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2022 Community Needs Assessment of Klamath County Residential Services and Housing Needs

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Introduction

Purpose

The purpose of this study was to gather information about the housing and residential services needs of people who live in Klamath County, Oregon, so service providers and policy makers can use it to design interventions that best serve Klamath County residents. This study was conducted by the Regional Research Institute for Human Services (RRI) at Portland State University (PSU) in collaboration with Klamath Basin Behavioral Health between November 2021 and June 2022.

Research Questions

This study was funded by Klamath Basin Behavioral Health and the Oregon Health Authority. The funders asked us to answer the following questions related to housing and residential service needs in Klamath County:

1. What is the demographic, geographic, and historical context for housing and residential services in Klamath County?

2. What are the greatest unmet behavioral healthcare needs in Klamath County, and how are those needs currently being met?

3. What barriers to providing services exist in Klamath County?

4. Are the current services adequate?

Research Methodology

Design and Data Sources

In order to acquire a range of perspectives, RRI researchers worked with KBBH to identify multiple data sources:

<u>Structured interviews with key informants (n=46).</u> We contacted 71 individuals identified to us by our partners at KBBH and other Key Informants as knowledgeable about the populations identified for this study. Of those invited, we completed interviews with 46 respondents, mainly by video due to COVID. The discussions lasted 30-60 minutes, depending on how much the respondent had to say. The table below indicates the primary area of expertise of each key informant.

Table 1: Distribution of Key Informants by Area of Expertise *(sorted in descending order of number of interviews conducted)*	Invited	Conducted	Percent of Total Interviews Conducted
Homeless, including Employment Services, MH, & Youth	21	11	24%
Law Enforcement Affected	9	8	17%
Behavioral Health	3	3	7%
Care Navigation	3	3	7%
Economic Development	3	3	7%
Lived Experience	3	3	7%
Veterans	3	3	7%
Adolescents	3	2	4%
Active Duty Military	2	1	2%
Survivors of DV/SA	1	1	2%
Emergency Response Coordination	2	1	2%
Families in need	1	1	2%
Farmworkers	3	1	2%
LGBTQIA2S+	2	1	2%
Older Adults	2	1	2%
People with Disabilities	1	1	2%
SUDS	2	1	2%
Tribal	3	1	2%
Impacted by Drought & Wildfire, Outlying Areas	2		
Latinx & Immigrant, BIPOC, Asian and Pacific Islander	1		
Rental Subsidy Program	1		
Total	**71**	**46**	**100%**

Structured focus groups with affected county residents (n=11 groups, 57 respondents). Sixty-minute discussions were conducted in person at locations across Klamath County. The focus groups were hosted by community partners who also assisted with recruiting participants affected by homelessness or housing insecurity. Each group consisted of 3-10 participants and two facilitators from PSU. Providers were not present during the discussions.

Written surveys of current KBBH clients (n=74). Brief surveys were created by PSU, then distributed by KBBH. The surveys were anonymous and could be completed on paper or online.

Demographics: Survey and Focus Group Respondents compared to Klamath County Residents

Klamath County Residents   **Survey and Focus Group Respondents**
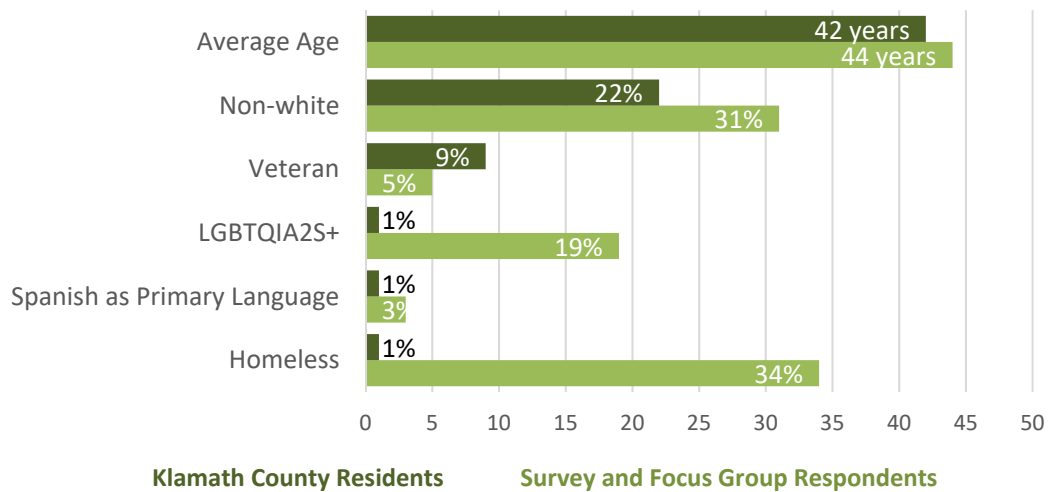
Existing de-identified KBBH client data related to the study questions were analyzed by KBBH data analysts and provided to PSU in aggregate.

Existing KBBH client interviews (n=49) conducted by PSU interviewers between January and April of 2022 were also analyzed to identify unmet service needs of existing clients.

Analysis

The key informant interviews and focus groups were recorded with the permission of respondents, transcribed, then uploaded into Atlas.ti qualitative data analysis software. Responses were coded according to the

study questions and themes that appeared across respondents and questions.

Limitations

This research study has a few limitations that deserve mentioning. Data collection was mostly remote and conducted from December 2021 to May 2022. During these months a surge in COVID cases in Klamath County continued to overwhelm service providers and their community partners, most of whom were already understaffed. The surge created an extra source of stress for providers, which in turn may have decreased the completion rate for key informant interviews. Some providers specifically cited overwhelm and burnout as their reason for not responding to our requests.

Despite targeted outreach attempts, some key populations were under-represented by key informants, including: Asian & Pacific Islander, Black American, Latinx & Immigrant, Tribal, and Older Adult populations. We were, however, able to gain perspectives from individual members of those communities through our focus groups and client surveys.

Individual-level data collected through focus groups and written surveys were conducted with a relatively limited sample size. Planned focus groups were postponed due to the surge in COVID cases, then rapidly scheduled to coincide with a cold-weather seasonal shelter closure, which was expected to scatter people experiencing homelessness and make interviewing more difficult. With additional time to plan focus groups and greater provider bandwidth to assist in recruiting focus group participants, more in-depth and varied data collection might have occurred. Focus group participants and survey respondents were not a statistically significant sample of the population in Klamath County nor of the population experiencing homelessness there. However, common themes arose across multiple groups and settings.

Study Findings

Key Findings

Our combined sources point to housing as the largest unmet behavioral healthcare need in Klamath County, especially housing combined with wraparound services that enable people to stay housed. Shelter and affordable housing options are available, but they are limited in number and have certain inadequacies that are addressed in this report.

Residential treatment beds and other forms of mental and behavioral healthcare are also in short supply and fail to meet the need of the local community. Behavioral healthcare providers are not in the housing business, and most housing providers do not have the training or experience to provide the supports needed, especially by those experiencing chronic homelessness, to remain housed.

The recommendations in this report provide suggestions for:
- Addressing (1) the disconnect between housing options and behavioral healthcare, and (2) systemic and economic barriers to housing and supportive services;
- Maintaining or increasing (1) the availability of behavioral healthcare supports, and (2) access to a variety of culturally-appropriate affordable housing options; and
- Continuing to follow a data driven approach.

Question 1: What is the demographic, geographic, and historical context for housing and residential services in Klamath County?

Demographics

- Despite local perception that county residents are almost completely white, US Census data shows Klamath County has a population similar to the rest of Oregon: In Oregon, 75% of the population are white, compared to Klamath County, where 76% are white. The rates of Hispanic and tribal residents, at 15.5% and 3% respectively in Klamath County, are higher than in the rest of the state where 13.4% are Hispanic and 1% are tribal. In the last nine years, 74% of those served by KBBH were white, 5% were tribal, and only 2% were Hispanic.

- Klamath County has higher rates of poverty than the rest of Oregon: 14.9% of people in Oregon live at or below the poverty line compared to 19.7% in Klamath County and 23.1% in Klamath Falls[1]. According to the 2020 US Census, 12% of adults aged 25 and above have less than a high school education, 67% have a high school education and/or some college, and 21% have a bachelor's degree or higher.

"Families fell apart, a lot of substance abuse took hold… it just drove a lot of dislocation in the society of this community."

- Key informants told us there were "three impoverished groups" in Klamath County: Latinx, tribal, and white. Poverty among the white population is seen as a result of the end of the logging industry (in decline since 1970 but collapsed around 1990). Poverty among the Latinx population is seen as the result of seasonality and annual flux in the agriculture sector. While some farmworkers can and do travel to seasonal work, others live year-round in Klamath County and experience economic distress when the agricultural sector is distressed. Tribal poverty was presented as the result of forcible dispossession of land by the federal government and lack of social supports, although key informants mentioned that recently the tribal governments have received an increase in funding that has resulted in more cohesion, organization, and better service provision for tribal members.

- Respondents to a 2014 survey conducted by Klamath Lake Community Action Services (KLCAS) identified the following barriers that kept them from reaching their goals: unresolved health problems (33.8%), unemployment, including family-wage jobs (33.3%), and bad credit (30.4%). In general, key informants and focus group participants told us about a sense of growing economic displacement that contributed to houselessness. A "things are getting worse" trend emerged.

- The population in Klamath County is on average 4 years older than the national average, according to the 2020 Census. Although the average age is decreasing in Klamath County overall, key informants told us about a rising rate of older adults, especially women, who are unhoused.

- Unhoused focus group participants tended to have some kind of income: SSI/SSDI, VA, or employment, and in general over 50% of focus group respondents' primary income was from working or employment. Focus group respondents told us they receive up to $1,100 per month in income and are unable to find housing.

Geographic context

- Klamath County is a primarily rural county on the southern Oregon border with California. According to the 2020 Census, 99.6% of the County is designated rural and sparsely populated. The average population density is 11.3 people per square mile, a similar density to adjacent Lake and Jefferson counties.

- Most services in Klamath County are concentrated in Klamath Falls, which is the largest city in Klamath County and located in the southernmost region of the county, close to California. The small towns around Klamath Falls and distributed throughout the county each have fewer than 1,000 people. These small towns have limited or no services.

- People travel long distances to services available only in Klamath Falls. These long distances may be exacerbated by a lack of reliable

& affordable public transportation into Klamath Falls. Long travel distance also creates what some key informants called "Town Day" culture: People living in outlying areas go to town infrequently and sometimes with their children. If services are not scheduled during town day, people may not go. Even if a service is scheduled for town day, parents may not access services if their children can't be with them and/or they can't afford childcare.

- The climate in Klamath County is extreme, with very cold periods and very hot and dry periods, which are sometimes unseasonal. According to NOAA, an average of over 5 inches of snow falls monthly from November to March and temperatures may drop to freezing or near freezing from September to May. A volunteer-run warming shelter is open with limited hours and space from December to March, although temperatures may still drop below freezing for another two months. PSU researchers conducted a focus group at the warming shelter on one of the last nights it was open for the season and the majority of participants did not know where they were going to sleep the following nights. Temperatures were expected to be in the low 10s the following week. Similarly, temperature are sometimes very hot and temporary cooling shelters are opened.

- Key informants told us they notice a seasonal influx of transient people during the warm weather months who leave when the weather become untenable. Focus group participants told us they endure injuries from exposure including frostbite and extreme dehydration. Even then, some choose to spend nights unsheltered rather than go to an unsafe or unwelcoming shelter. The two church-based shelters seem to serve distinct guests. People who stay at one sometimes don't feel or are not welcome at the other, especially people in active substance use, religious trauma, LGBTQIA2S+, and tribal populations.

Historical context for housing & residential services

- Respondents told us that housing used to be more affordable in Klamath County, but that is no longer the case, with economic reasons being a common cause. The 2019 Community Health Improvement Plan identified 33% of Klamath County residents as

paying more than 50% of their income in rent. According to the Living Wage calculator from MIT, in Klamath County a living wage is considered $16.34 for a single adult living alone, and $31.87 for one adult with only one child. The minimum wage in Klamath County is $12.75 an hour. In 2019 the median household income in Klamath County was $46,491 or $23.53 an hour.

- Economic causes of homelessness in Klamath County were described as stemming from limited supply and rising housing costs. Many key informants attributed homelessness in part to local wildfires, people moving into the area to flee wildfires in California, and a lack of available units. Significant local initiatives are underway to build additional housing. A pilot program was launched in 2022 to provide financial assistance to homeowners to revitalize homes in disrepair to return them to the housing market (Klamath Falls Affordable Housing Initiative Plan). From 2010 to 2020, the census reports an increase of just over 3,000 people in Klamath County, and an increase of just over 1,000 people in Klamath Falls. In 2019, just over half of the housing stock was renter-occupied (54.4%) compared to just under half being owner occupied (45.6%). The rental vacancy rate in the zip code 97601, which includes Klamath Falls and the surrounding areas, is estimated at 9.4%[2]. This rate is considered to be a healthy rental market (a healthy vacancy rate is between 7 and 8%). There are 262 active short-term full unit rentals in Klamath Falls listed on Airbnb and VRBO and 43% of those properties were available over half of the year last year[3] (considered full vacancy). Town and Country Realty manages 20% of the total short-term rentals.

- Hundreds of housing units for people making at or below the median family income level are needed. A recent (2019) Housing Needs Analysis (HNA) by ECONorthwest estimated Klamath Falls was short 609 housing units to fill unmet housing needs[4]. The firm conducted a state methodological comparison of HNAs and Regional Housing Needs Analysis and considered their own numbers in Klamath County to be an undercount because the study did not include the housing needs of those currently experiencing homelessness. An updated methodology considered to be more accurate concluded that **833 units are needed in the next 20 years with 40% of those units going to households earning 30% or less**

of the Median Family Income and an additional 10% going to households earning up to 50% of the Median Family Income. Housing for the currently homeless comprises 36% of the total number of units needed (306 units) and the projected need for all other groups is 527 units. Two key informants disagreed with the report, saying that housing is needed at <u>all</u> income levels.

Revised Housing Unit Needs in Klamath Falls (next 20 years)
(Original projection (527) + added units needed to house currently unsheltered individuals/families (306) = 833)

Median Family Income	New Units for each of the following …			Total Units	% of Units
	Projected need	Under-production	Housing for the Homeless		
UGB: Klamath Falls					
+120%	220	0	0	220	26%
80-120%	114	0	0	114	14%
50-80%	82	0	9	91	11%
30-50%	59	0	24	84	10%
0-30%	52	0	272	324	39%
Total Units	527	0	306	833	100%
% of Units	63%	0%	37%	100%	

Figure 1: Regional Housing Needs Analysis Technical Report, ECONorthwest, March 2021

- **Focus group participants told us that the units that <u>are</u> available to rent are unaffordable.** Participants told us their frustrations trying to communicate with property management firms owned by out of the community companies. Unaffordable rents and a mismatch of HUD housing vouchers and market rate rents made housing unaffordable and therefore unattainable for local residents. A distinct theme in both key informant and focus group conversations was dissatisfaction and frustration that landlords commonly require renters to earn three times the cost of rent. Focus group participants also told us there are limited or no legal

supports for renters who cannot find or pay for a lawyer to assert their rights as renters.

- Some key informants describe a certain amount of racial tension and a culture that excludes minorities while others did not identify a tension or specifically mentioned there was none. Most key informants interviewed did not identify racial tension and weren't sure how to answer the question about this issue. One said, "I don't really have any idea. That's not an issue that comes up a lot" when asked if services are culturally appropriate. Most key informants who addressed this question mentioned the lack of service availability for Spanish-speaking people or general awareness about tribal populations.

- Services provided in Spanish are sparse. According to the 2020 census, 9.3% of people in Klamath County speak a language other than English at home. KBBH client data over the last nine years counted 69 (0.28%) unique clients who prefer to speak Spanish. Seasonal and permanent farmworkers tend not to go to local providers for help. One informant told us that for some agricultural workers a fear about residency status will keep some people from getting medical and behavioral health services even if those services are offered. Key informants told us they want to hire additional multi-cultural and multi-lingual providers but they have a hard time retaining those employees. One key informant who is multi-lingual said the culturally appropriate services do not meet the need at all. Another key informant described difficulties creating an inclusion statement because of racial tensions.

- The Tribes have their own programs and are perceived as getting more funding for services. However, some tribal members choose not to use these services because they cannot be anonymous within that small community. Key informants told us there are lots of services available for tribal members at the tribes, and that services provided in non-tribal agencies are not culturally appropriate. One informant told us while there are culturally diverse people in Klamath County, they do not hold positions of power, except at the tribal council, which may contribute to a "blind spot".

- Some providers feel competition from KBBH, but are open to collaboration and feel hopeful about the new CEO. Historical factors around the development of KBBH from Klamath Youth Development Center and funding streams were mentioned by a few key informants, but the general trend was a desire to collaborate more closely to help people in Klamath Falls.

Question 2a: What are the greatest unmet behavioral healthcare needs in Klamath County?

The simple answer

When asked about the greatest unmet behavioral healthcare needs in Klamath County, respondents most frequently identified **housing**, **residential addiction treatment** and **mental health services**.

More detailed Information

KBBH served approximately 24,921 unduplicated Klamath County residents in the past nine years. Of those, 3% each identified as homeless (n=947), living in a residential facility (n=947), in jail (n=947), or in foster care (n=947). Only 12% were covered by private insurance (n=2,991).

The most frequently mentioned unmet needs were:

- **Housing:** Homelessness may be due to unmanaged behavioral health conditions and/or economics. There are long wait times for HUD vouchers and a mismatch of HUD vouchers and "fair market rate" rental units available. Given the competition for housing, private landlords are more ready and willing to evict or simply not rent to people with behavioral health challenges. For those who are unhoused, it is difficult to focus on behavioral health when basic needs are not being met. 4% of KBBH's clients whose housing status was known were homeless in the previous nine years. Seventeen respondents to the client survey said they were waiting for housing services, and eleven of those have been waiting for over 6 months.

"I can't sit in a waiting room if I haven't showered in a week."
- Focus group participant, homeless

A lack of housing makes daily life more difficult. People may want to receive behavioral health services but are faced with additional barriers that make time management, maintaining appointments, and going to in-person services difficult or simply unattainable.

Length of wait for housing supports (n=17)
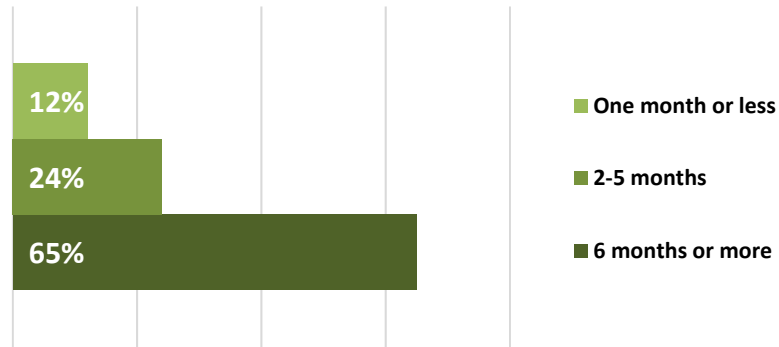
- **Adequate economic and behavioral health supports for becoming and staying housed:** Rental subsidies are often for one person, which can break up families, and wait times for these subsides are long. Additional services and more long-term supports are needed for those who lost their housing due to unmanaged behavioral health conditions. Transitional housing has a time limit which sometimes makes it ineffective as a stepping stone to permanent housing. Members of the LGBTQIA2S+ community may be likely to be placed in housing that is unsafe when housing supports are limited.

- **Residential SUD treatment beds:** Klamath Basin Behavioral Health is the largest behavioral healthcare provider in Klamath County and serves as its local Community Mental Health Program (CMHP). They report that substance use disorders have accounted for 13% of diagnoses among those successfully enrolled in services over the past nine years, including: Alcohol Use Disorder: 10%; Amphetamine/Stimulant Use Disorder: 9%; Opioid Use Disorder: 3%; Cocaine Use Disorder: <1%; Other Substance Use Disorders: <1%; and Inhalant Use Disorder: <1%. KBBH has only 13 residential substance use disorder (SUD) treatment beds, with an additional 2 to 5 adults waiting for a bed at any one time. Beds need to be available in the moment a client is in crisis. The average wait time for a SUD Assessment is 19.7 days. Another provider in the County reports a similar number of beds and an even longer waitlist, requiring those individuals, many of whom are in active substance use, to call daily to maintain their position on the waitlist.

Some community housing supports and crisis housing are contingent on sobriety or participation in groups. Many key informants and focus group respondents told us about the difficulty of maintaining sobriety while homeless, and even that life may be easier to cope with during active substance use. One informant told us the general idea of sober crisis housing was to, "get clean on your own, and then we'll help you get clean" and described the inadequacy of that approach. This idea was shared by focus group participants and key informants.

- **Mental health services:** KBBH has 79 beds which are reserved for specific behavioral healthcare needs, including rental subsidies for those with high behavioral health needs (n=30), foster care placements (n=28), and mental health crisis/respite (n=8). The vast majority of diagnoses KBBH supports do not require residential treatment. The most common diagnoses from the past nine years are: Anxiety/Stress/Panic Disorders (28%), Adjustment Disorders (24%), Major Depressive Disorders (17%), and Other Depressive Disorders (11%).

"There's no waitlist. And they can't even create a waitlist right now, because there's so many people."
-Focus group participant

Mental health services are available, but less frequently than the client desires and/or the provider wants, or offered in a less intensive way, such as group therapy or peer support in place of one-on-one therapy. The average wait time at KBBH for individual therapy is 30 days. 45% of client survey respondents told us mental health services was their primary need.

Table 2: Primary housing / behavioral healthcare need identified in the KBBH client surveys (n=77) *(sorted in descending order of prevalence)*	Percent
Mental health services	45%
Housing-related need	32%
Housing (14%)	
Money to pay for housing/rent (12%)	
Money for a down payment (6%)	
Substance use treatment	6%
Outpatient treatment	3%
Other need	4%
None selected	9%

Other unmet needs included:

- Housing with specialized services for groups including:
    - Veterans
    - People with Serious Mental Illness (SMI)
    - People with co-occurring conditions. Many focus group participants told us they have complex medical conditions in addition to a SUD or behavioral health needs—for example, macular degeneration, arthritis, and neuropathy
- Additional behavioral health services and supports, including:
    - Medication management
    - Medical detoxification facility
    - Family counseling, including alcohol and substance use counseling, especially for adolescents
    - Supports for older adults to age in place, including unhoused women and those with dementia and/or behavioral health issues. Adult foster care may be the only way to get housing for some older adults, but these homes are scarce and older adults "don't really want to live there."
- Adequate resources for accessing housing and behavioral health services, including:
    - Additional staff to decrease wait times for services
    - Mobile services for outlying areas or other solutions to transportation issues (availability and affordability)
    - Lack of a cell phone/data or a physical address, and lack of stable internet access in some parts of the county
    - Better communication around what resources are available
    - More Spanish-speaking providers
    - Cultural competency training
    - Having pets and living in multigenerational families are a barrier to housing
    - Better information sharing across agencies for service planning and a broader understanding of ROIs

Systemic unmet needs:

- The interruption of Medicare and OHP/Medicaid eligibility while in Corrections results in a lack of care or unbillable services for individuals re-entering the community following incarceration.

- Engagement in SUD treatment or residential treatment is an immediate choice: if beds are not available in that moment the client may not engage.

- One non-profit service provider reported continuing to provide unbillable services, then "hoping to find the money at the end of the year."

- People on parole/probation have access to resources that are not available to others.

Question 2b: How are those needs currently being met?

Many people in need of housing told us they slept outside, in tents, cars or RVs, often with no access to running water or toilet facilities. Some are staying on remote and/or dilapidated properties with similar lack of adequate shelter or sanitation facilities. Some are couch-surfing or doubling-up for the time being, if they have this as an option. Staying in hotels for one night is a common stopgap. The drive to make enough money to get a hotel room, rather than sleeping on the streets, may increase the risk of sexual violence and trauma. Two key informants suggested that some engage in criminal activity to get arrested so they can access food and shelter. Multiple unhoused focus group participants reported physical health issues being caused by or exacerbated by the lack of shelter, transportation, and hygiene facilities.

People who are severely rent burdened sometimes make choices to keep their housing that decreases their safety. For example, the cost of rent is more affordable in the more rural areas of Klamath County. The LGBTQIA2S+ and older adult population may experience decreased safety living in more rural and less supportive areas of the County.

People may be placed in inappropriate housing. For example, focus group participants told us youth may be placed in a behavioral health facility because no foster care is available, although they don't need that high level of care. Motels are sometimes used as emergency youth foster placements. Key informants told us sometimes people will have to wait in the emergency room for a respite bed to open, or be placed in the community while they wait for respite space.

People in need of residential SUD treatment or other behavioral health services do without or get infrequent care or less intensive services, such as group therapy or peer supports instead of individual therapy with a licensed clinician. This lack of appropriate services can lead to joblessness or eviction due to unmanaged behavioral challenges, as well as the risk of criminal justice system or child welfare system involvement. When combined with houselessness, substance use can be a source of self-medication or part of seeking informal group housing. Relapse is common.

Question 3: What barriers to providing services exist in Klamath County?

The simple answer

Lack of providers and lack of stable, safe, and affordable housing for individuals with service needs as well as for providers were the most frequently mentioned barriers across our data sources.

More detailed information

The barrier to providing services most often mentioned by key informants was lack of providers and other types of staff, including difficulty in recruiting people to move to Klamath Falls, exacerbated by housing being unaffordable once providers do get hired. Nearly every key informant described staffing challenges as impacted by the housing shortage and/or directly leading to increased wait times for services.

"… a continuum from a managed campground to permanent housing, and everything in between, because it's not just low-income housing we need, it's workforce housing… they can't recruit because if somebody doesn't already have housing here, they're not going to find it, which affects everything else.
-Key informant

Many key informants also described high regard and strong collaboration among local provider agencies, but some mentioned a lack of information- and resource-sharing as well as perceived competition for scarce funding as a barrier to strategic partnering that takes advantage of the strengths and expertise of different provider agencies. A few also mentioned lack of client awareness of available services as a barrier, as well as burdensome application processes for some services, both of which could be alleviated through more strategic partnership between entities and agencies offering complementary services and/or resources.

Focus group respondents identified the following barriers to accessing services from the perspective of the consumer, and many suggested that services were not adequately informed by the voices of those with lived experience:

- Lack of housing
- Long wait times for services
- Eligibility requirements for crisis housing (sobriety, group participation)
- Criminal record (housing)
- Low incomes/high rent prices
- Lack of transportation

Barriers to services affecting specific priority populations included:

- **Adolescents** tended to not engage in telehealth services, and some have significant family- and/or housing-related barriers to attending school regularly, where behavioral supports are more available.
- **LGBTQIA2S+** individuals found church-affiliated shelter/housing services inaccessible due to a lack of affirmation of their gender or sexual identity. Some described a broader lack of access when not knowing in advance whether a particular provider or agency would be accepting of their identity.
- **Rural/Outlying populations** had difficulties accessing any kind of service due to transportation issues, a lack of mobile services, or a lack of cell phones or internet access for remote services.
- **Spanish-speaking individuals** received limited services due to a lack of staff who are bi-cultural and/or bilingual. In addition, bilingual providers reported being asked to serve as translators, which took time away from providing clinical services.
- **Individuals seeking SUD treatment** experienced long wait times, few residential treatment options, and few immediately available beds, especially if they had co-occurring disorders.
- **Unhoused individuals** experienced barriers related to their lack of housing, sanitation, and stability. Many described the impact of houselessness on readiness to seek services, for example due to sensitivity about personal hygiene, suggesting the importance of outreach and meeting basic needs first.
- **Older adults** experience a lack of services to facilitate aging in place as well as a lack of respite beds.

Of the 33 KBBH survey **respondents who had left a housing or residential treatment provider in the past,** 77% reported becoming homeless, 62% experienced worsening mental health symptoms, 38% needed another provider but could not get one, 31% relapsed or experienced worsening SUD, 23% went to another provider, and 8% did not need another provider.

Twenty-eight KBBH survey respondents endorsed experiencing the following **difficulties transitioning from one provider to another:** 47% had a wait time to receive services, 40% received no services while waiting, 33% lost possessions, 27% experienced an interruption in medications, 13% endorsed that the new providers didn't know information about them

that they should have, 13% experienced other difficulties and 13% experienced no difficulties during the transition.

Question 4: Are the current services adequate?

The simple answer

Services appear to be adequate for individuals with an ongoing relationship with a behavioral health provider. However, services are not adequate for those not yet connected. Being unhoused appears to be a significant barrier to engaging in the consistent services needed in order to change their circumstances.

More detailed information

Key informants noted that for many housed clients in Klamath Falls, behavioral health services are appropriate and available and needs are being met, compared to those living in more rural areas and/or those who are unhoused. The individuals engaged in KBBH services for at least 6 months who were interviewed by PSU also noted that the services they received largely met their needs.

Services that work: Across all respondents, the following services were identified as positive services that should continue or be expanded:

- Behavioral health services provided by KBBH and/or in Klamath Falls, especially for people who are housed

- KBBH's Link Access Center

- Peer support providers

- Care navigators

- Transitional services for individuals reentering the community following incarceration

- The KBBH Link Access Center and Older Adult program were noted examples of newer services responding to needs. Shelters like the Gospel Mission are meeting temporary housing needs and providing behavioral supports for those who are willing to accept the religious perspective on service provision, but this excludes many in need and space is limited. Services for veterans and tribal services were described as largely meeting the needs of these groups, but people who qualify for these services also need to be able to access non-VA or non-tribal services if they choose. Peer supports were consistently described as available and engaging, and remote services introduced during the pandemic have improved access for some.

Services that don't work: The following services didn't work or were inadequate for a variety of reasons:

- Affordable housing is inadequate in multiple ways: there isn't enough affordable housing to meet the demand, rental subsidies are only for single people, and wait times are too long (years).

- Rental subsidies are too small and don't meet the needs of multigenerational households.

- Shelter stays are seasonal, too short for stabilization, and/or contingent on religious commitments or mandatory group attendance.

- Housing options tend to have barriers, such as requiring sobriety or other rules that do not match the Housing First model.

- Clinical services often have long wait times and infrequent appointments.

"[the seasonal shelter] closes in two days. And do you know what we have? Nothing. Nowhere to go."
- Focus group participant, homeless

Recommendations

The recommendations in this report are drawn from recommendations of key informants and people in need of housing and behavioral healthcare services as well as a synthesis of the information from our other data sources:

Address the disconnect between housing options and behavioral healthcare:

- **Create partnerships** between existing housing and shelter providers and licensed behavioral healthcare agencies for providing wrap-around services
- **Create a continuum of supported shelters** with case management, utilizing existing infrastructure such as motels
- Work toward permanent supportive housing options
- **Provide trainings for community partners** on trauma informed care, best practices in low-barrier care, and basic addiction and mental health

Address systemic and economic barriers to housing and supportive services:

- **Provide vouchers** that are flexible to meet the needs of all clients, including culturally appropriate multi-generational housing, housing for couples, and long-term vouchers, not just vouchers for individuals
- **Raise rental limits** for housing vouchers
- **Limit rent increases** to a specific percent of previous rental amount
- **Connect with landlord associations and property management companies** to discuss what would help them offer housing, and what voucher amount they'd be willing to accept
- **Implement consequences for discriminatory housing practices** and create a pathway for community members to access legal help
- **Ease racial/linguistic requirements for funding** during staff and housing shortages – don't make funding decisions an all or nothing decision
- **Continue to use data-driven approaches** and critical data analysis around housing

Maintain or increase the availability of behavioral healthcare supports:

- Maintain funding for the **Link Access Center**
- Maintain peer support and outreach
- Increase coordination and data sharing among agencies
- Provide community-based services and outreach **for Veterans and members of the military** not wanting to engage with the VA
- Provide culturally informed services for **tribal members** who are reluctant to access tribal services due to the confidentiality limitations of living in a small community
- Provide age-appropriate supportive services that allow **older adults** to age in place
- Develop affordable housing options for **new hires** in areas with housing shortages
- Invest in mobile services to reach small towns and rural areas

Maintain or increase access to a variety of culturally-appropriate affordable housing options:

- Find the resources to make Klamath Lakes' one seasonal shelter operational year-round
- Partner with existing community-based organizations who have space and an interest in providing housing
- Prioritize low-barrier housing first approaches
- Provide a safe a place to park trailers or vehicles with access to a bathroom and possibly services, as suggested by multiple currently houseless individuals. Another low-cost option was subsidized motel or dorm, $5 per night for a bed and access to a bathroom.
- Develop a continuum of housing options with differing levels of rules and structure, including options for **multi-generational households, pet-owners, older adults** and **youth aging out of foster care**
- Require landlords/homeowners who receive subsidies to revitalize their homes to make the property available to people in need of subsidized housing
- Develop affordable, quality housing for **agricultural workers**
- Identify housing options for **youth in foster care** that are affirming of diverse sexualities

- Create a "safe & celebratory" shelter specifically for individuals who identify as **LGBTQIA2S+**

Continue to follow a data driven approach:

- Search for a data driven way to **determine who to prioritize**. Populations to look at include women with children and the Aid & Assist population awaiting beds at the State hospital.
- **Compile and/or share findings** from all the needs assessments completed statewide under this funding announcement

Continue working toward Objective 2 of the 2019 Community Health Improvement Plan:

Objective 2 is to "implement a variety of housing education programs geared to housing assistance and renter education by June 6, 2023." Strategies identified in the CHIP for reaching this objective included:

- Incorporating a Community Health Worker at Outpatient Care Management solely focused on housing assistance and education;
- Implementing a "Ready to Rent" program through Klamath Housing Authority; and
- Implementing a community-wide community clean and safe housing campaign.

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[1] https://www.census.gov/quickfacts/fact/table/klamathfallscityoregon,klamathcountyoregon/POP815220
[2] https://www.rate.com/research/klamath_falls-or-97601#:~:text=Population%20trends&text=Among%2097601%20residents%2C%20there%20is,a%20total%20of%2011%2C302%20units.
[3] https://www.airdna.co/vacation-rental-data/app/us/oregon/klamath-falls/overview
[4] https://www.oregon.gov/ohcs/about-us/Documents/RHNA/RHNA-Technical-Report.pdf

Appendices

Existing Resources in Klamath County

A variety of resources have designed services specifically to address the complex housing and behavioral health needs of Klamath County community members. Existing programs include:

Housing

Gospel Mission
The Klamath Falls Gospel Mission (the Mission) is one of three emergency housing providers in Klamath Falls. The Mission offers 30-day faith-based sober emergency shelter stays for men (40 beds), women (16 beds), and women and their children (12 beds), and a discipleship program (16 beds) for individuals in substance use recovery. The Mission provides daily meals served by volunteers and is located directly adjacent to KBBH's Link Access Center and Klamath Works, the employment connection agency.

Marta's House
Marta's House is a shelter serving victims of domestic violence, sexual assault, stalking, and human trafficking. Related services include support around sexual abuse nurse examinations, filing restraining orders, navigating the child welfare or court systems, and providing other safety support as needed. They also offer educational opportunities and coordinate the Klamath County Trafficking Task Force.

Klamath Lake Community Action Services (KLCAS)
KLCAS is a private non-profit organization with the goal of keeping families sheltered. They assess community needs and coordinate with community partners to leverage resources and provide high-quality, responsive services, including offering rental assistance to Klamath County community members and helping families move into a home or stay in their home.

Behavioral Health Services

Lutheran Community Services (LCS)
LCS in Klamath Falls offers adult SUD treatment, drop-in intake and assessment, DUII education and rehabilitation, a Hispanic Advisory Board, medication management, mental health and wellness counseling, school

partnerships for adolescent behavioral health services, and wraparound services.

Red is the Road to Wellness
Red is the Road to Wellness provides programs in restorative justice, housing, and job skills/life training. They offer transitional long-term housing for certain groups, including the working homeless. Housing is set up to transition residents into permanent, affordable housing within a maximum of 2 years.

The Stronghold
The Stronghold is a culturally-responsive peer support and transitional housing program led by volunteer advocates who are enrolled and/or descendants of a federally recognized tribe. The Stronghold is peer-run, with most of those in leadership roles having lived experience of mental health and/or addiction recovery, and they offer men's and women's housing facilities, each with 6 beds.

Transformations Wellness Center (TWC)
TWC is a small non-profit SUD treatment center in Klamath Falls which specializes in treatment and counseling for individuals struggling with alcohol or drug abuse and or addiction. TWC offers residential SUD treatment, safe and sober living environments, trauma informed services, community outreach, medication management, and structured off-site recreation.

Veterans Enrichment Center
The Veterans Enrichment Center is a non-profit organization providing a safe and sober transitional living environment for Veterans.

Governmental Resources

Community Corrections
The Klamath County Adult Probation and Parole Department promotes public safety and strives to reduce recidivism through a balance of supervision, services, and sanctions. This office offers programs/services in reporting, Moral Reconation Therapy (MRT), alcohol and drug treatment, gender specific programs, sex offender treatment, and a victim family justice program.

Klamath County Commissioners
The Klamath Falls Board of Commissioners consists of 3 elected individuals, each serving a 4-year term. The board oversees all county activities with the exception of the Sheriff and the District Attorney.

Oregon Department of Human Services

The Oregon Department of Human Services (DHS) is the primary agency helping Oregonians achieve wellbeing and independence. DHS is comprised of two main departments: Self-Sufficiency and Child Welfare. Services include food benefits, financial support for families, child care assistance, adoption, foster care and parenting, and addressing child abuse and neglect.

Klamath County Public Health

The Public Health department provides a broad range of services to prevent and/or solve health problems through information and support to the community. All services are confidential and are provided by nurse practitioners, registered sanitarians, registered dieticians, and support staff.

Klamath Falls Police Department and Klamath County Sheriff's Office

The Police Department serves a population of 21,000 residents and includes an evidence technician, 3 clerical and support personnel, 6 volunteers, 9 police explorers, 20 reserve officers, and 36 sworn officers. The Sheriff's Office is comprised of 90 sworn personnel in the Patrol, Corrections, and Civil Divisions. The mission of the Sheriff's Office is to safeguard the lives and property of the residents of Klamath County.

Oregon Air National Guard

The Oregon Air National Guard has three locations in Oregon based in Portland, Warrenton and Klamath Falls. The National Guard responds to state or national emergencies or assists in times of crisis. In Klamath Falls, they keep air spaces safe and perform air traffic control.

Klamath County Veterans Service Office

The county Veterans Service office is governed by the board of commissioners. Federal and State regulations determine the guidelines for veterans' benefits and staff members interpret these and assist veterans and their families in filing claims for disability, pension, and survivor and dependents benefits.

Sky Lakes Emergency Department

The Sky Lakes Medical Center and Emergency Department strives to reduce the burden of illness, injury, and disability, and to improve the health, self-reliance, and wellbeing of the people they serve.

Other Community Supports

Area Agency on Aging (AAA)/Senior Center
The Area Agency on Aging is part of the Klamath and Lake Counties' Villages. The agency is a centralized, non-profit, volunteer-driven organization that coordinates services to help older adults remain independent and thrive. Klamath and Lake Villages is a clearing house with a database of skilled volunteers and key partnerships to meet the needs of older adults and people with disabilities. Supports include informational referrals to service agencies, home health care and physician appointments, transportation services, assistance with household tasks, and friendly visits.

Citizens for Safe Schools
Citizens for Safe Schools serves children, especially those at risk for delinquency, academic failure, or victimization. They offer a mentoring program called "Kids in the Middle" for 4th-12th graders experiencing a life challenge, and also a Youth Re-engagement Program, a youth-led mentoring circle for LGBTQ+ and Two-Spirit youth, and youth-led action and advocacy programming.

Klamath Works
Klamath Works helps those in need return to self-sufficiency by preparing them for work through an intensive, short-term high-impact program, including curriculum and individual and group work with a job coach.

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2022 Klamath County Community Needs Assessment
Data Crosswalk

BACKGROUND FOR UNDERSTANDING RESPONSES AND CONTEXT				
Research Question	Key Informant Interviews	Focus Groups	Paper Survey	Data
Introductions	What is your current position at [organization] and how long have you worked there? (Probe: What is your main service area?) Which of the following populations in Klamath County are you most familiar with? *[list population groups]*	To get to know each other a bit, let's go around the room and share where you're from originally and how long you've been in Klamath County.	Date How long have you lived in Klamath County?	*N/A*
What is the demographic, geographic and historical context for housing and residential services in Klamath County?	In your experience, what is the current availability of housing for people with limited incomes or behavioral health issues, including residential treatment? To what extent are those services culturally and linguistically appropriate for the populations who need those services in Klamath County? How has COVID-19 affected the housing and/or treatment needs of Klamath County residents? What demographic, geographic or historical factors play a role in the availability of residential treatment services and other types of housing in Klamath County?	How long have you been coming/ staying here?	Respondent Demographics (incl primary language, housing status, employment status, education level, veteran status, disability status (SSI applied or received), health insurance, age, gender, LGBTQIA2S+, race/ethnicity) Where do you live most of the time? If homeless: How long have you been homeless? How far is your home/residence from your nearest mental health or SUD TX provider?	*General county demographics* *# and type of available residential treatment beds* and low-income housing? Description/flowchart of residential treatment and housing network *What are the demographics, languages most commonly spoken, housing status, and payment method of clients served by KBBH?*

SERVICE PROVISION

Research Question	Key Informant Interviews	Focus Groups	Paper Survey	KBBH Data
What are the greatest unmet behavioral healthcare needs in Klamath County?	• What are the greatest unmet behavioral healthcare needs in Klamath County?	• Are any of you currently on a waitlist for housing or any other type of MH or SUD TX? • What are you waiting for and how long have you been waiting?	• What is your primary housing or behavioral healthcare need? • Are you currently on a waitlist for any services? *[if yes, select which ones]* • How long have you been waiting?	*What are the most prevalent diagnoses by population, homelessness, language group?* *How many people are on waitlists for residential treatment, for what services, and how long is the wait?*
How are those needs currently being met?	• How are those needs currently being met?	• How are you getting those needs met while you wait? • (q3b) To what extent do the available services in Klamath County meet those needs?		*Services available to people in waitlists.* *What are the most common reasons for service discharge?*
What are the specialized needs of specific population groups?	• In your experience, what are the specialized needs of the populations you most familiar with who are also housing insecure? • What do they need to be successful in residential treatment for addiction or mental health services?	• In your experience, what do *people in your situation or in our community* struggle with the most that might be helped by housing or other types of services? • Are there areas of care where you see some types of people getting more or better care than you? • How well do the services you are receiving meet your needs related to your *[culture or primary language]?* • Have others of you had similar or different experiences?	*Compare unmet service needs responses by demographics*	*Services provided by demographic/ group (Spanish speaking, homeless, disability, residential SUD or MH TX, correctional transition housing)*

SERVICE PROVISION

Research Question	Key Informant Interviews	Focus Groups	Paper Survey	KBBH Data
What are some ways people are identified as housing insecure or homeless?	• What is the percentage of clients who are experiencing housing insecurity? • How are they identified? • How is this tracked? • How is a change in housing status tracked?	• Where do you usually sleep when you are not staying here? [Probes: Do you have a place indoors? Are you camping? Are you staying with someone?]	• Where do you live most of the time?	*% of clients who are experiencing housing insecurity?* *How are they identified?* *How is this tracked?* *How is a change in housing status tracked?*
How are new clients engaged for services?	• How does your agency engage new clients? • Do you think this works well for people with BH conditions, the priority populations, or who are experiencing housing insecurity?	• What makes you feel welcome or unwelcome when you first go somewhere for services?		*What are the referral pathways for new clients?*
What are some barriers to care that people encounter when they transition from one provider to another? What happens to people after they leave care?	• What data follows people when they leave your agency and transfer to another, or vice versa? • What information would you like to get about clients coming to you from other providers that you don't already get?	• Have you ever had to leave a housing provider or residential treatment? What happened to you after you left?	• Have you ever had to leave a housing provider or residential treatment? • What happened to you after you left? • If you moved from one provider to another, what made it more of less difficult (wait time between providers, no services while waiting, lost possessions, interruption in medications, new providers didn't know information about my previous care that they should have known, other)	*Data sharing agreements.* *What data follows people when they leave KBBH and transfer to another provider, or vice versa?*

SERVICE PROVISION

Research Question	Key Informant Interviews	Focus Groups	Paper Survey	KBBH Data
Lived experience inclusion	• How does your agency incorporate people with lived experience at various levels of services? • How do you involve peers and/or individuals with lived experience in this work? • What could be improved about how people with lived experiences are included in service provision or decision making?	• How could people with lived experience be included in service provision or decision making?	• Are you a volunteer or employed as a peer provider for housing, MH or SA services? • To what extent does your provider agency ask your opinion about things? • To what extent do you feel supported/heard by your provider agency?	*Percentage of peers or people with lived experience in various service areas/roles.*
Leadership	• What is the vision of your agency related to addressing the needs of people with BH needs who may also be experiencing homelessness?			*N/A*

SERVICE PROVISION

Research Question	Key Informant Interviews	Focus Groups	Paper Survey	KBBH Data
Trainings	• Does your agency provide training regarding the specialized needs of any of the priority populations? • Do you know of any specific trainings you want, or think would be helpful for systems to offer?		• What do you wish others working with people with lived experience already knew?	*What trainings are provided to clinical staff? Non-clinical staff?* *How often? And at what point in their employment (onboarding, annually, one time only, etc.)* *Which of the following priority populations are covered in these trainings? of the following populations: People experiencing homelessness, Living with a behavioral health condition, Living with a substance use disorder, Involved with law enforcement, Living in outlying or rural areas, having experienced a wildfire or other climate-related disaster, older adults, adolescents, LGBTQIA2S+, tribal members, other ethnic minorities, immigrants, veterans or members of the military, people with disabilities*

BARRIERS TO SERVICES

Research Question	Key Informant Interviews	Focus Groups	Paper Surveys	KBBH Data
What barriers to accessing services do the general population experience?	• What barriers to accessing services do people experience in Klamath County?	• In your experience, what do *people in your situation or in our community* struggle with the most that might be helped by housing or other types of services? • What makes you feel welcome or unwelcome when you first go somewhere for services?	• To what extent do the mental healthcare and/or addiction treatment services you currently receive meet your needs? • What would make it easier to get the services you need? • How do you usually get to mental health or addiction treatment appointments?	*Length and types of waitlists*
What barriers to <u>providing</u> services exist in Klamath County? (unbillable services, lack of staff, lack of housing, transportation, availability of housing)	• Services: What barriers to providing services does your agency experience? • Data: What barriers to obtaining, storing or utilizing data does your agency experience?			*Unbillable services/costs* *# & type of beds compared to demand*

BARRIERS TO SERVICES

Research Question	Key Informant Interviews	Focus Groups	Paper Surveys	KBBH Data
What barriers have a disproportionate impact on or only affect specific populations?	● Which of those barriers to accessing or providing services have a disproportionate impact on or only affect specific populations?	● Are there areas of care where you see some types of people getting more or better care than you? ● How well do the services you are receiving meet your needs related to your [culture or primary language]? *Compare barriers responses by demographics*	*Compare barriers responses by demographics*	*Waitlist by demographic data*

NEXT STEPS AND RECOMMENDATIONS

Research Question	Key Informant Interviews	Focus Groups	Paper Surveys	KBBH Data
Are the current services adequate? How could they be improved?	● To what extent do the existing services meet the needs of people with behavioral health conditions who may also be housing insecure? ● How could they be improved?	● How well do the services you are receiving meet your needs related to your [culture or primary language]?	● To what extent do the services you are currently receiving meet your needs? ● What would make it easier to get the mental healthcare or addiction treatment services you need?	*Past customer satisfaction survey data*
What recommendations do respondents have for ensuring access to quality housing and residential service options that are culturally and linguistically appropriate?	● What recommendations do you have for ensuring access to quality housing and residential service options that are culturally and linguistically appropriate?	● What is your ideal housing or residential services situation? [Probe: What would make them more culturally and linguistically appropriate?] ● How could they be more accessible?		*N/A*

WRAP UP QUESTIONS FOR KI INTERVIEWS

1. Is there anything else we should know that is specific to the populations you are most familiar with related to their housing and residential service needs?
2. Is there anyone else we should speak with about housing and residential services needs in Klamath County?
3. We are planning focus groups with Klamath County residents from underserved populations, including people experiencing homelessness. What should we ask them related to housing and residential services?

2022 Klamath County Community Needs Assessment
RESPONDENT DEMOGRAPHIC FORM

DATE	START TIME	LOCATION

INFORMATION ABOUT YOU	
How old are you?	
What is your gender?	
What is your race? *(choose all that apply)*	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino/a/x ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other ☐ Unknown/Prefer not to answer
What is your preferred language?	
Where are you from originally? (City/State)	
How long have you lived in Klamath County?	
Where do you sleep most of the time?	☐ Street/Tent ☐ Shelter ☐ Rent ☐ Own ☐ Insecure *(w/friends/family/short term)*
Have you ever been a member of the military?	☐ Yes ☐ No ☐ Prefer not to answer
If yes, have you ever been deployed to a combat zone?	☐ Yes ☐ No ☐ Prefer not to answer
Where do you go for emergency medical care?	
How do you access food? *(choose all that apply)*	☐ Buy ☐ OR Trail Card ☐ Handouts ☐ Food Pantry/Bank ☐ Other: _____
Do you have a disability? Please describe	
What is your main source of income?	
What is your current family structure? *(choose all that apply)*	☐ With partner/spouse ☐ Single ☐ With kids, age 0-17

PLEASE WRITE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS PAGE

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Consent to Participate in Research Interview

Project Title: **Klamath Basin Behavioral Health Needs Assessment**
Sponsor/Funder: Oregon Health Authority
Researcher: Karen Cellarius, Regional Research Institute for Human Services
Portland State University (PSU)
Researcher Contact: cellark@pdx.edu, (503) 725-4112

Researcher Introduction/Verbal Informed Consent script:

Thank you for making the time to talk with us. My name is _____ from the PSU Regional Research Institute. Klamath Basin Behavioral Health has asked us to help them identify linguistically and culturally appropriate housing for marginalized populations with behavioral health conditions in Klamath County. The purpose of this interview is to learn about existing services for this population. The conversation should last about 30 minutes, depending on how much you have to tell me. Before I begin, I'd like to go over a few details with you:

1. Have you worked with people experiencing homelessness, behavioral health conditions, or another focus population in Klamath County in the past three years? *[If no, explain that the interview questions wouldn't be relevant. Thank them for their time and end interview/call.]*

2. Your participation in this interview is <u>voluntary</u>. Obviously, you can be selective in what you tell us. You can stop the interview at any time, but we hope you will be interested in the discussion and participate until the end. Your participation or non-participation will not affect your services, your relationship with your employer, Portland State University, or any other agency in any way.

3. We will keep the information you tell us <u>confidential</u>. We will not share your individual answers with anyone outside the research team, rather, we will prepare a report that combines your comments with those of other participants.

4. The only <u>potential risks</u> that you might experience would be feeling uncomfortable about voicing your opinions about experiences with your employer or the population you serve and/or having your confidentiality breached.

5. <u>If you say that either you or someone else is in danger or unsafe</u>, or you report that a child, elder, or disabled adult has been abused, I will need to break confidentiality and report it. That is unlikely though, because I am not going to ask you about specific clients.

6. You will not personally <u>benefit </u>from participating in this research study, however, you may contribute new information that could benefit individuals in the future.

Do you have any <u>questions</u> before we begin?

Is it OK to continue with the interview?   **Verbal consent given:** _____ **Yes** ___ **No**

I'd like to record this conversation for transcription purposes only. Can I record this conversation?   **Verbal consent given:** _____ **Yes** ___ **No**

Signature of PSU interviewer obtaining verbal consent: _____

Klamath Basin Behavioral Health (KBBH) Community Needs Assessment
Key Informant Questions for County Stakeholders
*[**=key questions]*

PARTICIPANTS: KEY INFORMANTS IDENTIFIED BY KBBH
CONDUCTED BY: Aliza Tuttle, Karen Cellarius
DURATION: 30-60 minutes

1. **Introductions/Background:**

    a. What is your current position at [organization] and how long have you worked there?

        i. (Probe: What is your main service area?)

    b. Which of the following populations in Klamath County are you most familiar with?

People experiencing homelessness	older adults
	adolescents
Living with a behavioral health condition	LGBTQIA2S+
Living with a substance use disorder	tribal members
	other ethnic minorities
Involved with law enforcement	immigrants
	veterans or members of the military
Living in outlying or rural areas	people with disabilities
having experience a wildfire or other climate-related disaster	

2. **Services and Unmet Needs (including cultural needs):**

    a. In your experience, what is the current availability of housing for people with limited incomes or behavioral health issues, including residential treatment?

        i. To what extent are those services culturally and linguistically appropriate for the populations who need those services in Klamath County?

        ii. What barriers to accessing services do people experience in Klamath County?

        iii. Which of those barriers to accessing or providing services have a disproportionate impact on or only affect specific populations?

        iv. To what extent do the existing services meet the needs of people with behavioral health conditions who may also be housing insecure?

        v. How could they be improved?

    b. How has COVID-19 affected the housing and/or treatment needs of Klamath County residents?

    c.   This might be a complicated question, but we're interested in hearing your thoughts around demographic, geographic or historical factors that may play a role in the availability of residential treatment services and other types of housing in Klamath County?

    d.   What are the greatest unmet behavioral healthcare needs in Klamath County?

          i.   How are those needs currently being met?

    e.   In your experience, what are the specialized needs of the populations you most familiar with who are also housing insecure?

          i.   What do they need to be successful in residential treatment for addiction or mental health services?

    f.   What barriers to providing services does your agency experience?

3. **Tracking & Data**

    a.   What is the percentage of clients who are experiencing housing insecurity?

          i.   How are they identified?

          ii.   How is this tracked?

    b.   How is a change in housing status tracked?

    c.   How does your agency engage new clients?

          i.   Do you think this works well for people with BH conditions, the priority populations, or who are experiencing housing insecurity?

    d.   What data follows people when they leave your agency and transfer to another, or vice versa?

    e.   What information would you like to get about clients coming to you from other providers that you don't already get?

    f.   What barriers to obtaining, storing or utilizing data does your agency experience?

4. **Inclusion of People with Lived Experience**

    a.   How does your agency incorporate people with lived experience at various levels of services?

    b.   How do you involve peers and/or individuals with lived experience in this work?

    c.   What could be improved about how people with lived experiences are included in service provision or decision making?

5. **Training:**

    a. Does your agency provide training regarding the specialized needs of any of the following populations?

    People experiencing homelessness

Living with a behavioral health condition	older adults
	adolescents
Living with a substance use disorder	LGBTQIA2S+
Involved with law enforcement	tribal members
	other ethnic minorities
Living in outlying or rural areas	immigrants
	veterans or members of the military
having experience a wildfire or other climate-related disaster	people with disabilities

    b. Do you know of any specific trainings you want, or think would be helpful for systems to offer?

6. **Leadership:**

    a. What is the vision of your agency related to addressing the needs of people with BH needs who may also be experiencing homelessness?

    b. Is there anything else you would like to tell us about housing and residential services and needs in Klamath County that we haven't already discussed?

7. **Wrapping up:**
    a. What recommendations do you have for ensuring access to quality housing and residential service options that are culturally and linguistically appropriate?

    b. Is there anything else we should know that is specific to the populations you are most familiar with related to their housing and residential service needs?

    c. Is there anyone else we should speak with about housing and residential services needs in Klamath County?

    d. We are planning focus groups with Klamath County residents from underserved populations, including people experiencing homelessness. What should we ask them related to housing and residential services?

Those are all of my questions for this interview. Thank you for your time!

Date: _____   **Agency/Dept Administering Survey: _____**

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U N I V E R S I T Y

Klamath County Community Needs Assessment
Community Member Survey

This voluntary, anonymous survey will take 5-10 minutes to complete. It is being conducted by Portland State University on behalf of Klamath Basin Behavioral Health as part of a study to better understand the housing and service needs for adults living in Klamath County, Oregon. If you have questions: please call Aliza Tuttle at 503-725-4160, or email taliza@pdx.edu. Return the completed survey to the person who gave it to you or mail it to: PSU Klamath Needs Assessment, 1600 SW 4th Ave., Suite 900, Portland OR 97201. Responses are being collected through **March 31, 2022**

BACKGROUND

How long have you lived in Klamath County?

☐ One month or less   ☐ 4-6 months   ☐ One to four years
☐ 2-3 months   ☐ 7-11 months   ☐ 5 years or more

Where do you live most of the time?

☐ Own/Rent Apartment, Room, or House *(I Pay Rent/Mortgage)*

☐ Someone Else's Apartment, Room, or House *(I Do Not Pay Rent)*

☐ Transitional Living Facility

☐ In a Shelter, Street/Outdoors or Park (Homeless)

☐ Other (Specify)_____

If homeless, how long have you been homeless?

☐ One month or less   ☐ 4-6 months   ☐ One to four years
☐ 2-3 months   ☐ 7-11 months   ☐ 5 years or more

How far is your home/residence from your nearest mental health or addiction treatment provider? *(Circle one)*

0 - 5 miles   6-20 miles   21 - 50 miles   51+ miles

How do you usually get to mental health or addiction treatment appointments?

☐ Walked, bicycled, skateboarded

☐ Drove myself

☐ Ride from friend or family

☐ Rideshare, taxi, or other paid transport

☐ Free medical transport

☐ Other: _____

SERVICES AND UNMET NEEDS

Which health coverage are you currently enrolled with?

☐ Medicaid/Medicare/OHP   ☐ Private Health Insurance

☐ Uninsured   ☐ Other: _____

Which of the following types of assistance have you applied for or do you receive?

a. **SNAP**	Receive	Applied	Not Applied
b. **TANF**	Receive	Applied	Not Applied
c. **SSDI**	Receive	Applied	Not Applied
d. **SSI**	Receive	Applied	Not Applied
e. **HUD/Section 8**	Receive	Applied	Not Applied

[If applied or receive SSDI] **How many times have you applied for SSDI? _____**

What is your <u>primary</u> housing or behavioral healthcare need? (choose one)

☐ Mental Health Services   ☐ Money for a housing down payment

☐ Substance Use Treatment   ☐ Housing

☐ Outpatient treatment   ☐ Other: _____

☐ Residential treatment   ☐ None

☐ Money to pay for housing/rent

Are you currently on a waitlist for any services?   ☐ Yes   ☐ No

    If yes, which ones?

☐ Mental Health Services   ☐ Money for a housing down payment

☐ Substance Use Treatment   ☐ Housing

☐ Outpatient treatment   ☐ Other: _____

☐ Residential treatment   ☐ None

☐ Money to pay for housing/rent

    How long have you been waiting?

☐ One month or less   ☐ 4-5 months

☐ 2-3 months   ☐ 6 months or more

TRANSITIONS

Have you ever had to leave a housing provider or residential treatment? ☐ Yes ☐ No

> *[If yes]* **What happened to you after you left?** (choose all that apply)

☐ I went to another provider
☐ I did not need another provider
☐ I needed another provider but could not get one
☐ My mental health symptoms got worse

☐ My substance use disorder got worse/I relapsed
☐ I became homeless
☐ Other: _____

If you moved from one provider to another, what made it difficult? (Choose all that apply)

☐ Wait time between providers
☐ No services while waiting
☐ Interruption in medications
☐ Lost possessions

☐ New providers didn't know information about me that they should have known
☐ Other: _____
☐ Nothing/No difficulties

BARRIERS TO MENTAL HEALTHCARE OR ADDICTION TREATMENT

Do you currently receive mental health or addiction treatment services? ☐ Yes ☐ No

> *[If yes]* **To what extent do the mental healthcare and/or addiction treatment services you currently receive meet your needs?**

☐ Not at all ☐ Somewhat ☐ Mostly ☐ Totally

What would make it easier to get the mental healthcare or addiction treatment services you need?

INCLUSION OF PEOPLE WITH LIVED EXPERIENCE

Are you a volunteer or a peer provider for housing, mental health or addiction services?

☐ Yes ☐ No

> **[If yes] To what extent does your provider agency ask your opinion about things?**

☐ Not at All ☐ A little ☐ Moderately ☐ Mostly ☐ Completely

> **[If yes] To what extent do you feel supported/heard by your provider agency?**

☐ Not at All ☐ A little ☐ Moderately ☐ Mostly ☐ Completely

What do you wish others working with people with lived experience already knew?

Please tell us a little bit about yourself. We will use this information to better understand the needs of your community.

How old are you right now? _____ Years

How many years of education have you completed? *(12=12ᵗʰ grade/GED)* _____ Years

What is your employment status? (Choose all that apply)

☐ Employed full-time   ☐ Retired

☐ Employed part-time   ☐ Disabled

☐ Not employed, looking for work   ☐ Student

☐ Not employed, <u>not</u> looking for work   ☐ Other: _____

What is your race/ethnicity? (choose all that apply)

☐ White   ☐ Asian or Asian-American

☐ Hispanic/Latino   ☐ Native Hawaiian/Pacific Islander

☐ Native American   ☐ Other: _____

☐ Black or African-American

Have you ever served in the Armed Forces, Reserves, or National Guard? ☐ Yes   ☐ No

What language are you most comfortable speaking?

☐ English   ☐ Mandarin   ☐ Other:

☐ Spanish   ☐ Vietnamese   _____

_____

What is your gender? _____

Do you consider yourself to be part the LGBTQIA2S+ community?

☐ Yes   ☐ No   ☐ Don't know   ☐ Prefer not to answer

Thank you for taking the time to provide us with this very <u>valuable</u> information! Please write any additional comments in the space below.

If you would like to enter our drawing for a $50 Fred Meyer Gift Card, please tear off the back page, write your contact information on it and give it to the person you return this survey to.