

Nonprofit Safety Net Assessment

*A regional systems assessment based on 79 organizations,
163+ programs, and ACS 2024 demographic data*

Prepared by Kimberley H. Wilt



How This Assessment Was Built

This assessment draws on two data sources: a direct survey of regional nonprofits (January–April 2026) and the 2025 IRS Business Master File for Winchester. The survey captured approximately 1 in 3 Winchester-based social services organizations, above the 20–30% typical for voluntary nonprofit sector surveys. **Findings represent a floor, not a ceiling.**

79

organizations surveyed across the region

33%*

Winchester social services capture rate

107

Winchester social services orgs
(IRS BMF baseline)

Data Sources

UWNSV Nonprofit Safety Net Survey (Jan–Apr 2026): 79 organizations, 190 programs across Winchester and Frederick, Clarke, Warren, Shenandoah, and Page Counties. Organizations self-reported program-level demand, capacity, and waitlist data.

IRS Business Master File (June 2025): 481 registered nonprofit entities in Winchester; 402 are 501(c)(3)s. Approximately 107 carry core social services NTEE classifications. NTEE codes are self-reported and should be interpreted cautiously.

ACS 2024 5-Year Estimates: Tables DP04, DP05, B25041, Winchester city, Virginia. Demographic and housing data throughout this report.

***Note:** *While not a census, the survey captured many of the region's largest direct-service providers, representing a significant share of frontline service activity.*

Winchester at a Glance



Winchester is a small city carrying an outsized share of the region's social need. Its poverty rate is more than double the surrounding region's. Most residents rent in a market where rents have grown faster than wages. One in five residents is Hispanic, in a service system that has not fully caught up. Its uninsured rate is nearly twice the state average and growing.

The central findings are clear: housing is the fault line, mental health access is not deep enough, clients are doing the coordination work the system should be doing, and the sector is one funding cycle away from losing programs communities already depend on.

Winchester As Service Center & Safety Net

- Winchester functions as the service center for a six-county micropolitan region. This pattern — concentrated services, dispersed tax base — is well-documented in the urban economics literature on central city fiscal spillovers.
- Winchester is the **service center**, but the **safety net** is regional. Frederick, Warren, Shenandoah, Page, and Clarke residents all rely on Winchester-based infrastructure.
- Winchester's role as the region's nonprofit service center is not unusual; it is the predictable result of how services concentrate in micropolitan anchor cities across the United States.
 - Under federal definitions, a micropolitan statistical area is anchored by an urban cluster, with surrounding counties included precisely because their residents are economically tied to that core through commuting.
 - Services follow the same gravity. Nonprofits locate where the population density, transit access, and institutional infrastructure are, which is the anchor city.

Wasylenko, M. (2017). *Financing Central Cities*. Center for Policy Research Working Paper No. 204, Maxwell School, Syracuse University. U.S. Office of Management and Budget, *Standards for Delineating Metropolitan and Micropolitan Statistical Areas* (2023).

Winchester has a nonprofit sector doing remarkable work.

The problem is not duplication of services. Services here stack to meet complex needs. The problem is that coordination remains largely informal, and demand is outpacing capacity. What exists is a mature, mission-driven network of organizations strained by structural conditions that predate any single organization.

What This Community Needs

Housing, Navigation, and Language Access

- Treat housing and shelter as civic infrastructure.
- Invest in navigation systems that move people across services.
- Make language access a core design standard, not an add-on.

The Regional Question

Who Pays for the Regional Safety Net?

- Winchester functions as the service center for a six-county region.
- The services are regional. The funding conversation must become regional too.

The Opportunity

The Solutions Are Already Here

- We have clear data.
- The organizations know what they need.
- The opportunity is to align funding, policy, and partnerships around solutions the community has already identified.

The Sector: Mature, Wide-Reaching, and Strained

79 organizations responded, representing a sector with deep roots and broad coverage. Nearly half predate 2000. At the same time, nearly a quarter were founded in the last decade — the sector keeps growing because the need keeps changing. More than half its programs are already over capacity.

79

organizations surveyed

163+

programs catalogued

53%

programs where demand exceeds capacity

33%

of Winchester social services orgs captured

1998

median founding year

Food Access

Numerous general food pantries serve the region. Food access is one of the few areas where the sector has scaled somewhat close to the need.

Crisis Response

24/7 compassionate hotline (Concern Hotline), disaster response, domestic violence coverage, and basic goods distribution are robust and are helping meet demand.

Sector Under Strain

Federal funding cuts are affecting capacity now, not in future budget cycles. The sector cannot pay competitive wages for licensed clinicians and caseworkers. Volunteer bases are aging with no replacement pipeline in sight.

Areas of Strength

A thorough assessment requires naming what is working. Several service areas are functioning remarkably well despite significant resource constraints. What looks like duplication is usually a collection of organizations addressing different pieces of the same problem. The issue is not too many nonprofits. The issue is too little connective tissue between them.

Food Access

Numerous general pantries (CCAP, Highland, Love In Action, Stephens City UMC) cover multiple days/times with no income requirements. Bright Futures reaches 1,200+ students weekly via school-based weekend packs. Food access is an issue in our community, but we are stacking services to meet this need head-on.

Crisis Hotlines

Concern Hotline operates 24/7 and is meeting demand. American Red Cross provides reliable disaster response. Domestic violence crisis lines are functionally operational across the region.

Basic Goods Distribution

Clothing, furniture for newly housed families, diapers, birthday supplies, shoes for homeless individuals — the basic goods network is wide, largely volunteer-sustained, and meeting demand.

Regional Disability Day Services

NW Works, Shen-Paco, and SEARCH provide day programming and vocational training meeting current demand. The gap is residential placements, not day services.

Where Capacity Is Breaking

Every housing program primarily serving Winchester reports demand exceeding capacity. Legal aid is the most underprovided professional service in the region. School-based mental health is significantly oversubscribed. These are not isolated gaps — they are systemic.

Housing & Homelessness

Blue Ridge Habitat, Family Promise, WATTS, New Eve Maternity, Horizon Goodwill, Faithworks EFA, Warren County Habitat — all report demand significantly exceeds capacity. No emergency family shelter accepting minor children exists in the region.

Health & Mental Health

Sinclair Health Clinic, Connected Communities school-based therapy, SCHC/SDC, AIDS Response Effort, Strength In Peers — all beyond capacity. Children referred for therapy wait months for an appointment.

Legal & Language Access

Blue Ridge Legal Services (251–500 person annual gap), Just Neighbors, Literacy Volunteers (500+ waitlist for English literacy). Demand intensifying due to enforcement climate.

The Sector's Own Health

The organizations delivering these services are under strain themselves. These are not peripheral management issues — they are threats to programs communities already depend on.

Funding Crisis

Funding was the single most commonly cited challenge across all 79 respondents. Competition for shrinking grants, federal policy volatility, loss of established streams. Federal reductions are affecting capacity now.

Wage Compression

Recruiting and retaining licensed clinicians, direct support professionals, peer recovery specialists, and caseworkers is pervasive and worsening. State Medicaid rates create a compensation ceiling fundraising cannot solve.

Aging Volunteer Base

Blue Ridge Legal Services, Blue Ridge CASA, Sinclair Clinic — all describe aging volunteer bases with declining recruitment. The cohort that built these organizations is retiring without a replacement pipeline.

Invisibility

Multiple organizations noted that community members and even other service providers are unaware of what they offer. Low awareness reduces referrals, limits revenue, and prevents use of existing capacity.

The Informal & Formal Stacking of Effort

The most consequential structural finding is not a missing program. It is a missing layer: navigation structure that can hold the whole picture of a client's needs and move with them across organizations.

A Winchester resident facing eviction may need housing assistance, food support, mental health access, employment help, and legal aid — all at the same time. The same person is asked to repeat the same story, gather the same documents, and prove the same crisis repeatedly.

8 organizations named this gap directly:

- **AIDS Response Effort:** identified 'resource navigation' as a missing regional service
- **Faithworks:** named it most precisely: 'a collaborative intake and day management referrals network'
- **Literacy Volunteers:** called for 'client advocacy/service navigation/stewardship to case manage across agencies'
- **Blue Ridge CASA:** described how 'system complexity creates barriers for vulnerable families'
- **Horizon Goodwill:** cited 'case management services' as a missing service
- **Hope Lane Foundation:** identified the need for 'wraparound recovery resources'

The Real Gaps: Structural, Not Programmatic

Adding more programs without addressing the underlying conditions will not close these gaps.

1. Affordable Housing /Shelter

No emergency family shelter accepting minor children (most cited missing resource). Insufficient transitional housing with case management. No permanent supportive housing pipeline for chronically homeless individuals.

3. Language Access

500+ waitlist for English Language Literacy. Just Neighbors beyond capacity. Winchester's 21% Hispanic population is the clearest demographic gap between who the city is and who the system serves.

5. Early Childhood

Gaps in developmental screenings under age 3, affordable childcare for shift workers, parenting support. Without routine screening by age 3, delays go undetected until school entry.

2. Behavioral Health

Named second most commonly across all service sectors. Shortage of licensed clinicians, Medicaid-accepting providers, and rural access. Children referred for therapy that cannot be scheduled for months.

4. Transportation

Services exist but clients cannot reach them. Wheels for Wellness serves only 101–250 annually in a region with far greater need. Absence of transit undermines every other investment.

6. IDD Residential

Residential placement for adults with intellectual/developmental disabilities critically short. Inadequate Medicaid reimbursement makes competitive staffing impossible. Families left without options.

Recommendations: A Sequencing Strategy

These are not new ideas, and they are not a wish list. They are a sequencing strategy built from priorities already identified by our community. Each recommendation aligns with the LFHD/Valley Health 2025–2028 Community Health Improvement Plan and the City of Winchester 2026–2031 Strategic Plan. The question is not whether these priorities matter. The question is how we organize investments, partnerships, and policy decisions to move them forward.

1. Treat Housing/Shelter as Foundational

Create emergency family shelter accepting minor children. Fund transitional housing with case management. Restore rental assistance. Support home preservation and repairs. Advance zoning reform for missing-middle housing and shelters.

CHIP 2026–28: Housing priority • City Strategic Plan 2026–31: Goal 3.6

2. Fund & Expand Navigational Framework

Multi-year operational funding for navigational framework. Secure buy-in from WATTS, Family Promise, Sinclair, Concern Hotline, Salvation Army. Build language accessibility in from the start. Integrate with 211.

CHIP 2026–28: Access to Health Goal 2 (service mapping & navigation) • City Strategic Plan 2026–31: Goal 2.6

3. Expand Behavioral Health

Fund school-based therapy positions. Support peer recovery programs. Advocate for Medicaid rate reform. Invest in telehealth for rural Page, Warren, and Shenandoah Counties.

CHIP 2026–28: Mental Health priority (Goals 1–2) • City Strategic Plan 2026–31: Goal 2.6

4. Center Language Access as a Core System

Fund bilingual staffing. Expand English literacy to clear 500+ waitlist. Require Spanish-language service directories.

CHIP 2026–28: Access to Health Goal 3 (financial barriers) • City Strategic Plan 2026–31: Goal 1.1

Recommendations: A Sequencing Strategy

These are not new ideas, and they are not a wish list. They are a sequencing strategy built from priorities already identified by our community. Each recommendation aligns with the LFHD/Valley Health 2025–2028 Community Health Improvement Plan and the City of Winchester 2026–2031 Strategic Plan. The question is not whether these priorities matter. The question is how we organize investments, partnerships, and policy decisions to move them forward.

5. Transportation Access Matters to Outcomes

Services exist but clients cannot reach them. Regional transportation needs assessment. Expand WinReady and Winchester Transit to connect residents to services. Address the gap between services and how clients can reach them.
City Strategic Plan 2026–31: Goal 3.5 (Winchester Transit & WinReady)

6. Early Childhood Investment for the Future

Expand developmental screenings under age 3. Fund affordable childcare for shift workers. Increase service depth in rural counties including Page, the county most underrepresented in the regional footprint.
CHIP 2026–28: Nutrition & Physical Wellbeing Goal 2 • City Strategic Plan 2026–31: Goal 3.6

7. Stabilize the Sector

Pooled emergency operating fund. Shift to multi-year general operating support. Shared services models for small organizations. Invest in workforce pipelines for direct service roles.
CHIP 2026–28: Access to Health Goal 1 (workforce) & Goal 3 • City Strategic Plan 2026–31: Goal 2.6

Theory of Change

Work regionally to invest in a system that is built to hold people through a crisis not hand them off. ¹

¹ Fragmented service delivery — in which clients are referred between systems rather than supported through them — is a documented driver of unmet need. Sources: Teggart et al., *BMC Health Services Research* (2023); SAMHSA, *Crisis Services: Meeting Needs, Saving Lives* (2024); Dean et al., *JAMA Pediatrics* (2020).

Winchester already has the organizations. It already has the people doing the work. What it does not have is the connective tissue that turns a collection of programs into a system.

The problem is not duplication of services. The problem is duplication of intake. Our nonprofits are working together, but the system was never designed to move people seamlessly across services. The result is a mature, mission-driven sector strained by the structural conditions of the region it serves.

The Table Isn't Big Enough Yet

Organizations have the data, relationships, and experience. What they often lack is a seat where funding, policy, and institutional decisions are made.

The Question Is Not Whether to Invest

The question is whether funders, governments, and institutions are willing to build the table together: connecting across sectors, listening before deciding, and including nonprofits from the start.

The Opportunity

The answers are already here. The work now is to bring the right people into the room, align resources around shared priorities, and build the connective tissue this system needs.