Whatcom County Permanent Supportive Housing Evaluation

Report Presentation | September 9th 2025

Agenda

Introduction – 5 minutes

Evaluation Approach – 5 minutes

Key Findings – 25 minutes

Recommendations – 10 minutes

Q&A – 15 minutes

Goals and Objectives

for the Whatcom County Permanent Supportive Housing Evaluation

1. Evaluate the effectiveness, efficiency, and impact of existing PSH programs including a comparison of local program effectiveness, safety standards, policies/procedures, and mortality rates, with those across Washington State and the United States.

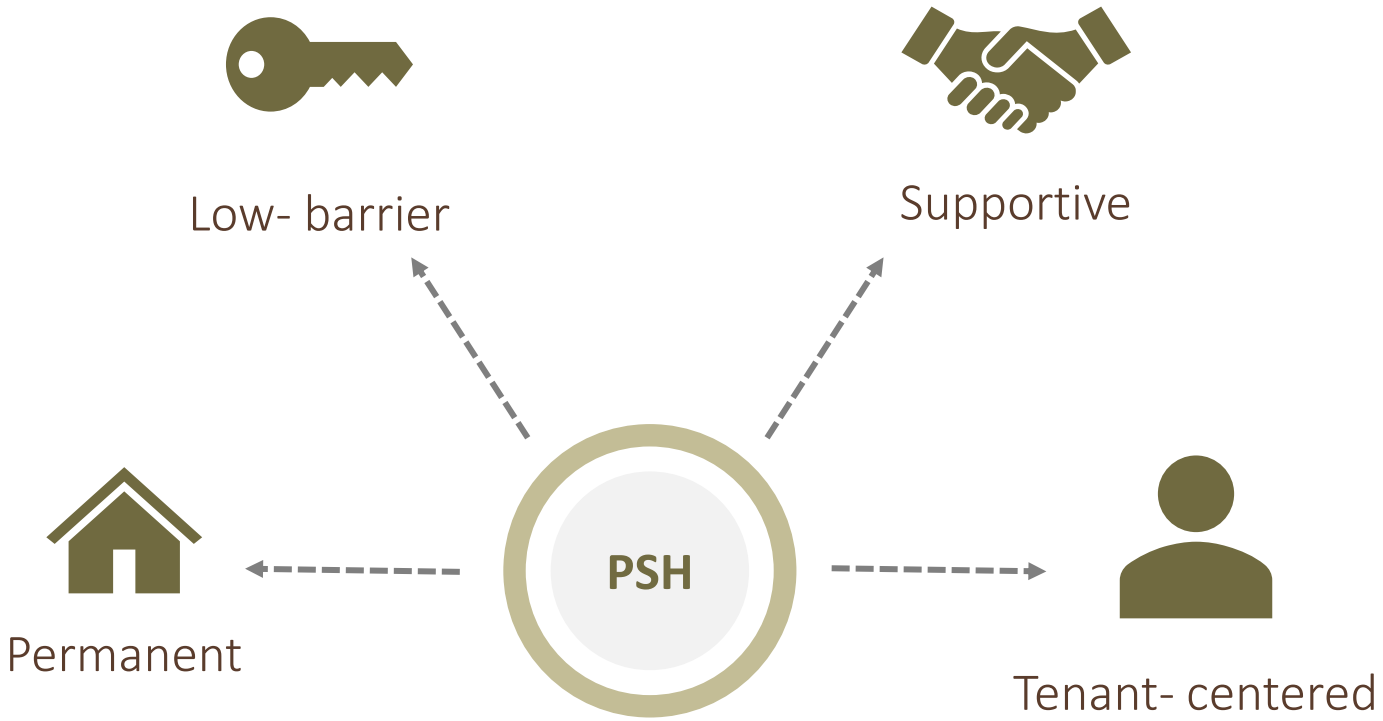
2. Identify areas for improvement

3. Ensure alignment with best practices in the field

4. Identify additional resources and outside partnerships that may be necessary to assure success of the programs, maintain current workforce, and improve tenant house stability

What is Permanent Supportive Housing?

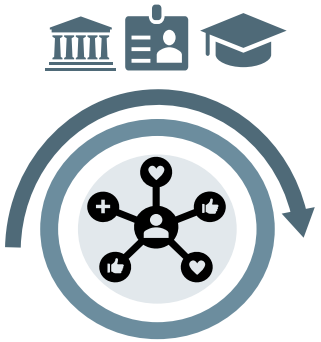
PSH is a housing model that combines **affordable, long-term housing with voluntary services** for individuals and families **who have disabling conditions and experience homelessness.**



Overview of PSH Programs in Whatcom County

Organization	*Program*	*# of units*	*Priority Population*	*Contracted with WCHCS*
OPPORTUNITY COUNCIL	Dorothy Place	22	Adults who have experienced domestic violence and chronic homelessness	No
	22 North	40	Adults who experienced chronic homelessness; including dedicated units for young adults	Yes
	Community Leasing	61	Adults who experienced chronic homelessness	Yes
LYDIA PLACE	Heart House	11	Families with children	Yes
	Baker Place	7	Families with children	No
	A Place for Dads	1	Families with children	No
YWCA	Garden St PSH	6	Single female identifying individuals or those with children	Yes
	Forest St PSH	27	Single female identifying individuals	Yes
LAKE WHATCOM CENTER	Community Leasing	55	Adults with severe persistent mental health conditions	Yes
	Lake Whatcom Center PSH	212	Adults with severe persistent mental health conditions	Yes
PIONEER HUMAN SERVICES	City Gate	37	Justice involved adults, including those exiting jail; veterans	Yes
	Community Leasing	3	Adults	No
CATHOLIC COMMUNITY SERVICES	Francis Place	42	Adults who experienced chronic homelessness	Yes
SUN COMMUNITY SERVICES	Nevada Street	3	Adults	No
	Greggie's House	7	Adults	No

Overview

Who was involved					
Evaluation Activity						
	Literature review of best practices and initial key informant conversations. Finalize evaluation methods.	Document review, round 1 interviews with program leads, and complete SAMSHA Fidelity Scale scoring.	Obtain PSH program and mortality data from WCHCS quarterly reports, HMIS, and program self-reports.	Interviews with PSH staff, tenants, community members, county council, and subject matter experts. Round 2 interviews with program leads.	Analyze findings, develop recommendations, and gather feedback on the report draft.	Share findings through a report and presentation.

Finalize Approach | Gather Data | Analyze Data | Reporting

Who we worked with:

- WCHCS Staff
- PSH Program Leads/Staff
- PSH Tenants
- Community Members
- County Councilmembers
- PSH Subject Matter Experts

Quantitative Data Sources

- WCHCS quarterly reports
- Program self-reported data
  - Number and demographic characteristics of tenants
  - Tenant deaths
- Homeless Management Information System (HMIS)
  - Mortality data – includes programs classified as PSH
  - Summary demographic statistics and outcomes – includes programs classified as PSH and Housing with Services (HwS)

Limitations

- Incomplete data from quarterly reports
- HMIS data shared by the WA Department of Commerce only included tenants designated as "PSH". Some programs included in this evaluation are classified as Housing with Services (HwS)- data from those programs is missing in the mortality analysis
- Two organizations don't report to HMIS
- Given those gaps, findings should be treated as estimates

Interviews

Participant Type	Method	Final Sample
Whatcom PSH Program Leads	Two interviews	11
Whatcom PSH Staff Members	Interview	7
Whatcom PSH Tenants	Interview	7
State PSH Experts	Interview	2
National PSH Experts	Interview	2
Whatcom Community Members	Focus Group	5
Whatcom County Council	Interview	3
	Total	*37*

Fidelity Scale

The **PSH Fidelity Scale** is an evidence- based evaluation tool developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

It has **seven dimensions**:

- Choice of housing
- Functional separation of housing and services
- Decent, safe, and affordable housing
- Housing Integration
- Rights of tenancy
- Access to housing
- Flexible, voluntary services

Of note:

- SAMHSA does not expect programs to have a perfect score
- Scores ≥ 18 = considered aligned with the PSH model

From 2019-2024, Whatcom County PSH and HwS programs served 1,298 individuals (unduplicated count)

This included 822 heads of household. Of the heads of household:

- **88% were in a homeless, institutional, or temporary housing situation prior to program entry.** Of those who were homeless, 76% were in a homeless situation for >12 months in the three years prior to program entry.
- **46% are survivors of domestic violence.** Of those, 38% were currently fleeing at time of program entry.
- **88% have some type of disabling condition.**

When looking at disabling conditions among heads of households:

- 43% have a physical disability
- 83% have a mental health disorder
- 31% have a substance use disorder (this includes individuals who have alcohol use disorder only, drug use disorder only, or both)
- 45% have a chronic health condition
- 31% have a developmental disability

Source: HMIS data collected at program entry. This includes data from programs classified in HMIS as PSH or HwS (Housing with Services).

Alignment with Best Practices

Where programs were aligned with best practices:

- 6 of 7 organizations scored ≥18 on the SAMHSA PSH Fidelity Scale, indicating **overall alignment with PSH core principles**
- 6 of 7 organizations offer **full legal rights of tenancy** (tenant lease)
- 5 of 7 organizations offer highest level of **housing affordability** with tenants paying no more than 30% of their income toward housing costs
- All programs offer **voluntary services**
- All programs have a strong commitment to trauma-informed, harm reduction-based care

Where some programs were not aligned with best practices:

- PSH units often clustered in single buildings, rather than scattered-site housing
- Lack of 24/7 staff available
- Stricter eligibility requirements
- Additional participation expectations in some programs: three programs reported that while participation is technically optional, services are presented as an expected part of tenancy

Successes and Strengths

Programs serve tenants with complex needs using flexible and respectful approaches

Tenants described PSH as life- changing and healing and reported feeling respected and welcomed by staff

*"When you come in here, not only is it peaceful and warm… **Staff tells me every time I come in: 'Welcome home.'** It's the most comforting thing to hear."*

*"**I really needed stability and help.** To be able to get my life on track and stay medicated and take care of myself."*

Staff emphasized meeting tenants where they are and building trust through repeated, compassionate outreach

*"**Trauma informed care should be at the heart of everything that we do**…being compassionate and empathetic about their situations. Harm reduction is very important. We work with people at different stages in their journeys. Being willing to meet with them wherever they are in their journey, understanding that things are difficult but we're here to support them wherever they are. **We really value clients' voice and choice… We're here to be in the passenger seat giving directions, but they are ultimately choosing where they want to go.**"*

Program Safety

Strengths

- Tenants reported feeling significantly safter in PSH than when unhoused
- Staff typically respond quickly and effectively when incidents occur
- Programs have increased security in recent years
- Many programs have enhanced crisis response protocols, with strong emphasis on de-escalation, trauma-informed care, and tiered response
- Programs use harm reduction tools (e.g., Narcan, testing strips), proactive overdose planning, and wellness checks for higher-risk tenants

Challenges

- Safety incidents can be traumatizing for tenants and staff
- Not all programs have 24/7 staffing or on-site behavioral health support
- External crisis responders are inconsistent, delayed, or unavailable at certain times; they are unable to intervene if tenants refuse services
- Overdose prevention protocols vary across programs; wellness check processes are not standardized
- Some programs with the highest needs tenants face elevated safety incidents

Lease Violation and Safety-Related Exits

Strengths

- Lease enforcement is a last resort; mutual termination preferred over eviction
- Early intervention practices include behavioral contracts, frequent check-ins, and additional service referrals
- Internal tenant transfers sometimes arranged to support better fit
- Tenants report fair, transparent processes

Challenges

- Formal evictions are lengthy and complex, sometimes exposing others to ongoing risk
- Limited legal/logistical support
- Abrupt exits can lead to homelessness
- Emotional toll on staff and tenants; difficult decisions around "doing the right thing"

Methamphetamine Contamination and Safety

Strengths

- All programs have a strong commitment to maintain a safe environment
- Methamphetamine contamination testing of tenant rooms and common spaces
- Clear tenant communication regarding contamination findings and expectations for remediation

Challenges

- Decontamination is costly and reduces unit availability
- Balancing harm reduction with asset protection remains a difficult tension
  - *We know from WCHCS that this is an ongoing conversation, and there is a need for more specific local guidance for environmental health concerns for meth use*

Background Context:

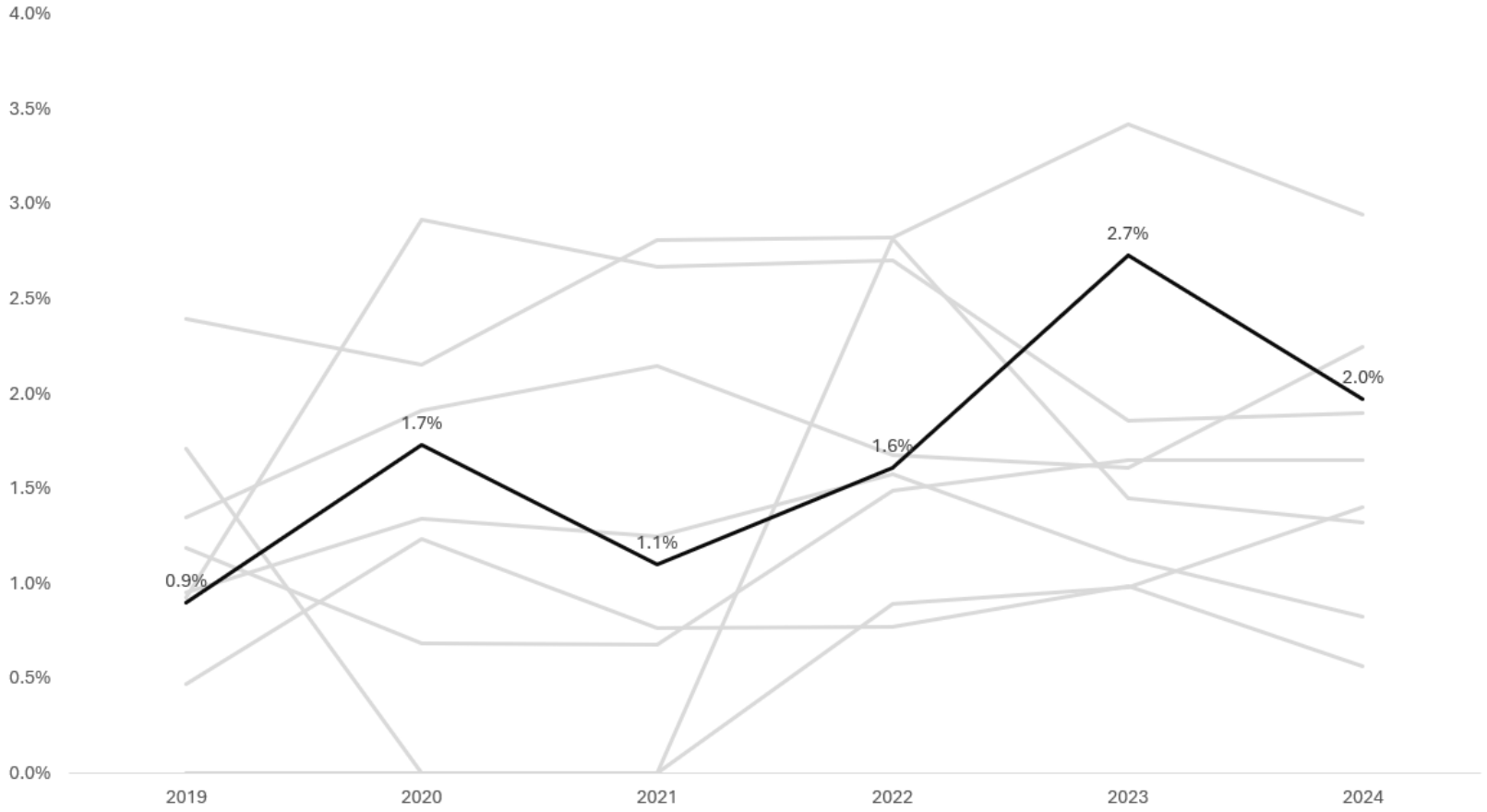
Mortality in PSH Settings

- **Individuals experiencing homelessness face elevated mortality** from preventable causes like overdose, infection, and exposure
- **PSH is designed to serve the most vulnerable individuals**, including those with complex medical conditions and co-occurring behavioral health conditions such as substance use disorders (SUD)
- **National studies show PSH reduces deaths from exposure and violence**, though overall mortality often remains comparable to the homeless population due to chronic health conditions
- **Inconsistent and limited mortality tracking** in unhoused and PSH populations limits understanding and system-wide response

Sources: See references slide

Mortality Rates in Urban WA County PSH Programs

Figure: Mortality rate for all PSH households in 8 urban counties and Whatcom County (Black line) from 2019-2024 (Source: HMIS)



Key Takeaway: Whatcom County's PSH mortality rate is within the range of other urban counties in WA.

Note: *Grey lines represent mortality rates of all PSH households in urban counties with 200,000+ residents: Benton, Clark, King, Kitsap, Snohomish, Spokane, Thurston and Yakima counties.*

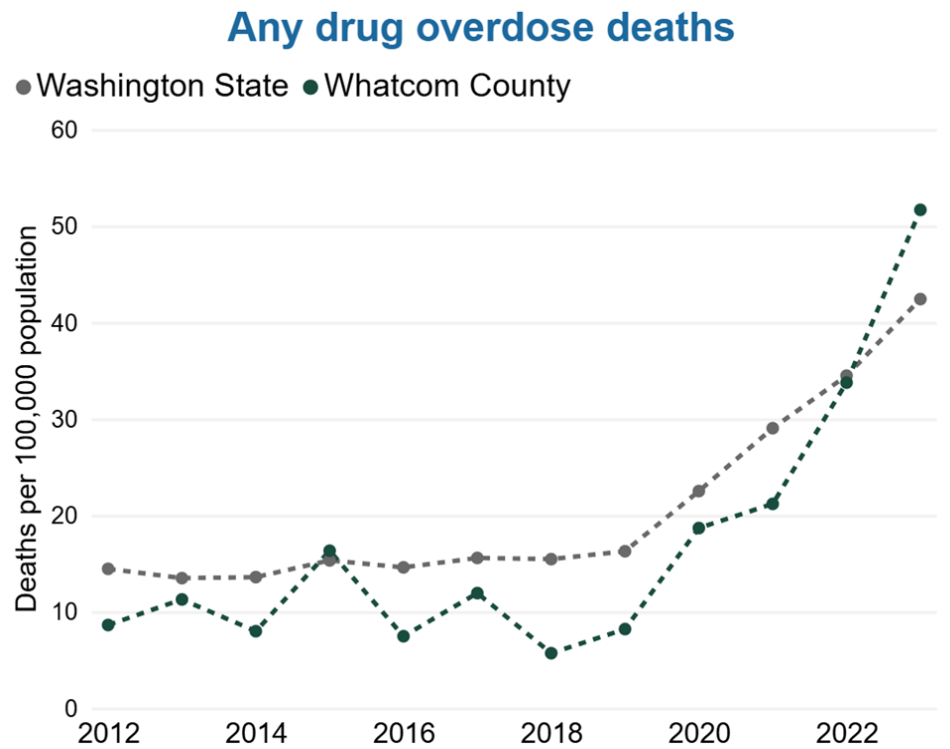
Background Context:

Known and Suspected Overdoses

- **Overdoses can be hard to confirm** as there are often multiple factors involved in a person's death. As such, we use the term "known or suspected overdoses" in this presentation.
- **Homeless individuals face elevated mortality from overdose** compared to the general population
- **Many PSH tenants do not use substances**; for those who do, PSH supports access to voluntary SUD treatment while honoring tenant autonomy
- **Stable housing supports recovery** by reducing exposure to crisis, enabling treatment focus, and lowering risk of arrest or incarceration

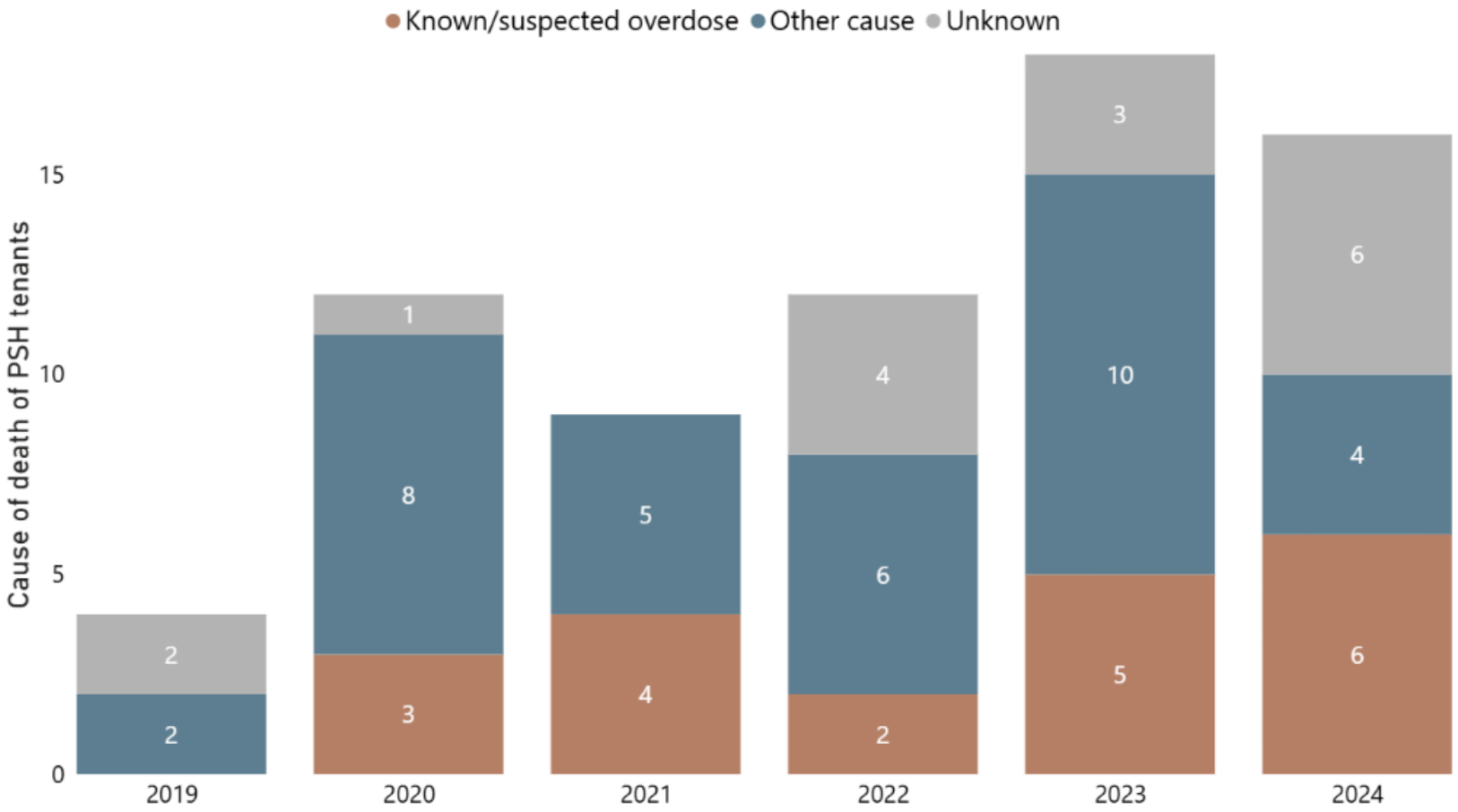
Sources: See references slide

Figure: *Whatcom & Washington State number of overdose deaths per 100,000 for any drugs* (Source: Whatcom County Health and Community Services)



Cause of Death

Figure: Number of deaths of PSH tenants, by cause of death *(Source: reported by PSH programs)*



Key Takeaways:

- Each year except 2024, the majority of deaths were due to other causes (not overdose).
- From 2019-2024, for deaths where cause was identified, 36% were a known or suspected overdose and 64% were from another cause.

Tenant Perspectives on Outcomes and Success

What we heard from tenants when we asked them what has changed for them since entering a PSH program:

Safety

"My sense of security. I'm calmer. I'm not in fear anymore. I can have a window open. I feel safe."

Healing

"Mental health is a lot better. I had severe depression. I still have the occasional bad day, but I wouldn't even consider myself depressed anymore."

Stability

"My mental stability. My financial stability. My relationship with my mother got better...I feel like I'm plugged in into society again."

Autonomy

"Just being able to take care of myself is huge. You can take your own shower, keep your bedroom messy or clean, you have options. I can eat what I want to eat."

Staff Perspectives on Outcomes and Success

Commitment to Housing Stability

Staff are commitment to ensure tenants retained housing.

*"**We go to the ends of the earth.** We work really hard to get them in...We'll do everything we can to keep their subsidy and be successful in housing."*

Housing as a Foundation for Healing and Success

Stable housing enables progress on mental health, substance use, and life skills.

*"Often times, education or employment are people's first goals...**More often than not, once folks are in housing, a lot of the trauma that came up during homelessness it comes back up... and [they] realize they want to focus on healing** – mental health, setting boundaries...year two maybe they're ready to look for work, get back to school, file for divorce, learn how to clean their house, etc."*

Flexibility and Long-Term Engagement

Staff work with tenants for as long as needed — recognizing that healing and progress is non-linear.

*"One of the things I'm always grateful for is there are no cut offs, no ending to the program, other than a client deciding to move on...A lot of folks have had a lot of abandonment, so a program ending can be super traumatic...**Something we do well is offer safety, security, longevity."***

Honoring Dignity at End of Life

Some tenants live out their final years in PSH with dignity and housing.

*"[we] have folks who pass away here, come here and live their life out here. **Maybe this is the only housing they're ever had, and at least they're housed for their last years of life.** They finish their time on earth with us."*

Community Perspectives on Outcomes and Success

Strengths

- Some community members noted major improvements in safety and neighborhood integration
- Housing stability recognized as core success
- Community task force and direct communication have helped reduce stigma

> ***"…it's been night and day to what it was; a lot of learning.*** *Everyone rose to the occasion. Now I feel 22 North is part of my neighborhood."*

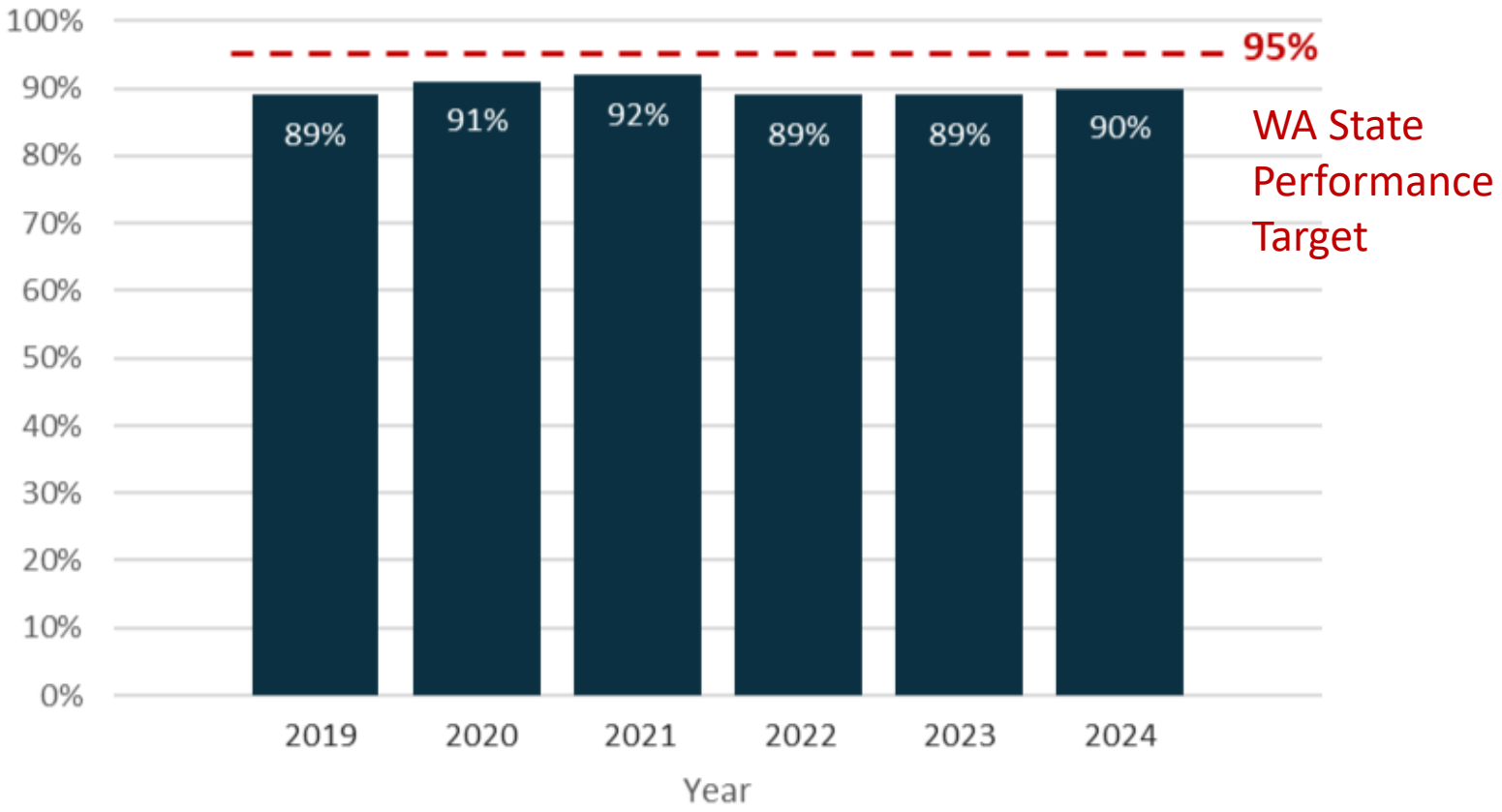
Challenges

- Persistent misconceptions about PSH goals (e.g., expectation of "moving through")
- Some advocate for mandatory sobriety—contradicting PSH's low-barrier, voluntary model
- Limited public understanding of who PSH serves and why
- Negative media coverage outweighs recognition of program successes

> ***"I feel that there should be enough graduations of the programs in order for it to make the programs successful from a broader societal sense.*** *And if that's not occurring, we need to take a look at it."*

Retention and Positive Exits

Figure: Retention and Positive Exits in Whatcom County PSH Programs (Source: HMIS)



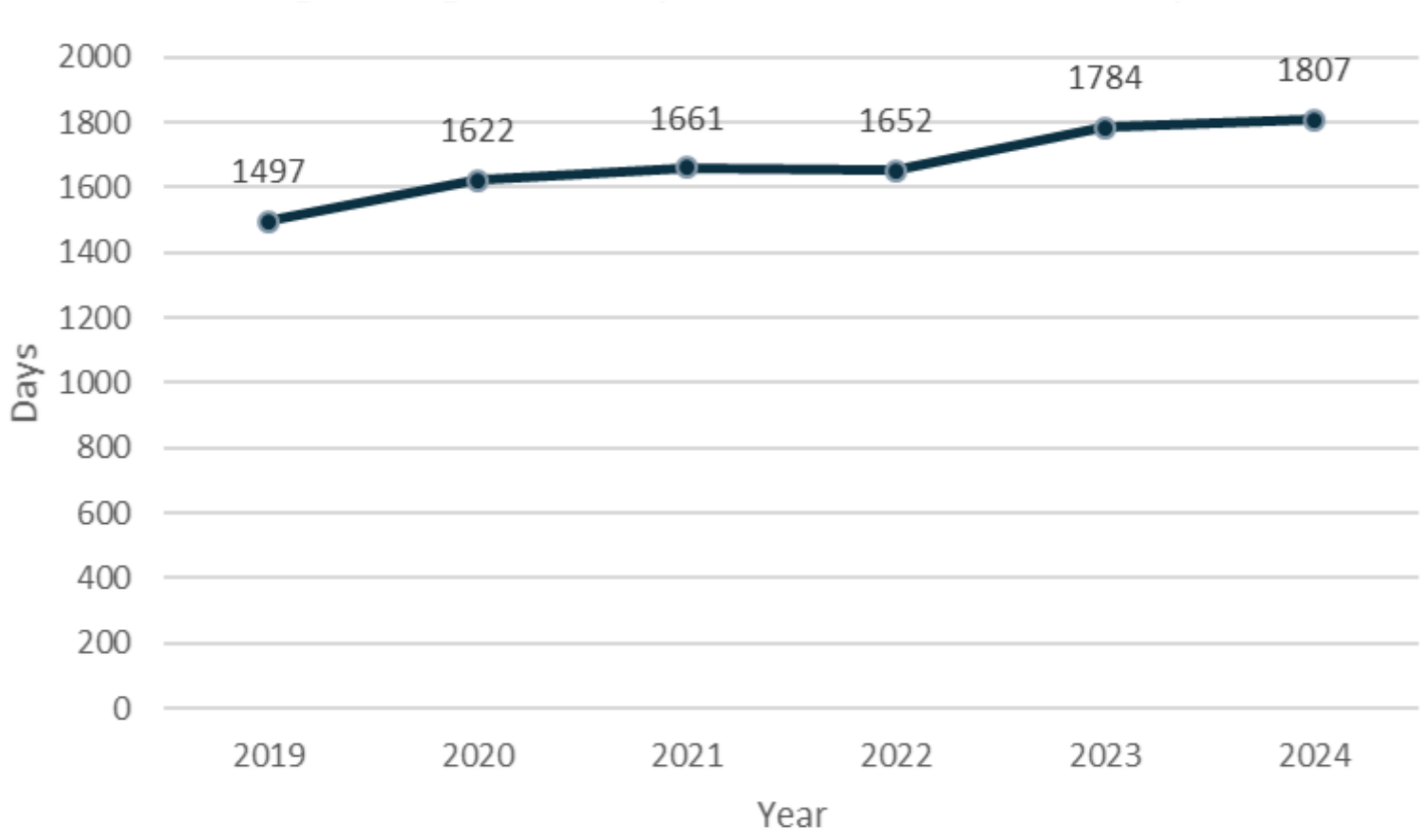
Key Takeaways:

- From 2019–2024, Whatcom County's PSH system maintained retention/positive exit rates between 89%–92%, slightly below the state target of 95%.
- Whatcom County's rates are close to the WA State average rates (90%–92%).

<u>Note:</u> This figure includes data from programs classified in HMIS as PSH or HwS (Housing with Services).

Length of Stay

Figure: Average Length of Stay for PSH Tenants in Days in Whatcom County PSH Programs (Source: HMIS)



Key Takeaways:

- PSH has no time limit for tenancy; long-term stays reflect stability and success.
- In 2024, the **average length of stay was 1,807 days (≈5 years)**.
- This aligns with the PSH goal of long-term, stable housing for tenants with complex support needs.

Note: This figure includes data from programs classified in HMIS as PSH or HwS (Housing with Services).

Monitoring and Quality Improvement

Strengths

- Many programs engage in routine data collection process via HMIS and WCHCS quarterly reports
- Many programs track additional metrics such as tenant engagement, progress towards goals, lease enforcement patterns, and staff turnover trends
- Many programs focus on tenant-defined goals and success (e.g., on housing, boundaries, community, substance use)

Challenges

- Inconsistent monitoring practices across programs (e.g. handwritten logs, missing historical data)
- Few programs regularly used their data for quality improvement
- Most programs do not have formal tenant feedback systems
- Some aspects of WCHCS quarterly reporting are duplicative, incomplete, or lack context
- Data requests not tied to clear quality goals can feel burdensome
- WCHCS cannot disaggregate HMIS data by program
- Programs would like more opportunities to report on strengths

Recommendations

Most programs are implementing strong safety practices and meeting core goals. As such, we recommend steps to further strengthen quality and consistency across the system.

1. Streamline data collection processes
2. Support program-specific quality improvement
3. Support system-level quality improvement
4. Strengthen public communication and understanding of PSH

Recommendations focus on building on current program successes through collaborative quality improvement processes.

1 Streamline data collection processes

Leverage HMIS for quarterly reporting

- Work to identify tenants at the program level
- Track key indicators (e.g., retention, positive exits, tenant demographics) and compare across programs
- Interpret results in context (e.g., different outcomes for higher-need populations)
- Explore options to use HMIS indicators to highlight program strengths (e.g., days housed vs. days homeless)

Simplify WCHCS quarterly reporting

- Eliminate data already available in HMIS
- Refine indicators with program and tenant input
- Keep only indicators used for program improvement or reporting
- Consider light-touch additions like narratives on stability, healing, and success stories
- Clarify use and definitions of all indicators to ensure shared understanding and reduce reporting burden

2 Support program specific quality improvement

Conduct regular data review sessions with each PSH program

- **Quarterly Data Reviews**: Conduct collaborative reviews with each PSH program to assess trends, compare to system averages, identify support needs, and define next steps.
- **Safety & Crisis Response**: Review law enforcement/EMT/fire calls, prioritize support for high-need sites, and explore 24/7 staffing feasibility
- **Behavioral Health Support**: Strengthen partnerships for early intervention and crisis prevention; recruit behavioral health providers for highest-need programs
- **Overdose Prevention**: Implement available best practices such as:
  - Improved protocols, including for overdose tracking and response
  - Supporting partnerships and direct linkages with SUD medications and health care services
  - Staff/tenant training on harm reduction counseling and overdose prevention
  - Naloxone access including tenant-led naloxone distribution programs
  - Provide additional support for high-risk sites

3 Support system-level quality improvement

Building on the newly initiated PSH provider workgroup meetings, meet with programs at least quarterly to share best practices, discuss challenges and successful strategies, and collectively address solutions for key challenges

- **Safety and crisis prevention/response:** standardize protocols, explore PSH specific mobile crisis team
- **Managing lease violations:** support legal navigation, best practices for tenant exits and decontamination
- **Staff training and support:** align training with tenant needs/ population specific needs; reduce burnout
- **Program-level process and outcomes monitoring and internal quality improvement:** strengthen internal processes to incorporate real time, light touch quality improvement approaches and elevate tenant feedback
- **PSH system level challenges:** such as tenant transfers, care for tenants with higher needs

4 Strengthen public communication and understanding of PSH

Support clear, accurate messaging about PSH for community members, Councilmembers, and service providers

- **Clarify purpose & what success looks like:** Emphasize housing stability—not transition—as the goal of PSH
- **Address misconceptions:** Stable housing supports recovery; PSH is not a substitute for SUD treatment
- **Tailor outreach across sectors:** Adapt cross-sector materials (e.g., fact sheets, presentations, orientation sessions) for systems that intersect with housing (e.g., hospitals, jails, law enforcement)
- **Highlight tenant and staff voices:** Use tenant and staff testimonials to counter stigma
- **Amplify PSH champions:** Engage alumni, trusted providers, or Councilmembers to build public trust
- **Leverage state toolkit:** Build on resources from the WA Dept. of Commerce PSH toolkit

Q & A

What questions do you have for us?