

**Seeking Refuge in a Global Pandemic:
Understanding Emergency Homeless Shelter Needs
during Public Health Crises**

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Abstract

California has spent billions of dollars on shelters and housing in recent years, only to see a growth in the number of people living outside. The onset of the COVID-19 pandemic in 2020 provided a shock to the trajectory of homeless service provision. An urgent need emerged for specialized shelter services that allowed people experiencing homelessness to adhere to public health guidelines. Over the course of a year, San Diego designed and implemented two emergency shelter programs: a mass congregate shelter program hosted in the San Diego Convention Center, and a noncongregate shelter program, which gave clients their own rooms in hotels and motels across the county.

This thesis seeks to answer the question: Should the federal government incentivize state use of federal emergency funds for noncongregate shelter options over congregate shelter options in public health crises? In pursuit of a robust answer, I conduct a multidimensional analysis of congregate and noncongregate shelter options, adopting a comparative case analysis framework to evaluate the congregate shelter in the San Diego Convention Center and a noncongregate motel-shelter program operated in San Diego.

After tracing recent developments in emergency shelter services in San Diego, I evaluate normative literature to evaluate how shelters might restore assurances of privacy and security that are eroded by homelessness. I present shelter clients' evaluations of privacy, security, and freedom in different shelter spaces. Lastly, I perform an analysis of the fiscal and logistical challenges associated with emergency shelters; and an analysis of political pressures surrounding emergency shelter provision in San Diego.

I find good normative reasons for investing in noncongregate shelter options for people experiencing homelessness, nuanced by interviews with shelter clients, who report low levels of privacy and security in congregate settings and feelings of isolation in noncongregate settings. Although noncongregate shelters have higher per-client costs than congregate shelters in several key aspects, congregate shelters feature unique logistical challenges; moreover, long-term client outcomes may offset the near-term cost differential. Finally, while many community stakeholders are receptive to both types of shelter during public health crises, advocates suggest that noncongregate shelters can help cities successfully engage more unsheltered people.

In light of these findings, I recommend that the federal government incentivize state use of federal emergency funds for noncongregate shelter options, though not at the expense of congregate shelter options. I offer four supplementary policy proposals based on my findings: (1) development of noncongregate shelter options as part of the general emergency shelter framework outside of the scope of public health crises; (2) investment in training, hiring, and retaining competent case managers; (3) exploration of mechanisms for community-building and personal accountability in noncongregate shelters; and (4) attempts to increase client privacy and security in congregate shelters.

Foreword

The focus of this paper, like most things in March 2020, was unexpected. The novel coronavirus was just beginning to cause significant changes in many of our lives (though of course, we failed to imagine how lasting those changes would ultimately become). My study abroad program at the University of Cape Town was cancelled, so I returned home to San Diego to finish my semester virtually. I first heard about Project Roomkey, California Governor Gavin Newsom's program to shelter 15,000 people in hotels and motels, during my two-week self-isolation period.

From the start, it was clear that the pandemic offered an unprecedented opportunity for valuable research. Cities all over the country were undertaking natural experiments in the homelessness domain, rapidly deploying shelter solutions to meet an urgent public health need. The ground-level ramifications of public policy were abundantly clear and far from theoretical—lockdowns, stimulus checks, and eviction moratoria meant all the difference to the public well-being. Not knowing how long the emergency shelter programs in San Diego would last, I felt that I had to dive into this research headfirst.

But the circumstances also posed significant challenges to observing the effectiveness of programs designed for people experiencing homelessness. Princeton University's Institutional Review Board required that all field research be conducted remotely, which created unique hurdles to initiating and maintaining contact with people living in shelters (who often lack access to phones and whose rocky paths to housing often preclude consistent communication with a researcher). Many advocates were strung thin by the pandemic's constraints on their work; some shelter providers said that they could not support this research because of ongoing litigation surrounding their programs. And the pervasive uncertainty around the duration of the pandemic—accompanied with the magnitude of daily loss taking place around the world—often made conducting and participating in research an emotionally taxing affair.

The pandemic demanded adjustment in every domain, though. Policymakers, nonprofit organizations, and advocates all struggled to remote work and economic strain. But still they adapted, working tirelessly to build support systems for people facing housing insecurity even as long-term program trajectories were unknowable. People experiencing homelessness, many of whom lacked a consistent and reliable source of information, were forced to navigate public space with limited knowledge of a new infectious disease. But still they adapted, wearing masks and supporting one another in finding resources essential to survival. I felt that it was incumbent upon me to adapt, as well.

In hindsight, an incredibly difficult year of COVID-19 has taught us many things. In part, it has lain bare the gravity of many of the most daunting problems facing our society, including homelessness. But it has also shown us the resilience, dedication, and innovativeness of our communities. Most importantly, it has demonstrated that we have the capacity to shift the paradigm toward institutions that support autonomy and stability—if we're willing to be bold.

Every day, the California Dream is dimmed by the wrenching reality of families, children and seniors living unfed on a concrete bed.

– California Governor Gavin Newsom

1:

Introduction

Recent decades have seen a new crisis of mass homelessness in the United States—unparalleled in scale, driven by urban areas in coastal states, and characterized by an increasingly diverse population. In the modern era, California has consistently reported the largest share of homelessness across the United States. The scale of the crisis has caught the attention of political leaders nationwide and prompted the current governor to make it his signature issue. Still, despite significant investment in services and programs for homeless individuals under Gavin Newsom’s governorship, the problem has only grown in many major cities across the state.

The onset of the COVID-19 epidemic in California created a new sense of urgency around homelessness; concerns about the spread of the virus instigated the rapid development of new shelter options for the state’s homeless population. Governor Newsom’s March announcement of newly available emergency shelter funding for counties and a statewide initiative to secure hotel and motel rooms for individuals

experiencing homelessness marked a new energy to find solutions for an entrenched problem across the state.

In San Diego County, two major emergency shelter options were designed for people experiencing homelessness. First, City and County officials undertook an initiative to convert a large convention space into a mass shelter site, which provided a congregate (or shared) sleeping space for hundreds of clients. Second, a hotel- and motel-shelter program was developed, offering noncongregate care—or private sleeping spaces and other amenities—to much smaller numbers of clients at each site. Both shelter types were operated by local nonprofits and supported by funds from local, state, and federal sources.

The scale and timeline of these projects was unprecedented in the region, but the need for an organized public health protocol among the county’s homeless residents was obvious; many in the homeless services sector feared a reprise of the local Hepatitis A crisis that disproportionately affected people experiencing homelessness in San Diego between 2016 and 2018. As such, local government and nonprofit agencies worked quickly to create a web of supportive services and shelter options that addressed the needs identified in the homeless community.

Current Federal Approaches to Emergency Shelter

Current federal policy regarding federal support for state and local emergency responses is thoroughly delineated in the Robert T. Stafford Disaster Relief and Emergency Assistance Act (“Stafford Act”). Sec. 403 of the Act (42 U.S.C. 5170b) provides that “Federal agencies may on the direction of the President, provide assistance

essential to meeting immediate threats to life and property resulting from a major disaster” and specifies that “the Federal share of assistance under this section shall be not less than 75 percent of the eligible cost of such assistance.”¹ The scope of expenses covered by this assistance is clarified to include “basic pay and benefits”, as well as overtime and hazardous duty compensation for State, local, or tribal government employees engaged in certain types of mitigative work.² Sec. 502 of the Act (42 U.S.C. 5192) affords the President of the United States further authority to mobilize federal resources in response to emergencies.³

In response to the looming threat of the novel coronavirus, President Donald Trump declared a nationwide emergency on March 13, 2020. This action, enabled by Sec. 501(b) of the Stafford Act, increased federal support for the Department of Health and Human Services and activated the cost-share agreement—specified in Sec. 502 of the Act—through FEMA’s Public Assistance program.⁴ On January 21, 2021, President Joe Biden signed an executive order expanding federal support for state and local efforts to curb the spread of COVID-19. In part, the order enabled state and local governments to receive up to 100% funding support from FEMA in the opening and operation of noncongregate shelters until September 30, 2021.⁵

¹ Robert T. Stafford Disaster Relief and Emergency Assistance Act, 30-31.

² Robert T. Stafford Disaster Relief and Emergency Assistance Act, 32.

³ Robert T. Stafford Disaster Relief and Emergency Assistance Act, 68-69.

⁴ “COVID-19 Emergency Declaration”; “President Donald J. Trump Directs FEMA Support Under Emergency Declaration for COVID-19.”

⁵ Biden Jr., “Memorandum to Extend Federal Support to Governors’ Use of the National Guard to Respond to COVID-19 and to Increase Reimbursement and Other Assistance Provided to States.”

Context and Intentions

Prior to 2020, emergency shelter options in California were almost entirely congregate. The widespread adoption of noncongregate shelter options, especially through the repurposing of hotels and motels, represented a marked shift in the statewide fight against homelessness. The adoption and growth of these programs was made possible in large part by federal funding accompanied by guidelines promoting the use of noncongregate shelter during the COVID-19 pandemic.

Given the enormous influence of federal policy and guidelines to steer the direction of state and local approaches to sheltering people experiencing homelessness, this thesis seeks to illuminate best practices concerning emergency shelter operation in public health crises, and—based on those findings—to recommend a policy position for the federal government going forward. In the following chapters, I will seek to answer the question: *Should the federal government incentivize state use of federal emergency funds for noncongregate shelter options over congregate shelter options in public health crises?*

Throughout this thesis, I will examine key differences between congregate and noncongregate emergency shelter settings and evaluate the long-term need for noncongregate emergency shelter options—not only during the COVID-19 outbreak, but also as a more general approach to supporting California’s homeless population.

The success of the emergency shelter options pursued in San Diego depends on whom you ask. For some clients, the shelters have served as launch pads for the path to sustainable housing; for others, they have merely been sites of behavioral restriction and cycles of frustration. Some have received critical medical care because of streamlined

resources provided at shelter sites; others have become infected with COVID-19 as a result of their placement in a shelter. Nonprofit staff operating emergency shelter programs report logistical challenges to service provision in each setting, while advocates and policymakers describe complex and often conflicting fiscal and political forces that might impel investment in either shelter type. Understanding the benefits and shortcomings of San Diego's emergency congregate and noncongregate shelter options established in response to the COVID-19 pandemic requires critical examination of many different perspectives on their operation.

In order to account for the diversity and nuance of perspectives on these shelter programs, I take a multidimensional approach to answering the policy question at hand. In the following chapters, I (1) review relevant literature about homelessness across multiple disciplines, (2) analyze interviews with policymakers, advocates, nonprofit staff workers, site management staff, and homeless individuals living in both congregate and noncongregate shelter programs, and (3) interpret public records, news reports, internal shelter data, and press releases. Through these methods, I aim to understand qualitative metrics of success for each program and assess their development and sustainability from fiscal/logistical and political perspectives.

Through my analysis, I show that even given *prima facie* fiscal and political constraints, the federal government should incentivize state use of emergency funds for noncongregate shelter options in public health crises—for normative, experiential, and long-term budgetary reasons.

Framing and Methodologies

As alluded to above, offering meaningful evidence to support this policy proposal demands numerous methodological approaches. Broadly, I intend first to address the question from normative and experiential angles, addressing what is *right* in terms of emergency shelter provision. I will then address the question from fiscal/logistical and political angles, addressing what is *possible* given constraints on emergency shelter provision. Below, I outline the specific methodologies employed in each of these areas, which frame the general progression of this thesis:

What is right?

- I. **Normative:** Much robust policy construction is founded in international human rights norms and tied to philosophical notions of the human good. Chapter 3 takes a normative approach to answering the proposed policy question. It begins by pinpointing privacy and security of person as foundational aspects of individual autonomy, surveying philosophical literature to demonstrate the interrelatedness of the three concepts. It then demonstrates the erosive effects of homelessness on individual autonomy and explores the types of shelter guarantees that most effectively mitigate that erosion.
- II. **Experiential:** Understanding the lived experience of program beneficiaries is crucial to creating policy that ensures the holistic well-being of homeless community members, who are often excluded from policy discussions about the programs that are intended to serve them. Chapter 4 takes a sociological approach

to the proposed policy question, highlighting narratives from clients of both emergency shelter programs to demonstrate their perceptions of privacy, security, and freedom in their respective environments. The analysis in Chapter 4 relies primarily on qualitative data gathered through interviews with clients and staff involved with congregate and noncongregate shelter programs. This methodology categorizes lived experience as a form of knowledge, giving weight to the voices of people experiencing homelessness as essential sources of information about the effectiveness of emergency shelter programs and other homeless services.

What is possible?

- III. **Fiscal/Logistical:** The ground-level perspective on shelter provision offers unique insights on best practices—and important concerns—in policy construction pertaining to the development and execution of emergency shelter programs. Chapter 5 offers practical perspectives from service providers and other people involved in the operation and administration of shelter programs. As in Chapter 4, the analysis in Chapter 5 considers information derived from interviews.

- IV. **Political:** A policy proposal can't create concrete change in people's lives until it is adopted, implemented, and enforced, often at multiple levels of government. As such, it is important to outline the political and fiscal dimensions of the recommended policies and programs. Chapter 6 considers political and fiscal constraints to different approaches to emergency shelter provision. Budget analysis methods rely on fiscal data about spending on emergency shelter programs and supplementary services by the City, County, and State governments,

as well as by nonprofit organizations and service providers themselves. Political analysis methods rely on interviews with policymakers, advocates, and service providers, as well as news reports identifying patterns of public perception regarding the shelter options offered during the pandemic.

All of these methods offer important insights into the nature and outcomes of the emergency shelter programs included in the research. But their juxtaposition, in and of itself, represents a vital step toward a more holistic understanding of their value and potential. By drawing lines directly between normative ideals, public policy, and lived experience, this thesis allows different lenses on emergency shelter provision to contextualize and inform each other in essential ways.

The homeless are unprotected from two threats, nature's rain and ice and society's observation and icy stare. Homes bring us light as protection against nature's darkness but also bring us into darkness as protection against people's view. Homeless means too little light in the first sense and too much light in the second.

– Joseph Betz, “The Homeless Hannah Arendt”

2:

Background

Literature Review

The primary research in this thesis builds on several categories of literature about homelessness: philosophical literature that ponders the existence of homelessness and the homeless experience; empirical studies, ethnographies, and autoethnographies that document the lived experiences of homeless individuals; quantitative research and case studies that seek to link the program design and policy construction to outcomes for people experiencing homelessness; and analyses of political and fiscal constraints to the implementation of policies and programs aimed at mitigating the challenges of homelessness and reducing overall homelessness. Here, I will review some of the existing normative and experiential literature that serves as a foundation for the present analysis.

Normative Conceptions of Autonomy

Waldron defines the plight of homelessness as follows: “there is no place governed by a private property rule where [a homeless person] is allowed to be whenever he chooses, no place governed by a private property rule from which he may not at any time be excluded as a result of someone else's say-so.”⁶ Without access to that sort of place, Waldron says, a homeless individual lacks certain assurances that are central to the content of his rights.⁷

Broadly, philosophical literature about homelessness examines potential rights to housing and to public space, applications of human rights theories to the problem of unsheltered living, and the effects of homelessness on individual liberty, among other topics. As Waldron writes, the phenomenon of homelessness has significant implications for human freedom and autonomy.⁸ A robust framework for understanding the normative implications of homelessness demands grounding in literature that defines and connects these ideas; there are strong currents in the normative literature that point toward the importance of privacy and security of person as preconditions for human autonomy.

Etched into history in Article 25 of the Universal Declaration of Human Rights (UDHR) is one of the most sweeping positive assurances in the early development of the global human rights framework: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social service, and the right to security in the

⁶ Waldron, “Homelessness and the Issue of Freedom.”

⁷ Lynch and Cole offer a thorough overview of how homelessness can be seen to violate many human rights, including rights to freedom of expression, freedom of association, and health. For a more detailed discussion, see Lynch and Cole, “Homelessness and Human Rights.”

⁸ Waldron, “Homelessness and the Issue of Freedom.”

event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”⁹

Mary Ann Glendon designates these as “positive rights”,¹⁰ branding Article 25 a nominal guarantee of some bundle of goods that would ensure each individual a certain level of health, well-being, and security.¹¹ But ensuring the fulfillment of the *content* of any given right outlined in the UDHR has arisen as a significant problem for the success of the global human rights campaign. Elaborating this concern in an interview with Lawrence Hamilton, Raymond Geuss said that “the international regime of human rights, even the regime set up by the United Nations, has no appropriate teeth.”¹² The absence of enforcement and accountability mechanisms has even led some theorists to question the usefulness of international human rights altogether.¹³

This concern inspired specific language in treaties that followed the UDHR. Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which entered into force in 1976, sought to establish a similar right to the one established in Article 25 of the UDHR, but paired with an explicit acknowledgement of the need for states to take active steps to realize the content of the right:

The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.¹⁴

⁹ United Nations, “Universal Declaration of Human Rights.”

¹⁰ Wenar distinguishes between positive and negative rights: “The holder of a negative right is entitled to non-interference, while the holder of a positive right is entitled to provision of some good or service.” See Wenar, “Rights.”, in the Stanford Encyclopedia of Philosophy Archives.

¹¹ Glendon, “The Declaration of Interdependence: A Close Look at the Declaration.”

¹² Geuss and Hamilton, “Human Rights.”

¹³ Posner, *The Twilight of Human Rights Law*; Posner, “The Case against Human Rights”; Posner, “Human Rights Law Is Too Ambitious and Ambiguous.”

¹⁴ United Nations, “International Covenant on Economic, Social and Cultural Rights.”

In reality, because the United Nations lacks genuine enforcement mechanisms, accountability in a democratic republic often manifests from the ground up. In the absence of top-down regulation, citizens and organizations in a country like the United States can advocate for the respect of various human rights, demand that their elected officials respect and observe international norms, and organize to elect officials whose platforms are aligned with these aims.

The language of human rights has afforded globalistic and rhetorical tools to local activists around the world. But arguments in favor of human rights need strong foundations in order to effect change. In working toward the establishment and respect of a human right to an “adequate” standard of living, advocates may find the language of autonomy particularly attractive.

Autonomy is a value that is widely accepted as important in philosophical literature.¹⁵ Etymologically, the term stems from the Greek: *autos*, or self, and *nomos*, or law, combined literally to mean “living by one’s own laws”.¹⁶ In this thesis, I will opt for Robert Young’s normative definition of autonomy as “self-direction according to a life-plan which conforms to the individual’s long-term (‘dispositional’) nature and interests.”¹⁷

In the United States, the rhetorical valorization of autonomy has led to its embedment in the collective paternalism that typically arises in localities where homelessness is widespread. Citizens and politicians espouse the “bootstrap narrative”, which maintains that “a person in the United States who works hard, assumes personal

¹⁵ I am aware that there is debate about the relationship between autonomy and liberty, as well as the usefulness of autonomy as a normative tool. (See, for example, Mendus, “Liberty and Autonomy.”) In this text, I will refrain from probing this discussion.

¹⁶ Online Etymology Dictionary, “Origin and Meaning of Autonomy.”

¹⁷ Young, *Personal Autonomy*.

responsibility, and maintains a strong moral center can accomplish anything.”¹⁸ This mentality often underpins an insistence that homelessness is largely a result of individual failures and that hard work is all that is needed for individuals to escape housing insecurity.

But this claim is misguided. Much literature shows that homelessness is driven and perpetrated by structural factors, including a lack of affordable housing and exclusionary social policies, which make exiting homelessness complex and often impossible without strong support systems.¹⁹ Overlooking circumstantial influences while overestimating the role of individual characteristics in people’s descent into homelessness distorts factual premises. Amid this misattribution, the persistence of homelessness continues to undermine the very autonomy that adherents to the bootstrap narrative ostensibly wish to see asserted by individuals experiencing homelessness.

Arriving at a robust normative framework for understanding homelessness requires properly accounting for the systemic and environmental factors that perpetuate homelessness and preclude the fulfillment of basic human needs that underpin autonomy. As Waldron notes, “if we value autonomy, we should regard the satisfaction of its preconditions as a matter of importance; otherwise, our values simply ring hollow so far as real people are concerned.”²⁰

The preconditions of autonomy can’t be distilled to only a few assurances. Freedom of speech, freedom of religion, and freedom of assembly, all outlined in the First Amendment of the U.S. Constitution, are just a few of many guarantees that could

¹⁸ Bodrick, “The Myth of the Bootstrap.”

¹⁹ Shinn and Khadduri, “What Causes Homelessness?”; Waldron, “Homelessness and the Issue of Freedom.”

²⁰ Waldron, “Homelessness and the Issue of Freedom”, 47.

be said to be foundational or important to the exercise of autonomy. But because privacy and security of person represent tangible, generalizable prerequisites to autonomy that are clearly and consistently threatened by the state of homelessness—in part as a direct result of state action against homeless individuals—this literature review will focus on them. Both privacy and security of person have traditionally been outlined under the umbrella of negative rights—effectively, rights *against* intrusion of individual privacy or security.²¹ However, the development of historical conceptions of privacy and security demonstrates why affirmative guarantees of both are fundamental to autonomy.

Privacy as Foundational to Autonomy

Privacy has long been identified as an important human good, though its scope has changed over time. In the 18th century, focusing on property rights, the Fourth Amendment to the U.S. Constitution protected American citizens against “unreasonable searches and seizures” and prohibited warrants without well-established cause.²² In the 19th century, expanding popular notions of privacy, an influential law journal article written by Samuel Warren and Louis Brandeis defined and advocated the acceptance of the “right to be let alone” in the context of an invasive press.²³ In the 20th century, highlighting multiple types of privacy, Article 12 of the UDHR stated that

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.²⁴

²¹ Wenar distinguishes between positive and negative rights: “The holder of a negative right is entitled to non-interference, while the holder of a positive right is entitled to provision of some good or service.” See Wenar, “Rights”, in the Stanford Encyclopedia of Philosophy Archives.

²² “U.S. Constitution.”

²³ Warren and Brandeis, “The Right to Privacy”; Gajda, “What If Samuel D. Warren Hadn’t Married a Senator’s Daughter?”; Glancy, “The Invention of the Right to Privacy.”

²⁴ United Nations, “Universal Declaration of Human Rights.”

The prevalence of privacy in legal and human rights doctrine serves as an indication of its concrete importance in individuals' lives. And although the connection between privacy and autonomy is not explicitly drawn out in the aforementioned documents, it is widely addressed in philosophical literature.

Maeve Cooke proposes a conception of moral “self-authorship” in which a negatively defined private space is a precondition for the exercise of personal autonomy in a person’s pursuit of his own conception of the good.²⁵ Dorota Mokrosinska argues that privacy can be seen as essential to autonomy not only as an individual and social interest, but also as preservative of particular types of political engagement.²⁶ Anita Allen, who has written extensively on the philosophical and legal dimensions of privacy, insists on a broader point: that “some forms of privacy are... ‘foundational’ human goods—on which access to many other goods rests.”²⁷

Following in the tradition of William Prosser,²⁸ Allen sets out to differentiate categories of privacy. In *Unpopular Privacy: What Must We Hide?*, she distinguishes between physical (or spatial) privacy, which is abridged when a person’s desire to be unseen by the public is violated; informational privacy, which is abridged when a person’s desire to keep certain facts, data, or dialogue secret is violated; and locational privacy, which is abridged when a person’s desire to keep information about their location secret is violated.²⁹

²⁵ Cooke, “A Space of One’s Own.”

²⁶ Mokrosinska, “Privacy and Autonomy.”

²⁷ Allen, *Unpopular Privacy*, xii.

²⁸ Prosser, “Privacy.”

²⁹ Allen, *Unpopular Privacy*, 4. Allen also makes note of “decisional” privacies, often invoked in defenses of reproductive and healthcare rights to restrict the “extent to which the moral agency of individuals can be supplanted by government agency” (18).

The abridgement of any of these privacies can be understood to undermine social, political, and rights-foundational dimensions of autonomy. Homelessness can be said to undermine all of them: physical privacy and locational privacy are made nearly impossible for people who live in full public view, while informational privacy is sacrificed for people who accept services and enter into shelter programs.

Security of Person as Foundational to Autonomy

Similarly to privacy, security of person has been identified as important in different iterations throughout modern history. Article 3 of the UDHR states that “Everyone has the right to life, liberty and the security of person.”³⁰ The motivations for the delineation of this right are alluded to in the document’s Preamble, albeit subtly:

Whereas...the advent of a world in which human beings shall enjoy freedom of speech and belief and *freedom from fear* [emphasis added] and want has been proclaimed as the highest aspiration of the common people...Now, therefore, The General Assembly, Proclaims this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations....

“Freedom from fear”—language borrowed from Franklin Roosevelt’s 1941 “Four Freedoms” speech—was primarily intended to connote freedom from international military aggression in a time of great international political tension preceding World War II. In the postwar period, the phrase was appropriated by Harry Truman for domestic purposes; in a statement accompanying his 1946 executive order establishing the President's Committee on Civil Rights, he wrote that freedom from fear was “under attack” on a local level and asked the newly-formed group to study law enforcement practices across the country with an eye to strengthening civil rights.³¹

³⁰ United Nations, “Universal Declaration of Human Rights.”

³¹ Truman, “To Secure These Rights”. For more on the appropriation and further use of this terminology on a domestic level, especially pertaining to race relations, see Murakawa, *The First Civil Right*, 39-40.

To Secure These Rights, the 1947 report published by the President’s Committee on Civil rights in response to Truman’s executive order, named the right to safety and security as one of four “essential rights”, qualifying it as such:

Where the threat of violence by private persons or mobs exists, a cruel inhibition of the sense of freedom of activity and security of the person inevitably results. Where a society permits private and arbitrary violence to be done to its members, its own integrity is inevitably corrupted.³²

Rhetoric and directives on the federal level in the mid-20th century elevated security of person and safety to a new level of salience in the political lexicon. The terminology became inseparable from dialogue about race relations as the country veered toward the Civil Rights Era—but was eventually weaponized by Nixon and other politicians hoping to drive white fear of African Americans.³³ Now, long after its international debut in the UDHR, the right to security of person has mostly manifested as a shady political undercurrent, still tainted with racial tension from conflicting movements in the 20th century.

In spite of its particular political transformation, security of person has figured as an obvious precondition for autonomy in philosophical texts. In *Invisible Victims: Homelessness and the Growing Security Gap*, for example, Laura Huey portrays security as “a relative state of physical and ontological freedom from both immediate and potential criminal threats...[to both] physical safety (crimes against the person), and the safety of one’s personal belongings (crimes against property).” Underscoring the importance of sustained and predictable security, she also notes that ontological security

³² Wilson et al., “To Secure These Rights.”

³³ Pierre, “How a Conservative Wins the Presidency in a Liberal Decade.”

(or “inner peace”) depends on the absence of perpetual anxiety over threats that may eventually manifest.³⁴

This conception of security is clearly important in a robust understanding of autonomy. Physical harm or insecurity impedes individuals’ ability to inhabit Cooke’s conception of moral “self-authorship” by drawing them away from their pursuit of the good and toward a much more basic pursuit of physical safety.³⁵ Cyclical or continual imposition by external physical threats can erode individuals’ sense of direction or sense of self on a more lasting level.

In these ways, the abridgement of the right to physical security can be understood to undermine ontological dimensions of autonomy. People experiencing homelessness, who by definition tend to occupy spaces to which they have no legal title to exclusive possession, generally have little control over their environments and the people who pass through them. Lacking sustained assurances of security, constant physical vulnerability diminishes individuals’ ability to properly rest and pursue longer-term housing solutions.

Expanding Wakin’s “Continuum of Housing Solutions”

The unique susceptibility of people experiencing homelessness to external forces that threaten privacy and security depends heavily on the nature of the space that homeless people occupy while they lack a permanent residence. In her book *Otherwise Homeless: Vehicle Living and the Culture of Homelessness*, Michele Wakin introduces the concept of a “continuum of housing solutions” to demonstrate “the fluidity of

³⁴ Huey, “Security and Citizenship.”

³⁵ In psychological terms, this phenomenon might be identified as a “bandwidth tax”—a term meant to capture the effects of scarcity on cognitive capacity. Mullainathan and Shafir argue that preoccupation with a lack of money, time, or material resources can impact our executive functioning, our memory, our impulse control, and other important dimensions of our personalities and talents. For a more in-depth discussion of the effects of poverty on cognitive functioning, see Mullainathan and Shafir, *Scarcity*.

‘homelessness’ as a social category.” She uses the term as a contextualizing tool for examining vehicle living as just one of many types of shelter—or non-shelter—that people experiencing homelessness or housing insecurity might occupy. Her research sheds light on numerous trade-offs that occur in the transition from street homelessness to vehicle living; while vehicles “allow for more safety, privacy, and autonomy than the shelters or the streets can provide...[as well as] needed, uninterrupted rest,” they also come with liabilities, including the need to pay for gas and maintenance.³⁶

These types of trade-offs occur all along the continuum of housing solutions. Filling out the content of this continuum helps illustrate the vast range of environments that can characterize homelessness in California, as well as the factors underpinning disparate impact of diseases and other threats to well-being within the homeless community.

Wakin suggests that unsheltered street living is at the bottom end of the continuum and that RV living is “seen as more desirable, provided inhabitants have the resources and wherewithal to maintain the vehicle.”³⁷ Other categories of shelter that might non-exhaustively populate this spectrum include carceral facilities, congregate emergency shelters, noncongregate emergency shelters, informally shared living spaces (i.e. couch surfing or doubling-up), and temporary housing.

These distinct living situations might not all fall neatly or obviously under the umbrella of “homelessness”. Indeed, definitions of homelessness used by the U.S. Department of Housing and Urban Development can leave out people in precarious living situations. A chart delineating different measurements of homelessness at the European

³⁶ Wakin, *Otherwise Homeless: Vehicle Living and the Culture of Homelessness*, 3.

³⁷ Wakin, *Otherwise Homeless: Vehicle Living and the Culture of Homelessness*, 64.

Union level, compiled by Edgar et al., offers useful distinctions between seven “theoretical domains of homelessness”:

Figure 2.1: European Union Theoretical Domains of Homelessness³⁸

		<i>Conceptual Category</i>	Physical Domain	Legal Domain	Social Domain
Homelessness	1	Rooflessness	No dwelling (roof)	No legal title to a space for exclusive possession	No private and safe personal space for social relations
	2	Houselessness	Has a place to live, fit for habitation	No legal title to a space for exclusive possession	No private and safe personal space for social relations
Housing exclusion	3	Insecure and Inadequate housing	Has a place to live (not secure and unfit for habitation)	No security of tenure	Has space for social relations
	4	Inadequate housing and social isolation within a legally occupied dwelling	Inadequate dwelling (unfit for habitation)	Has legal title and/or security of tenure	No private and safe personal space for social relations
	5	Inadequate housing (secure tenure)	Inadequate dwelling (dwelling unfit for habitation)	Has legal title and/or security of tenure	Has space for social relations
	6	Insecure housing (adequate housing)	Has a place to live	No security of tenure	Has space for social relations
	7	Social isolation within a secure and adequate context	Has a place to live	Has legal title and/or security of tenure	No private and safe personal space for social relations

Each of these categories comes with its own set of risks. The harsh and uncontrolled environment of public space—or “rooflessness” (see Figure 2.1)—can gradually erode health or cause instantaneous distress for people living on the sidewalks or in public parks. Unmitigated exposure to the elements can take a significant toll on well-being. The risk of victimization by means of interpersonal violence, sexual violence, and theft contribute to individuals’ physical and psychological injury and

³⁸ Edgar et al., “Measurement of Homelessness at European Union Level.”

traumatization.³⁹ Furthermore, roofless individuals residing in urban areas often are subjected to constant noise that precludes genuine rest.⁴⁰

Badiaga et al. found that people sleeping in congregate shelters—who might be said to be experiencing “houselessness” (see Figure 2.1)—are mainly imperiled by “overcrowded living conditions that expose them to airborne infections, especially TB [tuberculosis], and the lack of personal hygiene and clothing changes that expose them to scabies, infestation with body lice, and louse-borne diseases.”⁴¹ Raoult et. al. found that “[c]rowded shelters provide the ideal conditions for spread of respiratory infections including influenza.”⁴² Leung et. al. write that sites that provide services to people experiencing homelessness, including congregate shelters, are more susceptible to disease outbreaks because of “factors such as crowding and inadequate ventilation; large numbers of transient clients, many with increased susceptibility to infection; and suboptimal access to health care.”⁴³

The full continuum of housing solutions is represented in California. Most people experiencing homelessness are unsheltered; most sheltered people stay in congregate shelters, although in response to the COVID-19 pandemic the state has recently begun to employ much more widespread use of noncongregate shelters. The distribution of these shelter solutions has significant implications for the short-term and long-term health and well-being of people who are experiencing homelessness in California.

There is a paucity of literature comparing the experiential dimensions of congregate and noncongregate emergency homeless shelters. The body of research on

³⁹ Felix, “Life Without Walls: Violence and Trauma Among the Homeless.”, 26-27.

⁴⁰ North, Smith, and Spitznagel, “Violence and the Homeless.”

⁴¹ Badiaga, Raoult, and Brouqui, “Preventing and Controlling Emerging and Reemerging Transmissible Diseases in the Homeless.”

⁴² Raoult, Foucault, and Brouqui, “Infections in the Homeless.”

⁴³ Leung et al., “Homelessness and the Response to Emerging Infectious Disease Outbreaks.”

noncongregate shelters is especially paltry, partly as a result of the recency of the incorporation of noncongregate shelter in the spectrum of services provided to homeless people in California. Historically, most emergency shelter systems across California have consisted of congregate spaces; noncongregate shelter has typically been reserved for populations with special needs.

But physical environments can have significant effects on our physical and psychological development and well-being.⁴⁴ As such, a well-developed understanding of different forms of emergency shelter can be informed by literature examining the effects of place on individuals' health and welfare. The following sections will (1) dissect what is meant by "congregate" and "noncongregate" spaces, (2) illuminate special characteristics of both types of space, and (3) offer ways to understand the qualitative ramifications of investment in either form of shelter.

Congregate Living Settings

A near-total lack of privacy is the defining characteristic of congregate living facilities. This is generally true of emergency shelters for people experiencing homelessness, which often place residents in barracks-style bunk beds or cots spaced a few feet apart.

Crowding in residential living spaces can negatively impact psychological health in numerous ways: it can disrupt complex task performance, diminish tolerance for frustration, impede verbal problem solving skills, tarnish relationships with others living

⁴⁴ Sternberg, *Healing Spaces: The Science of Place and Well-Being*.

in a space, and prompt social withdrawal. “Contact itself is not the problem,” Pable clarifies, “but rather unwanted contact that may be perceived as intrusive.”⁴⁵

On the “continuum of housing solutions”, congregate shelters may sometimes be preferred to unsheltered living—but they are by no means universally and unconditionally deemed preferable. Of course, not all congregate shelters are made the same, and the quality of a person’s experience in a congregate setting is deeply variable. Typically, shelter residents’ perspectives are influenced by a plethora of factors, including the practices employed by shelter staff, the funding afforded to the shelter in a given year, and the weather on any particular day.

In spite of this variability, some identifiable dimensions of congregate shelters seem consistently to deter and discourage clients. Often of primary concern are the strict rules enforced as a condition of shelter residency, such as nighttime curfew and forced expulsion at the beginning of each day.⁴⁶ A perceived lack of privacy and security in congregate settings also renders the environment intolerable for some. When homeless people are sufficiently dissatisfied with congregate shelter options, or when they are forcibly removed or banned from congregate shelters, they often seek out other forms of shelter, including abandoned buildings and friends’ couches. Some even choose sleeping on the streets over shelter beds. Writing about his experience with homelessness, one person who abandoned the shelter system for the sidewalk described his decision as such: “I tried living in a residential facility but could not tolerate the regimentation, abuses, and lack of freedom. I could not follow the rules of those who neither gave nor earned respect, and thus the streets became my only alternative.”⁴⁷

⁴⁵ Pable, “The Homeless Shelter Family Experience.”

⁴⁶ Resource Center on Domestic Violence, “Shelter Rules and Structure.”

⁴⁷ Shinn and Khadduri, *In the Midst of Plenty: Homelessness and What to Do About It*, 81.

Noncongregate Living Settings

Studies of other noncongregate living spaces suggest that they provide numerous unique benefits to their residents. A study on elderly people's life satisfaction and self-concept in different living facilities found that those living in noncongregate housing presented higher levels of self-concept of family, higher feelings of "adequacy, worth and value in the family unit," and "a normal, healthy capacity for self-criticism when compared to congregate housing dwellers."⁴⁸

Research on European housing models shows that residents of dispersed housing schemes experience greater choice, engage more in community activities, retain larger social networks, feel less depersonalization, and feel a greater sense of home than do residents of congregate housing programs.⁴⁹ A study comparing lifestyle patterns between developmentally disabled residents of group homes, supervised apartments, and family homes in Vermont found that people living in supervised apartments were "more independent in daily and community living skills (performance), experienced a more normalized lifestyle, and had more frequent activities in the community" than their counterparts in group homes and family homes. Residents of supervised apartments also reported "significantly higher levels of residence lifestyle satisfaction and personal well-being," although people in family homes had lower rates of "problem behaviors" than both other groups.⁵⁰

Surveying the debate between congregate housing and scattered housing for people with severe mental illnesses, Townley and Kloos write:

⁴⁸ Canada, "Life Satisfaction and Self-Concept of Elderly Living in Congregate and Non-Congregate Housing in Knox County, Tennessee."

⁴⁹ Albrecht and Brown, "Research Brief: Evidence for Integrated Housing."

⁵⁰ Burchard et al., "An Examination of Lifestyle and Adjustment in Three Community Residential Alternatives."

Critics of specialized, congregate living situations suggest that such housing environments promote stigmatization and segregation from broader communities (Aubry and Myner 1996)—characteristics that are antithetical to the psychological sense of community. In order for individuals with SMI [severe mental illness] to be fully integrated into the broader community and to achieve the full benefits of community living, many researchers suggest that they should live independently in neighborhoods or apartment complexes housed primarily by non-mentally ill residents (e.g., Walker and Seasons 2002; Wong et al. 2006; Wong and Solomon 2002). Living in such environments may promote more interaction with non-mentally ill neighbors and members of the broader community, thus leading to a greater sense of community (Seybolt, unpublished dissertation 2000). However, a problem with this argument is that there is evidence that living in independent apartments results in feelings of isolation and loneliness (Walker and Seasons 2002) and lower perceptions of “fitting in” (Yanos et al. 2004). It is possible that individuals with SMI residing among individuals who do not have a mental illness diagnosis are less likely to form social relationships with neighbors, and this may have destructive effects on their psychological sense of community.⁵¹

Townley and Kloos’s own research confirms this final point. They find that individuals living in noncongregate housing sites—not only with others with SMI—reported significantly lower perceptions of a sense of community than those living in congregate housing sites. Seeking to explain this trend, Townley and Kloos write that “[i]t is likely that the shared experience of mental illness increases individuals’ perceptions of belonging to the neighborhood and ability to contribute meaningfully to its social fabric.”⁵²

Emerging research on the use of emergency noncongregate shelter for people experiencing homelessness suggests that certain dimensions of noncongregate living space are particularly useful in confronting the problems associated with homelessness. In their study of hotel-shelters in King County, Washington, Colburn et al. show that noncongregate shelters were more effective than congregate shelters at limiting the spread of COVID-19 and led to several other positive outcomes for clients—including “increased feelings of stability”, “improved health and well-being”, “reduced

⁵¹ Townley and Kloos, “Examining the Psychological Sense of Community for Individuals with Serious Mental Illness Residing in Supported Housing Environments.”

⁵² Townley and Kloos.

interpersonal conflict”, “more time to think about and take steps towards future goals”, “higher exits to permanent housing”, and “indications of greater engagement with homeless housing services”.⁵³ The authors linked these outcomes in part to assurances of privacy, security, and freedom endemic to the hotel-shelter space.

Summary

As demonstrated, existing literature across multiple disciplines offers valuable insights into the ways in which congregate and noncongregate shelter environments might differently provide for the basic needs of people experiencing homelessness during public health crises. Historical conceptions of privacy and security suggest that the two values may constitute autonomy in important ways that are undermined by the state of homelessness. Sociological research indicates that movement between different forms of sheltered or unsheltered homelessness involves important trade-offs regarding privacy and security, among other values. Literature on the effects of place on well-being indicates that congregate and noncongregate spaces offer significantly different physical and psychological experiences to inhabitants, especially due to the extent of their assurances of privacy and security.

In the context of emergency shelter provision for people experiencing homelessness, who are likely also to harbor particular physical and psychological vulnerabilities, consideration of all of these factors is essential to constructing living environments that are conducive to residents’ short- and long-term well-being. Notably, however, none of this literature juxtaposes normative, experiential, fiscal/logistical, and

⁵³ Colburn et al., “Impact of Hotels as Non-Congregate Emergency Shelters.”

political considerations that might, in tandem, inform future investment in either of these emergency shelter types.

In the sections that follow, I begin to fill this gap by examining a case study of two emergency shelters operated in San Diego between 2020 and 2021. I aim to connect theories about homelessness and shelter provision to concrete evidence of implementation and outcomes.

Recent Developments in San Diego's Shelter Framework

The framework of homeless services and emergency shelter provision in San Diego changed significantly because of public health guidelines imposed as a result of the COVID-19 pandemic, which caused widespread disruptions to normal shelter operations across the United States in 2020. This section traces a broad history of these developments in San Diego County between January 2020 and March 2021, offering a chronicle of important actions that contextualize the specific findings presented throughout the remaining chapters of this thesis.

January–April 2020

Anticipating an adverse local impact of COVID-19 as the disease began to spread beyond China, the San Diego Continuum of Care (CoC) took preemptive action in February, requesting qualification for crisis support from the Federal Emergency Management Agency (FEMA). This decision gave local homeless services providers early access to sanitation supplies, including masks and hand sanitizer, that could be distributed throughout the shelter system. On February 14, with two confirmed cases of COVID-19 in the county, County Supervisor Nathan Fletcher declared a local public

health emergency “out of an abundance of caution.”⁵⁴ Within weeks, the need for more proactive measures became apparent, especially respecting the county’s large population of people experiencing homelessness.⁵⁵

On March 16, in response to the high transmissibility and rapid spread of the virus, six counties in California imposed shelter-in-place orders.⁵⁶ On March 18, Governor Gavin Newsom authorized \$150 million in emergency funds for “local emergency homelessness actions”, which included \$50 million for the purchase of travel trailers and the use of hotel and motel rooms.⁵⁷ In order to incentivize speedy and innovative uses of the funds, the state also waived certain regulatory barriers for shelters and facilities built using emergency funding, issued public health guidance to homeless service providers, and offered support in local negotiations with hotel and motel sites that could serve as shelters. The state also executed hotel leases at two properties for people who developed COVID-19 symptoms while living in homeless shelters.

On March 19, following the lead of several of its own counties, California became the first U.S. state to establish a stay-at-home order.⁵⁸ This order, although geared toward protecting the most vulnerable Californians from the disease, had immediate detrimental ramifications for the state’s homeless population. Not only did it lead to staffing reductions for the state’s patchwork of homeless service providers—one advocate stated that San Diego service providers were forced to reduce staff by an average of 25%, and

⁵⁴ Nguyen, “San Diego Declares Emergency Over Coronavirus In ‘Abundance Of Caution.’”

⁵⁵ According to the most recent data, there were 7,658 people experiencing homelessness (both sheltered and unsheltered) on a single night across San Diego County. See the “2020 WeAllCount Report”, published by the San Diego Regional Task Force on the Homeless.

⁵⁶ Ho, “California: millions told to 'shelter in place' to stop spread of coronavirus.”

⁵⁷ “Governor Newsom Takes Emergency Actions & Authorizes \$150 Million in Funding to Protect Homeless Californians from COVID-19.”

⁵⁸ “Governor Gavin Newsom Issues Stay at Home Order”; Moreland et al., “Timing of State and Territorial COVID-19 Stay-at-Home Orders and Changes in Population Movement — United States, March 1–May 31, 2020.”

that many volunteers were lost at the beginning of the lockdown—it also prompted the shuttering of countless businesses, public libraries, and community spaces that homeless individuals relied on for consistent access to food, shelter, bathrooms, and even income.⁵⁹ The establishment of the stay-at-home order coincided with the genesis of the motel-shelter program included in this thesis, which would ultimately last seven months amid rapidly shifting circumstances.

The following weeks saw a spate of state-level actions to mitigate the collateral damage of the lockdown. On March 27, Governor Newsom established a temporary statewide moratorium on evictions.⁶⁰ On April 3, Governor Newsom launched Project Roomkey, a formalized statewide initiative to secure hotel and motel rooms for people experiencing homelessness during the pandemic.⁶¹ The program, which included a 75% cost-share reimbursement from the federal government for hotel and motel rooms and wraparound services, represented the first partnership of its sort between a state and FEMA. Although the state set an initial program goal of securing 15,000 rooms for individuals experiencing homelessness, Governor Newsom had indicated that he hoped that partnerships with cities and counties throughout the state would allow for the provision of hotel and motel rooms for 50,000-60,000 of the most vulnerable Californians experiencing homelessness.⁶²

Local efforts to put this funding to use began almost immediately following the governor's March 18 announcement. On March 23, San Diego Mayor Kevin Faulconer

⁵⁹ Kendall, "Coronavirus: As Bay Area cities shut down, homeless are hit the hardest."

⁶⁰ "Governor Newsom Takes Executive Action to Establish a Statewide Moratorium on Evictions."

⁶¹ "At Newly Converted Motel, Governor Newsom Launches Project Roomkey."

⁶² *Governor Newsom Gives an Update on California's Coronavirus (COVID-19) Response* | April 7, 2020.

announced that parts of the San Diego Convention Center would be converted into additional shelter space for people experiencing homelessness.⁶³

This sort of repurposing was not entirely new for San Diego; in early 2019, Mayor Faulconer announced that the second floor of Golden Hall, an arena attached to the City Hall Complex, would be converted into a temporary shelter for over 140 people who had been staying in a bridge shelter tent that was being relocated. In June 2019, extended funding for the Golden Hall shelter was approved by the City Council; in December 2019, the Council approved an expansion of the number of beds in the shelter.⁶⁴ By the time Faulconer's March 23, 2020 press conference rolled around, the city had committed to converting the entirety of Golden Hall into a shelter.⁶⁵

On April 1, the Convention Center shelter became formally incorporated into "Operation Shelter to Home", a plan that sought to move people from shelters throughout the city into the Convention Center in order to comply with public health guidelines requiring social distancing. On April 10, outreach staff extended these efforts to the streets, screening unsheltered individuals and moving many into the Convention Center.⁶⁶ According to an advocate familiar with the process, intake started slow but eventually picked up pace, at one point reaching 60-70 people and eventually plateauing at around 50 per day admitted into the Convention Center.

Asymptomatic testing protocols began on April 16 at the Convention Center. Mental and behavioral health services, healthcare, and daily health screenings were provided by the County. Shelter residents were also given free access to basic

⁶³ Halverstadt, "Convention Center Will Transform From Economic Powerhouse to Homeless Refuge."

⁶⁴ Horn, "City to Keep Temporary Golden Hall Shelter, Add a Fourth Location"; Warth, "City Council Agrees to Expand Golden Hall Shelter, Create Flex Funding for Homeless."

⁶⁵ "San Diego Converts Golden Hall To Shelter, Prepares For More COVID-19 Cases."

⁶⁶ "Operation Shelter to Home."

amenities—including meals, showers, bathrooms, laundry services, and Wi-Fi—as well as support from case managers in advancing their housing goals.⁶⁷

May–July 2020

By early June, 9,400 hotel rooms were occupied through Project Roomkey, expanding California’s emergency shelter system by around 30% from the year prior in only eight weeks.⁶⁸ On June 30, Governor Newsom announced the launch of Homekey, a \$1.3 billion effort to expand the state’s support for people experiencing homelessness during the pandemic. Homekey enabled counties to “acquire and rehabilitate a variety of housing types: hotels, motels, vacant apartment buildings, residential care facilities, and other tiny homes” for people experiencing homelessness.⁶⁹

In his announcement, Governor Newsom underscored the urgency of the opportunity the pandemic had created to create housing solutions for people experiencing homelessness. “Shelters solve sleep; housing and supportive services solve homelessness,” he said. “And that’s the framework of what we now refer to no longer as Project Roomkey, which was our emergency frame, but now Homekey: a sense of permanency, a sense of place, a framework of opportunity to anchor the progress we’ve made in the midst of this pandemic, and have something very meaningful to show for it moving forward.”⁷⁰

⁶⁷ “Operation Shelter to Home.”

⁶⁸ Tinoco, “Project Roomkey Has Placed 9,400 Homeless People Into Temporary Hotel Rooms. Now What?”; US Department of Housing and Urban Development, “HUD 2019 Continuum of Care Homeless Assistance Programs Housing Inventory Count Report.”

⁶⁹ “Governor Newsom Visits Project Roomkey Site in Bay Area to Announce ‘Homekey,’ the Next Phase in State’s COVID-19 Response to Protect Homeless Californians.”

⁷⁰ PBS NewsHour, *WATCH*, 11:06.

August–October 2020

On September 9, Mayor Faulconer announced that the Convention Center shelter had successfully relocated over 525 people to permanent housing.⁷¹ As political leaders and advocates turned toward Homekey funds, nonprofit staff at the Convention Center began preparing for the possible expiration of Operation Shelter to Home. The population at the Convention Center shelter was reduced by ceasing intake and relying on natural client attrition.

Amid mounting financial losses for a usually-busy Convention Center, Mayor Faulconer and City Councilman Chris Cate wrote a September 18 letter to Governor Newsom urging him to approve safe reopening guidelines for convention centers.⁷² But some advocates and lawmakers were focused on ensuring the continuation of shelter services at the Convention Center.

On September 21, Governor Newsom announced that the state would award San Diego a \$37.7 million grant to purchase hotels to convert to rental housing as part of the Homekey initiative.⁷³ Days later, Todd Gloria, then a California State Assemblyman representing large parts of San Diego as well as a candidate for Mayor of San Diego, called on city leaders to extend Operation Shelter to Home through the end of the year. “The procurement of these hotels cannot be seen as ‘mission accomplished,’” he said, clarifying his position on the issue. “The purchases will likely not be finalized by the end of December and we have many more homeless individuals at the convention center, and

⁷¹ Ireland, “‘Operation Shelter to Home’ Helps Over 500 San Diegans Find Housing.”

⁷² Weisberg, “San Diego to Gov. Newsom”; Weisberg, “From TwitchCon to Hematologists, Canceled Conventions Cost San Diego \$1.2 Billion.”

⁷³ Huard, “State Gives San Diego \$37.7 Million to Purchase 2 Hotels For Housing.”

on the street, who[m] we must house.... This [extension] is in the best interest of public health and will allow us to make more progress in housing our homeless neighbors.”⁷⁴

On October 13, the San Diego City Council voted to extend Operation Shelter to Home through December,⁷⁵ green-lighting the nonprofits managing the Convention Center shelter to begin client intake again. The shelter population rebounded.

Although many Project Roomkey-funded hotels and motels throughout the state remained open, the end of October marked the end of the motel-shelter program included in this research. Some clients were transitioned from the motel to a new noncongregate shelter site run by the operating nonprofit.

November–December 2020

Local elections were held in San Diego on November 3. Todd Gloria, who had previously advocated for the continued funding of Operation Shelter to Home, was elected mayor, replacing Kevin Faulconer. Still, anticipating the expiration of funding for Operation Shelter to Home on December 31, staff at the Convention Center stopped doing intakes as city officials made plans to move 400 people living in the Convention Center shelter into hotels purchased for permanent housing.⁷⁶ Advocates pushed back against the shuttering of the shelter, with many arguing that it was wrong to end the program in the cold weather. In advance of his inauguration, Mayor-Elect Gloria said that he was working to find new funding for Operation Shelter to Home so that people could

⁷⁴ City News Service, “Gloria Urges City Not to Close Convention Center Shelter Too Soon.”

⁷⁵ Stone, “City Council Votes to Buy 2 Hotels.”

⁷⁶ “About 900 Homeless People Sheltered at San Diego Convention Center to Get Permanent Housing,” 900.

remain sheltered in the Convention Center while the space stayed closed to shows and conferences.⁷⁷

The Convention Center had only been home to 27 positive tests for COVID-19 between April and November. But that changed in early December, when an outbreak swept through the shelter. On December 5, city officials reported that 55 individuals at the Convention Center had tested positive for COVID-19.⁷⁸ The case count eventually ballooned to more than 150, a number which included not only shelter residents but also some staff.⁷⁹ The spike in cases, thought to be driven by gatherings during Thanksgiving, fueled activist campaigns to make more hotel and motel rooms available to people experiencing homelessness.

January–March 2021

In January 2021, Mayor Todd Gloria formally extended Operation Shelter to Home through the end of March. On March 5, he announced that people who remained in the Convention Center would be relocated to “reconfigured shelters” across the city.⁸⁰ Between March 22 and March 31, the final residents of the Convention Center were moved out; none of the remaining residents were forced to return to the streets.

⁷⁷ Warth, “Mayor-Elect Plans to Keep Convention Center Shelter Open.”

⁷⁸ Saunders, “55 Test Positive for Coronavirus at San Diego Convention Center Shelter.”

⁷⁹ Halverstadt, “The Convention Center Coronavirus Outbreak Was Inevitable.”

⁸⁰ “Mayor Gloria Announces Plans to Wind Down Operation Shelter to Home.”

Table 2.1: Overview of Emergency Shelter Programs

	PROGRAM DETAILS and OUTCOMES	
	Convention Center Shelter (CS)	Motel-Shelter (NCS)
Dates of Operation	4/1/2020 – 3/31/2021 [1 year]	3/19/20 – 10/31/20 [7 months 12 days]
Clients Served	Overall during operation: >4000 Average night: 900-1000 Maximum (one night): 1300	Overall during operation: 152 Average night: 60-70 Maximum (one night): 77

We have come to a clear realization of the fact that true individual freedom cannot exist without economic security and independence. 'Necessitous men are not free men.'

– Franklin Roosevelt, in a message to Congress on the State of the Union
January 11, 1944

3: Homelessness, Autonomy, and a Right to Shelter

How does homelessness affect human autonomy?

The normative portion of the Literature Review built on Waldron's point to clarify what exactly these unsatisfied preconditions are: privacy and security of person. This chapter will juxtapose philosophical and empirical literature to demonstrate the ways in which homelessness poses a significant threat to these conditions; argue that the state has a responsibility to ensure their fulfillment as part of a social minimum; and assert that the best way to remedy their unfulfillment is through a right to noncongregate shelter, which provides for privacy and security of person better than most other social remedies that are currently available to homeless individuals.

How Homelessness Threatens the Preconditions of Autonomy

Privacy

Privacy is obviously and significantly compromised in most forms of homelessness. Street living generally leaves individuals without private amenities for sleeping, bathing, and using the bathroom, forcing them to address basic human functions in the public eye. Congregate shelters place large groups of homeless individuals in the same sleeping space, often giving residents access to semi-public bathrooms and shower spaces overnight before forcing them out to wander the streets during the day. Even hybrid shelter solutions, like vehicle living, create barriers to privacy by virtue of barely-shielded presence in public space.

Observing the lack of privacy inherent to street or congregate shelter living, Bart van Leeuwen defines the persistence of homelessness in liberal society as contradictory, asking, “[H]ow is it possible that our liberal-democratic states contain citizens that live without the defining characteristic of liberalism itself, namely a private sphere?”⁸¹

City ordinances have frequently sought to regulate homeless individuals’ occupation of public space. In San Diego, the 2019 reinstatement of a decades-old law placed severe restrictions on vehicle habitation, making it illegal for individuals to sleep in their cars between 9:00 PM and 6:00 AM or at any time near residences or non-collegiate school buildings.⁸² In Los Angeles, a longstanding ordinance made it a criminal offense to “sit, lie, or sleep on a public sidewalk anywhere in the city” until

⁸¹ van Leeuwen, “To the Edge of the Urban Landscape: Homelessness and the Politics of Care.”

⁸² City News Service, “San Diego Bans Homeless From Living, Sleeping In Vehicles.”

court intervention in 2006; city officials have sought to revive certain aspects of the ordinance in recent years.⁸³

These sorts of laws are often regarded as immoral on their face by advocates, who claim that they effectively criminalize homelessness.⁸⁴ Indeed, the enforcement of such statutes—which often entails police officers awakening homeless individuals and forcing them to reposition themselves or negotiate about shelter services—encroaches upon privacy rights, forcing homeless individuals to remain on high alert and seek out temporary privacy in small pockets of the public domain.

Security of Person

One of the more blatant threats to the physical well-being of people experiencing unsheltered homelessness is inclement weather; wind, rain, snow, and hail all pose more regular concerns that can lead to illness and even injury. In localities that experience extreme heat, extreme cold, and natural disasters, weather patterns can be life-threatening. But there are also human forces that drive physical insecurity for people experiencing homelessness.

People who fall out of stable housing are likely to be victims of interpersonal violence and trauma even before their experiences of homelessness, but homelessness itself contributes significantly to individual victimization. Studies show high rates of physical and sexual violence among homeless youth and adults, including those with

⁸³ Tinoco, “LA’s Rules About Where Homeless People Are Allowed To Sit And Sleep Could Get Even More Complicated”; “ACLU of Southern California Wins Historic Victory in Homeless Rights Case.” After a major lawsuit was settled in 2007, enforcement of the ordinance became conditionally limited and linked to the availability of housing in Los Angeles; however, recent efforts among city politicians to reinstate portions of the ordinance have sparked protest and debate among citizens and advocates. For more, see Wisti, “Criminalizing Poverty in LA Is No Longer Politically Viable.”

⁸⁴ Garrick, “San Diego Approves Law Prohibiting Homeless from Sleeping in Vehicles”; Matthew, “Protests Over Proposed Sidewalk Sleeping Law Bring City Council Meeting to a Halt.”

mental illnesses and those who are pregnant, as a result of their homelessness.⁸⁵ These risks are well-documented for both street and shelter situations: city sidewalks offer little protection from battery, assault, and property theft; meanwhile, although congregate shelters provide more highly-regulated environments, they also serve as sites for stealing and violence.

The sense of ontological insecurity that Huey describes, already heightened by the mere condition of housing insecurity and forced habitation of an unfamiliar space, is exacerbated by sporadic encounters with law enforcement officers, hostile citizens, and dismissive service providers. The daily stressors of homeless life make it particularly challenging to initiate deescalation in situations of acute hostility, especially for the many homeless individuals who struggle with substance abuse or mental illnesses.⁸⁶ As a result of these encounters with provocative stimuli—and the anticipation of these encounters—individuals experiencing homelessness frequently report sleep deprivation.⁸⁷

Embedding Policy Protections for Autonomy: Toward a Positive Right to Noncongregate Shelter

For all the reasons outlined above, privacy and security of person—and therefore, individual autonomy—are imperiled by homelessness, especially of the unsheltered sort. As discussed in the normative literature review, naming rights in domestic and international documents is only half the battle; ensuring the content of these rights for claimants requires that explicit policies and accountability measures be in place. In the

⁸⁵ Felix, “Life Without Walls: Violence and Trauma Among the Homeless” (26-27).

⁸⁶ “Homelessness and Addiction.”

⁸⁷ Gonzalez and Tyminski, “Sleep Deprivation in an American Homeless Population.”

case of privacy and security of person, the language of negative rights has clearly failed to offer meaningful protections on its own.

If autonomy is something we are sufficiently committed to preserving in a liberal society, we ought to ensure privacy and security of person by linking the conditions to some positive right.⁸⁸ This section offers critiques of proposed remedies to the needs of homeless individuals and suggests that a right to noncongregate shelter is necessary for the preservation of the preconditions for autonomy.

Understanding what it might mean to incorporate the content of its preconditions into a policy regime will be aided by the notion of a social minimum, or a bundle of goods and resources that any given person needs “in order to lead a minimally decent life in their society.”⁸⁹ That the burden of responsibility for providing these goods falls on the state is understood as “the core of political liberalism...in most cases, the obligation of the state to protect its citizens is a basic rationale for the liberal state.”⁹⁰ But how exactly the lack of access to autonomy-constituting goods ought to be remedied—that is, through what sort of policy scheme homeless individuals’ needs ought to be fulfilled—is contested.

Some, who might be called “public space rights theorists”, urge the state to make public space livable for people experiencing homelessness.⁹¹ These theorists rightly

⁸⁸ In *Unpopular Privacy*, Allen insists that the various forms of privacy she outlines enhance liberty, and thus that governments ought to create positive rights to privacy. See Allen, *Unpopular Privacy*, xii.

⁸⁹ White, “Social Minimum.”

⁹⁰ Karin-Frank, “Homelessness, the Right to Privacy, and the Obligation to Provide a Home”, 210.

⁹¹ In “The Homeless and the Right to ‘Public Dwelling’”, Superson writes that “the homeless are justified in public dwelling, given the severe restrictions on their choices about where to live.” Other public space rights theorists criticize the imposition of certain behavioral restrictions in the public domain: in “The Homeless Hannah Arendt”, Betz writes that indecent exposure laws often unfairly punish homeless individuals for crimes “they cannot help but commit”. In “No Shelter Even in the Constitution? Free Speech, Equal Protection, and the Homeless”, Narayan concurs, writing that homeless individuals generally deserve protection against laws that curb their access to public space and to other subsistence goods that the state does not provide.

critique the criminalization of behaviors closely tied to the state of homelessness; we should be critical of the state that simultaneously fails to provide its citizens with subsistence needs and punishes them for seeking those rights wherever they can. But the arguments put forward by public space rights theorists fall victim to a basic flaw: public space inherently cannot provide the preconditions for autonomy specified in the Literature Review. No matter the basic amenities made public, no matter the reduced invasiveness of law enforcement, threats to privacy and security of person will persist so long as a person is out in the open. The adjustment of public space to accommodate individual needs fails to provide the sort of independence that many homeless individuals need to meaningfully assert their will on the path to housing.

Others, who might be called “housing rights theorists”, have gone much further, stating that a right to housing is necessary in response to the crisis of homelessness.⁹² These theorists get something right, as well: having a roof over one’s head, especially without the looming threat of forced removal, is fundamentally empowering. In fact, I agree that a normative right to housing ought to be pursued. But the political and fiscal barriers to ensuring the content of that right are difficult to ignore. Many Californian cities have committed themselves to increasing their stock of affordable housing in response to the homelessness crisis, but outdated zoning laws, ideological opposition to new development, and general stinginess in local budgeting have impeded that goal.⁹³ As

⁹² While identifying many of the same barriers to well-being as public space rights theorists, housing rights theorists insist that the state ought to invest its resources in providing permanent homes to those without them. (van Leeuwen, “To the Edge of the Urban Landscape: Homelessness and the Politics of Care”, 592). Placing Waldron and Nussbaum into conversation, for example, King insists that a universal right to housing can be justified by individuals’ need to fulfill certain functional capabilities. (King, “Housing as a Freedom Right”, 669). Karin-Frank calls home “a necessary condition for the autonomous self and other valuable aspects of human existence.” (Karin-Frank, “Homelessness, the Right to Privacy, and the Obligation to Provide a Home”, 206).

⁹³ Collins and Johnson, “California Needs More Housing, but 97% of Cities and Counties Are Failing to Issue Enough RHNA Permits.”

such, it is simply not practical to rely on an immediate right to housing as the sole remedy to homelessness.

What is needed in the normative debate about homelessness is a Goldilocks solution—something “just right” that remedies the dangers of homelessness without falling into the traps of either extreme approach. We can find this middle path in a right to noncongregate shelter. Noncongregate shelter overcomes the insufficiency of public space as a foundation for autonomous personhood and bypasses the tenuous assurances against privacy and security threats made in congregate shelter spaces. And an investment in noncongregate shelter—which can generally rely on hotels and motels already designed for temporary human habitation—will represent a necessary and quickly realizable intermediate step between street homelessness and permanent housing.

The fulfillment of this right can and should be pursued in conjunction with the construction of affordable housing—a temporary solution, by its very nature, is not a solution. But shelters should not function as solutions; they should operate as processes. As homeless services expert Iain de Jong writes, “When a shelter operates as a process, it sees its fundamental objective as being part of the process by which people get housed again. When a shelter operates as a destination, it fills up its space with programs that (inadvertently) prolong a shelter stay.”⁹⁴

Noncongregate shelter, far from providing a destination at the end of a person’s homeless journey, provides the best possible launch pad for a person’s return to permanent housing. Moreover, when we discuss rights, we are discussing baselines and bare minimums—and indeed, noncongregate shelter fulfills the needs specified in the framework for autonomy established in the Literature Review.

⁹⁴ De Jong, *The Book on Ending Homelessness*.

Summary

Philosophical literature suggests that privacy and security of person are important facets of human autonomy. Homelessness, as a state of being, entails a significant diminution of the privacy and security assurances normally afforded to individuals. Although not an end-all, it is clear that a positive right to noncongregate shelter is the most efficient way to account for and reverse the threats to privacy and security of person that people experiencing homelessness face on a daily basis.

A primary goal of the liberal state should be to create a sphere in which autonomy can flourish, both through deregulation (when necessary) and through investment in social programs and welfare systems that create a stable foundation upon which for individuals to pursue a good life, unhampered by an entrenched socioeconomic hierarchy beyond their control. In the case of homelessness, that goal must manifest as an affirmative protection of privacy and security of person, realized through a positive right to noncongregate shelter. Absent this assurance, our collective commitment to autonomy is little more than an empty catchphrase.

I'm a human. just because I'm homeless doesn't make me non-human.

– CS-Client C, who lived in the Convention Center shelter

4: Experiential Dimensions of Emergency Shelters

What is it like to live in congregate and noncongregate shelters?

Many policy analyses seek to summarize important considerations about emergency shelter programs solely using fiscal, logistical, and political data and projections. Some analyses incorporate quantitative data about outcomes from shelter experiences, as well—offering correlative connections between program characteristics and housing sustainability. Few policy analyses juxtapose these important considerations with the perspectives of the intended beneficiaries of shelter programs. But the perspectives of shelter clients, properly interpreted and contextualized, can serve as a robust foundation for a policy analysis that seeks to understand not only the trends taking place but also the causal mechanisms underpinning those trends, even if on an individual level. In other words, while objective details about an emergency shelter program can provide us with hints about its likelihood of producing certain outcomes and quantitative data about client attrition and trajectories can confirm or disprove the patterns we predict, qualitative narratives from shelter clients can help explain why any particular program was successful or unsuccessful for those receiving services.

The content of policymaking must account for the complexity of the human experience—and discerning the diversity of perspectives on a particular program or policy mandates a willingness to listen to the experiences of the people on the ground, especially when those people belong to a group whose voice so often goes unheard in policy conversations.

Methodology

In order to understand experiential dimensions of congregate and noncongregate shelters, I conducted semi-structured interviews with 3-6 clients of each shelter program and 2-3 staff of nonprofits operating each shelter program (“operating nonprofits”)—including case managers and administrators. Program staff were mostly reached through direct outreach, while program clients were reached indirectly through case managers and through snowball sampling (in which people who had already participated in the study referred their peers for interviews). After program staff and clients had been reached and had provided verbal consent to participate in the research, they were presented with an Informed Consent form that contained information about the scope of the study and compensation offered for their participation. Once written consent had been obtained, participants were interviewed about their experience with and perspectives on the emergency shelter options being provided in San Diego during the pandemic. All homeless participants were compensated with \$20 gift cards for their time.

Interviews with program clients included factual questions about shelter stays (e.g. “How long have you been staying in this shelter?”) as well as questions designed to illuminate more subjective metrics around shelter experiences and perceptions (e.g. “How

much privacy have you had while in this shelter?”). Interviews with operating nonprofit staff and case managers included factual questions about program design (e.g. “What types of resources—such as food, medical care, and counseling—are made available to clients within the shelter?”) as well as questions targeted at understanding their perceptions of subjective client experiences (e.g. “To what extent do you feel that security (or physical safety) is established for clients in this shelter?”). Most interviews were recorded and transcribed, and participant quotes were categorized among certain evaluative metrics, including privacy, security, and freedom.

In order to protect participants’ identities, clients enrolled in the congregate shelter program at the time of interview are referred to as “CS-Client A”, “CS-Client B”, etc., while clients enrolled in the noncongregate shelter program at the time of interview are referred to as “NCS-Client A”, “NCS-Client B”, etc. Likewise, staff operating the congregate shelter program are referred to as “CS-Staff A”, “CS-Staff B”, etc., while staff operating the noncongregate shelter program are referred to as “NCS-Staff A”, “NCS-Staff B”, etc. Advocates and policymakers, whose general positioning with respect to homelessness services and policies is described, are also referred to as “Advocate-A”, “Advocate-B”, etc. and “Policymaker-A”, “Policymaker-B”, etc. This coding is used throughout the remainder of the thesis.

Limitations: Qualitative interviews with shelter clients and staff offer subjective and circumstance-specific perspectives on the quality and nature of shelter programs, which inevitably vary among individuals and across time. Although this chapter seeks to present a range of views on shelter programming while noting important trends that

emerged in interviews, the program evaluations included are necessarily limited in scope and broad applicability.

Privacy

Congregate Shelter Program

Clients in the congregate shelter program reported low levels of privacy during their stays. Many pointed to lack of privacy as a significant negative factor in their experience of the shelter, although the existence of a community in the immediate vicinity was described as a valuable asset.

CS-Client A described the Convention Center space as “one big open room. I mean, if you can imagine, imagine like a gymnasium, you know, full of just like cots—but like, a giant gymnasium.” Reflecting on his experience in the Convention Center, which had lasted about two months at the time of this interview, he had a clear-eyed view of the privacy issue: “Privacy? Like 0%, honestly,” he said, acknowledging that having “200 people snoring around you” made the space feel “not very private.” Despite that review, he had spent time living on the streets before arriving at the Convention Center and felt that the concessions in the domain of privacy were well worth the benefits derived from sleeping in the shelter, especially since he felt that some personal space was attainable:

I'll sacrifice personal privacy for a shelter, honestly. I mean, everything you do is pretty much out- out in the open there.... But I will say though, you know, if you mind your business, nobody really bothers you. Like I can sit in there and read, and, like people walk by. They might wave or nod, you know, like, acknowledge [you]...but they won't bother you. So, I mean, there is a little bit of respect there. But it doesn't feel private, is what I'm getting at.

Other clients in the Convention Center shelter expressed similar sentiments, often calling attention to specific dimensions of the experience by comparing the congregate space to

noncongregate shelter. CS-Client C, who spent two weeks in a hotel room, indicated that choice was an important factor in her preference for relationships in the noncongregate shelter space:

Having the privacy and isolation [in the hotel] was great. You know, because I didn't have to deal with different personalities. And I'm not good with that, you know, I'm not real good with dealing with people. I'm, I try to keep to myself. You know what I mean? But it's hard here [at the Convention Center], because you have to interact with people because their beds are right next to yours. Now, in isolation, I didn't have to—I could pick, I could choose to be outside and visit [others], or I could choose to be by myself. Here, it's basically, you don't have- you don't have that choice.

CS-Client B, who was unable to get into a hotel despite claiming high risk status because of age and disability, articulated similar beliefs. He felt that having a private space was essential “so that I can invite those who[m] I want to be around me, not those who I don't want, and mix with those who I want.” He also felt that the privacy afforded in noncongregate shelter spaces created higher levels of safety: “You have your private space, you stay in your private space, you don't have no problems,” he said.

Advocate-A said that the “number one issue” reported from clients of congregate shelters was theft of personal belongings. He added, “then there's the other issues of people that have, you know, random sleep schedules, mental health crises, and then just the drama from- of living in a group environment for more than a week—you know, a group environment that has not come together on a natural basis.”

CS-Client D offered a contrasting perspective, calling the communal nature of the Convention Center shelter the “biggest upside” of the shelter experience. “I just felt really welcome,” he said, describing the social atmosphere of the shelter. “It’s like when you have a roommate—you’ll end up talking to your roommate, and that’s a nice relationship.”

Noncongregate Shelter Program

Clients at the motel-shelter consistently reported high levels of privacy as a result of occupying their own rooms. But this assurance, although valorized by congregate shelter clients, became overwhelming and isolating for some noncongregate shelter clients.

Staff of the operating nonprofit visited clients' rooms three times every day, delivering pre-packaged meals and generally checking in on their well-being. NCS-Staff C, who worked with clients in the motel, indicated that on-site staff tried to respect clients' space by giving them advance notice of their arrival: "I always feel like, you know, it's my job to respect my clients. So I often would call them before I went over, you know, then I would knock on the door. But, I mean, I would make sure that there was a reason for me to go into their room...I'd give them an opportunity to get back to me." NCS-Staff B, who oversaw the program, said that daily door knocks became an important mechanism for supporting clients and combating isolation. She acknowledged that the infrastructure of the program may have contributed to isolation for some clients.

NCS-Client C said that "having nobody to interact with for most of the day" was a psychological challenge but felt that it was not extreme enough to have a detrimental impact on him. "I got used to it pretty quick," he said of the isolation. For others, the impact was more significant—especially during the initial COVID-19 lockdown imposed across the state of California, which included a strict stay-at-home order for non-essential workers.

"I feel like I had too much privacy, really, because I was pretty much stuck in that isolation. I mean, you basically can do whatever you want," NCS-Client A recalled.

Other than door-knocks from staff, which were spaced apart by several hours throughout the day, he felt that he lacked accountability to develop a routine or remain productive. In a congregate setting, he imagined, “you would have kind of gotten your hair probably brushed every day, you would have done a lot of things differently in those kind of settings...[whereas] I didn't have to worry about environment, so that meant that I [could] pretty much let myself go and just be lazy, pretty much, at times.”

Although NCS-Client A said that health concerns and other clients’ behavioral issues would have caused him anxiety in a congregate shelter, he also suggested that congregate settings offered “a venue...where you could vent” that was not matched at the motel-shelter:

[Y]ou don't have a lot of people to bounce off your real depression or your fears or your uncertainties. And I was stuck in that room, almost like a prisoner, with pretty much my own thoughts and everything. I did have access, on the internet, to friends on Facebook or, like, somebody I'm very close to. But I didn't have a lot of outlets to like one-on-one have- be able to express, like, my true depression.

He added that living in the motel room during California’s stay-at-home order was “like being in a cell and you can't get out.”

NCS-Client B, who had previously stayed in a congregate shelter space, stated that the motel room was “as private and I wanted to be.” Comparing the two shelter types in terms of privacy, he said, was “apples and oranges,” even accounting for staff visits to motel rooms. Recalling his strict quarantining early in the pandemic because of personal health issues, though, he affirmed the sense of isolation that NCS-Client A expressed, saying that the privacy could easily slip toward isolation. “Sometimes cabin fever kind of gets to you,” he added.

Advocate-F said that noncongregate shelter programs often fell short of being “trauma-informed” because they end up “taking you out of isolation, and throwing you [back] into isolation.” She also expressed concern that formerly unsheltered homeless individuals who had become accustomed to environmental stimulation and being together with others might struggle to adapt to a noncongregate shelter setting. Describing interactions with a former client who had stayed in a hotel-shelter, she recalled, “he called me every day...[saying] ‘I don’t have anyone to talk to.’ ‘Cause he couldn’t go outside!”

Security

Congregate Shelter Program

Client reviews of safety and security in the Convention Center shelter were mixed. Most indicated that they felt that some baseline degree of safety was established in the shelter, which often helped them feel more comfortable. At the same time, some clients reported concerns about numerous potential sources of physical danger that seemed to be unaddressed at the Convention Center.

CS-Client A made reference to his experiences living on the streets to explain the relative safety of the Convention Center shelter. In particular, he pointed to his experiences sleeping outside versus in the congregate shelter. “When I was on the street,” he said, “I would stay up all night, because I felt safer that way. And then I would sleep- I’d find a park or somewhere and sleep during the day.” He explained that “you can’t really trust anybody out on the street” and that social intelligence was necessary for getting along well with all types of people, including people in distorted psychological states or those who might have mental illnesses for which they are unmedicated. He also

noted that the challenging dimensions of sleeping outside were exacerbated by harsh weather, including rain and wind.

Between the Convention Center and the street, CS-Client A said, “it's night and day.” He continued: “I feel, honestly, I feel safe being there. Like nobody really messes with your stuff.... Like I said, I used to stay awake all night, just because that's how I survived. And now I can take a nap at noon if I want to.” He added that the presence of staff—which he deemed an “authority figure”—and other shelter residents created a “safety net” that didn’t exist on the street, ensuring that someone would intervene if any issues arose.

CS-Client D acknowledged that the size of the Convention Center shelter population could lend itself to some interpersonal tensions, and that he kept his belongings hidden under his cot to lower the likelihood of theft. Still, he felt that certain buffers—including the need for clearance to enter the shelter at all—made the space feel secure. He seemed to agree with CS-Client A’s evaluation of the shelter’s “safety net”: “Anyone starts raising their voice, you can hear it pretty clearly in that area, and they [the security guards] would be right on top of it,” he explained.

CS-Client B explained that he felt safe in the Convention Center, but mainly because he was confident in his own capacity to fend off physical threats from others. “I don't feel unsafe, no more than I feel safe,” he said. “Because I know me. And I know what I'm capable of doing in defense of somebody personally attacking me.” He insisted that the security personnel at the shelter were not sufficiently engaged to prevent physical altercations from taking place:

[U]nless there's police presence, which nobody wants, there's no security. There literally isn't security. There's a couple of big guys there that are staff, and they call themselves maybe staff/security, but I wouldn't be dependent on them to pick up nothing, because I've had

personal friends have their jaws busted, necks twisted, and walk- walking out of here in a sling. Personal friend. In which security did nothing but watch and take pictures.

In contrast, CS-Client C felt that the security at the Convention Center was sufficient, saying, “They're not just watching us, they're protecting us from anybody harming us.”

CS-Client B also expressed concern about a different sort of physical threat that loomed in the Convention Center: COVID-19. “We still break the COVID law every day,” he said, lamenting the size of the population in the shelter and what he perceived as a lack of enforcement of social distancing guidelines. CS-Client D, on the other hand, “didn’t feel worried at all about the virus, at least not COVID-19 specifically,” because of the Convention Center’s regular testing regimen and daily temperature checks of clients.

Noncongregate Shelter Program

Clients in the motel-shelter generally reported high levels of security, enabled both by on-site security personnel and by the physical infrastructure of the shelter space.

NCS-Client B described a near-constant presence of security personnel guarding an entrance to the motel-shelter, which he said was fenced off every evening. NCS-Client A reported being able to see the security guards from his room, which provided him an extra assurance of his safety. He also noted that the accessibility of the shelter program’s resident coordinators, who worked at desks in a designated on-site motel room during the day, created a sense of security: “I could at least reach out to them,” he said, if he needed support.

Reflecting on his previous experience in congregate shelter, NCS-Client C said that although he didn’t feel unsafe, he did harbor a concern about the security of his belongings. “[O]bviously, when you're with a group of people, you're going to be a little

bit guarded. Mostly I was guarded about, you know, my valuables,” he said. He left some of his belongings by his bed, but kept other items he deemed particularly valuable, including his cell phone and his identification, “with me at all times.”

Comparatively, NCS-Client C said, the noncongregate shelter was “definitely a lot safer.” He connected this feeling to the analysis that most of his interactions in the motel-shelter were with staff, and that interface with other shelter residents was relatively limited.

Freedom

Congregate Shelter Program

Clients at the Convention Center shelter generally reported feeling somewhat restricted by shelter rules, including curfews. Clients offered mixed views on the benefits of noncongregate space, with one client expressing appreciation for the structure of a more strictly-regulated shelter space.

CS-Client D noted that Convention Center staff “didn’t really like” shelter residents returning to the shelter late at night. Nonetheless, he didn’t feel significantly burdened by the shelter’s rules. “I had a lot of freedom there,” he said. “I would do what I like to do, and then they would offer breakfast, lunch, and dinner.”

CS-Client A reflected on his experience living in the Convention Center shelter in the context of his time spent out on the streets. Juxtaposing the two, he saw a clear discrepancy:

I mean- being on the streets is freedom, you know? You're out, you can do whatever you want. Being in society and being in, you know, the shelter, like, you have to have some kind of reasonable sense to obey rules. I mean, that's what you have to do in society anyways. But you know, it's not [that] you can just go do whatever you want [in the Convention Center].

But there is freedom. It's from six to eight, I can leave and come back whenever I want to. They're pretty good about making sure that you check out or you check in.

CS-Client C, who had stayed in both congregate and noncongregate shelters, expressed mixed feelings toward the freedoms offered in noncongregate spaces. She expressed appreciation for the agency involved in crafting social relationships, explaining that at the Convention Center, “you have to interact with people because their beds are right next to yours...[but] in isolation, I didn't have to- I could pick, I could choose to be outside and- and visit, or I could choose to be by myself.”

Because of her drug addiction, though, she struggled to appreciate the autonomy afforded in the hotel space. “For me, too much freedom—or not...[having] to be accountable or be somewhere—is where I end up messing up,” she said, pointing out that the curfew imposed at the Convention Center offered a useful external restriction for managing her drug addiction. “I spend 90% of my time in the [Convention Center] shelter, ‘cause the simple fact is, I'm an addict,” she continued. “And when I go out, there's always a chance of relapse. I stay around...where I'm safe, so I don't have any issues.” During her time in isolation in a hotel room, she recalled, she found herself in an area “known for drugs and prostitutes and stuff like that”; without a sense of accountability, she succumbed to the negative influences of her environment and began using drugs again. Reflecting on the experience, she said that the freedom offered in the noncongregate shelter space had come with its own price: “it cost me my sobriety...[and it] showed me that I wasn't strong enough, at that time, to say no,” she said.

CS-Client B found that the Convention Center's rules imposed on his relationships; he was forced to turn down invitations from peers to spend time together because of curfew. In contrast, he believed the hotel space offered “a huge freedom—the

freedom to do, you know, within reason, you know, what you want to do whenever you want to do it.”

Noncongregate Shelter Program

Reflecting on the strictness of rules at the motel-shelter, clients expressed some frustration at restrictions on movement whose transgression could lead to expulsion from the program. Some, however, commented that certain amenities inherent to the space gave them a heightened sense of agency.

NCS-Client B said that he felt unburdened by the motel-shelter’s regulations on client movement, even during the early stages of the pandemic when residents were forced to shelter in place. Generally, he said, he was able to take care of his shopping and attend doctors’ appointments with permission from on-site case managers. But he also noted that some residents became frustrated with the program’s rules “because they are used to, you know, full freedom and no restriction on their movement and all that...they couldn't stand that.”

NCS-Client C fell into this category. He said that some of the shelter’s rules were overly paternalistic. “It takes our independence away. It makes us feel like we're like children, or not not adults, or children. You know, they make us feel like, you know, like, like we are imprisoned sometimes. And that's just this individual program with some of the rules [that] are just- certain rules just don't make any sense at all.”

NCS-Client A explained that certain amenities available at the motel-shelter made him feel a heightened sense of agency:

I felt good. I took advantage of the showers, and having a good shower every day makes a big difference in your physical health and your mental health...I had a very good air conditioner that would either bring me heat or brought me air, which was another advantage of being

inside a motel room versus being in an open space area down in the convention center, [where] you have no control over adjusting heat or air or anything like that. So I had control over that, and that brings you some kind of respect to yourself—like, ‘Hey, I get to control my environment.’

NCS-Client A also said that, while he didn’t break the rules during his stay in the motel-shelter, those who did were often forced to leave the premises. He described the “biggest rule” he saw enforced at the shelter: leaving the property and staying away for more than 24 hours was looked down upon by the shelter staff, who would eventually come into individuals’ units if they were unresponsive for certain stretches of time. NCS-Client A said that this policy made sense to him, because “a couple [of] people died there” during his stay in the motel-shelter.

Relationships with Staff, Housing Trajectories

Clients in both programs indicated that relationships with staff and communication with case managers had a significant impact not only on their immediate mental health but also on their perceptions of stability beyond their time in the shelter. Questions about these issues revealed that although there are important infrastructural and programmatic differences between congregate and noncongregate emergency shelter programs that have serious implications for clients’ well-being and trajectory, certain aspects of the client-staff relationship—including attentiveness, proactivity, and perceived levels of respect—can be disproportionately determinative of clients’ evaluations of their respective shelter programs.

Congregate Shelter Program

Most clients at the Convention Center described neutral or positive relationships with shelter staff. CS-Client B said that he appreciated staff's addressing him by his first and last name; CS-Client D said that he felt that the support he received at the Convention Center was very high-quality and that he was able to obtain medicine, clothing, and other needs with relative ease.

Some clients reported more negative experiences. CS-Client A said that staff seemed to be taking advantage of their positions of authority in the shelter and acting unnecessarily harshly toward clients. Although CS-Client C reported mostly positive interactions with staff, she also noted the presence of "staff that don't really acknowledge you properly." Asked to expand, she clarified that certain staff members had ignored her, neglected to make eye contact, and refused to listen when she was talking. She linked this type of treatment to an exacerbation of her mental health issues, saying that it made her feel dehumanized: "[W]hen people don't acknowledge that I'm human, that just makes me feel like I'm just nothing but a piece of crap on the ground. You know what I mean? Yeah. It just, it just really, it really hurts me, hurts me inside. Because I'm not a bad person. And I have to tell myself that every day because I have mental health [issues]. And I don't need somebody making it worse for me."

When asked if staying at the Convention Center shelter had put her on a good trajectory for returning to stable housing in the future, though, CS-Client C was unequivocal: "Oh, yes, it has. 100%, that's 100% facts. 100%. Because if I didn't have this, I don't know where I'd be. I'd probably be dead in the street somewhere." CS-Client D, on other hand, expressed great uncertainty about his housing trajectory. Even though he had been placed in a studio apartment following his stay at the Convention Center, he

felt that it was still only a “temporary” assurance because of his struggles with ankylosing spondylitis, a condition that causes chronic pain. Importantly, he mentioned that he had not discussed his physical struggles with staff of the operating nonprofit at the Convention Center.

Noncongregate Shelter Program

Clients at the motel-shelter generally reported positive relationships with shelter staff. NCS-Client A said that staff who performed daily door knocks served many roles for clients: “Those people that would knock on the doors...were like our therapists, they were our counselor[s], they were our food bank...everything that we had in- stored in our head between those intervals of seeing them, we would pound at them and throw at them. NCS-Staff B affirmed that daily door knocks offered opportunities for staff to intervene in “inappropriate behaviors” but also to offer intensive one-on-one support for clients as issues and needs arose.

Describing his case management, however, NCS-Client A noted feeling frustrated and unsupported during his stay at the motel-shelter:

You're basically hoping and praying that somebody is going to come and kind of take care of you, like help get you out of there...[you] sit around and get three meals a day for cable television, you got a refrigerator, you got security—this is heaven, right? But the normal person doesn't want to be in that environment. They want to have their dignity back, they want their job back, they want their freedom back. So you want somebody to, like, kind of reach out to you and say, ‘Hey, this is a good plan for you, Greg’ But I didn't have that.

He added that his assigned case manager had refused to communicate with him except via email, which had made consistent and meaningful contact very difficult. Overall, however, NCS-Client A indicated that his stay in the motel-shelter had been an important

intervention. “I took the opportunities for help seriously,” he said, echoing CS-Client C, “because I knew without it, I would be literally dead on the streets, probably.”

Other clients reported more positive experiences with on-site case management. NCS-Client C said that he felt that his experience at the motel-shelter had left him on a better trajectory than his prior experience in a congregate shelter. He attributed the feeling primarily to the quality of case management he received at each location: at the congregate shelter, he said, “they gave me information on where I could research stuff and sent me on my way,” but phone numbers and websites ultimately left him feeling insufficiently supported. At the motel-shelter, he said, support from his case managers was much more “individualized”—staff were much more intensively involved in working with him to fill out the requisite applications to secure the resources he needed to move toward housing.

NCS-Client C postulated that this discrepancy could have been linked to disparate educational and training backgrounds between the shelter staffs; he pointed to staff at the noncongregate shelter who he knew had degrees in social work to justify his theory. He also indicated that the staff at the congregate shelter “didn't have the time to really spend to dig into each client” in the way that those at the motel-shelter did, suggesting that the congregate shelter staff might have been stretched thin by higher caseloads or because they were expected to perform multiple types of work in the shelter space.

Summary

_____Clients in the **Convention Center** described low levels of privacy, which contributed to mental health concerns for some but offered a valuable sense of

community for others. Some Convention Center clients also described concerns for their physical health because of the risk of contracting COVID-19, but others felt that regular testing and other safety protocols created a sufficiently safe environment. Clients in the **motel-shelter** described high levels of privacy, which some indicated contributed to feelings of isolation. They generally reported a low sense of risk of contracting COVID-19 on-site.

Clients in the **Convention Center** described some concern for their security and the security of their belongings, tying it primarily to the unpredictability of an environment filled with hundreds of strangers. Some felt that security and communal oversight created an atmosphere that sufficiently mitigated any fear, though others complained that security wasn't enough. Clients in the **motel-shelter** reported high levels of security, mainly tied to their control over their own living spaces.

Clients in the **Convention Center** described relatively high levels of freedom and personal choice in their day-to-day experiences at the shelter, but some felt unduly restricted by shelter rules, including curfew. One client indicated that the restrictiveness of the Convention Center space provided a buffer against her drug addiction and that the freedom offered in a hotel room could facilitate harmful behaviors for some clients. Clients in the **motel-shelter** also reported feeling excessively burdened by shelter rules, including curfew. One client said that some of the amenities in his room (e.g. adjustable air conditioning) made him feel in control of his environment, while another client indicated that he struggled to take full advantage of the amenities at hand due to a general lack of individual accountability.

People at **both shelter sites** reported feeling that they had been placed on a good trajectory to sustainable housing through their respective programs. This metric for success was often, though not always, linked to the perceived quality of case management.

Taken together, these findings demonstrate that noncongregate and congregate shelter programs both offer valuable experiential benefits to clients and that noncongregate shelter should be provided for those clients for whom congregate shelter might be harmful.

When the pandemic was first happening, all of a sudden, the government- you know, California was like, 'Oh, yeah, we were able to secure motel rooms for Project Roomkey.' It's kind of like...where were any of these before? Because, you know...when I was a case manager, I had clients that we couldn't find any motels [for]. There is no support like that. And, you know, it shows that when they want to find it, they can.

– Advocate-B, who advocated for the extension of Operation Shelter to Home

5: Fiscal and Logistical Concerns in Emergency Shelter Provision

What does it take to create congregate and noncongregate shelters?

The quality of emergency shelter programs is highly dependent on their design, the extent of their funding, and the capacity of operating organizations to adequately manage shelter space while providing holistic support to clients as they prepare to leave the shelter. Understanding the costs and logistical challenges of setting up and operating congregate and noncongregate emergency shelter programs will illuminate important differences between the two shelter types and important considerations for funding allocation.

In the following section, I review details about the sites used for the congregate and noncongregate emergency shelter programs included in this research. I then review and compare costs and logistical challenges of several dimensions of shelter provision: shelter infrastructure, including renting each site and setting up amenities for clients; shelter maintenance and oversight, including cleaning, sanitation, and security; and

service provision, including staffing, meals, and laundry services. I conclude by observing the complexities of calculating long-term shelter costs and highlighting specific challenges that the pandemic posed to creating the most cost-efficient shelter options possible.

Methodology

In order to understand logistical dimensions of congregate and noncongregate shelters, I conducted semi-structured interviews with 7 advocates and 2-3 staff of each operating nonprofit about the setup and daily operations of each shelter. Staff were mostly reached directly through publicly available emails or phone numbers; advocates were reached via direct outreach and snowball sampling (connections provided by previous participants). After program staff and advocates had provided verbal consent to participate in the research, they were presented with an Informed Consent form that contained information about the scope of the study. The scope and intentions of the study were discussed verbally. Once written consent was obtained, participants were interviewed about their experience with and perspectives on the emergency shelter options being provided in San Diego during the pandemic.

In order to understand fiscal dimensions of congregate and noncongregate shelters, I derived cost information about both research sites from newspaper articles, public records, and internal data. Because of various constraints on nonprofit staff's ability to share program information with me, the data used in the budget analysis is limited. Because of population fluctuation, I use three separate figures for the Convention Center population in order to calculate cost per client in the congregate setting.

Limitations: I assume an average shelter occupancy of 1000 people in the Convention Center shelter; this number is derived from newspaper articles and interviews with Advocate-A, who was involved in the design of Operation Shelter to Home, but it is not rooted in specific data and thus may be an inaccurate reflection of the actual average population size of the Convention Center. Additionally, cost values included in the analysis represent a mixture of cost projections and actual costs for specific months during the operation of the emergency shelters included in this study; however, rental costs and costs for specific amenities may have varied from month to month in these settings, and these variations are not accounted for. Finally, because costs for shelter operation are highly variable across and within localities, the analysis that follows may not apply to other sites used for emergency shelter.

Shelter Infrastructure

Although emergency shelters are set up as temporary living facilities—many even enforce caps on residents’ length of stay⁹⁵—they are usually designed similarly to housing in terms of available resources. Clients in emergency shelters can generally expect to be able to access beds, bathrooms, showers, and laundry services, among other amenities, throughout the duration of their stay. The Convention Center and motel-shelter both came with built-in advantages and disadvantages for use as emergency shelters.

Site Rental

⁹⁵ Schmitt, “Santa Rosa’s Largest Homeless Shelter Reinstating Its 6-Month Stay Limit.”

Table 5.1: Rental Costs across Sites

	Convention Center Shelter (Congregate Shelter)	Motel-Shelter (Noncongregate Shelter)
Rental Costs	<p>\$1,598,850 per month x 12 months = \$19,186,200 per yr ↓ ÷ 365 days = \$52,564.93 per day</p> <hr/> <p>÷ 900 people (low-end estimate) = \$58.41 pp per day ↓ x 365 days = \$21,319.65 pp per yr</p> <p>÷ 1000 people (average estimate) = \$52.56 pp per day ↓ x 365 days = \$19,184.40 pp per yr</p> <p>÷ 1300 people (high-end estimate) = \$40.43 pp per day ↓ x 365 days = \$14,756.95 pp per yr</p>	<p>\$200,000 per day* ÷ 2,026 rooms* = \$98.72 pp per day ↓ x 365 days = \$36,032.80 pp per yr</p>

*based on County estimates of average room costs and number of rooms to be secured, as reported by Lisa Halverstadt in the Voice of San Diego in April 2020.⁹⁶

Congregate Shelter:

Assuming an average shelter occupancy of 1000 people, rental costs per capita in the Convention Center generally hovered around \$53 per person per night. Because the Convention Center had a fixed rental price of \$1.6 million per month, its cost efficiency was highly dependent on the number of clients staying in the shelter at any given time—a 400-person shift in the shelter population could lead to a \$20 difference in rental cost per person per night (see Table 5.1). Importantly, the rent offered at the Convention Center

⁹⁶ Halverstadt, “Inside the County’s Rush to Amass Motel Rooms.”

was discounted by 15 percent for the City’s sheltering purposes, and “bathrooms, meeting rooms and other space[s]” were provided for free.⁹⁷

The primary logistical hurdle to the Convention Center’s use as a shelter would normally be the operation of conventions throughout the year. Because of public health guidelines, however, that issue only arose during initial deliberations. Once initial resistance to the use of the Convention Center as a shelter had been overcome, it was relatively easy to arrange for its use by the City for shelter purposes because the site is owned by the City.

Noncongregate Shelter:

Rooms in the motel-shelter were more expensive, costing roughly \$99 per client per night. However, because the motel-shelter was paid for on a room-by-room and night-by-night basis, total rental costs traced closely with the total number of shelter residents at any given point in time.

Similarly to the Convention Center, the use of motel rooms by city visitors throughout the year would normally pose a barrier to the use of motels as emergency shelter, but that issue remained largely hypothetical due to public health guidelines. Additionally, most hotels and motels in San Diego County have a baseline number of vacant rooms available throughout the year.⁹⁸ Because the motel included in this research was not publicly owned, a contract had to be established, and prices negotiated, between the County, the operating nonprofit, and the motel. Policymaker-C noted that the owner of a different hotel sought for shelter purposes had to be convinced to allow the use of his

⁹⁷ McDonald, “Temporary Shelter Costs at San Diego Convention Center Exceed \$40M, City Records Show.”

⁹⁸ “United States | San Diego | HVS/STR Hotel Valuation Index | HVS.”

property because “these are clients who are hard to work with, so there might be some damages associated.”

Amenities

Table 5.2: Amenities across Sites

	Convention Center Shelter (CS)	Motel-Shelter (NCS)
Amenities	<ul style="list-style-type: none"> ● Cots ● Mobile showers ● Shared bathrooms ● Shared landline phones ● Projector for entertainment, work, school ● Free wi-fi 	<ul style="list-style-type: none"> ● Beds ● Private showers ● Private bathrooms ● Private landline phones ● Desks ● Free wi-fi

Congregate Shelter:

The Convention Center offered several amenities to shelter residents, including restrooms with wheelchair-accessible stalls and free wi-fi. But other amenities had to be imported, including cots, mobile showers, laundry machines, dryers, and handwashing stations.

Noncongregate Shelter:

Rooms in the motel-shelter were already equipped with numerous amenities, including beds, private bathrooms, showers, televisions, desks, and free wi-fi. The motel site also had laundry facilities available.

Shelter Maintenance and Oversight

The physical infrastructure of emergency shelters also demands maintenance and oversight. Areas of shelters that are frequently occupied require regular cleaning and

sanitation—especially during a pandemic; areas of shelters where people might enter, exit, come into contact with others, or engage in illicit behaviors are often staffed with security personnel, who are charged with ensuring the general safety and well-being of shelter clients and staff. The Convention Center and the motel-shelter offered significantly different environments within which nonprofits and County officials sought to implement these services.

Keeping the Site Clean

Table 5.3: Cleaning and Sanitation across Sites

	Convention Center Shelter (CS)	Motel-Shelter (NCS)
Cleaning Services	<p>\$206,644 per month (cleaning) + \$328,061 per month (sanitary) = \$534,705 per month</p> <p>↓ x 12 months = \$6,416,460 per yr</p> <p>↓ ÷ 365 days = \$17,579.34 per day</p> <hr/> <p>÷ 900 people (<i>low-end</i>) = \$19.53 pp per day</p> <p>÷ 1000 people (<i>average</i>) = \$17.58 pp per day</p> <p>÷ 1300 people (<i>high-end</i>) = \$13.52 pp per day</p>	N/A [included in room costs]

Congregate Shelter:

Significant measures were taken to create a hygienic environment at the Convention Center shelter. Because most on-site facilities, including showers and bathrooms, were shared among hundreds of residents, extra precautions were implemented to prevent the potential spread of COVID-19 throughout the shelter

population. Ultimately, cleaning and sanitation services totaled to over \$530,000 per month at the Convention Center, or \$17.58 per person per day (assuming an average shelter occupancy of 1000 people).

Noncongregate Shelter:

Cleaning and sanitation were included in room costs at the motel-shelter. Motel staff washed residents’ linens and cleaned their rooms regularly without extra charge. Additionally, because most amenities were privately used in the motel-shelter—only one individual would use any given shower or bathroom over several weeks or months—fewer large-scale hygienic measures were needed to buffer against the potential for COVID-19 transmission among residents.

Keeping the Site Secure

Table 5.4: Security across Sites

	Convention Center (CS)	Motel-Shelter (NCS)
Security Overview	24/7 on-site security, operated by multiple security companies	24/7 on-site security, with 2 security guards providing service in the evening
Security Costs	\$343,000 per month (supplemental) x 12 months = \$4,116,000 per year ↓ ÷ 365 days = \$11,276.71 per day <hr/> ÷ 900 people (low-end) = \$12.53 pp per day ÷ 1000 people (average) = \$11.28 pp per day ÷ 1300 people (high-end) = \$8.67 pp per day	\$31,000 per month for two guards* ÷ 65 clients (average)** = \$476.92 pp per month ↓ x 12 months = \$5723.04 pp per year ↓ ÷ 365 days = \$15.68 pp per day

*based on Carlsbad hotel-shelter estimates⁹⁹

⁹⁹ “Carlsbad City Council Agenda.”

**assumption of average number of people in motel-shelter: 65

Congregate Shelter:

Numerous security companies were contracted by various entities to patrol different areas at the Convention Center shelter. Allstate Security Services, the company contracted by the Convention Center Corporation, provided between 8 and 25 security personnel on a daily basis, according to the Security Officer Supervisor for Allstate's operations at the Convention Center. In order to provide 24-hour coverage for the site, Allstate's officers rotated between three eight-hour shifts. Generally, one officer provided supervision at a smoking area for shelter clients; two armed officers supervised the front entrance of the shelter; one officer checked clients in to the shelter; two officers remained inside the shelter checking clients' bags for narcotics, weapons, and other illicit items; and various other officers manned space throughout the Convention Center to ensure that clients did not enter areas they were not authorized to enter.

Supplemental security costs totaled to \$343,000 per month, or \$11.28 per client per day, assuming an average shelter occupancy of 1000 residents. This figure may not be fully representative of security costs across the Convention Center.

Noncongregate Shelter:

The County provided 24-hour security coverage for the motel-shelter. Typically, two guards offered supervision across the site, including one who oversaw a gate set up in the parking lot that served as a check-in point for anyone entering the property. Because clients mostly occupied their own rooms, interpersonal conflict was less likely between shelter residents, reducing overall security needs. However, the physical layout

of the shelter space also made it challenging for security personnel and staff of the operating nonprofit to monitor at-risk clients; in at least one instance, a resident of the motel-shelter committed suicide.

Notably, staff at the operating nonprofit recorded 26 “Critical Incidents”, or calls to law enforcement or emergency medical services for physical and mental health reasons. NCS-Staff B indicated that this figure includes calls related to “mental health crisis, theft, and destruction of property,” and that it only includes calls that staff made or were aware of—clients could have made other calls without staff knowledge of the incidents being addressed.

Security costs for the motel-shelter were not accessible during the research period. However, a staff report for the Carlsbad City Council, which operates in the northern part of San Diego County, offers some clues as to potential security costs in a noncongregate setting. In a table describing implementation costs for a 40-room hotel-shelter program operated in the city between March and July 2020, the report estimates an approximate monthly cost of \$31,000 for 24-hour site monitoring by two security guards. Because the motel-shelter included in this study was also staffed by two security guards, per-client security costs are divided using the assumed average number of clients in the motel-shelter program—65—leading to an overall security cost of \$15.68 per client per day.

Service Provision

Beyond simply providing a secure physical space for sleeping, emergency shelters are often equipped with services geared toward supporting clients during the day and

steering clients toward successful shelter exits into permanent or longer-term housing options. Site management staff are needed to direct clients toward resources and to oversee the smooth operation of the facility, including the execution of arrangements with other nonprofit partners (such as food delivery); case managers are needed to provide shelter clients with housing navigation, guidance in obtaining identification and other records, and connections to supportive programming and employment. But staffing needs look different in congregate and noncongregate settings.

General logistics of staffing

Congregate Shelter:

The Convention Center was operated by about 300 staff every day, including City and County officials, security personnel, Convention Center staff, and staff from the various operating nonprofits. Notably, the use of the Convention Center as a shelter allowed for many Convention Center employees to remain employed throughout the year of its operation.

Noncongregate Shelter:

The motel-shelter was operated by 3 nonprofit staff every day: two case managers and a therapist. The operating nonprofit's administrative office building—which also serves as the site of an emergency congregate shelter operated by the organization—was right next door to the motel, so additional staff were available to provide support as needed. The number of motel staff on site on a daily basis could not be determined.

Meals and Laundry

Table 5.5: Food and Laundry across Sites

	Convention Center (CS)	Motel-Shelter (NCS)
Food Overview	3 individually-packaged meals per day	3 individually-packaged meals per day delivered to clients' doors
Food Costs	$ \begin{aligned} &\$915,000 \text{ per month} \\ &\times 12 \text{ months} \\ &= \$10,980,000 \text{ per yr} \\ &\quad \downarrow \\ &\quad \div 365 \text{ days} \\ &\quad = \$30,082.19 \text{ per day} \\ &\quad \quad \downarrow \\ &\quad \quad \div 3 \text{ meals per day} \\ &\quad \quad = \$10,027.40 \text{ per meal} \end{aligned} $ <hr/> $ \begin{aligned} &\div 900 \text{ people (low-end)} \\ &= \mathbf{\$11.14 \text{ pp per meal}} \end{aligned} $ $ \begin{aligned} &\div 1000 \text{ people (average)} \\ &= \mathbf{\$10.03 \text{ pp per meal}} \end{aligned} $ $ \begin{aligned} &\div 1300 \text{ people (high-end)} \\ &= \mathbf{\$7.71 \text{ pp per meal}} \end{aligned} $	$ \begin{aligned} &\$45 \text{ pp per day} \\ &\div 3 \text{ meals per day} \\ &= \mathbf{\$15 \text{ pp per meal}} \end{aligned} $ <hr/> $ \begin{aligned} &\$45 \text{ pp per day} \\ &\times 365 \text{ days} \\ &= \mathbf{\$16,425 \text{ pp per yr}} \end{aligned} $
Laundry Overview	Yes – washer and dryer on site; free use by clients	Yes – washer and dryer on site; linens washed regularly by motel staff; residents given \$4.00/week to pay for laundry as needed
Laundry Costs	$ \begin{aligned} &\$75,000 \text{ per month} \\ &\times 12 \text{ months} \\ &= \$900,000 \text{ per year} \\ &\quad \downarrow \\ &\quad \div 365 \text{ days} \\ &\quad = \$2,465.75 \text{ per day} \end{aligned} $ <hr/> $ \begin{aligned} &\div 900 \text{ people (low-end)} \\ &= \mathbf{\$2.74 \text{ pp per day}} \end{aligned} $ $ \begin{aligned} &\div 1000 \text{ people (average)} \\ &= \mathbf{\$2.47 \text{ pp per day}} \end{aligned} $ $ \begin{aligned} &\div 1300 \text{ people (high-end)} \\ &= \mathbf{\$1.90 \text{ pp per day}} \end{aligned} $	$ \begin{aligned} &\$4.00 \text{ pp per week} \\ &\div 7 \text{ days} \\ &= \mathbf{\$0.57 \text{ pp per day}} \end{aligned} $

Congregate Shelter:

At the Convention Center, food was provided by a third-party vendor. Meals cost \$915,000 per month, or roughly \$10.03 per person per meal (assuming an average shelter occupancy of 1000 residents). Laundry machines and electric dryers were provided for residents to use free of charge. However, laundry facilities cost \$75,000 in a single month, or \$2.47 per person per day (assuming an average shelter occupancy of 1000 people).

Noncongregate Shelter:

At the motel-shelter, food was also provided by a third-party vendor. Food was driven to the site and individually packaged meals were brought to each room for residents to eat. Meals cost \$45 per person per day, or roughly \$15 per person per meal. Clients were provided with \$4.00 per week—or \$0.57 per person per day—as needed, to use on-site laundry machines and electric dryers for their clothing. Linens were washed as part of the standard room cleaning routine.

Comparative Overview of Operational Costs

Table 5.8: Summary of Operational Costs across Shelters

	PER DAY/PER CAPITA OPERATIONAL COSTS	
	Convention Center Shelter (CS)*	Motel-Shelter (NCS)**
Rent	\$52.56 pp per day	\$98.72 pp per day
Food	\$30.09 pp per day	\$45 pp per day
Cleaning Services	\$17.58 pp per day	N/A [included in room costs]
Security	\$11.28 pp per day	\$15.68 pp per day
Laundry	\$2.47 pp per day	\$0.57 pp per day
Total	\$113.98 pp per day	\$159.97 pp per day

*assumption of average number of people in Convention Center shelter: 1000

**assumption of average number of people in motel-shelter: 65

Long-Term Budgeting

In the previous sections, it was demonstrated that, distilled to five core price points, the motel-shelter cost about \$46 more per person per day to operate than the Convention Center shelter. It was also shown that logistical challenges to the setup and operation of both shelters were significant. But short-term costs cannot be the only considerations in a holistic budget analysis.

Understanding the net costs to operate either shelter program over an extended period of time is challenging not only because of the frequency of random incidental expenses not accounted for in this analysis—such as police and EMS calls—but also because of the unknown amount saved because of the effectiveness of the shelter programs at reducing immediate and long-term exigencies of shelter clients.¹⁰⁰ As such,

¹⁰⁰ Two recent studies perform excellent analyses of the long-term savings made—and even surpluses created—by a near-term investment in permanent housing and supportive services for the most chronically homeless and service-dependent people in San Diego and Los Angeles. For more, see Reaser, “Project 25: Housing the Most Frequent Users of Public Services Among the Homeless”; and Toros and Stevens,

approaching a full understanding of the cost-efficiency of emergency shelter programs can be aided by data that traces outcomes and trajectories of clients who exit the emergency shelter.

Extended Shelter Operation Costs

Table 5.7: Costs per Year across Sites

	Convention Center (CS)	Motel-Shelter (NCS)
Rent	\$19,186,200 per yr ↓ ÷ 900 people (low) = \$21,318.00 pp per yr ÷ 1000 people (average) = \$19,186.20 pp per yr ÷ 1300 people (high) = \$14,758.61 pp per yr	\$36,032.80 pp per yr
Food	\$10,980,000 per yr ↓ ÷ 900 people (low-end) = \$12,200.00 pp per yr ÷ 1000 people (average) = \$10,980.00 pp per yr ÷ 1300 people (high-end) = \$8,446.15 pp per yr	\$45.00 pp per day x 365 days = \$16,425.00 pp per yr
Cleaning Services	\$6,416,460 per yr ↓ ÷ 900 people (low-end) = \$7,129.40 pp per yr ÷ 1000 people (average) = \$6,416.46 pp per yr ÷ 1300 people (high-end) = \$4,935.74 pp per yr	N/A [included in room costs]
Security	\$4,116,000 per year ↓ ÷ 900 people (low-end) = \$4,573.33 pp per yr ÷ 1000 people (average) = \$4,116.00 pp per yr ÷ 1300 people (high-end) = \$3,166.15 pp per yr	\$9,300 pp per year
Laundry	\$900,000 per year ↓ ÷ 900 people (low-end) = \$1,000 pp per yr ÷ 1000 people (average) = \$900 pp per yr ÷ 1300 people (high-end) = \$692.31 pp per yr	\$0.57 pp per day x 365 days = \$208.06 pp per yr
Total	\$41,598,660 per year ↓ 900 people (low-end): \$46,220.73 pp per yr 1000 people (average): \$41,598.66 pp per yr 1300 people (high-end): \$31,998.97 pp per yr	\$61,965.86 pp per yr

“Project 50: The Cost Effectiveness of the Permanent Supportive Housing Model in the Skid Row Section of Los Angeles County”.

Table 5.7 demonstrates how costs for certain amenities can compound over time in emergency shelter settings. But the costs represented in Table 5.7, which have been calculated by extrapolating from short-term costs, are necessarily imprecise. Site rental costs, maintenance costs, and other fees vary month-to-month; although operations at the Convention Center shelter cost around \$5.7 million in the month of November, operating costs between March and December 2020 only totaled to \$40.2 million (closer to \$4.5 million per month, on average, over nine months).¹⁰¹ Additionally, quickly-changing perceptions of the severity and longevity of the pandemic resulted in multiple extensions for both programs, which distorted the nature of contracts that might otherwise have been designed differently.

Due to uncertainty surrounding the continuation of funding, both emergency shelter programs were prepared for closure multiple times throughout the pandemic. At the Convention Center, client intake was slowed or temporarily terminated on multiple occasions in order to allow the shelter population to wane by natural attrition; when the program was ultimately extended, it took time to allow the shelter population to rise again, creating some periods of notable cost-inefficiency.

At the motel-shelter, clients were told several times that they should prepare for the end of the program, although the program was ultimately extended until October. According to NCS-Staff B, because of general uncertainty around the sustainability of funding for the program, the nonprofit operating the motel-shelter was unable to strategically hire staff to maximize the effectiveness of the program.

¹⁰¹ A City official noted in an email to a local newspaper that rent charges at the Convention Center (a) varied from month to month and (b) did not begin until July—both factors in the difference in estimated and actual costs of operating the shelter.

Client Trajectories

Table 5.6: Client Trajectories across Sites

Outcome	Convention Center (CS) ¹⁰²	Motel-Shelter (NCS) ¹⁰³
Permanent or longer-term housing	> 1300 (32.5%)	75 (49.3%)
Another shelter (bridge shelter or hotel)	~ 600 (15%)	10 (6.6%)
Other or unknown	> 2000 (50%)	67* (44.1%)
Total	> 4000	152

*8 of the clients in this category left the motel-shelter program for a “higher level of care”; 59 left voluntarily, or were asked to leave due to a rule violation, without a stable housing solution recorded.

Trajectory data for the emergency shelter programs included in this study are imprecise and incomplete, but they suggest that client outcomes are sufficiently disparate to merit a closer look at this metric as a way of understanding the true costs of emergency shelter programs.

Congregate Shelter:

Upon the official shuttering of the Convention Center shelter in March 2021, roughly 32.5% of clients in the Convention Center shelter moved on to permanent or longer-term housing, while around 15% were moved into the city’s shelter system, which had been modified to allow for adherence to public health guidelines. About half of clients who stayed at the Convention Center shelter were unaccounted for in press releases documenting the trajectories of shelter clients. This figure may represent a combination of clients who left the shelter for the streets, clients who were asked to leave

¹⁰² “Mayor Gloria Announces Plans to Wind Down Operation Shelter to Home.”

¹⁰³ Derived from internal shelter data provided by NCS-Staff B.

the shelter, and clients who were placed into other supportive programs earlier in the year.

Noncongregate Shelter:

Around half (49.3%) of clients in the motel-shelter exited to permanent or longer-term housing solutions, while 10 (6.6%) moved into new hotel-shelter programs. Of those in the “Other or unknown” category, a significant number—37, or 24.3% of overall motel-shelter clients—were asked to leave the motel-shelter because of rule violations, while nearly a fifth (18.4%) of clients departed voluntarily without stable housing. Additional client departures included those moving to a “higher level of care” (5.3%).

Summary

Shelter infrastructure: Rental costs at the Convention Center were generally cheaper than at the motel-shelter, but Convention Center costs were density-independent—paving the way for potential cost inefficiencies—while motel-shelter costs were calculated on a nightly per-person basis, allowing for overall costs to trace more closely with the number of clients occupying the shelter space. Many amenities had to be imported for use in the Convention Center shelter, while most amenities needed for habitation were included in the basic infrastructure of the motel-shelter.

Shelter maintenance and oversight: Cleaning and sanitation services provided in the Convention Center drove up overall per-client costs, while maintenance services

were included in the room rental costs for the motel-shelter. These services were also less necessary at the motel-shelter than at the Convention Center shelter, from a public health perspective, because motel-shelter amenities were mostly used by one person only.

The infrastructure and social dynamics fostered at the motel-shelter increased individual security and created a lower need for site patrolling. Security needs at the Convention Center were generally higher and more intensive, but this is largely tied to the size of the shelter population and may be less of a reflection of a quality inherent to congregate shelter settings.

Service provision: Staff at the Convention Center shelter typically served in multiple roles, potentially providing shelter supervision, case management, and operations oversight simultaneously. Staff in the motel-shelter faced more barriers in reaching shelter clients but were able to help clients combat isolation through practices like daily door knocks.

Meals in the motel-shelter were delivered directly to clients' rooms three times per day and cost slightly more than in the Convention Center. Laundry facilities at the Convention Center didn't require upfront payment from clients for use but cost more per client than at the motel-shelter, where washing machines and dryers were already installed. At the motel-shelter, clients were provided with \$4.00 per week for laundry as needed and linens were cleaned by motel staff as part of the room charge.

Long-term budgeting: Long-term costs of either shelter option are difficult to discern without accounting for all critical incidents and damages, and without knowing clients' housing trajectories. Overall, although upfront rental costs are higher for the motel-shelter, they are somewhat offset by the inclusion of certain amenities and services

that were imported to and provided at the Convention Center. More broadly, preliminary statistics suggest that there might be important differences in housing outcomes between congregate and noncongregate shelters. If this trend is represented consistently in more in-depth studies of client outcomes after shelter exits, net reductions in the homelessness-related needs of individuals may ultimately outweigh upfront costs of noncongregate shelter and service provision.

Given how front and center our governor has made people experiencing homelessness in this pandemic, and their safety being critical to the general safety of the state, there's a lot of opportunity there in how we serve our most vulnerable at the state level in a very different way. So I'm hopeful.

– Policymaker B, who works on homelessness policy for the state of California

6: Political Considerations Surrounding Emergency Shelter Provision

What are the political pressures surrounding emergency shelter provision?

In recent polls, large numbers of Californians have ranked homelessness and housing as the most important issues facing the state. The pattern has held true for residents of San Diego, where a combined 26% of survey respondents indicated homelessness or housing as the top issue in 2019.¹⁰⁴ Politicians at every level have campaigned on proposed remedies to homelessness, with the state's highest-ranking official—Governor Gavin Newsom—making homelessness the central issue of his administration.¹⁰⁵

Across the board, most people living in San Diego have strong reasons to desire that homelessness be remedied, and that people facing housing insecurity remain sheltered or housed. Residents of the city typically don't like seeing people living on public sidewalks. Business owners worry that the presence of homeless people near their

¹⁰⁴ Christopher, "New Survey."

¹⁰⁵ Nichols, "Newsom Promised To Tackle California's Homelessness Crisis Head-On. Has He Delivered?"

shops and restaurants will drive away customers. Hoteliers, tour guides, and others in the tourism industry lament the blight of encampments along waterfronts and in city parks. Advocates fear for the safety and well-being of unsheltered individuals and families, while public health experts fear the genesis—or exacerbation—of a public health crisis among the ranks of San Diegans living outdoors.

But where large numbers of San Diegans agree on the need to address the problem, disagreements about the proper policy response to homelessness abound. Debates around the creation of affordable housing, placement of emergency shelters, and provision of homeless services in the region have often polarized stakeholders. Discerning the origins of this contention—and breaking down misconceptions about its intractability—is critical to developing a sound political strategy for shelter provision.

Moreover, when San Diego experiences its next public health crisis, the community will reflect on the City and County’s response to protecting the homeless population during COVID-19. Once again, regional leaders and service providers will be tasked with determining the extent to which congregate shelter and noncongregate shelter are needed to support the local population of people experiencing homelessness. Future emergency planning will require a familiarity with the problems and considerations that motivate stakeholders and interest groups to invest or disinvest in different types of emergency shelter and different implementation strategies for homeless services.

Below, I offer evidence of some of the political dynamics at play in San Diego prior to and during the COVID-19 pandemic, drawing on newspaper articles and interviews with advocates and policymakers to identify the ways in which those

dynamics might be accounted for as the City and County prepare for future public health emergencies.

Potential for Public Health Exacerbation in Homeless Community

San Diego’s response to infectious disease outbreaks has come under scrutiny before. Most notably, in 2017 and 2018, Hepatitis A spread throughout the region, ultimately infecting 592 people and causing 20 deaths—the largest Hepatitis A epidemic in the country in decades. The outbreak, which garnered international attention, mostly affected people experiencing homelessness and illicit IV drug users.

Elevated levels of Hepatitis A in the region prompted close monitoring of the disease by the County beginning as early as November 2016. In March 2017, the County notified clinicians and emergency practitioners of an outbreak and suggested the vaccination of the local homeless population, as well as the placement of public toilet facilities for them. Over the following months, however, disagreements between City and County officials led to delays and inaction on a number of important measures to curb the spread of the disease.

It wasn’t until September 1, 2017—after 434 cases and 16 deaths had already been reported—that the County declared and ratified a local public health emergency, giving broader jurisdiction and more direct decision-making powers to the County’s public health officer.¹⁰⁶ City and County officials convened for their first joint press conference regarding responses to the crisis on September 19, when case numbers had already peaked and begun to decline.

¹⁰⁶ San Diego County Grand Jury, “The San Diego Hepatitis A Epidemic: (Mis)Handling a Public Health Crisis.”

The coordinated response by City and County government agencies was heavily criticized by the public. Several newspapers reported on bureaucratic mishaps and published editorials and op-eds condemning the response.¹⁰⁷ An online petition calling for a criminal investigation into San Diego Mayor Kevin Faulconer even circulated among San Diego residents, citing his “willful neglect of the health and safety of homeless San Diegans over the past 1-2 years” and rising deaths from Hepatitis A among homeless community members.¹⁰⁸

Official actions taken in response to the crisis were ultimately investigated by a grand jury, which released a report in May of 2018 summarizing the local governments’ successes and failures in mitigating the toll of the epidemic.¹⁰⁹ The report commended the County’s innovation in establishing an effective vaccine distribution regime in the face of distrust and skepticism among the local homeless population, many of whom were also difficult to physically reach. It also offered sharp criticism of delays to official action.

Several new initiatives and shelter programs were pursued throughout and as a result of the Hepatitis A crisis, mostly intended to buffer against the potential for public health exacerbation among unsheltered people. In October, multiple parking lots were opened for outbreak mitigation. Some were designated for homeless people sleeping in their cars; one was explicitly designed as a “city-sanctioned homeless camp—with 200 four-person tents, security, showers, and bathrooms”.¹¹⁰ In November, another “safe

¹⁰⁷ San Diego Union-Tribune Editorial Board, “Hepatitis A Scare”; San Diego Union-Tribune Editorial Board, “Editorial”; Halverstadt, “Officials Fumbled With Permits, Pilot Project as Deadly Hepatitis Outbreak Surged”; McConnell and Alvarez, “County Leaders Need to Own Up to Their Hepatitis A Failures.”

¹⁰⁸ Sullivan, “Investigate San Diego Mayor Kevin Faulconer for Criminal Negligence in Hepatitis A Epidemic.”

¹⁰⁹ San Diego County Grand Jury, “The San Diego Hepatitis A Epidemic: (Mis)Handling a Public Health Crisis.”

¹¹⁰ McFarling, “An Outbreak Waiting to Happen.”

parking zone” was opened. In December, the City began moving homeless people into the first of three large congregate tent shelters designed for 700 people altogether.¹¹¹

These shelters—dubbed “bridge shelters”, as they were meant to serve as a bridge between the streets and housing for people experiencing homelessness—were operated by major service providers in downtown San Diego and became a centerpiece of the County’s strategy to mitigate homelessness.¹¹² “The bridge shelters serve a purpose,” Policymaker-A said. “If you get somebody in a place...you [can] get to know them to figure out what they need.”

San Diego’s response to COVID-19 departed markedly from its approach to Hepatitis A. In 2017, more than 400 Hepatitis A cases were confirmed in the County before an emergency declaration was made; conversely, in 2020, a local public health emergency was declared when the County knew of only two local cases of COVID-19. Policymaker-A, a former member of the San Diego City Council, cited the “painful experience with the Hep A crisis a few years before” as a crucial impetus for San Diego’s early action to protect the homeless community from COVID-19. Advocate-A said that even without “any real federal recognition of the significance of the pandemic” in February and early March, policymakers and service providers in San Diego were primed to respond quickly for fear of a “repeat of that [Hepatitis A] situation.” Advocate-B concurred, insisting that perceived government failures to effectively respond to the Hepatitis A outbreak placed the City and County in a poor light:

[I]t was considered a national disgrace for San Diego to one, have this get out of hand, and two, [to] not have the resources or the infrastructure to actually, you know, be able to mitigate the spread of Hep A when it was happening. It required literally millions of dollars and a

¹¹¹ VOA News, “San Diego Opens Giant Tents for Homeless to Battle Hepatitis A Outbreak.”

¹¹² Warth, “Homeless Leave Convention Center and Return to Bridge Shelters.”

rethinking of the problem—because they didn't realize that it was such a big problem—for us to get on the right track.

Just as San Diego's experience with Hepatitis A spurred the creation of bridge shelters, the particular nature of COVID-19 created a significant incentive to create new, de-densified shelter options to prevent viral transmission among residents.

Many residents of the city's bridge shelters were transferred to the Convention Center shelter, where cots were spaced apart in order to allow shelter clients to adhere to public health guidelines. Policymaker-A said that some activists actively campaigned against the use of the Convention Center as a shelter, driven by "skepticism [about] whether you could keep the people [inside] safe" from COVID-19. Advocate-A affirmed that the proposal was met with resistance from community stakeholders because of concerns about disease spread, but pointed out that the Centers for Disease Control and Prevention had "established and approved standards for running a congregate shelter safely during the COVID crisis, and that's exactly what we did."¹¹³

For most of the duration of the operation of the Convention Center shelter, regular testing reflected relatively low rates of COVID-19 positivity among the shelter population. However, a December outbreak at the Convention Center, which ultimately infected more than 150 shelter clients and staff, served as a reminder of the high transmissibility of the disease in crowded environments, even when significant measures are taken to preserve the public health.¹¹⁴

Ultimately, hotel and motel rooms emerged as the safest emergency shelter option for people experiencing homelessness during the pandemic.¹¹⁵ In future instances of

¹¹³ CDC, "COVID-19 Guidance for Shared or Congregate Housing."

¹¹⁴ Halverstadt, "The Convention Center Coronavirus Outbreak Was Inevitable."

¹¹⁵ Colburn et al., "Impact of Hotels as Non-Congregate Emergency Shelters"; NLIHC Organization, *Non-Congregate Sheltering During the Pandemic*.

transmissible disease spread throughout the region, it is likely that public health experts will advocate for the use of noncongregate shelter.

Pushback from County Residents

The development of the physical infrastructure involved in homeless services provision, shelter, and even housing is frequently met with pushback from local residents. This phenomenon is sometimes referred to by advocates as “NIMBYism” (or not-in-my-back-yard-ism).¹¹⁶ Policymaker-A reflected on the often-aggressive response to proposed developments, including shelters, remarking that “every time you want to build one, the neighborhood...gets concerned and wants assurances that there will not be homeless people, you know, hanging out on the street.” Advocate-C insisted that “[n]one of that resistance has broken down, been worn down, because of the pandemic.”

Throughout the year of its operation, there were several indications that residents were open-minded about the use of the Convention Center as a shelter. First, in early November 2020, San Diego voters elected Todd Gloria—who had for months advocated to extend funding for the Convention Center shelter through the end of the year.¹¹⁷ Additionally, a petition to keep the Convention Center shelter open throughout the winter, circulated by a local advocacy group, garnered almost 130,000 online signatures.¹¹⁸ Notably, the Convention Center is not located in a highly residential area.

In some Californian cities, there have been public disputes and even protests regarding the use of hotels and motels for noncongregate emergency shelter purposes. In Laguna Hills, for example, residents pushed back against the use of a local hotel for

¹¹⁶ Sisson, “How a San Diego YIMBY Club Changed City Politics.”

¹¹⁷ “Back to Work SD: A Blueprint for Our Recovery.”

¹¹⁸ Mustard Seed Project, “Keep the San Diego Convention Center Homeless Shelter.”

emergency shelter purposes, at least in part out of concern for the health of the surrounding community.¹¹⁹ But there was little traceable community resistance to the creation of the motel-shelter included in this research. The shelter was set up in a motel directly adjacent to a building already occupied by the operating nonprofit, used both for a congregate shelter and as an administrative office space; the genesis of the new shelter effectively amounted to a slight expansion of those shelter operations.

Several advocates and policymakers suggested that the widespread acceptance of emergency shelter programs was attributable to the particular nature of the pandemic. “I’ve never seen that kind of support in person, when I’ve had conversations with people,” Advocate-B said, referring to the petition to extend the Convention Center shelter program. “I think right now, it’s a little different, just because people understand we’re in a pandemic, and people can sympathize with not having a home to self-quarantine.” Others echoed this sentiment; Advocate-G said that the difficulty of adhering to pandemic restrictions for people experiencing homelessness was widely understood by the community. “Timing is everything,” Policymaker-C said. “Just because in the beginning [of the pandemic], it was like, how are we gonna- how are homeless [people] going to shelter in place? They have no place to stay at home. So that was the drive.” Policymaker-A posited that the public was “glad” to see the City invest in both emergency shelter options pursued during the pandemic, but that many people were primarily motivated by a desire to not see people on the streets.

¹¹⁹ Custodio, “City of Laguna Hills Files Lawsuit Against County Over Hotel Rooms for Homeless During Pandemic”; KABC, “Protests Continue over OC Hotel for Homeless COVID-19 Patients in Retirement Community”; Fry, “O.C. Pauses Plan to Use Laguna Hills Hotel as Homeless Shelter amid Coronavirus Outbreak.”

Pushback from Business Community and Tourism Industry

The proposal to use the Convention Center as a shelter was met with some resistance from members of the business community as well as the City leadership, according to Advocate-A. Business owners “wanted to believe at that point that this [pandemic] was going to be a temporary situation, and not a long-term issue, because looking at it as a long term issue meant crisis,” he said. But the emergency shelter options pursued would not have been possible without the eventual buy-in of some members of the business community, including hotel- and motel-owners who were willing to contract with the County to provide rooms for clients of noncongregate shelter programs.

Pandemic-related restrictions on travel and congregation caused the cancellation of most events scheduled to be held in the San Diego Convention Center throughout 2020, while hotel occupancy rates dropped significantly.¹²⁰ This void created a unique opportunity for a mutually beneficial partnership between the City and County—which were seeking large-scale shelter solutions for people experiencing homelessness—and the local tourism industry, whose revenues were suffering. “[W]e've created an environment where the Convention Center is more than financially stable, and we're still employing hundreds of people every day there. Unfortunately, it's not generating revenue for all the other ancillary businesses like hotels and, you know, bars, restaurants and, and retail establishments, [like] it normally would,” Advocate-A said of the Operation Shelter to Home.

¹²⁰ “Annual Visitor Industry Summary: Calendar Year 2011 through 2020.”

Debates in the Policy Community

As broadly outlined in the Literature Review, differences in political ideology can be deeply influential in shaping policymakers' views of the proper avenues for eliminating homelessness. Among the solutions to homelessness articulated by the Libertarian Party of California (LPC) are

- Reforming laws and regulations to eliminate unnecessary restrictions, taxes, penalties and costs of assisting the homeless (e.g., home and meal sharing, micro-businesses and tiny homes)
- Similarly reducing and eliminating restrictions on the use of private property for shared or short-term tenancies (including restrictions on subletting, Airbnb, etc.), and restrictions on construction of new housing units including eliminating unneeded zoning laws that prevent the construction of low-income housing
- Reforming police training and procedures towards guiding the homeless to sources of support in their local communities while still allowing enforcement of laws protecting public health such as laws regarding public defecation
- Donating or below-market leasing of state held lands for the benefit of our communities for developing accessible housing projects to help get people off the streets with projects like the 1993 Dome Village in Los Angeles
- Providing tax credits for projects that reduce dependency of the homeless on government services.¹²¹

Notably, the LPC also calls for government support of mutual aid and community programs, demonstrating a general distrust of the ability of government to efficiently spend money on homeless services—and an accompanying belief that disinvestment in social welfare programs can empower individuals experiencing homelessness to obtain housing.

In San Diego, the persistence of homelessness has been met with an expansion of government services. On April 7, 2021, the San Diego County Board of Supervisors voted to create a Department of Homeless Solutions and Equitable Communities.¹²²

¹²¹ Moulds, “Libertarian Party of California Wants to Stop the Criminalization of Poverty and Homelessness.”

¹²² Warth, “County Creates Homeless Department, Launches North County Outreach.”

Additionally, the City’s Community Action Plan on Homelessness, accepted by the city Council in October 2019, calls for large increases in local spending on homeless services and shelter provision over ten years.¹²³

According to Policymaker-A, the persistence of homelessness despite significant public spending on the issue is a source of frustration for many San Diego residents. “[T]he public is tired of seeing people on the street. They don’t understand—why are these people on the street? You’re offering them a place to go, why are they still on the street? There is- I do hear that anger,” she said. She believes that many of those still living outside are “the chronic homeless, who are refusing everything”—in other words, people who have been offered services and shelter but have turned them down—and that higher investment in alcohol and drug abuse and mental health programs is needed to ensure that officials “have something to offer them.”

Advocate-G said that noncongregate shelter should be included in that offer. She explained that she had seen a clear preference for noncongregate shelter in her street outreach, and that “the biggest benefit, to me, of the noncongregate [shelter] is you just get so many more people off the street.” She described a day of street outreach:

[F]our people that we spoke with were very eager to sign up on the county motel list and one person was okay to go into the Convention Center. The Convention Center was still open at that time. So that pretty much proved the point that...four times as many people are going to be willing to go into noncongregate as congregate.

Although anecdotal, the experience was influential—a staffer for a member of the San Diego City Council had joined their outreach, and the respective councilperson went on to support further investment in noncongregate shelter.

¹²³ Warth, “Golden Hall Becomes Temporary Homeless Shelter as Tent Begins Move.”

Advocate-G explained that many of the people she'd seen move into hotel and motel rooms from the streets had made a drastic transition:

Interestingly, once you get people—even people who are like, 'No, no, I'm good, I like it out here, I like it out here'—once they get into a motel, they start sleeping in a bed, they have a shower and the restroom at their you know, immediate- like on-demand sanitation facilities. They have a television, they have, you know, safety and security...many times, I would have those clients, like, kind of complain that, you know, 'Oh, the air conditioning worked better [at] the other motel, and the hot water was, you know, better pressure'.... To me, that represents the beautiful process of that person basically redomesticating. They now actually care that there's air conditioning, and that it works. They now actually care that there's hot water and that it has decent water pressure. To me, that's music to my ears.

Policymaker-A noted, however, that noncongregate shelter itself wasn't always appreciated by its beneficiaries. Commenting on reporting about disgruntlement among some homeless people who had been displaced from Los Angeles's Echo Park and placed into hotel rooms through Project Roomkey,¹²⁴ she said, "[T]hat's nice, you like it better in the park, but we found you a safe place to live. And it's free to you. And you know, you don't always get to pick where you want to live."

Advocate-G pushed back against the idea that the people remaining outside were irreparably averse to any City interventions. "That is not accurate. That's because we haven't had options to offer them that were agreeable to them," she said.

Local Homelessness Advocacy and Activism

Advocates for people experiencing homelessness in San Diego have long pushed for a greater county-wide investment in affordable housing. For many, the solution to widespread homelessness primarily involves expansion of permanent housing solutions in the region; as such, plenty of advocates have resisted further investment in emergency

¹²⁴ Smith, "Column."

shelter services for fear that it might come at the expense of permanent housing. Describing her general perspective on emergency shelters, Advocate-F said “I kind of think it’s a waste of money.”

Activists have also lamented the living conditions of congregate shelters, which have in previous years made up the primary type of shelter available in the County, since long before the pandemic. Reflecting on the development of noncongregate shelter options in response to COVID-19, Policymaker-B suggested that advocates had long been pushing toward higher-quality living options for people experiencing homelessness:

I think we were...moving into this in some ways, right? So you were seeing, sort of, tiny home shelters and places that had more privacy—trying to create more privacy within shelters to allow folks to feel safer. All of those sort[s] of general principles were very much being encouraged prior to COVID.

In March 2020, this reluctance came face to face with the onset of a public health crisis of unprecedented scale. Many activists raised concerns about the health of people living outside; the sudden urgency of protecting people from disease caused some to shift the focus of their advocacy from long-term housing goals to immediate shelter needs. Policymaker-B indicated that activist campaigns for better shelter conditions were intensified by the onset of the pandemic: “I mean, I think that the push in March was like literally around life or death. And that's a pretty compelling thing that causes folks to move very quickly.”

Several activists capitalized on the momentum of Project Roomkey and began pushing to get individuals into noncongregate shelters throughout the county. Some advocates quickly grew impatient with the pace of the County’s efforts to place people in noncongregate shelter, as well as the difficulty of connecting unsheltered individuals to the hotel and motel rooms that had been reserved for shelter purposes. “[For] folks that

were exhibiting symptoms,” Advocate-E recalled, “we would try to call, you know, the County to get rooms so that they could quarantine and get the proper medical attention. And it was impossible. It was nearly impossible.” Within weeks of the launch of the County’s shelter programs, several activists organized their own grassroots efforts to provide noncongregate shelter. In Oceanside and in Downtown San Diego, activists used online crowdfunding and social media promotion to secure hotel and motel rooms, food, and other resources for dozens of homeless clients.¹²⁵

Amid reports of vacancies in hotel rooms reserved for Project Roomkey across California, concern grew among activists about the plight of the most vulnerable homeless individuals.¹²⁶ On June 8, 2020, Disability Rights CA filed a lawsuit in Superior Court alleging that the City and County governments of San Diego had “prevented homeless individuals from being able to exercise the very public health measures the City and County urged on the general population” by denying individual requests for hotel and motel rooms and instead forcing high-risk individuals into the Convention Center shelter.¹²⁷

In the months prior to the December outbreak, Policymaker-A said, some activists warmed up to the use of the Convention Center as a shelter. Advocate-B lauded the streamlining of services that was taking place in the Convention Center:

[F]or our clients, what would [normally] take them three months to get accomplished, they were able to accomplish within days there [at the Convention Center]. Because you know, for example, a lot of- for a lot of people, the first step is just getting an ID. But you don't have transportation to [the] DMV, you don't have the access to the voucher to get your ID, because the ID cost \$35. On top of that, you don't have a mailbox to get your ID in—like, there's all these different barriers that people have to get- just getting an identification card. But at the

¹²⁵ Deaderick, “‘Hotel Vouchers 4 All’ Helps People in San Diego with Housing, Other Needs during Pandemic”; Halverstadt and Jimenez, “Homeless Residents Around the County Confront Lack of Shelter, Resources.”

¹²⁶ Barros, “155 Project Roomkey Hotel Rooms Reserved in SLO County; None Occupied.”

¹²⁷ “Price vs. City of San Diego | Disability Rights California.”

Convention Center, they had literally all these things in one place—they had a place to get your mail, they had the DMV go there, you had your case manager on site. And so all these problems that would have taken again, months, took days to accomplish. And so it became a way for people who are trying to get out of their situation to have a better opportunity to do so, while at the same time being saved from the pandemic.

Advocate-C agreed that setting up the Convention Center has been “worthwhile” and “productive”, but felt that Operation Shelter to Home hadn’t gone far enough in creating permanent solutions for clients. “All it really did was provide a way to gather everyone together to make it easy to provide services,” he said. “It didn't do anything to generate housing outcomes—you know, to produce new housing.” He conceded, however, that the scale of the effort might have inspired some people, including landlords, to “become part of the solution where they had previously maybe been on the fence or just not considering it.”

All the while, some advocates continued to feel that certain dimensions of congregate shelter were detrimental to clients’ well-being and that wider access to hotel and motel rooms was needed. “[T]he folks that I- are well-respected in my eyes are the folks that have been kind of, you know, boots on the ground, have been supporting noncongregate housing options,” Advocate-E said.

On March 15, 2021, as shelter operations at the Convention Center were winding down ahead of the official end of Operation Shelter to Home, four members of the San Diego City Council sent a memo to Mayor Gloria entitled “Request for the City to Develop Non-Congregate Shelter Program & Utilize FEMA 100% Reimbursement for Operations – Operation Shelter-to-Home 2.0”. The memo encouraged the Mayor’s office to immediately initiate several steps toward taking full advantage of federal funds designated for reimbursement for noncongregate shelter programs—including an

assessment of potential residents of noncongregate shelter, an evaluation of services needed in-house for adequate noncongregate shelter provision, and a survey of potential sites where noncongregate shelter programs could be set up.

The memo also included several letters of support from advocates and community organizations. A letter from Monica Ball, President of the Board for Urban People Living in Faith and Trust (UPLIFT), wrote that “[i]t is VERY rare people experiencing homelessness, even chronic, problematic folks, refuse a motel as shelter. FEMA NCS funding presents a HUGE opportunity for amazing progress.” Mitchelle Woodson, Executive Director of Think Dignity, wrote in her letter that the noncongregate shelter proposal “an incredible opportunity to immediately improve the health, safety, and dignity of our unhoused neighbors while also putting San Diego on track to significantly reduce and prevent homelessness when we emerge from the COVID-19 health and economic crises.”¹²⁸

Most advocates and policymakers interviewed for this research expressed a belief that San Diego County must work to increase the quality of its emergency shelter services while simultaneously accelerating the pace of the development of affordable housing in the region. “We need to be able to walk and chew gum at the same time,” Policymaker-B said. “I think one of the things we're really encouraging right now is, if you can move folks through the noncongregate shelters into housing, you then free up another noncongregate shelter bed for somebody else to move in. So, like, it's a systems flow, and, and the system has to flow. And if there's a block at any point in the system—if you don't have enough shelter, if you don't have enough housing at any point in that—you

¹²⁸ Campillo et al., “Request for the City to Develop Non-Congregate Shelter Program & Utilize FEMA 100% Reimbursement for Operations – Operation Shelter-to-Home 2.0,” March 15, 2021.

need to be able to understand where your blocks in your system are, to make sure that folks are moving through it as quickly as possible.” Advocate-G concurred, adding that keeping people cycling through emergency noncongregate shelters “is a really essential part of proving our volume need for permanent [housing].”

Advocate-E said that “while it's important to get people into noncongregate housing options immediately, it's also imperative that we look long-term” toward “solutions that are going to effectively address our homelessness crisis once and for all.”

Summary

Some evidence of pushback against noncongregate shelters in other cities is demonstrative of the correlation between a proposed shelter’s proximity to other housing and the surrounding community’s resistance to shelter development, as well as a degree of concern about public health crisis exacerbation within the homeless community. But broadly, the political dynamics around emergency shelter provision during the pandemic suggest that concerns of public health exacerbation, public sympathy with the challenges of homelessness during a public health crisis, and a unique interruption in the momentum of the tourism industry in San Diego all contributed to widespread toleration of—and even active support for—both congregate and noncongregate emergency shelter options provided for people experiencing homelessness in the county during the COVID-19 pandemic.

It's imperative that we have options for folks.

– Advocate-E, who advocates for the needs of people experiencing homelessness

7:

Conclusion

Discussion of Findings

This thesis offers a multidimensional analysis of congregate and noncongregate emergency shelter programs in a public health crisis using two shelters in San Diego as a case study. Through this analysis, it seeks to provide an answer to the question: ***Should the federal government incentivize state use of federal emergency funds for noncongregate shelter options over congregate shelter options in public health crises?*** Here, I review the findings in each chapter and offer an interpretation of their implications for the answer to that question.

Chapter 3 showed that homelessness threatens individual autonomy by eroding baseline assurances of privacy and security of person. Congregate emergency shelter programs, which are at least theoretically designed to mitigate this erosion, can fall short of fully restoring the conditions of autonomy for clients. Because of inherent assurances of privacy and security, noncongregate emergency shelter programs create a firmer foundation for the restoration of well-being and autonomy by better securing its conditions.

Chapter 4 centered the voices of program clients to show that noncongregate shelter settings are generally more favorable than congregate shelter settings in terms of privacy and security, while congregate shelter settings are generally more favorable in terms of community. Clients of both programs indicated that the quality of case management they received was highly influential for their own perceptions of their potential to move into stable housing after exiting the shelter.

Chapter 5 evaluated fiscal and logistical differences between the Convention Center shelter and motel-shelter. It demonstrated that several of the core costs of shelter infrastructure, maintenance, oversight, and supplementary services provided for clients are greater in noncongregate settings. However, the logistics of importing amenities create unique challenges to the setup of congregate shelters, and long-term client trajectories may serve to offset the near-term differential in costs between the two shelter types.

Chapter 6 shed light on some of the political dynamics that might influence public views of congregate and noncongregate emergency shelter programs in future public health crises. Although public health is better supported in noncongregate settings, the public and business community are generally receptive to both congregate and noncongregate emergency shelter programs. Concerns from advocates indicate a need for local government to invest in shelter solutions and affordable housing simultaneously, point to a significant void in the case management domain, and suggest that the inclusion of noncongregate shelter options in the continuum of housing solutions can help cities chip away at the intractability of chronic homelessness.

Taken together, these findings show that noncongregate shelter can represent an important intervention for some people experiencing homelessness—especially those for whom congregate shelter settings might exacerbate mental health challenges or ultimately create barriers to attaining sustainable housing. **It is therefore concluded that the federal government *should* incentivize state use of emergency funds for noncongregate shelter options in public health crises, for normative, experiential, and long-term budgetary reasons.** Importantly, however, local investment in noncongregate shelter options should not necessarily go hand in hand with a disinvestment in congregate shelter options, which might provide more stable environments for certain clients.

Other Policy Recommendations

This research indicates that several other policy initiatives could significantly improve the paradigm of emergency shelter provision in public health crises. Below, I draw on the research summarized in this thesis and propose just four of these initiatives that might address gaps and magnify successes identified throughout this paper.

- 1. Service providers and government agencies in San Diego County and other counties with high rates of homelessness should develop noncongregate shelter options as part of the general emergency shelter framework, which can be scaled up in cases of public health crises.**

Interviews with operating nonprofit staff, summarized in Chapter 5, demonstrated that setting up emergency noncongregate shelter programs can involve a number of logistical challenges and important fiscal considerations, and that working through staffing logistics as a public health crisis is unfolding can lead to omissions that affect the quality of the shelter in significant ways. Therefore, nonprofit leaders should work alongside City and County officials to develop emergency noncongregate shelter programs outside of the scope of a public health crisis and outline specific and thorough plans to scale up these programs quickly when public health crises require immediate intervention. It is also recommended that these plans incorporate input from people with lived experience of homelessness, who can speak to specific aspects of emergency shelter provision that might otherwise be overlooked.

As noted in Chapter 6, a subset of local policymakers and advocates have already proposed that the City capitalize on available FEMA reimbursement monies in order to develop an emergency noncongregate shelter program. Presently and in the future, it is highly recommended that City and County leaders take full advantage of opportunities to receive state and federal support—both financially and logistically—in the development of these programs.

- 2. Service providers and government agencies in San Diego County and other counties with high rates of homelessness should invest in training, hiring, and retaining competent case managers for both congregate and noncongregate emergency shelter programs.**

Interviews with clients, nonprofit staff, and advocates, summarized in Chapters 4, 5, and 6, demonstrated a widespread need for high-quality intensive case management attached to emergency shelter programs. Nonprofit leaders should work alongside City and County officials and local institutions of higher education to develop robust case management curricula, including specialized training to address particular mental health needs that often arise in emergency shelter settings. These curricula should take into account specific incidents and challenges identified by clients of emergency shelter programs, such that harmful practices in case management are stamped out on the front end. It is also recommended that long-range strategies for hiring more case managers at local nonprofit organizations be developed, and that a range of options for increasing retention in the profession—including increasing the baseline compensation for case managers—be considered.

City agencies have taken note of this issue: in the San Diego Housing Commission’s February 2021 Reporting Update regarding the city’s bridge shelter programs, it was noted that only 17 of the 29 budgeted positions for “case managers, supervising case managers and housing specialists” across the programs¹²⁹ were filled. The report cites a paucity of workers with the proper classifications and a general disfavor of the shelter environment by those with requisite qualifications as reasons for the shortage, additionally noting that the circumstances of the pandemic have further stymied recruitment.

¹²⁹ The report notes that this number excludes the downstairs Golden Hall Expansion, another shelter program.

Programs preparing students for substance use disorder counseling and case management are already offered at local colleges in San Diego.¹³⁰ These programs should be reviewed and potentially expanded as nonprofits look toward incorporating noncongregate shelter options into the general framework of shelter provision in the region and look toward expanding shelter capacity.

3. For noncongregate shelter programs, mechanisms for community-building and personal accountability should be explored and integrated.

Client narratives presented in Chapter 4 showed that noncongregate shelter options may be lacking in dimensions of community that could mitigate mental health challenges for clients, and that the infrastructure of emergency noncongregate shelters can actually lead to feelings of isolation for some clients. Additionally, it was suggested that infrequent or sparse oversight from on-site staff can leave clients feeling unaccountable. In order to alleviate the burdens of these strains on client well-being, nonprofits should explore internal and external mechanisms for combating isolation and providing regular accountability for clients as they move toward more sustainable housing solutions.

Nonprofits such as Miracle Messages are already pursuing innovative avenues to address “relational poverty”, which entails lacking a robust emotional support system.¹³¹ Initiatives like the Miracle Friends program, which offers “general companionship and support” for people experiencing homelessness through informal phone calls and text

¹³⁰ UC San Diego Extension offers certificates in Case Management and Drug and Alcohol Counseling, while San Diego City College offers a course of study entitled Alcohol and Other Drug Studies.

¹³¹ “How Relational Poverty Relates to Homelessness.”

messages,¹³² should be studied and potentially folded into the design of emergency noncongregate shelter programs.

4. For congregate shelter programs, efforts should be made to increase client privacy and security.

Client narratives presented in Chapter 4 demonstrated that privacy and security are significant concerns in congregate shelter settings. Nonprofits should explore infrastructural and programmatic remedies to these concerns, including using physical barriers in sleeping areas, offering supervised storage bins within which for clients to securely leave their personal belongings, and offering clients the opportunity to volunteer or work within the shelter space to supplement maintenance and oversight.

Limitations of this Research

The methodologies employed in this thesis offer valuable insights into the successes and shortcomings of emergency shelter options but are limited in important ways. First, the sites studied represented only two specific emergency shelter programs whose operation might not reflect practices employed at other emergency shelter sites. Second, the perspectives of the individuals interviewed for this research are not necessarily representative of the views of other homeless individuals or stakeholders in homeless services provision. Additionally, the evaluative metrics included in this analysis are not exhaustive. Lastly, this research remains restricted to San Diego, whose political

¹³² “Miracle Friends.”

atmosphere, demography, and shelter capacities may not reflect those of other major cities in California and elsewhere in the U.S.

Questions for Further Exploration

This offers important insights into normative, experiential, fiscal/logistical, and political aspects of congregate and noncongregate emergency shelter programs. However, it also raises a number of questions that merit further research. Some of these questions include:

1. What characteristics or behaviors make certain people particularly well-suited for accommodation in a congregate emergency shelter setting, versus a noncongregate emergency shelter setting?
2. What are the long-term housing outcomes for people exiting congregate and noncongregate emergency shelter programs?
3. What immediate and short-term measures need to be taken in order to build a robust emergency shelter infrastructure so that it is readily available when the next public health crisis hits?
4. How might the public, businesses, and advocates react to the preparation of shelter spaces outside of the duration of a public health crisis or other emergency situation?

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