

Building Back Better: Montgomery County's Safety Net System

HealthSpark Foundation Key Findings (To Date)

June 17, 2020

Prepared by Capacity for Change, LLC

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

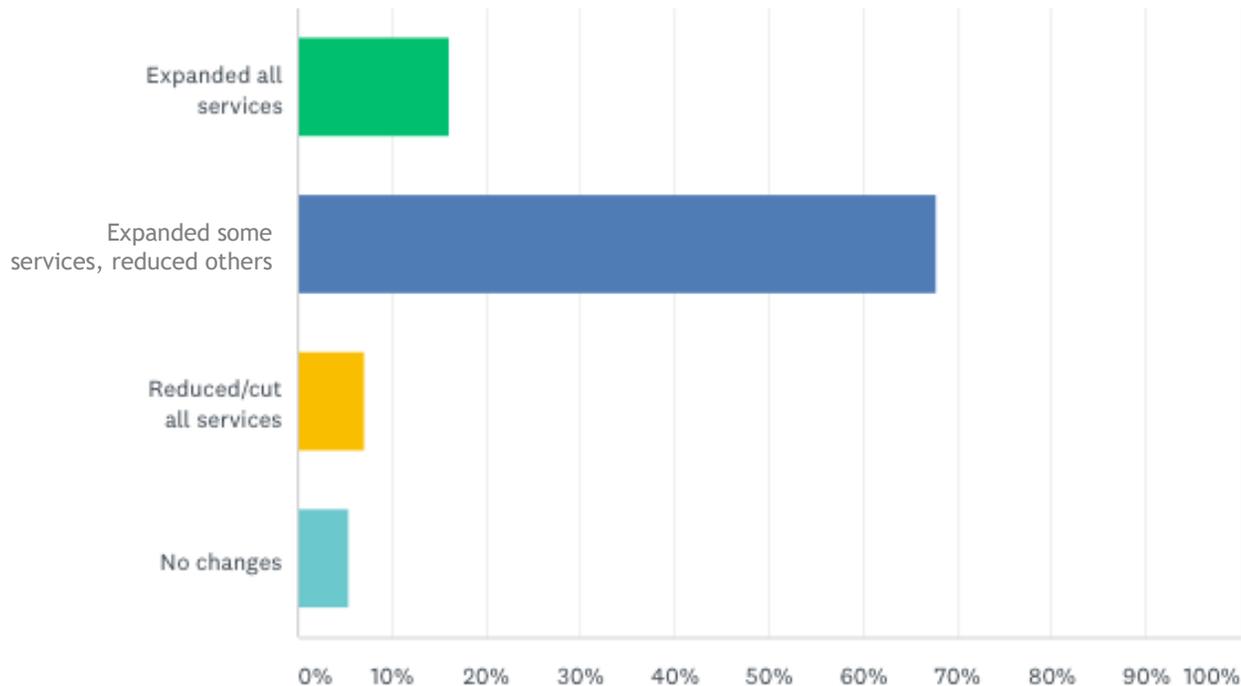


Organizational Experiences

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)

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 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?

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.

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 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.

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.

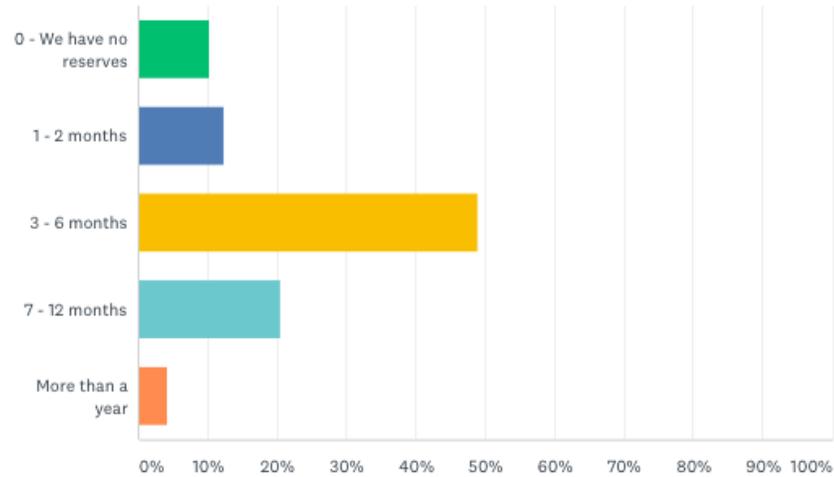
We are managing well in the current environment but anticipate challenges later when public funding of social services comes under pressure as government at all levels struggle with their budgets. The impact of the 2008 recession most most felt in 2010-2012 due to similar budget issues.

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.

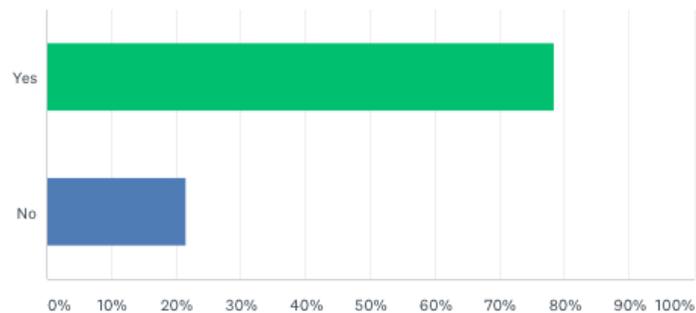
How many months of cash reserves do you have remaining as of April 30, 2020?

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.

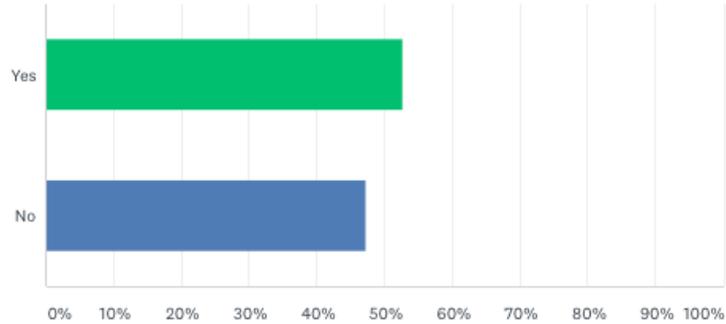
Coordinating / communicating with K-12 schools as instruction moved to online / home-based, and translating existing accommodations to continue to support students with special needs.

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.

Preparedness

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

Answered: 55 Skipped: 2



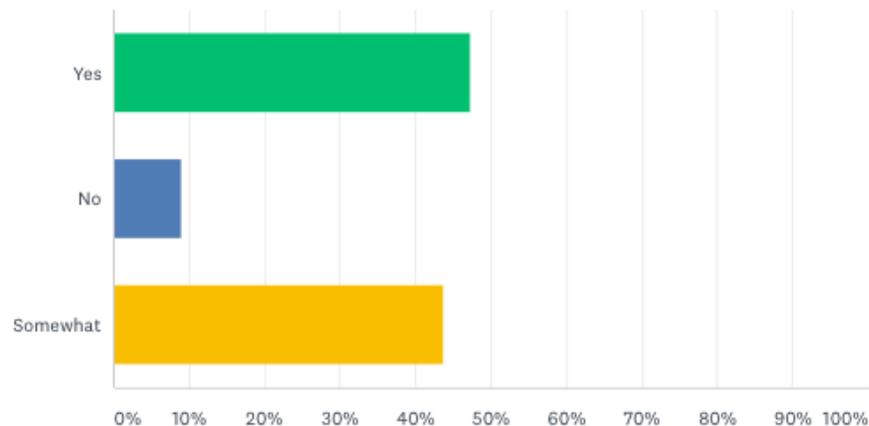
Recognize need for emergency funds as part of the financial plan.

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%

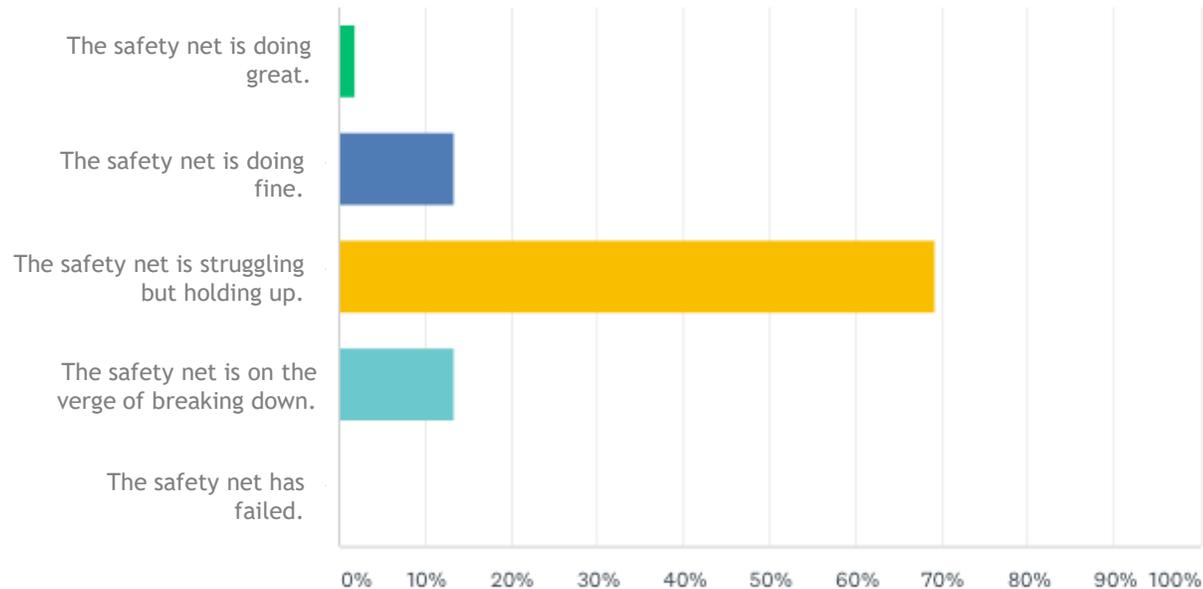


System Experiences

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.

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.

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

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.

Resources Needed to Build Back Better

Financial	Human	Technical	Policy
<ul style="list-style-type: none">• Increased, flexible, and sustained funding• Support for physical infrastructure and facilities, personnel, and management	<ul style="list-style-type: none">• Better compensation; training• Volunteer management• Multilingual staff• Positioning Boards of Directors to provide needed leadership	<ul style="list-style-type: none">• Technology funding and access solutions for all community members• Organizational policies that address leave, teleworking, risk management	<ul style="list-style-type: none">• 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?