Purpose

To assess how housing and homeless service agencies across Kansas are being impacted by funding delays, staffing disruptions, and program instability.

Goal

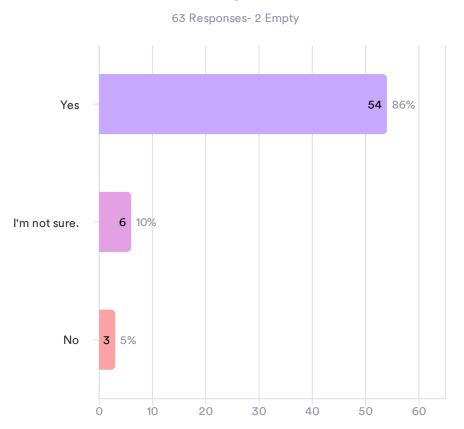
To show what housing providers across Kansas are facing and help leaders make better decisions based on what's really happening on the ground.

Disclaimer

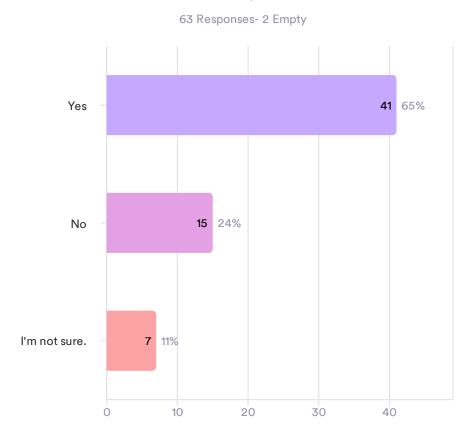
This presentation reflects data collected through the CoC Impact of Federal Impact Survey, which was distributed statewide and open to all housing and homeless service providers, including those outside the KS BoS CoC geographic area. Participation was voluntary, and respondents were permitted to submit multiple entries as conditions changed. Some responses were submitted anonymously, and the total number of unique organizations is unknown. This survey does not include all organizations that serve people experiencing homelessness in Kansas. Instead, it offers a snapshot of frontline conditions and system-level pressures, intended to inform advocacy, funding, and policy conversations—not as a comprehensive statewide analysis.

Conducted by: Kansas Statewide Homeless Coalition (KSHC)

Are you a CoC Member (either as an individual or a part of a member organization)?

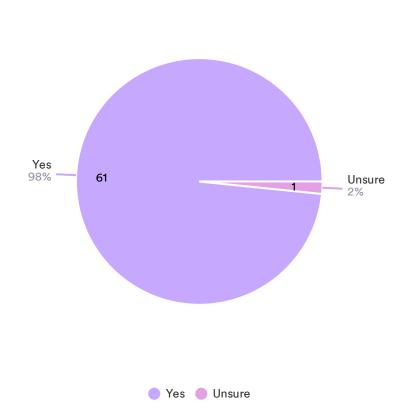


Are you a recipient of HUD funding (CoC, ESG, SSVF, PATH, etc.)?



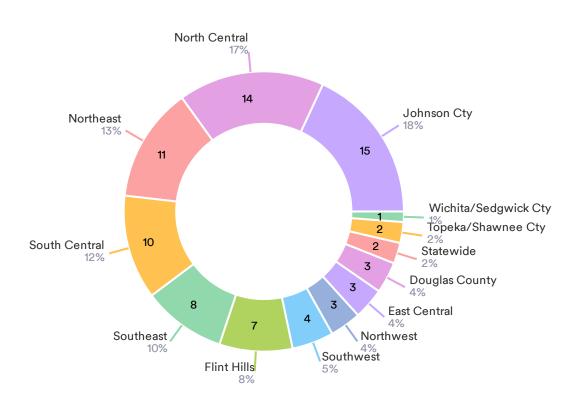
Does your organization serve those experiencing homelessness or at risk of homelessness?

62 Responses- 3 Empty



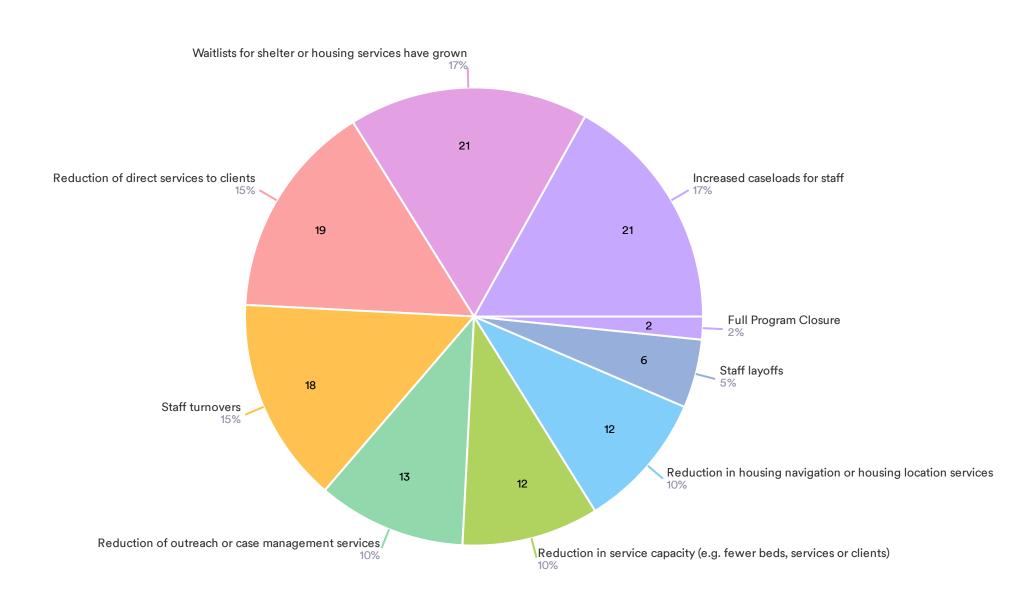
Regions Served: (Check all that apply)

83 Responses- 3 Empty



In the last 3 months, have you experienced any of the following unexpected situations?

124 Responses- 20 Empty



Best Response

Delays in contract execution

15% Percentage **86**Responses

■ Data	Response	%
Delays in contract execution	13	15%
Delays in reimbursements	12	14%
Shifted staff or program roles due to budget constraints	12	14%
Loss of philanthropic or private grants	9	10%
Declined to apply for funding due to uncertainty	9	10%
Loss of state funding	8	9%
Loss of local funding	6	7%
Reduction in renewal funding amounts	5	6%
Loss of HUD CoC Grant	2	2%
Loss of ESG funding	2	2%
Cancelled or unrenewed Technical Assistance (TA) support	1	1%
Federal grants being removed from the table.	1	1%
EFSP, Refugee Reception and Placement, Naturalization and Citizenship Edu	1	1%
Housing aid such as Rapid Rehousing and other programs has been denied to	1	1%
Delays in program opening due to funding uncertainty	1	1%
EFSP - Applications not available	1	1%
Expected reduction of funding after September 30. 2025	1	1%

In the last 3 months, have staffing levels changed as a result of funding or program challenges?

Best Response

No changes

34% Percentage **70**

Responses

- Data	Response	%
Yes - we've lost staff	11	16%
Yes - we've shifted staff duties	11	16%
Yes - we've frozen hiring	8	11%
Hiring part-time rather than full time.	1	1%
not yet, but maybe in the future	1	1%
Certain programs are now fully staffed while others are down.	1	1%
No changes	24	34%
Unsure	13	19%

How much funding has been affected?

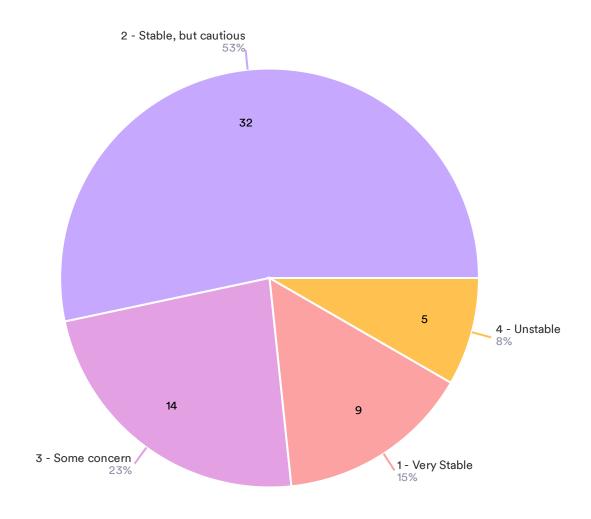
Data
960,000
500,000
400,000.00
\$400,000
\$200,000
\$100,000+
100000
over \$50K
10,000
15% of annual budget
90%
Our FYSB drawdowns (DHHS not HUD) have been delayed by DOGE each time since April and it has meant late fees on bills and payroll delayed over a week causing morale to drop and stress among my staff.
A good portion of our CSBG grant that offers us case management
I am unsure, but 1 grant would have been \$100,000 if funded.
Funding has been cut drastically

How many staff have been affected?

Data	Responses
18	1
at least 6 positions	1
Five	1
5	2
4	1
4 so far	1
4 in the service line I am in	1
At least 4 programs at this time	1
3	3
2	3
2 are planning to leave but we have hired 1 replacement so far	1
1, so far	1
1, waiting to see if we can afford to replace	1

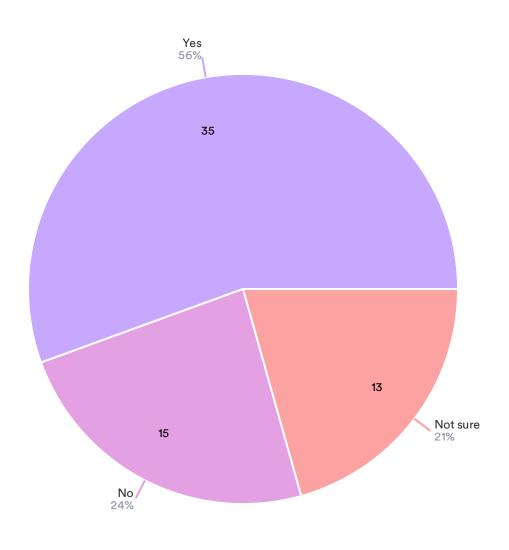
On a scale of 1 (very stable) to 5 (at immediate risk), how would you rate your organization's overall operational stability at this time?

60 Responses- 5 Empty



Are clients experiencing more barriers or disruptions in access to services due to recent changes?

63 Responses- 2 Empty



If yes, describe what is happening to clients:

Data

Federal funding has affected housing voucher programs to the degree that some voucher wait lists are closed and other voucher wait lists are growing in length of time it will take for families to receive vouchers.

At this point, although we are currently short one staff until we have a better knowledge of future changes with CSBG, CoC, and ESG federal budgets, our current staff have been able to pick up the extra workload temporarily. However, if CSBG is defunded or reduced by more than 10%, we will lose more staff, which will decrease our ability to effectively administer our CoC and ESG services at their current levels.

Clients are worried that they will return to homelessness if the project ends. Most clients have low or no income and all are disabled.

Rental and utility assistance has been off and on.

less access to case managers / advocates

Due to funding cuts, grants are either gone or close to being gone. Many people w/homelessness relay on agencies to use grant funds to start new programs. with funding cuts good ideas and possible solutions are no longer going forward.

We've lost staff, but have not been able to replace the staff until we know if we will have a budget to do so. Which in turn has led current staff with more on their caseload. Which feels like we are letting our current clients down with not being able to give them the full attention and wraparound services that they need. Plus putting us in a position to be hesitant of taking on any new clients, not knowing where our funding may lie.

As we are new in the last few months, we have not directly felt the direct effects yet. However, we know the funding expected to help us get off the ground has been frozen or cut, so we are having to change our strategy. We are stable but not in the position we had planned.

They did initially when funding was temporarily frozen. Unsure if other barriers are presenting themselves.

Clients risk not having rental/deposit assistance after completing their 60 day program.

People feel very anxious and uncertain about how they will provide for themselves and their families. They are concerned about whether they will remain in the United States.

We have frozen two positions but we still have the same demand and we are meeting that demand. The type of service they get may be reduced (for example, 4 months of rent instead of 6 months of rent) or there may be a slight delay, but services have not been disrupted.

If yes, describe what is happening to clients:

Data

Call SSA, you will be put on hold for 45 minutes. Then a voice comes on and says they are at high call volume, so try your call later today, and HANGS up on you! We almost never get in. I work with homeless, SPMI and seniors re disability claims and disability issues. SSA tells us to call the SOAR State Leads, but they tell us to send ROIs and forms to SSA. I've done that, and I have never received a reply from anyone at SSA re the question asked. i.e., a former inmate was in prison for 30 years. I asked SSA does he have any disability SSDI/SSI funds available, or retirement funds available? He's age 63 & just released. I cannot get ANYONE at SSA to give me an answer. These questions are never covered in their prewritten Q&A's. Or, I have not received a Notice of Award letter, so our client is going to miss his housing slot. Clients may not have received their disability back pay for months, and needs it to get housed.

Latino community is struggling

We have some clients who are in the LGBTQ+ community and have experienced loss of funding for certain medical needs. We also see Clients who are also become more afraid that their family will be taken away/interrupted by recent changes.

Issues with SSA have worsened in the past 3 mos. It's incredibly difficult to get anyone on the phone at SSA-- you often sit on hold for 45-90 minutes and then the system hangs up on you, saying their call volume is too high and to call back later. The SSA website has been unreliable, and the local office does not accept walk-ins (by appt only). People are having a hard time getting replacement SSA cards that they need to access employment and housing. Same difficulty with getting SSA award letters, which are required to verify income for housing applications. SOAR workers are having a difficult time getting responses from SSA when submitting and following up on disability applications.

As previously stated, wait times have increased in excess of 45 days in some areas are expected to continue to increase due to projected decreases in funding and uncertainty in other funding streams

Clients with more debt. Increased difficulty of finding affordable housing upon completion of our program. Fewer employment opportunities for clients. Fewer opportunities for agency funders and volunteers to engage with the agency and clients because the funders and volunteers have less time and funds to provide.

Community organizations are helping less people because of their funding uncertainty and in turn there are more people in need.

Clients are having to wait longer to be housed since they have put a hold on the homeless preference vouchers due to the uncertainty of the federal funding. Clients are also having trouble getting a hold of people at SSA to get a copy of their award letters for housing.

We are able to assess them and get their names on our County's By-Name List, but very few are getting any help in housing resources.

Most severely, vouchers have been paused so I had a clt, 73 years old, who was going to receive her voucher in 2-3 weeks but due to the new administration and funding it was pulled out from under her, and she is now still homeless. It is not projected that the vouchers will be available for 6 months. On a larger scale, the lack of access to a shelter in JOCO is inhibiting. Douglas county and Riley County are focused on their own counties and KCMO has a few but they are high barrier and arguably do not respect the person at all.

Everyone seems to be running out of funding or fear of not receiving funding

Without the necessary funds, we are unable to offer the services that our clients are requesting.

If yes, describe what is happening to clients:

Data
Housing authority has reduced the number of vouchers going out.
I would say yes to this question because we have a program that has not opened yet due to the uncertainty of funding will be available in the future. There has been talk about if the program opens and then the funding is not available; will the services provided in the program be reversed or stopped.
Rental costs have risen some
Uncertainty for our grant-funded programs. The reduction of our community partners programs our current president of the united states is cutting. The fear of losing your position within an organization. Which can cause people to leave for a less risky position. In turn this will leave a vacant position which the program may hold off on filling due to the current cuts being made out of nowhere.
We were unable to request ESG funding in Feb (for January) due to too much going on and our inability to keep on top of it all. Some of this included the funding concerns, but there was a lot happening in Feb.
Added stress on staff and clients is making it more difficult to provide the level of services needed to more people.
increased housing wait housing choice vouchers not accepted
They are fearful and uncertain. They don't have enough resources as it is, cutting even the smallest of funding makes a big difference in their lives.

Have any client populations been disproportionately affected? (e.g. families, youth, veterans, survivors, refugees, etc.)

Have any client populations been disproportionately affected? (e.g. families, youth, veterans, survivors, refugees, etc.)

Data	Data
Families	All homeless individuals (adults)
families	homeless, justice involved, individuals in crisis or detox settings needing placement in intermediate/residential treatment
families, survivors	Families, immigrants, refugees
Family, youth, and DV victims	Homeless adults
Homeless, domestic violence survivors, Veterans, families, integration from incarceration	elderly for sure, and I also say veterans and families.
2 (youth & families)	families, youth, immigrant families
disabled, elderly, people living in poverty and those experiencing homelessness	domestic violence
Those with Severe Mental Illness	Low income people and people living without housing
Refugees and migrants.	
Immigrants are impacted because they are not actively seeking our services; we are also worried about transgender people's ability to seek our services	
single men and single women. If you have kids, you may get somewhere. But if not, you'll be sleeping outside.	
immigrants	
Undocumented residents	
Survivors	

Are any of your current programs at risk of shutting down in the next 6 months?

Best Response

Possibly - We're concerned but trying to secure funding or solutions.

19% Percentage 78

Responses

• Data	Response	%
Yes - We've already begun reducing services or capacity.	6	8%
Yes - One or more programs are likely to shut down without intervention.	5	6%
Yes - We're actively planning to wind down or close a program.	1	1%
Possibly - We're concerned but trying to secure funding or solutions.	15	19%
Possibly - Discussions are happening but no final decision yet.	8	10%
Unsure - We haven't received updates on funding or contracts yet.	9	12%
Unsure - We are still assessing the situation.	11	14%
No - We've had challenges, but no programs are at risk right now.	11	14%
No - All programs are currently stable.	12	15%

What are the top three most urgent needs your organization faces now?

Data

1. Education and advocacy about the need for federal funding for CSBG.-while state administration and oversight makes sense, expecting Kansas to suddenly pick up over \$6 million in CSBG funds to keep current service levels is unrealistic. 2. Education and advocacy about the effects of combining CoC and ESG. Agencies who currently use CoC funds face the risk of decreasing or ending programs due to the inability to meet a 75% increase in match requirements. In addition, with PSH services through CoC being limited to 24 months, there is a large risk for recidivism for people with long-term severely persistent mental health needs or physical disabilities who need supportive services for longer than 24 months. 3. Funding levels that are not removed or decimated by the current federal budget proposals.

We need assurance that programs will continue as previously funded. More funds for more permanent supportive housing to provide safe, decent and affordable housing to vulnerable adults with disabilities.

Continued funding Upcoming grant applications Staff at high stress levels

Non gov funding.

Grant funding cuts Mental Health Programs being Cut School Funding Programs being Cut

Uncertainty, if we will have the budget to maintain staff and clients or continue to offer the services we currently do.

Funding is the number one urgent need. Increasing our visibility and gaining membership to the Clubhouse are the next two issues. We only opened February 17, 2025 so this is just a matter of time.

Community Education on homelessness Learning how to engage housing programs more efficiently We seem to need more housing subsidies available than what there currently is

1. Identifying funding sources to achieve sustainability in the mandatory programs that the state has mandated. 2. Funding to provide necessary services to our uninsured/underinsured population. 3. Staff that will work 2nd or 3rd shift and are able to pass a background check.

Continued denied access to HMIS. Lack of funding. Staff are at work capacity which will begin to impact those we serve.

- 1. The need to repurpose the organization to meet the needs of people in our communities and new financial resources 2. Engaging community members to support the work of the organization 3. Advocacy regarding non-payment of funds
- Funding stability. We need to know our funds will be available when making business decisions like hiring or client placement in housing. Government advocacy / lobbying. We have considered contracting with a lobbyist to advocate for our needs. Protections for our immigrant and transgender populations to ensure they can seek and receive services regardless of their status.

dollars overall food funding and affordability hope

What are the top three most urgent needs your organization faces now?

Data

Lack of housing. Many older people can get approved for disability, but then there is no housing to put them in. Lack of medical cards, so homeless cannot get treatment or tests done in order to be approved for disability - so no medical records on paper. Disability requires treatment of the alleged conditions within the past 2 years. This is a no-win situation. Cost of Rx's should be free to those who have retired. I have paid \$450 month copays for asthma & diabetes on Medicare, I'm age 72 and still work FT, b/c if I didn't, I could not afford my copays. Housing is now \$2k - \$3k a month. WHO can afford that?

stable funding advocacy to prevent further harm to community

Funding for more therapy services in Johnson County. Funding for clients to assist with their bills/housing payments.

- -More certainty, less chaos-- we need to be able to plan ahead -more communication about what cuts/freezes/changes are planned for the next 1-4 years (with info that is coherent, consistent, and true). -Preservation of funding for Medicaid, SAMHSA grants, HUD/CoC grants
- 1. Reliable, cost feasible liability insurance. 2. Unrestricted, trust-based dollars 3. Dollars for technology enhancements for therapists so we can remain competitive in the market. An example being AI software for documentation.

funding more beds barrier reduction

Funding for intermediate/residential SUD treatment Funding for services focused on the unhoused population Funding for services focused on individuals releasing from jail

1. Basic needs (personal hygiene, cleaning & paper products) 2. Staffing levels - needs additional client-facing staff to work with increasing numbers of clients 3. Operating capital - funds to cover increased expenses on facility operations, utilities, insurance expenses

Funding to ensure continuation of program services

We are looking for funding to open a food pantry this summer for Olathe families with children who qualify for free or reduced fee lunch. We are doing this in response to the significant increase in calls for food.

Housing shortage for our homeless clients Not able to get through to SSA to obtain the paperwork that they need. Homeless preference voucher's being on hold.

Housing services for our clients and guests

1. Shelter for clients 2. funding for assistance with deposit/rent/application fee etc. 3. more homeless services case managers

What are the top three most urgent needs your organization faces now?

Data
Housing/Shelter needs, Food/Grocery, and Childcare
Esg funding, staff turnover, uncertainty of government funding
1) Increased RRH funds for partner agencies we rely on 2) Maintaining current funding levels 3) Qualified applicants - Recruiting has been difficult since COVID
More shelter staff and space for more beds to accommodate the increase in calls for assistance.
Grants and Loans to build low-income housing for families. The grant we applied for under the Enterprise Section 4 Capacity Building was canceled. We need the funding to build housing for low-income families. HOME-ARP funds we awarded to our program, however, we are still waiting on these funds to be released. Knowing that the EG funds will be available for our program to continue, we are questioning what the options are if we do not receive these funds for the next year. Case management requires these funds. Keeping people housed requires these funds.
Funding to complete spaces to be used for housing homeless clients in shelter. Lack of funding to pay staff a livable wage. Lack of funding to increase staff.
Funding uncertainty Organizations being closed due to funding cuts by government Availability of funds for employees
Continue funding Staff burnout due to being down 1 staff member and waiting to see how funding plays out before filling the position. More people needing help due to jobs being cut.
Operating dollars More staff Prevention funding
housing assistance funds, appropriate affordable housing, SOAR workers to work with our persons served to gain benefits.
Available and affordable housing Income/employment opportunities Supportive services for mental health for families
housing
Outreach, Fundraising, Youth Participation
Getting finances under control, maintaining respect for staff to reduce turnover, and general defunding of programs that directly impact people.

What are the top three most urgent needs your organization faces now?

Data
mental health services housing childcare
Affordable/available housing Food Resources for deposits/first months rent
Funding to remain open even as a day-only shelter. Funding to maintain quality staff.
Raising an additional \$1.2M to complete construction of our facility

Do you have any suggestions for how the KS BoS CoC can better support your organization during this time?

Data

As you can see, we have several levels of risk happening. While we have recently started a new CSBG grant year, we are coming closer to the end of ESG and CoC grant years. This means that we are waiting to see what will happen federally to affect upcoming ESG and CoC funds for July and September respectively. In addition, we are waiting to see if there will be CSBG funding available to cover staff time and salaries for the case management supportive service.

Ti keep all organizations that currently work with the BoS CoC up-to-date on changes and what those changes will look like. Also, if there is any other potential grants that we could possibly apply for.

Training for staff on HMIS and CES. We did not have a program shut down, but due to funding cuts

It is very important to us to protect our housing program. With the pause of the EFSP funding, we have minimal funds for emergency assistance.

We aren't part of the BoS CoC, we are part of a different CoC. Just advocacy.

Maybe get it passed that a tax credit could be issued on property taxes if you agree to house a homeless person for one year on your property. There are many big homes and properties that would be able to accommodate a tiny house in the back yard for such a purpose. KS seems to stay so behind what other States are allowing.

We are seeing an increase in need for therapy services in Johnson county and we want to help as many people as possible. My hope is that we will see far more than 90 people each year if we can help it

Re: answer above-- we have several different grants with federal money involved, and we're taking it one day at a time as we see what unfolds with each one. Our org's leadership has communicated a desire to keep doing what we're doing. I think the CoC could possibly play a role in organizing CoC/community members so that we can form a collective response to the various things that may arise. Part of this could be as simple as providing a safe space for people to share what they're experiencing and support each other. The people doing this are very adept at isolating organizations and coercing them individually. So I think the knowledge that 'we're not alone' helps to cope with everything and stay sane. But also having those connections established allows us to support and defend each other collectively.

Increase funding opportunities to provide intermediate SUD treatment for high-risk populations (unhoused, justice involved, etc.) that are uninsured or underinsured.

Possibility of bulk buying opportunities where agencies can pool together and leverage savings in basic item purchases.

- Information on where to get additional funding - organize opportunities to have conversations on ways to collaborate with other agencies

Find other funding sources for housing for our guests/clients.

ESG funding

Do you have any suggestions for how the KS BoS CoC can better support your organization during this time?

Data
Weekly check-in calls might be helpful even if there is no new federal news to share.
Quicker reimbursement of ESG funds would help. Release of funds that have already been awarded.
Assist with locating and accessing grant funding. Leadership trainings and support trainings that are free or low costs.
Continue working to reduce double work by uniting HMIS and CE programs so we don't have to enter answers for the same questions twice.
I feel that the climate in Washington is dangerous for any and all social service programs. I fear that Kansas does not have the representatives with knowledge of our homeless and housing crisis to make good decisions on our behalf.
Funding for affordable housing, such as funds for Housing 1st, supportive services programming to assist with hosuing
We feel emotionally supported for sure. We're all in this together!
PASS MEDICAID FOR ALL. Advocate at state and federal level for adequate funding. Address housing inequality through the law with measures like rent caps, reducing/banning corporate forprofit ownership of rentals, and anti-discrimination laws that actually have teeth to address the rampant discrimination still occurring in housing.
If you hear any guidance from the Feds, shar it, please?
Just take the issues seriously and be there for each other, we need camaraderie right now.

Stories From the Field:

Data

With the case management that we are able to provide with our CoC and ESG rental assistance, our staff are able to work one-to-one with program participants. Over the past 9 years that I have worked with CoC and ESG, I have watched as our case managers have helped a program participant apply for and then graduate school using the benefits he received after the factory he worked closed unexpectedly; they have assisted many people experiencing chronic physical and mental health conditions who are in the multi-year application and appeals process for disability while trying to maintain housing during a time when they are not allowed to work to establish disability; we have had staff who have supported participants obtain and maintain housing during the end stages of their cancer diagnosis and other chronic illnesses; and our staff have worked with countless families who have experienced domestic violence, several of them coming from life-threatening situations. Please note, for our agency's programs, only about 10% of participants report active addictions with alcohol or substances; meanwhile over 30% of households have a history of experiencing domestic violence, and of those households, typically 10% are actively fleeing a dangerous situation. Drugs and alcohol are not the largest contributors to homelessness in our area, it's people.

We have a client who was formerly homeless, living in her car after experiencing the death of her baby. She struggles with severe mental illness, hears voices, is waiting on disability decision. She decided to park her car at New Jerusalem Mission which houses only men. They gave her food. She started volunteering for them every day and after a year of volunteering daily while living in her car, entered our PSH program and has been in an apartment almost a year. She expresses a lot of stress and worry about the possibility that her apartment may be taken away if our program loses funding. The agency would not be able to come up with the funding another way. PLEASE DO NOT SHARE DETAILS WITHOUT THE PERSON'S PERMISSION - THANK YOU. I'm just sharing to give you a client's perspective. We have other clients who only receive SSI and cannot afford market rent without a subsidy from our program or section 8 and who would become homeless without the assistance. These are vulnerable adults with severe mental illness.

Due to payroll delayed thanks to DOGE my staff have bills come through they cannot pay, the shelter has had late fees on bills we can not pay on time.

We've been able to gain SSI benefits for clients that have went several years without their benefits. We've had a mother that has been able to successfully have her children placed back into the household while maintaining her sobriety, and getting her LPN degree. With our COC program, it has allowed us to have the funding to work with families inside the home once we get the house. To offer wraparound resources to get them the mental help that they need as well as their medication.

"I am under a lot of stress, but I feel stronger and more confident thanks to the help this agency has given me and my kids; we finally feel some sense of safety here." Feeling safe is just one element of healing the agency's staff work on with clients like "Kay." Kay came to the United States from an Asian country about 10 years ago with the promise of marriage. Since then, Kay and her husband had three children. Kay and the kids were emotionally and physically abused by her now ex-husband. They were locked out of the refrigerator, pushed into walls, and Kay was forced to stop mental health treatment. She wasn't allowed to have a job and had no access to money. She arrived at the domestic violence agency fragile and anxious. Sadly, Kay's case is just one example of thousands of cases this Kansas-based domestic violence agency works on every year and the need and severity of cases is outpacing our resources. Kay's wings grew in her time at the domestic violence shelter. With help from our legal department, she was able to get a divorce and maintain her legal immigration status. With workforce coaching, she got a job and enrolled in mainstream benefits. Today, we are hearing that clients like Kay aren't seeking shelter protection or services because they don't know if they are safe in our doors due to their immigration status. As she left, she cried of happiness and said "I did not know I deserved so much support and how good people can be. I am thankful for this agency every day."

"We have so many children who are needing to see a therapist and our schools do not have enough funding to assist". -Shawnee Mission School District

Landlords are starting to question whether our rental assistance will be stable, or end up getting cut or frozen. It's already challenging enough to get/keep landlords on-board. The impacts of dwindling access to SSA resources I described in another question above--that's all relevant here. It keeps people on the streets longer and allows them to get sicker when they cannot access entitlements

Stories From the Field:

Data

There have been countless referrals sent for placement in intermediate SUD treatment for individuals in crisis centers, detox, and jails that would be able to access open bed dates with door-to-door access but have instead been placed on a waitlist due to funding restrictions. Due to the delay in placement, many of these individuals have had reoccurrence of use, re-admittance into these high-cost resources creating further financial strain on vital systems of care or ended up incarcerated again and/or longer. There have been physical beds available and staffing levels to support increased census levels, but funding restrictions have created barriers.

I have three clients who are waiting to get a Homeless preference voucher, and we are not sure when that is going to happen, so they are living in their cars. I had a client apply at an apartment complex and they told us he was the last one they were taking because they are not sure what is going to happen with the government and the funding for those vouchers. In regard to SSA I have called multiple times with my clients, and we have waited on hold for more than 15 minutes and then the SSA line will hang up on you and we have tried to go into the office without and appointment and they will not let you but you cannot get anyone to answer the phone to set up an appointment.

During every assessment since January, I've had to explain that our current process is stymied by the lack of funding and that they really need to pursue other avenues of support aggressively while waiting for help from the county By-Name List.

We currently have a mother of 5 facing homelessness, she is being evicted with nowhere to go. All shelters are full and she does not have transportation.

ESG funding helps feed our shelter clients and when funding is cut we have to use other funds from other outreach programs to run our shelter and pay for shelter staff wages which in return affects our people that we serve

The agency is in a status quo mode and unable to plan/implement new services or enhanced services due to funding concerns. Additional shelter staff is needed but cannot be added yet. Current staff is having to assume more duties which leads to burn out and staff turnover.

We continue to watch the number of families requesting assistance increase, this reinforces the need for our services. The uncertainty in the funds that may be available in the future is very concerning. What will families do if we are unable to help them? There is not another provider working in our county.

We recently got an individual with significant co occurring disorders housed for the first time in his life. He is a fairly young person who has never had his own apartment.

Many families with children are on a waitlist for vouchers. Very little affordable housing is available in Douglas Co., therefore many families will remain doubled up in potentially unsafe situations, or will remain in shelter or transitional housing for longer periods of time than ever before waiting for housing and/or vouchers to become available. This will prevent unhoused families from being able to move into shelter or transitional housing spots and they will remain unhoused and unsheltered in unsafe situations

Our inability to hire a clinical supervisor means we lost potential clinical counseling interns, making it harder to provide wraparound services and RR. Our inability to handle outreach events means we are unable to reach out to new clients, and get information out there to people who might need us.

Being homeless or at risk for being homeless is very stressful. Then when someone you rely on weekly, if not more, is at risk of being taken away, the health issues have gotten worse making it even harder to get needs met

Thank You for Reading!

CoC Membership Survey: Impact of Federal Changes