State of the Safety Net Survey Key Findings

Data from survey distribution in May 2020 and April 2021

HealthSpark Foundation

Prepared by Capacity for Change, LLC

Table of Contents

Survey Findings
May 2020

Key Findings: State of the Sector

Shifts:
Providers have made remarkable shifts in services and have accelerated the adoption of new practices and repurposing of resources.

Strain:
Providers are experiencing strain and are concerned that it will intensify over time due to decreased resources and increased demand for services.

Coordination:
Coordination and communication with partners and funders has been a strength; pre-existing relationships, collaborations, and trust were essential.

Lack of Funding:
Longstanding lack of funding and investments in infrastructure have weakened organizations and placed unrealistic expectations on organizations, including their staff and volunteers.

Racism:
Racial inequities and disparities have heightened pre-existing inequities and disparities, and organizations do not have the cultural competency, language access, and diversity, equity, and inclusion capacities to be most effective.

Preparedness:
Organizations that were able to invest in strong policies and practices prior to the pandemic, were better positioned to respond.

Who Took the Survey: 57 Respondents

Types of Services Provided	Percentage
Housing and homeless services	42%
Food security	42%
Behavioral health	33%
Senior services	25%
Workforce development	23%
Subsidies for household bills/income assistance	19%
Services for people with disabilities	19%
Violence prevention	16%
Transportation assistance	14%
Child care	9%
Substance abuse assistance	9%

Other: Maternal and child health, civil legal services, parental support, youth programming, child welfare support, health insurance enrollment, home visiting services, grief services, domestic violence support, volunteer income tax assistance, healthcare, financial literacy, support for nonprofit development and networks

Regional areas served:

- 55% serve entire county
- 27% serve Central (Norristown)
- 27% serve North Penn (Lansdale/Indian Valley)
- 25% serve Southeast (Bryn Maw/Ardmore)
- 22% serve Eastern (Jenkintown)
- 18% serve Western (Pottstown)
- 18% serve Northeast (Pennsburg)

Annual Budgets and Number of People Served

Annual Organizational Budget	Percentage
$49,999 or below	6%
$50,000-199,999	6%
$200,000-499,999	22%
$500,000-999,999	26%
$1 million-2.4 million	28%
$2.5 million–4.999 million	8%
$5 million–9.999	4%
$10 million–20 million	10%
Over $20 million	8%

| Number of People Served Annually	Percentage
1 – 100	4%
101 – 500	20%
501 – 2500	39%
2501+	45%

➢ 20% of organizations with annual budgets under $1 million estimate budget decreases; larger organizations do not anticipate notable changes

➢ Organizations with budgets over $1 million generally report better preparedness and less strain than smaller organizations

Organizational Experiences

Shifts in Services

In response to COVID-19, which best describes shifts in your services?

Answered: 56   Skipped: 0
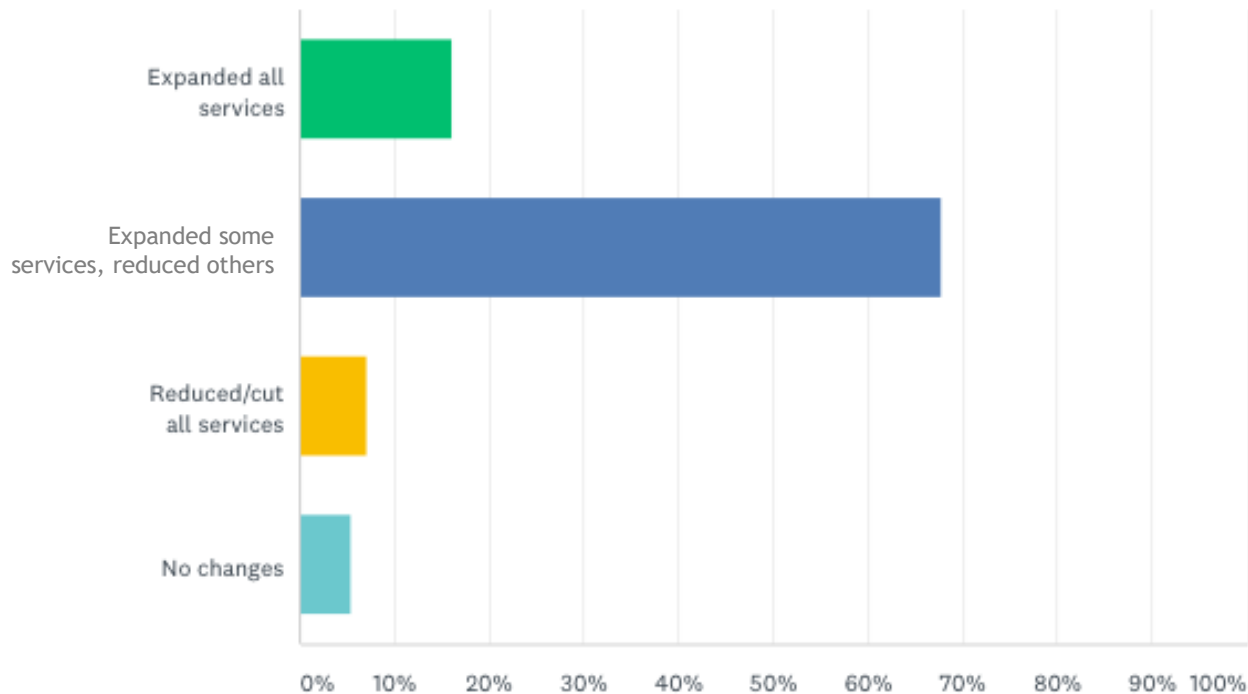
Senior center closed. Transportation assistance put on hold.

Demand is higher than usual for help with housing issues and unemployment compensation.

Moved services to a virtual platform.

Youth programs went from hands-on to virtual; fast-track community garden builds; plant as many sites as possible without volunteer base.

We have lost contact with our most vulnerable population who used our computer, internet and print materials.

Staff have been delivering food, diapers, and other basic items to families in need.

Shifts in Services

➤ **95% of service providers shifted services (expansions and/or reductions)**

Our services for the public were very location based, and there was no way to pivot quickly to a system where people could safely be socially distanced. Other work was able to shift to remote work but not everyone had the skills or appropriate space at home to work.

We are looking at what is meaning of Wellness to Seniors now and post COVID. We cut our food pantry service and collaborate with another food pantry because of threat to our volunteers (80+ age) health. Since we are situated a community largely African American what does COVID mean to this community's wellness?

We have reduced our mobile services to mostly work from home telehealth, which has made it difficult to get the same level of engagement with the individuals we work with. Our residential/shelter programs remain full and we have had to provide higher level of services to keep individuals safe during this time.

We re-purposed some services. For example, we are using our bus, which previously transported seniors and persons with disabilities, to deliver food to clients. We have also increased certain services, such as food delivery to address needs.

Although we cannot conduct in-person community and school education programs, we have developed virtual trainings and webinars that have been very well-received particularly in schools. One of the most exciting things has been the webinars we have developed for our volunteers to keep them engaged and to expand their skills and knowledge base.

Prior to COVID-19, how satisfied were you with each of the following in your organization?

Scale of 1 to 5; 1 = Extremely Satisfied and 5 = Extremely Dissatisfied.

1. Budgeting and spending controls: 2.20
2. Relationships and trust with other service providers: 2.20
3. Internal policies and practices: 2.31
4. Board leadership and engagement: 2.37
5. Formal collaborations for service delivery: 2.45
6. Staff development and support: 2.47
7. Referrals to/from other service providers: 2.48
8. Cultural competency: 2.64
9. Technology and communications: 2.69
10. Facilities: 2.75
11. Strategies to address diversity, equity, and inclusion: 2.81

A remarkable pivot to telehealth services only possible with relaxation of regulation, immediate investments in mobile technology and a shared crisis.

Technology and communications have moved us to all virtual. Not ideal for the long-haul, but seen as a necessary addition to our toolkit for enhanced services into the future.

We were able to adapt our emergency plan prior to the pandemic and responded with staff screening system changes that were implemented quicker than we initially thought possible. The perception of telehealth and some support staff working from home was perceived as difficult but has worked well for the most part.

Our internal team communication has gotten stronger as we met remotely daily for emergency planning, at first, and now three times a week, and that has been something I will want to continue.

We realized that we *can* have an impact without being in person.

Challenges Experienced

	Extreme Challenges	Significant Challenges	Some Challenges	No Challenges Whatsoever
Fundraising and donor contributions	13%	24%	53%	11%
Adjusting services in response to changing needs	9%	33%	53%	5%
Ability to meet demand for services	5%	33%	55%	7%
Communications and technology	4%	35%	51%	11%
Reliance on volunteers	7%	26%	31%	35%
Cash flow/accounts payable	4%	13%	51%	33%
Adhering to local, state, and/or federal laws and policies	4%	7%	47%	42%
Coordination with local/municipal government	4%	6%	50%	41%
Coordination with funders	2%	11%	67%	20%
Coordination with County government	2%	5%	49%	44%

We have been fortunate that most funders are continuing their support. We are concerned about the next funding cycle. For example, will foundations want to fund programs if we are still working remotely; and the impact of the economy on donors.

As far as finances and cash flow - we are in excellent shape for this fiscal year, partially thanks to a PPP loan/grant. It is next year I am concerned about.

Adjustments Made and Anticipated

	Already Did This	Anticipate in 1-3 Months	Anticipate in 4-6 Months	Anticipate in 7-12 Months	N/A – Do Not Need or Anticipate This
Reduced services/programs	42%	13%	11%	8%	36%
Reduced staff hours	30%	9%	13%	6%	43%
Furloughs	23%	12%	12%	8%	48%
Lay-offs	7%	14%	12%	5%	65%
Ending or closing services/ programs	10%	6%	6%	12%	67%
Reduced pay/salaries	6%	6%	19%	6%	65%
Merger with another organization	0%	2%	2%	4%	92%
Organizational closure	0%	0%	2%	2%	96%

We are fortunate to have a robust organizational culture. However, years of under reimbursement have threatened long term sustainability/independence before the impact of COVID. Future funding levels expected to be further threatened with a concomitant increase in future demand for services.

We are managing well in the current environment but anticipate challenges later when public funding of social services comes under pressure as government at all levels struggle with their budgets. The impact of the 2008 recession most most felt in 2010-2012 due to similar budget issues.

Perhaps a better phrasing would be "Consider ending or closing programs" as it is not necessarily something that we would do - but we will have to consider it more seriously for the FY 21 budgeting we will do.

Our on-line food pantry ordering helped us to respond quickly to increased demand (highly efficient) while maintaining choice and increasing safety of staff, volunteers and clients.
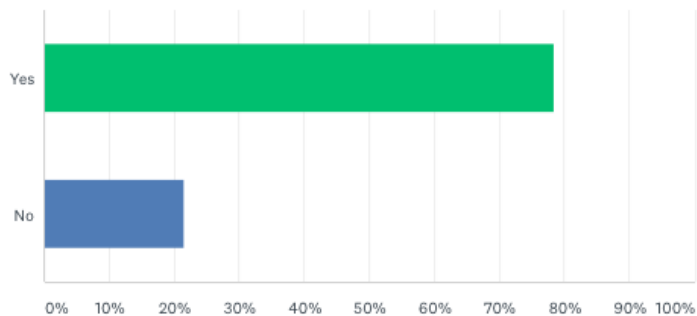
How many months of cash reserves do you have remaining as of April 30, 2020?

Answered: 49   Skipped: 8
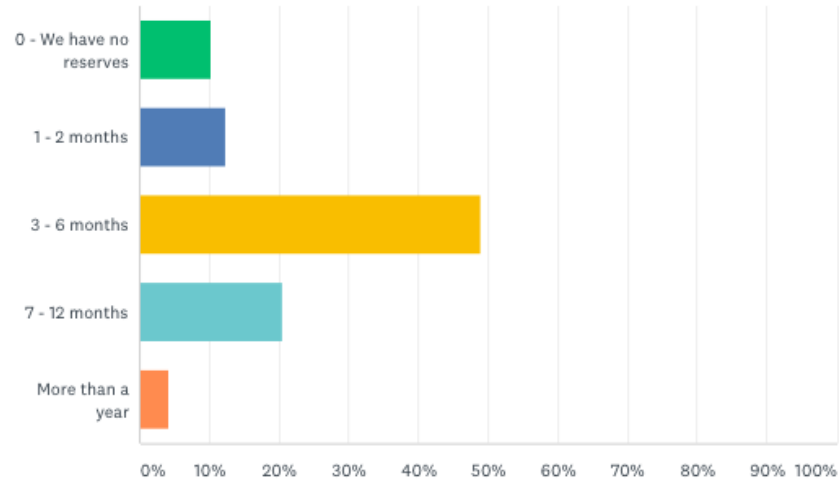
Does your organization currently have access to capital (e.g., lines of credit, endowment)?

Answered: 51   Skipped: 6

Reserves and Access to Capital

Overall, how has COVID-19 impacted the demand for your services?

Extreme increase (76-100+ increase)	15%
Large increase (51-75%)	13%
Moderately large increase (26-50%)	16%
Moderate increase (11-25%)	20%
Mild increase (10% or lower)	16%
No impact	4%
Demand has decreased	9%

Current moderate increases in the needs of our most vulnerable clients. Expect substantial increase in demand for services as immediate crisis abates. Lots of clinical anxiety, depression, trauma will be driven by recent societal events, job and food insecurity, hopelessness and displacement.

Seniors may want to come back but we are in a Red Zone. We were forced to close (not a bad idea) but older adults have been forced to be homebound for their health yet the impact on their mental health should also be considered.

Need for food.

Suicide lifeline increased three-fold.

People are looking for a housing solution.

The biggest impact has been on the community building that we had been doing, mainly with people who don't have access to technology. That has been destroyed.

Not only the demand has increased but the cases are more complex with people who have never use the safety net.

People are delaying nonessential medical services but could have increased healthcare costs in the future due to the lack of preventive care efforts.

Coordinating / communicating with K-12 schools as instruction moved to online / home-based, and translating existing accommodations to continue to support students with special needs.
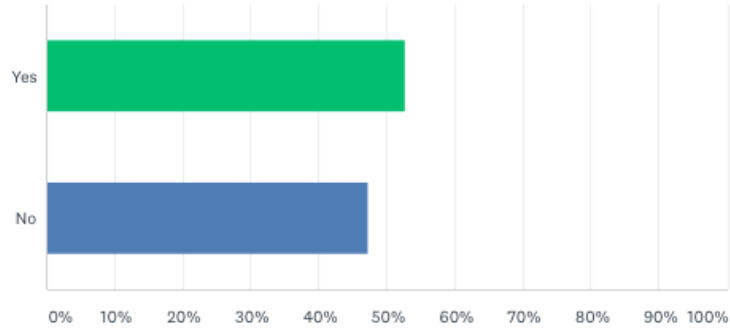
The number of Health Insurance enrollment and renewals has decreased. Many of our partner agencies are closed and they are not assisting individuals with Health insurance at the time.

14

Preparedness

Did you have an emergency preparedness plan in place prior to COVID-19?

Answered: 55   Skipped: 2

Recognize need for emergency funds as part of the financial plan.

Many organizations that had plans in place did not imagine or prepare for the scope of the emergency of COVID-19.

Limitations: technology (organizational and individual staff resources to work remotely), need for PPE, online banking, personnel policies to work from home; provisions for equity for staff to address different personal situations and responsibilities.

Did your Board of Directors have the skills and structures in place to engage and lead effectively in response to COVID-19?

Answered: 55   Skipped: 2
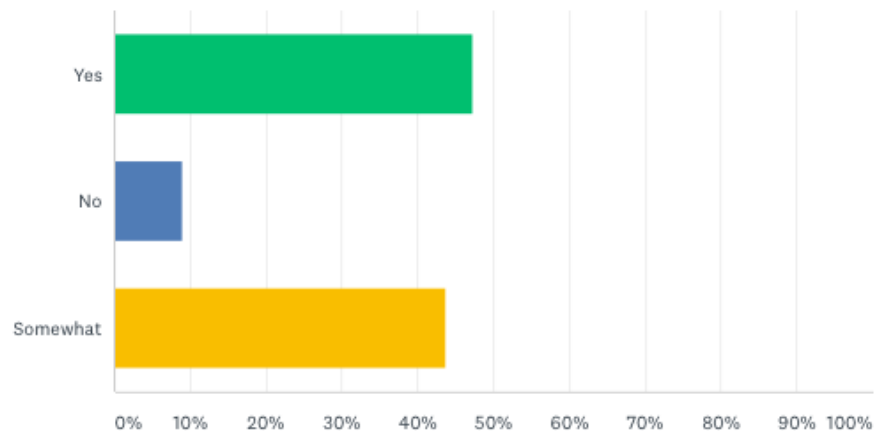
Most of our Board had their own full-time obligations to contend with and our board was secondary to that. *(Note: this was a common response)*

No one could have foreseen this, but it would have helped to have more support from the Board.

# What tools are you using or do you plan to use to prepare for the future?

	Currently Using	Plan to Use	Not Needed	Don't Have the Capacity to Do This
Staff strategy and planning sessions	71%	25%	2%	2%
Budgeting, cash flow forecasting, and scenarios	70%	24%	4%	2%
Updated fundraising and development planning	49%	45%	0%	5%
Board strategy and planning sessions	44%	53%	0%	4%
Program evaluation to identify and prioritize most impactful services	42%	49%	9%	0%

System Experiences

How the Safety Net System Is Doing

Which statement below best captures how Montgomery County's safety net is system doing in response to COVID-19?

Answered: 52   Skipped: 5
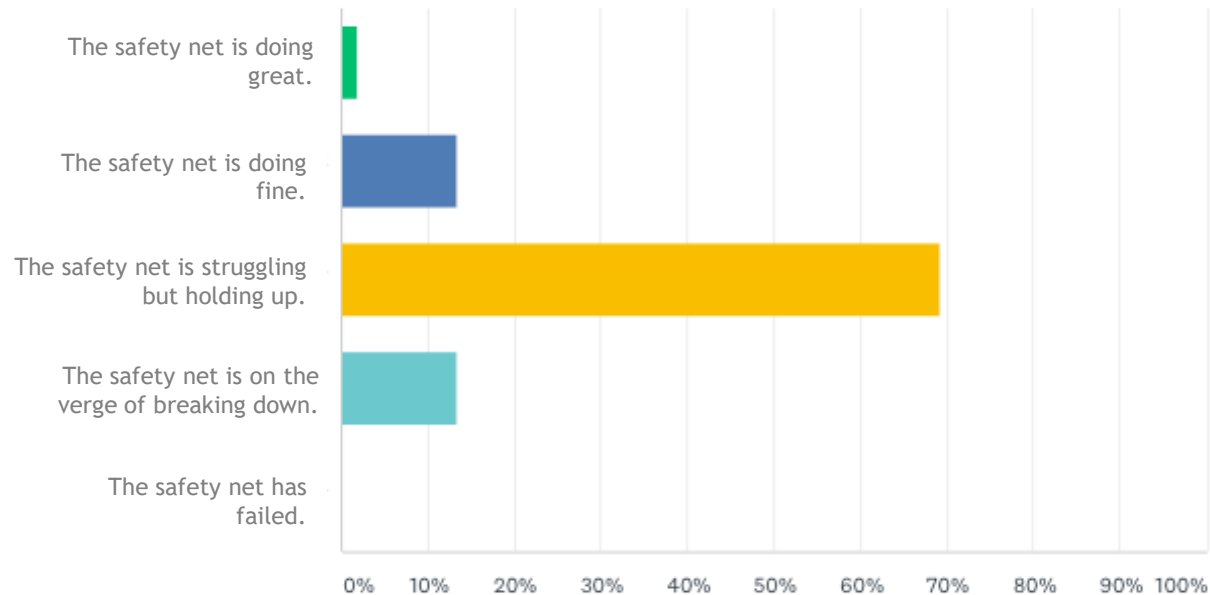
Not enough resources to meet demand.

Organizations are working in silos. Grants were awarded but did not require any coordination across organizations. First in line for grants received them.

The safety net remains intact, but the major economic impact will not be truly felt for weeks or perhaps months. At that time I believe the safety net will break down and perhaps fail.

At the moment, it appears to me that government COVID-19 funding is helping to keep the net barely afloat. I worry, though, that when that funding disappears, with millions of low income, marginalized workers without jobs, that the net will fail.

Overall, please rate how Montgomery County's safety net system is doing in the following areas.

	Excellent	Good	Fair	Terrible	Don't Know
Service location access	8%	25%	6%	10%	2%
Language access	2%	21%	38%	13%	25%
Cultural competence and inclusion	2%	23%	58%	8%	10%
Appropriate eligibility guidelines	0%	29%	42%	6%	23%
Ability to leverage and access funding to keep services going	4%	40%	46%	6%	4%

One thing is certain—none of us has enough money to do the work the way we feel it should be done. And while we know this, there is concurrently a cultural shift among funders towards using what little funding there is for "education to improve efficiency" or pushing for "mergers to reduce repetition of services." So what's needed is education for funders and donors because they don't understand the reality...If we had tax income or some reliable funding stream, then the top-tier-hierarchy-of-need funding could be for what would make things function better.

Cultural competence and inclusion should be integrated into organizational policies of all safety net systems including the government systems.

I think many of our agencies lack critical infrastructure. While passion and commitment are essential to adapting to crisis, there is a lot of work to be done on building stronger organizations.

This is such a diverse county, both culturally and linguistically, and it is hard for even the most determined organizations to do a good job with cultural competence and inclusion. We need to continue to work towards this.

Most services are in locations with the highest need even though there are families struggling in other areas of the county. There are also immigrant populations in sections of the county in need of translation services that do not exist.

How have racial inequities and disparities surfaced in Montgomery County's safety net system?

➢ The technology gap is acute in organizations that serve communities of color and for people of color who need technology to access services and engage in the community.

➢ Racial inequities along with other disparities can only be surfaced and understood with demographic data; only 63% collect and use data to make program and strategy decisions; 20% do not collect demographic data about the people they serve.

➢ People of color are disproportionately represented in populations served; the safety net system will be in a perpetual cycle of inadequately filling in gaps without exploring and addressing the root causes.

As is the trend across the country, people of color and people living in poverty have been disproportionately affected by this crisis.

There definitely wasn't enough information disseminated in a way that was accessible to minority populations, in foreign languages or in English for people on the margins.

In general, I just don't see much Asian American services other than Response Fund that we can tap into. The key issue is also that the community is not engaging as we should since we have not been ready.

Lower income individuals, who tend of include more people of color, have been harmed most due: 1- to less robust connection to health providers and therefore less access to medical care, 2- social distancing is a privilege not afforded to those who must continue to work, for many without child care, 3- testing has been difficult or inaccessible to people who don't drive or have an existing connection to primary care, 4- food sources have suspended or become more difficult to access.

Most of our families don't have health insurance, they lack access to healthy food and they have no transportation to get to testing sites or even to the doctors. Many don't understand the health system or don't have relationships with people in those systems. Many of our businesses do not understand how to apply for loans, have no relationships in their banking institutions and lack consultants that can guide them through different processes. Lack on language access and lack of understanding of different cultures have isolated entire communities.

To what extent have the following contributed to shortfalls or cracks in the safety net system's response to COVID-19?

	Extremely Significant Issue	Very Significant Issue	Somewhat of an Issue	Not an Issue at All	Don't Know
Insufficient funding	22%	35%	33%	8%%	2%
Overworked staff	22%	43%	20%	10%	6%
Underpaid staff	24%	28%	30%	8%	10%
Lackluster technology solutions	12%	33%	43%	4%	8%
Lack of public appreciation for the safety net	12%	29%	25%	16%	18%
Lack of responsiveness and inclusion of diverse populations	8%	39%	35%	2%	16%
Stigma of using safety net services	6%	24%	38%	12%	20%
Burdensome regulations	4%	20%	48%	16%	12%
Lack of collaboration	8%	12%	62%	12%	6%

Not all essential workers are acknowledged as "heroes". I have not heard or seen any public "thank you's" for social workers, residential treatment facility staff, essential service administrators that are working 10-12 hour days, day cares working with a waiver, and so many others that make up the safety net.

We are so fortunate to have organizations, staff and supporters who really are committed to keeping the safety net going so people will work without pay if necessary and donors will step up in a significant way to make sure there are resources to help. That passion and commitment are a bridge of hope when tangible resources grow scarce. We are always re-inventing and adapting because we can't accept failure because we understand what failure will mean to vulnerable residents.

21

Resources Needed to Build Back Better

Financial	Human	Technical	Policy
• Increased, flexible, and sustained funding • Support for physical infrastructure and facilities, personnel, and management	• Better compensation; training • Volunteer management • Multilingual staff • Positioning Boards of Directors to provide needed leadership	• Technology funding and access solutions for all community members • Organizational policies that address leave, teleworking, risk management	• Increased government funding for the safety net • Coordination across government agencies • Addressing the cliff effect/eligibility for services • Child care support • Standardized use of tele-services • Improvements to the unemployment processing system

Who is missing in the community response to COVID-19 that should be involved?

- Impacted community members
- Community leaders in faith organizations
- Municipalities and local legislators
- Youth voice
- Private day cares
- Social media experts
- Gender sensitive responses
- Older adult response to ageism
- Civic organizations
- Private businesses

Suddenly everyone knows what chaos feels like. This is a moment to reach people's hearts and urge them to contribute regularly to our efforts.

Although media has been very present I think there are better ways to utilize and mobilize media to create positive energy that focuses rather than frustrates people. I also think that people with whom we had hoped in the past to partner with - banks, utility companies, landlords - have had a chance to see how we all need each other. I think what we do going forward with these glimpses they have shared of community and of real need can be a great catalyst for improving our safety net.

The wider net of civic organizations. There is a lot of energy there that is left untapped.

Implications: What is Needed to Build Back Better

▶ **Structural changes in funding and expectations** to make it possible for providers to invest in their infrastructure, operations, people, and financial sustainability.

▶ **Centering responses to racial inequities and racism** in the safety net system, including building the capacities of providers and addressing access issues for all.

▶ **Broader support and understanding in the wider community** about the safety net system and its importance to the economy and the social fabric of our communities, resulting in increased support and reach.

Great questions loom regarding long term sustainability, adequate funding, access to capital, ability to maintain organizational infrastructure and meet the needs of our community. Critical services have existed for the last decade without increases in funding despite growing needs, increased regulation and cost of doing business. The unthinkable is in sight.

If the community demands a safety net, FUND IT.

Emerging Questions and Urgencies

(to keep in mind now and for us to probe more deeply later)

Justice Frame: How will we center the work in a social and racial justice frame?

Risk: What level of risk are we comfortable with in calling for changes in systems?

Understanding: Is our understanding of the safety net system changing as new institutions have jumped-in and many are adapting new practices?

Effectiveness: What are our hopes and expectations now for what it means to be more effective?

State of the Safety Net in Montgomery County, PA

HealthSpark Foundation

April 2021

Prepared by Capacity for Change, LLC

Key Findings: State of the Safety Net

Findings from 2020 still resonate, and additional findings emerged

2020 Findings	2021 Builds on the Findings
• **Shifts:** Providers made remarkable shifts in services and accelerated the adoption of new practices and repurposing of resources.	• **Still Shifting:** Providers continue to adapt services, and anticipate continued increases in need for services, which centers sustainability as a key issue.
• **Strain:** Providers are experiencing strain and are concerned that it will intensify over time due to decreased resources and increased demand for services.	• **Still Strained:** Providers continue to operate under significant strain. Burn-out and emotional wellness are front and center. Providers are doing more to address the issues and support their staffs.
• **Coordination:** Coordination and communication with partners and funders has been a strength; pre-existing relationships, collaborations, and trust were essential.	• **Coordinating More:** Networks and partnerships are commonly understood to be essential for providing effective services and for sustaining services. A vast majority report new partnerships have been formed in the past year.
• **Racism:** Racial inequities and disparities have heightened pre-existing inequities and disparities, and organizations do not have the cultural competency, language access, and diversity, equity, and inclusion capacities to be most effective.	• **A Start Toward Addressing Racism:** The provider community (and funders) have made a significant shift toward addressing racism, building internal capacity and thinking about changes in systems, and report making at least a little progress in this area.
• **Lack of Funding:** Longstanding lack of funding and investments in infrastructure have weakened organizations and placed unrealistic expectations on organizations, including their staff and volunteers.	• **Unstable Funding:** PPP loans, the infusion of grants and donation prevented worst case scenarios for the sector, but the unstable nature of funding and the unknown future perpetuate under-investments.
• **Preparedness:** Organizations that invested in strong policies and practices prior to the pandemic, were better positioned to respond.	• **More Preparedness:** Providers demonstrate a notable uptake in planning and strategy work.
[New question in 2021]	• **Racial Disparities across Organizations:** People of color-led organizations are financially under-resourced compared with other organizations.

Who Took the Survey: 42 Respondents

Services Provided	2020	2021
Food security	42%	59%
Housing and homeless services	42%	49%
Behavioral health	33%	36%
Senior services	25%	33%
Subsidies for household bills/income assistance	19%	28%
Services for people with disabilities	19%	23%
Transportation assistance	14%	21%
Workforce development	23%	21%
Violence prevention	16%	18%
Substance abuse assistance	9%	16%
Child care	9%	13%

Other: Community collaborative, community health work, higher education, legal services, foster care, education support, youth development, library, parent support

Regional areas served:

- 55% serve entire county
- 31% serve Central (Norristown)
- 18% serve Western (Pottstown)
- 23% serve North Penn (Lansdale/Indian Valley)
- 18% serve Southeast (Bryn Maw/Ardmore)
- 15% serve Eastern (Jenkintown)
- 13% serve Northeast (Pennsburg)

Annual Budgets and Number of People Served

Annual Organizational Budget	Percentage
$49,999 or below	6%
$50,000-199,999	6%
$200,000-499,999	22%
$500,000-999,999	26%
$1 million-2.4 million	28%
$2.5 million–4.999 million	8%
$5 million–9.999	4%
$10 million–20 million	10%
Over $20 million	8%

Number of People Served Annually	Percentage
1 – 100	4%
101 – 500	20%
501 – 2500	39%
2501+	45%

Organizational Experiences

Shifts in services: 90% of service providers shifted services (expansions and/or reductions)

In the past year, which best describes shifts in your services?

Answered: 42   Skipped: 0
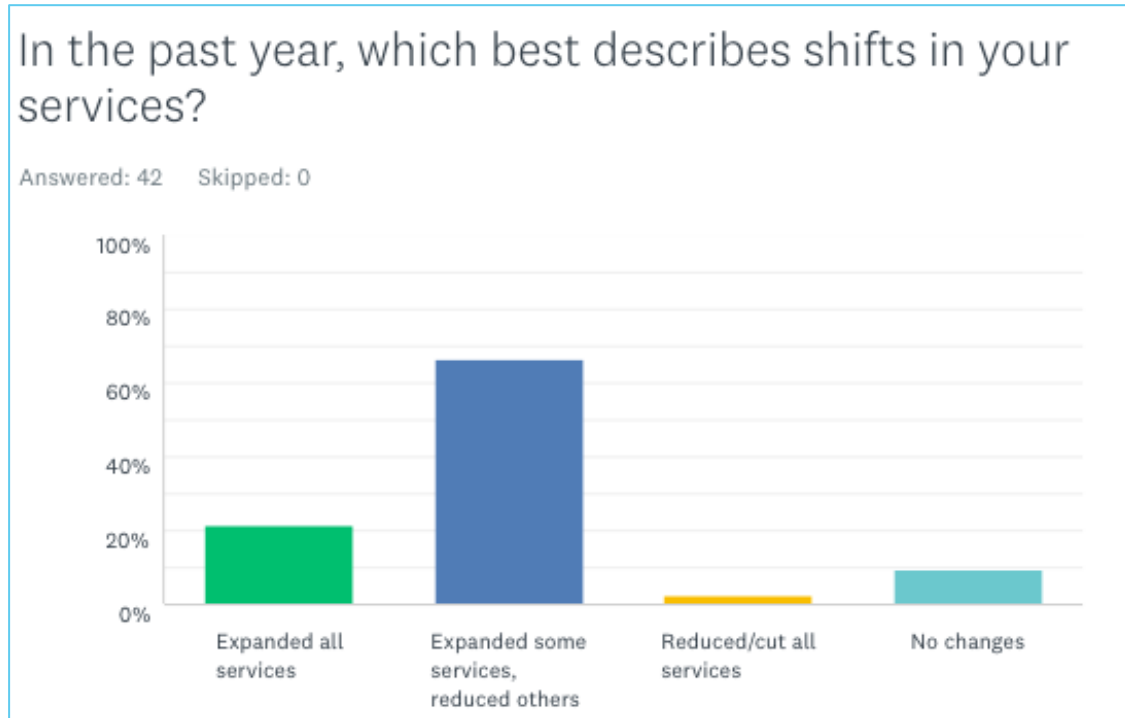
We expanded the number of staff available to handle cases. Increases in case numbers occurred in housing and access to benefits.

We went from an open community center approach to appointments only, and pivoted from social and educational opportunities to practical needs like laundry (we always had laundry, and food, and other practical services but these became primary).

We closed offices to walk-in intake and in-person meetings, but expanded telephone intake hours, virtual events, and clinics.

Reduced some youth programs. Increased food growing.

We expanded all services except for workforce development.

Requests to assist with meeting basic needs expanding significantly.

Patients are still reluctant to come to the office and some do not have access to technology.

Increased case management and direct aid, but reduced other programs.

Changed hours, expanded certain openings, closed others, increased food output, cut parenting and prenatal support programs.

31

Serving New Populations

Compared with a year ago, are you serving populations that historically you did not serve?

Answered: 38   Skipped: 4
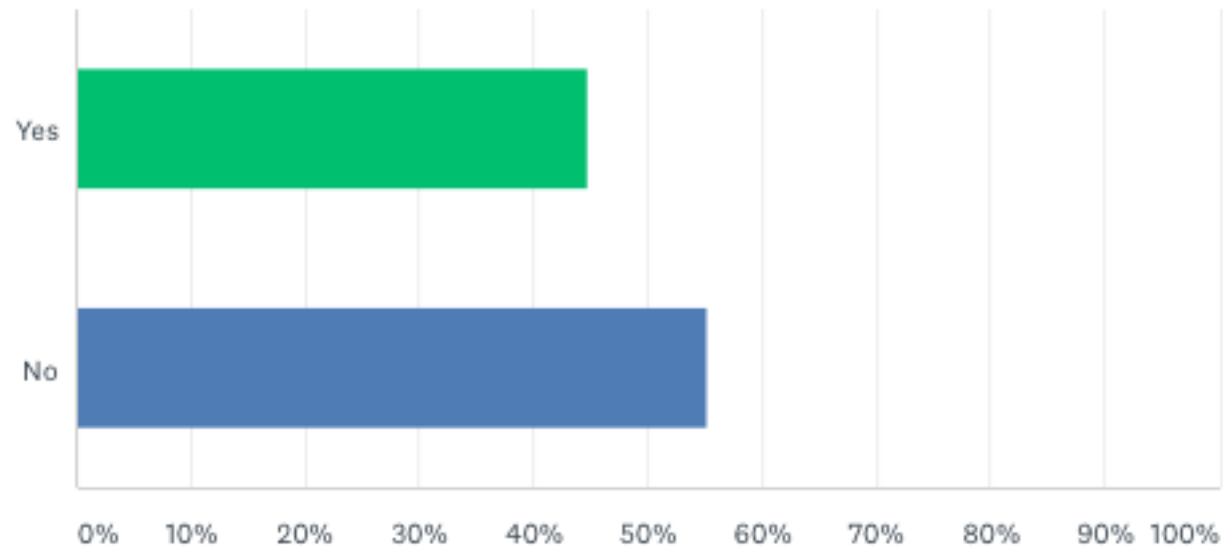
We are training senior citizens in the use of technology, the average age of our volunteers has changed from most in retirement ages (65+) to an average age of mid 40s.

We're seeing people who have never interacted with the benefits system before and who are furious at the way that it operates.

Program participants that did not qualify for Medicaid/CHIP and SNAP benefits in the past, are eligible now.

Folks in vulnerable industries that have never been out of work before (entertainment, travel, etc.)

Which of the following statements best applies to your organization?

Options	Percentage
We do not collect demographic data about the people we serve.	19
We collect demographic data about the people we serve, but do not use it much.	19
We collect demographic data about the people we serve, and use it to make program and strategy decisions.	62

38% of organizations do not use demographic data, meaning it is not a factor in planning, evaluation, understanding who is accessing services, and resource deployment.

Does your Executive Director self-identify as being a person of color?

Options	Percentage/#
Yes	7/19%
No	30/81%

Notes:
- 7 of the 37 responding organizations to this question (5 skipped it) are led by an individual who identifies as being a person of color (POC)
- While the sample is small, of the organizations with an Executive Director that is a POC:
    - None have reserves beyond 6 months compared with 46% of non-POC-led organizations that do
    - 3 of 7 POC-led organizations have budgets above $500,000 compared with 26 of 30 non-POC-led organizations have budgets above $500,000
    - POC-led organizations have less access to capital – 73% of non-POC-led have access compared with 57% of POC-led
    - POC-led organizations are anticipating higher levels of revenue in the next year from all sources compared with non-POC-led organizations

Adjustments Made and Anticipated

	Already Did This	Anticipate in 1-3 Months	Anticipate in 4-6 Months	Anticipate in 7-12 Months	N/A – Do Not Need or Anticipate This	
					2020	2021
Reduced pay/salaries	5%	0%	0%	0%	65%	95%
Reduced staff hours	18%	0%	0%	0%	43%	79%
Furloughs	11%	0%	0%	0%	48%	90%
Lay-offs	13%	0%	0%	3%	65%	85%
Using an intermediary or fiscal sponsor	2%	2%	2%	4%	N/A	90%
Merger with another organization	0%	0%	0%	2%	N/A	98%
Organizational closure	2%	0%	0%	0%	N/A	98%
New and/or expanded partnerships	73%	20%	12%	12%	N/A	10%

Remarkable stabilization between 2020 - 2021

Increased need for our services with increased funding and increased staff.

Our organization is more financially stable than ever. We have focused more on development efforts in the past year and benefitted from increased grant, foundation and individual funding.

We have engaged and partnered with other organizations more than ever before. This has helped to strengthen services to clients. It has also added a burden to the staff so it has been a blessing and a curse.

There are currently a number of COVID-related funding sources that are available to us. Our state contract funding did not decrease as much as initially predicted. We are concerned about FY22-23, an are working towards maintaining the organization during that year and beyond.

Reserves and Access to Capital
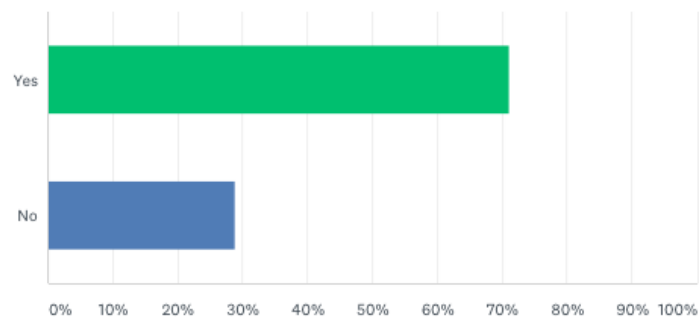
2021 Survey

How many months of cash reserves do you have remaining as of March 31, 2021?

Answered: 35   Skipped: 7
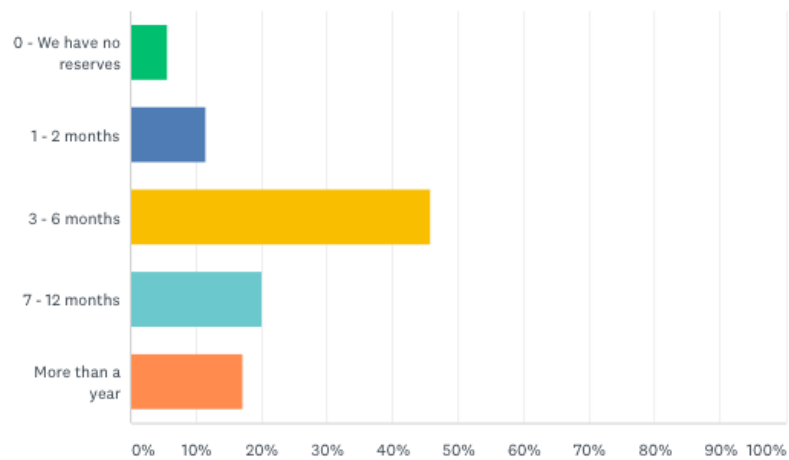
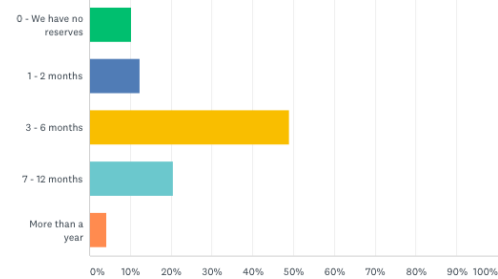Does your organization currently have access to capital (e.g., lines of credit, endowment)?

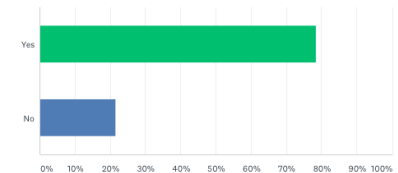Answered: 38   Skipped: 4

2020 Survey

How many months of cash reserves do you have remaining as of April 30, 2020?

Answered: 49   Skipped: 8

Does your organization currently have access to capital (e.g., lines of credit, endowment)?

Answered: 51   Skipped: 6

> The only reason this is true is because we were able to secure forgiveness for the PPP loan - it was absolutely vital for fiscal stability through the pandemic.

> Only because of COVID relief.

Overall, how has the pandemic impacted the demand for your services?

	2020 Survey	2021 Survey
Extreme increase (76-100+% increase)	15%	10%
Large increase (51-75%)	13%	24%
Moderately large increase (26-50%)	16%	29%
Moderate increase (11-25%)	20%	24%
Mild increase (10% or lower)	16%	2%
No impact	4%	5%
Demand has decreased	9%	7%

Increased need for concrete items such as food, diapers, etc.

While reports of child abuse decreased, the number of children experiencing abuse has increased. Unfortunately, we have also had a significant increase in the number of children witnessing domestic violence, as well as young children committing horrific crimes.

Unduplicated households in past 12 months ~ 6000 as opposed to ~4000+ previous year, 200% monthly volume increase at first, then leveling to essentially the same monthly client volume, but a very expanded client base, and many new families, and large increase in large families and therefore children served.

The largest impact was in the early months of the pandemic. As people were called back to work, the demand plateaued to an increase of 30% over normal need for services.

The need for legal assistance related to housing and unemployment compensation has been overwhelming.

How Organizations Are Doing

Which statement below best captures how your organization is doing (i.e., your Board, staff, and volunteers)? Our organization...

Answered: 42   Skipped: 0
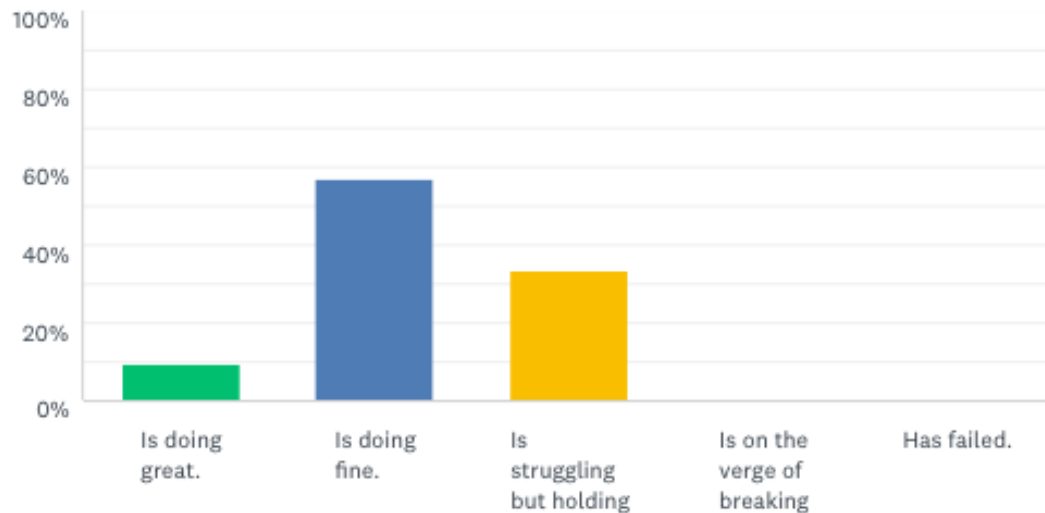
Staff are experiencing the impact of the pandemic year, exposure to personal and work losses and other negative outcomes, and committed to recovery and growing impact.

Our board and staff and rallied and supported each other and have been abundantly blessed and supported by a generous community. However, as weeks turned into months and now into a year enduring this pandemic and planning for a post-pandemic norm has become exhausting and a bit overwhelming.

PPP loan helped us avoid furloughs.

The team as an organization is doing great. We have found supports in each other and become closer as we served our community. Emotionally it has been hard on the staff. Some days they feel very overwhelmed and frustrated.

Doing great fiscally and programmatically. Quite depleted personally. Burned out.

With increased caseloads, people are working harder. We are getting it done, but it's been a long hard year.

We will need to secure additional grant funding to cover more telehealth.

What tools are you using or do you plan to use to prepare for the future?

	Currently Using		Plan to Use	Not Needed	Don't Have the Capacity to Do This
	2020	2021	→		
Staff strategy and planning sessions	71%	76%	19%	2%	2%
Budgeting, cash flow forecasting, and scenarios	70%	78%	17%	2%	2%
Updated fundraising and development planning	49%	71%	24%	0%	5%
Board strategy and planning sessions	44%	64%	29%	0%	7%
Program evaluation to identify and prioritize most impactful services	42%	62%	31%	5%	2%
Community and constituent engagement to inform decisions	N/A	62%	33%	0%	5%

Uptake in planning and strategy development

What changes did your organization make in the last year that contributed to making your organization more financially resilient or have the potential to do so?

Options	Percentage that did this
Flexible schedules/telework	88%
Changes in service delivery (e.g., telehealth, home visits)	83%
Upgrades to technology	73%
Partnering with other safety net provider(s) in a new manner	37%
Changes in our workplace (e.g., decreased space, re-negotiated rent)	32%
Temporarily suspended services	32%
Permanently reduced/eliminated services	10%
Sharing back office or administrative expenses with another organization	7%

What are your capacity building/technical assistance needs in the following areas?

| Financial	Community Engagement	Operations
• Continued financial support for Covid-related expenses • Financial forecasting and tracking	• Strategies to better meet the needs of non-English speaking clients • Examples of authentic consumer engagement • Building social media/web/internet presence • Engaging law enforcement, faith-based coalitions, and other stakeholders often working parallel	• Funds/infrastructure to maintain dramatic and sustained service volume increase • How to handle business processes more efficiently • Cybersecurity

Capacity building needs cont'd

Board of Directors	Data	Collaboration	Other
• Assistance with diversifying the board (note: by far the most common) • Fundraising skills • General board development • Strategic planning knowledge and skills	• How to collect, analyze, and report on more data • New database/ software • More personnel/time to spend interpreting data into strategy • Access to community level data • Salary benchmarking data	• Opportunities to meet new organizations • Current collaborations are solid and take a lot of time • How to plan for a merger	• Support to reach our DEI goals • Staff recruitment and training

Grassroots Partners

Are you working with any new grassroots partners as a result of re-tooling your work in the past year? (Grassroots = local organizations or groups that are developing solutions that are designed and led by impacted communities.)

Answered: 41   Skipped: 1
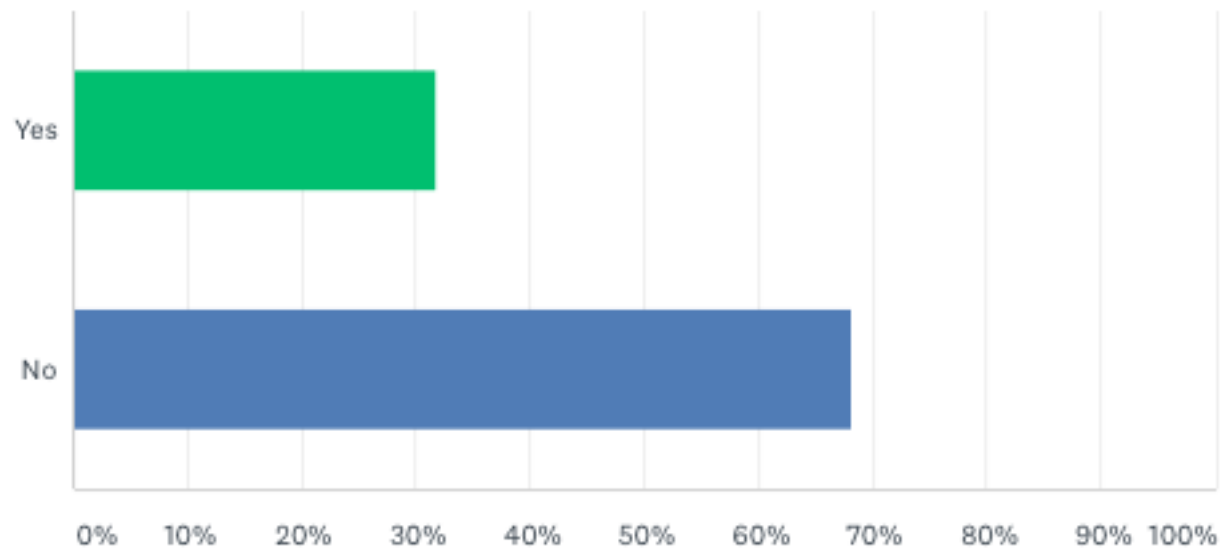
In the past year, what actions have you taken, if any to build more support for and to improve the sustainability of the safety net system?

Options	Percentage
Engaged in intentional dialogue with funders about what is needed to strengthen the safety net system	83%
Invested in and/or provided resources to our staff and volunteers to prioritize their mental health and well-being	83%
Engaged in advocacy for policy changes that would improve the safety net system	65%
Ensured that all of our staff members earn a living wage	60%
Joined the Here for Us advocacy coalition	27%
Other: Raised minimum wage to $15/hour; advocate with Your Way Home for housing access and other resources; participate in townhalls and media appearances; meeting with local legislators; increased partnership with faith communities	18%

In the past year, what actions, if any, have you taken to build your organization's capacity to advance racial and social justice?

Options	Percentage
Invested in our internal capacity through trainings or other learning opportunities	79%
Engaged in intentional dialogue with our stakeholders and community about racial equity and social justice	69%
Prioritized cultural and language competence and inclusion in our service delivery	62%
Created or expanded opportunities to promote diverse volunteers and staff (e.g., mentorship, leadership development)	59%
Engaged in intentional dialogue with funders about the need for resources to advance racial equity and social justice	49%
Conducted analysis to better understand the experience of distinct populations in general and in our programs, and to determine how best to respond through our services	41%
Adopted or updated anti-racist/anti-discrimination policies and practices	38%
Other: Created board level DEI committee; hiring a consultant to implement initiatives; completed climate assessment; worked with partners on BLM statements	15%

Looking ahead to Spring 2022, what do you anticipate for the next year?

	Increase	Decrease	No change	No idea
Need for services	87%	3	8	3
My organization's revenue	46	31	21	3
My organization's expenses	67	10	21	3
Funding from government sources	18	23	38	21
Funding from foundation sources	29	21	34	16
Funding from individuals	26	26	26	21

Overall anticipations:
- Increases in services, revenue, expenses
- Unknown/hard to anticipate funding

What is your organization doing to prioritize the health and wellness of your team?

Common responses:

▶ Flexible work environments and schedules, including providing and encouraging (sometimes mandating) additional time off (Note: most common response)

▶ Updated personnel policies

▶ Employee assistance program/internal fund for employees impacted by Covid-19

▶ Wellness events and trainings, including internally-facilitated and externally-facilitated/provided (e.g., support groups, therapists, presenters)

▶ Staff retreats and 'fun' sessions (games, yoga, virtual lunches)

▶ Added benefits: dental, retirement

▶ Financial bonuses

We contract with two therapists. We encourage staff to participate with the private therapists by providing a self-care day (a.k.a. PTO day) if they meet with the therapist.

Ensuring people take their vacation and make use of their sick time as needed. Group activities/check-ins in staff and one-on-one meetings. Empowering staff to make needed safety changes (physical and procedural). Listening.

For the first time in the history of the organization, we were able to provide health benefits to our staff which is a huge step in addressing health and wellness.

Multiple times per week all staff check in; have yoga, mindfulness and other presenters, allow time for walks/opportunities to step away during work hours,; provided emergency wage fund for staff ill with Covid to not deplete their PTO.

Lowered deductible for Mental Health and counseling services, increased wellness activities internally, diversified EAP team we use.

What do you want funders and decision makers to know about what your organization needs in order to be more resilient?

Common responses:

- Need unrestricted, multi-year funding (Note: most common)

- Increase financial support to increase service capacity

- Need to pay a living wage to staff

- Upgrade building systems, including technology, and facilities

- Be flexible

- Act as conveners and promoters of best practices

- Promote the safety net

The pandemic changed much of how we operate. It will take time to stabilize operations, programs and finances. We will need time and support to stabilize and to move forward.

Recruitment and retention of qualified staff continues to be a threat to quality services. Paying a livable wage across all positions remains challenging with rates set at the state level as insufficient. The likely increases to minimum wage, while positive for communities, will threaten our capacity to field a workforce.

We would like funders to be more flexible with where grant dollars need to be spent to support the safety net.

We need opportunities to show the community the great work that we do (publicity).

Flexibility in funding to allow for us to incorporate some of the best practices in these areas. . . often they can't be included in funded budgets which makes them more likely to be put on the back burner.

Proving networking opportunities has been the most helpful, along with new approaches to grantmaking!

System Experiences

How the Safety Net System Is Doing

Which statement below best captures how Montgomery County's safety net system is doing? Montgomery County's safety net...

Answered: 40   Skipped: 2
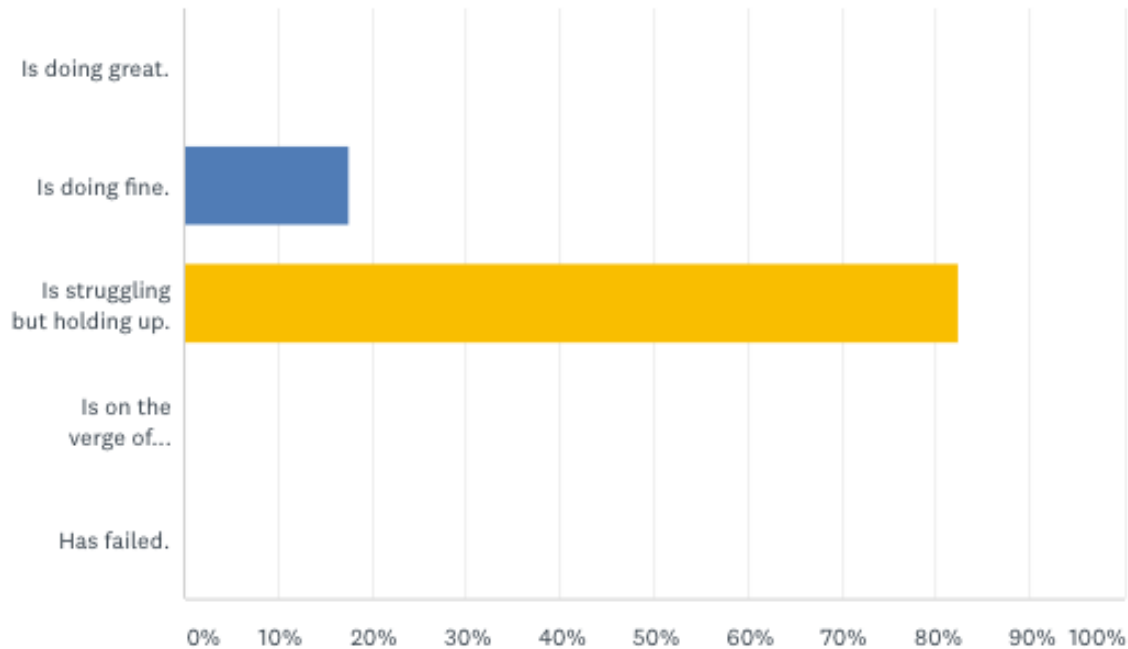
2020 responses:
- 3% doing great
- 14% doing fine
- 69% struggling
- 14% on the verge

From what we can tell, many things are working well, but the system is strained.

There are so many competing issues facing the community - unrest, hunger, unemployment, digital divide - the stress on the net is intense. The reason it is holding up is the passion and integrity of the people who work for the organizations.

Doing well with resources they have, but does not have an adequate source of funding. The baseline of benefits available to Pennsylvanians is very low.

I think that we are all holding up and doing our own parts. However, in our own circles, we are starting to experience fatigue, burn out, and overall mental exhaustion. We need help from funders, flexibility with reporting requirements, and the willingness to support activities that are generally outside of your funding priorities.

I think there have been a lot of providers who have stepped up during this time. We also have a good funder involvement in this county compared to other counties we work in.

Overall, please rate how Montgomery County's safety net system is doing in the following areas.

	Excellent	Good	Fair	Terrible	Don't Know
Service location access	0%	23%	53%	8%	18%
Language access	0%	18%	51%	13%	18%
Cultural competence and inclusion	0%	20%	50%	15%	15%
Appropriate eligibility guidelines	0%	35%	35%	10%	20%
Ability to leverage and access funding to keep services going	5%	28%	50%	5%	13%

Note: Most are relatively stable since 2020; notable increase in "Don't know" re: "Ability to leverage and access funding to keep services going"

Overall the system was not structure to served minorities and newcomers. It has a long way to go.

No system is good- Montco is better than most. People who do not speak English, who may not have citizenship -do not get what they need. Critical services take too long to initiate. There are too many gaps where people fall through.

I think many people and organizations have shown that they can adapt and be creative and think outside the box. But, I think the economic inequity has increased in the last year and I think we have not done enough to effectively to address the systemic racism in our social services and justice systems.

Most services are in locations with the highest need even though there are families struggling in other areas of the county. There are also immigrant populations in sections of the county in need of translation services that do not exist.

Cultural competence and inclusion should be integrated into organizational policies of all safety net systems including the government systems.

To what extent have the following contributed to shortfalls or cracks in the safety net system's response to COVID-19?

	Gotten much better	Gotten a little better	About the same	Gotten a little worse	Gotten much worse
Funding	8%	31	33	26	3
Burdensome regulations	0	35	33	20	13
Technology (e.g., bandwidth, software)	13	40	33	15	0
Staff being overworked	5	10	18	43	25
Staff being underpaid	0	18	54	28	0
Appreciation for the safety net	15	38	43	5	0
Responsiveness to and inclusion of diverse populations	0	53	38	8	3
Stigma of using safety net services	0	50	45	5	0
Collaboration	10	53	28	10	0
Racial inequities	0	25	48	20	8

Note: Percentages in purple indicate where the responses lean. The two areas that lean toward getting worse:
- Staff being overworked
- Staff being underpaid

The vast majority of resource increase other than general public donations in response to the pandemic has been a on-time surge in money for physical things. We need to realize there was never enough funding for adequate pay for adequate staffing, much less funding to achieve a sustainable workload to take the above and beyond steps necessary to do right by the people that we serve, create systemic change, and expand access to culturally competent, high quality services.

Yes, people have good intentions but this crisis has just highlighted the inequalities.

How do racial inequities and disparities show-up in Montgomery County's safety net system?

Structures	Policies	Practices	Systems	Fear
• Location of services • Access to services • Lack of transportation	• Lack of support, stimulus assistance for undocumented	• Lack of no bilingual, bi- or multi-cultural staff • Lack of diverse leadership and staff in npos • Lack of culturally appropriate foods	• Housing • Health • School services • Under-funded public health system • Technology divide	• Fear of seeking out help and/or legal rights for undocumented

A Little Progress

Is Montgomery County's safety net system making progress toward addressing racial inequities and disparities in the system?

Answered: 40   Skipped: 2
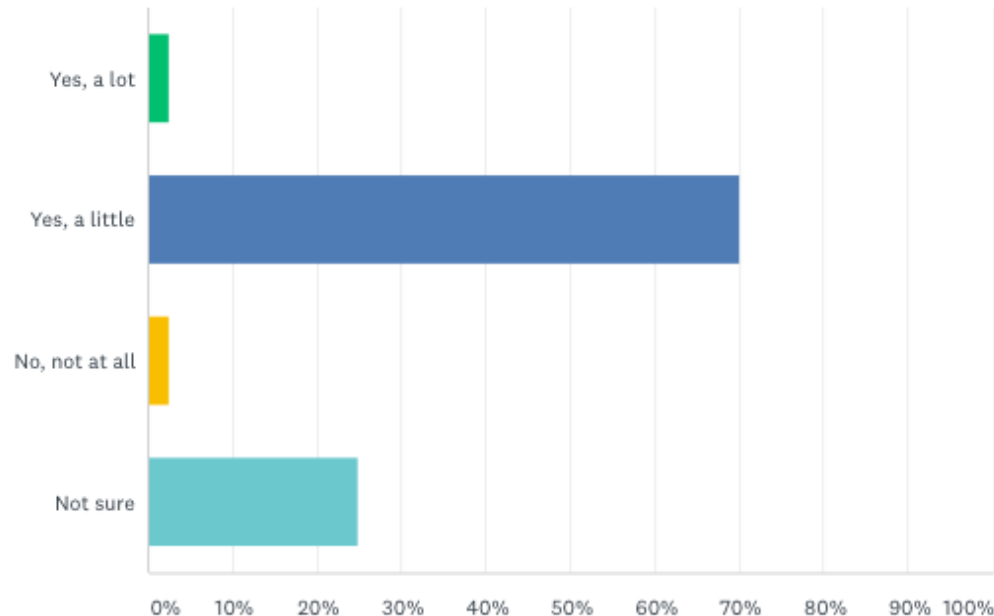
Making sure the progress does not stall on these efforts and continue to keep it an important focus on our work.

Provide opportunities for people of color to safely share information on inequities they are aware of and provide safe and effective ways of drawing attention to and remedying these inequities. Convene groups that are solely for people of color.

A college to nonprofit pipe line of promising young people of color for management track roles in Montco nonprofits while providing some type of student loan assistance to increase attractiveness, as well as salary support to non profits to increase feasibility of staff expansion and adequate pay?

Keep the focus on as y'all have been doing.

Help us realize the scope of what we don't know. Provide us with tools to reform our organizational cultures, from volunteers to the board of directors. Help us learn AND GET COMFORTABLE with the boundaries of how political the law allows us to be.

We need to have open conversations and change the larger systems even if that means making sacrifices and change what we have known in the past.

Reflecting on the past year, what are the most significant lessons you learned about your work and Montgomery County's safety net that can be applied to building a more just and resilient safety net in the future?

- Role of the safety net
- Importance of planning and networks networks

> Planning ahead and a having strong organizational foundation will make it easier to manage ordinary operations but will really come through during difficult times.

> Working with others can be challenging but it can build a more resilient community.

> The Safety Net importance cannot be overstated. Although more people are using services than ever before, there is still a stigma to the safety net and a general lack of understanding of the system as a whole. I have learned that we need to collectively advocate for a stronger safety net, changes in policies/requirements for accessing safety net services and looking at funding the Safety Net outside of government agencies.

> Flexibility, creativity, scenario planning, all members of an organization need to be involved in planning. All levels of leadership and walks of life need to be a part of talking about the hard issues.

> This year has highlighted the importance of partnerships and community engagement. With so many things changing so quickly, it became clear that it was critical to be able to communicate information to potential clients through trusted networks and that we needed to be able to learn from clients and potential clients about the impacts of changes on their lives.

Final Reflections

- Thinking about the future – doing things differently

I think one of the most important things for safety net providers and others to factor in is that the trauma that everyone has experienced will take years to recover from and there will be a tremendous need for safety net services to continue to meet immediate needs for a long time to come. There will be additional needs for trauma support and emotional support for families.

The resources before were insufficient to meet the needs of the past. We need human centered design to re envision what we want our safety net to look like. We need to learn what doing things through a DEI lens looks like by DOING things. Fund some grassroots initiatives that will bring diverse groups of people together and force them to be confronted by the inadequacies of the status quo.

We used the opportunity to question things we were doing pre-pandemic and challenged ourselves to do them differently, with success. Letting go of preconceptions and attachments to old ways of doing things created exciting opportunities for real change.

It was the smaller faith-based organizations that continued to remain open like Interfaith Housing Alliance, and Interfaith Hospitality network of the mainline and the Norristown Hospitality Center. We kept our doors open, had direct contact with clients every single day, let them inside our facility and provided care. I'm quite intrigued by that and wonder if the social service sector has fully engaged the faith-based community who continued to make a huge difference at the most critical time.