



STATE OF WASHINGTON
DEPARTMENT OF COMMERCE
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June 1, 2023

Ms. Sarah Bannister, Secretary of the Senate
312 Legislative Bldg.
PO Box 40482
Olympia, WA 98504-0482

Mr. Bernard Dean, Chief Clerk of the House of Representatives
338B Legislative Bldg.
PO Box 40600
Olympia, WA 98504-0600

Re: ESSB 5092 Section 126(67) (2021) Report on recommendations for supporting homeless service provider workers

Dear Ms. Bannister and Mr. Dean,

Please find attached the report “Supporting homeless service provider workers experiencing workplace trauma in Washington state: Study and recommendations.” This report was created for the Washington State Department of Commerce by BDS Planning & Urban Design and D-Fine Concepts, LLC.

This report satisfies the legislative requirement in Chapter 223, Laws of 2021, which required the Washington State Department of Commerce to “Identify and develop effective interventions and responses to primary and secondary workplace trauma experienced by direct service staff who work in homeless shelters, homeless outreach, and permanent supportive housing.”

The study identifies nine recommendations to address the trauma homeless service workers experience when performing workplace duties. The recommendations include a range of ideas that will take the support of state and local leadership to ensure that workers delivering assistance to our most vulnerable citizens can perform their job in an environment that supports their wellbeing.

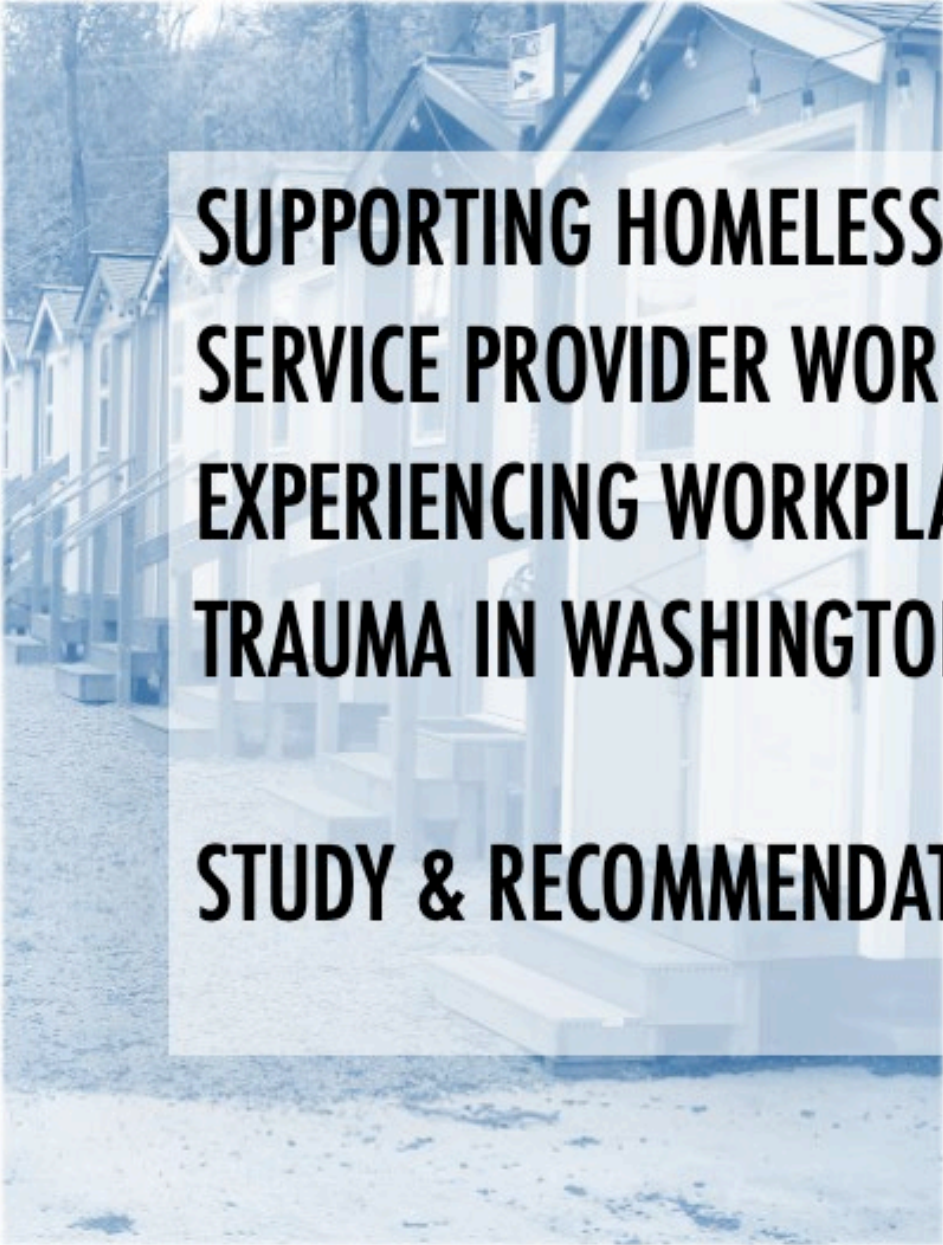
The Department of Commerce Housing Division will carefully review the recommendations and identify what role we can play in moving their ideas forward. This feedback is important to Commerce and we appreciate the time invested in developing the recommendations.

Sincerely,
DocuSigned by:

Kathy Kinard

Kathy Kinard
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Managing Director of Homelessness Assistance Unit
Washington State Department of Commerce



SUPPORTING HOMELESS SERVICE PROVIDER WORKERS EXPERIENCING WORKPLACE TRAUMA IN WASHINGTON STATE: STUDY & RECOMMENDATIONS

Prepared for Washington State
Department of Commerce by:

BDS Planning & Urban Design
D-Fine Concepts, LLC



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D-FINE CONCEPTS, LLC**

Acknowledgements

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Executive Summary

Homeless service provider (HSP) organizations, including those offering homeless shelters, homeless outreach, and permanent supportive housing, contract with local governments and Washington state to provide services.

Frontline workers at HSP organizations (HSP workers), who assist highly vulnerable populations in homeless outreach, shelter, and permanent supportive housing programs, acutely experience workplace trauma. The Washington State Legislature is interested in understanding the ongoing challenges HSP workers face and identifying interventions that will support their wellbeing and help to stabilize this critical workforce.

The Washington State Department of Commerce (Commerce) contracted with BDS Planning & Urban Design and D-Fine Strategies, LLC, as well as the Washington Low Income Housing Alliance, to lead a workplace trauma study and develop recommendations. Commerce contracted with Pyramid Communication for production support (Study Team). The Study Team recruited an advisory committee of frontline workers and other stakeholders to help steward the engagement with homeless service providers, collect data, and review and shape recommendations. With their assistance, the Study Team conducted surveys and focus groups to understand the impact of trauma on the HSP workforce and learn their ideas for creating healthier workplace environments.

HSP workers shared that feelings of isolation, overwhelming workloads, impacts of systemic failures, racism, and discrimination have contributed to poor client outcomes and their own experiences of secondary trauma. In addition, HSP workers reported a lack of housing and financial resources to support their clients while also feeling underpaid and without adequate benefits to address their own economic needs and mental health. Workers reported a lack of stable funding for organizations across the sector, which can add to workplace stress about inadequate resources for clients as well as their own job security. The COVID-19 pandemic exacerbated this trauma. HSP workers experienced intensified stress to meet increased demand for services, often within organizations without adequate funding and resources and in an environment where they faced a high risk of infection.

Based on the findings of this study, we recommend that homeless service agency leadership, Commerce, and the Washington State Legislature work together to revisit staffing structures and pay, develop more professional development opportunities, offer specialized mental health support, improve training and supervision, and address systemic failures.

The HSP workforce is deeply caring and committed despite the many challenges they face on the frontline. Given that too large a proportion of this sector's workers are only one paycheck away from needing housing services themselves, it is time to prioritize the people who stand witness to suffering every day and work in service to care for the most vulnerable people in our communities.

Legislative Mandate

The underlying legislation that called for the writing of this report is Section 129 (67) of [Chapter 223, Laws of 2021](#) (ESSB 5092, the 2021-23 operating budget), which required the Washington State Department of Commerce to:

Identify and develop effective interventions and responses to primary and secondary workplace trauma experienced by direct service staff who work in homeless shelters, homeless outreach, and permanent supportive housing. The department must collect data through methods such as surveys, interviews, and small group conversations, and engage interested parties, including but not limited to direct service staff. The department may contract with a third party to complete the work required in this subsection. By June 1, 2023, the department shall submit a report identifying interventions and providing recommendations to the appropriate committees of the legislature.

Introduction and Context

Homeless service provider (HSP) organizations, including those offering homeless shelters, homeless outreach, and permanent supportive housing, contract with local governments and Washington state to provide services. Frontline workers at HSP organizations (HSP workers), who assist highly vulnerable populations in homeless outreach, shelter, and permanent supportive housing programs, acutely experience workplace trauma. The Washington State Legislature is interested in understanding the ongoing challenges HSP workers face and identifying interventions that will support their wellbeing and help to stabilize this critical workforce.

The researchers of this study aimed to uncover the common sources and aggravating factors that contribute to trauma, burnout, and turnover in HSP workplaces, and to identify potential recommendations for improving workplace conditions and relieving trauma experienced by HSP workers. Commerce is seeking to further understand the state's HSP workforce and learn of interventions and recommendations that will support the ability of HSP workers to manage and address workplace stress and trauma.

HSP workers report working conditions that can be overwhelming, traumatic, and lack adequate support for day-to-day strains on mental and emotional health that result from serving a population in crisis. HSP workers with the lived experience of homelessness are uniquely qualified for this work and are particularly vulnerable to workplace trauma. Furthermore, burnout and high rates of turnover among the HSP workforce is common.

Surveys and focus groups explored the experiences of the people providing services to those experiencing homelessness and gained insight as to which encounters, in addition to direct client contact, are stressful, emotionally draining, and create a traumatizing environment.

The lived experience of frontline HSP workers shaped the research and associated recommendations of this study. These workers are experts in their own working conditions; this study was community-led and community-informed. Because these workers do not necessarily have policy, legislative and/or rule making experience, their recommendations are meant to inform further discourse among policy experts, policy makers, state agencies and other stakeholders who could support their development and eventual implementation.

Defining Trauma

In the context of this study, trauma at its broadest level is defined as the psychosocial and emotional internalizations of stressful and adverse experiences of HSP workers while performing their job-related duties.

More specifically, secondary trauma is the accruing effect of being exposed to someone else's trauma. In the field of human service delivery, HSP workers engage daily with people who are typically in varied states of crisis and have previously or are currently experiencing trauma. HSP workers also reported experiencing vicarious trauma, which is a form of secondary trauma. The American Counseling Association defines vicarious trauma as the emotional "residue" of hearing clients' traumatic stories and becoming witness to the pain, fear, suffering and terror that trauma survivors have endured or are enduring.

The HSP Workforce

HSP workers are defined as frontline workers who assist highly vulnerable populations in homeless outreach, shelter, and permanent supportive housing programs. The study confirmed that HSP workers are deeply committed to their profession, regularly go above and beyond their duties and have a deep understanding of those they serve.

Accurate statewide data on employee wages in this sector is not available at the time of this report's publication. Some of survey respondents self-reported as low income based on their own need for the same public services they deliver to clients.

The study showed that the HSP workforce includes many people with the lived experience of homelessness or past behavioral health challenges. This allows workers to uniquely understand the needs, barriers, and challenges of their clientele, which is a benefit for agencies and organizations, as well as program and service participants. Workers with these past experiences are also more vulnerable to secondary trauma and to having past primary traumas retriggered. As such, considering these overlapping realities, it is especially important that HSP workers have support to process and heal from these experiences.

This Moment in Time

Working in the homeless service sector is, by nature, challenging and has historically been underfunded and understaffed. The timeframe of this study added a new twist: the impact of the COVID-19 pandemic (often referred to as simply “COVID-19” or “COVID” throughout this study).

At the onset of the pandemic, the social service landscape changed, requiring a heavier lift from HSP organizations as many shelters, state benefits offices and other necessary services shut down or dramatically reduced capacity. Many providers mobilized staff and resources in attempts to mitigate risks to the homeless population through strategies that included adding shelter beds and distributing personal protective equipment to people experiencing homelessness. The urgency and magnitude of the crisis and the risk to HSP workers in caring for this vulnerable population exponentially increased the stress and traumatic conditions inherent in the job.

Study Design

This study is community-led and community-informed. Throughout the process, a representative advisory committee was actively engaged to inform the study’s process, marketing strategy, questions, and recommendations. HSP workers also helped shape and craft the recommendations. All content is meant to represent the voices and interests of the HSP worker community.

The Advisory Committee

The Homeless Service Provider Trauma Advisory Committee (Advisory Committee) was established in March 2022 with 11 members representing agencies, nonprofit organizations, and municipalities across Washington state with varying levels of lived experience and professional experience and a mix of frontline HSP workers and managers. Members of the Advisory Committee were recruited through outreach conducted by the Study Team across the state and from local homeless service organizations and coalitions. Recruitment was also done online via LinkedIn and through social media. The Study Team was careful to consider representatives from rural and urban counties and communities as well as from different sized organizations.

The Advisory Committee was engaged 11 times over the course of the project (three initial meetings in March 2022, and monthly thereafter through December 2022, except for the month of August). Its role was to inform the study’s process, research questionnaires and recommendations.

Members of the Advisory Committee were compensated \$150 per meeting. This aligns with Chapter 245, Laws of 2022, which creates stipends to compensate members of a community

with lived experience for their time and expertise. Advisory Committee members represented a diverse set of backgrounds within the field, with members who had experience as frontline workers, coalition members, policy advocates, and state agency workers.

Research Tools

The study consisted of two core research tools:

1. An online survey of HSP workers across Washington state.¹

The survey received 1,501 responses. See [Appendix A](#) for a detail of the full survey.

- 80% of survey participants provide direct services to people experiencing homelessness
- 76% identified as White (approximately representative)
- 11% identified as African American or Black (overrepresented)
- 5% identified as American Indian or Alaska Native (overrepresented)
- 70% identified as women (overrepresented)
- 25% identified as LGBTQ2S+ (overrepresented)

- 47% represent Pierce, King, and Snohomish counties (Puget Sound region). The remainder were from the following areas of Washington state:
 - 14% from Northeast region: Ferry, Stevens, Pend Oreille, Lincoln, Spokane counties
 - 12% Southwest region: Cowlitz, Wahkiakum, Clark, Skamania, Thurston, Lewis counties
 - 8% Peninsula/Coastal region: Clallam, Jefferson, Kitsap, Mason, Grays Harbor, Pacific counties
 - 6% North Central region: Okanogan, Chelan, Douglas, Grant counties
 - 4.9% South Central region: Kittitas, Yakima, Klickitat, Benton, Franklin, Walla Walla counties
 - 1.3% from Southeast region: Garfield, Asotin, Columbia, Whitman, Adams counties

2. Four focus groups

To supplement the survey results and to hear more nuanced opinions of the impact of workplace stress and trauma, the Study Team convened four focus groups over Zoom. This approach elicited more specific feedback from workers who might experience disparate impacts and therefore require more targeted solutions. See [Appendix B](#) for focus group detail.

The Study Team conducted a focus group with HSP administrators to better understand how organizations were equipped to address some of the emerging challenges and what other

factors should be considered. Each focus group was asked about their experience with trauma and stress in the workplace.

Focus groups ranged in size from eight to 20 participants. Groups met once, virtually. Participants were recruited through multiple avenues including working with our Advisory Committee members as trusted advocates, and through partner organizations. Focus group participants were compensated \$150 for their participation.

The four focus groups included:

- HSP workers (those working directly with clients)
- BIPOC (Black, Indigenous and people of color) and LGBTQ2S+ (Lesbian, gay, bisexual, transgender, queer, or questioning, Two Spirit, intersex, asexual, and more) HSP workers
- HSP workers with lived experience of homelessness
- HSP administrators (not frontline workers)

Recommendations Development

Recommendations emerged from two core sources and were then synthesized and further refined.

- The focus groups where participants shared their experiences and contributed recommended solutions to the challenges they identified as part of their job.
- The Advisory Committee, which reviewed emerging themes from the research, survey results and focus groups. Using these data sources, the Advisory Committee refined recommendations and identified areas for further study.

Key Findings

The survey and focus group results reinforced one another, with focus groups often revealing additional details and nuances about the survey results. The core themes and findings from each are summarized together below. Each of these would benefit from further research to expand these findings. See [Appendices A](#) and [B](#) for survey and focus group details, respectively.

HSP workers feel overwhelmed — by the amount of work, the incredible barriers to helping their clients, and an unending amount of need.

- About half of all HSP workers surveyed responded that they frequently or very frequently feel overwhelmed in their position and its demands.
- In focus groups, HSP workers shared the overwhelming challenges of their jobs more specifically: a lack of sector funding, a lack of housing, the emotional challenge of

“fighting the same battle every day,” an overwhelming case load, difficulty getting staff, and a lack of support, professional development, and pay.

Survey Q16: How often do you experience the following in the regular course of your work?

	VERY FREQUENTLY	FREQUENTLY	OCCASIONALLY	RARELY/ NEVER	UNSURE	TOTAL
Vicarious trauma as a result of your work with clients	10.17% 150	20.75% 306	37.69% 556	29.29% 432	2.10% 31	1,475
Feelings of hopelessness related to client outcomes	11.92% 176	23.37% 345	40.04% 591	23.85% 352	0.81% 12	1,476
Feeling overwhelmed in your position and its demands	19.78% 293	26.87% 398	34.01% 505	18.43% 273	0.81% 12	1,481
Worry over financial security and/or compensation	25.39% 376	25.39% 376	26.74% 396	21.20% 314	1.28% 19	1,481
Difficulty separating work and personal life	9.47% 140	17.79% 263	33.83% 500	37.35% 552	1.56% 23	1,478
Frequent concerns about the lack of recourses and services to support clients	43.18% 640	29.49% 437	18.22% 270	7.89% 117	1.21% 18	1,482

System barriers make doing their job and helping program and service participants an uphill battle for HSP workers.

- HSP workers consistently named several critical challenges in focus groups:
 - Client difficulty in finding landlords who will take housing vouchers.
 - Landlord racism, discrimination, and bias against people experiencing homelessness.
 - The incredible amount of paperwork required to get housing and services.
 - Difficulty in accessing mental health services when they’re needed most. The average timeline to schedule an initial intake appointment is 60 days.
 - Lack of staffing capacity for outreach to help program and service participants stay housed.

“[A landlord company] said they will not renew leases for any of the people who have been using rental assistance for the last two years. I’m worried that an enormous amount of people will be unhoused when this happens. People are stressed, angry and afraid right now. I don’t know where any of these people will go, or what to do. [It’s a state of] hopelessness.”

– Focus Group Participant

The lack of funding for the sector is a critical factor in the stress felt by HSP workers.

- A large majority (73%) of HSP workers surveyed indicate they frequently or very frequently have concerns about the lack of resources and services to support their clients.
- In focus groups, HSP workers’ biggest concerns about the sector more broadly revolved around funding: a lack of funding to keep people on staff, which impacts caseloads; the lack of funding for housing and services needed by their clients; and funding instability created by “difficult and unpredictable” grants.

Relative to the often-long hours and emotionally draining work, most HSP workers don’t feel adequately compensated.

- A majority of HSP workers surveyed do not feel adequately compensated for their work, and frequently or very frequently worry over financial security and/or compensation.
- Their number one recommendation for how organizations can do better as it relates to recruiting and retaining staff is to increase compensation.
- Several HSP workers in focus groups described needing second jobs or experiencing housing instability because of low wages. Others described struggling to pay for gas and car maintenance, which is necessary for their roles doing outreach across spread out and rural communities.

“I work to help. I have learned that [the] social service field is not a comfortable position that will create wealth, and sometimes not even stability for us workers. We are a half a paycheck from being the servant to being the individual that needs help.” – Survey Participant

“I finally secured a raise for myself but was then hit with a rent increase on my home that same month. I’m feeling the same pressure as my clients, and that’s a drain on my emotional capacity.” – Focus Group Participant

A majority of HSP workers surveyed indicate that client outcomes and interaction negatively affect their mood and mental state a moderate amount or more.

- Approximately 25% of HSP workers surveyed said they are negatively affected by these outcomes and interactions “a lot” or “a great deal.”
- HSP workers shared in focus groups that they experience a range of emotions — stress, anger, fear — because of client interactions and witnessing difficult outcomes.

“People are very escalated now because of COVID. The job can be nerve-wracking. [I’m] sensing heightened emotions and anger from clients.” – Focus Group Participant

HSP workers report experiencing secondary trauma over the course of their jobs and may not get the support they need to process it.

- Around 33% of HSP workers surveyed responded that they frequently or very frequently experience secondary trauma because of their work with program and service participants and experience feelings of hopelessness related to client outcomes.
- Only 50% of HSP workers surveyed said they feel supported by their organization when traumatic events do occur.
- The employers of most HSP workers rely on Employee Assistance Programs (EAPs) to outsource support for employees who experience trauma. EAPs are services for employees (and sometimes family members) to help address work and personal concerns including mental health needs. EAP program design and service availability varies. Yet securing counseling and appointments through an EAP can take significant time. A majority (61%) of HSP workers surveyed have access to an EAP through their employer, but very few have individual or group therapy partially (11%) or fully (9%) paid for.
- Only 36% of HSP workers are supported with space and time during the workday for their teams to process trauma. Twenty six percent are offered extra time off or granted leaves of absence.

“After the death of a client in nefarious circumstances, my supervisor yelled at me for being ‘too intense.’ I was not offered any support or resources, only chastised, and then belittled for being behind in my paperwork.” – Survey Participant

“While we have the EAP program, it can take up to six months for any assistance.” – Survey Participant

Every day, HSP workers are in the position of being unable to meet the needs of clients who are desperate and traumatized — or must watch them fail — which creates its own trauma.

- HSP workers in the focus groups describe regular heartbreak because of being unable to do more for clients because of system barriers or a lack of funding. They report experiencing daily frustration with system barriers such as paperwork, wait times, client qualifications, lack of agency coordination, etc.
- Struggling with guilt was a common theme, often for being in the position of having to gatekeep who gets housing and who does not.
- Racism and discrimination faced by clients trying to get housing is also a common concern.

“Much of the time our clients are desperate and scared, and it’s so incredibly disheartening that the resources they are depending on us [to provide] are simply tapped out. It hurts my heart.” – Focus Group Participant

Despite being negatively affected by client outcomes and interaction, “safety” is not perceived as a significant problem.

- A large majority (70%) of HSP workers surveyed feel safe (emotionally, physically, and ethically) at work. Although the survey defined safety as emotional, physical, and ethical, it’s a term that is most often defined as and associated with physical safety, which could have contributed to the large percentage of HSP workers who feel safe yet also report emotional stress and trauma.
- Some HSP workers shared in focus groups that their clients are more stressed and angrier since COVID-19, which at times makes them have general safety concerns.

“It’s difficult to feel like a gatekeeper and the person who picks and chooses who ‘wins’ housing. It’s difficult to be fair and equitable when you’re in this role, feeling like you’re always going to let someone down.” – Focus Group Participant

HSP workers with lived experience of homelessness report experiencing secondary trauma through engagement with their service population.

- Many HSP workers have lived experience of homelessness, even those not in the specifically “lived experience” focus group. Many shared their financial stress and struggles, and they may be in the same eligibility brackets as their clients for certain services.
- Many witness the suffering and trauma of their clients, and some expressed intense emotions resulting from it. For HSP workers with lived experience, their clients’ trauma is more likely to trigger a trauma memory related to their own experience with homelessness.

- As low-income individuals themselves due to self-reported HSP workforce wages, HSP workers may be in a position where they haven't completely exited the instability of homelessness or poverty or the related stress and trauma they evoke. They may be processing both their own ongoing trauma and that of their clients.

“The brain doesn't shut off after the shift because we aren't paid to care for clients; that care doesn't stop at 5 p.m. I still have to see my clients sleep outside next door to me.” – Focus Group Participant

HSP workers want more training and ongoing professional development opportunities.

- The HSP workers surveyed wished they had more training in a variety of areas prior to starting their positions and ongoing to support their ability to do their jobs. The areas of greatest interest include mental health, first aid, crisis intervention and de-escalation.
- In open-ended survey responses, the most common training desired included the following:
 - The services and benefits available to clients.
 - Guidance in grant writing and funder reporting.
 - Addressing personal and client trauma and trauma-informed care.
 - Addressing crisis and mental health issues.
 - Holding boundaries.
 - Racial equity and working with diverse populations.
 - Naloxone administration and CPR
- HSP workers in each focus group raised the issue of a lack of professional development training. Participants emphasized the need for crisis response and mental health training.

“It cannot be understated how our clients need substantial continual support to access the services available, and we are not always trained or capable to navigate this dynamic situation. It can be very stressful and mentally depleting doing this type of work full-time.” – Focus Group Participant

Survey Q18: In what areas, if any, do you wish you had more training with prior to starting your position or ongoing to support your ability to do your job?

ANSWER CHOICES	RESPONSES	
None: I feel fully competent	7.99%	118
Mental Health First Aid	43.70%	645
Substance Use Disorder	35.50%	524
Crisis Intervention	43.83%	647
De-escalation	41.73%	616
Self defense	28.46%	420
Supervision Training	25.27%	373
Trauma-informed care	34.01%	502
Boundary setting with clients	30.89%	456
Working with law enforcement/legal system	40.11%	592
Understanding Medicaid or other systems	40.24%	594
Contract/Grant process	37.80%	558
Medical First Aid	15.72%	232
Other (please specify)	11.11%	164
TOTAL		1,476

“I’ve worked several positions at this agency and received very basic onboarding for all of them, largely to do with the physical operations and very little regarding the actual practice of providing therapeutic services. We work with a very specific population that requires a lot of skills, and inadequate training is frequently cited by resigning coworkers as a deciding factor.” – Focus Group Participant

HSP workers with lived experience of homelessness feel they do not have clear paths for advancement.

- Survey results indicate that HSP workers with lived experience of homelessness are less likely to have higher educational attainment, which is often a requirement for leadership positions.
- HSP workers with lived experience of homelessness shared in focus groups that the lack of training and professional development opportunities coupled with the weight of educational attainment for leadership positions limited their professional mobility.

HSP workers report feeling isolated and lacked support from a professional community of peers.

- In focus groups, HSP workers reported having little debrief and processing time in their day-to-day work with their colleagues and indicated few to no opportunities to connect with peers in their field. Some expressed a sense of isolation.
- Focus group conversations indicated a heavy interest in virtual or in-person meeting spaces with other HSP workers, especially for those with marginalized identities such as LGBTQ2S+ and BIPOC, to do some of this processing and build community.
- Several focus group participants commented that participation in the focus group itself was a healing and supportive experience that allowed them to connect with their peers in a way that they were unable to prior.

Despite the challenges they face, most HSP workers are committed to continuing work in the sector.

- HSP workers are incredibly dedicated and compassionate. Despite workplace challenges and low pay, they are committed to the field.
- Almost half (45%) of HSP workers surveyed indicated they plan to stay in their field indefinitely or if they have funding, and another 16% plan to stay in the field for at least a year or more.

Survey Q20: What are your plans for the future as they relate to your current field?

ANSWER CHOICES	RESPONSES	
I plan to stay in this field indefinitely	38.50%	569
I plan to stay in this field for at least a year or more	15.90%	235
I plan to stay in this field for as long as I have funding	7.10%	105
Unsure	16.58%	245
I plan to stay in this field until I can make my next career move	14.41%	213
I plan to stay in this field until I can finish an educational opportunity	3.38%	50
I do not plan to stay in this field	4.13%	61
TOTAL		1,478

- These are employees who care. While the most important factor in considering whether to stay in their field is base pay, the next most important factors are all mission related. After base pay (53%), the most important factors include a sense of purpose (46%), making an impact on an individual (46%) and making an impact on a system (42%).

Survey Q21: In making your considerations for how long you intend to stay in this field, what are the top three most important factors? Check up to 3.

ANSWER CHOICES	RESPONSES	
Base Pay	52.66%	783
Benefits	28.45%	423
Ability to take time off	28.72%	427
Ability to make an impact on an individual	46.27%	688
Ability to make an impact on a system	42.17%	627
Team morale & ability to relate to co-workers	28.18%	419
Ease of job	6.12%	91
Job aligns with interests	22.60%	336
Sense of purpose	47.55%	707
Career advancement opportunities	26.03%	387
Other (please specify)	5.92%	88
TOTAL		1,487

- HSP workers in the focus groups reinforced this theme, with nearly everyone sharing a mission-related reason for being in their line of work. Reasons ranged from “a desire to give back” to “wanting to be part of the solution” when it comes to supporting marginalized populations.

Areas for Further Study

The HSP workers engaged in this community-driven and community-informed study are experts in their own working conditions. Their potential solutions and recommendations were reviewed and refined by members of the Advisory Committee to facilitate consideration by people with state policy, legislative and/or rule-making experience.

Implementation

The following recommendations could be initiated and implemented at several levels: by HSP workers themselves, by the HSP organizations they work for, and at the state level through policy change or by restructuring current program and grants. Each recommendation indicates at what level implementation could take place: worker, organization, city, county, state, and, in some cases, with a contracted partner.

Potential Cost

Each of the following recommendations could be implemented in a variety of ways with a variety of stakeholders at varying scales. A cost analysis and estimate are not feasible without more detailed clarity regarding these factors.

Recommendations

1. Improve efficiency across systems to reduce the burden on HSP workers.

The burden of determining benefits eligibility, filling out applications, and navigating general systemic bureaucracy is overwhelming to both clients and HSP workers. This could be addressed by eliminating redundancies faced by clients and workers alike when applying for similar resources across multiple agencies and organizations and going through similar application processes repeatedly. Recommend increasing connections across public benefits and social services programs to reduce the burden on individuals applying for benefits and services. This would require cooperation across social services sectors and individual organizations that provide homeless services, food assistance, health care, childcare and other support services sought by homeless and/or low-income individuals.

One example of a legislative approach to this recommendation is [Chapter 216, Laws of 2022 \(ESB 1866\)](#). Passed in 2022 and paired with health services, the bill creates the Office of Apple Health & Homes (AHAH), which will increase and streamline permanent supportive housing. HSP workers expressed a need for similar ongoing legislative efforts that would streamline and improve access to multiple services in the future. Efforts throughout the state to streamline intake models, such as with coordinated entry, have had mixed results.

HSP workers recommend improving communication and developing systems that utilize standardized client intake forms or surveys for use across organizations. These forms would encompass the full spectrum of a client's potential needs even if those needs extended outside of the services provided by one individual agency or organization. This would include a system for automatic referral to the appropriate agencies, programs and organizations based on the client's needs.

Critical to the successful implementation of this recommendation is the nurturing and support by sector leaders of a culture that embraces collaboration and cooperation across HSP organizations.

Implementation levels: organization, city, county, region, state.

2. Justly compensate HSP workers by increasing wages.

HSP workers repeatedly brought up increasing compensation throughout the study, particularly in response to the problem of being overwhelmed in the workplace.

HSP workers who struggle to afford their own living expenses such as food, rent, and other necessities expressed a feeling of exhaustion when they are doing the same advocacy tasks for clients that they must do for themselves on their own time. Researching and navigating assistance programs can be demanding, redundant, and frustrating, especially when they must duplicate these efforts at home for themselves or their own family members.

Increasing compensation for HSP workers to a wage that will alleviate their reliance on assistance programs and mitigate the need for them to perform their work both inside and outside of the job would meet these concerns. To accomplish this, organizations also need more funding and more *predictable* funding so they can reliably plan for worker compensation.

Implementation level: organization, city, county, state.

3. Standardize pay rates and working hours across the HSP sector to moderate workloads and create equitable living wages.

HSP workers are generally burdened by overwhelming workloads, and these already large workloads increased during COVID-19. HSP workers in larger and more well-resourced organizations are sometimes able to organize for better pay, hours and expectations that reflect the increased demands of their jobs. However, HSP workers in small agencies, especially those who are isolated in regions with fewer and smaller independent HSP organizations, risk being left behind if they are not included in a coordinated sector-wide organizing effort.

HSP workers suggest establishing improved baseline wages, pay increases, overtime standards, standard working hours and consistent expectations in the workplace. This effort could come in the form of union membership and collective bargaining and include joining Service Employees International Union 1199NW, which already represents some HSP workers. Or it may include establishing a rate-setting program like that for independent provider homecare workers whose rates are established through the Consumer Directed Employer Project under the Washington State Department of Social and Health Services (DSHS).

Implementation levels: worker, organization, state.

4. Adopt and incentivize hiring, compensation, and promotion structures that acknowledge lived experience.

HSP workers with lived experience of homelessness or behavioral health challenges contribute invaluable expertise to this work and provide a lens that some HSP workers lack. Their experience is a benefit for agencies, organizations, and the clients themselves, yet HSP

workers with lived experience of homelessness are less likely to have attained degrees in higher education and thus experience a lack of mobility in the homeless services sector.

HSP workers recommend creating hiring guidelines, annual review metrics, and raise and bonus schedules that value lived experience alongside academic experience. Commerce can incentivize these recommendations through grant and contracting requirements by prioritizing HSP organizations with management-level staff or higher who have lived experience of homelessness.

Implementation levels: organization, state.

5. Increase worker retention by offering bonuses to those who stay.

Turnover in the HSP workforce is hard on both organizations and clients. HSP workers likely switch organizations with regular frequency because of finding better pay and pathways for promotion outside of their organization — or they switch fields due to burnout. Many organizations lost staff during COVID-19.

Organizations could offer retention bonuses for staff and organizational contractors to decrease attrition. Retention could be incentivized by Commerce through small grants, particularly to small organizations, which often have more difficulty obtaining funding.

Implementation levels: organization, state.

6. Support standardized training for the HSP workforce and its delivery through a centralized online platform.

HSP workers expressed a variety of consistent training needs that would improve the services provided, lessen stress, and help HSP workers with lived experience to move up in organizational administration without the expectation that they enroll in time-consuming and costly higher education programs. A centralized online platform with a standardized set of topics and trainings for workers in the sector would ensure quality professional development.

Implementation levels: contract partners, state (including partnerships with state funded universities and community colleges), private sector.

7. Require training for HSP workers on self-care and trauma processing to be delivered during paid work hours.

HSP workers identified the need for training related to trauma in both the survey and focus groups. Some workplaces offer training resources to address traumatic experiences on the job, but not all set aside time during work hours to participate in them.

HSP workers recommend that all HSP workers be required and compensated to participate in training offered during work hours that includes guidance on “self-care” in the face of the frequent workplace trauma that occurs in the sector. While self-care can mean many things, for the purposes of this report, workers described self-care as methods for decompression, stabilization, relaxation, and trauma processing that have been recommended and validated by professionals in the mental health field. Standardized training for the HSP workforce would allow for more regular and predictable skill building. The state should consider incentivizing this kind of training through its grants and contracts with sector organizations.

Implementation levels: organization, state.

8. Provide paid time off from work for HSP workers to process grief and traumatic experiences and the mental health resources to support their time away.

HSP workers are regularly in the position of experiencing the deaths of clients or other traumatic incidents during their job. Without having time to process these intensely emotional impacts, the trauma compounds.

Paid time off from work for processing grief and trauma — which does not draw on vacation or sick time — will help workers heal from the challenges of their jobs. Mental health resources such as an EAP or insurance coverage for mental health counseling are also important benefits. Bereavement policies should also be expanded. The state should consider incentivizing funding for organizations that provide this type of support.

Offering these resources will help create a workplace culture where HSP workers know that their own mental health and self-care is prioritized and taken seriously and is not something that should be put on pause when they enter the workplace.

Implementation levels: organization, state.

9. Establish a statewide coalition for HSP workers that can host regional HSP worker “affinity teams” to create a support network and share best practices, training, and resources.

The need for relationship building and peer-to-peer support outside of one’s individual workplace emerged in almost every focus group. Professional isolation is more acutely experienced by HSP workers who embody more than one marginalized identity and who may not have peers in their workplace or region who can provide a sense of community and belonging.

Establishing an HSP worker coalition to serve as convener of regionally based “affinity teams” would provide HSP workers with a community of support and shared learning. These teams could include all HSP workers or be organized by population served, services provided, or racial, gender or other identities. HSP workers recommend using the convenings of these groups for storytelling, debriefing traumatic experiences, and social activities. They also recommend creating affinity groups for people of color and LGBTQ2S+ to help build additional sources of support for people with specific identities.

Impacts to BIPOC HSP workers were specifically identified by the Advisory Committee and stressed during the focus groups and in the open-ended questions in the survey. The impacts of primary and secondary workplace trauma on BIPOC workers should be placed within the context of broader systemic inequities, racism, and stigmas around mental health.

To formally establish these groups and ensure their sustainability, the state could fund the establishment of a statewide coalition or professional organization of HSP workers to serve as the home and convener of these groups.

Implementation: worker, organization, state.

10. Require training for supervisors and managers on trauma-informed supervision of employees with lived experience.

HSP workers with lived experience of homelessness may have compounded trauma, and their jobs can create additional stress and trauma. Having direct supervisors who are sensitive to these challenges and trained in effective management techniques can help. Some HSP workers expressed an over-emphasis on self-care, which places the responsibility on the individual worker to maintain a cheerful outlook and stable mental health, while not always considering that management-level staff are responsible for creating a workplace environment that is suitable for people experiencing ongoing trauma.

HSP workers recommend requiring training for supervisors and managers on trauma-informed supervision of employees with lived experience of homelessness, behavioral health challenges, and marginalized identities. The state can incentivize this recommendation through grant and contracting requirements and by prioritizing organizations who make this training mandatory.

Implementation: organization, state.

Appendix A: Survey Instrument

Q1: Please indicate your gender.

- Man
- Woman
- Trans
- Nonbinary
- Decline to answer
- Other (please specify)

Q2: Please indicate your race/ethnicity. Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- White or Caucasian
- Other (please specify)

Q3: Please indicate your age.

- Under 18
- 18-24
- 25-40
- 41-60
- 61+

Q4: Please indicate your highest level of formal education.

- Some primary school
- Some secondary school
- Finished high school or GED
- AA or BA degree
- Graduate degree
- Trade
- None/other

Q5: Please indicate if you identify as a lesbian, gay, bisexual, transgender, two-spirit (LGBTQI+) individual.

- Yes
- No
- Unsure

- Decline to answer

Q6: Please indicate the length of time in the field of homeless services.

- 6 months or less
- 7 months – 2 years
- 2 – 4 years
- 5+ years
- 10+ years

Q7: Please indicate the length of time in your current organization/role.

- 6 months or less
- 7 months – 2 years
- 2 – 4 years
- 5+ years
- 10+ years

Q8: How would you describe your current role?

- I provide direct services to clients
- I do not provide direct services to clients

Q9: Where does your work primarily take place (by region/county)

- Puget Sound: Pierce, King, Snohomish
- Northwest: Whatcom, Skagit, San Juan, Island
- South Central: Kittitas, Yakima, Klickitat, Benton, Franklin, Walla Walla
- North Central: Okanogan, Chelan, Douglas, Grant
- Peninsula/Coastal: Clallam, Jefferson, Kitsap, Mason, Grays Harbor, Pacific
- Southwest: Cowlitz, Wahkiakum, Clark, Skamania, Thurston, Lewis
- Northeast: Ferry, Stevens, Pend Oreille, Lincoln, Spokane
- Southeast: Garfield, Asotin, Columbia, Whitman, Adams

Q10: How would you describe your experience as it relates to your current role?

- I am new to homeless service provision
- I have some prior experience in homeless service provision prior to this role
- I have worked in homeless services previously and consider myself experienced
- I have worked in homeless services for 10+ years and consider myself an expert
- I have not worked in homeless services or social services before this role
- I have experienced homelessness or have been a recipient of social services before this role
- I have academic experience with related specialty (Behavioral health, Counseling, social work, etc.)
- I was a Peer or Peer-certified before this role

- Other (please specify)

Q11: What type of organization do you currently do this work for?

- Small nonprofit, non-medical (1-10 employees)
- Medium nonprofit, non-medical (11-49 employees)
- Large nonprofit, non-medical (50 or more employees)
- Federal Qualified Health Center/Behavioral
- Volunteer/Mutual Aid/Self-employed
- Municipal/City government
- County government
- Housing Authority
- State agency (Dept. of Social & Health Svcs., Dpt. Children Youth & Families, etc.)
- Medical services provider or community health clinic (nonprofit or otherwise)
- Labor Union
- Advocacy Organization
- For-profit/Corporation
- Other (please specify)

Q12: What are your motivations for working in this field?

- [Written answer field]

Q13: Do you feel you are adequately compensated for your work (adequately compensated means earning a living wage relative to geographic location, access to medical benefits, ability to take family leave, etc.)?

- Yes
- No
- Unsure

Q14: How often do client outcomes/client interaction negatively affect your mood and mental state as it relates to the performance of your job duties?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

Q 15: On a scale of 1-5, how safe do you feel at work (safety encompasses emotional, physical, and ethical safety) in the regular performance of your duties?

- Generally very safe
- Pretty safe most of the time
- Somewhat safe

- Not very safe most of the time
- Generally unsafe all of the time

Q16: How often do you experience the following in the regular course of your work?

- Vicarious trauma as a result of your work with clients
- Feelings of hopelessness related to client outcomes
- Feeling overwhelmed in your position and its demands
- Worry over financial security and/or compensation
- Difficulty separating work and personal life
- Frequent concerns about the lack of resources and services to support clients

Q17: Do you feel supported by your organization when traumatic events occur?

- Yes
- No
- Sometimes
- Unsure
- N/A

Q18: What areas, if any, do you wish you had more training with prior to starting your position or ongoing to support your ability to do your job? Check all that apply.

- None: I feel fully competent
- Mental Health First Aid
- Substance Use Disorder
- Crisis Intervention
- De-escalation
- Self defense
- Supervision training
- Trauma-informed care
- Boundary setting with clients
- Working with law enforcement/legal system
- Understanding Medicaid or other systems
- Contract/Grant process
- Medical first aid
- Other (please specify)

Q19: Does your employer provide support and resources to assist with trauma, burnout, and wellness? Check all that apply.

- Employee assistance programs (EAP)
- Fully paid for individual and/or group therapy
- Partially paid for individual and/or group therapy
- Space for team to process
- Increased hazard pay

- Provide adequate staff support and resources to meet client and personal needs
- Offered extra time off or granted leave of absence
- No, none
- My organization does not have the capacity to assist with trauma, burnout, and wellness
- Other (please specify)

Q20: What are your plans for the future as it relates to your current field?

- I plan to stay in this field indefinitely
- I plan to stay in this field for at least a year or more
- I plan to stay in this field for as long as I have funding
- Unsure
- I plan to stay in this field until I can make my next career move
- I plan to stay in this field until I can finish an educational opportunity
- I do not plan to stay in this field

Q21: In making your considerations for how long you intend to stay in this field, what are the top three most important factors? Check up to 3.

- Base Pay
- Benefits
- Ability to take time off
- Ability to make an impact on an individual
- Ability to make an impact on a system
- Team morale and ability to relate to co-workers
- Ease of job
- Job aligns with interests
- Sense of purpose
- Career advancement opportunities
- Other (please specify)

Q22: How would you recommend your organization do better as it relates to recruiting and retaining staff? Check all that apply.

- Increase compensation
- Better train supervisors
- Increase opportunities for career advancement
- Decrease caseloads/workload
- Stabilize their funding sources to keep programs operating
- Increase job training opportunities
- Recognition of my individual contributions to the work
- Create a better relationship with the public (i.e., improve the organization's reputation)
- Increase their ability to streamline internal operations (i.e. payroll, reimbursements, communications)
- Other (please specify)

Q23: What issues do your target population (i.e., clients) have with navigating your services? To what degree is your mood and mental state affected by your clients' ability to navigate your services?

- [Written answer field]

Appendix B: Focus Group Detail

Background

An initial focus group comprised of HSP workers (separated into three separate breakout rooms) was conducted on September 22, 2022. After receiving feedback from focus group participants and Advisory Committee members, the decision was made to supplement with three additional focus groups. These supplemental groups consisted of administrative-level staff, BIPOC/LGBTQ2S+ workers and workers who themselves had lived experience of homelessness.

Structure

Each group was given a background primer on the underlying legislation, the premise of the study, and their role as topical experts adding their first-hand experience to our qualitative data collection. They were also presented with some of the emerging themes that had been identified through the course of the study to date. Lastly, they participated in a group discussion where notes were taken in real time either in writing or using a note taking visualization tool called Mural, and sometimes mixing both methods of note taking. Below we have included the questions that were asked as well as visualizations of themes.

Focus Group #1 HSP Workers

of Attendees: 24

1. Why are you in this line of work? What motivates you?
2. Do you have personal experience with homelessness that informs your work?
3. What are your biggest concerns about your job?
4. What are your biggest concerns/worries about the sector?
5. What other outside forces hinder your work?
6. What would most improve your job and make this line of work something you'd feel is possible for you to sustain?
7. What specific ways are homeless service provider workers undervalued compared to other work that requires similar skill sets?
8. Is there training you wish you had that you feel would help improve your ability to perform your job?
9. What do you wish that lawmakers, funders, and the public knew about your work?

Recommendations (preliminary)					
How can Organizations respond?	How can the state respond?		How can system partners respond?		What policies, programs, or processes could the state enact to require the response from organizations?
Retention programs: bonuses	Ombudsman for clients		System partners need to meet more frequently		Incentive boosts for small programs
Free access to trauma, conflict/res resources	Write retention bonuses into contracts & grants for homeless services	Strategies to remove administrative barriers	Better tools for communicating	Centralized training, skill-building platform	Requiring agency to provide debrief opportunities after traumatic incidents
Designate wellness days (aside from PTO & sick time)	Licenses & renewal cost waiver		Robust interdisciplinary teams to help solve issues	More support for small orgs across the board	The state has at-cost or free resources to help with traumatic events
Allow for crisis time (not against PTO)	Set success metrics to require client input (re: outcome)				Reporting structures drive services (instead of vice versa)

Focus Group #2 HSP Workers with Lived Experience

of Attendees: 11

1. Why are you in this line of work? What motivates you?
2. What are your biggest concerns about your job?
3. What other outside forces hinder your work?
4. What would most improve your job and make this line of work something you'd feel is possible for you to sustain?
5. What specific ways are homeless service provider workers undervalued compared to other work that requires similar skill sets?
6. Is there training you wish you had that you feel would help improve your ability to perform your job?
7. What do you wish that lawmakers, funders, and the general public knew about your work?
8. What would be fair compensation for this work?
9. How do you strike the balance between wanting to do the work, and how to afford living on the meager pay?

Lived Experience Group Reflections					
Need more time to serve underhoused (shift away from paperwork)	More time in prevention is needed	Union workers should stand up for HSPs	Incentivize collection of data for participants	Much of the work is off clock but NOT supported by orgs	Orgs should celebrate & reward lived experience
Lived experience compensation doesn't reflect their value ad to the work	Regular wellness days off (aside from the weekend)	Leadership don't have direct service or lived experience (disconnected from directives)	Changing expectations for leadership to include direct service	Outcomes are interconnected but serviced separately	Clients are set up for failure when outcomes pushed
Lack of language-specific resources	Outcomes based on #s serviced instead of quality of care (#s tied to \$)	Mandatory training & refining of craft (MI training, etc.)	There's an inability to share resources across jurisdictions		

Focus Group #3 Administrators, Employers, and Labor Unions

of Attendees: 5

1. Discuss and prioritize the following 8 recommendations that we have gathered directly from frontline HSP workers.
2. Discuss implementation of the recommendations. What would it take to implement? What policy or administrative changes need to happen?
3. Create a rough understanding of cost burden for each intervention.

			Policy Change required?	Who implements?	Who regulates?	Cost to scale?	How likely to make an impact?
Proposed interventions		Increase total compensation (regular raises & livelihood compensation)	Address overtime		Classification as emergency responses (dangerous, medical, etc.)	Requires pay leveling across jurisdictions	Highly
	Connected						
Ombudsmen for clients of services	Retention bonuses into contracts & grants	Centralized training, skill building platform	Supervisors need recourses to support POC staff			Requires increased paid training & partner specific cross training	Highly
		Leads to...	Additional support for lived experience (coaching, etc.)				Highly
	Free access to trauma & conflict resolution resources	Grief/ bereavement	Consider inter-system communications to be trauma informed	Contractors to write in access to wellness recourses for frontline workers			Highly
	Designated wellness days (not against PTO)	Required debrief after traumatic events	Need space to decompress as service providers				Highly

Focus Group #4 BIPOC/LGBTQ+ HSP Workers

of Attendees: 9

1. Why are you in this line of work? What motivates you?
2. What are your biggest concerns as it relates to your job?
3. How does your identity impact your ability to thrive in the work? Think organizationally, interpersonally, and systematically.

	Increase total compensation (regular raises & livelihood compensation)	Create paths for lived experience to move up	Centralized training, skill building platform	Designated wellness days (not PTO)	Free access to trauma & conflict resolution resources	
Proposed Interventions	Priority in order to retain staff	Incorporate lived experience	Lived experience to fuel training	Grief days	We need more meetings like this (focus group, processing grief)	More diversity in hiring
		Currently lack of support in leadership for marginalized identities	More space for shared stories	Processing time to commiserate with colleagues		Small organizations disproportionately impacted by PTO
			Multiculturalism in training & service provision	Not enough staff to actually take PTO		

Appendix C: Study Participants

Homeless Services Provider Trauma Study Advisory Committee

- Jason Cockburn, Second Chance Foundation
- Jhovona Duggins, Social and Human Services Advocate
- Jody Rauch, Coalition on Homelessness
- Lindsey Grad, SEIU 1199NW
- Lucia Ersfeld, South Snohomish County Emergency Cold Weather Shelter
- Lynn Marquez, Catholic Community Services
- Michael Eng, Low Income Housing Institute
- Sarah Baxter, Catholic Charities
- Stephanie Pacheco, DSHS
- Susan Tyler-Babkirk, Transitions
- Victor Loo, Behavioral Health Professional

Survey Responses and Focus Group Participants from the following Organizations

- Asian Counseling & Referral Service Behavioral Health Resources
- Bellwether Housing
- Blue Mountain Action Council
- Blue Mountain Heart to Heart
- Building Changes
- Catholic Community Services
- Chaplains on the Harbor
- Chelan-Douglas Community Action Council
- Chief Seattle Club
- Christian Aid Center
- Coastal Community Action Program
- Compass Housing Alliance
- Council for the Homeless
- Cowlitz Indian Tribe
- Downtown Emergency Service Center (DESC)
- Elizabeth Gregory Home
- Family Crisis Network
- Frontier Behavioral Health
- Greater Lakes Mental Healthcare
- IW Shelter
- Janus Youth Services
- King County Regional Homelessness Authority (KCRHA)
- Kitsap Community Resources
- Kitsap Rescue Mission
- Lake City Partners
- LASA
- Lifelong
- Low Income Housing Institute (LIHI)
- Mary's Place
- Mercy Housing
- Metropolitan Development Council
- Multi-Service Center
- New Beginnings
- New Horizon Care Center Spokane
- Okanogan Housing
- OlyCAP
- Opportunities Industrialization Center
- Opportunity Council
- Outsiders Inn
- Partners in Prevention Education
- Peer Spokane
- Pierce County Housing Authority
- Plymouth Housing

- Public Defender Association
- REACH
- Refugee Women's Alliance
- REST
- Road2Home
- Rod's House
- SeaMar Community Health Clinic
- Sean Humphrey House
- Seattle YMCA
- Serenity House Clallam
- Skagit Family Promise
- Solid Ground
- Sophia Way
- Sound Pathways
- The Coffee Oasis
- The R.I.S.E. Center
- The Salvation Army
- Transitions Women's Shelter
- Tulalip Tribes
- Turning Pointe
- U.S. Department of Veterans Affairs
- Urban League
- Valley Cities
- Volunteers of America
- Washington Department of Children, Youth & Families
- West Sound Treatment Center
- Women's Resource Center
- Yakama Nation
- Yakima Union Gospel Mission
- YFA Connections
- YouthCare
- Youth Connection WA
- YWCA Clark County
- YWCA King County
- YWCA Kitsap
- YWCA Spokane