



CLALLAM COUNTY HOMELESS SYSTEM: NEEDS AND GAPS ANALYSIS

Scott Pruitt, MA, PhD—The Cloudburst Group

Kate Hurd, MSW, MPH—The Cloudburst Group

Rachel Bloom—The Cloudburst Group

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LIST OF ACRONYMS

CARES	Coronavirus Aid, Relief, and Economic Security
CDBG-CV	CARES Act Community Development Block Grant
CHAS	Comprehensive Housing Affordability Strategy
CoC	Continuum of Care
CPS	Child Protective Services
EHV	Emergency Housing Vouchers
ERA	Emergency Rental Assistance
ES	Emergency Shelter
ESG-CV	CARES Act Emergency Solutions Grants
FMR	Fair Market Rent
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing
HH	Household
HIC	Housing Inventory Count
HMIS	Homeless Management Information System
HUD	Housing and Urban Development
OlyCAP	Olympic Community Action Program
OPCC	Olympic Peninsula Community Clinic
OPH	Other Permanent Housing
PBH	Peninsula Behavioral Health
PH	Permanent Housing
PIT	Point in Time
PSH	Permanent Supportive Housing
RRH	Rapid Re-housing
SNAP	Supplemental Nutrition Assistance Program
TAFY	The Answers for Youth
TH	Transitional Housing
VI-SPDAT	Vulnerability Index - Service Prioritization Decision Assistance Tool

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- Boys and Girls Club of the Olympic Peninsula
- Healthy Families of Clallam County
- Lutheran Community Services
- Mariposa House
- North Olympic Regional Veteran's Housing Network (NORVHN) Sarge's Place
- Olympic Community Action Program (OlyCAP)
- Olympic Peninsula Community Clinic (OPCC)
- Peninsula Behavioral Health (PBH)
- Peninsula Housing Authority
- Serenity House of Clallam County
- The Answers for Youth (TAFY)
- Quileute Nation Human Services

EXECUTIVE SUMMARY

This needs and gaps analysis highlights current barriers to housing in Clallam County and proposes solutions. It was conducted at the request of Clallam County Health and Human Services to improve homeless services throughout the county, with the goal of creating an equitable, coordinated homeless system response. This analysis is organized by barriers to that goal, identifying strategies to close current gaps and improve system-level operations. Where possible, needs for specific subpopulations are highlighted.

This needs and gaps analysis was informed by qualitative and quantitative data derived from the following sources:

1. Roundtable focus group discussion with providers.
2. Semi-structured interviews with providers.
3. Semi-structured interviews with past or present clients of homeless services.
4. Provider survey.
5. Data from Homeless Management Information System (HMIS).

Key Findings

Homeless Service Gaps

Five key gaps impacting the overall functioning of Clallam County's homeless system were identified in this analysis. These gaps impacted both clients and providers and highlight the need for increased system capacity.

1. **Access to the System:** Providers and clients had difficulty accessing coordinated entry, shelter, and other homeless services. Suggestions to address this gap include expanding coordinated entry, strengthening outreach services, improving shelter services, and establishing a consistent way of assessing and prioritizing clients.
2. **Availability of Supportive Services:** Many clients have co-occurring issues (e.g., mental health challenges and substance use) that require ongoing support. These services are often not available and impact overall housing stability. Suggestions to address this gap include increasing the availability of post-housing supportive services, leveraging existing workforce development programs, improving transportation availability, and advertising phone availability.
3. **Lack of Community Support:** There is a "NIMBY" mindset in the community that makes it difficult to provide and seek services. Suggestions to address this gap include building campaigns and learning opportunities to interact with community members and establishing safe camping or safe parking areas.
4. **Need for Improved System Coordination:** The majority of providers are dissatisfied with current coordination efforts and want the County to take a leadership role in improving cooperation. Suggestions to address this gap include having county social services take on a more active role, engaging in consistent outreach, incorporating mechanisms for client feedback, establishing a service hub for service and provider co-location, and expanding the Homeless Task Force.
5. **Lack of Housing:** Clallam County has few housing vacancies and many units are not affordable for low-income clients. Suggestions for addressing this gap include investing in homeless prevention services, investing in landlord engagement, supporting agencies developing affordable housing, and increasing permanent supportive housing stock.

BACKGROUND

In spring 2021, Clallam County Health and Human Services contracted with The Cloudburst Group (Cloudburst), a national homelessness technical assistance provider, to conduct a needs and gaps analysis. The County expressed that the gap analysis should include an equity lens to focus on disparate outcomes for certain subpopulations, as well as seek the input of both providers and people experiencing homelessness in the county.

Clallam County Health and Human Services also participates in the Homeless Task Force, which has produced several strategic plans, most recently the [Clallam County Homeless Crisis Response and Housing Plan 2020-2024](#). Where appropriate, this needs and gaps analysis references the stated goals of the plan.

Data for this analysis was gathered through the following:

- 1. A survey of homeless, housing, and related service providers**
The survey addressed coordination among providers, feedback on the allocation of resources, barriers to accessing services, and the impact of COVID-19 on operations. All providers who served homeless populations, even if they were not a homelessness-specific agency, were invited to participate. Additionally, all staffing levels, ranging from front-line staff to leadership, were invited to participate to gather broad perspectives. A total of 34 providers completed the survey.
- 2. A roundtable focus group of providers**
On March 16, 2021, a group of 8 providers participated in a roundtable focus group. In this session, Cloudburst presented the overall goals of the needs and gaps analysis and allowed providers to give feedback and direction. Providers were asked to provide input on key items they wanted to investigate during the analysis and provide feedback on coordination within the county. During this time, providers were also asked to partner with Cloudburst to organize client interviews.
- 3. Client interviews**
In partnership with local shelter and service providers, 14 currently homeless clients were interviewed to provide their feedback on the service system. Interview question topics included what support they received from the homeless service system, their perspective on the risk of homelessness and inequities in the system, as well as their suggestions for improvement. Clients were compensated for their participation in this assessment with a gift card.
- 4. Provider interviews**
Eleven providers participated in in-depth interviews. There was some overlap in providers who participated in both the roundtable and interviews, though the questions were different in each setting. During interviews, providers were asked about their background, perspectives on the causes of homelessness, availability of support services, and feedback on current coordination efforts.
- 5. Local HMIS data**
Serenity House of Clallam County provided Cloudburst with a series of exports with demographic and service information for all clients served at HMIS-participating agencies from December 2017 to March 2021. [Appendix D](#) describes the data analysis and cleaning procedures.

Copies of the interview guides and survey instruments are included in the appendices of this document. All data collection instruments were reviewed by Clallam County Health and Human Services prior to implementation. Also prior to implementation, service providers were given an opportunity to review and provide feedback on the interview guide used for client interviews.

OVERVIEW OF CLALLAM COUNTY HOMELESS POPULATION AND HOUSING

Clallam County is located at the far northwestern end of the Olympic Peninsula in Washington State, including parts of Olympic National Park within its boundaries. With this backdrop of a rural, tourism-heavy economy, Clallam County has many risk factors for homelessness, including a tight housing market and lower median income.

Clallam County has a largely white population, despite being home to four federally recognized Native American Tribes (i.e., Jamestown S’Klallam, Lower Elwha Klallam, Makah, and Quileute). According to the U.S. Census Bureau, 87 percent of county residents are White, 6.6 percent are Hispanic or Latino, and 5.6 percent are American Indian and Alaska Native. Like national trends, American Indian and Alaska Native, Black or African American, and multi-racial populations make up a disproportionate amount of people experiencing homelessness when compared to the general population in the county (see Table 1 below). Additionally, Clallam County has a higher rate of people under 65 with disability than overall in the country. In Clallam County, 13.3 percent of people under 65 have a disability compared to 8.6 percent of people under 65 nationally.

Table 1: Demographics for General Population and People Experiencing Homelessness—Clallam County

Race and Hispanic Origin	Percentage General Population *	Percentage Experiencing Homelessness**
White	87.1%	73.13%
Black or African American	1.2%	2.64%
American Indian and Alaska Native	5.6%	6.77%
Asian	1.9%	0.47%
Native Hawaiian and Other Pacific Islander	0.2%	0.72%
Two or More Races	4.1%	6.72%
Hispanic or Latino	6.3%	6.42%
Additional Demographics	Percentage General Population *	Percentage Experiencing Homelessness**
Under 18	16.7%	27.38%
Female	50.6%	48.37%
Veteran Status	14.5%	4.53%
Disabling Condition	20.0%	40.06%

*Source: U.S. Census Bureau. “Quick Facts—Clallam County, Washington; United States.” 2019.

<https://www.census.gov/quickfacts/fact/table/clallamcountywashington,US/HSG860219>. & [2019 American Community Survey 5-Year Estimates](#)

**HMIS Data December 2017–March 2021.

Data derived from the U.S. Census Bureau, county HMIS, and the U.S. Department of Housing and Urban Development’s (HUD’s) Comprehensive Housing Affordability Strategy (CHAS) provides some context about contributing factors of homelessness in the county. The median household income in Clallam County is \$52,192 compared to a national median household income of \$62,843, and an estimated 11.2 percent of residents and 23.2 percent of children under 18 in the county live in poverty (the national federal poverty level for a family

of four is \$26,500). According to the recent CHAS data, which contains information about the ratio of housing costs to household income,¹ 17 percent of households in the county were cost-burdened (more than 30 percent of household income spent on housing costs) and 14 percent were severely cost-burdened (more than 50 percent of household income spent on housing costs). Fair Market Rent (FMR) has increased between Fiscal Years (FY) 2019 and 2021 for all unit types. Average rents are consistently above FMR in the county from 2019–2021, with the gaps being largest on average for three-bedroom and four-bedroom apartments (\$70 and \$76 average difference respectively).

Table 2: FMR and Average Rent—Clallam County

FY Year	Rent	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
2021	FY 2021 FMR	\$684	\$786	\$1,036	\$1,468	\$1,597
	50 Percentile Rent 2021 Estimates	\$715	\$823	\$1,084	\$1,536	\$1,671
	Difference (Avg. Rent - FMR)	\$31	\$37	\$48	\$68	\$74
2020	FY 2020 FMR	\$678	\$790	\$1,041	\$1,464	\$1,583
	50 Percentile Rent 2020 Estimates	\$714	\$832	\$1,096	\$1,541	\$1,666
	Difference (Avg. Rent - FMR)	\$36	\$42	\$55	\$77	\$83
2019	FY 2019 FMR	\$638	\$751	\$993	\$1,398	\$1,517
	50 Percentile Rent 2019 Estimates	\$668	\$785	\$1,039	\$1,463	\$1,588
	Difference (Avg. Rent - FMR)	\$30	\$34	\$46	\$65	\$71

Sources: HUD USER. FY2021 and FY2020 FMR Documentation.

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2020_code/2020summary.odn?&year=2020&fmrtype=Final&selection_type=county&fips=5300999999; HUD USER: Office of Policy Development and Research (PD&R). 50th Percentile Rent Estimates. <https://www.huduser.gov/portal/datasets/50per.html#2020>.

According to the Point in Time (PIT) Count, a one-night annual census of people experiencing homelessness, there has been a slight reduction in homelessness since 2018. HMIS data for the county also indicates that the overall number of people served by the homeless system (i.e., clients that were new to the system and clients that returned) has decreased each year from 2018–2020 (see Table 3 below).

¹ <https://www.huduser.gov/portal/datasets/cp.html>

Table 3: Clallam County Point in Time Count and Served, 2018 - 2020

Year	TOTAL Homeless (sheltered and unsheltered)								
	Household w/out minors		Household with minors		Household with only minors		TOTAL		TOTAL Served (HMIS)
	Persons	Households	Persons	Households	Persons	Households	Persons	Households	Persons
2020	151	147	46	16	<10	<10	198	164	1166
2019	130	125	64	22	<10	<10	196	149	1252
2018	144	130	89	34	0	0	233	164	1564

Source: Washington State Department of Commerce. Point in Time Count Results.
<https://deptofcommerce.app.box.com/s/ek9pu2w07oz8d77gq6c1rlpxuwcw0515>.

Over the past few school years, the number of students receiving McKinney-Vento services has decreased (see Table 4 below). McKinney-Vento Support includes a Family Navigator Team to assess needs and connect families to resources and services such as: making referrals to Serenity House; assisting families with medical appointments and vouchers for eye exams and glasses; connecting families to mental health and substance abuse programs; paying for learning materials/supplies and testing, extracurriculars, and educational programs fees; and assisting with school transportation. According to the National Center for Education Statistics, approximately a fifth of households in the Cape Flattery school district received public assistance or food stamps/Supplemental Nutrition Assistance Program (SNAP) in the past 12 months. In addition, HMIS data from the past few years indicates that about 5.3 percent of 1,173 minors who entered the homeless services system were unaccompanied youth. These statistics and support programs indicate that homeless services and the school system are interlinked and must work in concert to address needs and gaps in services and resources targeted at youth experiencing homelessness.

Table 4: Students Receiving McKinney-Vento Services, 2013–2021

School Year	Number of Students Receiving McKinney-Vento Services
2020–21	100
2019–20	97
2018–19	132
2017–18	143
2016–17	143
2015–16	140
2014–15	116
2013–14	143

Table 5: Households Receiving Public Assistance by School District, 2018 Estimates

School District	Households that Received Public Assistance or Food Stamps/SNAP in the Last 12 month
Cape Flattery	20.29%
Crescent	15.22%
Port Angeles	16.91%
Quillayute Valley	17.93%
Sequim	12.10%

Source: American Community Survey 2014–2018.

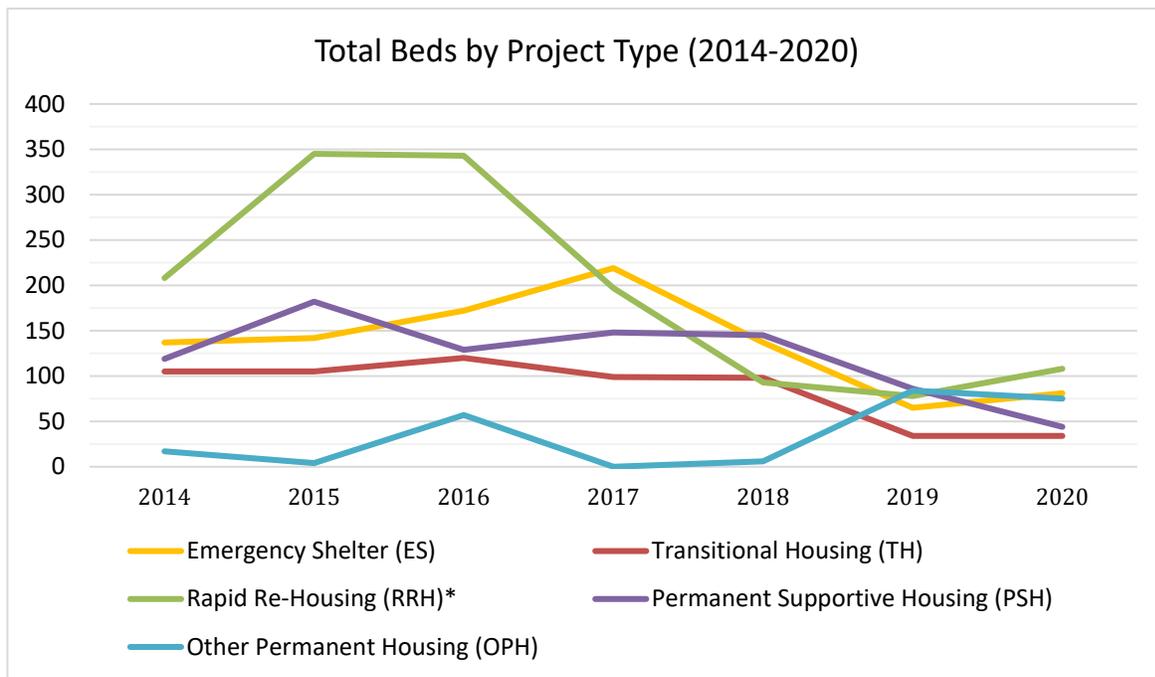
According to the HUD PIT count and Housing Inventory Count (HIC), there are only 22 shelter and transitional housing beds available for 151 households without minors, meaning only 14 percent of the total need is being met. Additionally, there are only 44 permanent supportive housing (PSH) beds available for 112 chronically homeless clients with a disabling condition in 2020 (counting return and initial visits). These numbers indicated that the PSH inventory only met 39 percent of the disabled and chronically homeless population’s need. There appears to be more beds available for households with children than needed; however, many providers stated families are at the highest risk of homelessness, and there may be an undercount in the PIT data. There are no beds for youth in the county despite a small, but increasing, number of unaccompanied youth entering the homeless service system.

Table 6: HIC by Project Type for Clallam County, 2020

Type	Total Beds	Utilization Rate	% of Total Inventory	Beds for HH w/o Children	Beds for HH w/ children	Beds for Youth
Emergency Shelter (ES)	81	54.3%	24%	11	66	0
Transitional Housing (TH)	34	73.5%	10%	11	23	0
Rapid Rehousing (RRH)	108	100.0%	32%	7	101	0
Permanent Supportive Housing (PSH)	44	88.6%	13%	44	0	0
Other Permanent Housing (OPH)	75	52.0%	22%	25	50	0
Total Beds	342	74.6%	100%	98	240	0

According to HIC reports from 2014–2020, there has been a substantial decrease overall in the number of total beds for people experiencing homelessness in the county. The number of RRH total beds has substantially declined since 2017, although there has been a slight uptick in the number of total RRH beds in the past year. In addition, the number of PSH, TH, and ES beds has experienced an overall decrease since 2017. An exception is the number of total beds for OPH, which has fluctuated but increased overall since 2019. The decrease in RRH beds may explain why RRH utilization rate in 2020 was 100 percent despite RRH making up a sizeable 32 percent of the county’s total housing inventory. In addition, the utilization rate for ES was low (54 percent) despite the number of total beds for ES having decreased by 70 percent since its peak in 2017.

Chart 1: Total Beds by Project Type



*2015 HPRP RRH demonstration project excluded from RRH total beds

HOMELESS SYSTEM NEEDS AND GAPS

This section outlines the five key gaps that were identified in the overall functioning of the Clallam County homeless service system. In each section, there is a description of the needs identified followed by subsections outlining suggested actions.

1. Access to the Homeless Service System

Providers felt that it was difficult to access coordinated entry. This included challenges they witnessed from clients, as well as their own challenges trying to make referrals and contact the coordinated entry access site. Providers stated that all referrals needed to go through the coordinated entry access site, but the hours were irregular and not accessible for individuals who needed an appointment outside of standard business hours. If appointments needed to be moved for any reason, rescheduling was also challenging. Providers described challenges with the coordinated entry phone system and reported difficulties getting through to speak to a person.

Once referrals were made and a client was assessed in coordinated entry, providers said their clients may be shuffled around to different providers or different waitlists for services with no clear action plan in place to assist clients with locating housing and accessing services.

Providers noted that there were not enough shelter beds, particularly for those seeking sober shelter arrangements, and that the largest shelter was closed during the day. Based on 2020 PIT and HIC counts, a small percentage of Clallam County's homeless population could access a shelter bed. This restricts access to case managers and other forms of assistance typically available at shelters. Overall shelter beds in Clallam County have decreased sharply since 2015. However, utilization remains low. In 2020, the overall ES utilization rate was 54 percent.

Many clients interviewed were dissatisfied with the shelter environment in Clallam County as they felt it was chaotic and disrespectful toward individuals in need of services. An example of this was the fact that clients in one shelter reported they were abruptly awoken every morning at 6:30 am by all the lights being turned on. Other clients complained about the cleanliness and crowdedness of shelters, stating there was no personal space.

Street outreach is another important entry point to the homeless service system. In the provider survey, 28.6 percent of respondents identified outreach as the part of the homeless service system that works. Clients who had received outreach services also said they received quality care. One client stated, "REdisCOVERY has the best case managers I've ever seen in my life and could have ever been thankful for." However, there is not enough outreach to cover the entire county or provide a high level of consistency in services.

Expand Coordinated Entry

Coordinated entry is a requirement of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. An effective coordinated entry system can help improve access to resources and reduce duplicative work among providers. Continuums of Care (CoC) may designate multiple agencies as coordinated entry access points, including physical locations or virtual services (e.g., 211). Designating multiple agencies as coordinated entry access points in Clallam County will help disperse access to resources throughout the system so if one agency experiences a crisis or significant turnover, it does not impact the entire system.

Multiple access points will help clients receive services and housing. This will be especially beneficial to the western portions of Clallam County, as well as people experiencing unsheltered homelessness outside of city limits. These groups in particular cited transportation to the coordinated entry location as a barrier.

Example: Southern Utah

[Southern Utah](#) is part of a Balance of State CoC. Serving the region around Zion National Park, the cities of St. George and Cedar City have created five coordinated entry access points. These access points provide assessment and referral to housing, as well as immediate basic needs (e.g., food pantries). The programs also allow for online appointments so intake can be conducted by the first available staff person rather than waiting for a single agency.

Strengthen Outreach Services

CoC Program- and ESG Program-funded street outreach efforts must be linked to coordinated entry. Service agencies provide street outreach, but it is not necessarily consistent and able to fully cover the county. Service providers noted that having more “boots on the ground” for outreach would help clients. Outreach workers are often a client’s first interaction with the homeless service system and, when consistently covering areas, can help build relationships and trust to encourage clients to engage with services and seek medical care. Outreach teams can be designed as coordinated entry sites, with outreach workers trained on assessment and meeting clients where they are.

“One of the people from REdisCOVERY reached out to me while I was in the hospital, and she sent me clothes and stuff for my ride home...And then I talked to the people at REdisCOVERY on a regular basis. They’re the ones that kind of encouraged me to continue my education...They’ve got a really neat program and it covers a lot of things and a lot of people...And yeah, I think that that program has made a big difference in connecting all the dots. Like they wouldn’t just give me a referral to an appointment they would make sure that I had a bus ticket or a ride and a way home. And if I was concerned about having a meal before going, they would make sure that all those were taken care of.” – Client 9

Street outreach has been successful in rural areas, including outreach services that cover densely wooded areas. With limited staff and a vast area to cover, it is key to find hot spot locations and larger encampment areas. Providers may be able to share information about these locations, learn from people experiencing homelessness, and glean information from local police. In some situations, [police officers can be valuable outreach partners](#) when properly oriented toward working with individuals experiencing homelessness.

Example: Northern Michigan

In Northern Michigan, [Goodwill Industries](#) assembles outreach workers, healthcare workers, and police officers to offer street outreach services to people experiencing homelessness in rural and remote areas. These workers aim to build trust with individuals, some of whom have been disengaged with services for many years. Through outreach, people experiencing homelessness are able to complete assessments, get housing referrals, and connect with desired service providers.

Improve Shelter Services

There are simultaneously not enough shelter beds to serve every person experiencing homelessness in the county and underutilization of existing shelter beds. There are currently no drop-in centers or general shelter beds in the western portion of Clallam County, and many clients do not want or are unable to travel to areas

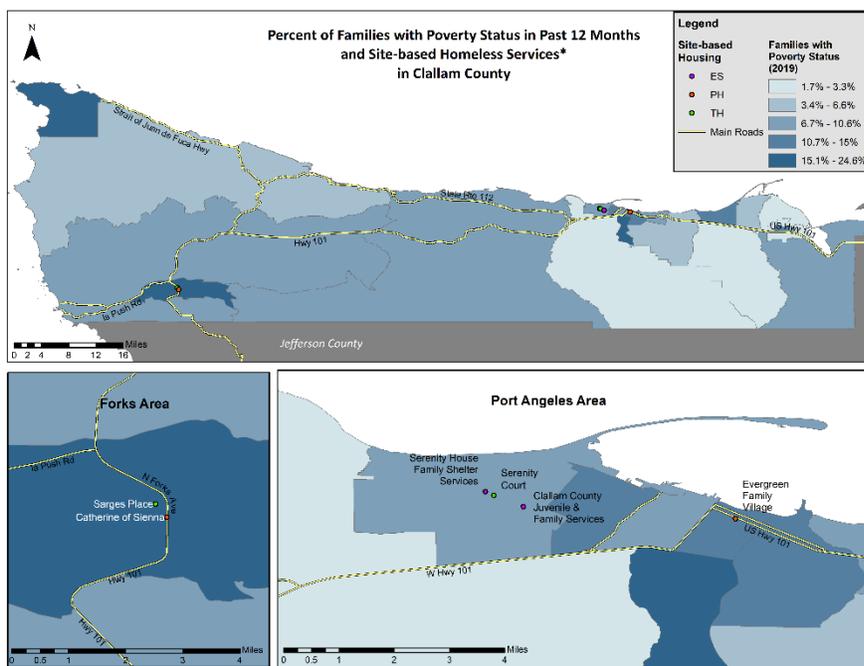


with shelter. In the provider survey, shelter was listed as a top area of the system in need of improvement. Providers commented that shelter staff need more training, the homeless population exceeds the bed count, the largest shelter is not open during the day, it is not clear who is staying at the shelter, there is no sober shelter, and there is a lack of available shelter services.

“Like there weren’t a lot of resources available. I got thrown out of Salvation Army for example, and that was where I was getting my meals and my showers... they’ve got a really long list of people that are [banned] from the property. And these are chronically homeless people that basically need their service, but they’re treating it as a behavior-based rewards program...he said, well, I was an emotional mess. And I told them that my sister was murdered and I was just trying to be alone. I was crying...And I’ve heard a lot of other stories like that. And I mean, it’s an every day—that’s the only place in Port Angeles that chronically homeless people can go every day to get a meal, to do laundry, shower, make phone calls. Other than that, there really is no other place. There’s a couple places that are age-based, that are based on mental health criteria or enrollment in certain programs. But if you didn’t qualify, you didn’t have any resources.”—Client 9

Notably, the Salvation Army in Clallam County does not provide shelter. In other areas across the U.S., Salvation Army is a large shelter provider. Clients also noted this confusion, with some reporting that they called the Clallam Salvation Army for assistance and were not able to access any services.

Map 1: Location of Housing and Services



*Scattered housing and victim services providers are excluded. Data is from Housing Inventory Count 2020. <https://www.hudexchange.info/resource/3031/pf-and-hi-data-since-2007/>

Clients had many suggestions on ways the shelter could be improved. Suggestions included ensuring the doors were handicap accessible, increasing the number of restrooms, improving the cleanliness of the facilities, allowing clients to sleep past 6:30 am, keeping the shelter open during the day, increasing the number of staff and case managers, employing more shelter rules and enforcing them, and treating clients with more respect. At times, a client may try to offer suggestions of improvement, but they are not always well received: “We got kicked out of the Serenity House Shelter for...saying something was wrong that they’re doing that they shouldn’t be doing. And because they didn’t want to get up and change it and make positive changes and move

forward, they just kicked us out so they wouldn't have to deal with it. That's discouraging for me. Why wouldn't you want to make change in a positive way?"

Establish a Consistent Way of Assessing and Prioritizing Clients

Providers indicated that there is no consistent way of assessing clients in need of housing resources in the county, which is a coordinated entry requirement. In the survey, 37 percent of respondents indicated they did not use any assessment tool and 18.5 percent stated they used the Service Prioritization Decision Assistance Tool (SPDAT) or Vulnerability Index—SPDAT (VI-SPDAT) to assess clients. Among providers who did use the VI-SPDAT, the majority rated it as ineffective or only somewhat effective in prioritizing those most in need. One respondent explained: "VI-SPDAT [is being used] in theory, but truth be told, we assess whether or not the client will fit within the environment we have at our shelter. We have turned people away and also taken those hardest to serve." Some respondents said they rely on clients self-reporting their needs.

Clients reported getting "lost in the cracks" and never being prioritized for housing resources. The second goal listed in the County Crisis Response and Housing plan is to "Prioritize housing for people with the greatest needs." This will require the use of a single assessment tool throughout the county, as well as strengthening and consistently applying prioritization policies.

"[They've] only been in the program maybe a year or less than a year and for whatever reason, I'm seeing people getting housing left and right and yet here I am 54 years old, disabled, and it's been three years and I haven't gotten an apartment. So when I asked those questions to Viola, my case manager, she doesn't understand it either. And she's trying to hook me up with different agencies and places, 'cause she's dumbfounded too. But the main reason is a lot of places are not subsidized, but I can't move into a regular apartment with \$700 a month. Because even a one bedroom is over \$500 and the thing is there's no availability. Shoot, I told Viola a studio would do just fine for me. I don't care. I'm one person. I'm an old disabled lady."—Client 7

2. Availability of Supportive Services

Providers noted that many clients had co-occurring issues with their homelessness. This included substance use, forms of trauma (e.g., surviving domestic violence), other mental health issues, and untreated medical conditions. Housing clients with these issues can be challenging without proper support services. Additionally, providers noted that many clients develop their substance use and other issues *after* becoming homeless, observing that the longer someone remained homeless, the more difficult it became to engage them for housing. Clients confirmed this, with some stating their drug use began after they became homeless as a coping mechanism.

Table 7: Percent of Clients with a Co-Occurring Issue

Co-Occurring Issue	Percent of Clients in HMIS December 2017–March 2021
History of domestic violence	35.11%
Mental health challenge	24.32%
Physical disability	16.25%
Developmental disability	5.53%
Alcohol abuse	2.43%
Drug abuse	6.40%
Both alcohol and drug abuse	5.23%
Zero income	37.40%

In the eastern portion of the county, substance use and mental health services are generally accessible. Providers in the western portion of the county had more difficulty accessing these partners. The quality of substance use and mental health services was viewed positively by providers. A few providers noted that the turnover of employees within these services was high, so it could be difficult to get an appointment or maintain a relationship with an employee. In all areas of the county, providers noted that obtaining health services, including medical care through the hospitals, was challenging.

Providers also noted that after a client obtained housing through the homeless service system, there were few services available to help individuals maintain their housing. This included ongoing, intensive case management, as well as life skills and employment assistance.

It's hard to get camping supplies. It's hard to get anything because the homeless here has really screwed it up for the [other] homeless. The homeless that are really trying to better themselves don't get recognized because they just kind of fall into the group, with all the rest of the homeless. They don't give a shit about anything. Disrespecting the town and themselves...It's been really difficult to just stand out. To prove to people that we're not those people, because not all of us are. It's frustrating. It makes it hard to stay clean because you get depressed and you get discouraged. And so you want to use. So then you're back in that cycle. When you're an addict, it's hard to stay clean...A lot of people here make you feel like you're lesser than them because they don't understand why you're homeless. They just assume you're homeless because you're a drug addict or you're homeless because you're an alcoholic. **But what people don't understand is you don't become homeless because of those things, you become those things after you become homeless...**Homelessness usually starts with some kind of trauma, a loss, grief...people grieve over somebody they lost. I don't know. I wasn't homeless because I was a drug addict and I wasn't homeless because I was an alcoholic. I became a drug addict after I became homeless because of the way it makes you feel. The way that people here make you feel."—Client 8

Increase Availability of Post-Housing Supportive Services

There is a need for supportive case management for individuals experiencing homelessness within the county. Clallam County should fund case management to help clients access services while awaiting housing placement and to assist clients placed in housing to achieve ongoing stability. In many cases, a licensed social worker may be necessary to handle higher-need clients. However, providers who have hired and trained former clients or those with other lived experiences of homelessness have had great success keeping clients engaged. These peer mentors can provide support and guidance as people who have shared similar experiences.

“Harder to accept things and kind of cope with them; it's been a battle with skills, I guess—learning how to accept skills and grow with the skills and adapt with them is something that homeless people should be taught. I mean, like, if there was classes about how to do and learn certain skills, that might help. There are things that people could learn: how to cope, or how to manage, or how to prioritize, or how to make a lifestyle.”—Client 10

The county should consider developing general standards of case management to ensure that clients have consistency in the quality of services. HUD has provided guidelines of [case management ratios](#) based on the population being served and the type of housing intervention. The New York City Department of Youth and Community Development published a [Case Management Standards Toolkit](#) to help communities develop case management responsibilities and expectations. In client interviews, they commonly cited the need for life skills classes, including information on how to pay utilities, clean, and interact with neighbors.

Of clients who exit to permanent housing, 13 percent returned to homelessness within the span of the HMIS dataset analyzed as part of this assessment. This is higher than neighboring Jefferson County, where the return rate is only 5 percent² and some providers who were familiar with both counties said there were additional services available. The rate of returns to homelessness varied greatly by subpopulation. Veterans and survivors of domestic violence returned at a slightly lower-than-average rate. Notably, these populations have dedicated service providers in the county. People with disabilities, chronically homeless individuals, and unaccompanied youth returned at higher rates. White people, on average, had a slightly lower rate of return when compared to people of color, including Native American and Native Hawaiian individuals.

Table 8: Rate of Return by Subpopulation

Subpopulation	Rate of Return
Disabling condition	18.82%
Domestic violence	14.22%
White	13.23%
Native Hawaiian	16.21%
Multiracial	14.02%
Black/African American	9.73%
American Indian/Alaska Native	15.20%
Chronically homeless	29.26%
Transgender or gender non-conforming	23.33%
Veteran	14.43%
Unaccompanied youth under age 24	38.36%

Leverage Existing Workforce Development Programs

Clallam County [WorkSource](#) provides training and career assistance. A partnership with WorkSource could allow providers to refer clients who were willing and able to find employment into local training programs. At the time the Homeless Crisis and Housing Report was published, the WorkSource seat was vacant. In addition,

² https://public.tableau.com/app/profile/comhau/viz/DRAFTWashingtonStateHomelessSystemPerformance_CountyReportCardSFY2019/ReportCard

Concerned Citizens, a non-profit that serves special needs populations in Clallam and Jefferson counties, offers services related to [Employment Support](#). Relevant services include an “Individual Supported Employment” program for persons with developmental disabilities as well as providing transition services for students in high school that are struggling with graduation. Concerned Citizens also began an “Independent Living Services” program in 2016 to help build life skills and prepare clients for employment, such as money management, use of transportation services, time management, and self-advocacy.

WorkSource also has a specific [Youth Program](#) to assist low-income individuals between the ages of 14–24 find employment and stay employed. Youth can receive a variety of employment and occupational services as well as tutoring and mentoring. One client mentioned how beneficial this service would have been, but by the time they learned of it, they had already aged out of the program.

Example:

The Heartland Alliance has [successfully integrated employment into RRH programs](#) throughout their service area. This intervention has been especially successful for families. This model leverages existing workforce training programs, referring clients with disabilities and forming partnerships with vocational rehabilitation agencies. These partnerships have helped clients obtain and maintain employment and housing.

Improve Transportation Availability

Almost half of the clients interviewed mentioned the need for increased transportation availability. Buses do not run all week long and there is a reduced schedule or no service on the weekend. Homeless services are not on transportation lines and require walking a fair distance, which is difficult for some clients. Clients appreciated providers who were able to supply transit but noted that it is not consistently available through any provider in the county. This creates barriers to employment, service engagement, and housing for clients.

“And the other difference is the bus stops right in front of the building at Serenity. [At the Social Distancing Center] you have to walk about a quarter mile to get to the nearest bus stop...Another thing that would be helpful is if the bus system would not shut down on Sundays because people still have to do things on Sunday. Mainly, I would like to go back to my church that I found that's in Port Angeles. Now, when I was at Serenity, they've got one van and sometimes they would give shuttle rides to the church. I'm not a Bible-thumper per se, but I am very spiritual and my faith is what's getting me through this. Being able to go to church—that would be great. I don't drive. How am I going to get there? And you know, if the bus services would stay open seven days a week, that would be very helpful because that is important to me... if I did get a job, it would have to be on my agenda, not their agenda because it takes me so long to walk to the bus stop, first of all. Then you go to the bus stop and then you have to hop another bus to get to where you're going, so on and so forth. And I couldn't work on Sundays because there is no bus service in Port Angeles on Sunday. Those are really the only issues keeping me from going back to work.”—Client 7

Advertise Phone Availability

Clients noted that the county provides a service for low-income individuals to get cell phones, which was easy to access. However, not everyone knew this was an option, and clients who did access the program were not previously aware it was an option. Clients who did get cell phones through the county stated that it greatly improved their lives. The phones enabled clients to get job interviews, make social service appointments, and

stay connected to their support systems. In the provider survey, respondents cited the need to better advertise technology assistance programs and increase access to wifi and other technology for clients.

“I mean the COVID thing...unless you have a phone, basically you’re on your own phone because there are no such thing as payphones. A lot of businesses, with COVID, won't let you in to use the telephone. It's hard to find a mailing address. I mean, there's a couple of places that will let you use their business address, but they're few and far between, really. So, I mean, getting in contact with [service providers]...I mean, if you have to leave a contact, if you have to leave a message for them to contact you back, chances are they're not going to have anywhere to contact you back at...I think it might've been the assurance, the wireless or the cell phone provider thing from the government. They helped me get hooked up with a cell phone and that was a major change. That's what kind of turned everything around for me was having that phone to stay in contact so that I could make these appointments and things like that.”—Client 9

3. Lack of Community Support

Many providers noted that working in the county can be challenging because of the “NIMBY” mindset. In the provider survey, “lack of support from community” was listed as a top challenge to serving clients. Issues with the community included harassment of people experiencing homelessness, camping bans that made it difficult to locate and engage clients, and resistance to service locations.

“Then there's a place that belongs to the city that we hang out at. It's a park and there's the Liberty Bell surrounded by a fence and there was a plugin that we were charging our phones at and this one guy came in and took my phone and would not give it back to me. I didn't know I couldn't charge my phone there. I never been told that...I ended up getting it back, yeah. But they shut off all the outlets that we were using to charge our phones and stuff. So, now we have hardly any place to charge our phones at. They just keep shutting them off. As they figure out that we're using them, they shut them off. The city does. That's not right...Well, first of all, not taking away the only source of electricity that we have. What if we have an emergency? Our phones there, we can't [use] them online. And I know that they just don't care. Because we're not hurting anything, we're just charging our phones. It's not like we're [on] their property or anything.”—Client 3

Another aspect of community resistance is that without this cooperation, homeless services may be missing funding opportunities through local charities and the coordination of city and county funding streams. Providers suggested there is an opportunity in the county for homeless service providers to build better relationships with local businesses and financial institutions.

Build Campaigns and Learning Opportunities to Interact with Community Members

“Well, there's a lady here who got Citizen of the Year who actually doesn't deserve it because she comes in—she acts like she's helping the homeless, but what she's doing is she's coming in and she's stealing people's stuff and then she's selling it at garage sales and making money... I don't know if she works for a provider, but she pretends she's helping homeless people and she's not; she's stealing from us. We just found out that she was one of the ones that trashed our camp. Broke our tent poles and everything...I wouldn't go to the cops because they're not going to do anything about it. She got Citizen of the Year, so they're not going to believe me over her.”—Client 3

Some coordination is already underway, particularly in Forks. Existing community partnerships in this area have helped to build support for additional shelters and services, as well as create communication channels for concerned community members to reach out directly to providers about unsheltered individuals instead of engaging the police.

Example:

The Murphy Center serving northern Colorado holds an annual Homeless Awareness Week. Events include a charity walk, community listening sessions, and the opportunity for community members to tour the facility and learn more about the impact of homelessness on the community.

Establish Safe Camping or Safe Parking Areas

“They won't let us camp anywhere. So every time you put up a tent, either someone steals it or the city takes it away from you. I mean, it's like a vicious cycle. What are you supposed to do? There's no housing here. As much as people want to promise you housing, there's nothing. There's no housing here. I've lived here my whole life...It's just flat out disrespectful. They're on a power trip. If you don't abide by their rules, since there's one shelter, if you don't do what they say or what they think is right, then they kick you out. When they kick you out of the shelter, where are you supposed to go? Because you can't put up the tent 'cause nobody will let you camp. So then you're stuck on the street.”—Client 8

With no housing and few shelter options, people experiencing homelessness do not have a safe place to be without the risk of arrest. Unsanctioned camps can cause friction within the community. Sanctioned encampments or parking areas can be located in agreed-upon areas and have services tied to them that help clients and minimize issues such as littering. Safe parking is an action item in the current Homeless Crisis Response and Housing Plan.

Example: [Tahoma Unitarian Universalist Congregation](#)

In Tacoma, Washington, a group of faith-based organizations led by the Unitarian Church have established safe parking in church and other religious organizations' parking lots at night.

Community grants fund basic sanitation (e.g., hand washing, trash cans) and anyone staying in the lot is expected to abide by a good-neighbor policy. Participating organizations reported a drop in vandalism and other issues after becoming sanctioned safe parking sites.

4. Need for Improved System Coordination

Providers in Clallam County are coordinating and have forums for interaction, but the majority of providers indicated they are dissatisfied with the coordination of services (65 percent of survey respondents and nearly all interview participants) and expressed it is not happening in a comprehensive way. They noted that arenas for coordination, such as the Homeless Task Force, were not necessarily representative of all providers and roles and lacked tangible authority to improve outcomes and problem-solve. Additionally, some providers felt that there is competition within these groups for funding and other resources, which prevents the full sharing of information.

Coordination suggestions from providers included:

- Having county social services take on a more active role as a convener and coordinator of homeless services providers. The Homeless Crisis Response and Housing Plan noted that the county is considering assuming the collaborative applicant role in the next funding cycle, an action that would be supported by this analysis. In the provider survey, 41 percent of respondents said the county should lead homeless service collaboration. However, respondents also emphasized that coordination of efforts should be collaborative and include a diverse group of community leaders, frontline workers, and organizations that are representative of all cultures and geographies being served.
- Engaging in consistent outreach and sending out invitations to different agencies (both government and non-profit) to participate in coordination efforts.
- Incorporating consistent mechanisms for client feedback to be considered by all providers in the county.
- Establishing a service hub for service and provider co-location. It was suggested that county social services also lead this effort.
- Expanding the Homeless Task Force to more providers and granting the group greater authority over strategic planning and resource allocation.

Clients noted the impact of poor coordination. They described investing time applying for services they were not eligible for, switching case managers numerous times, or having case managers who could not assist them. Only 39 percent of provider survey respondents said they often or always knew the outcomes of their referrals. When providers are not coordinating on the outcomes of referrals, providers may not learn about eligibility criteria and service availability to properly convey information to clients.

Current coordination efforts also lack tribal representation. At the time the Homeless Crisis and Housing Report was published, the tribal government seat was vacant. While there are four federally recognized tribes in Clallam County, only one participated in this needs and gaps analysis. One provider in the western portion of the county noted that they have made intentional outreach efforts to tribal partners and have developed positive working relationships.

“Well, I’ve tried different things from different case managers in housing or at the shelter. And once, when I was staying at Serenity, there was as a case manager there that suggested I check into Peninsula Behavioral Health because they have different support services other than counseling and they deal with homelessness and several other things that they claim to provide help. So I went there and I was the only one in the waiting area, it took me half an hour just to get someone to give me the paperwork and when I finished the paperwork, one of the questions is, what mental illness has brought you here today? And I put in N/A. I gave her the paperwork back, she said, “You’re going to have to be more specific than that.” I said, “What? I’m not suicidal. I’m not depressed, even though I should be. I don’t take drugs. I’m here for other services that your company says you provide as well.” “Do you know this is a mental health facility?” I said, “Yes, among other things as well.” ... “I don’t think that you need our services. So I’ll just go ahead and shred your paperwork.” I went back to my case manager over at Serenity and told her what the lady said to me and she was so irate. I was dumbfounded. This is what I said to the lady, “Do you want me to make something up so I can get the services?” And she just stared at me and I said, “Okay, have a nice day,” and walked out.”—Client 7

5. Lack of Housing

Providers noted that Clallam County has very low rental vacancy rates and housing is unaffordable to low-income workers. This makes it difficult to house clients with rental assistance or vouchers, with many clients needing additional time to locate housing with their assistance or ultimately returning the voucher unused. The lack of available housing may, in part, be due to a high number of vacation rentals throughout Clallam County. As of May 2021, there are 906 “entire home” AirBnB rentals throughout the county.³ With a total of approximately 37,000 housing units in the county,⁴ this means that 2.5 percent of all housing is dedicated vacation rentals.

Table 9: Vacation Rentals by Area

Geography	Total Number of Active Vacation Rentals (May 2021)	Percent “Entire Home” Rentals
Forks	197	89%
Beaver	18	100%
Clallam Bay	4	100%
Seiku	14	50%
Port Angeles	507	92%
Sequim	261	90%

³ <https://www.airdna.co/vacation-rental-data/app/us/washington/forks/overview>
⁴ <https://www.census.gov/quickfacts/fact/table/clallamcountywashington,US/VET605219>

“And some of my friends said, it is expensive here, and it takes six to 36 months...if you don't necessarily have money. Like six to 36 months to get help up here for housing. And I was like, ‘wow, that's a long time.’ But thankfully there's the—I'm still at the 10-10 building, the Social Distancing Center. They've been very helpful with resources and a place to stay, here at the shelter. And we get meals, and a shower, and watch TV, just be ourselves in a way...I wish they could just put us in a apartment, and then eventually whenever we get money, can pay them back. Or even if we...even if we had to be roommates with somebody here that we actually know, I want mine bad. Because I still have my own room, even though it would have to be a two-bedroom. I like to have my own space...I mainly just want to see housing, be a little shorter, like the housing might be shorter, so I could go ahead and get in.”—Client 5

Invest in Homeless Prevention Services

Some providers were not aware of homeless prevention funding in the county, and those that were noted that clients were often not aware of this assistance until they were already homeless. Stimulus and Coronavirus Aid, Relief, and Economic Security (CARES) Act resources, including CARES Act Emergency Solutions Grants (ESG-CV), CARES Act Community Development Block Grant (CDBG-CV), and Emergency Rental Assistance (ERA), are potential sources of funding to increase prevention services in the county. In the provider survey, respondents noted that is it more effective to prevent homelessness than to wait until someone has lost housing. Respondents indicated that prevention services are also needed in schools.

Table 10: Living Situation at Entry

Living situation at entry category	Percentage	Count
Homeless	68.67%	2540
Institutional Setting	3.24%	120
Missing	8.14%	301
Permanent Housing	19.95%	738
Total	100.00%	3699

Based on HMIS data from December 2017 to March 2021, one in five people experiencing homelessness entered from a permanent living situation. Their homelessness may have been prevented, or they may have been a strong candidate for diversion services. Only 3 percent of clients entered from institutional settings, but partnerships with jails and rehabilitation centers may help divert this re-entry population from the system as well.

Table 11: Percent Entering Homelessness from Permanent Housing by Subpopulation

Subpopulation	Percent entering from permanent housing
Domestic violence	21.48%
Disabling condition	22.21%
Veterans	19.58%
Chronically homeless	1.69%
Transgender or gender non-conforming	10%
Unaccompanied youth under age 24	11.54%

There were no differences by race in entries to homelessness from permanent housing. However, two subpopulations, survivors of domestic violence and people with a disabling condition, entered from permanent housing at slightly higher rates than the overall population. These groups may specifically benefit from prevention services.

Invest in Landlord Engagement

Intentional, proactive engagement with landlords is an excellent way to increase the availability of units and create community partnerships with homeless service providers. Current resources, including ESG-CV and Emergency Housing Vouchers (EHV) allow for landlord incentives. These incentives can be used to attract new landlords to rent to homeless service providers or make repairs to units for habitability standards. Engagement can include faith communities, property management associations, realtor groups, and known local landlords.

In the provider survey, 48 percent of respondents said their organization engages in landlord outreach efforts. The majority of these efforts are outreaching to individual landlords or property management companies. Organizations that do not have landlord engagement said it is because of a lack of administrative and staff capacity.

In interviews, providers noted that landlords have had bad experiences working with the homeless service system. One provider relayed that due to coordination issues with another provider, some landlords did not receive rent payments for three months. The provider had to use their own cash reserves to keep people housed during this time while waiting for the partner agency to process rental assistance funds.

Table 12: Exit Destination

Exit Destination Category	Percentage	Count
Deceased	0.65%	27
Homeless	30.53%	1,263
Institutional Setting	2.90%	120
Missing	22.75%	941
Permanent Housing	43.17%	1,786
Total	100.00%	4,137

Overall, less than half of entries into the homeless system result in exits to permanent housing. Many housing resources rely on private landlords accepting funding or vouchers. If landlords do not have confidence that they will receive payment or that the homeless service system will protect them from damages to their units, they may be unwilling to accept this funding. Anecdotally, several providers stated in interviews that Housing Authority vouchers and other resources go unused because clients cannot find suitable units.

Table 13: Percent Exiting to Permanent Housing by Subpopulation

Subpopulation	Percent Exiting to Permanent Housing
Veterans	42.2%
Disabling condition	43.35%
Domestic violence	29.56%
Transgender or gender non-conforming	30.00%
American Indian or Alaska Native	40.34%
Black or African American	38.05%
White	45.03%
Chronically homeless	24.90%
Unaccompanied youth under age 24	26.92%
Mental health challenge	41.71%

Compared to the overall population, survivors of domestic violence, chronically homeless individuals, and unaccompanied youth were less likely to exit to permanent housing. Transgender and gender non-conforming individuals, Native Americans, and Black people were exited to permanent housing at lower rates. Strong landlord engagement may be especially beneficial for these groups.

Example:

Rhode Island homeless service providers coordinated on a pledge campaign for 100 units, ultimately exceeding their goal. The group leveraged stimulus funds and flexible local dollars to offer landlord incentives, posting about the program on social media, engaging local news sources, the Realtors Association, and churches to spread the word to landlords. The program paid landlords for each unit they committed to the homeless service system or provided funding to repair units in exchange for a rental pledge. Tenants paid 30 percent of their income toward the rent, with the homeless service system paying the difference to the landlord.

Support Agencies Developing Affordable Housing

Some providers, as well as the Housing Authority, are developing affordable housing. This has included building new housing and renovating existing housing stock. These agencies should share lessons learned for funding and executing these projects. The county and cities should assist agencies by helping to remove red tape to execute these projects. Waiting lists for Housing Authority properties are currently several years, and each year approximately 350 individuals join Housing Authority wait lists.

Table 14: Peninsula Housing Authority Units and Wait Times

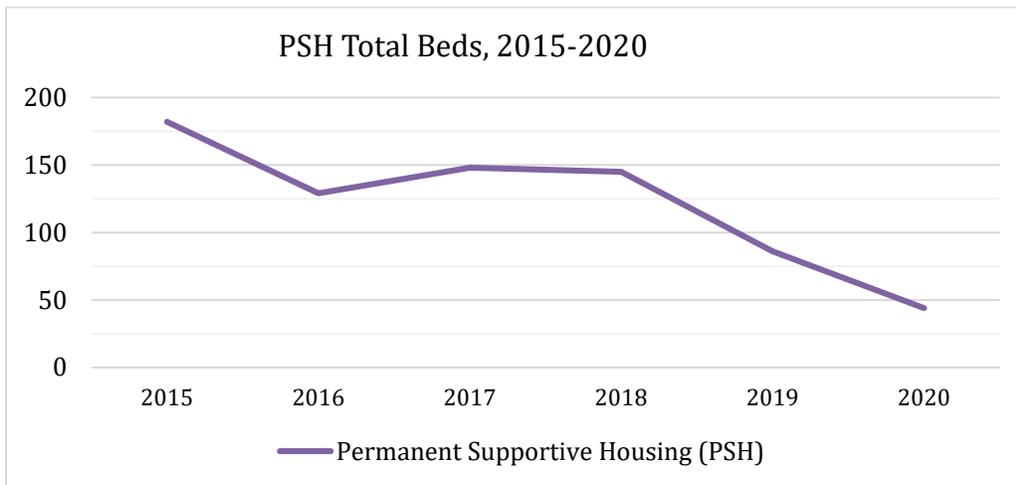
Property	# of Units	Bedroom Size(s)	Avg. Wait
MAV—Family	59	One/two/three/four	2–4 years
Senior Buildings	170	Studio/one/two	2–3 years
Burke Place Apartments	14	One/two	2.5–3 years
Eklund Heights	13	One/two	2.5–3 years
Catherine of Sienna	30	One/two/three	1–2 years
Homestead	16	Two/three	2 years
Lee Plaza	48	One	3–4 years
Sea Ridge*	63	One/two/three/four	2 years
Peninsula	36	One/two	3 years
Wildwood	56	One/two	2–3 years

* 30 of these units are Section 8 project-based and are set aside as referral for homeless households

Increase Permanent Supportive Housing Stock

There is not enough PSH to meet demand and PSH beds in the county have decreased sharply since 2015. There are 44 PSH beds according to the 2020 HIC. Of clients who had their initial entry to the system in 2020, 112 people were likely eligible for PSH because they were chronically homeless with a disabling condition. PSH utilization is over 88 percent in the county, meaning there is very little turnover in these units. Only 25 percent of chronically homeless individuals exit to permanent housing, compared to 43 percent in the system overall. Finally, providers surveyed for this assessment most frequently recommended prioritizing investment in permanent housing.

Chart 2: Total Permanent Supportive Housing Beds



APPENDICES

Appendix A: Client Interview Guide

In partnership with five local providers, 14 currently homeless clients participated in interviews using the following guide. With participants' permission, these interviews were recorded to produce the client stories throughout this report. Interview participants were compensated with a \$20 gift card for their time, with interviews lasting between 30 minutes and one hour on average.

Introduction

Hello. My name is _____, and I'm from The Cloudburst Group. We are a research company working on housing and health issues under contract with many federal and state agencies, like Clallam County. I want to thank you for taking the time to speak with me today.

I'd like to take a minute to review the purpose of this discussion. Cloudburst is working with Clallam County to complete a needs and gaps analysis of homeless services in the area.

As part of our efforts, we will be conducting a few interviews with people who are currently or have previously experienced homelessness in Clallam County to gain a fuller understanding of your experience.

My role here is to ask questions and listen. Your participation in the interview is completely voluntary. I'll be asking about a few questions and there are no right or wrong answers. I am looking to get your point of view and personal perspective.

To make sure I don't miss any of your comments, I will be tape recording our discussion and taking detailed notes. The transcript that is made of this interview will not identify you by name to help in protecting the privacy of your remarks. Is it ok if I record?

This interview will last around one hour. I hope that you will feel free to ask me any questions you may have about this study either now or at the end and thanks again!

Ok, let's get started. I'd like to start by asking a few questions about your own personal experiences of homelessness over the past several years. Is that ok?

Setting the Interview Stage—Timeline Picture

1. Can you walk us through your living situation over the last two years?
2. a. (Get info from providers about whether the interviewee is housed or not. Ask if they are not currently in shelter.) Tell us about your current housing situation?
 - How long have you been there?
 - What is your neighborhood like?
 - Where were you living before you lived in your current housing?
 - What are your future housing plans?
- b. (Ask if the interviewee is currently in the shelter.) How long have you been living in the shelter?
3. Tell us about your major sources of support through this timeline.
 - a. (Ask only if the interviewee is housed) How hard has it been to maintain rent since entering housing?
 - b. Who were your sources of social support at each housing point?
 - (Financially, childcare, errands, etc.)

4. Tell us about yourself in regards to your own employment and education at each housing point.
5. What do you think is the main reason you lost your housing?

Thank you. Now I'd like to discuss the support systems available for people experiencing homelessness in Clallam County.

Support from Services System

1. Did you have difficulty accessing housing support services?
 - a. How long did you have to wait to get help from the agency?
 - b. What was your experience like?
2. During your housing crisis, did/do you feel supported by the homeless service providers?
 - a. Were there any supports or services that you wanted but just weren't available to you?
3. What was the most helpful information you received from homeless service providers?
4. What kind of barriers did you run into while homeless (access to services, personal barriers, structural barriers)?
5. How could community services/case managers/services workers have better supported you?
6. Do you feel like you have a voice in shaping how programs are run?

Now I'd like to move on to your overall thoughts about homelessness.

Homelessness Discussion

1. Given your knowledge of homelessness and homeless programs, who is at the greatest risk for homelessness in your area?
2. In your opinion, what are the main causes of homelessness?
3. Do you think it is possible to end homelessness? What would it take?

I'd like to now take a few minutes to discuss different factors that can affect homelessness and how you feel that Clallam County has addressed these factors.

Factors Affecting Homelessness

1. Drawing on your experience, how does homelessness differ across racial/ethnic groups?
2. To the extent that you feel comfortable discussing this, has racial discrimination played a role in your experience of homelessness?
3. Our research project defines racism in two ways. First, we're referring to interactions where people make assumptions about others based on their race or treat them differently because of it. Second, sometimes rules and policies can impact people of color and benefit White people. [Provide example if appropriate]. We can refer to these two forms as interpersonal racism and institutional racism. Does racism exist in homeless programs? What does it look like?
4. When you think of other disenfranchised groups (for example, people who identify as LGBTQ or have a disability), what barriers do they face related to homelessness?

Ok, now it's time for us to wrap up our discussion with a couple of final questions.

Wrapping Up in Retrospect

1. If you were to talk to someone going through a similar experience, what advice would you give them?
2. What advice do you have for the CoC as it tries to address racism and other social injustices?
3. Is there anything else you'd like to share with me?

Appendix B: Provider Interview Guide

Providers were selected by Clallam County Health and Human Services for in-depth interviews. In total, 11 providers participated. Interviews lasted approximately one hour.

Introduction

Hello. My name is _____, and I'm from The Cloudburst Group. We are a research company working on housing and health issues under contract with many federal and state agencies, like Clallam County. I want to thank you for taking time out of your schedule to speak with me today.

I'd like to take a minute to review the purpose of this discussion. Cloudburst is working with Clallam County to complete a needs and gaps analysis of homeless services in the area.

As part of our efforts, we will be conducting a few interviews with providers who serve people who are currently or have previously experienced homelessness in Clallam County.

My role here is to ask questions and listen. Your participation in the interview is completely voluntary. I'll be asking about a dozen questions, moving our discussion from one question to another. There are no right or wrong answers and I am looking to get your point of view and personal perspective.

To make sure I don't miss any of your comments, we will be taking detailed notes. The transcript that is made of this interview will not identify you by name to help in protecting the privacy of your remarks. Is it ok if I record?

This interview will last around one hour. I hope that you will feel free to ask me any questions you may have about this study either now or at the end. I thank you again for your contribution and participation.

Ok, let's get started. I'd like to start by asking a few questions about your work situation. Is that ok?

Setting the Interview Stage—Provider Background

1. Can you tell me what agency you work for and the population that you serve?
2. What is your role at the agency and how long have you been there?

Now I'd like to move on to your overall thoughts about homelessness.

Homelessness Discussion

1. Given your knowledge of homelessness and homeless programs, who is at the greatest risk for homelessness in your area?
2. In your opinion, what are the main causes of homelessness?
3. Do you think it is possible to end or prevent homelessness? What would it take?
4. What homelessness prevention support services are currently available in Clallam County?

Thank you. Now I'd like to discuss the housing support services that are available in Clallam County.

Housing Support Services

1. Do you think people have difficulty accessing housing support services and navigating the housing landscape?
 - a. In general, how long do they have to wait to get help from the agency?
 - b. Do you think there are any supports or services that would be beneficial to those experiencing homelessness but just aren't available to them at this time?

I'd like to now take a few minutes to talk about the coordination that is taking place between agencies in Clallam County.

Coordination

1. How are service providers in Clallam County currently coordinating?
2. What would you like to coordinate further on? What would the outcomes be?
3. Is there anyone in Clallam County who you feel is leading the charge in coordinating homeless services?
4. Who would you like to see come to the table that hasn't yet?
 - a. Other providers?
 - b. Political leadership?
 - c. Community leaders?
5. Is there any coordination with related agencies, like those providing mental health or substance use services?
6. How does coordination for rural services differ from those for Clallam County's more densely populated areas? Do you have enough resources to meet the needs of the area you serve? How could resource allocation throughout the county be improved?

Ok, let's wrap up!

Wrapping Up

1. Is there anything else you'd like to share with me?
2. Assisting with client interviews?

Appendix C: Provider Survey

The provider survey collected responses from 51 respondents from agencies that serve people experiencing homelessness in Clallam County. Twenty of those respondents had a low survey completion rate (i.e., 6 responses or less) compared to the rest of the respondents and only three respondents in the low completion rate group provided any input beyond providing their agency and role. Responses were collected from April 15, 2021 to May 2, 2021.

Agency Information

What type of agency do you represent? (Check all that apply)

Response	Count (n=65)	Percentage
Housing provider	10	15.4%
Behavioral health provider (including substance use services)	7	10.8%
Shelter services	9	13.8%
Tribal government	3	4.6%
School or educational institution	1	1.5%
Domestic violence service provider	5	7.7%
Other	30	46.2%
Other Comments	<p>Children/youth: Boys & Girls Clubs; Department of Children, Youth, and Families (2); Youth development agency; Clallam County Child Protective Services (CPS); Case manager advocate for mothers and children</p> <p>Behavioral health and medical: "Free" Clinic incorporating medical, dental, and behavioral health services; We have volunteers who have provided transportation to medical or dental appointments; Medical care; Syringe Service Program, Clallam County</p> <p>Human/social services: Social Services (3); Human Services</p> <p>Veteran: Volunteer—Stand Downs for Homeless Veterans; VA healthcare and housing services</p> <p>Outreach: Outreach and field response (2)</p> <p>Miscellaneous: Drop-in center for homeless; Food Bank; Correction; Community Change Agent/Social Services/Board Member; Rep Payee, CCG; Community Services; During COVID-19 we can only provide transportation to essential appointments; Church; United Way; Research with UW embedded in the community; Funder for services; Fire department; Forks Chamber of Commerce</p>	

What does your organization use as requirements to allow someone entry into shelter? (Check all that apply) (of agencies that offer shelter)

Response	Count (n=11)	Percentage
Ability to self-administer medication	2	18.2%
Sobriety from alcohol or other drugs	1	9.1%
State-issued ID	1	9.1%
Social security number	1	9.1%
Participation in treatment, if the client uses alcohol or other drugs	0	0.0%
Proof of citizenship	0	0.0%
Rent/Payment	0	0.0%
Other	6	54.5%
Other Comments	US Veteran status (2) and Veteran (honorable or general under honorable conditions) (1); We do not provide housing, we provide support to find it and keep it; Care for their basic needs. We cannot provide CNA-type care; Fleeing from DV/SA (domestic and/or sexual violence); not actively using, must be able to accomplish activities of daily living.	

How do you identify your role as it relates to the Clallam County homeless service system? (Check all that apply)

Response	Count (n=49)	Percentage
Outreach Worker	12	24.5%
Navigator	4	8.2%
Case Manager	11	22.4%
Oversight and Policy	5	10.2%
Other	17	34.7%
Other Comments	Nurse practitioner; Provide food; Community Paramedic; Rep. Payee; Outreach to families and support of youth with food and academic support, shelter after school; Observer; Our church works with the food bank to distribute food. We have occasionally had homeless people attend church or our community dinner when we could offer it; Board member North Olympic Regional Veterans Housing Network (NORVHN), Board member Voices For Veterans; Counseling; Syringe Services Program Coordinator—referrals to resources that participants may need; Shelter, clean and sober program, housing assistance/placement etc.; Emergency and bridge housing provider as well as legal/medical/system advocacy, support services; Physician; Assist various community members who ask for my help when needed; Center that provides basic needs to the homeless; We often are asked by families for assistance in finding and keeping housing; Developer of housing.	

Which assessment tool do you use to determine prioritization for housing resources (e.g., VI-SPDAT)?

Response (open-ended)	Count (n=27)	Percentage
N/A, na, or None	10	37%
VI-SPDAT or SPDAT	5	18.5%
Other	12	44.4%
Other Comments	<p>I do not believe coordinated entry is using a prioritization tool, they have stated they are no longer using the by name list anymore; Navigator team does this; We communicate with west end outreach and Sarge's Place; This is not part of our services; Paperwork to assess needs; I attend some housing meetings and communicate and gather information with people who ask our agency for assistance and then give them the information on who can best help them; We do not use a specific tool but in the three years clients are engaged in our program, they almost always need housing during some point; I don't I connect them to a housing specialist for that; I have never used an assessment tool for housing resources so I am not sure; self-report; VA conducts an assessment to determine eligibility for our program; No tool, I have resources from programs in the county that I refer to as needed and depending on where they are. My personal cell phone is memorized by those I worked with or cross paths; VI-SPDAT in theory, but truth be told, we assess whether or not the Veteran will fit within the environment we have at our shelter. We have turned people away and also taken those hardest to serve.</p>	

How effective do you feel the assessment tool is in reaching the most vulnerable people in need of resources?

Response	Assessment Tool	Count (n=16)	Percentage
Extremely effective	Review of paper records to assess needs	1	6.25%
Very effective	None; VA conducts their own assessment; referrals to groups or specific providers (2)	4	25.00%
Somewhat effective	VI-SPDAT/SPDAT (3); I don't connect them to a housing specialist for that; I have never used an assessment tool for housing resources so I am not sure; No tool, I have resources from programs in the county that I refer to as needed and depending on where they are. My personal cell phone is memorized by those I worked with or cross paths; VI-SPDAT in theory, but truth be told, we assess whether or not the Veteran will fit within the environment we have at our shelter. We have turned people away and also taken those hardest to serve; (blank)	7	43.75%
Not so effective	VI-SPDAT	1	6.25%
Not at all effective	I do not believe coordinated entry is using a prioritization tool, they have stated they are no longer using the by name list anymore; None; We do not use a specific tool but in the three years clients are engaged in our program, they almost always need housing during some point	3	18.75%

Coordination Among Providers

Which part of the existing system serving homeless people works best?

Response	Count (n=28)	Percentage
Assessment and prioritization	1	3.6%
Housing subsidies	1	3.6%
Outreach	8	28.6%
Permanent supportive housing	6	21.4%
Prevention resources	3	10.7%
Shelter system	2	7.1%
Other (please specify)	7	25.0%
Other Comments	<p>Our service is a bridge service connecting people to services and often we find we have to ensure other services are following through; The team works hard at housing. They know all the ins and outs of this system. It is confusing to me; Don't know; Transitional housing; For our community, I feel that more affordable housing is a critical need. Some of these units would need to be some sort of permanent supportive housing; No one part works best. They are all a part of a larger mechanism and dependent upon each other. A better question would be finding a way to eliminate duplications of services and streamlining available services by prioritizing a beginning/middle/end of services; Systems work differently in different parts of the county and the area in which I work is often left out or an afterthought so I don't feel able to answer this question; Outreach works well now because of REDisCOVERY. Assessment and sheltering should be done differently. There should be more PSH, but only if there is intensive case management attached directly to the project.</p>	

Why does this part of your existing system work best?

1. **Outreach:** We find that we're able to collaborate with them the best with providing food for them to be able to come and pick up and deliver to the clients that they know do not have access to getting to the food bank; Making contact with several social service agencies seems to have a lot of contact with homeless people; There is good communication between providers to help outreach to clients; Because the other parts need work; Because the others have their limitation; There have been many efforts towards this end in the past two years. We have events, lunches, and education resources; The other areas are really inadequate. Outreach works because of the REdisCOVERY program we now have.
2. **Prevention resources:** Retention services; People don't want to be homeless and with every homeless experience, people lose material possessions, significant funds, and stability. Most people experiencing homelessness need supportive housing and we simply don't have enough units; My tribal program serves all those in our community, but word of mouth is also better than flyers put up around the communities. TikTok videos are reaching community members faster than anything put out by email or fb.
3. **Assessment and prioritization:** It focuses on what the person needs in each instance.
4. **Housing subsidies:** Allows people to better afford housing.
5. **Permanent Supportive housing:** To "reset" a person's habits for living they need wrap-around services as well as housing to make the changes and have those changes "stick"; if they have stable housing all their other needs are easier to ascertain; I think that giving people permanent housing gives them the resources they need to work on what they need to do to be stable; Meets longer-term needs; It's low barrier and provides case management.
6. **Shelter system:** Shelter is generally readily available as needed. Could use more availability for family shelter, though; It keeps people off the streets.
7. **Other (please specify)—Transitional housing:** Quick off the street; support; time to plan, connect with resources and prepare for permanent housing.
8. **Other (please specify)—For our community, I feel that more affordable housing is a critical need. Some of these units would need to be some sort of permanent supportive housing:** Because there isn't any available without a 1- to 3-year wait at this time. Also, some of these folks are unable to maintain themselves in such a manner as to stay housed.
9. **Other (please specify)—Outreach works well now because of REdisCOVERY. Assessment and sheltering should be done differently. There should be more PSH, but only if there is intensive case management attached directly to the project:** REdisCOVERY gets it...they are in the trenches daily. Amy Miller is a Social Worker and understands addiction and mental health issues. Other agencies do not have that level of leadership nor awareness about the underlying issues around homelessness.
10. **Other (please specify)—Don't know:** Interesting question. I guess because it makes me realize we need to work on this.
11. **Other (please specify)—Our service is a bridge service connecting people to services and often we find we have to ensure other services are following through. The team works hard at housing. They know all the ins and outs of this system. It is confusing to me:** We have no silos.

Which parts of the existing system have the greatest need for improvement? (Check all that apply)

Response	Count (n=74)	Percentage
Outreach	6	8.1%
Assessment and prioritization	9	12.2%
Shelter system	12	16.2%
Prevention resources	8	10.8%
Housing subsidies	11	14.9%
Permanent supportive housing	20	27.0%
Other (please specify)	8	10.8%
Other Comments	Coordinated Entry; Available housing; Social services to provide one-to-one support and guidance; MORE needed!; Mental health and addiction facilities; all—the whole is only as strong as the weakest link. Services need to be coordinated in a more transparent and collaborative way; Safe areas for people to be if not at the shelter or able to remain safe within shelter agencies. i.e.: campgrounds, safe parking areas, day center, recovery cafe; Meeting immediate needs, bathrooms, trash, etc.	

Why do these parts have the greatest need for improvement?

Part	Count	Comment
Outreach	6	Reaches more people. Lets them know what's available; We aren't aware of all the people who need help; Need more outreach workers; no visible outreach from the county lead agency on the West End; Workers who are willing to go out in the most places in the community where the homeless and those congregating are at; need more workers to connect with addicts and mental health clients.
Assessment and prioritization	8	Access is difficult; People say the assessment is too hard; We need to learn the most effective ways to do this to help the most people; Better assessment/prioritization of people experiencing homelessness; Assessment and Priority placement seem to be impacted by the connection between paid staff and client; The name-by-name list required by funders is not used. Housing opportunities are offered based on staff choice and not needs-based; no visible presence by the county lead agency on the West End; Assessments need to be immediate.
Shelter system	12	There are not enough beds or shelters to accommodate the volume of the homeless population; Our local shelter system seems to emphasize group shelters, while individual hotel rooms and tiny houses seem to work better; we need more case management so people don't get stuck at the shelter forever; Need more shelter services in our county; ever changing, unclear who works at the shelter and who is staying there; not open 24/7; we don't have capacity for all in need; No emergency/drop-in shelter on the West End; Reaching those in need for emergent needs and willing to assist those to fill out the forms or assist in getting the required documentation for clients who have no paperwork with them; Have only low-barrier housing and no clean and sober shelter; Employees lack training, education, and empathy; shelter is needed on the West End of Clallam County (there is none for general homeless people). Port Angeles needs to have transitional sheltering, full-time Social Worker-led care as well as emergency sheltering services.
Prevention resources	6	Prevention of homelessness seems more effective than waiting until someone is homeless; need to make faster decisions and obligation of funds to keep people housed; To keep people housed; No visible presence by the county lead agency on the West End; No prevention in school; It's nearly impossible to find intervention to prevent homelessness.
Housing subsidies	11	Follow-through is lacking; Not enough housing available and people destroying housing; This would be a good way to prevent homelessness; not enough housing; Need more funds to help pay for housing in our area for low income; To help get people housed; we need more subsidy and prompt payment to landlords; More affordable housing is needed; Outreaching the most vulnerable and to see about getting a case manager to assist in follow-through.; no housing; Are often not taken due to Coordinated Entry not getting the funds out in a timely manner.
Permanent supportive housing	18	People need help with so many other things in their lives in order to keep housing; Not enough resources; They don't have to uproot on a timeline. Once in, they're in; Not enough (any?) of this; it is expensive; There are many veterans with many problems—mental, physical, and emotional—and just putting them in a house or apartment is not going to break the habits and reset the thinking. They need guidance, direction, to be held accountable and to be trained in how to live in a home; More units desperately needed! Lack of housing stock; Not enough; not enough housing; lack of available housing; not enough available housing stock; To keep people housed; we need so much more of this as well; Nowhere near enough permanent housing—especially for families with children; There are very few units, it is not seen as supportive by those living there, and often the policies make it hard to continue services i.e.: The Tempest was a permanent supportive

Part	Count	Comment
		housing program and due to how it was run it eventually became condemned and is now shuttered. Many of those kicked out remain back on the streets; VASH is the only permanent supportive housing on the West End and it is tenant-based. There is no project-based permanent supportive housing on the West End; Assisting clients with follow-up and to guide them at times for services needed to be productive in keeping the homes or apartments; Need to move single residents into small buffet apartments and move families into a housing unit; Ours has very little.
Other...	7	<p>Coordinated entry: Prioritization is non-existent and follow-through is lacking;</p> <p>Available housing: Need exceeds the availability;</p> <p>Social services to provide one-to-one support and guidance: A key resource to prevent a return to homelessness;</p> <p>Mental health and addiction facilities: To get people housed;</p> <p>All—the whole is only as strong as the weakest link. Services need to be coordinated in a more transparent and collaborative way: leaders of providing agencies need to coordinate with each other to inform each other of available funding and services;</p> <p>Safe areas for people to be if not at shelter or able to remain safe within shelter agencies, i.e.: campgrounds, safe parking areas, day center, recovery café: People get trespassed from shelter. There are folks with protective orders in place so cannot go to shelter. We have one option. Where are those who can't stay at shelter supposed to go to be safe? And because they are trespassed from shelter, they very often are not provided with housing resources at all because the housing resource center is hard to get a hold of and often people never hear back after intake is done;</p> <p>Meeting immediate needs, bathrooms, trash, etc.: Homeless have none of their needs met by the city. All is covered [by] nonprofits.</p>

When you make referrals to other providers, how often do you know the outcome of those referrals? (e.g., client received housing or service)

Response	Count (n=31)	Percentage
Sometimes	13	41.94%
Often	11	35.48%
Rarely	4	12.90%
Never	2	6.45%
Always	1	3.23%

In what ways do you coordinate services with other agencies? (Check all that apply)

Response	Count (n=60)	Percentage
Case conferencing	13	21.7%
Committees	12	20.0%
Regional or local planning groups	14	23.3%
Agency cross-training	6	10.0%
Other (please specify)	15	25.0%
Other Comments	<p>Existing network; Referrals; Receive CCG referrals; We receive referrals from many agencies as well as from OMC patient navigators, SRI&A, Paratransit, 211, doctor offices, housing resources and so many more. If the referral is asking for a service we cannot provide, we make every effort to provide alternative resources and programs; Staff and volunteers may contact other agencies, but I don't know how organized we are; At the Stand Downs, we have all kinds of Service Providers available to the veterans. They in turn network with each other to help any person at the Stand Down; Warm hand-offs is what has been working for the SSP; Partnering with fellow agencies to provide wrap-around services to our population as needed. This has been very encouraging with a lot of positive results; talk to each other, warm hand-off, task force membership; We chase them for info, call repeatedly and email their supervisors. We attend Serenity House staffing on Tuesdays, the team invites housing resource staff along with them to outreach with those not using shelter on a weekly basis (hit and miss if they attend). We attend NOHN collaborative care mtgs weekly; Referrals to other Veteran-specific programs (OlyCap); Assist in trying to help secure documentation that is needed to fill out the proper paperwork for application and secure a copy of the cards for future references to assist in other ways; We collect information about agencies that assist with housing and pass them on to those who need direction when trying to find housing; Email, phone calls, weekly meetings, and in person; We call them and do a warm handoff to the agency. We stay connected until we know that that client is housed.</p>	

On which topics do you currently coordinate with other agencies? (Check all that apply)

Response	Count (n=149)	Percentage
Improving services for priority populations (e.g., LGBTQ+, veterans)	12	8.1%
Policy	6	4.0%
Mental and behavioral health services	17	11.4%
Substance use services	17	11.4%
Homeless outreach	22	14.8%
Community engagement	19	12.8%
Funding and allocation decisions	7	4.7%
Individual service plans	15	10.1%
Family services	11	7.4%
Rural services	16	10.7%
Other (please specify)	7	4.7%
Other Comments	<p>Outreach, agency education/training, inter-agency coordination; The pastor has a discretionary fund which is sometimes used. Various church programs like Lois's Legacy may make referrals; meeting needs, crisis intervention, suicidal behavior, re-entry from jail, re-entry from treatment, relapse; I coordinate well with Veteran-specific programs but have had very little success trying to work with Serenity House of Clallam County. All the clients in the program I case managed filled out Serenity House's intake assessment in March and have yet to be contacted to be entered into their system or their "by name list"; Help from our tribal entities for the clients if they are from my tribe and connect them with the services needed from us; Connecting support services for food, mental health, legal issues, medical/dental services, and shelter; We are always championing services and money for the West End of the County.</p>	

On which topics do you NOT currently coordinate with other agencies, but would like to? (Check all that apply)

Response	Count (n=75)	Percentage
Improving services for priority populations (e.g., LGBTQ+, veterans)	10	13.3%
Policy	12	16.0%
Mental and behavioral health services	6	8.0%
Substance use services	3	4.0%
Homeless outreach	3	4.0%
Community engagement	9	12.0%
Funding and allocation decisions	13	17.3%
Individual service plans	5	6.7%
Family services	6	8.0%
Rural services	5	6.7%
Other (please specify)	3	4.0%
Other Comments	I'll have to think about this; I have listened in on some homeless outreach but would like to know more; Big picture funding decisions and solution-focused policy, there is a homelessness task force and a shelter provider meeting both happening monthly where very little is accomplished despite a lot of conversation about the lack of resources.	

**Ideally, how would you like for coordination in the county to be structured? Who should be leading this effort?
(Open-Ended Response)**

1. Coordinated Entry should be led by the County; The county should be leading it [coordinated entry]; The County Commissioners should lead this effort. All players should be on the task force; Clallam County/HRC/OlyCAP; Larger input city- and county-level government; I feel that the county/cities involved should be leading this; Clallam County. I do not feel that Serenity; The effort should be coordinated by the County using community-based organizations; The county should be leading this effort and then funding and professionalism would be more accountable; I would like the county to be deconstructing the response to homelessness. I would like more oversight so that we know that other agencies are held accountable for the funds that they are utilizing from local coffers; House of Clallam County is effectively addressing the needs of the entire county. (11)
2. The people doing the work on the ground.
3. The current system is not great but I have no other solution.
4. It should be done as a round table style. No leaders, just a network of information.
5. Peninsula Housing Authority.
6. We just need more community members to be involved with agencies to assist with idea, support, and follow-up. The leader should be someone who has plenty of time, interest, and knowledge of homeless people and resources.
7. Whoever can do the best job!
8. Coordinated entry system with an identified lead agency, but adding involvement with homeless task force/committee to help identify process improvements. The homeless case staffings are helpful for coordination across agencies.
9. Over zoom! The meetings need to be better publicized.
10. All the agencies would have the same training and work well together.
11. Not sure; dk [don't know] (2)
12. There is no single agency in this community able to lead this effort. Coordination is the key and requires a single person to draw all the providers to the table to identify their strengths and lay out a map to a solution together. Each provider is knowledgeable in their field and brought together in the right way will be brilliant in designing a collective solution as long as all participants put their own greed aside.
13. Ideally it needs to continue to be a joint effort by multiple community groups. Different agencies serve different needs and meet populations at different points of service. Whomever a client bonds with and is accessing services through should be able to access housing resources.
14. Someone that can advocate not just for funding.
15. I think it needs to be committee-run unfortunately. Perhaps members from each stakeholder get elected into the committee and receive some sort of stipend for their efforts/time.
16. Contact from each area, Sekui, Clallam Bay, Neah Bay, Quileute, Hoh, Elwah, Jamestown, Forks, Beaver, Joyce, Port Angeles and Sequim. A point person in each area instead of "Oh, here is the person or agency you can call to get paperwork started."
17. Someone who knows homelessness.

How satisfied are you with the coordination of homeless services in the county?

Response	Count (n=29)	Percentage
Dissatisfied	19	65.52%
Very dissatisfied	5	17.24%
Satisfied	5	17.24%

Allocation of Resources

Over the last 3 years, what kind of change or trend has there been in your agency's staff and funding?

1. We could use more.
2. We now do drive-through only for picking up food. We have extended our hours to 5 pm. We now have a younger group of volunteers who volunteer here. We now do deliveries to the elderly and those that don't have access to the food bank.
3. Because we only help people retain housing, it has been pretty consistent.
4. Fluctuations depending on funding.
5. We have less funding now.
6. Minimal. We are able to provide services because of grant funding.
7. I think funding has stayed the same, but we may be losing staff.
8. NORVH is building permanent housing for seven permanently disabled veterans—to open in Oct 2021. Next we are going to work on a similar plan for Sequim starting in 2022.
9. Increase in allocation of Section 8 vouchers for homeless veterans. No change in staffing.
10. Increase in funding and staff; not enough housing.
11. More outreach.
12. I am fairly new so I don't have an answer
13. Only have worked in my current position for one year.
14. Reoccurring staff turnover due to wages and high burnout rate.
15. Number of individual donations is down.
16. None for shelter, but hopefully this is changing.
17. Decrease in public funding. increase in staff by 1 FTE (of 8).
18. Decrease in funding affecting amount of available emergency housing.
19. Little to none.
20. Increasing.
21. Funding for outreach has increased and at the same time other outreach-type programs have started to amp up their efforts. We have been able to secure funds for case management which we define very broadly so that we are managing all involved services and not just those received at our agency.
22. We have had stable staffing but this seems to be the exception rather than the rule. Our funding we receive from the Clallam County 2163 monies has been fairly constant.
23. Staff turnover and agencies not meeting certain needs of our homeless or services for our youth, the veterans need those services as well.
24. Steady.
25. n/a
26. More grants for outreach and connecting those unhoused to services.
27. We have the same staff, but our funding has gone down due to lower numbers of residents during COVID (intentional due to distancing).

In terms of staff funding, resources are...

Response	Count (n=26)	Percentage
Increasing somewhat	10	38.46%
Decreasing somewhat	8	30.77%
Not changing	7	26.92%
Decreasing a lot	1	3.85%

Over the last 3 years, what homeless services have decreased as a result of the decrease in resources? (Check all that apply) (of respondents who said funding was decreasing—somewhat or alot)

Response	Count (n=16)	Percentage
Service hours	1	6.3%
Client capacity	5	31.3%
Shelter beds	4	25.0%
Navigation services	2	12.5%
N/A	3	18.8%
Other (please specify)	1	6.3%
Other comment	Staff turnover, a client starts with one individual and then our shut down or stay at home order, they are given or handed off to another staff member.	

If your organization were to receive new or additional funding, what would you recommend as priorities for investment? (Check all that apply)

Response	Count (n=92)	Percentage
New shelter space	11	12.0%
Staffing	15	16.3%
Outreach or other resources for encampments	11	12.0%
Homelessness prevention	13	14.1%
Permanent housing	23	25.0%
Personal Protective Equipment, hotel/motel rooms, or other COVID-19 related needs	6	6.5%
Technology (e.g., tablets or phones for employees)	5	5.4%
Other (please specify)	8	8.7%
Other (please specify)	Childcare subsidy; utilize the media outlets to advertise services and free wifi to access; transitional housing and sober housing would be priorities; case management that does not discharge once housing is received; coordination of all resources in Clallam County; prioritize the west end of the county as much as central and eastern Clallam County; stop investing in agencies that are not showing expected outcomes; expand shelter services to neighboring communities; project-based or set-aside units specifically targeting homeless population; expanded hours in teen centers to allow programs and shelters to grow from 3 hours per school day to 6 hours.	

Access to Services

Based on your work, what are the most common challenges faced by clients? (Check all that apply)

Responses	Count (n=126)	Percentage
Debt	13	10.3%
Disability	18	14.3%
Lack of job opportunities	13	10.3%
Substance use	23	18.3%
Lack of access to healthcare (including mental and behavioral health)	17	13.5%
Lack of affordable housing	29	23.0%
Other (please specify)	13	10.3%
Other comments	Victims of abuse (sexual and landlord) and serious crime and hesitancy to report it; lack of behavioral health facilities for detox and stabilization; lack of education for higher paying jobs; lack of social support and spiritual home; PTSD and undiagnosed past trauma; discrimination based on race, gender, ethnicity, and poverty; lack of access to legal services; lack of childcare (2); no place during day to transition from homelessness; poor credit; chronic familial poverty; mental health issues; lack of documentation or social security cards; restrictive rent policies.	

What are the most common challenges in your work to serve clients? (Check all that apply)

Response	Count (n=90)	Percentage
Lack of affordable housing stock	25	27.8%
Poor landlord engagement	9	10.0%
Lack of agency resources	11	12.2%
Coordination among providers	12	13.3%
Lack of support from policy makers	12	13.3%
Lack of support from community	16	17.8%
Other (please specify)	5	5.6%
Other comments	Lack of diversity in mental health providers; Lack of awareness of an individual's needs; lack of comprehensive services to refer people to; local government in general (individuals such as Randy Johnson excluded from this statement) are not listening to their collective moral compasses but being driven by popular vote. There is no easy solution but local government needs to have a clear message sent that they must be part of the solution and they must listen to more than a select few providers; If I had to number the MOST difficult, it is lack of affordable housing/rentals; WE coordinate nicely, but we find that certain agencies do not coordinate with us...and they should. Serenity House does not communicate well with other agencies.	

Does your agency offer homelessness prevention services?

Response	Count (n=30)	Percentage
No	11	33.67%
Yes	19	63.33%

How strongly do you agree or disagree with the following statements? (of agencies that offer prevention services)

Statement	Strongly agree	Agree	Disagree	Strongly disagree
Prevention is targeted to those most at risk of homelessness (n=20)	15.00%	55.00%	25.00%	5.00%
There are sufficient prevention resources to meet current demand (n=21)	0%	14.29%	38.10%	47.62%
Prevention is effective at stopping people from entering the homeless system (n=21)	23.81%	57.14%	14.29%	4.76%

Why does your agency not currently offer homelessness prevention services? (Check all that apply) (of agencies that do NOT offer prevention services)

Response	Count (n=11)	Percentage
Lack of funding	1	9.1%
Lack of demand	0	0.0%
Lack of administrative or staff capacity	3	27.3%
Other (please specify)	7	63.6%
Other comments	We bridge people to resources that offer prevention services. We are a support agency for participants—we are case management and outreach; We provide food. We have not been given the resources to do so or the funding to do so; We do not provide housing, but we do provide information about available resources and provide phone numbers to other agencies. For the most part, we provide services such as transportation and information on other services so they may find the help they need; We only do this informally, trying to connect individuals with temporary help or other agencies that can help, or making informal connections (for jobs, house-sitting; providing food, etc.); Offer homelessness prevention education services to new clients, and connect to Serenity House or 10-10 shelter, DV shelter if already homeless; we are not a direct service provider; As a Boys & Girls Club, our mission is to serve youth.	

Does your agency currently engage in landlord outreach efforts?

Response	Count (n=29)	Percentage
No	15	51.72%
Yes	14	48.28%

What is your agency currently doing to engage landlords? (Please check all that apply) (of agencies that engage in landlord outreach)

Response	Count (n=32)	Percentage
Outreaching to property management companies or associations	13	40.6%
Outreaching to individual landlords	13	40.6%
Posting flyers on social media or in physical establishments (e.g., churches or coffee shops)	1	3.1%
Offering landlord incentives	3	9.4%
Other (please specify)	2	6.3%
Other comments	On behalf of participants, not just for engagement but for specific allowances; Provide social media information to our community members on a private page.	

Overall, how effective do you think these landlord engagement efforts are at making units available for clients? (of agencies that engage in landlord outreach)

Response	Technique	Count (n=14)	Percentage
Extremely effective	Outreaching to property management companies and individual landlords	1	7.14%
Very effective	Outreaching to property management companies and individual landlords (4); offering incentive (2)	4	28.57%
Somewhat effective	Outreaching to property management companies (6); outreaching to individual landlords (5); Posting flyer (online or in physical place) (2); offering incentives	6	42.86%
Not so effective	Outreaching to property management companies (2); Outreaching to individual landlords (3)	3	21.43%

Why does your agency not currently engage in landlord outreach? (Check all that apply) (of agencies that do NOT engage in landlord outreach)

Response	Count (n=15)	Percentage
Lack of funding	1	6.7%
Lack of administrative or staff capacity	5	33.3%
Other (please specify)	9	60.0%
Other comments	We engage with agencies that do and attempt to assist; Never been offered to be involved in it; Focus of the program is primarily engagement and stabilization of individuals with the intent of bringing them back into the mainstream of services; Outside primary scope; N/A; Again, only informally, if we know of someone who can help; Some case managers do reach out and connect with landlords if that is the client goal; we are not a direct service provider; Not our mission	

Has your agency experienced any community opposition to providing services or housing for clients?

Response	Count (n=29)	Percentage
No	12	41.38%
Yes	17	58.62%

What types of challenges have you experienced with community members?

Response	Count (n=66)	Percentage
Opposition to shelter services being in neighborhoods	12	18.2%
Encampment clearing without outreach or connection to services	11	16.7%
Racial discrimination	8	12.1%
Harassment of people experiencing homelessness	13	19.7%
Opposition to moving shelter residents into housing	10	15.2%
Opposition to funding homeless services	12	18.2%
Comments	People experiencing homelessness have been the target of violence, even on social media there we have seen organizing protests against agencies assisting people experiencing homelessness, comments anywhere from moving people experiencing homelessness out of the county to "hang 'em high"; "Not in my neighborhood."	

How strongly do you agree or disagree with the following statements?

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
My agency supports housing first (n=28)	25.0%	50.0%	14.3%	10.7%
The most vulnerable clients are prioritized for housing at my agency (n=26)	26.9%	42.3%	23.1%	7.7%
The race and ethnicity of frontline staff at my organization reflects the race and ethnicity of the people we serve (n=29)	10.3%	75.9%	13.8%	0.0%
The race and ethnicity of senior managers at my organization reflects the race and ethnicity of the people we serve (n=29)	0.0%	55.2%	37.9%	6.9%
People of color experiencing homelessness have the same outcomes as white people in our service system (n=28)	7.1%	42.9%	35.7%	14.3%
There are services and outreach to address the specific needs of the LGBTQ+ community (n=29)	6.9%	31.0%	51.7%	10.3%
There are services and outreach to address the specific needs of youth experiencing homelessness (n=28)	25.0%	42.9%	21.4%	10.7%
Comments	<p>There is lack of diversity in service providers in the area. But there is an active effort to diversify. For a long time, I was the only person of color on the many boards I have been a part of but that is no longer the case, so there has been an active move to improve this and it is getting better; We serve seniors aged 60+ and adults with special needs 18+; Both our staff and the homeless people we have encountered have been white so far; Housing First model ONLY WORKS with intensive case management supplied ONSITE. Otherwise you are just housing someone who is in crisis and they will likely fail again if they are not supported daily.</p>			

Impact of COVID

What changes has your organization seen due to COVID-19? (Check all that apply)

Response	Count (n=99)	Percentage
Closed shelters	3	3.0%
Stopped services	11	11.1%
Delivery of services virtually	18	18.2%
Increase in demand for services	18	18.2%
Decrease in demand for services	4	4.0%
Offering new services	15	15.2%
Staff shortages	13	13.1%
Staff turnover	11	11.1%
Other (please specify)	6	6.1%
Other Comments	<p>Staff at locations (shelters and service providers) ignoring CDC mandates and placing participants at risk as well as service providers like myself. Services becoming much more difficult for participants to access making bridge services like mine even more necessary. With COVID we became MORE busy while other services went on lockdown; Staff shortage and turnover is huge; We have had to discontinue our community dinner, but are working with the food bank to distribute food. We now have limited in-person church services; Providing smartphones with free service to help people access services by phone or video. Stopped physical outreach services; Virtual appointments are great if people have stable internet access which is not a reality in all parts of the county; Less grants available, less donations from donors, smaller numbers means that we have less income from our contract with the VA. Ramped up mental health issues and more costs due to PPE.</p>	

How do you expect these changes to influence your organization over the next year?

1. Like it did this year. We have provided vaccine clinics, field COVID testing, as well as offered COVID supplies and PPE to services providers and our participants in the field along with all of our other supplies (sleeping bags, food, and housing referrals).
2. I see this pandemic changing how we provide service to individuals permanently.
3. As we pull out of COVID, hopefully we will be able to hire more people to help more people.
4. We work harder to make sure clients don't have to suffer due to the pandemic.
5. We anticipate returning to normal operations by 2022.
6. I would expect changes to be handled a little easier over the next year.
7. This year of COVID-19 shut downs have helped in some ways by needing to find new ways of communication, offering new services that will provide more efficient ways of doing business.
8. Less personal contact with people who need help.
9. Easier access to virtual/telephonic care, but may not be reaching harder-to-reach people d/t less physical outreach.
10. Disruption will continue.
11. Dk. [don't know]
12. I expect COVID will cause a lot more homelessness and is making new mental illnesses.
13. Most of our staff have been focused on COVID response.
14. The staff who are still working have an increased workload which places them at a higher risk for burnout.
15. Continuation of virtual programming.
16. Hopefully allow us to expand to accommodate the increased demand for services.
17. Positively.
18. Disruption in staffing always lengthens case time.
19. Uncertain.
20. We will continue to perform telehealth for those living in encampments. The need will be technology and supplies.
21. Fill all our positions that are vacant.
22. None.
23. Hopefully services that were once provided will resume and staff will stay engaged.
24. We are still hunkering down.

Are there any changes made during COVID you would like to see implemented past the pandemic? (Check all that apply)

Response	Count (n=62)	Percentage
Remote intakes	14	22.6%
Remote case management	11	17.7%
Increased service hours	10	16.1%
Work from home	9	14.5%
Offering new services	10	16.1%
Other (please specify)	8	12.9%
Other comments	Telehealth; contactless service. It's better for all parties involved; Increased shelter capacity; remote court appearances, support to maintain and access internet services; We need to fund internet and devices for clients to have open general internet (not "only for school" or "services"); Our community gained a shelter option due to COVID. It will go away when COVID does. I would like option to remain; Social media is working so continue those services as well; Zoom was more effective for meetings for rural living. It also increased our clients' accessibility for meetings with providers.	

Respondent Questions

Which city is your agency located in?

City	Count (n=30)	Percentage
Forks	6	20.00%
La Push	1	3.33%
Port Angeles	17	56.67%
Port Angeles and Forks	1	3.33%
Port Angeles and Sequim	1	3.33%
Port Angeles/Port Townsend	1	3.33%
Sequim	1	3.33%
Sequim and Port Angeles	1	3.33%
Forks, Port Angeles, the whole peninsula	1	3.33%

How would you describe your gender identity? (Check all that apply)

Response	Count (n=30)	Percentage
Male	5	16.7%
Female	25	83.3%
Trans*	0	0.0%
Other/non-binary	0	0.0%

How do you identify your race/ethnicity? (Check all that apply)

Response	Count (n=31)	Percentage
American Indian/Alaskan Native	2	6.5%
Asian	1	3.2%
Black/African American	1	3.2%
Native Hawaiian/Pacific Islander	1	3.2%
White	26	83.9%
Hispanic/Latino	0	0.0%
Other (please specify)	0	0.0%

How many years have you worked in homeless services?

Response	Count (n=26)	Percentage
1 or Less	2	7.7%
2-5	8	30.8%
6-14	10	38.5%
15+	4	15.4%
Other	2	7.7%
Other comments	1 year directly and 12 years connecting homeless clients to housing in the community; N/A	

How many years have you worked with your current employer?

Response	Count (n=30)	Percentage
1 or Less	4	13.3%
2-5	8	26.7%
6-14	10	33.3%
15+	6	20.0%
Other	2	6.7%
Other comments	N/A; Volunteer	

Do you have lived experience of homelessness?

Answer	Count (n=30)	Percentage
No	19	63.33%
Yes	11	36.67%

What training needs would you need to advance your career in your agency? (Check all that apply)

Response	Count (n=52)	Percentage
Technology	8	15.4%
Grant writing	8	15.4%
Financial management/HUD regulations	7	13.5%
Data management	11	21.2%
Leadership/supervisory training	11	21.2%
Other (please specify)	7	13.5%
Comments	Time to finish my degree; Not Sure; dedicated staff; Not planning to advance—employed part time out of retirement; N/A (3)	

Appendix D: HMIS Data Analysis

Serenity House provided The Cloudburst Group a raw export of HMIS data from December 2017 to March 2021. The primary purpose of this analysis was to examine differences in outcomes for different subpopulations, including:

- Black, Indigenous, and other people of color.
- Survivors of domestic violence.
- Transgender and gender non-conforming individuals.
- Veterans.
- People with a disabling condition.
- Chronically homeless individuals.

The data had several data quality issues. In the Washington Balance of State dashboards,⁵ Clallam County has a data quality error rate of 64 percent, which is higher than the Balance of State average and neighboring counties on the peninsula. HMIS data quality and coverage could be considered a system gap in itself.

To mitigate overall data quality issues, multiple lines of information were collapsed to a single line of information using the first entry date and the last exit date of an overlapping time period. In this way, the analysis should be considered by episode of homelessness rather than the outcome of a specific service. Enrollment breaks of more than 45 days were considered a return visit. An example is below:

Original data

Client ID	Service	Entry date	Exit Date	Exit Destination
1234	Outreach	1/1/2020		Interview not completed
1234	Services	1/15/2020	2/1/2020	Place not meant for human habitation
1234	RRH	2/1/2020	5/1/2020	Rental by client
1234	Coordinated Entry	1/17/2020	4/1/2020	Emergency shelter

Cleaned Data

Client ID	Service	Entry date	Exit Date	Exit Destination
1234	Outreach, Services, RRH, Coordinated Entry	1/1/2020	5/1/2020	Rental by client

⁵ https://public.tableau.com/app/profile/comhau/viz/DQDashboard_15719398928900/BoS