



Snohomish County
Human Services

2019

Low Income Community Needs Assessment

The mission of Human Services is to help all persons meet their basic needs and develop their potential by providing timely, effective human services and building community.



TABLE OF CONTENTS

Introduction	5
Landscape	6
Survey	10
Methodology	10
Respondents: Who are they?	10
Community Services Assessment	14
Housing.....	21
Employment and Income.....	23
Health and Wellness	27
Education	32
Focus Groups	35
Methodology	35
Housing and Utilities.....	37
Getting and Keeping Benefits	40
Health Care: Medical, Dental, and Mental Health.....	42
Food.....	44
Transportation	46
Other Needs.....	48
Appendices	50
Focus group facilitation guide.....	50
Percent of population living below 200% of the federal poverty level by census tract	53

TABLE OF FIGURES

Figure 1. Wages required in order to meet basic needs in West and East Snohomish County	7
Figure 2. Percentage of Snohomish County residents living below 100% of the federal poverty level by age group	7
Figure 3. Percentage of Snohomish County residents living below 100% of the federal poverty level by demographics	8
Figure 4. Percentage living below 200% of the federal poverty level census tract	9
Figure 5. Which of the following best describes your household?.....	11
Figure 6. Race and ethnicity	11
Figure 7. Language usually spoken at home.....	12
Table 1. How long have you lived in Snohomish County?	12
Figure 8. Where do you live now?	13
Figure 9. Proportion of respondents who rated service categories as extremely important to them.....	14
Figure 10. Proportion of respondents who rated service categories as very hard to get	15
Figure 11. Perspectives on low-income service importance and availability	17
Figure 12. Perspectives on low-income service importance and availability among households with young children.....	18
Figure 13. Do you or anyone in your household have difficulty accessing services for any of the following reasons?	20
Figure 14. When receiving or trying to receive services in the past three years, have you or anyone in your household experienced discrimination due to language, race, ethnicity, sexual orientation, or gender identity?.....	20
Figure 15. Which best describes the place where you are living this week?	21
Figure 16. In the last 12 months, how often did you have to choose between paying rent/mortgage and paying for other basic needs (like food, medical care, or transportation)?	21
Figure 17. In the last 12 months, have any of the following things happened to your household?	22
Figure 18. Which of the following best describes your employment status?	23
Figure 19. In the last 12 months, has getting or keeping a job been hard for you or anyone in your household?.....	23
Figure 20. If YES, what’s been hard about getting or keeping a good job?	24
Figure 21. In the last 12 months, did you or anyone in your household need help getting or keeping any of the following benefits?.....	25
Figure 22. Does anyone in your household have problems with debt?	26
Figure 23. If yes, what kind of debt?	26

Figure 24. In the last 12 months, have you or anyone in your household gone hungry because you were not able to get enough food? Did you ever skip or cut the size of your meals because there wasn't enough money for food?27

Figure 25. Barriers to health services: Medical care/prescriptions28

Figure 26. Barriers to health services: Dental care.....29

Figure 27. Barriers to health services: Mental health30

Figure 28. Barriers to health services: Drug or alcohol treatment or counseling31

Figure 29. What is the highest level of education you have completed?32

Figure 30. If you are currently in school or interested in going to school, how far would you like to go? ...33

Figure 31. What are your household's education needs?34

Figure 32. Participant characteristics36

Figure 33. Where to go for help with housing and utilities37

Figure 34. Where to go for help with getting and keeping benefits40

Figure 35. Where to go for help with medical, dental and mental health care42

Figure 36. Where to go for help with food44

Figure 37. Where to go for help with transportation46

Figure 38. Other service areas of high need.....48

Figure 39. Percentage living below 200% of the federal poverty level by census tract53

INTRODUCTION

The surest way to build a thriving Snohomish County is to ensure *all* our residents, families, and communities can access the tools and resources needed to develop their potential.

At minimum, our communities should be places where residents can meet basic needs – affordable housing, adequate food, healthcare, and social connections. In order to thrive, our communities must also provide the tools our residents need to develop their full potential in life – high quality education from early learning to postsecondary, training and certification programs, well-paying jobs, and strong social networks.

However, over 161,000 Snohomish County residents (21%) struggle just to meet basic needs.¹ For Snohomish County to reach its aspirations in areas critical to social and economic well-being – education, economic development, health, child welfare, and public safety – we must take steps to close gaps in needed resources and maximize the potential of *all* our residents.

In order to better understand resource needs for Snohomish County residents that currently have low incomes, the Snohomish County Human Services Department (HSD) conducts periodic Low Income Community Needs Assessments (CNAs). Recognizing that residents with low incomes are the foremost experts on their lives, their input is collected through surveys and focus groups which guide the CNA. The CNA informs poverty reduction efforts for the HSD and its community partners.

In preparing the 2019 Community Needs Assessment the HSD contracted with Applied Research NW to assist in planning, development, and data analysis. The CNA was overseen and formally approved by the Community Services Advisory Council, the advisory board for the HSD's role as the designated Community Action Agency for Snohomish County.

¹ American Community Survey 5-Year Estimate 2017; Snohomish County residents living below 200% of the federal poverty level.

Community Action

Community Action was established under the Economic Opportunity Act of 1964 as a primary program in the “War on Poverty”. Today, over 1,000 Community Action Agencies across the country are charged with addressing the causes and conditions of poverty in their local communities. The HSD is the designated public Community Action Agency for Snohomish County. As the designated Community Action Agency the HSD is required to conduct a CNA every three years.

The Community Services Advisory Council (CSAC) oversees the HSD’s responsibilities as a Community Action Agency including the CNA. CSAC membership includes residents that currently have low incomes, local elected officials, and community representatives.

LANDSCAPE

Poverty Rates

While federal poverty data can provide insights into historical trends and disparities by demographic groups, it is important to note that it is a considerably low benchmark in Snohomish County considering the cost of living, relative to other parts of the country. Over 67,000 Snohomish County residents (8.8%) live below 100% of the federal poverty level, which is an annual income of \$12,490 for an individual.²

A more accurate, while still conservative measure of those struggling to meet basic needs is 200% of the federal poverty level. Over 161,000 Snohomish County residents (21%) are living below 200% of the federal poverty level, which is an annual income of \$24,980 for an individual³.

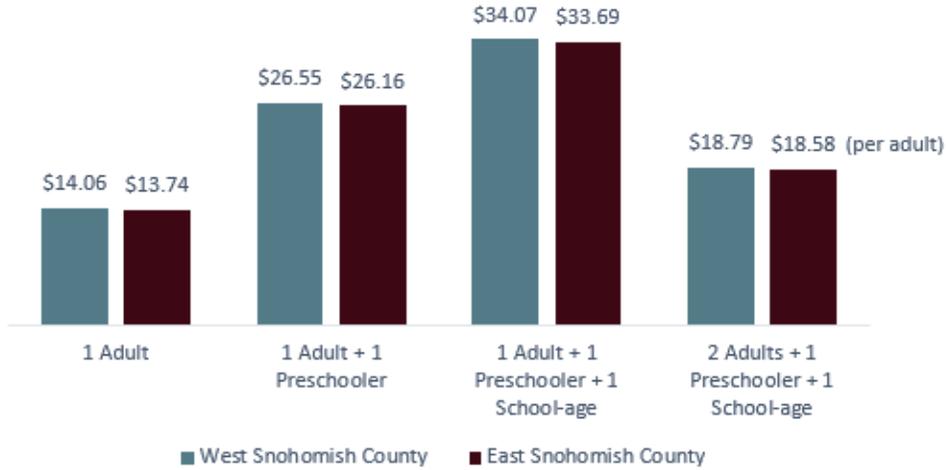
Income required to meet basic needs

As an alternative to the federal poverty measure, the University of Washington Center for Women’s Welfare developed the Self-Sufficiency Standard – a budget-based measure of the income required in order to meet basic needs. Analysis from the Self-Sufficiency Standard found that a single adult living in Snohomish County (West) requires an estimated annual income of \$29,689 (or \$14.06 hourly) in order to meet basic needs (including housing, food, healthcare, and transportation). For families with children, the amount needed to cover basic needs increases significantly. A single parent with one preschool aged child requires an estimated annual income of \$56,065 (\$26.55 hourly), much of the increase due to the cost of childcare (Figure 1).

² American Community Survey 5-Year Estimate 2017

³ Ibid

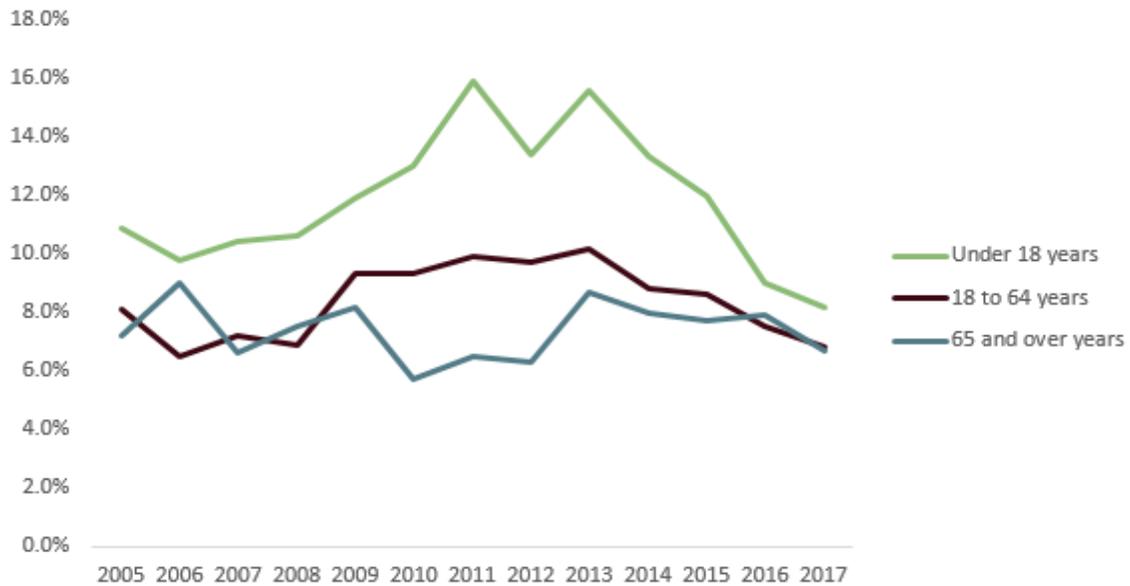
Figure 1. Wages required in order to meet basic needs in West and East Snohomish County⁴



Historical trends

Poverty rates for seniors (65 and over) and adults (18-64) have shown little to no decline over the last decade. Figure 2 shows that children have consistently faced the highest rates of poverty. The percentage of children living below the poverty level rose sharply in the years preceding 2008 and did not steadily decline until 2014.

Figure 2. Percentage of Snohomish County residents living below 100% of the federal poverty level by age group⁵



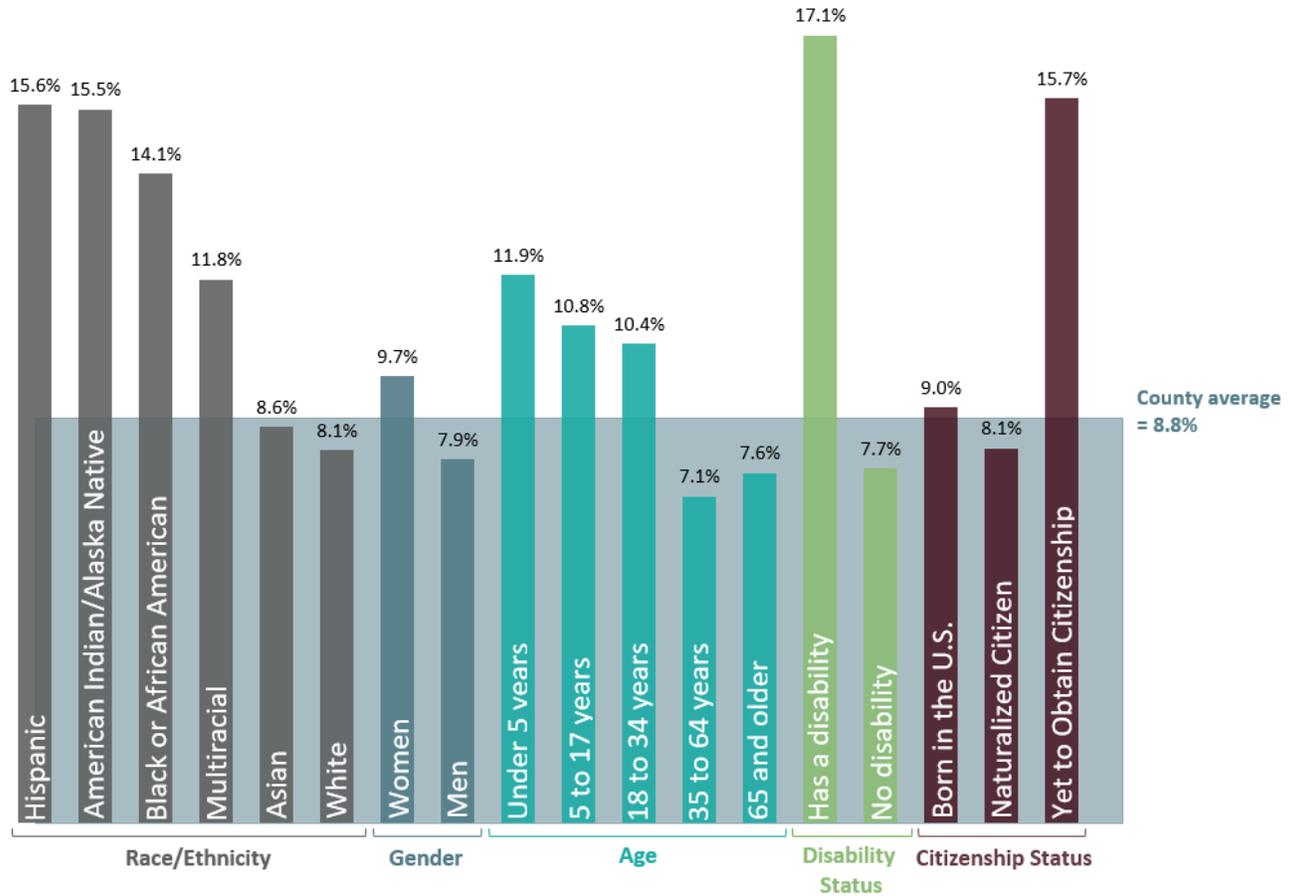
⁴ 2017 Self-Sufficiency Standard; University of Washington Center for Women's Welfare

⁵ American Community Survey 1-Year Estimates 2005-2017

Demographic disparities

Clear disparities in poverty rates exist among key demographic groups. People with disabilities, those who have yet to obtain citizenship, people of color, children and youth, and women experience higher rates of poverty than the general population (Figure 3).

Figure 3. Percentage of Snohomish County residents living below 100% of the federal poverty level by demographics⁶

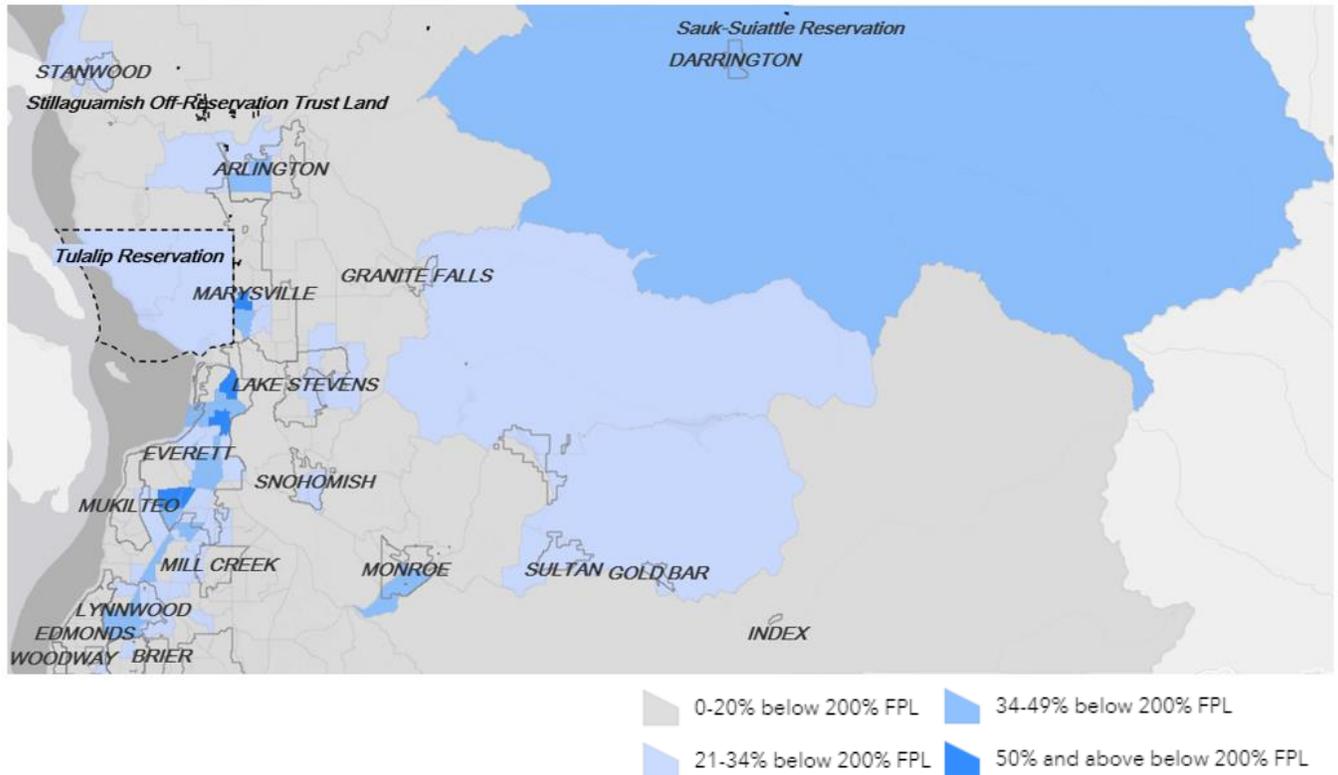


⁶ American Community Survey 5-Year Estimate 2017

Geographic analysis

The experience of poverty impacts urban, suburban, and rural communities across Snohomish County. Specific neighborhoods in multiple areas of the county have especially high percentages of people struggling to meet basic needs (Figure 4).

Figure 4. Percentage living below 200% of the federal poverty level census tract⁷



Upward mobility by neighborhood

The neighborhood in which a child grows up matters considerably to their future well-being. Research has shown that every year a child spends in a neighborhood with higher-upward mobility increases their earnings in adulthood, even if they grow up in a low-income family.⁸

For children growing up in low-income families, the chances for upward economic mobility vary greatly depending on the neighborhood in which they grow up. For example, median incomes for individuals in their mid-30s, who were raised in low-income families in Lake Stevens, range from \$17,000 to \$29,000 depending on their childhood neighborhood. And similar trends exist across the county. In Everett, median incomes for individuals raised in low-income families range from \$18,000 to \$30,000 depending on their childhood neighborhood.⁹

⁷ <https://snoco-gis.maps.arcgis.com/apps/webappviewer/index.html?id=aa3fd46661344432ae413ffa21745d58>

⁸ Brown University, Harvard University, & U.S. Census Bureau. (October 2018). The Opportunity Atlas: Mapping Childhood Roots of Social Mobility. Data is for children with parent incomes in 25th percentile.

⁹ Ibid

SURVEY

METHODOLOGY

Because there is no existing list of all low-income households (or persons) in Snohomish County, it is not possible to draw a random sample from a well-defined population. Repeating the methodology used in previous Community Needs Assessments locally and among other Community Action Agencies, the HSD intensively sampled as many unduplicated households as possible from social and health service sites throughout the service area. In all, forty-five agencies and organizations participated in the data collection in November and December of 2018.

The survey was conducted both online and in paper and pencil format. The survey was available in English, Spanish, Russian, Vietnamese, and Arabic. A total of 1,145 households completed the survey. These households included an estimated total of 3,273 persons.

RESPONDENTS: WHO ARE THEY?

Gender and age

Survey respondents were more likely to be female (76%) than male (28%). Most respondents were between the ages of 25 and 64 (79%) with a median age of 43.

Sexuality

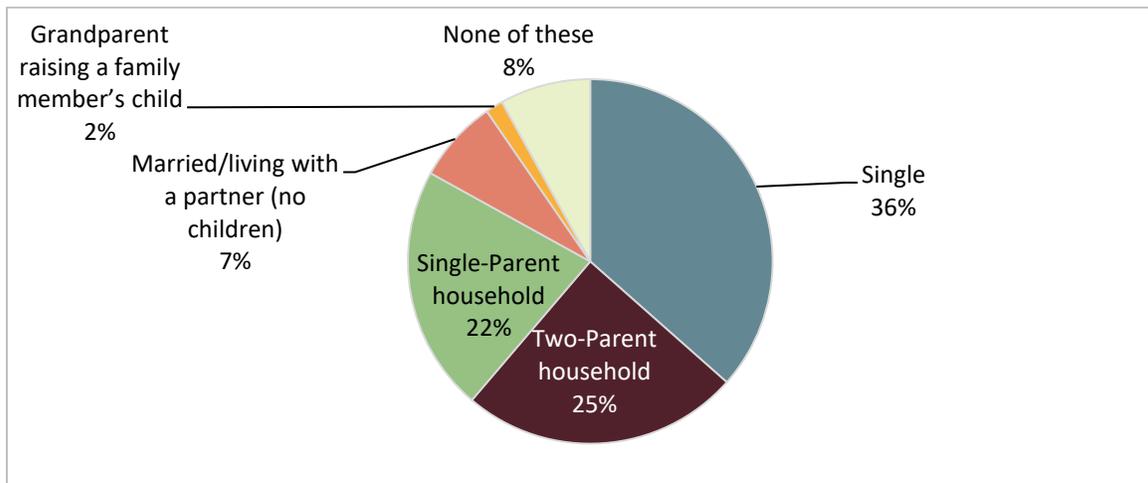
Nine percent of respondents identified themselves as gay, lesbian, bisexual, or questioning.

Household composition

When asked to tally the number of people in their household by age group, half of respondents (51%) said there were youth under age 18 living in their home. One fifth (21%) included at least one member of the household age 65 or older.

Over one-third of respondents identified themselves as a single person household. One-quarter represented two-parent households. See Figure 5.

Figure 5. Which of the following best describes your household?

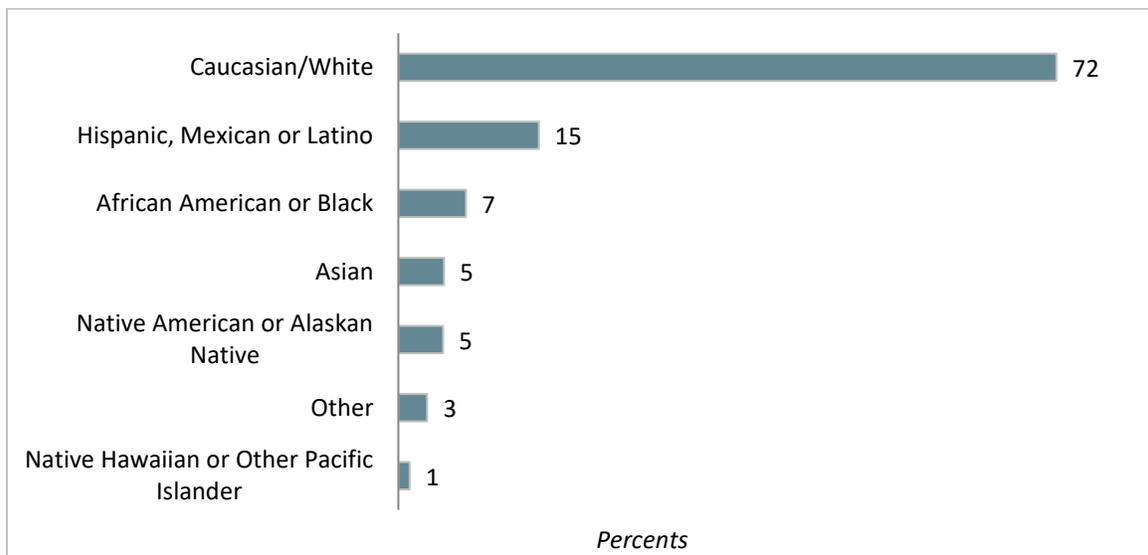


N=1,032

Race, ethnicity, and language

In this study's survey sample, about three out of four respondents identified as white (72%). Fifteen percent identified as Hispanic (15%) and seven percent were African American (7%).

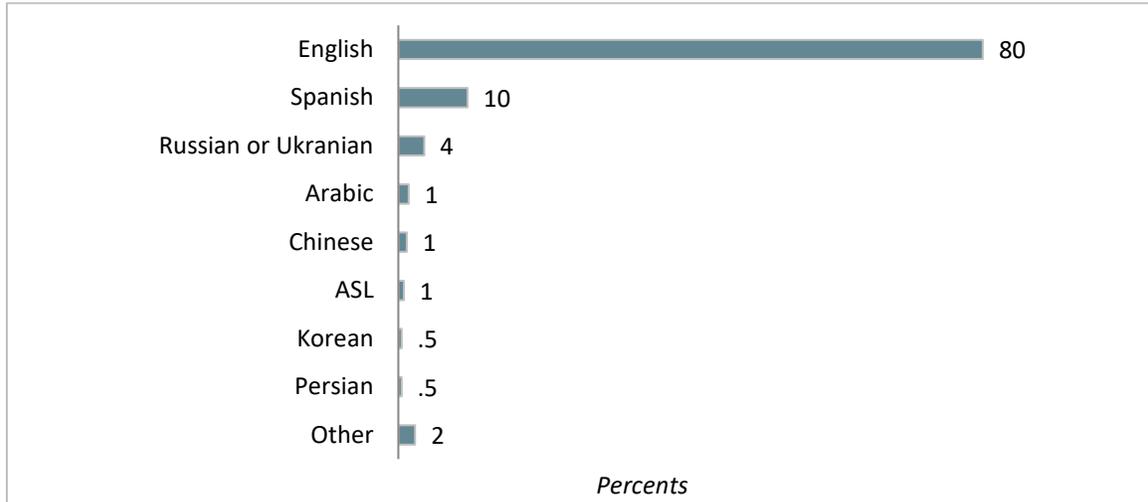
Figure 6. Race and ethnicity



N=1,036; Respondents could provide multiple answers, may total more than 100%

The majority of respondents said they typically speak English at home (80%). Half of the remainder said they speak Spanish at home (10%) and 4% said they speak Russian or Ukrainian. Other languages represented by at least half a percent included Arabic, Chinese, ASL, Korean, and Persian.

Figure 7. Language usually spoken at home



N=1,040

Household location and duration of residence in Snohomish County

Respondents were asked how long they have lived in Snohomish County. Responses ranged up to 83 years, with a median of 14 years of residence. Table 1 shows that 23% of respondents have lived in Snohomish County for less than five years, while 38% have lived in the county for longer than 20 years.

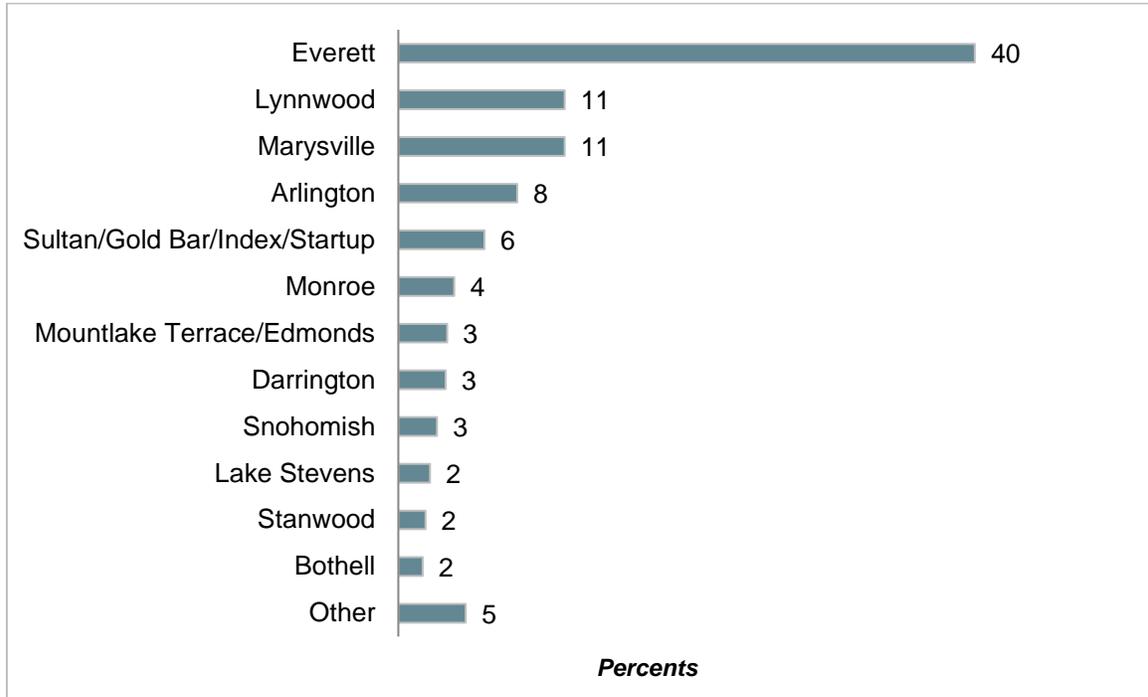
Table 1. How long have you lived in Snohomish County?

Duration of residence in Snohomish County		
	<u>n</u>	<u>%</u>
<5 years	234	23
5-19 years	391	39
20+ years	378	38

N=1,003

Forty percent of respondents said they live in Everett (40%). Lynnwood and Marysville were each represented by 11% of respondents. See Figure 8.

Figure 8. Where do you live now?



N=1,015

Veteran status

Eleven percent of respondents (11%) reported either themselves or someone in their household has served in the military.

Prior foster care

Thirteen percent of respondents (13%) reported either themselves or someone in their household has ever been in foster care.

Disabilities

Fifty percent of respondents (50%) reported either themselves or someone in their household having a disability.

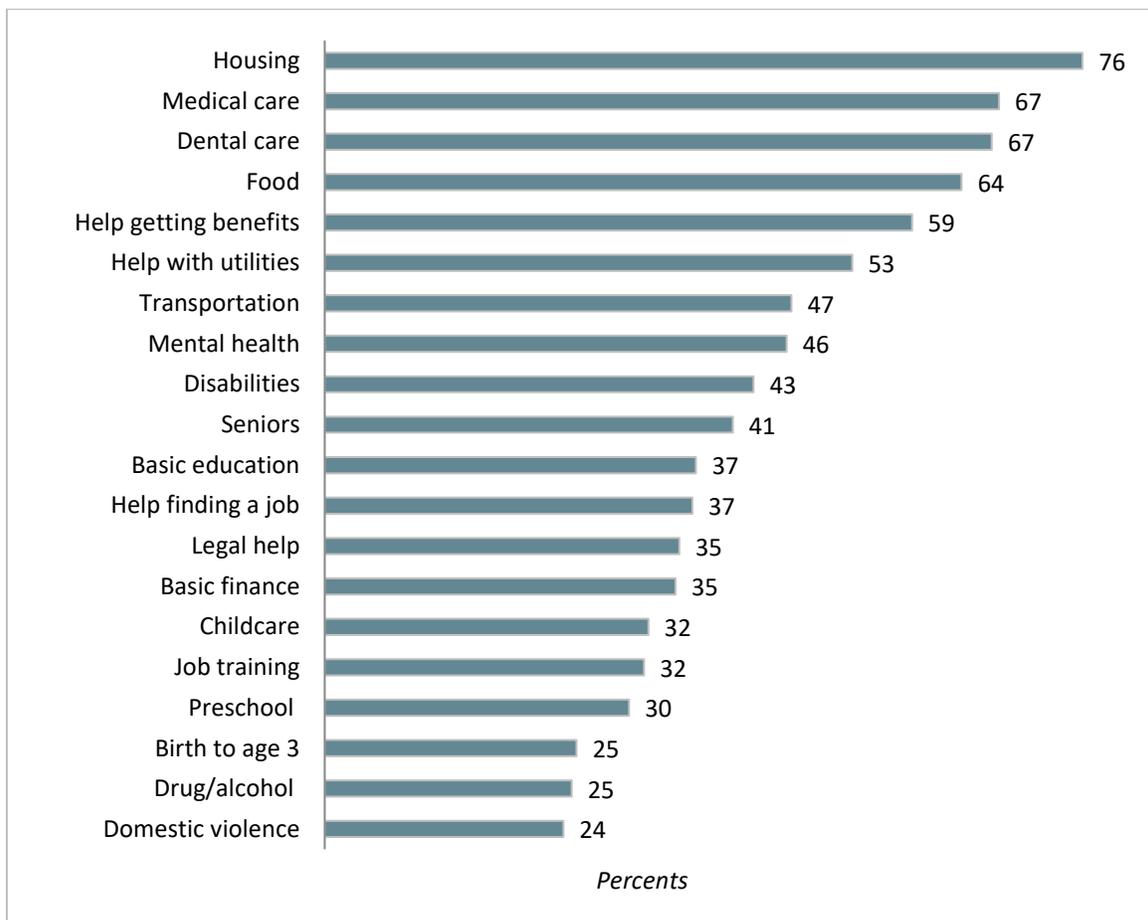
COMMUNITY SERVICES ASSESSMENT

Survey respondents rated both the importance and the availability of 20 categories of community-based services to their own household. This section of the report presents the consumer perspectives as a method of analyzing local low-income service gaps.

Importance of services

The services rated as most important to respondent households included services related to housing (affordable housing/rent assistance), medical care, dental care, and food (help getting enough food).

Figure 9. Proportion of respondents who rated service categories as extremely important to them

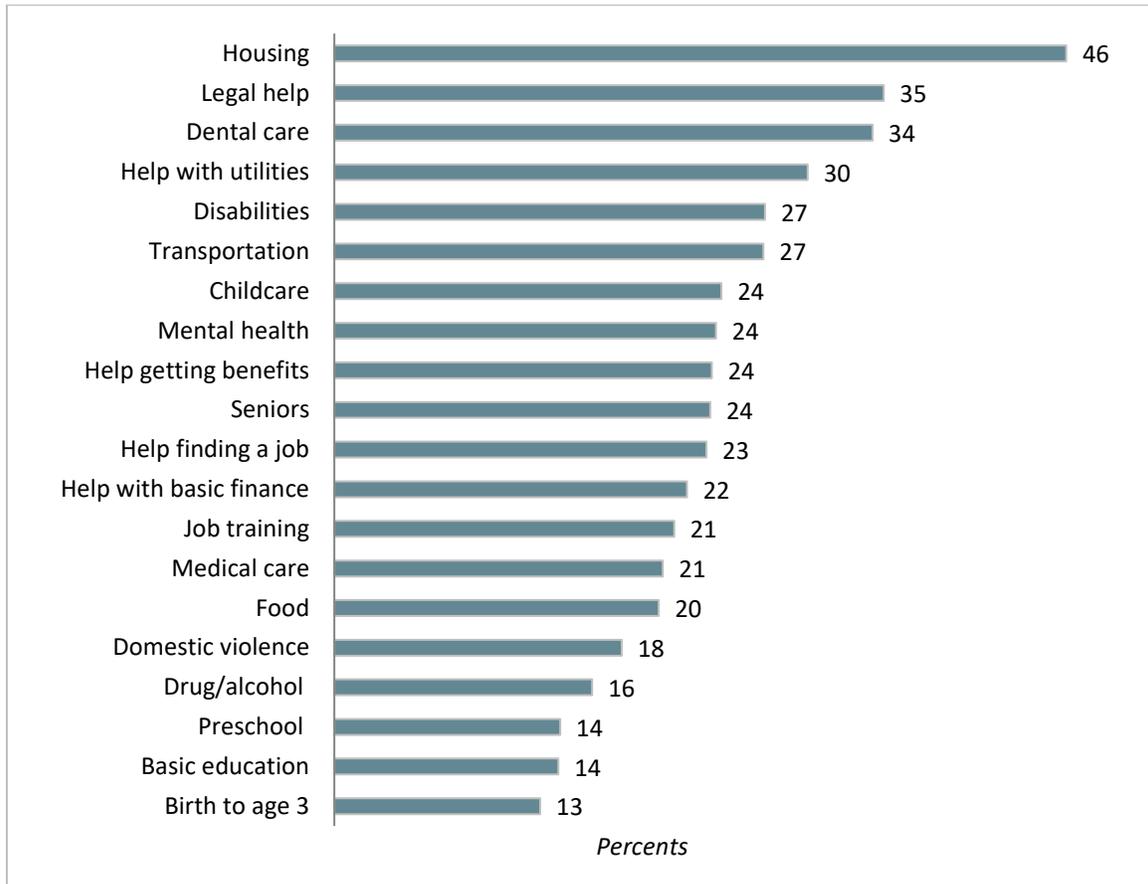


The number of respondents who provided importance ratings ranged from 1,003 to 1,103

Availability of services

The services rated as most difficult to access included housing, legal help, dental care, and help with utilities.

Figure 10. Proportion of respondents who rated service categories as very hard to get



The number of respondents who provided availability ratings ranged from 485 to 962. The discrepancy between the number who provided importance ratings and the number rating service availability can be explained by people who responded *don't know*, likely because they have not tried to access them or do not know others who have tried to access the services.

Service gap analysis using importance-availability coordinate system

Because survey respondents rated these services on a five-point scale¹⁰, another way to analyze the data is to calculate the average importance and availability scores for each service area. These data form the basis of an “importance-availability” coordinate rating system (Figure 11). The average importance and availability ratings were calculated and plotted on graphs. The lines making up the crosshairs of each graph represents the average importance score and the average availability score for the survey respondents that are represented.

The importance-availability charts are divided into quadrants that rate the services as follows:

Quadrant A: Above average importance and below average in availability

Quadrant B: Above average in importance and availability

Quadrant C: Below average in importance and availability

Quadrant D: Below average in importance and above average in availability

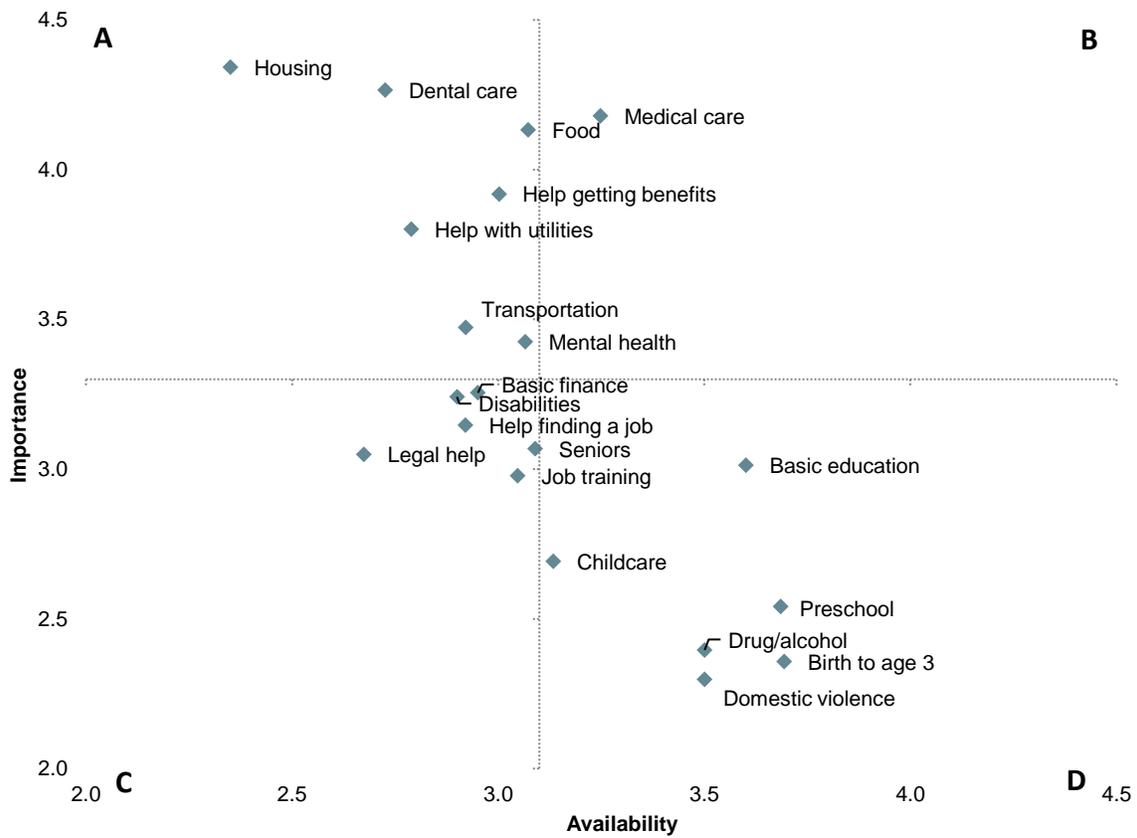
Individuals and organizations planning for future services should consider services that appear in the upper left quadrant (Quadrant A) of the graphs. These are services that are both more important than average, yet most challenging to access.

¹⁰ Importance scale: Five points, ranging from *Extremely important* to *Not important*
Availability scale: Five points, ranging from *Very easy to get* to *Very hard to get*

Seven areas of service appear to be high priority service areas across the general population of low-income households surveyed:

- Affordable housing/rent assistance
- Dental care
- Food (help getting enough food)
- Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP, etc.)
- Help with heating or electric bills
- Transportation that meets my needs
- Mental health services or counseling

Figure 11. Perspectives on low-income service importance and availability



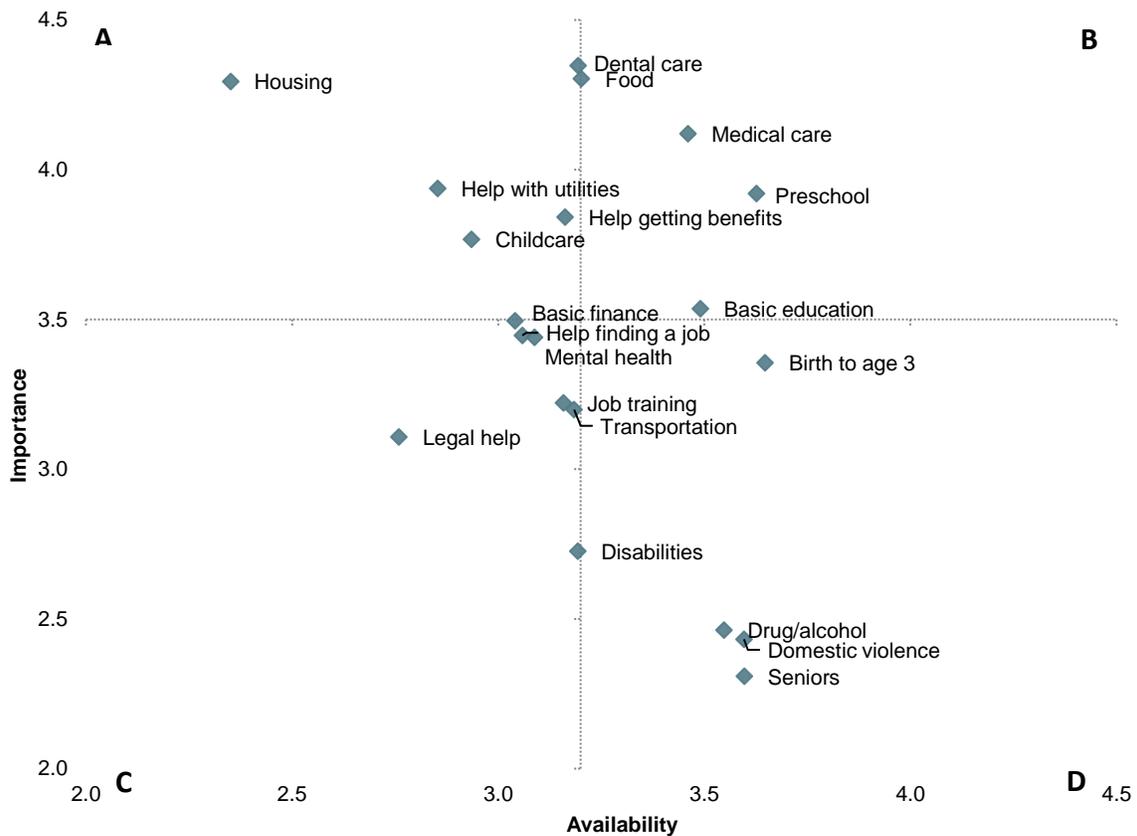
The gap analysis was also applied to surveys from respondents with children under the age of six living in the household. Figure 12 shows that among these households, the following four service areas fall into quadrant A, indicating they are service areas of high importance and low availability for families of young children:

- Affordable housing/rent assistance
- Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)
- Help with heating or electric bills
- Childcare

These three service areas fall on the border of quadrant A:

- Dental care
- Food (help getting enough food)
- Basic finance

Figure 12. Perspectives on low-income service importance and availability among households with young children



The gap analysis was also applied to surveys from households with seniors over the age of sixty-five and respondents who typically speak a language other than English at home. Below is a summary of the service areas identified as above average importance and below average availability, within each of these segments:

Households with seniors age 65+

- Affordable housing/rent assistance
- Dental care
- Medical care
- Senior services
- Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)
- Help with heating or electric bills
- Transportation that meets my needs
- Disabilities

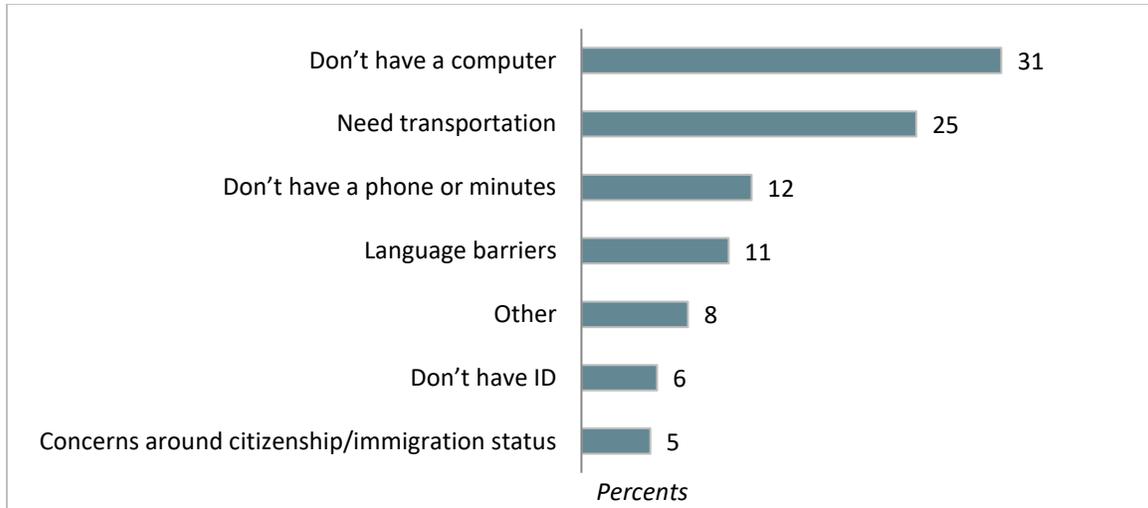
Respondents who typically speak a language other than English in the home

- Affordable housing/rent assistance
- Dental care
- Help finding a job
- Basic finance

Barriers to Service

Respondents were presented with a list of common barriers to accessing services and asked to identify which (if any) barriers had posed a problem. Over half (56%) picked at least one barrier from the list. The top barrier identified was lack of a computer (31%), followed by transportation (25%).

Figure 13. Do you or anyone in your household have difficulty accessing services for any of the following reasons?

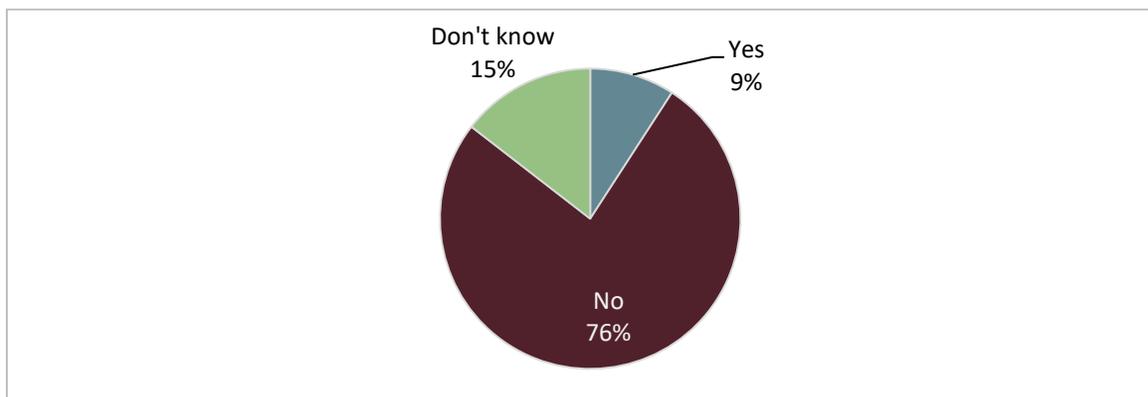


N=1,009; Respondents could provide multiple answers, may total more than 100%

Discrimination in accessing services

Nine percent of respondents said they have experienced discrimination when receiving services. Another 15% were not sure if they have.

Figure 14. When receiving or trying to receive services in the past three years, have you or anyone in your household experienced discrimination due to language, race, ethnicity, sexual orientation, or gender identity?

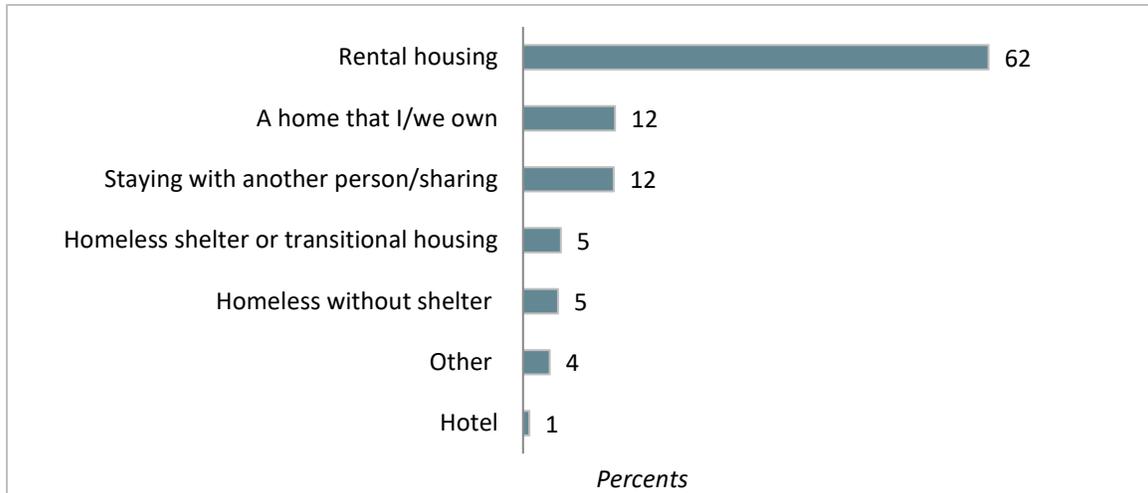


N=1,082

HOUSING

When asked about current living arrangements, the largest portion of respondents said they were living in rental housing (62%). Ten percent identified themselves as homeless, either with or without shelter, and another 12% indicated that they were sharing housing with another household (doubling up).

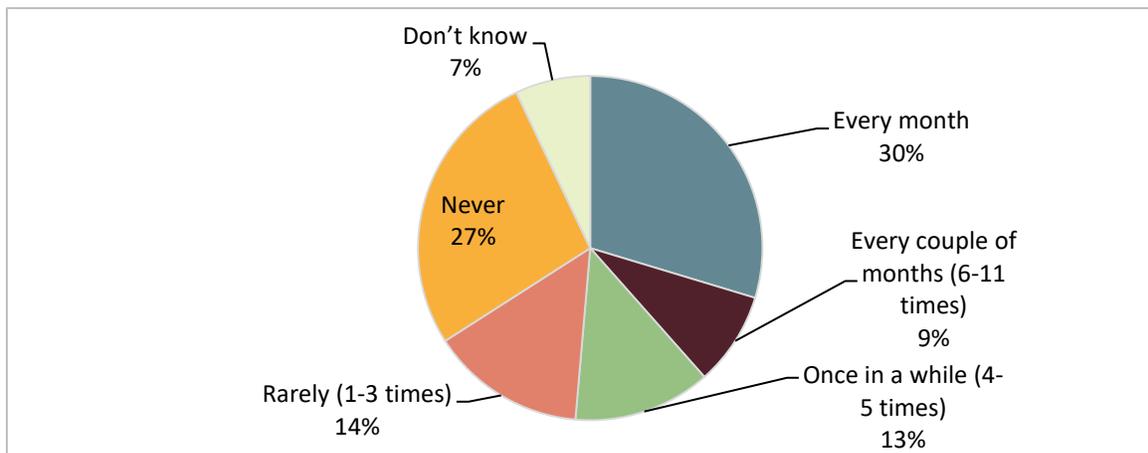
Figure 15. Which best describes the place where you are living this week?



N=1,145

Respondents were asked how often they choose between paying rent and paying for other basic needs. Thirty percent said this was something they face every month (30%). Another third said they have not had to make this choice in the past 12 months, or they were not sure (34%).

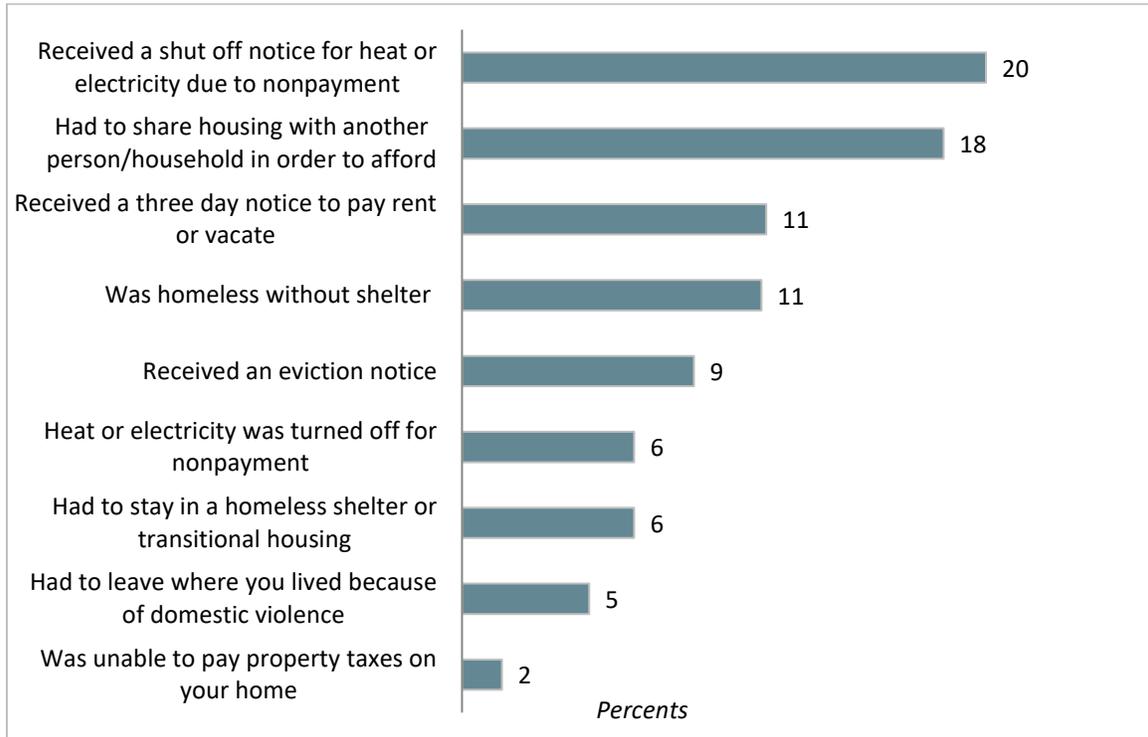
Figure 16. In the last 12 months, how often did you have to choose between paying rent/mortgage and paying for other basic needs (like food, medical care, or transportation)?



N=1,092

Respondents were presented with a list of potential housing struggles and asked to identify which (if any) their household had experienced in the past year. Forty-five percent identified at least one challenge. The most common challenges were receiving a shut-off notice for utilities (20%) and sharing housing with another person/household in order to make it affordable (18%).

Figure 17. In the last 12 months, have any of the following things happened to your household?

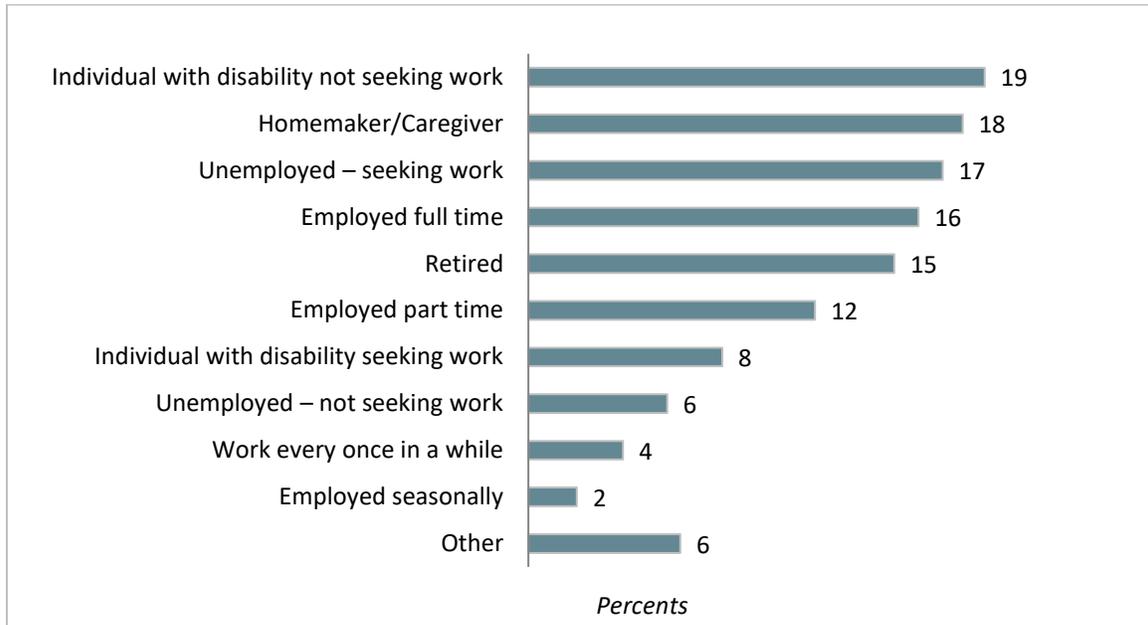


N= 1,065; Respondents could provide multiple answers, may total more than 100%

EMPLOYMENT AND INCOME

Nearly one in five of people surveyed indicated they are unemployed due to a disability and are not seeking work (19%). A slightly smaller proportion are homemaker/caregivers (18%) or unemployed but seeking work (17%).

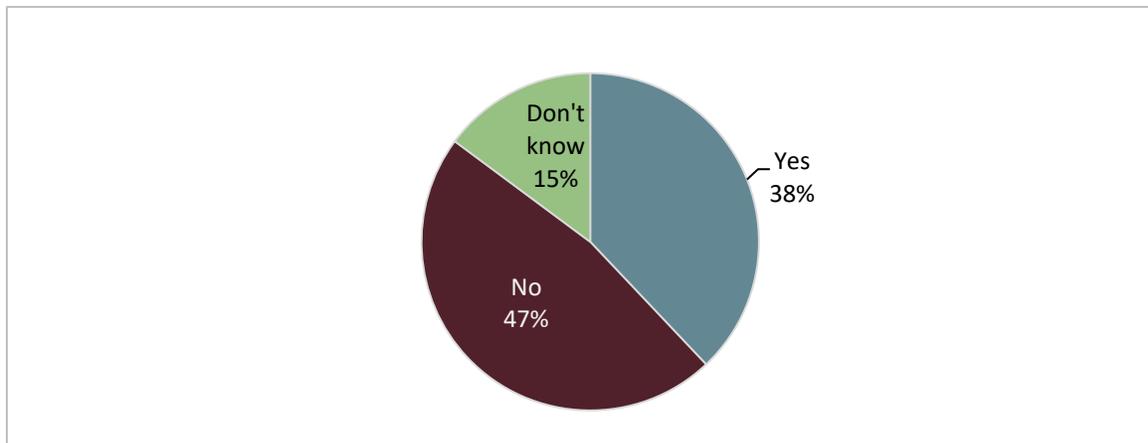
Figure 18. Which of the following best describes your employment status?



N= 1,085; Respondents could provide multiple answers, may total more than 100%

Over one-third of respondents said that getting or keeping a job has been difficult for themselves or someone in their household.

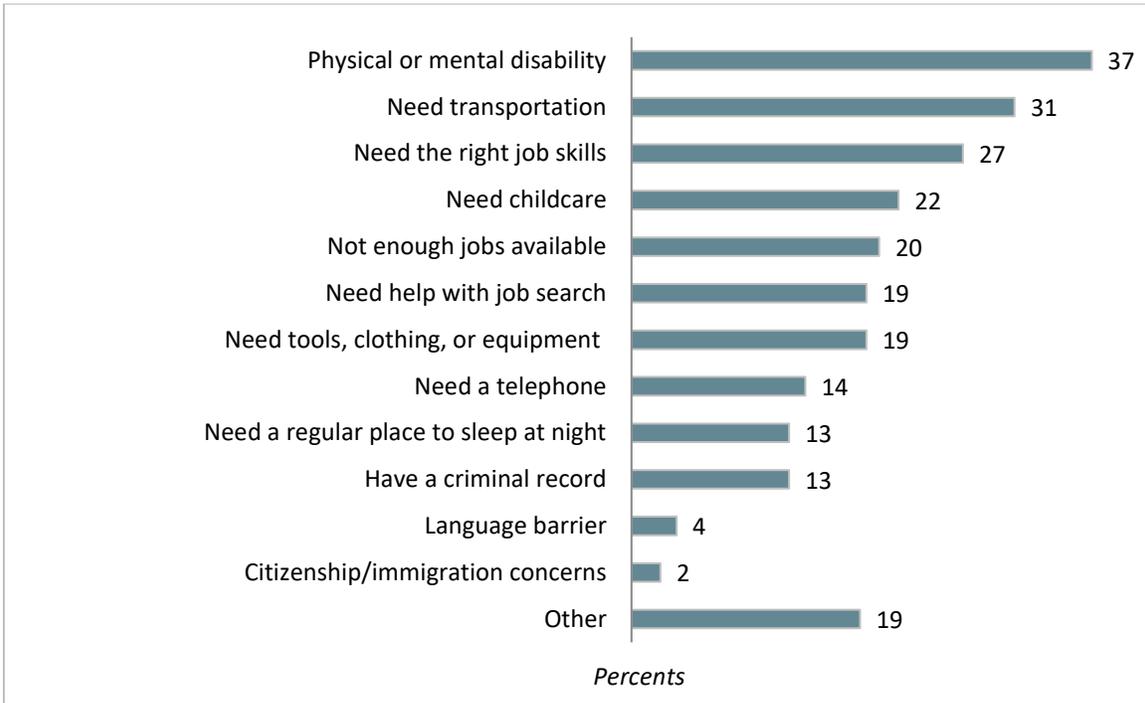
Figure 19. In the last 12 months, has getting or keeping a job been hard for you or anyone in your household?



N=1,025

Respondents who have had difficulties with getting or keeping a job were asked to identify the problems that they have faced. Disabilities topped the list (37%), followed by transportation needs (31%).

Figure 20. If YES, what’s been hard about getting or keeping a good job?

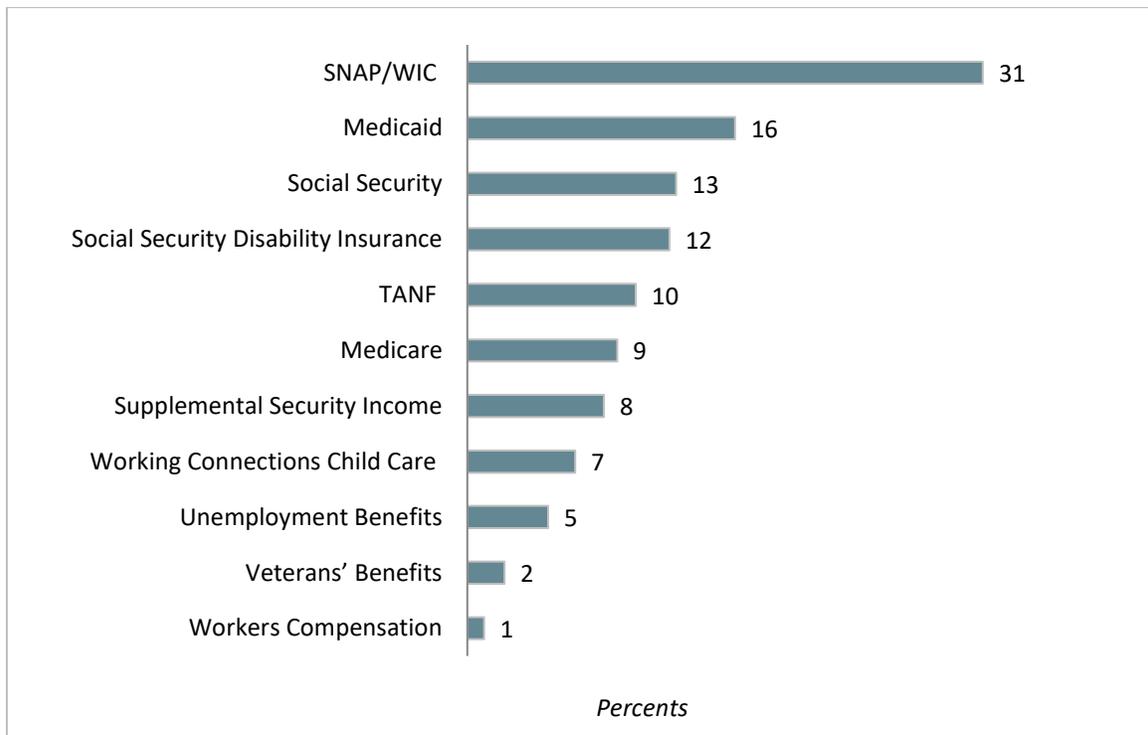


N=382; Respondents could provide multiple answers, may total more than 100%

The mean monthly income from all sources for survey respondent households was \$1,799 and the median was \$1,200. Monthly household incomes ranged from \$0 to \$6,000 per month. The median income ranged from \$900 for single person households to \$2,100 for households with seven or more people.

Nearly one-third of respondents said that they (or someone in their household) needed help getting or keeping SNAP/WIC in the past 12 months. Sixteen percent needed help with Medicaid (16%).

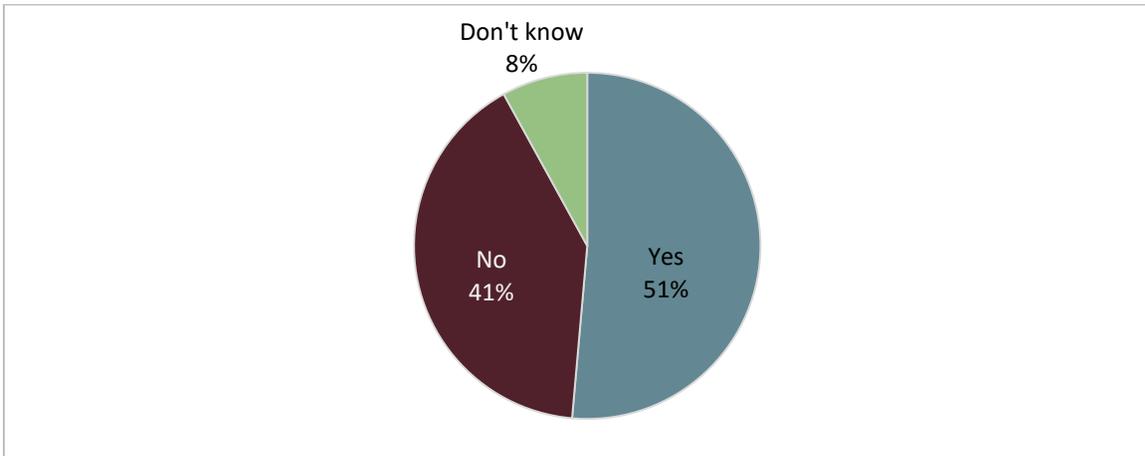
Figure 21. In the last 12 months, did you or anyone in your household need help getting or keeping any of the following benefits?



N= 978; Respondents could provide multiple answers, may total more than 100%

Half of respondents (51%) said that their household has problems with debt.

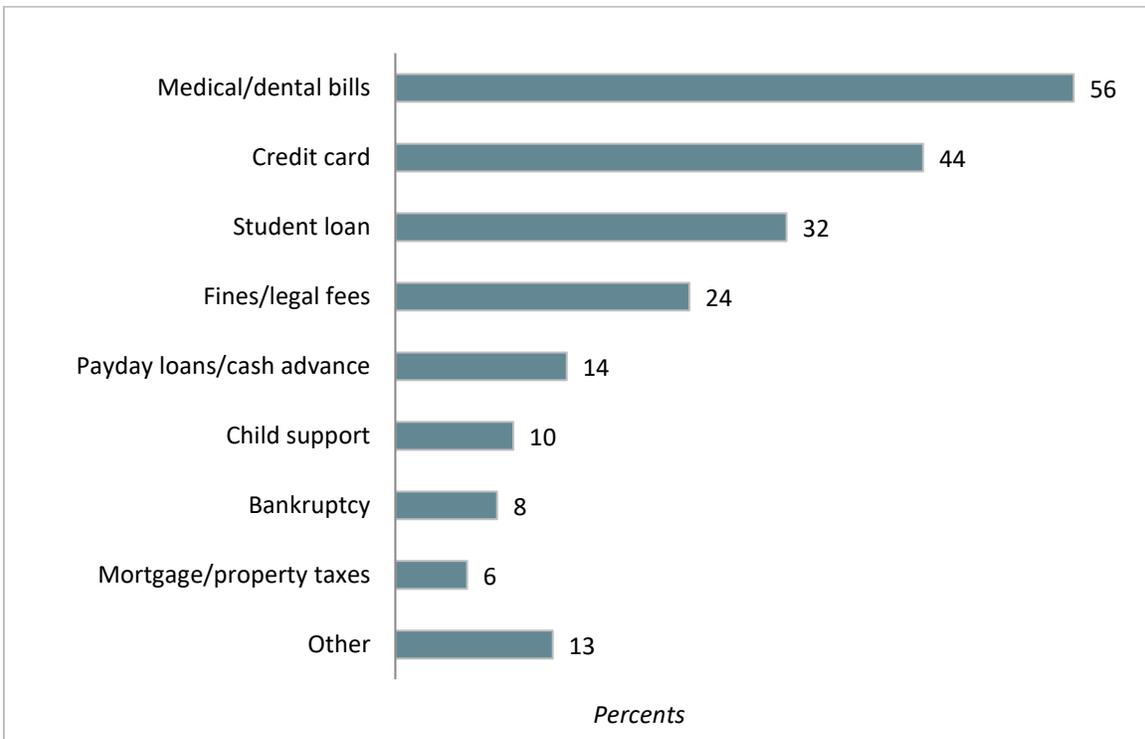
Figure 22. Does anyone in your household have problems with debt?



N=1,037

Those with debt issues were asked to specify which types of debt. Medical and dental bills topped the list (54%) followed by credit card (42%).

Figure 23. If yes, what kind of debt?

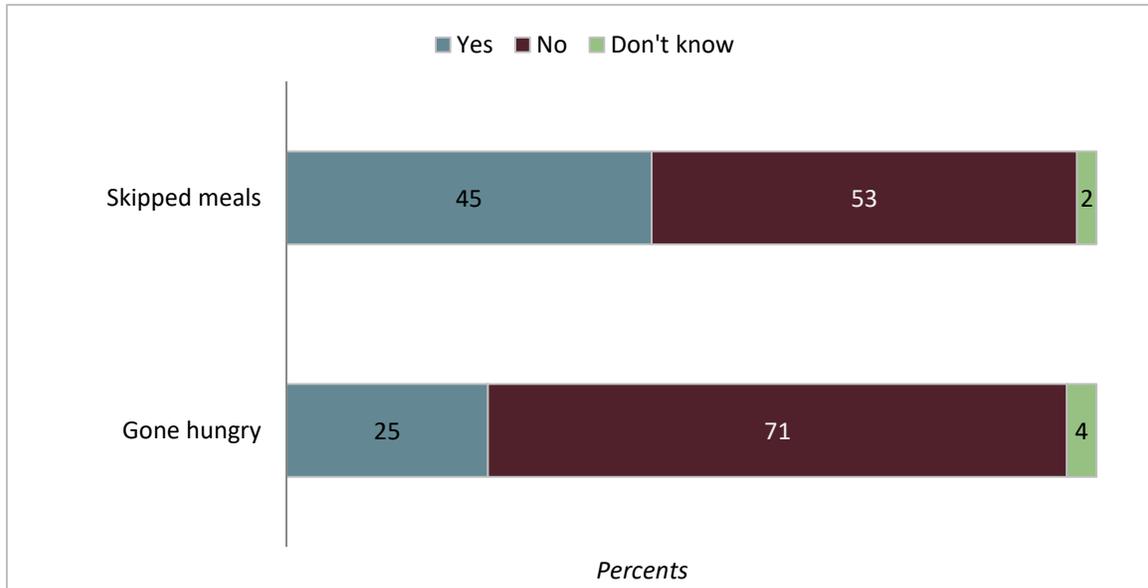


N=524; Respondents could provide multiple answers, may total more than 100%

HEALTH AND WELLNESS

Forty-five percent (45%) said that someone in their household has skipped meals in the past 12 months because there was not enough money for food. One-quarter said someone at home went hungry for lack of food (25%).

Figure 24. In the last 12 months, have you or anyone in your household gone hungry because you were not able to get enough food? Did you ever skip or cut the size of your meals because there wasn't enough money for food?

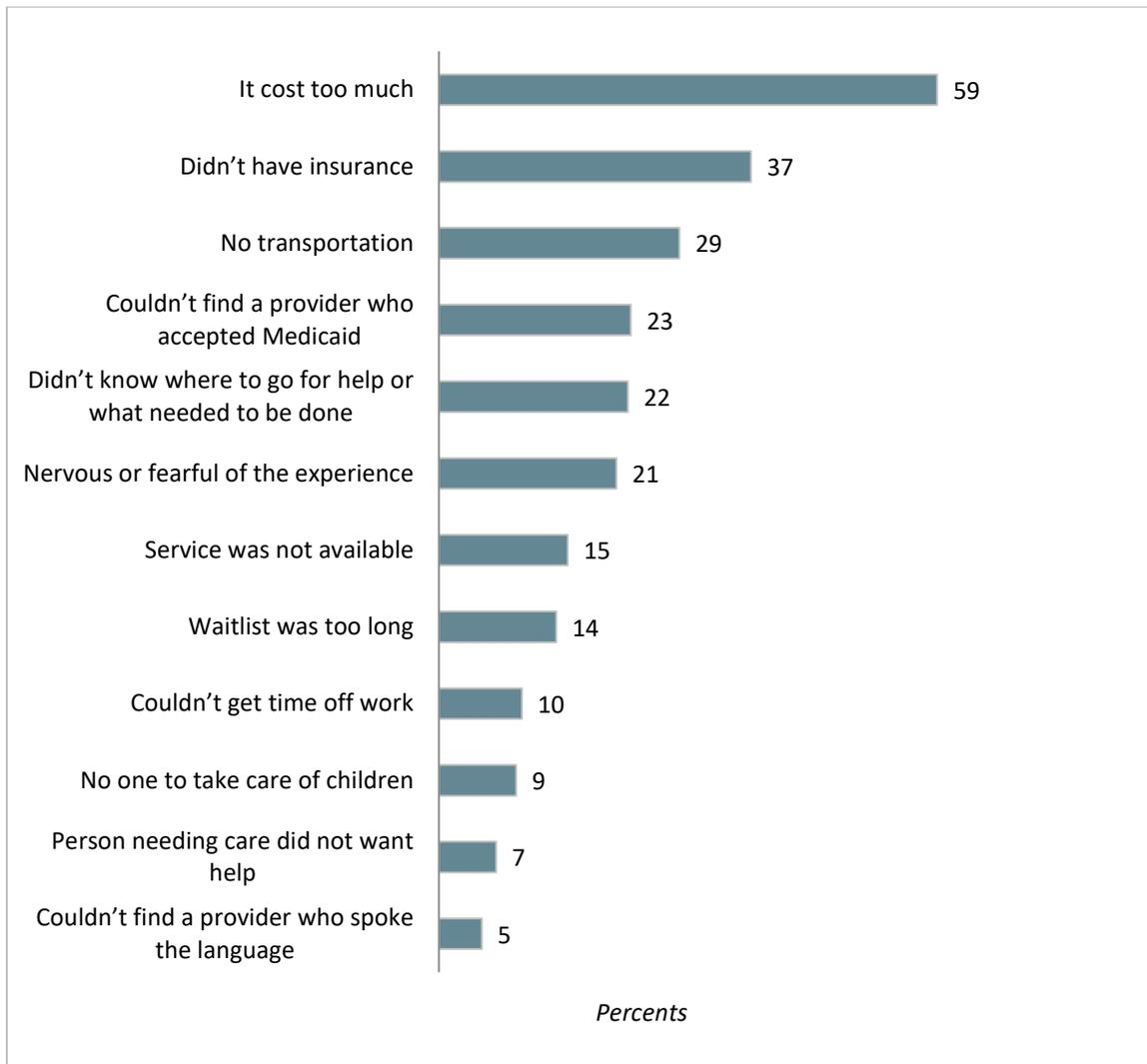


N=1,044

Respondents were asked to identify barriers they faced in accessing medical care, prescriptions, dental care, mental health services, as well as drug & alcohol treatment/counseling. Half the respondents (50%) cited at least one barrier as a reason they did not get needed health services. Responses are illustrated in Figures 25 through 28.

Respondents who ran into problems accessing medical care/prescriptions indicated that the top barrier was cost (59%), followed by a lack of insurance (37%).

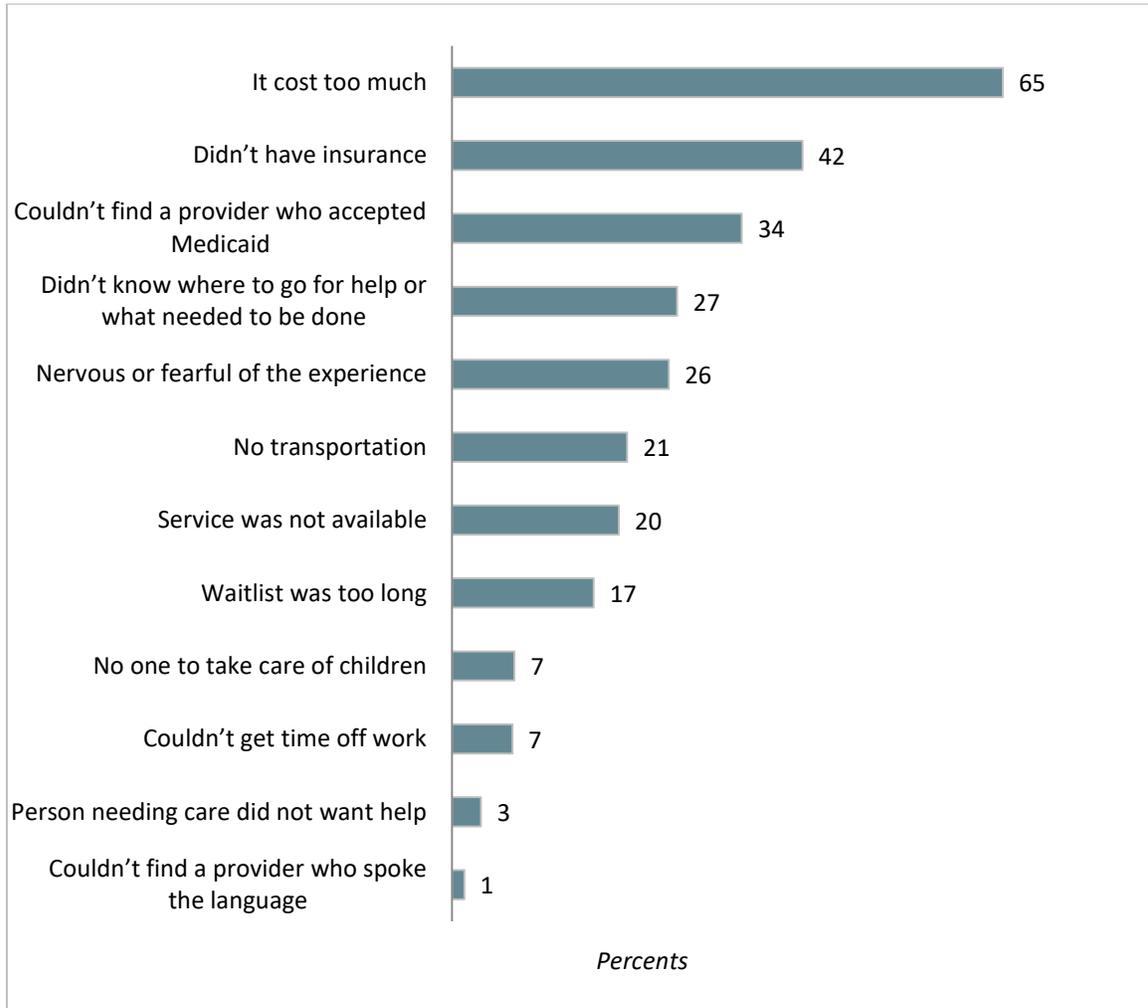
Figure 25. Barriers to health services: Medical care/prescriptions



N=294 respondents who were not able to get needed medical care/prescriptions; Respondents could provide multiple answers, may total more than 100%

Respondents who experienced barriers for dental care identified cost as the most frequent barrier (65%). Other prevalent issues were lack of insurance (42%) and inability to find a provider who accepted Medicare (34%).

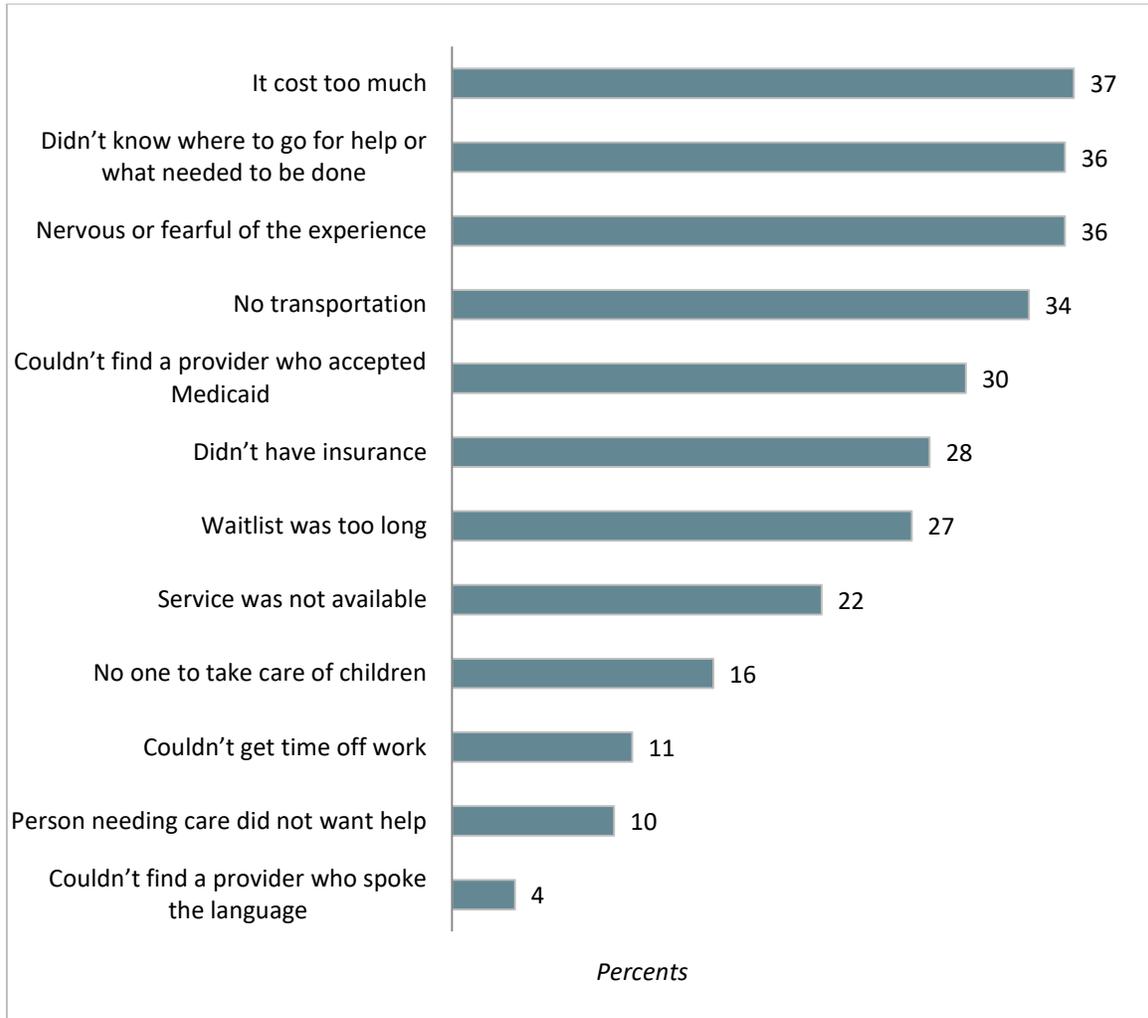
Figure 26. Barriers to health services: Dental care



N=404 respondents who were not able to get needed dental care; Respondents could provide multiple answers, may total more than 100%

Cost also topped the barriers list for mental health services (37%), followed closely by issues of feeling nervous or not knowing where to go for help (both mentioned by 36% of respondents who encountered barriers to mental health services).

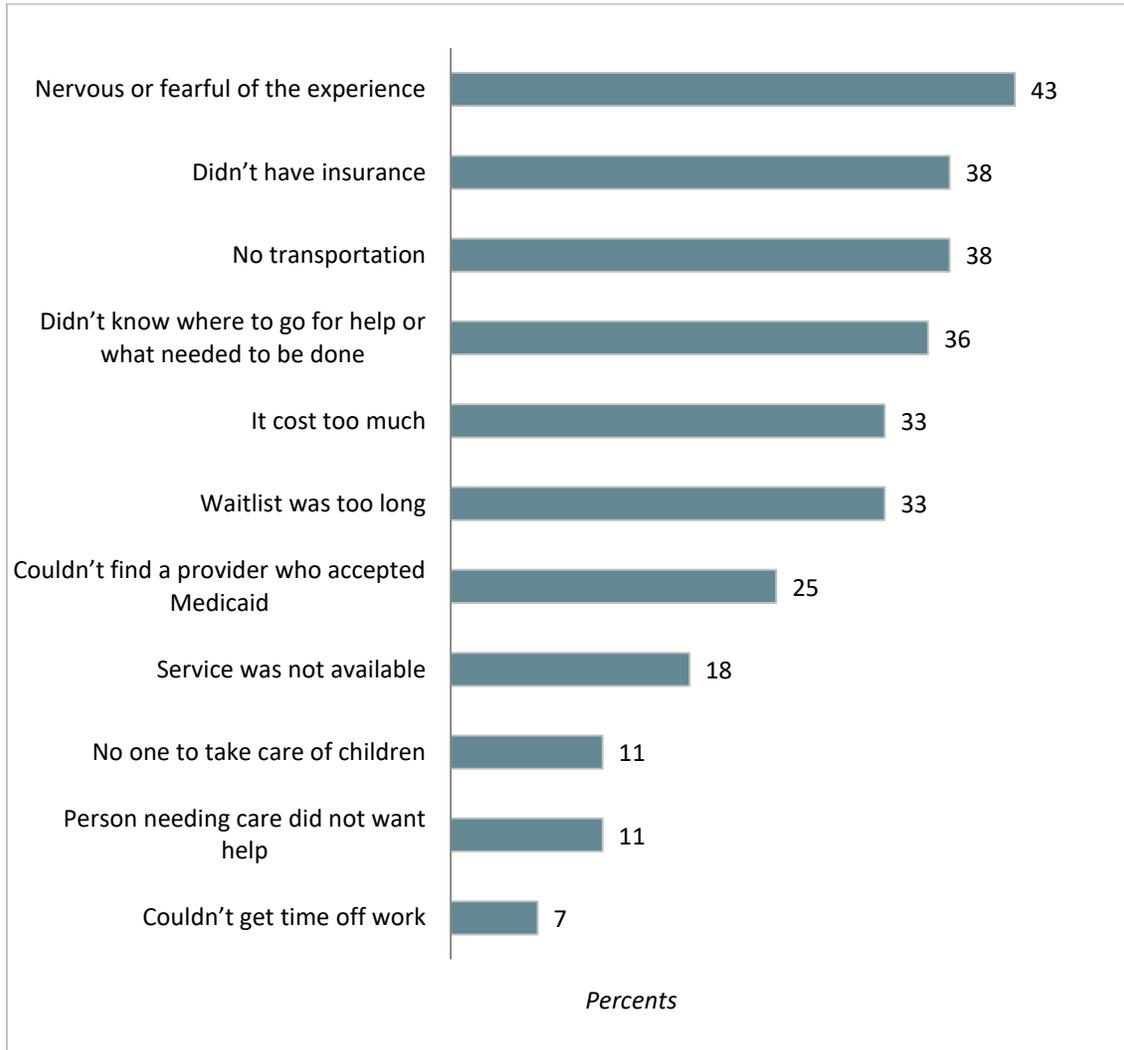
Figure 27. Barriers to health services: Mental health



N=187 respondents who were not able to get needed mental health services; Respondents could provide multiple answers, may total more than 100%

Forty-three percent of respondents who were not able to get drug or alcohol treatment mentioned feeling nervous or fearful as a barrier (43%). This was followed by lack of insurance and transportation issues (both 38%). Just over one-third of respondents who were not able to access needed drug or alcohol treatment said they did not know where to go for help (36%).

Figure 28. Barriers to health services: Drug or alcohol treatment or counseling

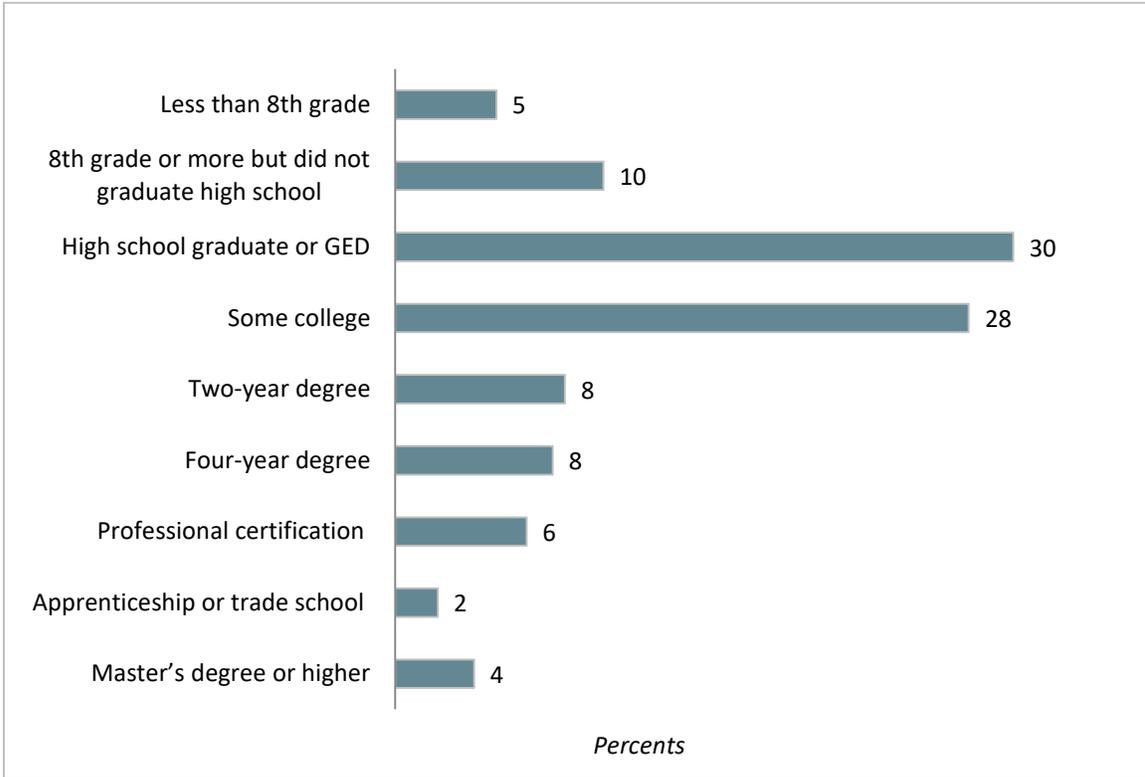


N=61 respondents who were not able to get needed drug or alcohol treatment or counseling; Respondents could provide multiple answers, may total more than 100%

EDUCATION

Fifteen percent of respondents said they do not have a high school diploma or GED.

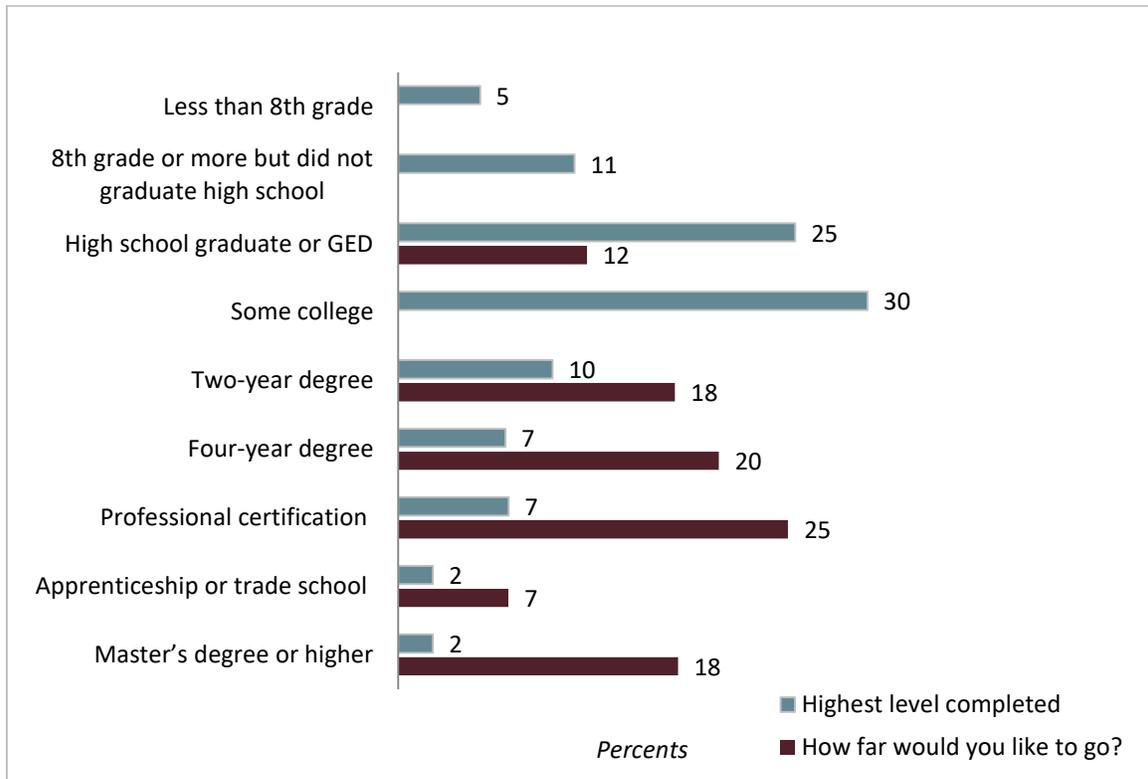
Figure 29. What is the highest level of education you have completed?



N=1,030

Respondents who are currently in school or interested in going back to school were asked how far they would like to go in school. Figure 30 shows their responses, along with their current status. A quarter of those who want to continue in school would like a professional certification (25%).

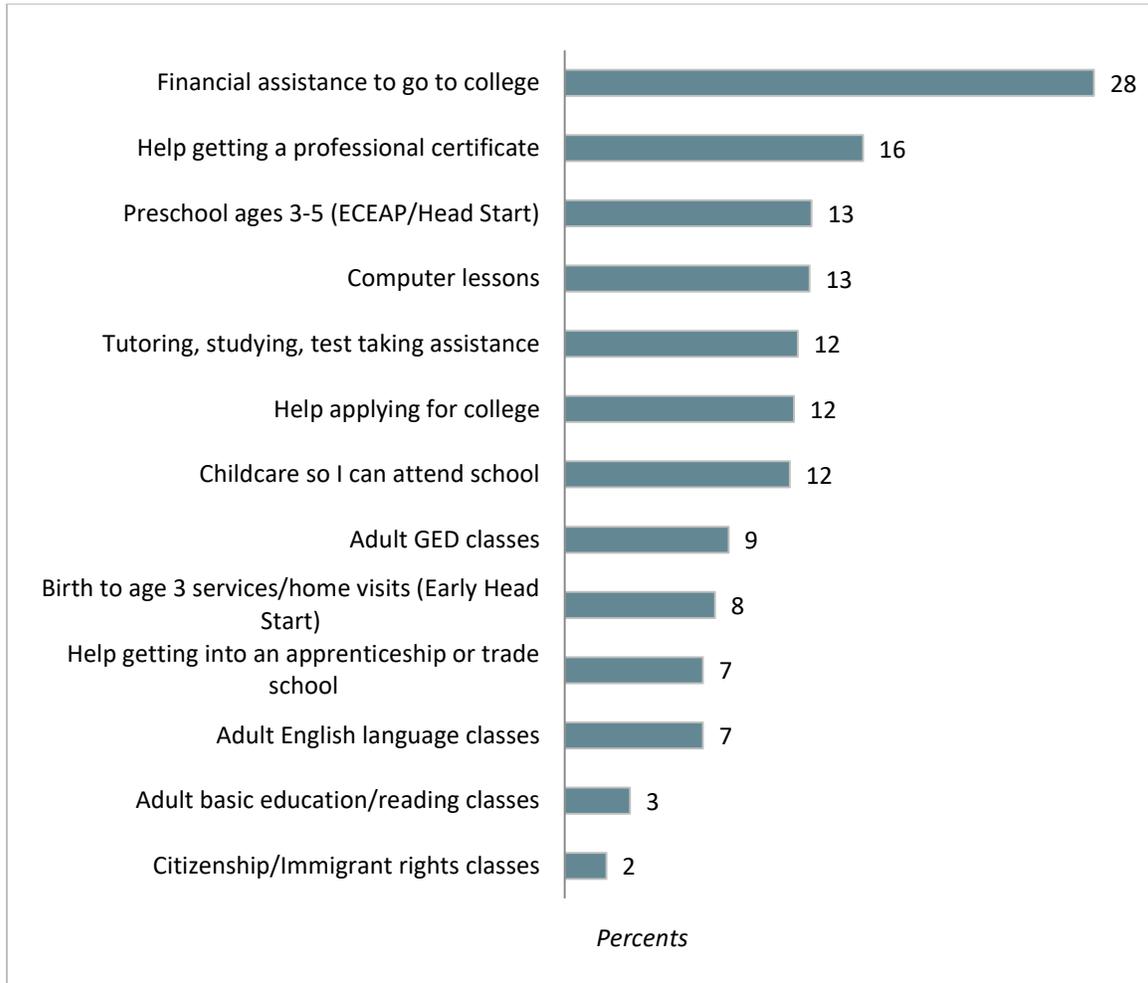
Figure 30. If you are currently in school or interested in going to school, how far would you like to go?



N=498 respondents who are in school or interested in returning to school

Respondents were asked about their household’s educational needs. Fifty-nine percent of the respondents identified at least one of the educational needs listed in Figure 31. The top need was financial assistance to go to college (28%).

Figure 31. What are your household’s education needs?



N=948

FOCUS GROUPS

METHODOLOGY

In order to provide deeper exploration and context to the survey findings, focus groups were conducted in four regions across Snohomish County. In March 2019, ARN conducted focus groups in East, Central, South, and North Snohomish County. Focus group participants were recruited by human service agencies working in the vicinity of the meeting areas.

Participants were asked about their experiences in several key areas of need as determined by the CNA survey gap analysis:

1. Housing and utilities
2. Getting and keeping benefits
3. Healthcare (including dental and mental health)
4. Food (help getting enough food)
5. Transportation

Participants were also asked if there were other areas of need they were not able to access. Discussions included a facilitator and note taker. The sessions, lasting 90 minutes, were recorded and transcribed, and the session notes and transcriptions were reviewed and analyzed to identify themes across the four geographic areas.

Participant characteristics

Focus groups were held in urban, suburban, and rural communities and participant demographics varied across locations. The East County focus group held in Monroe, included a mix of white and Hispanic women, mostly with children in the household. The Central County focus group held in Everett, was predominantly men and included several people experiencing homelessness. The South County focus group held in Lynnwood was the most ethnically diverse and 60% of the participants were at retirement age. The North County focus group, held in Stanwood, was the smallest (due to weather conditions) and consisted of four women and a teenage girl (who accompanied her parent). Figure 32 shows a breakdown of key demographics.

Figure 32. Participant characteristics

Group Location	East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
Group Size	8	7	10	5
% Female	100%	29%	70%	100%
Age Range				
<18 ¹¹				20%
18-34	13%	43%		20%
35-44	50%	29%	10%	40%
45-54	38%	29%		
55-64			20%	20%
65+			60%	
Years in Snohomish County				
Less than 5 years		14%	10%	
5-9 years			30%	
10-14 years	50%	14%		40%
15-19 years		14%	30%	
20-39 years	50%	29%	20%	40%
40 years or more		14%	10%	20%
Household Composition				
Single	25%	43%	50%	40%
Single Parent	25%		10%	40%
Two Parent	50%	57%	0%	20%
Married/partner (no kids)			30%	
None of these			10%	

¹¹ The CNA did not actively recruit youth for the focus groups. However, one teenage girl accompanied a parent and actively participated, warranting inclusion in Figure 32.

HOUSING AND UTILITIES

Participants were asked if they needed assistance – in the last few years – with finding housing, paying for housing, or paying for utilities. Over half of the participants overall had some recent experience with seeking services in this area. The topic of housing elicited the most ardent discussion of the five topics.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with housing and utilities (Figure 33). Volunteers of America, 2-1-1, Housing Hope, and the PUD were the most prominent mentions across the groups.

Figure 33. Where to go for help with housing and utilities

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • 211 • Energy Assistance • Monroe Food Bank • Project Pride • St Vincent De Paul • Take the Next Step • Volunteers of America 	<ul style="list-style-type: none"> • 211 • Catholic Community Services • COET (Community Outreach and Enforcement Teams through Everett PD) • Community Health Center (referrals) • Compass Health • Interfaith family shelter • PUD • The Salvation Army • Snohomish County Resource Center • Volunteers of America 	<ul style="list-style-type: none"> • 211 • Churches (referrals) • DSHS • Housing authority • Housing Hope • YWCA Pathways (for women) • Senior Center • Verdant • Volunteers of America 	<ul style="list-style-type: none"> • Community Resource Center of Stanwood • Housing Hope • HUD • PUD • St Cecelia Church • USDA

Participants were asked to try to summarize their experiences seeking help with housing and utilities, in a few words if possible. Some of the words they used included:

<i>Frustrating</i>	<i>Absolute nightmare</i>	<i>Desperate</i>
<i>Difficult</i>	<i>Unforgiving</i>	<i>Discouraging</i>
<i>Slum lord</i>	<i>Unfavorable for renters</i>	<i>Expensive</i>
<i>Impossible</i>	<i>Limited</i>	<i>Far away</i>
<i>Horrible</i>	<i>Lost</i>	<i>A joke (utility assistance)</i>
<i>Jumping through hoops</i>	<i>Scary</i>	<i>Long waiting lists</i>

Participants then exchanged experiences seeking help with housing and utilities. Many of the stories centered around rent increases that cut into their dwindling resources, evictions, or otherwise being forced out of housing (due to increasing rent).

Participants shared stories about not knowing where to go for help or trying to access help and being turned away because they did not quite meet the threshold to qualify. In one example a participant said she did not qualify as homeless because she was staying on a family member's couch, and therefore was not eligible for assistance.

In Focus Group 2, homeless participants focused on details about where to go for help and shared information with each other. Multiple participants shared that it was especially hard to get help for intact families.

Another theme that emerged in multiple groups was around accountability for landlords and property managers. A participant explained they had rented a house using a HUD subsidy but the landlord was foreclosed upon; they (the tenant) were given two weeks to relocate. Others talked about property managers either not documenting changes and agreements or falsifying documents and being cheated out of deposits.

Participants in more rural areas discussed the burden of having to travel to Everett for help with utilities, costing them time and gas money that are worth more than the amount of benefit they could receive.

Across all groups, there were occasional anecdotes of positivity and favorable outcomes, but overall, participants who needed help were very frustrated with their experiences navigating services for assistance.

“Call this number. No. Call this number. No. And call that number and you never really get anywhere. Frustrating”

“You really have to know where to go, what to do and who to talk to. Otherwise you're going to have a very, very difficult time getting housing.”

“Because I had nowhere else to go, I started calling these places, and if they were nearby, I would visit them in person. And the first five places that I went to, they said I was ineligible because I needed to have a minor with me.”

“I don't get why I have to drive down there, stand in line to get an appointment, come home, go back to my appointment, possibly not have the right paperwork, come back, make another appointment. Then, they gave me \$32, so I don't go for it. They won't even let me mail in an application.”

GETTING AND KEEPING BENEFITS

Participants were asked if they needed assistance – in the last few years – with getting or keeping benefits. Over half of the participants overall said they had some recent experience with seeking services in this area.

The groups were asked to first generate a list of all the service providers or “places they could go” for help getting and keeping benefits (Figure 34). DSHS and the Social Security Administration were the two most prominent mentions across the groups.

Figure 34. Where to go for help with getting and keeping benefits

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • DSHS • Sea Mar • Social Security Administration 	<ul style="list-style-type: none"> • 2-1-1 • Catholic Community Services • DSHS • ECEAP • Food Bank • Gospel Mission • Housing Authority • Police • Salvation Army • Social Security Administration • Volunteers of America • WashCap 	<ul style="list-style-type: none"> • Apple health – prescriptions • Assurance Wireless • DSHS • Hopelink –bus passes • Medicare • Phones on sliding scale/reduced rate • Schools –McKinney Vento • Senior Center (Lynnwood)—for home and car repairs, shoe inserts • Social Security Administration • UW-medical • X-finity –internet on sliding scale/reduced rate 	<ul style="list-style-type: none"> • Community Health Centers • Safe harbor • Sea Mar

Participants were asked to try to summarize their experiences getting and keeping benefits, in a few words if possible. Some of the words they used included:

Overwhelming

Run-around

Bureaucracy

Frustrating

Horrible

Disorganized

Tedious

Too hard to qualify

Ridiculous

Lack-of-accountability

Closed doors

Participants shared the following frustrations with getting and keeping benefits:

- Not knowing what they qualify for
- Benefits getting cut suddenly and unexpectedly
- Not understanding where they were in the process of applying for benefits
- Efforts seeming to go into a “black hole”
- Programs getting dropped
- Lost paperwork (on behalf of the agency)
- Remote areas having less access to resources

Some participants commented at length on the lack of communication and accountability around the application process. One noted it’s easier for her to know where a \$5 item purchased online is, than to find out the status of her application, or how long it will take to be approved. They noted that there is no apparent electronic tracking, no assignment of IDs so their application can be found and no certainty about when benefits will be approved or received.

A few participants shared positive experiences. One described the DSHS Alternative Solutions program for TANF as “fantastic,” sharing that she was able to get work for six months that paid her at a higher benefit level than TANF alone, plus she was able to get job experience and help with a resume.

“I get \$140 in food stamps. That's how much food stamps I get because I get \$1500 a month Social Security. Because I get \$1500 a month Social Security I have to pay my own medical, which is like she said, \$135. Because I get that much money in Social Security, I get a 20% PUD discount. Because I get that much money, I pay \$400 a month rent instead of \$50 or whatever my neighbors are paying, because I do live in subsidized housing. Because of how much money I get, I lose more of it. The president gave us a raise for, I don't know ... I didn't even know why I was getting the raise, food stamps, and my rent went up before I even knew we were getting a raise. Then, I called the food stamp office and let them know how much my rent went up, and then my food stamps went ... They dropped down to \$28 then they went back up. It's a huge ... You get \$10 here and you lose \$15 there.”

“I think they even said, ‘We don't have to give you, really, a notice [that you’re losing your benefits].’ I'm like, ‘What?’ Because I was inquiring like, ‘How can you do this to people?’”

“Alternative Solutions is what it is, and it's through DSHS and it was very helpful.”

HEALTH CARE: MEDICAL, DENTAL, AND MENTAL HEALTH

Participants were asked if they needed assistance – in the last few years – help with medical, dental, or mental health care. Most, if not all, participants had some experience with seeking services in this area, except for Group 3 (South, Lynnwood Multicultural Senior Center), where only two out of the ten had direct experience.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with health care, including medical, dental or mental health services (Figure 35). SeaMar, DSHS, and Community Health Center were the most prominent mentions across the groups.

Figure 35. Where to go for help with medical, dental and mental health care

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Dental van through Volunteers of America • Healthpoint in Redmond • Online (looking for providers) • Project Homeless Connect in Everett • SeaMar • Two-day event with free medical, vision & dental Angels of the Wind/Comcast Arena 	<ul style="list-style-type: none"> • Applecare • Community Health Center • Community Health Services • DSHS • ECEAP/Head Start • Molina • Sea Mar • Walk-in Clinic • WIC 	<ul style="list-style-type: none"> • Alderwood Community Church (for dental) • Community Life Church on Scriber Lake Road- offers medical and dental on a sliding scale through Christian Medical Clinic • DSHS • Molina • SeaMar • Senior Center used to offer dental at the old location • Verdant-to sign up for insurance 	<ul style="list-style-type: none"> • Community Health Center for dental (Arlington) • Compass Health • Everett Clinic (in Stanwood) • Safe Harbor (free clinic in Stanwood) • Walmart for insulin

Participants were asked to try to summarize their experiences seeking health related services, in a few words if possible. Some of the words they used included:

Easy-peasy, if kids only
Nightmare (dental)
Angels

Thankful
Difficult to get to
(transportation)

Expensive (prescriptions)
Complicated
Limited coverage

Participants then exchanged experiences seeking health related services. Most frustrations with health care services involved insurance. Here are some:

- Participants with children talked about how they have different insurance than their children, which means they are not covered at the same providers
- Medicaid won't cover talk therapy for autism
- Local rural health care /mental health providers not working with certain insurance providers
- Participants with a spend-down were reluctant to see a doctor unless it was urgent

Other challenges stemmed from a lack of mental health service providers in rural areas, transportation issues getting to health services, and not knowing what the bill will be up front.

More than one participant shared a story of having their health costs covered unexpectedly, expressing gratitude and deep appreciation for the times that health insurance covered bills that would have been otherwise astronomical.

"Like almost everything else we make too much money to qualify. I can't afford health insurance; I just don't have insurance. Fall in that gap."

"We don't have a walk-in clinic and my son was sick. He had an ear infection, and his fever was going through the roof. I didn't have any gas money to get to the hospital."

"It's fine to sign that paper before you're seen, but I feel like they should have a price tag on everything they do to you.... I am responsible. I signed my name. I didn't sign it after. If you buy a car, you sign your name after. If you go to the doctor though, you sign first."

"If we have insurance and we have benefits, and if there's a need for mental health, counseling, therapy, all that kind of stuff. We should be able to do it close to home."

FOOD

Participants were asked if they needed assistance – in the last few years – getting enough food. Most, if not all, participants had some experience with seeking services in this area, except for Group 3 (South, Lynnwood Multicultural Senior Center), where just under half (four out of the ten) had direct experience.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with food (Figure 33). Various regional food banks were prominent, as were specific churches. WIC and DSHS were mentioned more than once.

Figure 36. Where to go for help with food

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Food Share (a pop up <u>food bank</u>) at the library • Midnight Cry <i>Church</i> in Snohomish – truck that goes as far as Index provides mostly bread • Rock <i>Church</i> – Providing Hope program • Sky Valley <u>Food Bank</u> • Small blue van (independent person) • Volunteers of America <u>Food Bank</u> 	<ul style="list-style-type: none"> • Community <i>churches</i> • DSHS • Farmers Market program • <u>Food banks</u> • Interfaith • Mormon <i>Church</i> (Mormons only) • Salvation Army • WIC 	<ul style="list-style-type: none"> • DSHS gives a list of places to go • Hopelink <u>Food Bank</u> • Lynnwood <u>Food Bank</u> • Mountlake Terrace <u>Food Bank</u> • Senior Center • WestGate <i>Chapel</i> 	<ul style="list-style-type: none"> • Backpack weekend program (Stanwood <u>Food Bank</u> and school collaboration) • Camano Island <u>Food Bank</u> • Community Health Center offers kids a lunch in the summer • DSHS at Smoky Point • Hospital has free lunches for kids • Lutheran <i>Church</i> has free dinners • Stanwood <u>Food Bank</u> • WIC (Stanwood, Camano Island, Arlington)

Participants were asked to try to summarize their experiences seeking food assistance, in a few words if possible. Some of the words they used included:

- | | | |
|----------------------------|-----------------------------|-----------------------------------|
| <i>Blessing</i> | <i>Kind</i> | <i>Sometimes limited choices</i> |
| <i>Belittled</i> | <i>Easy if you meet the</i> | <i>Streamlined if you qualify</i> |
| <i>Waste of time</i> | <i>requirements</i> | <i>Mixed information</i> |
| <i>Too hard to qualify</i> | <i>Not always friendly</i> | <i>Hours limited</i> |

Participants then exchanged experiences seeking food assistance. Most of the stories about using food banks were neutral to positive. A few participants shared they were reluctant to use food banks, but more indicated that using food banks was a fairly regular approach to conserving resources. The biggest challenges with food banks were limited hours, some parameters around who qualifies (income, location of residence, or church affiliation), and occasionally feeling staff/volunteers did not create a welcoming environment.

Several participants commented on their preference for being able to select their food items, instead of being given a box/bag with predetermined items for which they may or may not have a use. They indicated that some food banks have moved towards a “grocery store” style and they appreciated this trend. In one group this was especially salient; some of the Hispanic women said they won’t use canned beans if they can make it from scratch, as an example.

While most of the conversation gravitated towards food banks, programs like WIC and SNAP also came up in conversation, especially among the more rural participants with children. Participants voiced frustrations about how benefits are difficult to predict because they are contingent on other resources in their lives, which tend to fluctuate. If they hover around the threshold for qualification and (inadvertently) draw on benefits they no longer qualify for, they are faced with an unexpected bill for the charges. They would appreciate a more stable resource.

“When I was using the food bank, I remember I was really embarrassed the first time we went and I thought it would feel really icky but it didn’t. People were great. Very kind.”

“Food’s actually been probably one of the easiest things to apprehend as being homeless, that’s one thing that’s pretty prevalent out there it’s food. There’s always someone trying to get you something somewhere.”

“It’s helpful when you get it [food stamps], but it’s always hard with how they calculate what your income has to be.”

“That’s another struggle too with, for instance, child support. My ex is behind and so during that time when I’m not getting what I should be getting, it’s really tight or I’m not making ends meet, or that’s when I need the help. And so I go through the process of applying and getting qualified and everything, and then I get a random [child support] check. It bumps up my income, and because I have to report it, it disqualifies me [for benefits]. Last year, it was back and forth where I wouldn’t get anything for a month and then I would get a couple hundred dollars, and then I wouldn’t get anything again.”

TRANSPORTATION

Participants were asked if they needed assistance – in the last few years – with transportation. When participants thought the question was only addressing public transportation, the response was mixed, but when prompted with the concept of automobile repairs or the cost of gas, most respondents indicated they needed some help with transportation in the last few years. Most respondents indicated they have a car, or access to a car, with the exception of Group 2, which included a higher proportion of homeless respondents.

The groups were asked to first generate a list of all the service providers or “places they could go” for help with transportation (Figure 37). The most frequent mentions were Hopelink, health insurance subsidized transportation, and gas vouchers from various regional organizations.

Figure 37. Where to go for help with transportation

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Hopelink • Medicaid/Insurance taxi • Sky Valley Food Bank – <u>gas vouchers</u> • St Vincent de Paul – <u>gas vouchers</u> • Take The Next Step – helps with bus tickets to job interviews or medical appts. Also <u>gas vouchers</u>. Help paying for car insurance. 	<ul style="list-style-type: none"> • Church Events – bus tickets • Community College – bus pass, cash for gas – coupled with EBT benefits for enrolled students • DSHS (TANF) - \$ for license • Evergreen Recovery Services – bus pass • Health Insurance transportation • Homeless Connect • Hopelink – orca card for regular medical appointments • McKinney Vento – kids transport to school • Mercy Watch • Police • YWCA – <u>gas vouchers</u> 	<ul style="list-style-type: none"> • Bluebus- seniors have to sign up ahead • Dial-a-ride • Hopelink • Senior Center 	<ul style="list-style-type: none"> • Community Resource Center (Stanwood) – <u>gas vouchers</u> • Free oil change occasionally available at events • Mileage/gas via medical insurance programs (Medical transportation)

Participants were asked to try to summarize their experiences seeking transportation assistance, in a few words if possible. Some of the words that were used:

More hoops

Hard to find a car

Getting downtown is hard

Anxiety (public transit)

Limited (public transit)

Easier than housing

Unpractical (public transit)

Participants then exchanged experiences with transportation. Urban participants indicated bus passes were regularly available. Residents of more rural areas talked about how difficult it is to use public transportation. They have limited or infrequent bus routes that don't coincide with work or childcare schedules.

Participants in Lynnwood (suburban) talked about using the bus if they wanted to go into downtown Seattle, even though most of them referenced having cars or access to cars. Two women in the group (both over age 65) said they wanted to learn how to ride the bus to get downtown and exchanged numbers after the focus group so they could team up to do this together. They were both uncomfortable riding the bus alone or were not even sure how to ride the bus.

More than one participant shared frustration with jumping through hoops to get gas or mileage paid by insurance for medical appointments. One participant explained she paid for car insurance in order to be eligible for gas/mileage reimbursement, only to find out that it won't work for her child's appointments, only her own. She regretted spending her limited means on car insurance, because it would have been better spent on gas. Others indicated they had missed health appointments due to transportation barriers.

"Traveling to Smokey Point for counseling, it's tough. We've had to miss appointments because we couldn't afford the gas to be able to go. But I have no clue where to turn."

"It's completely unpractical to leave Stanwood to go do something and then come back. It's about an hour and a half bus ride. If you have to ... Like I said, daycare gets out at 6:30. There's no possible way for me to ride a bus from Skagit to here and be able to get my kids. In the morning, it's the same problem. Daycare's only open at 6:30."

"It's easier than most benefits to attain.... Compared to other housing and stuff like that, it is much easier."

OTHER NEEDS

In each group, participants were asked if there were other areas of need they were not able to access. Figure 38 shows what was mentioned in each group. Childcare was the most prominent need.

Figure 38. Other service areas of high need

Group 1	Group 2	Group 3	Group 4
East: Monroe Public Library	Central: Everett United Way	South: Lynnwood Multicultural Senior Center	North: Stanwood Community Resource Center
<ul style="list-style-type: none"> • Medical assistance, mental health • Childcare • Education 	<ul style="list-style-type: none"> • Childcare • Clothing 	<ul style="list-style-type: none"> • Legal services • Caregiver services 	<ul style="list-style-type: none"> • Childcare • ECEAP

Childcare was mentioned in each group except for Group 3 (South, Lynnwood Multicultural Senior Center). Multiple participants talked about how the expense of childcare outweighs the benefits of employment; they simply can’t afford it. A second theme that arose had to do with the quality of childcare that is available. Several participants worried that the options available to them were not safe choices for their children.

In one case, a single mother shared that she has a child with severe health issues. She was employed for a while, but between the costs of childcare and the amount of time she had to take off from work to transport her child to medical visits, she could not make ends meet.

“Childcare is what put me into poverty”

“I stopped working full time when we started having kids because I would have been taking home about half of what I was making before and I would have been gone with the commute to downtown Seattle 60 hours a week, so that's actually one of the advocacy areas that I'm involved with is childcare and early childhood education. I could be contributing to the economy if those costs were regulated. It would be \$1200 a month just for my infant just to have full time child care. The only thing more expensive than that is our rent. And that's insane.”

“So the problem is that there is a childcare shortage/desert. So it's super-duper regulated to try and make it high quality and safe and all that but centers don't want to accept the

vouchers because they don't make as much money. And if your child has special needs, forget about it. Yeah."

"I'm not working because basically my income would go to childcare."

APPENDICES

FOCUS GROUP FACILITATION GUIDE

Introduction

The 2019 Community Needs Assessment for Snohomish County includes a survey of over 1,000 low-income residents. The results of the survey have provided some initial insights into the needs and experiences of these residents, but additional insights are needed. Four focus groups in four different communities representing four regions within Snohomish County are planned for the coming month. This guide describes the planned discussion. Focus group meetings were held at the following dates and locations:

- March 3, 2019 from 1:00 to 2:30 pm, Monroe Library (East). Hosted by Take the Next Step.
- March 4, 2019 from 7:00 to 8:30 pm, Everett United Way (Central). Hosted by United Way of Snohomish County.
- March 6, 2019 from 1:00 to 2:30 pm, Lynnwood Multicultural Senior Center (South). Hosted by Homage Senior Services.
- March 6, 2019 from 7:00 to 8:30, Stanwood Community Resource Center (North). Hosted by Community Resource Center of Stanwood-Camano.

Overview (5 minutes)

1. As participants arrive, they will find their nameplate (first name only) and be asked to sit down and complete a brief survey asking for their age, household composition, gender, and how long they have lived in Snohomish County.
2. Facilitator introduces self as the moderator and introduces the note taker.
3. Facilitator will describe the purpose of meeting, that there was a Survey in fall 2018 including about 1,000+ respondents. Purpose today is to get their feedback to enhance our understanding of the survey findings and to learn more about their perceptions of local services and community needs.
4. Note location of restrooms, invite them to use facilities and get refreshments as needed.
Review basic ground rules:
 - Stay on-topic. The facilitator will redirect conversations that move off topic.
 - Please don't talk over one another - wait until another person has finished speaking before you start speaking.
 - If you've already shared on a topic, please help the facilitator by being sure everyone a chance to contribute.
 - Please avoid or eliminate side conversations.

- Understand that there are no right or wrong answers to these questions, only each person's own personal experience and beliefs; treat everyone's ideas with respect (don't criticize what others have to say).

Explain that we will be doing an audio-only recording of the discussion for our use. They may be quoted in the final report, but not identified by name. If at any point they would like us to turn off the recording so they feel they can speak more candidly, we are happy to do so.

Discussion Questions (80 minutes)

Note: Italics indicate a script, but this is still considered a guide, and the moderator will paraphrase as feels natural, and will modify as necessary to achieve the intended goals.

Participant Introductions (8 minutes)

Let's go around the room with introductions. Could each of you take one minute and give your first name and tell us how long you've lived in Snohomish County?

Discussion Introduction (2 minutes)

As I mentioned, Snohomish County conducted a survey in November as a part of what they call a "community needs assessment", which is pretty much how it sounds... an exercise done to better understand what the community needs.

In the survey they asked for some feedback about different types of human services available in Snohomish County. This discussion today gives us an opportunity to go deeper and to get a little more perspective on the experiences of the people who may need or may have used some of those services.

At this time the **Note Taker** will post flip chart pages around the room with each of these topics heading them. This will prompt and remind participants of what the subjects are and give them more time to think about them and recall their experiences.

Much of today's discussion is going to be about five different service areas:

- *Housing and utilities*
- *Help getting/keeping benefits (Social Security, TANF, Medicaid, SNAP etc.)*
- *Health, including medical, dental and mental health services*
- *Food*
- *Transportation*

*We are going to start with **housing and utilities**. I'm going to lead us through a few questions about your experiences in Snohomish County around housing and utilities. We will be keeping track of the time as we go, to make sure that we still have time to talk about the other four service areas, plus room at the end for some general discussion.*

Discussion of each of the five service areas (60 minutes/12 minutes each)

1. *How many people here have needed help getting [service area]? Can I see a show of hands?*
 - **Note taker** tallies the count.
2. *Whether or not you've needed help with these things, let's see if we can generate a list of the people, places or organizations you know of that you could go to for help with [service area].*
 - **Note taker** records all names of organizations on flip board.
3. *Take a moment to think about your experience trying to get help with [service area].*

Now, in one word, can you describe your experience? Capture descriptions around the room.

Prompts/Clarifications if needed: If you have had a variety of experiences and picking one word is too difficult, think of a word to describe the most memorable one.

- **Note taker** records all words offered on flip board
4. *Now I'd like to ask for a little bit of elaboration as time will allow. Please tell us about your experiences trying to access/pay for these services.*
 5. *(Only if the discussion is limited due to lack of personal experiences) What about other people who you know? What have you heard about experiences other people have had with getting help for <service area>?*
 6. *(Only asked if the discussion does not already touch on barriers) I've heard a lot of positive feedback about service experiences. I'm wondering if anyone has had challenges in getting the services that they need. Can you tell me about any obstacles or barriers you have encountered?*

Closing (10 minutes)

We have gotten through the five categories on our list. Thank you very much for that discussion. We picked those five categories because of what we learned in the survey that was done last fall. Those five categories covered the services that were rated as especially important to a lot of people, but often hard to get. I'd like to use the last of our time together to think about any other types of services that have been really important to you or your household personally, that we have not covered, that you have found hard to get.

1. *Can anyone think of a service that we have not talked about that you have needed in the last few years that has been hard to get? Can I see a show of hands?*
2. *Can we make a list of the kinds of services you needed that you could not get?*
 - **Note taker** records types of services needed.
3. *(As time allows) Can you tell me a little about why that was hard to get*

Debrief (5 minutes)

- Follow-up by moderator to further discuss any unexplored remarks.
- Let participants know how the information from the discussion will be used.
- Answer any participant questions.
- Thank participants

PERCENT OF POPULATION LIVING BELOW 200% OF THE FEDERAL POVERTY LEVEL**Figure 39. Percentage living below 200% of the federal poverty level by census tract¹²**

Census Tract	Description	Percent below 200% FPL
419.04	Everett	58%
407	Everett	54%
402	Everett	53%
529.05	Marysville	52%
419.03	Everett (partially outside City)	51%
522.09	Monroe and unincorporated county	49%
522.08	Monroe	48%
529.03	Marysville	48%
418.09	Unincorporated county (South of Everett)	45%
412.02	Everett	43%
518.03	Unincorporated county (North of Lynnwood)	43%
414	Everett	42%
418.08	Everett and unincorporated county	40%
515	Lynnwood	40%
403	Everett	40%
418.12	Unincorporated county (South of Everett)	38%
537	Darrington and unincorporated county	38%
408	Everett (partially outside City)	38%
404	Everett (partially outside City)	38%
405	Everett	37%
514	Lynnwood	37%
411	Everett	36%
535.09	Arlington	36%
517.01	Lynnwood	34%
419.05	Everett	34%
418.06	Everett (partially outside City)	34%
417.01	Everett (partially outside City)	33%
516.01	Lynnwood (partially outside City)	33%
418.1	Unincorporated county (South of Everett)	32%

¹² American Community Survey 5-Year Estimate 2017. Note: table includes census tracts above the county average of 21% living below 200% of the federal poverty level.

524.01	Snohomish (partially outside of City)	32%
533.01	Stanwood and unincorporated county	32%
9400.02	Tulalip	32%
517.02	Lynnwood	32%
418.05	Everett	31%
415	Everett (partially outside of City)	31%
419.01	Everett, Mukilteo, unincorporated county	29%
526.03	Lake Stevens and unincorporated county	29%
538.03	Gold Bar, Sultan, unincorporated county	28%
529.04	Marysville	28%
509	Unincorporated county (South of Lynnwood)	28%
512	Mountlake Terrace	28%
519.05	Lynnwood and unincorporated county	28%
410	Everett	27%
412.01	Everett	27%
416.05	Everett and unincorporated county	27%
524.02	Snohomish (partially outside of City)	27%
529.06	Marysville	26%
526.06	Lake Stevens and unincorporated county	26%
501.02	Unincorporated county (North of Lynnwood)	26%
519.28	Unincorporated county (East of Lynnwood)	26%
536.02	Granite Falls and unincorporated county	26%
416.06	Everett and unincorporated county	25%
535.08	Arlington and unincorporated county	24%
9400.01	Tulalip	23%
417.04	Mill Creek and unincorporated county	23%
531.01	Marysville and unincorporated county	23%
526.04	Lake Stevens	23%
538.02	Sultan and unincorporated county	23%
417.03	Unincorporated county (East of Mill Creek)	22%
518.02	Lynnwood and unincorporated county	22%
519.21	Unincorporated county (North of Bothell)	22%
409	Everett (partially outside City)	22%
516.02	Lynnwood	21%
521.04	Everett, Marysville, unincorporated county	21%