Stretched to Capacity: The Challenges Facing California's Homelessness Service Providers

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February 2024

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Acknowledgements

Executive Summary

In recent years, nonprofit homelessness organizations in California have substantially increased the breadth and scale of the services, shelter, and housing they provide. To do so, these organizations have navigated turbulent and uncertain conditions, including persistent growth in the number of people experiencing or at risk of homelessness and the impacts of the COVID-19 pandemic. Research has shown that nonprofits play crucial roles in local homelessness systems, and homelessness declines more in places where nonprofit organizations have more input on homelessness policies and priorities.

To inform the resources and policies that will enhance nonprofit homelessness organizations' work to resolve California's homelessness crisis, this report presents findings from surveys and interviews with staff at nonprofits across the state, as well as interviews with other local homelessness system stakeholders and people with lived experience of homelessness. The report includes the following sections that present the key findings:

1. The Growing Scale of Homelessness Services: Nonprofit homelessness organizations have been serving a growing number of people in recent years, and many organizations made long-term changes to their services during the pandemic. However, most nonprofit organizations said they cannot serve everyone seeking assistance, primarily because they lack the necessary infrastructure, funding, and staff.

2. Navigating the Funding Landscape: Most nonprofit organizations said their funding is inconsistent from year to year, which undermines their ability to plan services and staffing in the long term. Many providers struggle to meet the complex application and compliance requirements for government funding. Providers' ideal funding support would be stable and predictable over time, flexible enough to allow for innovative programs, and allow organizations to support their administration.

3. Confronting Staffing Challenges: Most nonprofit organizations said they struggle to recruit and retain staff with the needed experience and skills. Low pay was the most commonly cited reason for staff turnover—largely driven by limitations in providers' funding amounts and sources—followed by mental and emotional burnout. System-wide efforts are needed to provide living wages and support workforce development.

4. Meeting People's Complex Needs: Service providers emphasized the importance of ongoing training in trauma-informed care, and they offer significant expertise for how to serve populations with distinct needs. Providers with complementary specialties are also collaborating to close service gaps. However, providers consistently pointed to the need for more resources to address their clients' mental health and substance use challenges.

Based on these findings, the report concludes with recommendations to enhance nonprofit organizations' work to prevent and end homelessness in California. The report lifts up providers' practices that are already serving people effectively, including partnerships between organizations to meet clients' diverse needs and creating supportive workplace cultures to prevent staff burnout. It also recommends systemic changes to homelessness funding and workforce development efforts, which will be essential for supporting nonprofit providers and ending California's homelessness crisis.

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Introduction

Nonprofit organizations provide most of the direct services for people experiencing or at risk of homelessness, and they play a crucial role in addressing California's homelessness crisis. Nonprofit organizations providing homelessness services, shelter, and housing (hereafter "providers") offer expertise meeting people's needs, share skills and knowledge with other entities in local homelessness systems, and help expand local systems' administrative and strategic planning capacities.[1] Research has shown that collaboratively led local homelessness systems—where nonprofit providers have meaningful decision-making input—reduce homelessness more effectively than places that do not incorporate nonprofit providers into system leadership.[2]

However, providers face major resource and workforce challenges that affect the scale and quality of assistance available to people who need it. The homelessness services sector has persistently struggled to develop and maintain a skilled and stable workforce, which is essential for effective homelessness programs.[3] Although public funding dedicated to homelessness has grown in California in recent years, this funding is fragmented across levels of government and between programs with differing eligible uses.[4] Addressing these challenges can enhance nonprofit providers' reach and effectiveness.

To understand the hurdles nonprofit providers confront and their strategies for overcoming them, this report presents findings from a survey of 120 nonprofit providers across California in 2022 (see the technical appendix for more information about the survey) and interviews with 100 providers. The report also draws on 79 interviews with people with lived experience of homelessness, as well as interviews with local government staff, housing authorities, housing developers, and philanthropic organizations working to address homelessness.[5] The data show that in the face of many challenges—complex needs presented by people in crisis, scarce resources and

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[1] Jang, H.S., & Valero, J. (2022). *Public-Nonprofit Collaboration and Policy in Homeless Services: Management, Measurement, and Impact.* Palgrave Macmillan. https://doi.org/10.1007/978-3-031-11918-7.

[2] Kim, S., and Sullivan, A. (2023). Connecting the Composition of Collaborative Governance Structure to Community-Level Performance in Homeless Services. *Public Administration Review*, 83(4), 734–749. https://doi.org/10.1111/puar.13632; Mosley, J., & Park, S. (2022). Service Providers' Influence in Collaborative Governance Networks: Effectiveness in Reducing Chronic Homelessness. *Journal of Public Administration Research and Theory*, 32(1), 130–149. https://doi.org/10.1093/jopart/muab013.

[3] DuBois, N., & Oliva, A. (2023). New Estimates Suggest that $4.8 Billion is Needed to Bring Homeless Services Salaries into the Modern Era. *The National Alliance to End Homelessness.* Retrieved from: https://endhomelessness.org/resource/new-estimates-suggest-that-4-8-billion-is-needed-to-bring-homeless-services-salaries-into-the-modern-era/; Olivet, J., et al. (2010). Staffing Challenges and Strategies for Organizations Serving Individuals who have Experienced Chronic Homelessness. *Journal of Behavioral Health Services & Research*, 37, 226–238. https://doi.org/10.1007/s11414-009-9201-3.

[4] California Interagency Council on Homelessness. (2023). Statewide Homelessness Assessment (July 1, 2018 – June 30, 2021): Report to the Legislature. https://www.bcsh.ca.gov/calich/documents/homelessness_assessment.pdf.

[5] For more information on the study's qualitative data collection and analysis, see: Finnigan, R., Economy, C., and Reid, C. (2023). Addressing Homelessness in California: A Collaborative Research Series—Qualitative Data and Methods. Terner Center for Housing Innovation. Retrieved from: https://ternercenter.berkeley.edu/addressing-homelessness-california-research-series.

staffing, and the COVID-19 pandemic—providers are helping more people than ever before, forging new partnerships, and innovating to provide new services in new ways.

The report presents findings in sections on the following topics:

1. Growth in the scale of providers' services and their challenges for serving everyone seeking assistance;

2. Providers' funding sources and their implications for providing services;

3. Staffing challenges providers confront in the homelessness services sector; and

4. Providers' strategies for meeting people's complex needs, and what makes people with lived experience of homelessness feel welcome and supported.

The report concludes with recommendations for nonprofit providers and for different levels of government meant to continue building providers' reach and effectiveness. The recommendations include practices that some nonprofit providers are already implementing effectively, as well as calls for systemic changes to homelessness funding and workforce development.

1. Responding to the Growing Need for Homelessness Services

Nonprofit homelessness organizations in California have been serving more people over time, but often do not have the resources to serve everyone seeking assistance.

As the number of people experiencing homelessness has increased across the state, providers have been working to meet the growing need for assistance. About 70 percent of surveyed organizations said they served more people in 2022 than in 2019. Statewide administrative data similarly show a large increase in the number of people served (by both publicly-funded nonprofit providers and public entities providing direct services), increasing from about 238,000 people in 2019 to 317,000 people in 2022.[6]

Providers consistently reported struggling to serve everyone seeking their services: 64 percent of surveyed organizations said they were not able to serve everyone seeking at least one of their main services. When asked to select the main reasons why, 57 percent said they had insufficient space/beds, 51 percent had insufficient funds, and 49 percent had insufficient staff or volunteers. For example, one interviewee described challenges finding providers able to scale up new housing programs in their county because "everybody felt very stretched thin. Lots of interest, but just not much capacity."[7]

In addition to being unable to meet every request for services, capacity constraints can discourage people experiencing or at risk of homelessness from seeking services. One shelter operator said: "we've got 25 beds, and our waiting list is over 75. And at that

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[6] California Interagency Council on Homelessness (2023). *Homeless Data Integration System*. https://www.bcsh.ca.gov/calich/hdis.html.

[7] Stakeholder interview, North State, July 21, 2022.

point, people just stop putting their names on the waiting list, because they know they're never going to get in."[8] Some interviewees experiencing homelessness similarly said they stopped trying to access shelters after repeatedly being unable to find an open bed.

These challenges were further complicated by the COVID-19 pandemic. The need for assistance increased, and providers had to pivot their service models to meet people's needs safely. Although the federal and state governments allocated significant new resources in response to the pandemic, providers still needed time and staff to translate those resources into services, shelter, and housing (see Box 1. Responding to the COVID-19 Pandemic).

Interviewees emphasized the scarcity of affordable housing as a fundamental challenge for preventing and ending homelessness.

The lack of housing options prevent successful exits from homelessness. Shelter operators noted that the residents struggled to exit shelters successfully without available housing to move to. Rapid re-housing providers said subsidy recipients, as well as housing voucher holders, often could not find housing units with low enough rents or landlords who were willing to accept their subsidies.

Providers highlighted the gap between housing costs and earnings without a subsidy; one interviewee noted "it's hard to find a one bedroom here under $2,000 a month. You're never going to be able to afford that on minimum wage. Even if people do become employed, maybe even get two jobs, they're still not able to afford base market rate rent."[9] Interviewees experiencing homelessness similarly pointed to high housing costs as their main barrier to exiting homelessness, even outside of California's major cities and when receiving benefits. One interviewee experiencing homelessness in a small city in the San Joaquin Valley explained, "I need more than just SSI [Supplemental Security Income]. It makes it really hard for a person to survive on just $1,040 a month" while paying market rents.[10]

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[8] Stakeholder interview, Central Coast, June 2, 2022.

[9] Stakeholder interview, Bay Area, June 3, 2022.

[10] Lived experience interview, San Joaquin Valley, June 6, 2022.

Box 1. Responding to the COVID-19 Pandemic

During the COVID-19 pandemic, providers pivoted their service models to reach people safely and to address new needs that emerged. For example, providers described switching to phone and online interactions for intake and other client assessments when possible. Dine-in meal services offered take-away meals instead of communal meals.

Although some of these changes were temporary, most of the surveyed organizations (62 percent) said there have been permanent changes to the way they deliver their services (Figure 1). About 45 percent of providers said they expanded existing services or added new services to make service delivery safer or to respond to emerging needs. Many providers expanded their outreach services for people experiencing unsheltered homelessness, including mobile showers. Several providers described new meal delivery programs, either as part of outreach services or to replace dine-in meal service. Providers also described working to sustain pandemic-response programs in the long term through: rental and unemployment assistance for people at risk of homelessness, as well as medical services through partnerships with healthcare providers.

Fewer providers said they reduced or discontinued some services. The most substantial reduction that providers reported was in congregate shelter capacity to enable social distancing, a change that was often temporary but in some cases permanent. Providers also described ending communal meal service, sometimes replaced with take-away or delivery meal service, and cutting non-core services.

Figure 1. Survey responses identifying permanent changes to providers' services due to the COVID-19 pandemic
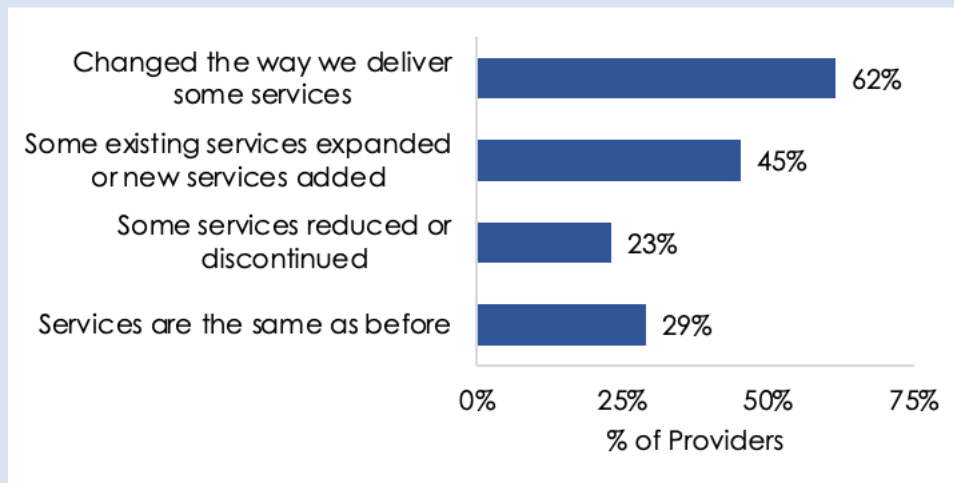
Source: Survey of nonprofit homelessness organizations (n = 117)
Notes: Percentages add to more than 100 percent because respondents could select multiple responses.

Interviewees attributed the shortage of affordable housing in part to local NIMBY (not in my backyard) resistance to new housing development. Providers highlighted scattered-site temporary and permanent housing, including master leases, as strategies for expanding the availability of subsidized housing while circumventing NIMBY resistance. For example, one provider leases single-family homes with multiple bedrooms to provide interim and permanent supportive housing in neighborhoods throughout their area. They explained that in contrast to a single large shelter or housing development, "we avoid the stigma... we fit right into the neighborhood and our folks have a chance to participate as neighborhood members."[11]

Beyond strategies to circumvent local resistance, providers underscored the need for widespread efforts to build support for more homelessness services, shelter, and housing. For example, one interviewee was working with a coalition of providers and advocates to develop new narratives meant to increase public support. He noted that "we're fighting the details and not fighting the biggest picture." Rather than using research findings to fight inaccurate stereotypes about homelessness, his group recommended redirecting communities to shared values, like "when everyone has a home, our community is a better place."[12] Other interviewees commonly agreed that increasing public support for expanding housing supply is necessary to end California's homelessness crisis.

2. Navigating the Funding Landscape

Many providers weather turbulent funding from year to year, which undermines long-term planning and program development.

About 57 percent of providers agreed or strongly agreed with the statement: "The funding our organization receives can be inconsistent from year to year" (Figure 2). In interviews, providers said small donations and philanthropic funding are especially hard to predict from one year to the next. Government funding can be similarly inconsistent, however. For example, many of the state government's funding programs—particularly those serving a particular population (e.g., youth or older adults) or addressing specific needs (e.g., accommodating pets in emergency shelters)—have provided only one-time or time-limited funding.[13]

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[11] Stakeholder interview, Greater Sacramento, August 4, 2022.

[12] Stakeholder interview, Greater Sacramento, July 29, 2022.

[13] California Interagency Council on Homelessness. (2023). *Statewide Homelessness Assessment (July 1, 2018 – June 30, 2021): Report to the Legislature*. https://www.bcsh.ca.gov/calich/documents/homelessness_assessment.pdf.

Figure 2. Survey responses agreeing or disagreeing with the statement: "The funding our organization receives can be inconsistent from year to year."
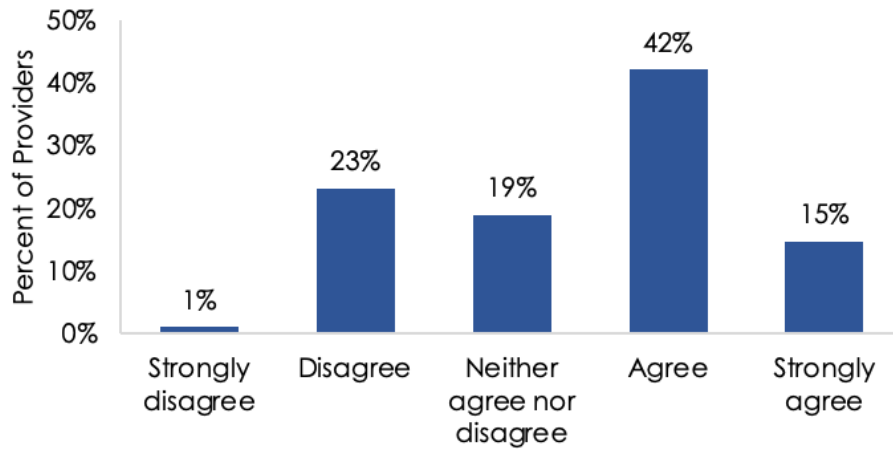
Source: Survey of nonprofit homelessness organizations (n = 95)

Providers described funding inconsistency as a key factor undermining their ability to plan for their organization or develop their programs in the long term. Providers who said their funding is inconsistent were much more likely to say that it's difficult to plan long term (65 percent) compared to providers who did not say that their funding is inconsistent (13 percent) (Figure 3). One provider explained that "now it's so many of these one-year contracts and it's just so hard like that—three months in and you're already worried about sustaining it."[14]

Figure 3. Survey responses agreeing with the statement: "It is difficult to plan our organization's long-term services based on our current funding sources."
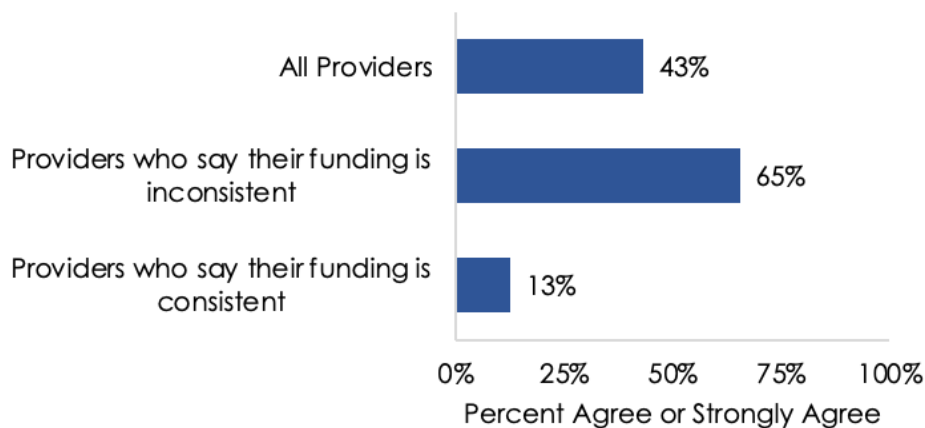
Source: Survey of nonprofit homelessness organizations (n = 95)
Notes: "Inconsistent" funding includes 52 providers who agreed or strongly agreed that their funding is inconsistent from year to year. "Consistent" funding includes 40 providers who disagreed, strongly disagreed, or neither agreed nor disagreed that their funding is inconsistent from year to year.

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[14] Stakeholder interview, Greater Sacramento, June 28, 2022

The influx of state and federal funding in response to the COVID-19 pandemic was the most substantial form of one-time funding for many providers, including the American Rescue Plan Act (ARPA) and COVID-related supplements to programs like the Emergency Solutions Grant (ESG) program. On one hand, providers praised new funding sources for enabling them to rapidly scale up their services in response to sudden and widespread need for services. About 76 percent of survey respondents said their organization's total funding was greater in 2021 than in 2019, and only 6 percent said their funding was lower.

On the other hand, interviewees consistently described having difficulty committing to new service programs and hiring new staff based on one-time funding. For example, one interviewee at a youth homelessness organization explained that the COVID-relief funding allowed the provider to expand their rapid re-housing program, including training rapid re-housing case managers who developed rapport with the young adults they serve and finding landlords willing to rent to program participants. However, the provider was unable to sustain the program after the COVID-relief funds were expended:

> "that's been the most difficult part, is that we have to downsize whatever we've tried to build in a year…without notice, we get this 75 percent funding cut. So that leaves us with either shifting or letting go a staff member that has been very well trained, and that gets the program… But it takes time to stabilize [staff], for them to become those experts and gain all the training and all the experience and integrate themselves in the community…And I feel like some of the instability carries out to our participants.[15]

Local, state, and federal government programs are the largest sources of funding for many providers, but they are challenging to apply for and use.

The overwhelming majority of providers in the survey, 87 percent, said they received public funding. Of these, 85 percent listed public funding among their most important funding sources in 2021. However, many organizations blend both public and private funding to support their operations and services, and 70 percent of providers said small donations and/or large philanthropic grants were also important funding sources.

Providers described several challenges applying for and meeting the requirements of public funding. Public application processes can be too complicated or have requirements that are too stringent for some providers, particularly new or small organizations. One relatively small provider started but ultimately did not finish an application for federal funding, saying, "we just cannot do this because it's too much work and they're asking for way too much."[16] Other small providers said they were not competitive for public funding compared to more established providers: "if you look at some of the ranking criteria for some of these grants, particularly federal and state level dollars, you need a bigger track record than we have and a longer track record."[17] Some interviewees described forgoing funding opportunities that were unfamiliar to

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[15] Stakeholder interview, Southern California, June 24, 2022.

[16] Stakeholder interview, North State, May 11, 2022.

[17] Stakeholder interview, Greater Sacramento, May 24, 2022.

them. Another provider said they had not applied to new state funding programs due to "just lack of experience. … Typically, we don't do a direct contract with the state or federal. It's through the CoC."[18]

Providers also said they find the compliance and reporting requirements for public funding to be challenging or burdensome. Several providers maintain teams of administrative staff needed for reporting and billing for public funding: "I have three compliance people just for dealing with all of our compliance stuff, plus supervisors and directors that have to also deal with all that. So it's a lot of work."[19] However, public funding limits how much providers can spend on administrative costs, including these kinds of staff. One interviewee noted: "accounting staff are expensive, right? I can't bill them to a contract—accounting and human resources, IT [information technology]—the fields that we all need."[20] As a result, many providers struggled to keep up with reporting requirements, leading some to forgo public funding altogether: "there's a lot of reporting [which can be hard] for small nonprofits. If we had a full-time staff member to do that—awesome. But when your program director and your executive director are trying to wear that hat as well, sometimes it limits how much we can handle at a time."[21]

Interviewees noted difficulties braiding together public funding sources with different eligible uses, compliance requirements, and funding timelines, even when they serve the same target population. These difficulties can increase administrative burdens. For example, one provider explained that they often combine federal funding and other public sources for the same intervention, but need to itemize and bill activities (e.g., hours spent on case management) for those interventions to each grant separately.[22] These difficulties can curtail the ways funds can be combined or prevent combining funds altogether. A permanent supportive housing operator described difficulty covering residents' rents with project-based housing vouchers—for which their local public housing agency requires background checks—and paying for case management services with funds from their Continuum of Care (CoC)—which does not allow providers to apply preconditions, like background checks.[23]

Providers praised new state funding programs, like the Homeless Emergency Aid Program (HEAP) followed by the Homeless Housing, Assistance, and Prevention (HHAP) program, that allow a much wider range of uses than typical funding programs. For example, operators of safe parking programs (locations for people living in vehicles to park at night and connect with supportive services) pointed to these programs as key to supporting their operations: "[federal] dollars will not fund a safe parking program. It's not outreach, it's not a shelter. … it's been the freeing up of state dollars through the HEAP and HHAP that has the flexibility that allowed these programs to pop up now and

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[18] Stakeholder interview, Bay Area, July 7, 2022.

[19] Stakeholder interview, Bay Area, April 19, 2022.

[20] Stakeholder interview, Bay Area, April 11, 2022.

[21] Stakeholder interview, San Joaquin Valley, April 25, 2022.

[22] Stakeholder interview, Bay Area, April 11, 2022.

[23] Stakeholder interview, Bay Area, April 19, 2022.

be a little more successful across the state."[24] Providers consistently said that flexibility in funding applicability—combined with more long-term stability of funding sources—would reduce their difficulty using public funding and enhance the programs these funds support.

Providers said private funding, including small donations and support from major philanthropies, helps them avoid or remedy the challenges of public funding. However, private funding is less available than public funding, particularly in less populous parts of the state.

Interviewees receiving private funding praised the flexibility it afforded them. For example, a street outreach provider explained that private funding helped them overcome silos between homelessness services and healthcare systems: "as soon as you move into government funding, you often lose the ability to be really flexible. And we know with this population that being able to go where they are and provide services is huge."[25] Public funding can be limited for certain services, including peer-support programs, vocational training, and crisis resolution funds for things like vehicle repairs, and interviewees described private funding as important in making these services possible. Interviewees also said private funding also fills gaps between eligible uses of public funding, including supporting administrative costs.

Private funding is not equally accessible to all providers, however. Raising meaningful amounts of private funding requires substantial effort, and some large organizations maintain fundraising teams. Meanwhile, small organizations often do not or cannot sustain full-time development staff. Significant private funding—namely large-scale philanthropy—is also not available in all parts of the state. For example, one interviewee emphasized that "the Central Valley receives a minimal amount of state philanthropic funding compared to other regions."[26]

Despite the advantages of private funding, many interviewees noted that it cannot fully replace public funding. One provider supported a three-year pilot program with philanthropic funding but said that public funding would be necessary to fund the program after that: "I think philanthropy should never be used for ongoing, in-perpetuity operations — I think the government is the responder to that. I think philanthropy funds innovation."[27] Other interviewees similarly expressed this view, explaining that private funding can be unpredictable and subject to the sentiments of the donors, which do not always align with organizations' needs. One interviewee said: "Our donations rise and fall with what's happening in the economy, what's happening in the stock market. … and I cannot get a donor excited about a new sewer line."[28]

Many interviewees said their ideal funding situation would be a single source of flexible public funding awarded for a period of several years. With a large and flexible award,

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[24] Stakeholder interview, Southern California, June 3, 2022.

[25] Stakeholder interview, Southern California, May 24, 2022.

[26] Stakeholder interview, San Joaquin Valley, August 12, 2022.

[27] Stakeholder interview, Bay Area, April 18, 2022.

[28] Stakeholder interview, Central Coast, April 8, 2022

providers could avoid the common practice of braiding together different funding sources with varied eligible uses, application processes, award timelines, and compliance requirements. Greater flexibility to support administrative costs and moving from annual funding applications to cycles every two or five years would help support their organizations' long-term stability and allow providers to focus more on providing services and innovating their service models.

3. Confronting Staffing Challenges

Providers described difficulty both recruiting and retaining qualified staff due to low pay and burnout.

Staffing shortages are a consistent challenge across the state. At the time of the survey, 79 percent of organizations said they were currently hiring new staff, often filling vacancies rather than adding new positions. Many providers are confronting increasing staff turnover over time: 45 percent said staff turnover had increased since 2019 (Figure 4). Interviewees described recruitment and retention being most difficult for workers with advanced training, like licensed social workers and clinicians. However, they also noted that staffing challenges apply across the whole range of direct service positions. Direct service positions require complex combinations of skills—building rapport with a diverse range of people who have experienced trauma, navigating bureaucratic systems, and juggling these tasks for many clients concurrently—and providers have difficulty recruiting qualified workers.[29]

Figure 4. Providers' changes in staff turnover at the time of the survey compared to 2019
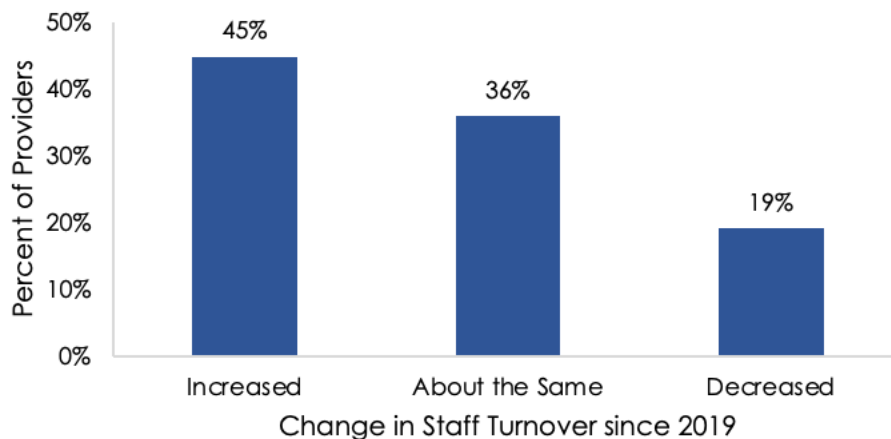
Source: Survey of nonprofit homelessness organizations (n = 89)

Pay was the most commonly identified challenge for retaining staff, selected by 72 percent of survey respondents (Figure 5). Consistent with other studies, interviewees

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[29] Olivet, J., et al. (2010). Staffing Challenges and Strategies for Organizations Serving Individuals who have Experienced Chronic Homelessness. *Journal of Behavioral Health Services & Research*, 37, 226–238. https://doi.org/10.1007/s11414-009-9201-3

consistently emphasized that low pay was a major barrier to recruiting and keeping staff, undermining the scale and quality of services they strive to provide.[30] Interviewees also explained that the inadequate pay stems from what their funding sources will support:

> "Our direct service staff, our shelter workers, our outreach workers… we're experiencing about 60 to 70 percent turnover in those positions. Our starting wage in those positions is $18 an hour. There are fast food restaurants that pay more than that. And our contracts are what fuel those wages, and they don't support higher wages than that. So that's why I really believe that advocacy needs to happen at the funding level ... I wish these funding contracts came with a requirement to pay a living wage and the funding to back that up."[31]

Interviewees from both nonprofit organizations and local governments said that higher pay and more opportunities for advancement within local governments contributed to a "brain drain" among provider staff. One provider stated that if "[I] want to hire the social worker at my nonprofit, they're going to come here and make probably 25 to 30 percent less than if they went to the public agency."[32] Recent studies in Los Angeles and San Francisco also found that government agencies offered higher wages than nonprofit organizations for the same types of homelessness services jobs.[33] Interviewees from one county agency estimated that half of their staff previously worked for a large, local nonprofit provider, then left for higher-paying county jobs after gaining some skills and experience.[34]

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[30] Abraham, L., et al. (2023). Living Wages in Los Angeles County's Homeless Response Sector. *RAND Corporation*. Retrieved from: https://doi.org/10.7249/RRA2266-1; Moses, J. (2023). Working in Homeless Services: A Survey of the Field. *National Alliance to End Homelessness*. Retrieved from: https://endhomelessness.org/resource/working-in-homeless-services-a-survey-of-the-field/; Rosenfeld, B., Marshall, L., & Bell, J. (2022). Findings and Recommendations for Addressing Nonprofit Wage Pressures. *Office of the Controller, City & County of San Francisco*. Retrieved from: https://sfcontroller.org/sites/default/files/Documents/Auditing/Memo%20-%20Nonprofit%20Wage%20Analysis%20-%20FINAL%205.4.22.pdf.

[31] Stakeholder interview, Southern California, May 31, 2022.

[32] Stakeholder interview, Southern California, July 8, 2022.

[33] Abraham, L., Hunter, S., Matthews, S., & Sizemore, A. (2023). Living Wages in Los Angeles County's Homeless Response Sector, *RAND Corporation*. https://doi.org/10.7249/RRA2266-1; Rosenfeld, B., Marshall, L., & Bell, J. (2022). Findings and Recommendations for Addressing Nonprofit Wage Pressures. *Office of the Controller, City & County of San Francisco*. Retrieved from: https://sfcontroller.org/sites/default/files/Documents/Auditing/Memo%20-%20Nonprofit%20Wage%20Analysis%20-%20FINAL%205.4.22.pdf
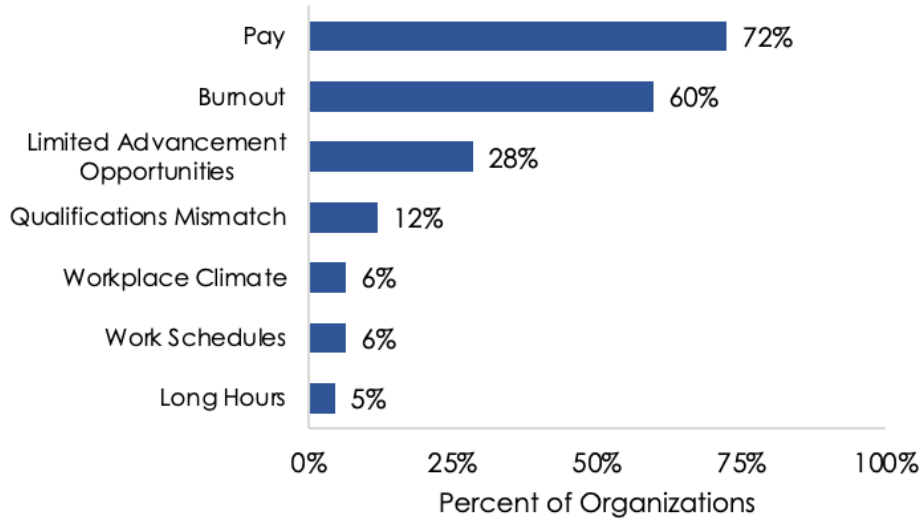
[34] Stakeholder interview, Bay Area, April 20, 2022

Figure 5. Responses to the survey question asking for the three most important challenges for retaining staff

Source: Survey of nonprofit homelessness organizations (n = 95)
Notes: Percentages add to more than 100 percent because respondents could select up to three answers.

Mental/emotional stress and burnout was also a leading challenge for retaining staff, selected by 60 percent of survey respondents. Interviewees frequently acknowledged the difficulty of working in homelessness services, which can include both high workloads and secondary exposure to clients' traumatic histories.[35] Providers described several ways their organizations attempt to avoid burnout. Several providers said they increased the number of paid days off for staff. Some providers explained that they provide "a little bit of lightweight counseling" through regular group meetings between managers and staff.[36] These regular sessions allow staff to "complain and troubleshoot, share stories. 'How did you do this? How did you figure that out?' You know, a support system in that way."[37]

Not all providers said they were struggling with staff turnover. Interviewees who said they did not have high turnover often described having "worked really hard on our culture," along with providing the largest pay increases and most generous benefits their budgets could support.[38]

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[35] Peters, L., Hobson, C. W., & Samuel, V. (2021). A systematic review and meta-synthesis of qualitative studies that investigate the emotional experiences of staff working in homeless settings. *Health & Social Care in the Community*, 30, 58–72. https://doi.org/10.1111/hsc.13502

[36] Stakeholder interview, Greater Sacramento, April 28, 2022

[37] Stakeholder interview, Central Coast, June 9, 2022.

[38] Stakeholder interview, Bay Area, April 29, 2022.

Providers emphasized the importance of diverse staff—including diversity in race/ethnicity, gender, age, language, and lived experience of homelessness— but providers' abilities to recruit diverse staff members varied across the state.

Interviewees repeatedly discussed the need for diverse staff to effectively and equitably serve people experiencing and at risk of homelessness. Providers believed that staff diversity helped facilitate cultural competence. Given the severe racial and ethnic disparities in homelessness, providers noted that having staff who looked like the people they served helped foster rapport. This diversity was particularly crucial when serving people who may have been alienated by homelessness services or other institutions in the past. One leader of a street outreach program noted that "planning to fill roles with bilingual or multi-ethnic and racial backgrounds is critical. But it has been difficult." He further explained that in his previous positions, "we had a couple of bilingual positions that stayed open for a while, just because we couldn't find folks that met the criteria that were willing to do the pay and all that kind of stuff."[39]

Many direct service staff have lived experience of homelessness themselves; roughly one-fifth of homelessness service staff in Los Angeles have experienced homelessness, for example.[40] Interviewees mentioned explicitly working to incorporate people with lived experience of homelessness in both their direct service staff and leadership. A leader in one youth homelessness organization described the importance of incorporating people with lived experience of homelessness into the organization's leadership positions: "not just that we hire these token people… but they're embedded in what we do throughout our organization, and at all levels, not just direct care staff."[41]

Some interviewees described using peer training programs to help diversify their staff and incorporate people with lived experience of homelessness. These programs were most common among providers serving youth, who often connect more readily to other youth than to adult staff. However, some providers also operate peer staff programs for seniors, people who have experienced substance use issues, and people dealing with mental health challenges.

Meaningfully including and supporting people with lived experience requires deliberate and sustained effort, however. One provider said they often hire people with lived experience, but those staff members typically leave after two or three years. One interviewee noted: "It's a challenge working with people who are traumatized. … They don't want to relive it anymore. They want to move on. And they have earned significant money so that they can move on."[42] Providers said they needed more resources for ongoing training and professional development opportunities and providing mental and emotional support for all staff members, and these efforts may be even more crucial for retaining people with lived experience of homelessness.

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[39] Stakeholder interview, Bay Area, May 19, 2022.

[40] KPMG. (2022). "Current State Assessment Report: Homeless Sector Workforce Analysis." *United Way of Greater Los Angeles*. Retrieved from: https://homeforgoodla.org/app/uploads/2022/09/UW-Current-State-Assessment_-Deliverable-2_8.26.22.pdf.

[41] Stakeholder interview, Southern California, June 28, 2022.

[42] Stakeholder interview, Central Coast, June 9, 2022.

Providers commonly rely on volunteers and peer counselors in addition to full-time staff, but volunteer and peer staff programs still require significant training and management.

Most providers rely on volunteers, in addition to staff: 79 percent of survey respondents said people volunteered with their organization in the previous month, and 51 percent said at least 25 people volunteered in the previous month. Interviewees said volunteers often perform vital roles in their organizations, including administration and skilled service provision, like counseling. Volunteers are particularly essential in the face of resource constraints. As one interviewee explained, their organization has to "scrape and scrimp and do everything by volunteer" when they are not able to get government grants to fund their services.[43] However, reliance on volunteers still requires substantial administration and management. Of the organizations in the survey with volunteers in the previous month, 48 percent provided at least three hours of volunteer training or onboarding. Volunteers also cannot always provide the skills, hours, or consistency over time that organizations need for effective services.

Providers described peer counseling programs—people with lived experience of homelessness and/or behavioral health challenges supporting current program participants—as fitting between volunteers and staff. Peer counselors typically work part time and are paid as staff. One provider said their clients told them "how important peer support is. The people they were meeting in the programs they were using were in some cases more helpful and knowledgeable than case managers," and these peers sometimes provided more continuous relationships compared to staff who would frequently turn over.[44] For example, one provider in a rural area operates a mental health support program for seniors experiencing or at risk of homelessness that includes 25 part-time volunteer peer counselors: seniors who have experienced mental health challenges and complete a training program operated by the provider.[45] Peer counseling programs also require significant administration and management, however, and cannot replace full-time staff.

4. Meeting People's Complex Needs

Nonprofit providers have insufficient resources to address people's mental health and substance use challenges.

People participating in homelessness services often present needs that require specialized services. Violence, discrimination, serious physical and mental health challenges, and substance use issues are common hardships in the lives of people experiencing homelessness.[46] A clear majority of providers reported that most of the

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[43] Stakeholder interview, Central Coast, June 9, 2022.

[44] Stakeholder interview, Southern California, June 27, 2022.

[45] Stakeholder interview, Bay Area, April 14, 2022.

[46] Kushel, M., Moore, T., et al. (2023). *Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness*. UCSF Benioff Homelessness and Housing Initiative.

people they serve present needs related to challenges with mental health, substance use, physical disabilities, or domestic violence (Figure 6). However, fewer providers reported that they offer services addressing these needs. For example, 86 percent of providers said most of the people they serve present needs related to substance use, but only 36 percent said they provide services for these issues, like addiction treatment, providing NARCAN/naloxone for treating overdoses, or other harm reduction services.

Figure 6. Survey responses identifying clients' needs and services provided for the given issues.
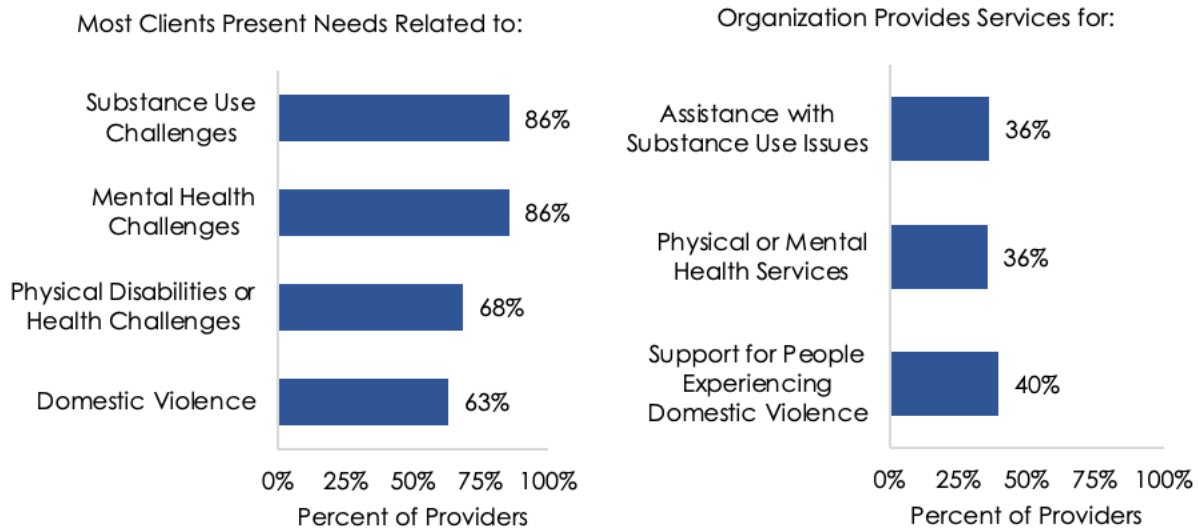
Source: Survey of nonprofit homelessness organizations (n = 109 for needs presented, n = 118 for services provided)

Interviewees emphasized that mental health and substance use challenges were the most common unmet service needs that they encountered. One interviewee said, "The biggest challenge is our mental health clinicians and providers—there are not enough of them."[47] Interviewees across the state—both providers and people experiencing homelessness—also consistently pointed to the rising prevalence of fentanyl increasing the severity of these needs and the urgency to address them.[48] Providers said the most effective approach would be "treatment on demand for mental health services and recovery services. That's probably number one."[49] However, "treatment on-demand" is not possible because treatment programs typically have long waitlists or complex referral processes.

Many providers do not have the resources for in-house mental health or substance use treatment staff. In these cases, providers said that county mental or behavioral health agencies were their most important partners for addressing these issues, but county resources are spread thin. Counties may only be able to send mental and behavioral

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https://homelessness.ucsf.edu/our-impact/our-studies/california-statewide-study-people-experiencing-homelessness

[47] Stakeholder interview, Southern California, May 27, 2022

[48] Stakeholder interview, North State, April 29, 2022

[49] Stakeholder interview, Bay Area, June 16, 2022

health staff to service providers a few times a month at most, particularly in large counties. As a result, some providers have reallocated their resources to provide mental and behavioral health services in-house. For example, one provider described their county as "a bit of a service desert… We will always try to link someone to county behavioral health, but it's hard to get an appointment. Therefore, we employ psychiatric nurse practitioners in our shelter and housing programs."[50] Providers noted that relationships are often stronger between clients and in-house mental and behavioral health staff due to their proximity and regular contact, but that they do not have the resources to hire and retain qualified people.

Some interviewees highlighted nonprofit providers "doing some really amazing work in regards to harm reduction," including low-barrier shelter and housing programs that do not require sobriety or drug abstinence, which allow people using substances to safely come inside and connect with services.[51] The interviewees also noted that these organizations do not have the resources to replace county services, however.

Most providers collaborate with other organizations to provide complementary services. Some providers also described these collaborations being effective strategies for serving distinct populations or addressing inequities in access to services.

Interviewees highlighted the necessity of meeting people's needs holistically to support their journey back into housing, and most providers described needing to refer clients to other organizations' services to access resources. Among survey respondents, 88 percent said they "sometimes" or "often" share data, information, or referrals with other organizations. However, reliance on referrals can be challenging for both providers and clients. Partnerships require additional effort from providers to develop and maintain, and clients are forced to navigate and build trust with multiple organizations. One interviewee at a shelter for families described this common situation:

> "If someone comes to us and is saying, 'I'm having mental health issues, I want to talk about this,' we have to say, 'No, we can refer you to this person, and you can talk to them about it. Okay, now you're having issues with domestic violence, gotta talk to that person.' So for every issue they're facing, they're having to retell their story, build a new relationship, share with five different people. … that's extremely overwhelming for the family, and often results in them just not getting the care that they need."[52]

To make service connections more effective and reduce the burden on program participants, interviewees commonly described participating in case conferencing—meetings between providers to review clients' needs and strategize how to meet them collectively. Interviewees also noted the importance of "warm handoffs"—directly introducing clients and other providers, rather than only providing clients with other providers' contact information—for helping clients successfully navigate the network of organizations that can support them.

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[50] Stakeholder interview, Southern California, May 31, 2022

[51] Stakeholder interview, North State, May 4, 2022

[52] Stakeholder interview, Bay Area, June 3, 2022.

In an effort to close these service gaps, almost all providers (94 percent) in the survey said they provide direct services in collaboration with other local nonprofits or public agencies either "sometimes" or "often." Interviewees described examples of offering services at the same location as other organizations to meet their clients' varied needs. In many cases, providers would host staff members from other organizations, like shelters or drop-in centers hosting mental health counselors or housing navigators on site for set days of the week. In some cases, providers' facilities were located next door or across the street, facilitating coordinated services.

Some interviewees also highlighted that collaboration helps to reach underserved communities. In one example, a provider serving survivors of domestic violence built relationships with smaller social service organizations serving two predominantly Black neighborhoods to address racial inequities in access to domestic violence services. This interviewee emphasized that these relationships needed to be collaborative in all ways, rather than their larger organization directing their resources and goals: "I said, 'it needs to be collaborative. I'm going to build a budget that includes giving you guys money for showing up at meetings. And we're going to do everything as a collaborative to decide who our other partners are, and how this is going to work.'...we were really clear that we're all equals here."[53]

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[53] Stakeholder interview, Greater Sacramento, August 16, 2022.

Box 2. Perspectives from People with Lived Experience of Homelessness

Interviewees with lived experience of homelessness (LE interviewees) described many barriers to connecting with services to meet their needs. Some challenges boil down to resource constraints beyond nonprofit providers' control, like funding shortages or a scarcity of affordable housing. However, LE interviewees also described positive experiences and ways that providers structure their services interact with them that make them feel supported.

LE interviewees noted the power of feeling welcomed by providers' staff and volunteers, particularly during their first encounter with an organization: "the first thing that I know would be important to anybody in my situation, would be to be able to walk in that door and not feel judged."[54] They described respect and compassion as being important, above and beyond tangible assistance: "Encouragement is huge when you're in a situation like this. You need to be treated with dignity, and keep your hope up."[55] LE interviewees often said they had not returned to providers where they felt disrespected, which derailed their progress enrolling in assistance programs or finding housing.

LE interviewees also highlighted the importance of transparency in the services available and how to access them. They often described taking the initiative to find resources for themselves, but doing so was challenging amid the "ocean" of programs with differing access points, eligibility, and application processes. People said they connected with services more successfully—and felt more supported—when organizations proactively laid out their services and offered hands-on assistance accessing them. LE interviewees often named specific case managers being most effective in this respect: "She didn't make me chase after things. She literally brought them to me and said, 'Okay, let's fill this paper out now.' It made a difference. It's like, wow, she really cares if we get into housing?"[56]

Building rapport and successfully connecting to services requires continuity among program participants' case managers. However, low pay and burn out contribute to high turnover in nonprofit organizations' staff, with consequences for the programs' participants (see Section 3. Confronting Staffing Challenges). One LE interviewee described their experience:

> "[I]We've had over seven or eight or nine different managers… I just feel like people could do better if they had consistency. … I've done the same recertification for 2019 four times, because they change management, the managers leave, they start paperwork, they don't complete it for whatever reason. And then when the next person comes, they don't know nothing so you gotta start over."[57]

LE interviewees were acutely aware that housing scarcity limited what homelessness service providers could help them accomplish. When asked what would be most important for helping them get back into housing, LE interviewees currently experiencing homelessness emphasized the importance of affordable housing. One person said her case manager was caring and compassionate, good at connecting her with potential employment opportunities and public benefits, and yet, "she can only do so much as far as housing."[58]

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[54] Lived experience interview, Bay Area, June 17, 2022.

[55] Lived experience interview, Bay Area, June 17, 2022.

[56] Lived experience interview, Bay Area, June 22, 2022.

[57] Lived experience interview, Southern California, August 16, 2022.

[58] Lived experience interview, Greater Sacramento, June 24, 2022.

Providers emphasized the importance of staff training in trauma-informed and culturally competent care.

Providers frequently emphasized the importance of training their staff on fundamental skills for trauma-informed care (also see Section 3. Confronting Staffing Challenges). Trauma-informed care explicitly recognizes the potential effects of traumatic experiences (e.g., violence, discrimination, loss of loved ones) on people's well-being and behaviors, and it focuses on building the participants' feelings of safety, trust, and control.[59]

Providers serving populations with distinct needs highlighted beneficial practices that they work to share with other providers. For example, interviewees from organizations serving LGBTQ+ people—disproportionately including youth—noted the importance of "identity-affirming care", such as using pronouns that match people's gender identities and having gender-neutral bathrooms.[60] When providers do not take these steps, LGBTQ+ people can feel excluded and dissuaded from returning for ongoing services (also see Box 2. Perspectives from People with Lived Experience of Homelessness).

Providers said they are best able to apply their expertise when local leaders allow for two-way communication and flexibility in program implementation.

Most survey respondents agreed or strongly agreed that leaders in local government supported their work, and that they could express their needs and opinions to local leaders (see Figure 7). However, respondents expressed mixed opinions about whether local leaders will work with them to resolve challenges they face. Interviewees described the tension between "rule based" contracts and the need for providers to be able to be flexible, apply their expertise and problem-solve in the moment. One provider said that some local government funders are "focused on prescribing processes and systems," but more effective relationships result from the funder being "confident enough with the contractor to allow some flexibility and leeway, and allow a back and forth conversation about what's working and what's not working. So that there's enough flexibility to pivot processes and systems."[61]

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[59] Hopper, E., Bassuk, Olivet, J. (2010). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal*, 3, 80–100. https://benthamopen.com/ABSTRACT/TOHSPJ-3-80.

[60] Stakeholder interview, Greater Sacramento, April 28, 2022.

[61] Stakeholder interview, Greater Sacramento, May 23, 2022.

Figure 7. Survey responses agreeing with statements about support from local government leaders
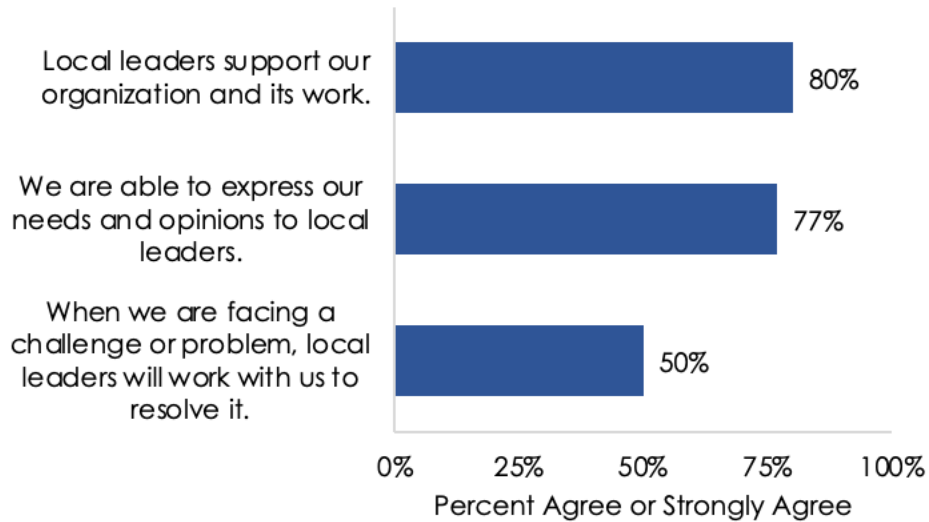
Source: Survey of nonprofit homelessness organizations (n = 96–101)

Providers often participate in local homelessness system planning and leadership, advocating for resources and policies that will help them better support their clients.

Most survey respondents (77 percent) said someone from their organization had provided input to strategic planning by the CoC or local government in the last two years. Almost half (46 percent) said someone from their organization is a member of the local CoC board or a CoC committee. Some providers described being long-running CoC participants, bringing significant experience to the system's leadership. For example, one interviewee from a large provider described her role in a recent reconstitution of her CoC's board: "I spent a lot of my time on the Continuum of Care stuff, because I'm the only person from the old board on the new one. So I've got a bit of the institutional knowledge for the continuum."[62]

Interviewees described local system participation as an opportunity to advocate for resources and policies that would benefit the populations they serve. Providers also described coordinating with each other to advocate collectively, because "it's really, really hard to advocate in your solo shop."[63] The local youth homelessness providers in one CoC, for instance, formed a "task force" to change policies that deprioritized youth experiencing homelessness; one interviewee described these efforts: "our prioritization of chronic homelessness and disability means that we are leaving our youth without services often times for a year because they need to have be chronically homeless and disabled before we'll help them."[64] This interviewee joined the CoC's

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[62] Stakeholder interview, Bay Area, April 19, 2022.

[63] Stakeholder interview, San Joaquin Valley, June 7, 2022.

[64] Stakeholder interview, Greater Sacramento, June 28, 2022.

performance review committee to advocate for youth-specific standards for evaluating local programs and funding priorities, in coordination with the other providers on the task force.

Recommendations

Nonprofit homelessness service providers' work is not simple, nor are the challenges they face. In addition to providers' expertise and staff dedication, their successes and challenges often boil down to the resources available to them and the systems in which they are embedded. The interviews and surveys yielded several recommendations for how funders—including government entities that contract nonprofit providers for their services—can enhance providers' effectiveness:[65]

- Allow sufficient flexibility in funding sources' eligible uses, to allow for innovative services and for braiding multiple funding sources together for the same program.

- Where possible, increase the performance periods for awards and time between application cycles. Combine applications for multiple funding programs, where possible, or coordinate on consistent application materials and formats. Minimize the number of changes in applications from year to year.

- Both public and private funders can coordinate for sector-wide pay increases and equity. Funding contracts can require living wages for provider staff, and should increase the total funding amount to support those wages. Coordination between funders in these practices can ensure equity between organizations.

- Provide proactive technical assistance for community-based organizations without extensive experience with public funding. Technical assistance is needed in advance of the application process and for performance management

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[65] The report's recommendations also draw from several other relevant studies that documented similar circumstances and challenges facing homelessness service providers: Abraham, L., Hunter, S., Matthews, S., & Sizemore, A. (2023). Living Wages in Los Angeles County's Homeless Response Sector, *RAND Corporation*. Retrieved from: https://doi.org/10.7249/RRA2266-1; DuBois, N., & Oliva, A. (2023). New Estimates Suggest that $4.8 Billion is Needed to Bring Homeless Services Salaries into the Modern Era. *The National Alliance to End Homelessness*. Retrieved from: https://endhomelessness.org/resource/new-estimates-suggest-that-4-8-billion-is-needed-to-bring-homeless-services-salaries-into-the-modern-era/; KPMG. (2022). "Current State Assessment Report: Homeless Sector Workforce Analysis," https://homeforgoodla.org/app/uploads/2022/09/UW-CurrentState-Assessment_-Deliverable-2_8.26.22.pdf; Petrovich, J., Twis, M. K., & Evans, S. (2021). Practice with people experiencing homelessness: an analysis of secondary traumatic stress in the workplace. *Journal of Social Distress and Homelessness*, 30(2), 116–125, https://doi.org/10.1080/10530789.2020.1763574; Olivet, J., et al. (2010). Staffing Challenges and Strategies for Organizations Serving Individuals who have Experienced Chronic Homelessness. *Journal of Behavioral Health Services & Research*, 37, 226–238. https://doi.org/10.1007/s11414-009-9201-3; Rosenfeld, B., Marshall, L., & Bell, J. (2022). Findings and Recommendations for Addressing Nonprofit Wage Pressures. *Office of the Controller, City & County of San Francisco*. Retrieved from: https://sfcontroller.org/sites/default/files/Documents/Auditing/Memo%20-%20Nonprofit%20Wage%20Analysis%20-%20FINAL%205.4.22.pdf; Twis, M. K., Petrovich, J., Cronley, C., Nordberg, A., & Woody, D. (2022). A Mixed Methods Analysis of Case Manager Stress at A Homelessness Services Center. *Journal of Evidence-Based Social Work*, 19(1), 19–41, https://doi.org/10.1080/26408066.2021.1989355.

throughout the funding period. In addition to fulfilling reporting requirements, this type of assistance can help providers assess and improve the performance of their programs.

- Ensure that service providers have sufficient administrative support, either by allocating funds to support back-office staff and functions, and/or by streamlining reporting and other administrative requirements.

- Support providers' participation in local homelessness system planning, including but not limited to CoC boards and committees. Providers' participation can be facilitated by greater administrative resources provided through funding programs, and by ensuring that CoC meetings and other functions are sufficiently accessible for provider staff (i.e., scheduling, in-person versus remote participation options, dedicated openings for provider input).

While many of the funding and staffing barriers that providers face require systemic changes outside of their control, providers and people with lived experience of homelessness also lifted up strategies for effectively meeting people's needs:

- Proactively provide clients with clear and up-to-date information about the organization's services. To the extent possible, make this information available both in person and remotely (i.e., online, by phone).

- Partner with organizations to provide clients with complementary services as seamlessly as possible. Co-locating services—including sending staff members to other organizations or hosting staff members from other organizations—on a regular cadence can work best for some services. When referring clients to other organizations' services, warm handoffs and case conferencing can help prevent service gaps.

- When resources allow, invest in ongoing staff training for trauma-informed care and other professional development opportunities. Create and support pathways for advancement within the organization.

- Clarify staff members' job responsibilities, and teach staff to help clients navigate the local homelessness and social services systems. Provide this training and information through detailed onboarding processes and ongoing supervisory support.

- Increase pay equity and transparency. When resources allow, offer pay premiums for staff that speak other languages or who are grounded within the communities that the provider serves. When resources allow, increase paid days off and provide access to counseling services. Increase employees' schedule flexibility and control, when possible.

- Foster a supportive organizational culture through dedicated times for staff to debrief on stressful circumstances and offer peer support. Managers/supervisors can maintain an "open-door policy" for employees to debrief and receive guidance and support.

Finally, nonprofit providers, government at all levels, and private funders can collaboratively develop institutions and policies for workforce development. For example, training and certification programs can increase the number of qualified workers in the homelessness services sector, including workers from underrepresented groups. As one interviewee put it: "none of the work happens and nobody is ever helped unless you've got actual people who are doing the work… it's the actual people who show up every day, and interact with people who are in crisis. It's really those people who make any effort, at any level, work."[66] Nonprofit providers are essential for resolving California's homelessness crisis, and supporting the growth of these organizations and the people working within them is critical for enhancing their effectiveness.

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[66] Stakeholder interview, San Joaquin Valley, April 20, 2022

Technical Appendix: About the Survey

The survey of non-profit homelessness service providers was designed to quantitatively assess how commonly service providers experienced issues that emerged as recurring and important in the qualitative interviews. The research team compiled a roster of 535 direct service providers in 20 Continuums of Care (CoCs) to receive a survey invitation. The roster included providers from the 15 CoCs with the highest 2019 Point-in-Time Counts, as well as providers from five CoCs with smaller Point-in-Time Counts to increase the sample's geographic diversity. In addition to this roster, the survey also used snowball sampling to recruit providers missed in the roster and to encourage a higher response rate. The survey invitation asked recipients to share the survey with their professional networks. Organizations that participated in qualitative stakeholder interviews received a personalized survey invitation from the researchers who interviewed them. The research team also sent at least two email requests per organization, as well as follow-ups by phone for many organizations.

Relevant service providers include non-profit and community-based organizations explicitly serving people experiencing homelessness (e.g., emergency shelters, drop-in centers, outreach organizations), as well as organizations whose services largely include but are not limited to people experiencing homelessness (e.g., food distributors). These providers were identified through 211 service provider lists, local CoC documents (CoC board and committee memberships, partners from local initiatives), expertise of the research team, and through the qualitative interviews with 234 stakeholders in local homeless response systems across the state.

The survey received 148 total responses between July and October of 2022, and the sample for analysis included 120 responses. Of the total responses, 19 were omitted because they completed less than 10 percent of the survey, four were omitted because they came from public agencies, and five were omitted because someone from the organization had already completed the survey. The number of total responses varied for each question, either because the question was only applicable for some respondents or because respondents simply missed/skipped the question.

The survey responses were submitted by people in a wide range of positions in their organizations, including many founders and Chief Executive Officers, program directors and managers, and front-line service providers. Most responses were submitted by people who worked at their organization for at least five years (60 percent), and few came from people who worked at their organization for less than one year (6 percent).

The survey included responses from organizations with a wide range of sizes, including 27 percent of responses from organizations with fewer than ten employees and 34 percent of responses from organizations with more than 50 employees. Responding organizations also varied widely in their financial resources. Almost 22 percent of responding organizations reported less than $500,000 of total revenue in 2021, and 35 percent reported total revenues over $5 million.

Organizations in the survey reported providing a wide range of services. When asked to select their organization's main services, the most commonly selected services were case management (36 percent), emergency shelter (26 percent), and food/meals (26

percent). However, the range of services provided by responding organizations was broad, including street outreach, rapid rehousing, permanent supportive housing, housing navigation, and healthcare services.

Organizations responding to the survey collectively reported providing services in 40 of California's 58 counties, with many respondents providing services in multiple counties. Figure A1 shows the number of organizations in the survey providing services in each region. Compared to the roster that directly received survey invitations, a smaller share of responses came from organizations operating in Southern California (39 percent of survey respondents versus 47 percent of organizations in the roster). A larger share of responses came from organizations operating in the Greater Sacramento region and less populous regions of the state (North State, Central Coast, San Joaquin Valley).

Figure A1. Number of surveyed organizations working in each region of California

Region	Number of Surveyed Organizations
Southern California	46
Bay Area	34
North State	17
Central Coast	13
Greater Sacramento	12
San Joaquin Valley	9
Sierras	2

Source: Survey of nonprofit service providers (n = 120)
Note: The numbers in this table add to more than the total number of responses because some organizations operate in multiple regions.