

Cattleman's Square Homeless Response Action Plan

Qualitative Analysis & Report Framework

Draft for Internal Review | December 2025

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Executive Summary

This analysis synthesizes data collected from three primary source groups:

- 1) People experiencing homelessness in Cattleman's Square (approximately 31 individuals via interviews and focus groups);
- 2) Frontline outreach staff (7 individuals); and
- 3) Agency leadership/service providers (multiple interviews across SAMM Ministries, Haven for Hope, Corazon Ministries, San Antonio Food Bank, Close to Home and American GI Forum).

This report reflects Phase 1 data collection, conducted November–December 2025. It prioritizes findings from people experiencing homelessness in Cattleman's Square, supplemented by initial interviews with frontline staff and agency leadership.

Additional data collection is in progress, including a service provider survey and community partner interviews not yet completed. Findings from additional data collection will be integrated into subsequent reporting. Readers should treat this document as a foundation for planning—not a complete picture of the system.

The analysis reveals strong alignment across all groups on the fundamental need: housing is the primary, universal priority. However, significant tensions exist around *how* housing should be provided, with people experiencing homelessness expressing immediate readiness while providers emphasize concerns about retention and wraparound services.

Key finding: San Antonio's implementation of housing programming does not mirror national best practices for effective rapid rehousing (RRH) and permanent supportive housing (PSH) programming.

Specifically, providers reference scattered-site PSH without intensive case management, unfurnished units, and case managers checking in only biweekly. RRH is being used as a stop-gap for PSH due to more demand than PSH units and there is little difference between how RRH and PSH services are provided. With the current use of RRH, both program types likely need to be operated with the service intensity of a to-fidelity PSH program. From a

service delivery perspective, the approach does not appear to be individualized based on participant wants and needs, there is not a continuous commitment to maintaining low barriers to program entry nor is there intensive support for sustaining housing through RRH and PSH programming.

Note: This finding conveys a significant perception about PSH program delivery in San Antonio. It does not however represent a comprehensive assessment of PSH program implementation, which could affirm or refute this perception and may vary significantly among different PSH providers.

Methodology

Data Sources*

Source Group	Sample Size	Methods
People Experiencing Homelessness	~31 individuals	21 structured interviews + 2 focus groups (10 participants)
Frontline Staff	7 individuals	1 focus group (6) + 1 individual interview
Agency Leadership	Multiple	Semi-structured interviews + field observation

* Data collection period: November 2025 (virtually); and December 2-7, 2025 (on-site, in person)

A Note on Centering Lived Experience

This analysis draws from approximately 31 people currently experiencing homelessness in Cattleman's Square, 7 frontline outreach staff, and leadership interviews across 5 organizations. These groups hold different relationships to the system being examined: people experiencing homelessness navigate it daily as recipients; frontline staff operate within it as workers; leadership shapes and is accountable for it.

We note where perspectives align and diverge and have made an intentional choice to center the direct experience of people living unsheltered. This does not mean dismissing provider insights about systemic barriers, resource constraints, or implementation challenges. It means being precise about whose experience constitutes evidence of what. Providers can speak to how programs operate; people experiencing homelessness can speak to how programs are experienced.

What People Want Decision-Makers to Know

When asked what message they would send to people making decisions about homelessness in San Antonio, participants were direct:

On housing:

- "I'm tired. Tomorrow's my birthday, I can't remember how old I am...I was born in 1972 so I guess I'm 54. I dream about having a birthday at a kitchen table."
- "The only thing I want to tell them is to help us get a home. We have access to food, clothes, and a bathroom... I just need a place to live."
- "We need housing—people are dying out here."

On dignity & compassion:

- "Just because I'm homeless doesn't mean I don't deserve the same access to a happy life that you do. I used to sleep in the old warehouse with all of the cats. We kept each other warm. I would miss them if I had a place to live, but I'd choose a place to live over time with the cats."
- "There is no dignity out here."

On using what's available:

- "Can you imagine what we could do with these buildings to make them livable with a bit of leadership and supplies?"
- "This should be made into a housing community that will benefit the homeless out here. They've put something up that's for rich people, who is that going to help?"

On the system:

- "Right before I got homeless I went to Haven for Hope and they said they wouldn't take anyone in who has been there already... How do you support homeless when you turn them down?"
- "People should have choices. Options. I hate it when people do something for you, don't tell you, and then get mad at you when you fuck it up."
- "If they would actually have people who would actually advise you along the way, that would be helpful."

On being heard:

- "They should make it where everyone has an opportunity to say something where everybody is going to get heard."

On seeing the reality:

- "If you really want to know the streets and our lives out here, I'd like to see the folks in the City stay out here a few nights and truly understand what's going on."

- "I was whipped as a boy to make sure I didn't touch drugs. Once I ended up here, I started using because otherwise I didn't fit in. I wasn't welcomed until I started using. I see that happen a lot to people who show up here."
- "You're one step/mistake/situation away from being right here next to me."
- "This is not something we wished for."

On urgency:

- "I just need to get out of here. I think I'm going to end up dead or in prison."
- "We just need help. I have 10 kids. I have grandchildren. My life is terrible and I just need help."
- "I need mental health support for my kids. They are struggling with suicide thoughts, and I need help to take care of them."

Themes & Analysis

The following themes emerged across multiple source groups. For each theme, we note where perspectives align and where they differ.

Theme 1: Housing as the Universal, Primary Need

Alignment: Strong across all groups

Every data source identifies housing as the fundamental need. People experiencing homelessness are explicit that food and clothing are generally available ("there is almost too much stuff here...what we really need is housing"), while housing remains inaccessible. Frontline staff and leadership agree that housing is the bottleneck.

- **Perspective of People Experiencing Homelessness:** People consistently express desire and willingness to accept housing. Many identify concrete barriers they would need help navigating – particularly obtaining identification and locating available, affordable units. Wait lists are described as 3–4+ years, with some feeling their names were "lost." "Couldn't use my voucher in 4 months (no place to rent)—3x/income was the barrier."
- **Staff perspective:** Agree housing is the primary need but emphasizes retention concerns: "We house people who are not ready to be housed."
- **Leadership perspective:** "Need more affordable housing... both with supportive services and without." PSH failures attributed to lack of wraparound services, not Housing First philosophy (high barriers to entry and/or lack of adequate level of support needed to maintain housing once moved-in).

Key Tension: People experiencing homelessness emphasize housing access ("I would take housing today") where providers initially expressed a fear of clients not being "housing ready." Upon further exploration with providers, this amounted to a fear of housing retention ("They get evicted"). Provider experience appears limited to supportive housing programs

that lack adequate wrap-around services or rapid rehousing programs that have not scaled services to client need. The critical gap is in post-placement supportive services.

Housing design matters: Several participants described leaving previous housing because of isolation and loneliness—returning to their "street family." One said: "I've had three chances before and every time I was so lonely and sad... I missed my street family." This suggests that for some, site-based housing with built-in community may be more effective than scattered-site placement. It also reinforces the need for intentional support to help people build connection post-placement—not just obtain a unit.

Theme 2: Emergency Shelter Access

Alignment: Strong—all groups identify barriers to shelter entry and retention

Access barriers prevent many people in Cattleman's Square from utilizing available shelter resources. Systemic barriers—including documentation requirements, residency restrictions, bed capacity, and policies that lead to exit or ban—leave significant portions of the unsheltered population without viable options.

- **Perspective of People Experiencing Homelessness:** Shelter access was a source of significant frustration. People described shelter as harder to access than expected, citing documentation barriers, long waits, limited beds, and exits for reasons outside their control.
- **Staff perspective:** Staff acknowledged that eligibility requirements—ID, 12-month residency, background checks—create barriers for people they serve who experience frequent theft and transience.
- **Leadership perspective:** Providers described operating at or beyond capacity, particularly for families. Geographic access is also a barrier—the women's shelter (SMM) was described as "too far from downtown" for the Cattleman's Square population.

Key Finding: The community needs both improved pathways into existing shelter and alternative options for populations current shelter cannot serve—including low-barrier options for people without documentation and geographically accessible options near Cattleman's Square.

Theme 3: Basic Needs Infrastructure Gaps

Alignment: Strong—all groups identify same gaps

While food and clothing are available, through service organizations and churches and volunteers who drop off supplies in Cattleman's Square, critical gaps exist in access to bathrooms, drinking water, showers, laundry, safe storage, sanitation, and low barrier emergency shelter.

Need	Current State
Bathrooms	Closed at night; existing ones "for tourists"; selective access
Drinking Water	Available only when volunteers drop off or outreach comes through
Showers	10 minutes, M/W/F only at limited locations
Laundry	No free access; requires money for laundromat
Sanitation	No trash cans; "we want to keep clean—we can't here"
Safe Storage	None; theft constant; can't attend appointments or day labor without losing belongings

Potential quick wins to address some immediate needs include providing access to a dumpster and garbage bags so people can safely dispose of their garbage within Cattleman's Square, and opening a 24-hour facility that offers bathrooms with showers, toilets and drinking fountains, free laundry machines and/or service, and lockers for individual storage for people's belongings.

While it is likely a heavy lift initially, there is potential benefit in identifying a local entity to coordinate volunteer efforts and identify the churches who are actively donating food and clothing within Cattleman's Square. There may be opportunities to both streamline current processes and contribution efforts, as well as discuss additional priorities volunteers may be willing to consider. Interfaith coordination could play a key role in getting additional basic needs met and gaining local buy-in to expand basic needs service delivery aligned with needs noted above.

Theme 4: Safety & Violence

Alignment: Strong in people experiencing homelessness data; less emphasized by providers

People experiencing homelessness describe daily exposure to violence, theft, and threat—distinct from police interactions. This is about interpersonal safety in an environment where protection is unavailable.

- Theft is constant: "Always someone trying to steal." "Everyone steals everything when you're homeless." "People are stealing from us constantly—IDs, phones, backpacks." Theft of documentation creates downstream barriers to services, employment, and housing.
- Physical violence: "He had a knife pulled to his throat the other night." Beatings mentioned multiple times. One participant: "OH NO. Never feel safe. Don't really sleep—no one who is homeless really sleeps."
- Gendered vulnerability: Women's safety emerged as a distinct concern. "To be a woman out here is... to not be in your right mind. It's too hard for them. Their consequences—as a woman—are hell to pay." Sexual assault was referenced in both interviews and focus groups.

- Comparison to other areas: Some participants noted Cattleman's Square is relatively safer than other locations: "Rittiman is way worse..." This suggests safety is relative and location-specific.

Key Finding: The absence of safe, sanctioned space forces people to manage their own security in an environment of constant threat. Theft of documents perpetuates barriers to services. Gendered safety concerns require specific attention.

Theme 5: Police & Security—Predominantly Negative Impact

Alignment: Strong between people experiencing homelessness and frontline staff; leadership less focused on this

The majority of people experiencing homelessness describe harmful police interactions, and frontline staff confirm that enforcement undermines their outreach work.

- People Experiencing Homelessness report: Harassment, selective enforcement, tent slashing, being moved constantly. Bike cops identified as particularly problematic. Some positive experiences noted with officers.
- Frontline staff: Staff described tension between outreach efforts and City-directed abatements that displace people they're trying to engage. Police approach during sweeps was described as dismissive: "Get one bag, get the fuck out."
- Structural issue: City both funds outreach services AND directs abatements—fundamental conflict. Abatement pause during holidays questioned: "Why the pause now? PIT Count?"

Theme 6: ID/Documentation as Systemic Barrier

Alignment: Universal acknowledgment

ID creates a circular trap: can't access services without ID, can't get ID without stable circumstances, documents constantly stolen.

- One participant used \$25 survey compensation specifically to get ID
- ID Recovery (Corazon) praised but availability/timing frustrating
- DPS process described as broken: "Constantly don't have what's 'required' and they are constantly changing." Corazon leadership noted recent changes made acquiring an ID more difficult and slower, citing that as the reason few people have their ID in Cattleman's Square.
- ID required for: shelter access, employment, housing applications, benefits

Key Finding: Funded ID recovery services exist locally but cannot meet current demand due to limited availability and external barriers. Coordinating a mobile, street-based ID recovery service among resourced agencies could reduce a barrier that blocks access to shelter, housing, and employment.

Theme 7: Employment & Economic Barriers

Alignment: Strong in PEH data; providers acknowledge but frame differently

People experiencing homelessness consistently identified employment and income as pathways out—but described barriers that make work inaccessible without foundational supports.

- Preparation barriers: Can't present professionally without showers, clean clothes, ID. "Proper credentials and jobs. How do you expect people to get off the stoop when they can't get themselves properly ready to prepare for a job?"
- Age discrimination: "They don't want to hire people who are old when they can hire someone 30 years younger."
- Income requirements block housing: "Making 3 times the rent—who does that?" "Couldn't use my voucher in 4 months (no place to rent)—3x/income was the barrier."
- Daily pay work as solution: Multiple participants requested daily work opportunities rather than traditional employment pathways. "They should have people come around every day and offer people work. Daily pay work... Get with the staffing agencies and get contracts."
- Skills-based work: "Job that meets my skills / my needs (not a diploma, not a computer)."
- Frontline staff acknowledged these barriers but framed them more around benefits access and functional impairments. The divergence is notable: PEH emphasize desire and willingness to work; providers may underestimate employment motivation.

Theme 8: Mental Health & Substance Use

Alignment: All groups recognize centrality; people experiencing homelessness identify access barriers while some providers debate sequencing

All groups acknowledge that mental health and substance use are central factors for many people living unsheltered in Cattleman's Square.

- People Experiencing Homelessness: Many acknowledge MH/SU challenges and express desire for support, but describe being caught in a catch-22; some want help but don't know how ("Everyone tells me I have to get off drugs first but I don't know how"). Others noted the pressure to use substances upon arriving on the streets, and described clustering by drug of choice as a survival and community strategy.
- Frontline staff: "If [mental health] is not addressed, nothing else will work." Call for street-based MH team.
- Provider debate on sequencing: Some providers expressed concern about housing people before addressing MH/SU. However, this framing was not reflected in how people experiencing homelessness described their own situations—they identified treatment access barriers, not ambivalence about whether they could manage housing.

Treatment access barriers: 601 Frio (state-funded detox) has significant limitations regarding who is "eligible" and the treatment made available to people; ICP treatment at

Haven requires 12-month residency, ID, and background check. One participant specifically requested harm reduction services. Frontline staff emphasized the need for a street-based mental health team.

Conversations with outreach providers tended to focus more heavily on treatment as the next step for many people in Cattleman's Square, more so than housing being the next step. Part of that is rooted in the fact that outreach does not have housing options available when people express interest, nor do they often have viable shelter options to offer.

Theme 9: Service Coordination is Fragmented

Alignment: Frustration across all groups, though people experiencing homelessness and providers describe different aspects of the problem

People experiencing homelessness describe a system that makes promises but doesn't follow through, resulting in lack of connection to resources. Providers describe fragmentation, resource hoarding, and lack of accountability.

- Perspective of People Experiencing Homelessness: "Service providers come because they're sent out here and get names, but then don't come back." Multiple participants described being passed between providers without resolution: "They just send you to the next person." Some expressed deeper skepticism: "Service providers seem to want to keep us homeless because that's how they get funded."
- Provider Perspectives:
 - Outreach coordination: "Not there, period." Some agencies aren't open to hearing that they're not doing the work. Duplicative work; no standardized training; inconsistent HMIS documentation.
 - Resource hoarding: "If I give my contacts to another outreach worker, they're going to mess it up... I'm going to advise you not to [share]." Resources built on personal relationships that can be burned.
 - Hospital discharge: CHCS and University Health not at outreach huddles despite being major discharge points. No medical respite.
 - "Hard conversations": "We're not really good about having the hard conversations... when we start talking about things that we're doing not so well, nobody really wants to talk about it."

Key Finding: People experiencing homelessness and providers are describing the same system from different vantage points. The difference is that people experiencing homelessness bear the consequences of coordination failures—lost paperwork, expired vouchers, repeated assessments—while providers experience them as frustrating workplace dynamics.