

Service Provider Survey Analysis

N = 26 responses

Data Collection Period: January 10 – February 9, 2026.

Executive Summary

This report presents findings from the Service Provider Survey conducted as part of the Cattleman's Square Homeless Response Action Plan. The survey was administered via the Project DC website and distributed through Close to Home's email distribution list and the HRAP Working Group from January 10 through February 9, 2026. Twenty-six responses were received from service providers representing frontline staff, program managers, agency leadership, city/county staff, and other partners working in and around Cattleman's Square.

The survey represents one component of a multi-source data collection effort that includes: structured interviews and focus groups with people experiencing homelessness (n=31); a frontline staff focus group and individual interview (n=7); semi-structured leadership interviews with agency heads; quantitative analysis of Corazon Ministries outreach data (N=135); Point-in-Time count analysis; HMIS data review; a 2024 survey with people living in Cattleman's Square; and the February 4, 2026 HRAP Working Group strategic planning session (29 attendees). Findings from this survey are analyzed both independently and in relationship to these other data sources.

Survey Key Findings at a Glance

Shelter capacity is the most consistent gap identified. The statement "There are enough shelter beds available" received the lowest score (1.60/5.00) across all Likert items, with 84% of respondents disagreeing or strongly disagreeing. This is the single strongest area of consensus in the survey.

No clear housing pathway exists. Respondents rated "There is a clear plan for how people move from Cattleman's Square to housing" at 2.23/5.00, with 65% disagreeing or strongly disagreeing. This validates the Action Plan's core purpose.

Basic needs access is inadequate. Nearly two-thirds (65%) of providers disagreed that people experiencing homelessness in Cattleman's Square can easily access basic needs items such as food, water, restrooms, and medical care (score 2.38/5.00).

Providers do not feel safe. Sixty-four percent of respondents disagreed or strongly disagreed that they generally feel safe in and around Cattleman's Square (score 2.44/5.00), with safety concerns appearing across frontline, leadership, and government respondents.

Substance use, mental health and shelter barriers dominate. Open-ended responses overwhelmingly identify substance use disorders, untreated mental health conditions, and barriers to shelter access as the top three barriers preventing exits from homelessness.

Information sharing is weak; individual connections are stronger. While most providers know who to contact for help (score 3.46), they assess inter-agency information sharing and coordination as poor (score 2.65). This suggests individual relationships exist but systemic coordination does not.

Providers bring deep experience and lived experience. Respondents averaged approximately 6 years of service in the area, and 42% have personally experienced homelessness or housing instability—lending weight and credibility to their perspectives.

Note: Some questions allowed multiple responses. Percentages on multi-select questions reflect the share of respondents who selected each option and may sum to more than 100%.

Section 1: Respondent Profile

Respondent Roles (Q1)

Respondents were asked to identify their relationship to Cattleman's Square (check all that apply). The majority of respondents are frontline staff providing direct services, with meaningful representation from leadership and government partners.

Role	Count (%)
Frontline staff (case manager, outreach, SSO)	16 (61.5%)
Director or Executive leadership	5 (19.2%)
City/County staff	4 (15.4%)
Program Manager	4 (15.4%)
Other	5 (19.2%)
Close to Home/SAHT staff or board	0 (0%)

"Other" roles included VA HCHV Outreach, a church representative, UTSA staff, a homeless system case manager, and the city-contracted homeless outreach clinician. The strong frontline representation (62%) means these findings are grounded in direct, daily experience with the population.

Services Provided (Q2)

Respondents provide a wide range of services, with street outreach being the most common. Notably, coordinated entry assessment was not selected by any respondent, which may reflect either the nature of who responded or a gap in how coordinated entry operates in this area.

Service	Count (%)
Street outreach	7 (29.2%)
Other (described below)	5 (20.8%)

Food, water, and basic needs distribution	3 (12.5%)
Housing	3 (12.5%)
Emergency shelter	2 (8.3%)
ID recovery services	1 (4.2%)
Clinical services (medical/behavioral health)	1 (4.2%)
Transportation	1 (4.2%)
Harm reduction education/distribution	1 (4.2%)
Coordinated entry assessment	0 (0%)

"Other" services described include connecting to organizations, VA healthcare access, oversight for SSVF/TH/PSH programs, oversight for street teams, and mobile case management/complex care outreach.

Years of Service in Cattleman's Square (Q3)

Respondents bring substantial experience, with a range from 4 months to 18 years. Based on the 22 responses to this question, the approximate average tenure is 6 years, with considerable depth of institutional knowledge across the respondent pool. Several respondents have served for a decade or more, while a number of newer staff (under 2 years) provide a fresh perspective on current conditions.

Respondent Demographics (Q16–22)

Demographic data was collected to understand the provider workforce composition. Of the 24 respondents who provided demographic information:

Characteristic	Category	Result
Gender	Women	66.7% (16)
	Men	33.3% (8)
Ethnicity	Latine/Hispanic	52.2% (12)
	Non-Latine/Hispanic	43.5% (10)
Race	White/Caucasian	75.0% (18)
	American Indian/Alaska Native	12.5% (3)
	Black/African American	4.2% (1)
Age (largest groups)	45–54	41.7% (10)
	35–44	29.2% (7)
	55–64	20.8% (5)
Lived Experience	Yes, currently or recently	12.5% (3)
	Yes, but not within 3 years	29.2% (7)

	No, never	58.3% (14)
LGBTQ+	Yes	12.5% (3)
Military Service	Yes	8.7% (2)

Notable: 42% of respondents have personal experience with homelessness or housing instability, including 12.5% who are currently or recently experiencing it. This brings an important dual perspective—professional and personal—to these findings. The workforce is predominantly women (67%), majority Latine/Hispanic (52%), and concentrated in the 35–54 age range (71%).

Section 2: Current State Assessment (Likert Ratings)

State of Cattleman's Square (Q4)

Respondents rated their agreement with six statements about the current state of Cattleman's Square on a 5-point scale (1=Strongly Disagree to 5=Strongly Agree). Scores below 3.0 indicate disagreement; scores above 3.0 indicate agreement.

Statement	SD	D	N	A	SA	N/A	Score
Enough shelter beds available	17 (65%)	4 (15%)	2 (8%)	1 (4%)	1 (4%)	1 (4%)	1.60
Can easily access basic needs	3 (12%)	14 (54%)	5 (19%)	4 (15%)	0	0	2.38
I generally feel safe	5 (20%)	11 (44%)	3 (12%)	5 (20%)	1 (4%)	0	2.44
Services well-coordinated	3 (12%)	7 (27%)	11 (42%)	4 (15%)	1 (4%)	0	2.73
Response prioritizes dignity	3 (12%)	5 (19%)	7 (27%)	8 (31%)	3 (12%)	0	3.12
Outreach effectively connecting to services	2 (8%)	4 (15%)	7 (27%)	8 (31%)	3 (12%)	2 (8%)	3.25

Scale: SD=Strongly Disagree (1), D=Disagree (2), N=Neutral (3), A=Agree (4), SA=Strongly Agree (5). Score is mean excluding N/A responses. Sorted by score ascending (lowest = greatest concern).

Interpretation: The data reveal a clear hierarchy of concern. Shelter capacity is by far the most critical gap within this grouping, followed by basic needs access and safety. Interestingly, outreach effectiveness received the highest rating among Q4 items, though still only slightly above neutral — suggesting mixed views on whether current outreach efforts are translating into outcomes. Providers described outreach as a strength in Q6 while noting that without shelter or housing to connect people to, impact is limited. The dignity rating (3.12) falls just above neutral, suggesting mixed experiences with how the current response treats people.

Service Coordination (Q10)

Three additional Likert items assessed service coordination specifically.

Statement	SD	D	N	A	SA	N/A	Score
Clear plan for moving to housing	8 (31%)	9 (35%)	4 (15%)	5 (19%)	0	0	2.23
Providers effectively sharing info/coordinating	4 (15%)	6 (23%)	11 (42%)	5 (19%)	0	0	2.65
I know who to contact for help	3 (12%)	2 (8%)	6 (23%)	10 (38%)	5 (19%)	0	3.46

Interpretation: The contrast between these items is telling. Most respondents know who to contact individually (58% agree/strongly agree), but assess that inter-agency coordination is weak (38% disagree/strongly disagree, with another 42% neutral) and that no clear housing pathway exists (65% disagree/strongly disagree). This pattern suggests the system relies on informal, relationship-based networks rather than structured coordination—a finding consistent with frontline staff and leadership interviews.

Section 3: Barriers to Exiting Homelessness (Q5)

Respondents were asked to identify what they believe are the top three barriers preventing people from exiting homelessness in Cattleman's Square. Twenty-six respondents answered this question. The following thematic analysis consolidates their responses.

Barrier Themes by Frequency

Barrier Theme	Mentions
Substance use disorders	15
Mental health (untreated/unmanaged)	14
Shelter access/capacity/barriers	11
Housing availability (affordable, PSH, TH)	7
Fear/distrust of systems	3
Inability to meet ADLs	3
Justice involvement/ criminalization of homelessness	3
Income / employment barriers	2
IDD/disability	2
Lack of ID/documentation	1

Cross-Source Validation: The dominance of substance use and mental health as barriers is strongly validated by quantitative data showing 56% substance use disclosure and 50%

mental health disclosure among people surveyed in Cattleman's Square. The shelter barrier theme aligns with the Likert finding of 1.60/5.00 on shelter adequacy. Provider and PEH perspectives converge on mental health, substance use, and shelter as critical barriers — but diverge on what matters most. Earlier qualitative findings indicated that people experiencing homelessness identify lack of housing options as the primary barrier to exiting homelessness, while providers more frequently cited mental health and substance use conditions.

Of particular note: Two respondents specifically identified the needs of people with intellectual/developmental disabilities (IDD) as a distinct, underserved subpopulation. This may represent an emerging finding not fully captured in earlier data collection phases.

Section 4: What's Working Well (Q6)

Twenty-two respondents identified services or approaches that should be protected or expanded. Responses clustered around the following themes:

Themes

Street outreach and continuous engagement was the most frequently cited strength. Multiple respondents highlighted the value of consistent, daily outreach that builds trust over time—particularly by peers with lived experience. One respondent described a team that has operated since 2021 using a Complex Care and Crisis Care model.

Harm reduction and behavioral health access was noted positively, including wound care, clean use supplies, and proximity to CHCS mental health services. Medical assistance from street medicine was also mentioned.

Community engagement and food distribution from community members and organizations (particularly Corazon Ministries) was recognized as a valued presence. Some earlier qualitative findings suggested food and clothing may be more readily available relative to other critical needs like showers, bathrooms, and storage, though this perception was not universal and may reflect differences in how various subgroups experience services.

Co-location of service providers and the existence of flexible supportive housing funds were identified as promising approaches. One respondent detailed a model combining flexible housing vouchers, Complex Care outreach, and proactive coordination with jail and hospital systems.

ID recovery, detox, and treatment services were mentioned by several respondents as available and valuable resources.

Counterpoint: *Five respondents answered "N/A" or expressed that nothing is currently working well for individuals who cannot connect to housing. One respondent stated directly: "If individuals that remain in the area without a housing opportunity or not able to connect to services, nothing is working well." This frustration reflects the gap between outreach effort and available destinations.*

Section 5: Biggest Immediate Impact & Service Coordination (Q7–Q8)

Biggest Immediate Impact (Q7)

All 26 respondents answered this question. Responses were coded by primary theme:

Resource/Service	Mentions
Shelter / safe sleep / overnight capacity	9
Mental health / behavioral health services	7
Housing (PSH, TH, affordable, vouchers)	5
ID recovery / document recovery	4
Treatment / detox / SUD services	4
Food / survival needs	3
Basic needs hub / resource center / substation	2
Street outreach (daily, expanded)	1
Legal services / record expungement	1
Day respite / medical respite / jail re-entry	1

The top three immediate impact areas—shelter capacity, behavioral health services, and housing— overlap with the top three barriers identified in Q5. This convergence between “what’s wrong” and “what would help most” strengthens the evidence base for prioritizing these areas in the Action Plan.

Improving Service Coordination (Q8)

Twenty-three respondents offered recommendations for improving service coordination. Key themes include:

Centralized data and communication systems: Multiple respondents called for universal HMIS use, shared live-chat platforms, integrated dashboards showing real-time bed availability, and streamlined documentation/tracking across agencies.

Consistent outreach presence: Several respondents emphasized the need for a coordinated, dedicated outreach team assigned to the area with consistent staffing to build trust and familiarity.

Streamlined access to behavioral health: One respondent noted that four-to-five-week wait times at CHCS are “ineffective for individuals actively dealing with addiction” and that treatment must be prioritized before housing interventions can succeed.

Cross-system coordination: Proactive coordination between street outreach, jail re-entry, and hospital discharge was recommended by multiple respondents as a mechanism to prevent people from cycling back to unsheltered homelessness.

Physical resource hub: A satellite office, in-person information booth, or soup kitchen/resource area where services could be co-located was suggested by several respondents.

Section 6: Role of Public Safety (Q9)

Twenty respondents addressed the role of police, SAFTE Officers, and enforcement in Cattleman's Square. This question generated the most divergent responses in the survey, revealing a significant range of perspectives among providers.

Perspectives Identified

Complementary/supportive role: Several respondents view law enforcement as important first responders, useful for safety (particularly for women), deterring violence, and connecting people to resources when properly trained. One respondent framed the ideal as law enforcement serving a "complementary role" when outreach providers are already coordinating with jail and hospital systems.

Displacement without resolution: Multiple respondents described enforcement as primarily functioning to "sweep" or "clear" the area without addressing underlying causes. Citations and criminal trespass warnings (CTWs) were described as ineffective at solving homelessness.

Harmful and oppressive: Some respondents expressed strongly negative views, describing enforcement as upholding systems of oppression, taking belongings including medication, confiscating property, and treating people without dignity. One respondent stated the current approach is characterized by "disrespect."

Need for de-escalation and connection: Several respondents recommended equipping officers with de-escalation tools and the ability to connect people to behavioral health resources rather than relying on citations.

Cross-Source Validation: The divergence among providers mirrors findings from PEH interviews, where police interactions were described negatively by the majority of people experiencing homelessness. The provider survey adds nuance: even among service providers, there is no consensus on law enforcement's appropriate role.

Section 7: Immediate & Long-Term Priorities (Q11–Q12)

Immediate Actions: Next 3–6 Months (Q11)

Twenty-five respondents identified immediate priorities. Responses were coded thematically:

Immediate Priority	Mentions
Shelter access (low-barrier, overnight, safe sleep)	6
Housing placement (PSH, vouchers)	5
Coordinated outreach (dedicated team, daily presence)	5
Hygiene (showers, bathrooms, warming/cooling)	3
Behavioral health / substance use treatment	3
Document/ID recovery	2
Ask people what they need (client-driven)	2
Resource hub/satellite office	1

Long-Term Changes: 18+ Months (Q12)

Twenty-four respondents identified long-term priorities:

Long-Term Priority	Mentions
PSH / affordable housing development	8
Expanded shelter / safe sleep capacity	4
Behavioral health / mental health expansion	3
Ongoing case management / continued care	3
Service provision on-site (dental, health, harm reduction)	3
Employment / adult education access	1
Criminal record sealing / expungement	1
Homeless prevention / upstream intervention	1
Street outreach expansion	1

The immediate priorities align strongly with the Shared Commitments emerging from the February 4 Working Group session, particularly around shelter capacity, coordinated outreach, and basic needs. The long-term priorities center on housing development—consistent with the universal finding across all data sources that housing is the fundamental solution.

Section 8: Implementation Trust & Accountability (Q13–Q14)

What Would Build Trust in Implementation (Q13)

Twenty-three respondents addressed *what would make them trust the plan will be implemented*. Their responses reveal both pragmatism and skepticism:

Visible action and follow-through was the dominant theme. Respondents want to see results, not just plans. Phrases like “to see it in action,” “to actually see something happening,” and simply “ACTION” capture this sentiment.

Data, metrics, and accountability structures were called for by several respondents, including goals with timelines held by a governing body, data showing progress, publicly accessed meeting minutes, and regular (monthly) status reports.

Attached funding was specifically identified by multiple respondents. The message is clear: plans without budgets don't get implemented.

Committed organizational buy-in and a proven project leader were also named as essential. One respondent stated the need for “true committed buy-in from the partnering organizations and follow through of services.”

One respondent expressed frank skepticism: “Nothing.” Another noted that in the unhoused community, results will spread by word of mouth rather than flyers—an important reminder that success will be measured by the people the plan is meant to serve.

Willingness to Contribute (Q14)

Twenty-two respondents described roles they are willing to play. Responses demonstrate broad willingness to engage, from frontline outreach workers committing their daily service, to agency leaders willing to provide leadership and advocacy, to city council staff offering whatever support is needed. Specific commitments include canvassing and surveying clients, providing veteran housing assistance, giving public comment and meeting with decision-makers, offering medical respite services, and contributing institutional knowledge about best practices. This willingness represents an implementation asset that should be mobilized.

Section 9: Additional Input (Q15)

Fifteen respondents offered additional comments. Several themes emerge that reinforce or add to earlier findings:

Low-barrier shelter: One respondent stated directly: “Low barrier emergency shelter does not exist in San Antonio.” This underscores the shelter access barrier identified across all data sources.

Government role: One respondent argued the city government should commit to a funding amount and then step back from direct involvement in implementation. This reflects a dual-role tension – questions about the appropriate role of city government beyond committing resources.

Equity of access to housing vouchers: One respondent emphasized that “every organization needs access to vouchers not just one single organization,” identifying concentrated voucher access as a barrier to faster housing placements across the provider network.

Dual disorders: The need to address co-occurring mental health and substance use disorders simultaneously was reinforced: “It is a dual disorder. You cannot help one without the other.”

Dignity and humanization: One respondent reflected that people in this area “are, at times, not treated humanely” and called looking past a person because of their circumstances “deplorable.”

Decision-making capacity: A respondent raised that “not everyone at Cattleman’s Square has the mental capacity to make decisions on their own,” reinforcing the IDD/ADL subpopulation concern identified in barrier analysis.

Broad coalition needed: One respondent emphasized that law enforcement, medical and mental health communities, faith-based organizations, and city/county government must all be part of the conversation.

Outreach mobility infrastructure: One respondent proposed that just as police, fire, and EMS have specialty vehicles funded by the city, the standard vehicle for street outreach workers should be a mobility van—an innovative infrastructure recommendation.

Section 10: Cross-Source Alignment

The service provider survey data was analyzed and cross-referenced with findings from PEH interviews/focus groups (n=31), frontline staff focus groups (n=7), leadership interviews, and quantitative analysis (N=135). The following table summarizes alignment across sources.

Theme	Provider Survey	PEH Interviews	Quantitative Data	Alignment
Housing	Top long-term priority; 66% say no clear pathway	Universal #1 need; immediate readiness	N/A	STRONG
Shelter Access	84% say not enough beds; low-barrier shelter absent	Negative experiences; access barriers	N/A	STRONG
Basic Needs	65% say can't access; resource hub needed	Critical gaps in showers/bathroom	Zero shower services	STRONG
Mental Health & Substance Use	Top two barriers (15&14 mentions); wait times a concern	High self-reported need	56% SUD, 50% MH	STRONG
ID	Cited as a high-impact intervention	Top 3 priority need	70% lack ID	STRONG
Police	Most divergent question; displacement vs. safety	Majority negative	N/A	MIXED
Coordination	2.65/5 coordination; 2.23/5 housing plan	Service confusion reported	N/A	STRONG
Vulnerabilities	IDD/ADL subpopulation identified by multiple respondents	Not prominently raised	N/A	NEW FINDING
Outreach	Highest-rated current function (3.25/5)	Valued when consistent	N/A	STRONG

New or Strengthened Findings from This Survey

IDD/ADL Subpopulation (NEW): Three respondents independently identified people with intellectual/developmental disabilities or those unable to meet activities of daily living as an underserved group needing specialized housing and care coordination. This population was not prominently identified in earlier data collection and should be flagged for targeted recommendation development.

Behavioral Health Wait Times (STRENGTHENED): The 4–5 week wait time at CHCS for behavioral health services was specifically named as a barrier to effective intervention, adding concrete detail to the general MH–SU barrier finding.

Voucher Distribution Equity (STRENGTHENED): The call for multiple organizations to have access to housing vouchers, not just one, adds a systems-level dimension to the HOUSING theme.

Outreach Vehicle Infrastructure (NEW): The recommendation for city-funded mobility vans as standard equipment for street outreach represents a concrete, implementable infrastructure recommendation.

Jail/Hospital Coordination (STRENGTHENED): Multiple respondents identified the need for proactive coordination between outreach, jail re-entry, and hospital discharge as a key mechanism to prevent cycling into unsheltered homelessness.

Limitations & Data Quality Notes

Sample size: With 26 valid responses, this represents a focused but not exhaustive sample of service providers in the area. Results should be interpreted as indicative of provider perspectives rather than statistically generalizable.

Close to Home / SAHT representation: No respondents identified as Close to Home or SAHT staff or board members. Their perspectives are captured through other data collection methods (leadership interviews, Working Group participation) but are not reflected in this survey.

Excluded submission: One submission was identified as a junk/test entry (containing non-responsive content such as screen resolution specifications and random strings) and was excluded from all analysis. The 26 valid responses form the basis of this report.

Multi-select question issue: One respondent noted that Question 2 did not allow more than one checkbox selection. This may have affected services-provided data for some respondents.

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