged, or simply present, so it cannot determine the degree to which faith creates an access barrier. It does appear, however, that the strictest pre-entry requirements have lower waitlist rates than behavioral-model programs — which would support the hypothesis that higher barriers reduce demand. Either way, faith-based organizations are central to the region's congregate capacity, which is reason enough to examine the question directly in the future.

KEY TAKEAWAYS

Section 4: Examining the accommodations provided to serve diverse populations

1. Open in principle is not the same as equipped in practice.

Most capacity serves all genders (**66%** of beds and **94%** of family units) and **41 of 44** programs serve all races and ethnicities, but that breadth reflects general openness rather than targeted capacity to serve specific communities well.

2. Gender-specific shelter is concentrated and Salem-centric.

Men-only capacity (310 beds) rests almost entirely on one program (Men's Mission holds **80%**), women-only capacity is thinner (175 beds) but more distributed, and all three men-only programs are in Salem, so anyone seeking gender-specific shelter outside the city has few local options. No program is dedicated to transgender or non-binary residents.

3. Culturally specific capacity and non-Spanish language access are thin.

Only **four programs** are culturally specific (three tribal, one Black-serving), none focus on the region's large Latino community, and while Spanish reaches roughly **75%** of programs, coverage for Russian, Marshallese, Chuukese, and other established community languages is minimal.

4. Spanish access is broad but uneven in quality.

About **55%** of programs have bilingual staff, yet interpretation ranges from trained case managers and formal phone lines (only about 3 programs) to informal tools, with at least one program relying on Google Translate, so a Spanish speaker's experience can depend on which program, or even which shift, they reach.

5. Only veterans have a full continuum; most special populations are met only at crisis.

Veterans have dedicated low-barrier and transitional programs, but survivors, seniors, justice-involved people, and those with disabilities or behavioral health needs are served mostly as secondary populations at the emergency level. Reentry services are nearly absent, and no dedicated LGBTQIA+ shelter exists anywhere in the region.

6. Accessibility is largely unreported, and the biggest congregate beds carry the highest barriers.

Only **12 of 44** programs (27%) reported any ADA or physical accessibility, so the system cannot say how many beds are usable by people with mobility disabilities. The two largest congregate shelters (Men's Mission and Simonka Place) are both faith-based, single-gender, and highest-barrier on substance use.

Section 5: Shelter Environment and Policies

The previous sections counted beds and mapped how people reach them. This section looks at what those beds are actually like to stay in, the services attached to them, the privacy of the sleeping arrangements, the substance-use rules that govern entry, and whether a person can bring a pet. These environmental and policy features determine whether a bed that exists on paper is one a given person can genuinely use. A recurring theme runs through the findings: the system's capacity is concentrated in large, low-barrier, congregate, crisis-oriented programs, and the same features that let those programs serve many people quickly, shared sleeping space, high turnover, and a focus on immediate need, can also make them difficult or unsafe for the people with the most specific requirements.

FINDING 23: Two-thirds of programs use a behavior-based approach to substance use.

About 66% of all programs (29 total) reported use some type of behavior-based model. This means they do not require sobriety, but they do expect residents to follow program expectations, not use substances on shelter property, and not be disruptive to others. This lower-barrier stance is common in the system, and it is the philosophy behind the ARCHES low-barrier network and most of the region's largest entry points.

At the other end of the spectrum, **16% of programs (7 total) require abstinence plus drug testing**, the highest-barrier category. These seven programs are a small share of programs but a much larger share of beds because the category includes the two largest single-gender congregate shelters in the region, Men's Mission at 248 beds and Simonka Place at 80.

Considering that 2025 Point-In-Time Count data shows at least **438 individuals with substance use disorder** in the regional system (sheltered and unsheltered), this concentration has real consequences for access. For someone who is not abstinent, a large block of the region's congregate capacity, including its single biggest shelter, is effectively closed.

Waitlist and occupancy data offer a further dimension to this picture, though with significant caveats given sparse reporting. Among the small number of programs that did report typical nightly occupancy, vacancy was concentrated almost entirely in the abstinence-required group: Simonka Place, Men's Mission, and VETCare together reported 95 unoccupied beds on a typical night, compared to just 14 across five behavior-based programs. While this data is too limited to draw firm conclusions, the pattern suggests that programs with the strictest entry requirements may be operating with more vacancy, while lower-barrier programs with waitlists turn people away — though this requires more investigation.

FINDING 24: Service availability varies by eligibility model.

Analyzing shelter programs by their eligibility requirements reveals that the most intensive services are concentrated in structured residential programs that require both **pre-entry**

sobriety and mandatory program participation. These programs tend to offer the broadest mix of wraparound supports case management, housing navigation, and mental health services and substance use treatment.

A second group **requires abstinence** but not structured program participation. Despite a high entry bar, these programs report offering fewer services than either of the other two categories. Case management is present at about half, and mental health services and employment services less likely.

The largest group — 29 programs operating under a **behavior-based model**, with on-site substance use policies but no pre-entry sobriety requirement — offers more consistent access to case management and housing navigation, the two services typically linked to housing exits. Still, mental health services, employment support, and substance use treatment, are less universal, suggesting that even the most accessible programs leave gaps in on site wraparound coverage. It's worth noting that some of these supports may be accessible off site through referral.

Table 24
Services by Eligibility Model

Program Model	N	Case Management	Housing Navigation	Mental / Behavioral Health	Employment Support	Substance Use Treatment
% of programs offering each service	Programs	% offering	% offering	% offering	% offering	% offering
Structured Pre-entry sobriety + participation requirement	3	67% (2/3)	67% (2/3)	100% (3/3)	67% (2/3)	100% (3/3)
Abstinence required Pre-entry sobriety, no participation requirement	7	57% (4/7)	43% (3/7)	14% (1/7)	29% (2/7)	57% (4/7)
Behavior-based On-site policy, no pre-entry sobriety requirement	29	76% (22/29)	66% (19/29)	48% (14/29)	38% (11/29)	28% (8/29)

Note: Programs with no detectable substance use or participation requirement excluded (n=5). Program model categories based on self-reported eligibility data. Findings are descriptive, not statistically generalizable.

Across all 44 programs, the **most common services** reflect a system built for crisis response: case management (70%), everyday essentials (68%), and housing navigation (57%). These services are nearly universal in emergency and low-barrier programs, confirming that the front door of the system is well equipped to connect people with help. The heatmap (Figure 24.2) confirms this concentration, with "emergency + low-barrier" combinations being the most service-dense, offering nine core services at near-universal rates. Beyond these crisis-oriented

offerings, though, the services that help people move toward stability are noticeably thinner: mental health support appears at about 41% of programs, employment assistance at 36%, recovery and substance use services at 34%, and rental assistance at 32%. The services that meet an immediate need are widespread, while those that build a bridge to stable housing and income reach only a third to half of programs.

Figure 24.1

Services Offered Across All 44 Programs

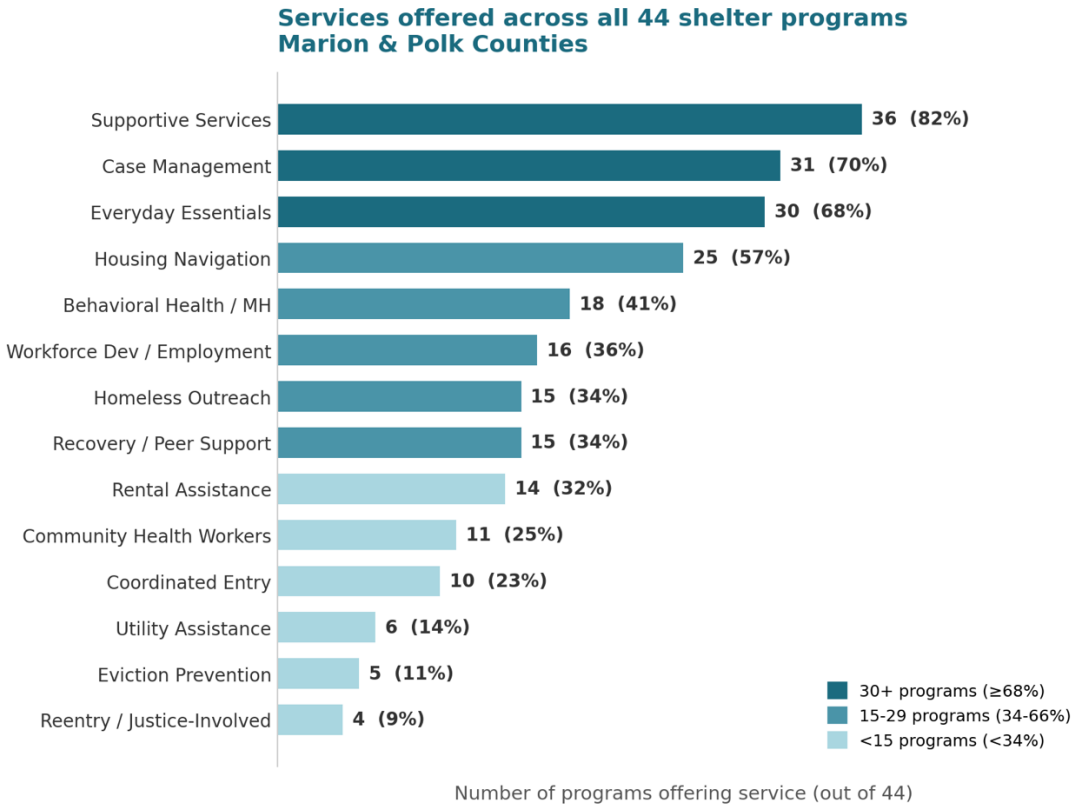
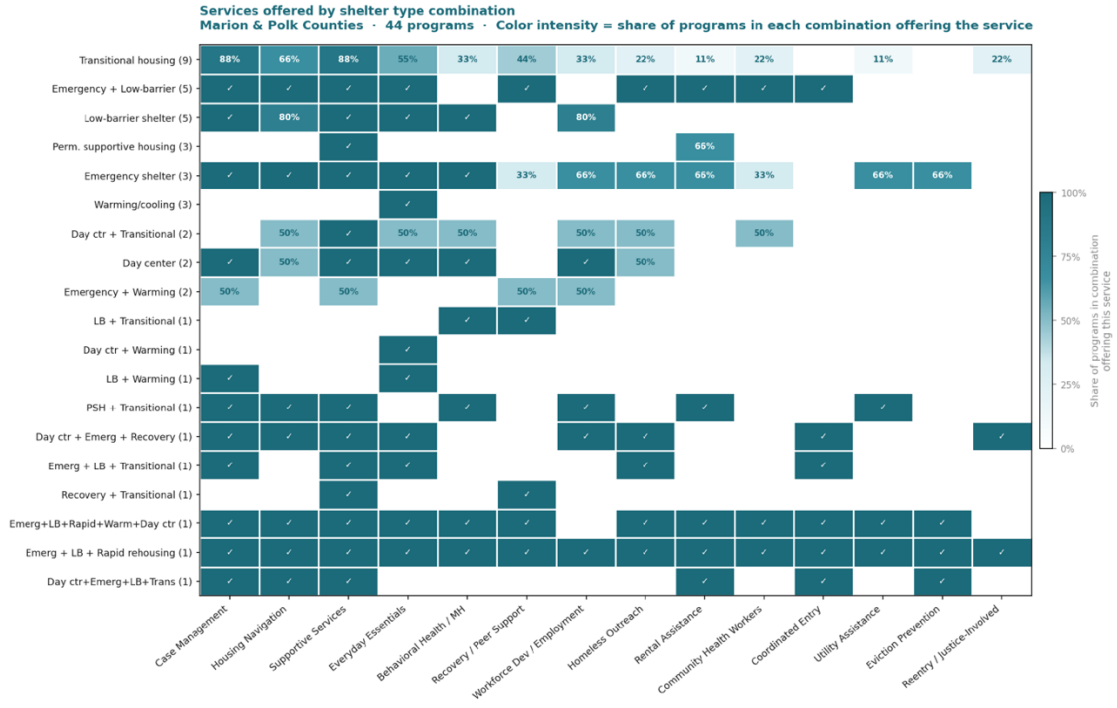


Figure 24.2

Heat Map: Services Offered by Shelter Type Combination



FINDING 25: Bunk beds and congregate beds make up about a third of sleeping spaces in shelters, limiting privacy.

About **30% of all beds in the system**, roughly 421 of 1,421, are bunk beds, and about a third are in congregate settings where residents sleep in shared rooms or open dormitories. Because bunk beds generally sit within congregate programs, these two figures overlap rather than add together. This means a substantial portion of the region's capacity offers little privacy or personal space. This is a significant barrier to safe and stable shelter for many of the people most likely to need it: survivors of domestic violence and others with trauma histories, for whom a crowded shared room can be retraumatizing; people in recovery, for whom close proximity to active substance use is a relapse risk; veterans and people in behavioral health crisis, who may struggle in high-stimulation environments; and people with mobility disabilities or older adults, for whom a bunk is often simply not usable, as noted in the accessibility finding. It’s important to note that at least two shelters — Center for Hope and Safety and Family Promise — said they can easily separate bunk beds to meet accessibility needs or reconfigure sleeping spaces. This offers some much-needed flexibility.

Congregate, bunk-bed programs are also the system's **largest and lowest-barrier front-door shelters.** Men's Mission (248 beds), the Salem Navigation Center (75 beds), and SafeSleep United (50 beds) are all congregate, so the very people who most need immediate, walk-in shelter are routed toward the least private options, while more private settings tend to be smaller, longer-term, or harder to enter. The effect is that a congregate bed can be counted as

available capacity and still be unusable for a given person's safety or recovery needs. Anecdotally, shelter representatives reported that maintaining recovery can be difficult even in private rooms with shared bathrooms, which suggests the privacy gap extends beyond the strictly congregate programs, and that the distance between "a bed exists" and "a bed this person can safely use" is finer than the totals imply.

Figure 25.1

Bunk Beds — Share of Total Bed Capacity

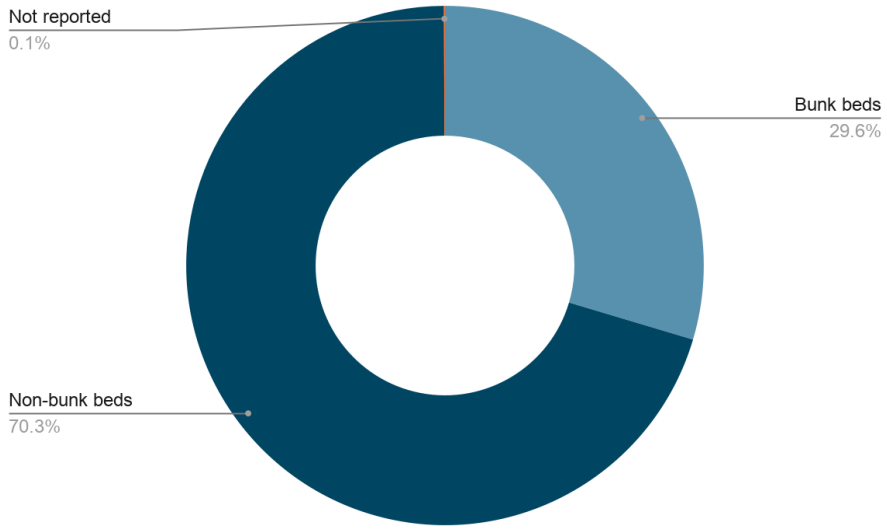
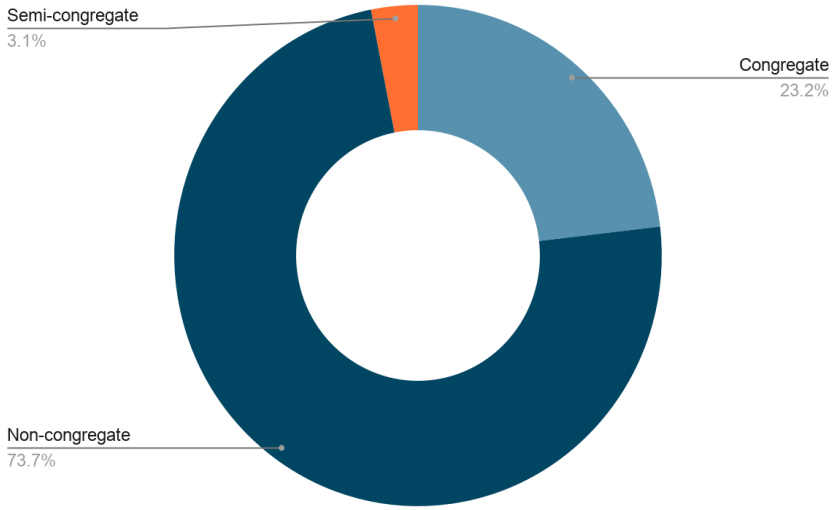


Figure 25.2

Congregate Beds — Share of Total Bed Capacity

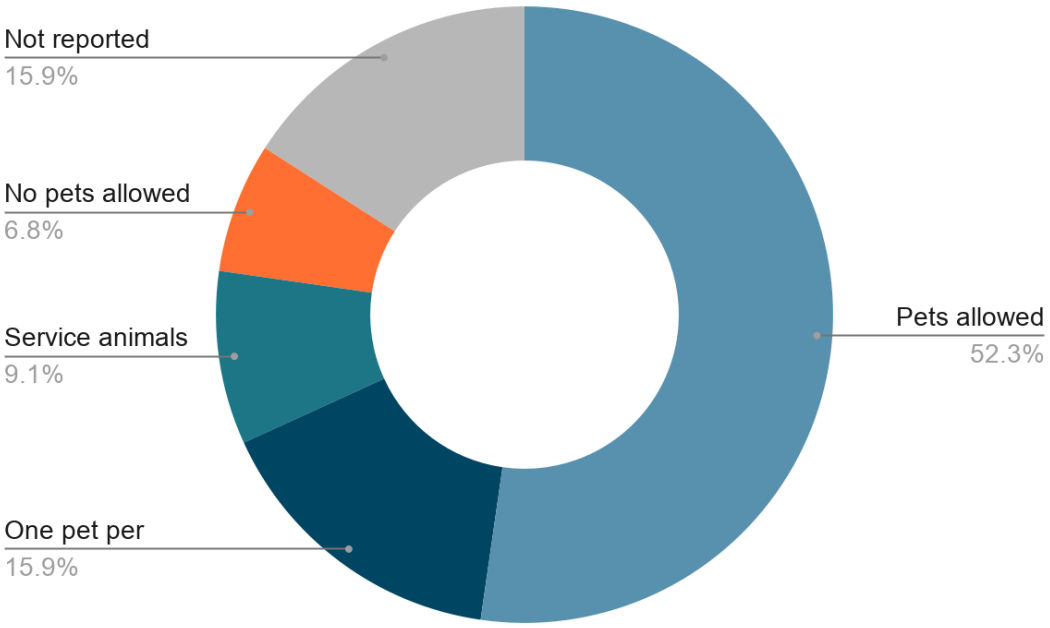


FINDING 26: The system is broadly pet friendly.

Thirty of 44 programs (68%) allow pets in some form, representing 781 beds and 201 households. This is a meaningful strength across the system, because pets are a well-documented reason people delay or decline shelter. For many people experiencing homelessness, a pet is a primary source of companionship, safety, and routine, and the prospect of surrendering or being separated from an animal may lead some to remain unsheltered rather than enter a program that will not take allow their pet. A system in which roughly two-thirds of programs accommodate animals therefore removes a barrier that, elsewhere, keeps people outside altogether.

Figure 26

Share of Programs that Allow Pets



KEY TAKEAWAYS

Section 5: Shelter Environment and Policies

1. A bed on paper is not always a bed a person can use.

The system's capacity concentrates in large, low-barrier, congregate, crisis-oriented programs, and the same features that let them serve many people quickly (shared sleeping space, high turnover, and a focus on immediate need) can make them difficult or unsafe for the people with the most specific requirements.

2. Most programs are low-barrier on substance use, but the strictest ones hold the most beds.

About **66%** of programs (29) use a behavior-based model with no sobriety requirement, yet the **16%** (7 programs) that require abstinence plus drug testing include the two largest congregate shelters (Men's Mission at 248 beds and Simonka Place at 80), so a large block of congregate capacity is effectively closed to anyone who is not abstinent.

3. The strictest programs may sit emptier while low-barrier programs turn people away.

Among the few programs reporting occupancy, abstinence-required shelters reported **95 empty beds** on a typical night versus just **14** across five behavior-based programs. The pattern warrants more investigation, given at least 438 people with substance use disorder counted in the region.

4. Services are built for crisis and thinner for the bridge to stability.

Case management (70%), everyday essentials (68%), and housing navigation (57%) are near-universal at the front door, but the services that move people toward stable housing and income lag: mental health at about **41%**, employment at 36%, recovery and substance use at 34%, and rental assistance at 32%.

5. About a third of beds offer little privacy, and they are the front-door beds.

Roughly **30%** of beds are bunks (421 of 1,421) and about a third are congregate, and the largest walk-in shelters (Men's Mission, Salem Navigation Center, SafeSleep United) are all congregate. The people who most need immediate shelter are routed to the least private options, which can be unsafe for survivors, people in recovery, and those with disabilities.

6. The system is broadly pet friendly.

30 of 44 programs (68%, representing 781 beds and 201 households) allow pets in some form, removing a well-documented barrier that otherwise keeps people from entering shelter.

Section 6: Funding and Data Infrastructure

This final section looks beneath the beds and policies to the financial and data foundations the system rests on, how programs are paid for and how well they can account for what they cost and whom they reach. These are less visible than bed counts, but they shape whether the system is stable, and whether it can even describe itself accurately. Two patterns emerge. The money is concentrated, with most programs leaning on a single dominant funder, and the data is inconsistent, with key measures like cost per bed reported too unevenly to support system-wide analysis. Together they point to a system that is functioning but fragile and not yet equipped to answer basic questions about its own efficiency and sustainability.

FINDING 27: Data on cost per bed is not sufficient for system-wide analysis.

Only **15 of 44 programs (34%) reported** an average operating cost per bed per night. Among those that did, the data varied widely with some reporting true operating costs, others reporting resident fees, monthly program charges, or total annual costs. Several of the largest programs, including Men's Mission (248 beds), SafeSleep United, Family Promise, and all four Permanent Supportive Housing (PSH) programs, explicitly noted they do not track cost in this way.

Among the 15 programs that did report cost per bed, costs ranged from $12/night (warming/cooling shelters) to $242/night (David's House, a 10-bed youth program). The **median cost-per-bed reported was $43/night**. This range reflects real differences in program intensity, scale, and population served. The highest per-bed costs are concentrated in small-scale, high-need programs serving youth and DV survivors, where intensive case management drives cost up and small bed counts leave little room for economies of scale. Standardizing cost-per-bed reporting across all programs would be a meaningful step toward understanding the true cost of the shelter system and making informed resource allocation decisions.

FINDING 28: State funding is the backbone of the system.

State funding anchors the system. **Seventy-five percent of programs (33 of 44) list the State of Oregon as a primary funding source**, and 12 programs are funded by the state alone. The reliance is greatest among the highest-capacity programs: State of Oregon Housing and Community Services (OHCS) investment in the ARCHES network alone is reported to exceed $6 million annually, so a single state agency underwrites a large share of the region's bed capacity. Two recovery-focused programs, Lupe's House and New Options, draw on Measure 110 funds, a stream that has recently undergone significant policy change. This means a state

budget reduction or policy shift could affect many of the system's largest programs at once, with little diversification to absorb the loss.

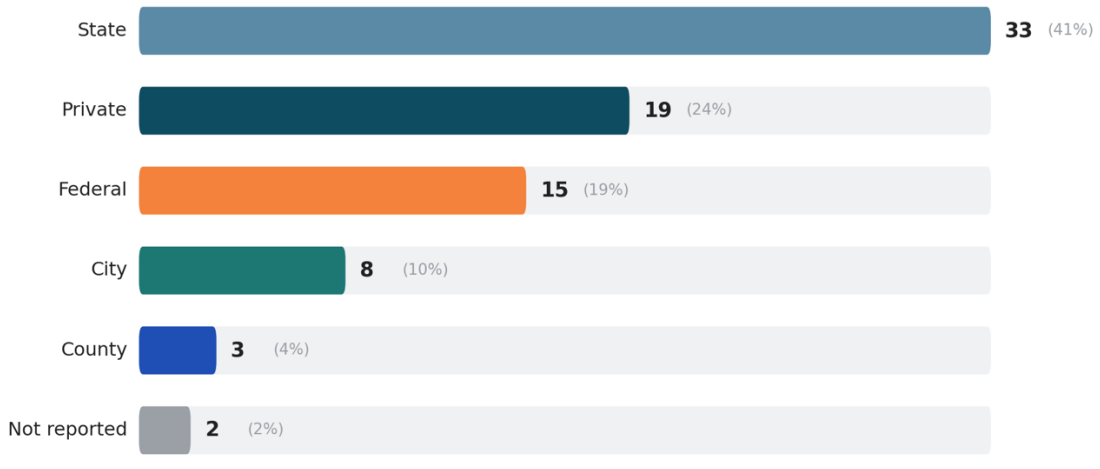
Local investment, by contrast, is thin. Only eight programs report city funding, only three report county funding, and about 32 of the 42 programs that disclosed their funding have no city or county support at all. The communities the system serves contribute relatively little of its operating base, which leaves programs without the local cushion that can steady them when state or federal dollars move.

Private and philanthropic funding fills part of the gap, but unevenly, and it concentrates risk in a different way. Several programs are heavily donor-dependent, including Family Promise (reported at about 68% privately funded), ARCHES Family First (built on a $5 million Bezos Day 1 Families Fund grant), Men's Mission, Simonka Place, and Women at the Well, some of which are essentially privately funded. Philanthropy of this kind can be generous but is rarely guaranteed year to year, so programs leaning on it carry their own instability.

Federal funding is widespread as a secondary source, appearing in the budgets of more than half of programs, but a handful are acutely dependent on it, and those tend to serve the most specialized populations. Sable House reports that roughly 80% of its budget is federal, the VETCare veterans home relies on VA per diem payments, and the region's youth programs, including David's House, draw federal youth-homelessness dollars. As a result, federal funding changes would fall hardest on the youth, domestic violence, and veteran programs, precisely the small, single-purpose providers the system can least afford to lose. Across every level of government and the private sector, the common thread is concentration: most programs lean on one dominant source, so the system is more exposed to a shift in any single funder than its overall size would suggest.

Figure 28.1

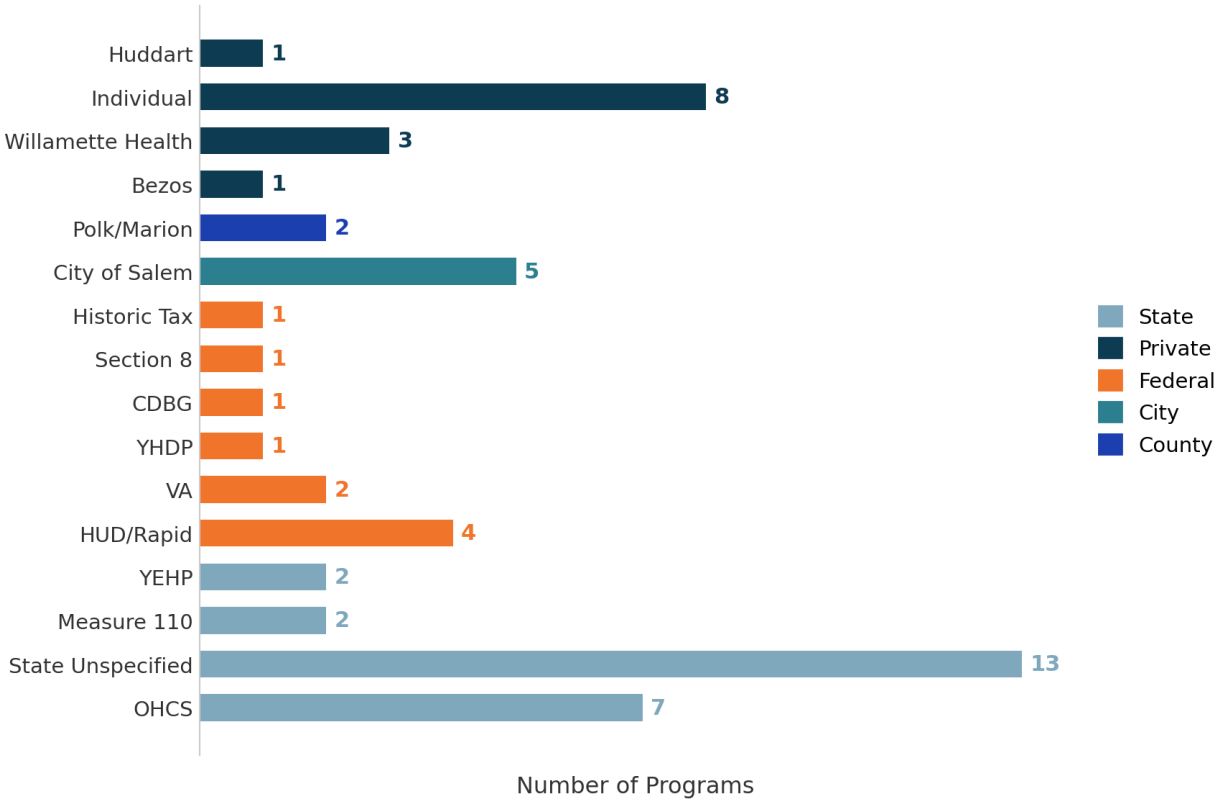
Primary Funding Sources for Sheltering Programs in Marion and Polk Counties



Number of times each source was cited (programs listed their top one to two funders)

Figure 28.2

Specific Funding Sources Named by Programs



KEY TAKEAWAYS

Section 6: Funding and Data Infrastructure

1. The system cannot yet describe its own costs.

Only **15 of 44** programs (34%) reported a cost per bed, and even those mixed true operating costs with resident fees and annual totals. Several of the largest programs (Men's Mission and all four Permanent Supportive Housing programs) do not track cost this way, so the true cost of the system is unknown.

2. Where costs are reported, they vary too widely to compare.

Among the 15 reporting programs, cost per bed ranged from **$12/night** at warming shelters to **$242/night** at a 10-bed youth program (median **$43**), with the highest costs concentrated in small, high-need youth and DV programs rather than reflecting a comparable metric.

3. State dollars are the backbone, and the biggest single point of failure.

75% of programs (33 of 44) name the State of Oregon as a primary funder and 12 rely on it alone, with OHCS reportedly investing over **$6 million** a year in the ARCHES network, so one state budget or policy shift could destabilize many of the region's largest programs at once.

4. Local investment is thin.

Only **8 programs** report city funding and **3** report county funding, and about 32 of 42 disclosing programs have no local support at all, leaving the system without a local cushion when state or federal dollars move.

5. Private and federal money fill gaps but concentrate risk in the most vulnerable programs.

Several programs are heavily donor-dependent (Family Promise at about 68% private, ARCHES Family First built on a $5 million Bezos grant), while small providers serving youth, DV survivors, and veterans (Sable House at roughly 80% federal, VETCare on VA per diem) are acutely reliant on federal dollars, so the programs the system can least afford to lose are the most exposed.

6. The common thread is concentration: functioning but fragile.

Across state, local, private, and federal sources, most programs lean on a single dominant funder, so the system is more exposed to a shift in any one source than its size suggests, and it cannot yet answer basic questions about its own efficiency or sustainability.

Conclusion:

This landscape scan tells part of the story of homelessness and sheltering in Marion and Polk Counties, but not all of it. It maps the supply side of the system, the programs, beds, locations, and policies that make up the region's sheltering response, but it cannot speak to the lived experiences of people sleeping outside or moving in and out of housing instability, nor to the daily realities of the providers who serve them. Those perspectives are the work of the surveys and listening sessions still to come. What this scan offers is a broad-strokes foundation the rest of the community needs assessment can build on, and even at this level it reveals clear strengths alongside significant gaps.

The system's strengths are real. The region has built strong low-barrier capacity, with 311 beds across five programs that share a consistent Housing First philosophy, pet-friendly policies, bilingual staffing, and behavior-based substance use approaches. The emergency and low-barrier programs that anchor the system offer a dense set of wraparound services, including case management, housing navigation, behavioral health support, and outreach. Around-the-clock access is the norm rather than the exception, with 25 of 44 programs operating 24/7 and covering most emergency, low-barrier, and family beds, which matters most for the domestic violence programs where safety depends on it. Spanish-language access is comparatively broad, reaching roughly three-quarters of programs in some form. The system is also broadly pet-friendly, with about 68% of programs accommodating animals and removing a well-documented barrier to shelter. And family-friendly capacity exists across the continuum, with 230 household units spread across emergency, transitional, and Permanent Supportive Housing (PSH).

The gaps are just as clear. On paper the system's combined capacity nearly matches the Point-in-Time count, but that near-parity is misleading, because most programs report waitlists and the Point-in-Time count is itself a known undercount. Also, when we look closer at specific populations, we see that veterans and adults with children are the only notable exception to a pattern of undersupply. The transitional middle is thin, spread across smaller-capacity providers, which leaves a narrow pipeline for people ready to move beyond emergency shelter. Capacity dedicated to youth is critically limited, with just 20 beds across two residential programs. And family intake is often gated behind appointment-only or online-only processes, leaving little walk-in pathway for families in acute crisis.

Access and equity gaps run throughout the system. Only about a third of programs are walk-in accessible, while the rest require a referral, an appointment, or internet access. Capacity, services, language access, and 24/7 programs are heavily concentrated in Salem, leaving the impression that Polk County and rural Marion County may be underserved. Language access beyond Spanish is insufficient for the region's diversity, with Russian available at only four programs, sign language at three, Marshallese at two, Chinese and Vietnamese at one each, and Chuukese at none. The inventory captures little about who is served beyond “all races and ethnicities,” making equity in access and outcomes difficult to assess from this data alone. The system contains no LGBTQIA+ specific programming, and physical accessibility for people with

disabilities is documented inconsistently, so it’s difficult to say how many beds are usable by someone with a mobility disability. Faith-based organizations operate a substantial share of the region's congregate beds, concentrated in its largest and highest-barrier programs, which raises access questions this scan can identify but not yet answer. And reentry and justice-involved services remain limited, offered by only a handful of programs and never as a dedicated focus.

Two systemic risks stand out. The system depends heavily on state funding, with 75% of programs relying on it, 12 funded by the state alone, and almost no local city or county investment to cushion against shifts in the state budget. And the data infrastructure itself is fragmented, with 13 programs not on HMIS, inconsistent reporting on key metrics like cost per bed, and no way to produce a system-level unduplicated count.

Taken together, these findings describe a system that has built meaningful strengths at the front door of crisis response while leaving real gaps in its middle, in its geographic accessibility, and in its capacity to serve specific populations equitably. Many of these gaps are not failures of execution but questions this supply-side scan was not designed to answer, questions of lived experience, demographic equity, and provider capacity that the surveys and listening sessions to come are built to explore. Together they will give MWVCAA a fuller basis for the regional planning this assessment is designed to inform.

Appendix A:

Shelter Inventory by Shelter Type Combination

On a typical night, Marion and Polk county shelter programs provide **1,421 unique beds**, plus housing units or rooms serving **230 unique households** across **44 verified programs.**

Shelter type combination	Programs	#	Adults only	Adults w/ children	Youth (11-17)	DV survivors	Total beds	Total HH
			beds / HH	*beds / HH*	*beds / HH*	*beds / HH*		
Transitional housing	New Options · Village One · Village Two · Gale's Lodge · Women at the Well · St. Joseph Family Shelter · Father Taaffe Homes · Ediger Hall · St. Francis Family Housing	**9**	33 beds	76 beds / 41 HH	—	—	**109**	**41**
Emergency shelter + Low-barrier shelter	Family Site Dallas House · Family Shelter Community (CCS) · Monmouth Adult Shelter · Village of Hope · Young Adult Shelter Community	**5**	100 beds / 19 HH	51 HH	—	—	**100**	**70**
Low-barrier shelter	ARCHES Lodge · ARCHES Inn · Salem Navigation Center · The ARCHES Nest · David's House	**5**	265 beds	36 beds	10 beds	—	**311**	—
Permanent Supportive Housing	Coral Women's House · Redwood Crossings · Sequoia Crossing · Yaquina Hall	**4**	65 beds†	112 HH	—	—	**65†**	**112**
† *Includes 6 recovery-based shelter beds at Redwood Crossings operated in collaboration with Bridgeway Health.*								
Emergency shelter	Warriors of Hope · Taylor's House · Sable House	**3**	—	7 HH	10 beds	10 beds	**20**	**7**
Warming/cooling shelter	Polk County Warming Centers · ARCHES Mill City · ARCHES Salem First Presbyterian	**3**	—	—	—	—	**117†**	—
† *All 117 beds are seasonal warming/cooling beds (Polk County Warming Centers 20, ARCHES Mill City 0 reported, ARCHES Salem First Presbyterian 97). Not available year-round.*								
Day center + Transitional housing	HOST · CRAWL	**2**	48 beds	—	—	—	**48**	—
Day center	Next Steps Youth Day Center · ARCHES Family First	**2**	—	—	—	—	—	—
Emergency shelter + Warming/cooling shelter	Seed of Faith Ministries · Simonka Place	**2**	—	220 beds	—	—	**220 + 80†**	—
† *220 year-round beds. An additional 80 seasonal warming beds (Seed of Faith Ministries) are available during inclement weather.*								

Shelter type combination	Programs	#	Adults only	Adults w/ children	Youth (11-17)	DV survivors	Total beds	Total HH
			beds / HH	*beds / HH*	*beds / HH*	*beds / HH*		
Low-barrier shelter + Transitional housing	Lupe's House	**1**	9 beds	—	—	—	**9**	—
Day center + Warming/cooling shelter	The ARCHES Day Center	**1**	—	—	—	—	**30†**	—
† *30 seasonal warming beds only — activated during inclement weather. No year-round overnight capacity.*								
Low-barrier shelter + Warming/cooling shelter	ARCHES Woodburn Overnight	**1**	20 beds	—	—	—	**20 + 20†**	—
† *20 year-round overnight beds plus 20 additional seasonal warming beds during inclement weather.*								
Day center + Emergency shelter + Recovery-focused shelter	Men's Mission	**1**	248 beds	—	—	—	**248**	—
Emergency shelter + Low-barrier shelter + Transitional housing	SafeSleep United Women's Shelter	**1**	—	50 beds	—	—	**50**	—
Recovery-focused shelter + Transitional housing	VETCare Veterans Home	**1**	30 beds	—	—	—	**30**	—
Emergency + Low-barrier + Rapid rehousing + Warming + Day center	Sheltering Silverton	**1**	—	22 beds	—	—	**22**	—
Emergency shelter + Low-barrier shelter + Rapid rehousing	Center for Hope and Safety	**1**	—	—	—	120 beds	**120**	—
Day center + Emergency + Low-barrier shelter + Transitional housing	Family Promise	**1**	—	49 beds	—	—	**49**	—
Total	44 programs	**44**	—	—	—	—	**1,421**	**230**

Notes: Each program appears exactly once under its exact shelter type combination as recorded in the Shelter Inventory. Beds = individual sleeping spaces (non-inclement/year-round). HH = households; 1 HH ≠ 1 bed. Population columns show beds and/or households where applicable. † Seasonal warming/cooling beds are activated during inclement weather only and are not included in the 1,421 year-round bed total. An additional 247 warming beds are available system-wide during inclement weather, bringing total inclement weather capacity to 1,668 beds.

Appendix B:

Overview of Shelter Capacity

Measure	Count	Notes
Combined Capacity Estimates · HH × 3 per household (conservative estimate)		
Typical combined shelter bed capacity	**2,111 beds**	*1,421 beds + 690 est. individuals in HH (230 HH × 3)*
Inclement weather combined capacity	**2,358 beds**	*1,668 beds + 690 est. individuals in HH (230 HH × 3)*
Individual beds added during inclement weather (warming beds)	247 beds	*Polk County Warming Centers (20) · ARCHES Woodburn +20 · ARCHES Day Center (30) · Seed of Faith (80) · ARCHES Salem First Presbyterian (97)*

Typical Capacity (non-inclement weather, year-round programs)		
Total programs	38	*Programs that operate year-round capacity*
Individual beds	1,421	*Non-inclement individual sleeping spaces*
Family units (households)	230	*1 HH ≠ 1 bed — family units of varying sizes*
Est. individuals in family units (households)	690	*230 HH × 3 (conservative)*

Inclement Weather Capacity (includes seasonal warming beds)		
Total programs	44	*All programs*
Individual beds	1,668	*1,421 year-round + 247 seasonal warming beds*
Family units (households)	230	*No additional HH units during inclement weather*
Est. individuals in HH	690	*230 HH × 3 — unchanged from typical*

Notes: Individual beds and households are reported as separate units — 1 HH ≠ 1 bed. Combined capacity estimates convert households to individuals using a conservative assumption of 3 persons per household. Seasonal warming beds are activated during inclement weather only and are not available year-round. Combined capacity estimates do not equal the number of unique individuals experiencing homelessness who are sheltered — PIT counts undercount actual homelessness and reported capacity does not account for eligibility restrictions, geographic access, or waitlists.

Appendix C:

Polk and Marion County Sheltering Service Inventory | 44 Programs

Program name	Organization	Address	Emerg.	Low-barrier	Warm/cool	Trans-itional	PSH	Recovery	Daycenter	Rapid rehousing	Adults only	Adults w/children	Youth	DV survivors
ARCHES Family First	Mid-Willamette Valley Community Action Agency	1255 Broadway St NE, 110, Salem, OR 97301	☐	☐	☐	☐	☐	☐	☑	☐	☐	☑	☐	☐
ARCHES Inn	Mid-Willamette Valley Community Action Agency	1288 Hawthorne Ave NE, Salem, OR 97301	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐
ARCHES Lodge	Mid-Willamette Valley Community Action Agency	1875 Fisher Road NE, Salem, OR 97305	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐
Center for Hope and Safety		605 Center St. NE, Salem (Advocacy Office)	☑	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑
Coral Women's House	Church at the Park	2550 Coral Ave NE, Salem, Oregon	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐	☐	☐
CRAWL (Community, Recovery and Wellness Living)	Seed of Faith Ministries	853 Medical Center Dr NE, Salem, OR 97301	☐	☐	☐	☑	☐	☐	☑	☐	☑	☐	☐	☐
David's House	Mid-Willamette Valley Communication Action Agency	719 E Jackson St., Monmouth, OR 97361	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐
Ediger Hall	Polk County Family & Community Outreach	450 SE Washington St, Dallas, OR 97338	☐	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐
Family Promise of the Mid-Willamette Valley		1055 NW Edgewater St. Salem, OR 97304	☑	☑	☐	☑	☐	☐	☑	☐	☐	☑	☐	☐
Family Shelter Community (CCS)	Church at the Park	3749 Portland Rd, northeast Salem, OR	☑	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
Family Site Dallas House	Church at the Park	1876 SE Holman Ave. Dallas, OR 97338	☑	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
Gale's Lodge	Polk County Family & Community Outreach	565 SE Lacreole Dr., Dallas, OR 97338	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐
HOST (Health, Outreach, Shelter, Transitions)	Northwest Human Services	1143 Liberty St NE, Salem, OR 97301	☐	☐	☐	☑	☐	☐	☑	☐	☑	☐	☐	☐
Lupe's House	Bridgeway Community Health	750 Front Street NE Salem, OR 97301	☐	☑	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐

Program name	Organization	Address	Emerg.	Low-barrier	Warm/cool	Trans-itional	PSH	Recovery	Daycenter	Rapid rehousing	Adults only	Adults w/children	Youth	DV survivors
Men's Mission (New Life Fellowship is Program within the shelter)	Union Gospel Mission of Salem	777 Commercial St NE, Salem, OR 97301	☑	☐	☐	☐	☐	☑	☑	☐	☑	☐	☐	☐
Monmouth Adult Shelter	Church at the Park	300 Stadium NE. Monmouth, OR 97361	☑	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐
New Options	Bridgeway Community Health	3500 Hawthorne Ave. NE, Salem, OR 97301	☐	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐
Next Steps Youth Day Center	Mid-Willamette Valley Communication Action Agency	2551 Pringle Rd. SE, Salem, Oregon 97302	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐
Polk County Warming Centers	Mid-Willamette Valley Community Action Agency	Rotating Locations: St. Thomas Episcopal (1486 SW Levens St., Dallas), Dallas Church (450 SE Washington St.), Praise Church / Puerta De Fe / Community Life (189 Monmouth Ave. S),	☐	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐
Redwood Crossings	Salem Housing Authority	4107 Fisher Road NE, Salem, Oregon 97305	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐	☐	☐
Sable House		314 SE Oak St. Dallas, OR 97338 (Advocacy Office, Mailing Address is different)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑
SafeSleep United Women's Shelter	United Way Mid-Willamette Valley	1910 NE Front St. NE, Salem, Oregon 97301	☑	☑	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐
Salem Navigation Center	Mid-Willamette Valley Community Action Agency	1185 22nd Street SE, Salem 97302	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐
Seed of Faith Ministries (Warming and Cooling Shelter)	Seed of Faith Ministries	1248 Winter Street, NE, Salem, OR 97301	☑	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐
Sequoia Crossings	Salem Housing Authority	2950 Broadway Street NE, Salem OR 97303	☐	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐
Sheltering Silverton		830B McClaine St. Silverton, OR 97381	☑	☑	☑	☐	☐	☐	☑	☑	☐	☑	☐	☐
Simonka Place	Union Gospel Mission	5119 River Road N, Keizer, OR 97303	☑	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐
St. Francis Family Housing		1820 Berry St, Salem, OR 97302	☐	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐

Program name	Organization	Address	Emerg.	Low-barrier	Warm/cool	Trans-itional	PSH	Recovery	Daycenter	Rapid rehousing	Adults only	Adults w/children	Youth	DV survivors
St. Joseph Family Shelter	Catholic Community Services	925 S Main St. Mount Angel, OR 97362	☐	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐
Taylor's House	Mid-Willamette Valley Communication Action Agency	220 15th St. SE Salem OR 97301	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐
The ARCHES Day Center	Mid-Willamette Valley Community Action Agency	615 Commercial St NE, Salem, OR 97301	☐	☐	☑	☐	☐	☐	☑	☐	☑	☐	☐	☐
The ARCHES Nest	Mid-Willamette Valley Community Action Agency	2933 Center Street NE, Salem, OR 97301	☐	☑	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
The ARCHES Project: Mill City Resource Center Warming Site	Mid-Willamette Valley Community Action Agency	280 NE Santiam Blvd., Mill City, OR 97360	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐
The ARCHES Project: Salem First Presbyterian Church Warming Site (Marion County Warming)	Mid-Willamette Valley Community Action Agency	770 Chemeketa St NE, Salem, OR 97301	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐
The ARCHES Project: Woodburn Overnight Shelter and Warming Center	Mid-Willamette Valley Community Action Agency	1560 Hardcastle Ave. Woodburn, OR 97071	☐	☑	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐
The Father Taaffe Homes Program	Catholic Community Services	Queen of Angels Monastery 840 S Main St, Mt Angel, OR 97362	☐	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐
VETCare Veterans Home (transitional housing)	VETcare Westcare Oregon	2933 NE Center St., Salem, OR 97301	☐	☐	☐	☑	☐	☑	☐	☐	☑	☐	☐	☐
Village of Hope Adult Shelter Community (VOH)	Church at the Park	1280 Center St N.E	☑	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐
Village One (Tiny Homes/Pods)	Confederated Tribes of Grand Ronde	Off Hwy 22 in Salem	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐
Village Two (Tiny Homes/Pods)	Confederated Tribes of Grand Ronde	N/A	☐	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐
Warriors of Hope	Confederated Tribes of Grand Ronde	9615 Grand Ronde Road, Grand Ronde, OR 97347	☑	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
Women at the Well Grace House		1243 SE Peace St. Salem, OR 97302	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐	☐
Yaquina Hall	Salem Housing Authority	2720 B ST NE, Salem, OR 97301	☐	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐

Program name	Organization	Address	Emerg.	Low-barrier	Warm/cool	Trans-itional	PSH	Recovery	Daycenter	Rapid rehousing	Adults only	Adults w/children	Youth	DV survivors
Young Adult Shelter Community (YAS)	Church at the Park	2410 Turner Road SE in Salem, Oregon,	☑	☑	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐

Notes: Shelter types and primary populations reflect program self-reporting in the landscape scan. Organization name shown where different from program name. Emerg. = Emergency shelter · LB = Low-barrier shelter · Warm/cool = Warming/cooling shelter · Trans. = Transitional housing · PSH = Permanent Supportive Housing.

Appendix D:

Shelter Inventory Questions

ORGANIZATION & POPULATION SERVED

1. How would you characterize the type of shelter that your program provides?
    a. Day center
    b. Emergency shelter
    c. Low-barrier shelter
    d. Rapid rehousing
    e. Warming/cooling shelter
    f. Transitional housing
    g. Permanent supportive housing
    h. Recovery-focused shelter
    i. Something else?
2. What services do you offer the individuals served in your shelter?
    a. utility assistance
    b. eviction prevention
    c. rental assistance
    d. recovery services/peer support
    e. housing navigation
    f. community health workers
    g. supportive services
    h. outreach
3. Does your program only serve individuals of a specific gender? If so, which genders does your program serve?
4. What age groups does your program serve? Do you provide services to families with children under 18?
5. Is your organization faith-based? (Y/N) If yes, what is your religious affiliation?
6. Is your program culturally specific? (Y/N) If yes, which racial or ethnic communities does your program primarily serve?
7. Do you serve any other specific populations (e.g., veterans, LGBTQ+ individuals, survivors of domestic violence)?
8. What language(s) are spoken at your location? Do you have bilingual staff/advocates on site? Do you offer interpretation services?
9. What are your operating hours?
10. What is your capacity on a typical night (# of beds available)? Are any of these beds in a congregate setting? How many (if any) of these beds are bunk beds?
11. Is there typically a waitlist for services? (Y/N) If not, how many beds are left unoccupied on a typical night?
12. What is the average operating cost per bed per night (if available)?
13. Approximately how many unique individuals does your program serve in a year?
14. Does your organization use HMIS to track client data? (Y/N)

ELIGIBILITY & ACCESS

15. What does your eligibility and intake process look like? Please share any details that apply:
    a. How do people access your services? (e.g., walk-in, online form, referral)
    b. Are pets allowed? If so, are there any restrictions on type or size?
    c. Are children allowed?
    d. Do you have any drug testing or substance use policies?
    e. Is your site ADA accessible?
    f. Are there any other eligibility requirements we should know about?

OUTREACH & FUNDING

16. What are the primary ways your shelter or program connects with people experiencing homelessness?
17. What are your top 1-2 primary funding sources?
18. Approximately how much funding does your organization receive from those top sources? (provide approximate dollar amount)

Appendix E:

Shelter Inventory Data Sources

All data collection and validation methods were attempted. Check marks in the table below indicate each data validation method that was completed and/or received a valid response.

Program name	Organization	Internet Research	Quick Verify Staff Phone Call	In-Depth Leadership Phone Call or Email	Email Verify with Leadership
ARCHES Family First	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
ARCHES Inn	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
ARCHES Lodge	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
Center for Hope and Safety		☑	☑	☑	☑
Coral Women's House	Church at the Park	☑	☐	☑	☐
CRAWL (Community, Recovery and Wellness Living)	Seed of Faith Ministries	☑	☑	☑	☑
David's House	Mid-Willamette Valley Communication Action Agency	☑	☐	☑	☑
Ediger Hall	Polk County Family & Community Outreach	☑	☐	☑	☐
Family Promise of the Mid-Willamette Valley		☑	☑	☑	☑
Family Shelter Community (CCS)	Church at the Park	☑	☑	☑	☑
Family Site Dallas House	Church at the Park	☑	☑	☐	☐
Gale's Lodge	Polk County Family & Community Outreach	☑	☐	☑	☑
HOST (Health, Outreach, Shelter, Transitions)	Northwest Human Services	☑	☑	☑	☑
Lupe's House	Bridgeway Community Health	☑	☐	☑	☑
Men's Mission (New Life Fellowship is Program within the shelter)	Union Gospel Mission of Salem	☑	☑	☑	☐
Monmouth Adult Shelter	Church at the Park	☑	☐	☑	☑
New Options	Bridgeway Community Health	☑	☐	☑	☑
Next Steps Youth Day Center	Mid-Willamette Valley Communication Action Agency	☑	☐	☑	☑
Polk County Warming Centers	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
Redwood Crossings	Salem Housing Authority	☑	☐	☑	☐
Sable House		☑	☑	☑	☑

Program name	Organization	Internet Research	Quick Verify Staff Phone Call	In-Depth Leadership Phone Call or Email	Email Verify with Leadership
SafeSleep United Women's Shelter	United Way Mid-Willamette Valley	☑	☑	☑	☑
Salem Navigation Center	Mid-Willamette Valley Community Action Agency	☑	☑	☑	☐
Seed of Faith Ministries (Warming and Cooling Shelter)	Seed of Faith Ministries	☑	☑	☑	☑
Sequoia Crossings	Salem Housing Authority	☑	☐	☑	☐
Sheltering Silverton		☑	☑	☑	☑
Simonka Place	Union Gospel Mission	☑	☑	☑	☐
St. Francis Family Housing		☑	☑	☑	☑
St. Joseph Family Shelter	Catholic Community Services	☑	☐	☑	☑
Taylor's House	Mid-Willamette Valley Communication Action Agency	☑	☐	☑	☑
The ARCHES Day Center	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☐
The ARCHES Nest	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
The ARCHES Project: Mill City Resource Center Warming Site	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☐
The ARCHES Project: Salem First Presbyterian Church Warming Site (Marion County Warming)	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
The ARCHES Project: Woodburn Overnight Shelter and Warming Center	Mid-Willamette Valley Community Action Agency	☑	☐	☑	☑
The Father Taaffe Homes Program	Catholic Community Services	☑	☐	☑	☑
VETCare Veterans Home (transitional housing)	VETcare Westcare Oregon	☑	☑	☑	☐
Village of Hope Adult Shelter Community (VOH)	Church at the Park	☑	☐	☑	☑
Village One (Tiny Homes/Pods)	Confederated Tribes of Grand Ronde	☑	☐	☐	☐
Village Two (Tiny Homes/Pods)	Confederated Tribes of Grand Ronde	☑	☐	☐	☐
Warriors of Hope	Confederated Tribes of Grand Ronde	☑	☐	☑	☐
Women at the Well Grace House		☑	☐	☑	☑
Yaquina Hall	Salem Housing Authority	☑	☐	☑	☐
Young Adult Shelter Community (YAS)	Church at the Park	☑	☐	☑	☑

Appendix F:

Organization snapshots of sheltering services

These snapshots group the 44 sheltering programs by the 18 organizations that operate them. Each entry lists the organization, its programs, the address and capacity of each program, the service types it provides, and the populations it serves. Appendix C presents the same programs as a single categorized inventory.

Mid-Willamette Valley Community Action Agency

13 programs · **341 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
ARCHES Family First 1255 Broadway St NE, 110, Salem, OR 97301 Not reported	–	–	–	–	–	–	✓	–	Families
ARCHES Inn 1288 Hawthorne Ave NE, Salem, OR 97301 106 beds	–	✓	–	–	–	–	–	–	Adults only
ARCHES Lodge 1875 Fisher Road NE, Salem, OR 97305 84 beds	–	✓	–	–	–	–	–	–	Adults only
David's House 719 E Jackson St., Monmouth, OR 97361 10 beds	–	✓	–	–	–	–	–	–	Youth (11-17)
Next Steps Youth Day Center 2551 Pringle Rd. SE, Salem, Oregon 97302 Not reported	–	–	–	–	–	–	✓	–	Youth (11-17)
Polk County Warming Centers Rotating Locations: St. Thomas Episcopal (1486 SW Levens St., Dallas), Dallas Church (450 SE Washington St.), Praise Church / Puerta De Fe / Community Life (189 Monmouth Ave. S) 20 warming beds	–	–	✓	–	–	–	–	–	Families
Salem Navigation Center 1185 22nd Street SE, Salem 97302 75 beds	–	✓	–	–	–	–	–	–	Adults only
Taylor's House 220 15th St. SE Salem OR 97301 10 beds	✓	–	–	–	–	–	–	–	Youth (11-17)
The ARCHES Day Center 615 Commercial St NE, Salem, OR 97301 30 warming	–	–	✓	–	–	–	✓	–	Adults only

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
The ARCHES Nest 2933 Center Street NE, Salem, OR 97301 **36 beds**	–	✓	–	–	–	–	–	–	Families
The ARCHES Project: Mill City Resource Center Warming Site 280 NE Santiam Blvd., Mill City, OR 97360 Not reported	–	–	✓	–	–	–	–	–	Adults only
The ARCHES Project: Salem First Presbyterian Church Warming Site (Marion County Warming) 770 Chemeketa St NE, Salem, OR 97301 **97 warming beds**	–	–	✓	–	–	–	–	–	Adults only
The ARCHES Project: Woodburn Overnight Shelter and Warming Center 1560 Hardcastle Ave. Woodburn, OR 97071 **20 beds (+20 warming)**	–	✓	✓	–	–	–	–	–	Adults only

Church at the Park

6 programs · **128 beds** · **70 households**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Coral Women's House 2550 Coral Ave NE, Salem, Oregon **28 beds**	–	–	–	–	✓	–	–	–	Adults only
Family Shelter Community (CCS) 3749 Portland Rd, northeast Salem, OR **49 households**	✓	✓	–	–	–	–	–	–	Families
Family Site Dallas House 1876 SE Holman Ave. Dallas, OR 97338 **2 households**	✓	✓	–	–	–	–	–	–	Families
Monmouth Adult Shelter 300 Stadium NE. Monmouth, OR 97361 **20 beds**	✓	✓	–	–	–	–	–	–	Adults only
Village of Hope Adult Shelter Community (VOH) 1280 Center St N.E **80 beds**	✓	✓	–	–	–	–	–	–	Adults only
Young Adult Shelter Community (YAS) 2410 Turner Road SE in Salem, Oregon **19 households**	✓	✓	–	–	–	–	–	–	Adults only

Confederated Tribes of Grand Ronde

3 programs · **80 beds** · **7 households**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Village One (Tiny Homes/Pods) Off Hwy 22 in Salem **20 beds**	–	–	–	✓	–	–	–	–	Adults only
Village Two (Tiny Homes/Pods) **60 beds**	–	–	–	✓	–	–	–	–	Families
Warriors of Hope 9615 Grand Ronde Road, Grand Ronde, OR 97347 **7 households**	✓	–	–	–	–	–	–	–	Families

Salem Housing Authority

3 programs · **37 beds** · **112 households**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Redwood Crossings 4107 Fisher Road NE, Salem, Oregon 97305 **37 beds**	–	–	–	–	✓	–	–	–	Adults only
Sequoia Crossings 2950 Broadway Street NE, Salem OR 97303 **60 households**	–	–	–	–	✓	–	–	–	Families
Yaquina Hall 2720 B ST NE, Salem, OR 97301 **52 households**	–	–	–	–	✓	–	–	–	Families

Bridgeway Community Health

2 programs · **25 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Lupe's House 750 Front Street NE Salem, OR 97301 **9 beds**	–	✓	–	✓	–	–	–	–	Adults only
New Options 3500 Hawthorne Ave. NE, Salem, OR 97301 **16 beds**	–	–	–	✓	–	–	–	–	Families

Catholic Community Services

2 programs · **21 households**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
St. Joseph Family Shelter 925 S Main St. Mount Angel, OR 97362 **6 households**	–	–	–	✓	–	–	–	–	Families
The Father Taaffe Homes Program Queen of Angels Monastery 840 S Main St, Mt Angel, OR 97362 **15 households**	–	–	–	✓	–	–	–	–	Families

Polk County Family & Community Outreach

2 programs · **5 beds** · **1 household**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Ediger Hall 450 SE Washington St, Dallas, OR 97338 **1 household**	–	–	–	✓	–	–	–	–	Families
Gale's Lodge 565 SE Lacreole Dr., Dallas, OR 97338 **5 beds**	–	–	–	✓	–	–	–	–	Adults only

Seed of Faith Ministries

2 programs · **172 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
CRAWL (Community, Recovery and Wellness Living) 853 Medical Center Dr NE, Salem, OR 97301 **32 beds**	–	–	–	✓	–	–	✓	–	Adults only
Seed of Faith Ministries (Warming and Cooling Shelter) 1248 Winter Street, NE, Salem, OR 97301 **140 beds (+80 warming)**	✓	–	✓	–	–	–	–	–	Families

Union Gospel Mission

2 programs · **328 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Men's Mission (New Life Fellowship is Program within the shelter) 777 Commercial St NE, Salem, OR 97301 **248 beds**	✓	–	–	–	–	✓	✓	–	Adults only
Simonka Place 5119 River Road N, Keizer, OR 97303 **80 beds**	✓	–	✓	–	–	–	–	–	Families

Center for Hope and Safety

1 program · **120 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Center for Hope and Safety 605 Center St. NE, Salem (Advocacy Office) **120 beds**	✓	✓	–	–	–	–	–	✓	DV survivors

Family Promise of the Mid-Willamette Valley

1 program · **49 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Family Promise of the Mid-Willamette Valley 1055 NW Edgewater St. Salem, OR 97304 **49 beds**	✓	✓	–	✓	–	–	✓	–	Families

Northwest Human Services

1 program · **16 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
HOST (Health, Outreach, Shelter, Transitions) 1143 Liberty St NE, Salem, OR 97301 **16 beds**	–	–	–	✓	–	–	✓	–	Adults only

Sable House

1 program · **10 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Sable House 314 SE Oak St. Dallas, OR 97338 (Advocacy Office, Mailing Address is different) **10 beds**	✓	–	–	–	–	–	–	–	DV survivors

Sheltering Silverton

1 program · **22 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Sheltering Silverton 830B McClaine St. Silverton, OR 97381 **22 beds**	✓	✓	✓	–	–	–	✓	✓	Families

St. Francis Family Housing

1 program · **19 households**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
St. Francis Family Housing 1820 Berry St, Salem, OR 97302 **19 households**	–	–	–	✓	–	–	–	–	Families

United Way Mid-Willamette Valley

1 program · **50 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
SafeSleep United Women's Shelter 1910 NE Front St. NE, Salem, Oregon 97301 **50 beds**	✓	✓	–	✓	–	–	–	–	Families

VETcare Westcare Oregon

1 program · **30 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
VETCare Veterans Home (transitional housing) 2933 NE Center St., Salem, OR 97301 **30 beds**	–	–	–	✓	–	✓	–	–	Adults only

Women at the Well Grace House

1 program · **8 beds**

Program, address, capacity	Emerg	Low-barrier	Warm/cool	Trans	PSH	Recov	Day	Rapid	Populations served
Women at the Well Grace House 1243 SE Peace St. Salem, OR 97302 **8 beds**	–	–	–	✓	–	–	–	–	Adults only

Note: ✓ Service offered – Not offered Emerg. = emergency shelter, Trans. = transitional, PSH = permanent supportive housing, Recov. = recovery, Day = day center, Rapid = rapid re-housing