Improving Access to Mainstream Services for People Experiencing Chronic Homelessness

Palmer House
Chicago, Illinois
May 20-22, 2003

INDIANA SWOT ANALYSIS

Strengths

- Interagency task force on homelessness
- Existing HMIS & statewide under development
- Indianapolis blueprint
- Knowledgeable people working on the issue
- FSSA & other state agencies committed to issue
- Good local level examples can be replicated
- Dept of Ed efforts
- Examples of coordinated efforts among service providers in state
- CHIP, ICHHI
- Support from exec branch
- Tripled number of Federally qualified health centers
- Grassroots planning efforts
- Relatively low housing costs & existing housing stock that can be used
- Feasibility of achieving goal of ending chronic homelessness
- Statewide coverage in MH system, implementation of evidence-based practices
- Flexible funding for shelter, transitional & perm housing
- Long standing continuums
- Willingness to address issue
- Focus on front & back end
- 10 PATH outreach teams (soon to be 11)

Weaknesses

- Multiple applications
- Lack of coordinated info system
- Lack of overall coordinated effort
- Demand exceeds capacity
- Redirected resources
- Lack of money
- Lack of housing for very low income people/wait lists (section 8)
- Cultural issues/language barriers
- Limits of categorical funding
- Prejudice/stigma about MI, SA, homelessness
- End of a political cycle
- No concerted effort to bring in new funds

- Lack of understanding of problem & solutions/need for public awareness & education
- Long waits for housing, benefits, etc.
- Lack of transportation, outreach
- Lack of supports
- Turf issues
- Rural challenges
- Hidden homelessness/ denial of issue in rural areas, self-reliance
- Resources not targeted to population
- Difficult to get data, especially in rural areas
- No coordinated decision making mechanism to fill gaps ('funding council')

Opportunities
- Consumer/advocacy groups from mainstream (MH)
- Funders collaborative examples/models of system wide collaboration
- Coordination of info systems
- Enhance strategic plan
- Time of economic change
- Overcrowding in prisons, opportunity for diversion
- Indianapolis Blueprint
- Timing/state & local political cycle
- State & local partnerships to promote work across systems/Continuums of Care
- Housing Trust Fund
- Research from ICHHI
- Coordinated grassroots efforts
- Past models for case management that worked
- Enhancing local linkages
- Expand on use of ACT model, dual diagnosis treatment
- Coordination with local private & state universities
- Support local efforts being implemented
- HMIS compatibility statewide
- Faith-based community (DOC, Faith Works); capacity building & training
- Private sector collaboration

Threats
- Changing politics
- Budget
- Turf issues (internal & external)
- Staff time/resources
- Preconceived biases, why change?
- Commitment of key stakeholders
- Changing of key staff
- Understanding why chronic vs. other homelessness
- Past experiences with doing this before
- Competing issues
- No accountability mechanism for implementation/ success of plan
- Breakdown of communication among agencies
- Differing philosophies, need to understand & respect

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KANSAS SWOT ANALYSIS

Strengths

- Increased awareness of problem
- Existing statewide network/task force
- Single state agency for most entitlement/benefit programs
- Strong commitment from housing & mental health on homeless issues
- Governor interested in population
- Excellent state & local staff committed to issue
- Excellent HUD staff
- Involvement of faith community
- Homeless Veterans Stand- Down
- Sharing information, technology/resources
- Smaller, less dense population than other states
- Existing state & local collaborations
- Relatively low-cost housing
- Politicians open to discussion
- KDFA
- Statewide homeless summit every year
- Good model programs (MAP, re-entry program)
- Relatively small number of homeless people
- Post-ACCESS funds in 3 sites from legislature

Weaknesses

- Lack of adequate funding
- Lack of statistics/data on homelessness
- Breakdown in support systems (family, government)
- HIPAA
- Rural, urban & frontier areas of state
- Inadequate communication
- Lack of political will in legislature
- Stigma
- Turf issues
- Funders prescribed structures limit access
- Lack of information sharing between federal agencies
- Fragmented service delivery
- NIMBYism

- Lack of benefits for singles
- Inadequate low-income housing
- Most homelessness hidden (doubled up)
- Language barriers
- Overcrowded, substandard housing
- Federal minimum wage
- Lack of job training & employment opportunities

Opportunities

- Statewide homeless coalition now a 501c3
- Possible funding from grants/foundations
- KDFA
- Starting statewide Continuum of Care
- Networking opportunities
- Private sector partnerships & resources
- For profit spin-offs from non profits
- Best practices
- Untapped existing resources
- Rural outreach/regional summits
- Educate advocates in rural areas on accessing mainstream resources (Medicaid)
- National focus on homelessness
- Training/educational opportunities
- Entitlement community database/existing HMIS in some communities
- Possibility of National Housing Trust Fund, other national initiatives
- Technology available to access resources (United Way of the Plains)
- TBRA, Section 8, Shelter Plus Care
- Working Healthy/Ticket to Work
- Homeless Veterans Stand- Down

Threats

- More budget cuts on the horizon
- Turnover of staff at local & state level during next 10 years
- Stagnant thinking
- Increase in homelessness due to recession
- Conservative state – politicians & general public
- Inability to identify problem/have open discussion of issues
- "Feeder" systems/discharge policies contribute to problem
- Increased cost of providing services
- War, disease, unemployment…
- Turf issues, particularly in rural areas
- Systems insufficient, lack of options
- Closing state hospitals (MH/DD)

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MASSACHUSETTS SWOT ANALYSIS

Strengths

- Existing networks working on issue
- Strong, well-informed advocates
- Legacy of public investment by state on homelessness
- Strong commitment to health & human services
- Network of providers that knows chronic population
- Executive order to establish commission
- Past task forces on the issue
- Statewide programs/resources to build off of
- Coordinated C of C system
- Faith-based involvement
- Involvement of foundations
- Successful track record of Federal grants
- Service & housing models
- Strong academic community for evaluation, collaboration
- Public attitude
- Long-term, good working relationships
- Data expertise in public health
- Health Care for the Homeless electronic record
- City of Boston prioritizing of homeless people for housing resources
- EOHHS discharge planning policy
- Network of experienced non-profit housing developers

Weaknesses

- Lack of connection to education, employment & training resources
- Housing costs
- Impact of budget cuts
- Lack of collected, tracked & shared data
- Lack of clear oversight/ accountability
- Lack of public understanding of issue & system
- Lack of public & private $ for continuum of SA treatment
- Lack of investment by private sector health system for MH
- Lack of resources to prevent homelessness for those coming from treatment, corrections, etc.
- NIMBYism

- Lack of understanding of opiate treatment programs
- Immigration issues
- Transportation issues
- Site acquisition difficulties
- Lack of SROs & rental units
- Gaps in understanding/identifying subpopulations & targeting resources
- Lack of joint/interagency programming, procurements
- No common procurement standards
- All VA programs dry/sober facilities which excludes many
- Improper application of Cori/criminal history poses unnecessary challenges for chronic population
- Network of providers serving chronic population does not link clients to housing services
- Need to improve knowledge among health & human service providers about housing system/resources & vice versa
- Emergency room diversion makes access to crisis/stabilization and other services difficult

Opportunities
- Prioritizing of homeless people for housing resources (production set asides, focus on 30% AMI)
- Governor's executive commission
- US ICH Director & ICH regional coordinator from MA
- Downsizing of state resources forces examination of current practices/efficiencies
- Bringing housing first & other models to state
- Reactivation of ICH, Federal initiatives
- Involvement of private foundations
- Sympathetic media outlets on homelessness
- Opportunity to use new models to serve MI population (ACT teams)
- Faith & community-based involvement
- Mayor Menino's leadership on US Conference of Mayors
- VA resources
- Consumer involvement/opportunity to expand voice
- EOHHS approach to interagency technology systems (MIS)

Threats
- Continued budget crisis/cuts (MH, housing, Federal, SA)
- Loss of Mass Health Basic
- Continued threats to loss of methadone services
- Section 8 crisis
- Public attitude/compassion fatigue

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MONTANA SWOT ANALYSIS

Strengths

- Population is small; facilitates communication and coordination
- Everybody knows everyone
- Commitment is deep
- Legislators are easier to access than in most states
- Senior senators have national influence
- Finite number of access points for services (fewer "doors")
- Missoula model: At-risk housing coalition
- Strong sense of community across the state
- Numerous community continuums
- Montana Continuum of Care Coalition
- Supportive and generous public
- Fairly good population profile information
- VA hospital that has actively reached out to homeless vets
- PATH program
- Inventory of shelter and housing is very complete
- Recovery homes for single adults
- Two ACT teams
- Involvement of universities (internships, class research projects, advisory roles, etc.)
- Fannie Mae involvement, especially in disability and native American housing
- Electronic benefits transferring
- Participating in the Policy Academy – getting started…
- Some strong foundation support in certain communities (e.g., St. Vincent's in Billings)
- Very active and aggressive in pursuing federal and other funding
- State-wide housing coordinating team (in development)

Weaknesses

- Lack of funding and other resources (e.g., staffing, housing, etc.) in a large, diverse state
- Need for training for front-line staff about engaging and retaining people who are chronically homeless
- Education of agencies and programs
- Public perceptions about homelessness
- Unknown size and scale of the homeless population
- Fragmentation of services and funding sources

- Turf battles (state and local)
- Nature of chronic homelessness – pride, invisible, itinerant
- Nature of service delivery system – lacks flexibility, takes a long time to act, place-bound, "business as usual"
- Not just homeless, have multiple problems and issues, unique to each person
- Lack of affordable housing stock and housing subsidies
- Shortage of intensive case management (includes supportive services necessary to keep people in housing)
- Lack of transportation
- Limited access to professional services (e.g., health care, dental, etc.)
- Low wages; lack of jobs
- Aging out of foster care systems
- No resources for prevention of homelessness
- Lack of housing options for teen moms
- Methamphetamine
- Absence of local government commitment in most communities
- Uneven development of services across the state leading to concentration of homelessness in specific areas – throws off the natural support networks of communities
- Lack of state discharge planning
- Ability of service providers/systems to understand the reality or perceptions of people who are chronically homeless
- Denial of SSI applications is higher than the national average
- Access to ACT teams for those who need them
- Little foundation support
- Inconsistent business community support
- Barriers to housing such as high security deposits
- Lack of targeted funding for housing on the services side
- Everybody THINKS they know everybody

Opportunities
- Numerous community continuums that all coordinate in one application
- Policy Academy
- State-wide housing coordinating team (in development)
- Collect statewide information from mainstream programs about housing status
- Mandate for HUD's HMIS (Homeless Management Information System)
- Coordinate with DPHH about how to best gather data on housing status, needs and wants for people with disabilities
- Opportunities to coordinate and mobilize state resources
- Build awareness across the state based on the survey and the strategic plan that we are developing
- Bring new resources to bear – not just state, but local, foundation, business, etc.
- Chafee funds for transitioning youth – possibly underutilized
- Ten months from now is when we need to be ready for the next legislative session
- Track changes related to homelessness and housing status that result from budget reductions
- Establishing ACT teams in more communities and using Medicaid and Medicare to partially or fully fund these services

- Grant-writing task force and website that would give access state-wide to information relevant to grant writing
- Using GIS to map need/utilization of services
- Co-occurring Task Force (training opportunities and grant possibilities)
- Annual hunger and homelessness conference – October 2003 is next one
- State Veteran's Office has new funds for stand downs & other activities
- Mobile Veterans Affairs office will be available for outreach to veterans
- Montana Home Choice – has 3-year federal (CMS) grant related to housing for people with disabilities
- Take greater advantage of the media to build awareness and public support
- Annual state-wide survey of people who are homeless
- Building on the President's initiative to address chronic homelessness
- Develop a needs statement for focusing our efforts and influencing public opinion
- Montana/Wyoming Tribal Council
- SSI outreach training (Yvonne Perret or Michelle Thibiteau) and demonstration program (see fact sheet at www.NLCHP.org)
- National interest in the uninsured
- Access to corrections and justice departments and court system
- CSAT has technical assistance – opportunities for training
- Mental health annual conference
- Contracts with mental health centers and substance abuse treatment facilities
- PATH – look at how funds are being utilized; focus on best or promising practices
- Regionalized management of MH system is being implemented and may be an opportunity to focus some efforts related to homelessness
- Models for non-threatening approaches to engaging people
- Federal FQHC certification gives access to increased funds and other opportunities – work with primary care and behavioral health care
- Northwest Area Foundation -- $10 million initiative
- Montana Coalition of Churches
- Montana Faith Health Cooperative
- Regional HHS director interested in Montana's faith-based & tribal initiatives
- School districts homeless education liaisons (thru Office of Public Instruction)
- Encouraging change from the grass roots level – esp. related to sharing information across state agencies

Threats
- Need to be sure that this issue fits within legislative budget
- Reductions in cash assistance to families may strain existing homeless service programs
- Difficulties sharing information across state agencies, esp. access to housing information
- Lack of direction from the federal level encouraging sharing of information
- Budget concerns: local, county, and state levels
- Change in administrations – state and federal
- Aging out of administrators – experience and brain-drain
- Competition for funds
- Staffing issues: layoffs, training, wages
- More unfunded mandates

- Changes in national housing policy – esp. efforts to block grant Sec. 8
- Becoming dependent on federal funds – dollars end and need remains
- Sustaining interest and focus among members of this team
- Economy of the state and the nation
- Natural resistance to change within ourselves and our agencies

U.S. Department of Health and Human Services
U.S. Department of Housing and Urban Development
U.S. Department of Veterans Affairs

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NEW JERSEY SWOT ANAYLSIS

Strengths

- Monarch Housing – assists providers to apply for mainstream
- NJ CSH, Supportive Housing Association, growing supportive housing industry
- Interdepartmental relationships to develop housing
- Existing resources, knowledge
- Talent & commitment of stakeholders
- Capacity of consumers
- Strong homeless provider network
- Movement toward consolidated assistance programs within mainstream
- Have SA funding
- Initiatives to get people into benefit programs
- Best practices
- Expertise
- Sharing agreements
- Sense of urgency
- Strong collaborative approaches
- Strong houses or worship
- Non-profit provider network

Weaknesses

- Lack of matching service dollars
- Disjointed systems
- Lack of shared knowledge
- Poor transportation system
- Fear of population, labeling, stigma
- High cost of housing
- Too much planning, not enough action
- Not enough focus on chronic
- Inadequate treatment for mental health & substance abuse issues
- Bias & racism, NIMBY
- Shelters & motels & institutions seen as homes
- Higher funding priority given to shelter & transitional housing
- Lack of land
- Access to information about mainstream services/resources
- Workforce readiness system – doesn't serve homeless

- Continuum of Care process weak
- Onerous regulatory restrictions
- Overburdened service delivery systems
- Not including homelessness & supportive housing in community redevelopment initiatives
- Underfunded programs
- Demand for housing outweighs supply
- Contradictory political support
- No one "owns" the issue, no single point of accountability
- Medical model mental health treatment programs
- Lack of legal assistance
- Legal services not integrated into planning
- Lack of living wage employment
- Strong home rule
- Lack of engagement of private sector
- Lack of incentives for developing permanent supportive housing

Opportunities
- Current commitment from government & private sector
- Smart growth
- Community development planning - attention to employee housing & transportation
- Collaboration
- Marketing
- Statewide database (HMIS)
- Training
- Institutionalize coordinating body
- Gaps easily identified
- Regulatory changes that don't require legislation
- Change conversation, assets based, marketing
- Push toward mixed income communities, inclusion of homeless
- Combining current existing resources to leverage new ones
- Continue to expand knowledge & capacity of providers
- Development of new income streams/private – public partnerships
- Prepare foundation/plan to address chronic homelessness – help leverage new resources
- Possibly reallocate resources
- Impact of legislative policy, engage legislature
- Strong housing market
- Universities – untapped resource?

Threats
- Politics
- Budget cuts
- Economy
- Increased demand
- Lack of homeless voters
- Smart growth
- Mixed income housing
- Lack of alternatives to hotels/motels

- Lack of leadership
- Fear
- Possible litigation
- Philosophical clashes (harm reduction, housing first)
- Bias & racism
- Competing priorities
- Federal spending trends
- Federal policy (Section 8)
- Turf issues - agency & community competition
- Home rule
- Lack of political/public will
- Brain drain/burnout
- Fragmented funding at Federal & state levels
- Acceptance of homelessness

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PENNSYLVANIA SWOT ANALYSIS

Strengths

- Steering Committee
- Commitment and development of the regional homeless advisory boards
- Strong, comprehensive, year-round planning process for C0C balance of state
- Local housing option teams – about 20 counties involved thus far
- Local public housing authorities involved in collaboration with mental health and other service agencies
- "Hammering Out Housing Solutions"
- Increased participation on Steering Committee of criminal justice, veterans, children and youth, DCED Regional Directors, and Dept. of Labor and Industry
- More collaboration with local homeless assistance providers
- Medical Assistance Program for Workers with Disabilities
- COMPASS – allows people to apply for some mainstream services on-line (includes screening)
- HMIS activities is broader than just balance of state; will provide better data
- Have understanding of rural outreach issues and models
- Have some of the best research in the country on urban areas and programs
- DPW upgrade and integration of client-level information systems
- Sophisticated provider network – both formal and informal
- Expect to have at least one project within each of the four C0Cs that targets chronic homelessness
- Youth in transition programs that may be able to serve as models for both urban and rural areas
- Five pilot programs for co-occurring mental health and substance abuse disorders
- Mental health court and hospital diversion pilot programs
- Clearinghouse, website, technical assistance and newsletter through OMHSAS
- Pilot project for forensic discharge planning
- Forensic Interagency Task Force
- Diversity – blend of rural, suburban and urban
- County-based service system provides opportunities for local involvement and collaboration
- Dedicated professionals and volunteers at both the state and local levels
- Community Action Programs

Weaknesses

- Lack of political will
- Lack of coordination and communication among state departments
- Singling out the homeless population from among all those in need
- Employment and Training has not been involved until AFTER people are in housing
- Lack of involvement from PA Housing Finance Agency and local Housing Authorities
- Large, rural areas with inadequate transportation
- Misperception about rural homelessness
- Lack of demographic profile regarding chronic homelessness
- Lack of organizational capacity to develop and implement programs
- NIMBYism and denial of existence
- Lack of targeted financial resources
- Homelessness is the last priority
- Inconsistent community collaboration
- Lack of resources for matching fund requirements
- Mismatch between what the population needs and the way that programs are targeted
- Regulations on eligibility are barriers to serving this population
- There is little assistance for people who have difficulty accessing available services
- Language and cultural issues/barriers
- Virtually no outreach to chronically homeless persons in rural areas
- Definitions of homelessness – state, federal
- Billing for case management is complicated and restrictive
- Lack of integrated case management
- Inadequate supply of safe, decent and affordable housing and subsidies especially for people with less than 30% of median
- Fair market rents are inadequate to support actual costs of housing
- Lack of prevention and education
- For children exiting foster care there is a lack of transitional services and permanent housing
- Lack of quality dual diagnosis treatment at the provider level
- Lack of opportunities to bring providers together for cross-training
- Lack of political power of people who are homeless
- State-wide homeless advocacy groups seem to have lost momentum
- Lack of participation by homeless or formerly homeless people
- No centralized housing point of focus

Opportunities

- Opportunity to collaborate with other departments around training (e.g. Mental Health training grant)
- Partnering Homeless Assistance Program county contacts with mental health housing specialists during quarterly meetings
- Partnering with Community Action Programs (esp. Work Centers initiative)
- Family Savings Accounts
- Link with Family Centers
- Integration of DPW information systems
- Build on model of Community Collaboratives
- Policy Academy
- Timing of the new administration

- Stakeholder Planning Team (appointed by the Secretary of DPW)
- National Conference on Fairweather Lodges is being held in PA in 2005
- Exploring foundation support
- A lot of faith-based providers; getting more involved in the formal provider network; opportunities for partnerships
- Additional housing and community development funds available this year (state and CDBG)
- PHFA has reserves that they make available for specific projects – good gap funding possibility
- Integrated case management is becoming more of a reality
- Focus on performance indicators and performance-based contracting
- New leadership at state level that is focused on cross-system integration
- New federal funding targeted to chronic homelessness
- Continuum of care
- Funding cuts create new opportunities to do things differently
- Educate HUD about the problems in rural areas
- Working with housing authorities to get a preference for people who are homeless
- Utilization rates of public housing is on the decline; opportunity to approach them to help place people who will have services available
- Ask HUD for more local discretion to meet local needs, e.g., to move underutilized vouchers to family reunification program
- Work with police (communication, collaboration, cross-training)
- Collaborate with business sector

Threats
- Drastic funding cuts
- Political dynamics around the Section 8 program
- HUD tying utilization rates to accessing mainstream Section 8 vouchers
- Process for getting Section 8 is not friendly to this population and should be reviewed
- Poor economic conditions
- Potential increases in homelessness, people in jail, etc. due to drastic cuts
- Increased waiting lists for services
- Recruitment and retention of direct service staff who are underpaid
- Competition for workforce with other long-term care providers
- Reduced capacity to match federal funding and increased requirements to have match
- People not being willing to collaborate due to restricted funding options
- Getting buy-in from decision-makers in state departments
- Reduced workforce and increased responsibilities at the state and local levels
- Competing priorities
- Not enough opportunity to plan given the reactive, crisis mode we're in now
- Shift to chronic homelessness threatens ability to address larger issue of homelessness, particularly in rural areas
- May end up with many more families in long-term homelessness
- Low utilization rates of Sec. 8 vouchers, low Fair Market Rates

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RHODE ISLAND SWOT ANALYSIS

Strengths

- Small state
- Treatment system for SMI provides most of key service system components
- Neighborhood Opportunities Program
- Housing Resources Commission
- ACCESS program
- Use of Section 811 program
- CSH's presence
- Rhode Island Housing
- Statewide HMIS being implemented
- Media gives positive attention to issue
- Longstanding network/system of providers
- PATH Programs
- LIHTC targeted to non-profits
- Some political will to address the issue
- Behavioral healthcare system moving toward integrated treatment for co-occurring disorders
- Sen. Jack Reed
- Going Home/re-entry initiative
- Family Life Center for ex-offenders
- Veteran's action program
- New interest by philanthropy in RI
- Strong community development organizations
- Prevent 'one-way tickets'

Weaknesses

- Siting difficulties for new housing
- Lead paint removal laws
- Small size poses challenges/less resources
- Established/tight network of providers
- No formal system/point of accountability for homeless issues
- Discharges from DOC, DCYF, MHRH & hospitals into homelessness
- Lack of adequate discharge planning & training among shelter staff
- Limited resources for treatment of non- SPMI/non-CSP
- Lack of SA treatment slots for uninsured

- State budget crisis
- No halfway houses for transitioning offenders
- Lack of permanent supportive housing
- Private not for profits provide most of homeless services
- Intense competition between non profits for limited resources
- PHA regulations
- New leadership in executive & legislative branches
- "Rhode Island way of doing things" – informal, old network
- Lack of performance/outcome measures in system
- 60% drop out rate in Providence school system; high adult literacy rate
- Lack of job training & adequate employment opportunities
- 1,200 people per year are homeless without income (GPA cut)
- DOC and hospitals not at HRC table

Opportunities
- Size of state – pilot programs
- Successful at getting waivers
- Excellent networking opportunities
- First statewide HMIS
- New state & city gov't
- Gov't taking critical look at itself
- Policy Academy process
- State agencies interested in expanding supportive housing
- Colleges/Universities – untapped resource
- Interest at Federal level on integrating behavioral health & primary health care, corrections, housing
- Real interest on part of State Council of Churches and United Way of RI
- Faith-based community w/track record of providing housing
- RItecare for access to health care services
- Cost-benefit analysis
- Housing Resources Commission (HRC)

Threats
- Economy
- Conservative national agenda/lack of federal resources
- Escalating numbers of homeless people (23% increase last year)
- Budget choices at state level
- Lack of substance abuse treatment facilities
- Turf issues
- Lack of prevention resources
- Local opposition to building affordable housing
- Resistance to change
- Lack of quality education
- $ stuck in institutional boxes
- Lack of belief in prevention
- Lack of understanding how to implement prevention systems
- Impact on emergency shelter system

- Ability to attract & retain qualified staff
- Difficult population to serve

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SOUTH DAKOTA SWOT ANALYSIS

Strengths

- Community health centers
- Small population of state – means solutions are possible
- Weather limits numbers
- Economy – jobs are available, unemployment rates are below national average
- Mental health and alcohol and other drug infrastructures
- Some collaboration between agencies
- 2 active coalitions (Sioux Falls and Rapid City) – working toward community awareness; moving kids out of shelter system quickly (Sioux Falls)
- "Can do" attitude
- PATH grant
- Halfway house for mental health and alcohol and other drug (AOD) problems simultaneously
- 2 programs for pregnant women and their children, primarily for AOD
- Program for pregnant teenagers and their children, primarily for AOD
- County poor relief programs (need to enforce the law)
- System of detox services across the state
- Shelters already in existence
- RX access; patient medication programs; indigent drug programs
- Project-based and tenant-based assistance; 2 tenant-based rental assistance programs targeted toward homeless
- Medicaid, TANF, SCHIP
- Good outcome data and prevalence and needs assessments (AOD)
- Food stamp programs, 11 meal programs, 47 food pantries, statewide food bank
- Charities and faith-based organizations
- Targeted tax credits created move-ups and opened up housing
- Private developers/owners working with service providers
- Bus pass program in Sioux Falls
- Yankton – 20-unit permanent housing project (financed under CoC)
- Dept. of Human Services has AOD, mental health, developmental disabilities
- One stop centers with multiple services co-located in 5-6 major cities

Weaknesses
- Getting a firm number of how many are actually homeless (and subpopulations – mental illness, substance abuse, specific ages, etc.)
- Lack of training among service providers
- Lack of education & awareness among service agencies about what's available & how to link people to services
- Lack of education and awareness among general public about homelessness
- Lack of evidence-based programs
- Cultural challenges
- Geographic distances
- Lack of <u>affordable</u>, permanent housing (in some parts of the state)
- Lack of emergency shelter beds and transitional and supportive housing
- Lack funding
- Competing interests/priorities and lack of ability to get people to the table
- Lack of choices and opportunities for consumer success
- Addressing multiple issues
- Lack of outreach
- Stigma
- Public pressure to "clean up" and get people off the street
- Belief that offering services will mean people will come from other places
- Burned bridges
- NIMBYism
- Lack of statewide HMIS
- Lack of case management in most areas
- Lack of medical coverage (except for community health centers)
- Services are scattered around
- Disincentive to identify homeless because of costs to system

Opportunities
- HUD Continuum of Care funding (need better representation at community level)
- HUD/HHS/VA collaborative funding opportunities
- Other funding sources for housing that aren't directed toward homeless that could be utilized – HOME, housing tax credits
- Using evidence-based models to address the population
- Funding options for down payments/deposits
- Looking into successful case management models for adaptation (e.g., pregnant women's programs, developmentally disabled programs in SD)
- Educating mainstream service providers about resources (e.g., panel that travels to conferences, cross-training between targeted and mainstream providers)
- Linking up with tribal healers
- Cultural diversity training
- Helplines – Veterans, domestic abuse existing – something for consumers?
- Department of Education resource book not funded anymore – need to find $$ and a home for it – web page
- Department of corrections $$ for discharge planning; re-entry grants
- AOD programs in corrections run by DHS
- Collaboration with Veterans Administration, Indian Health Service, Tribes

- Local United Ways – look at targeting homelessness and housing
- Habitat for Humanity
- Community Reinvestment Act (CRA)
- Collaboration and funding from city, county, state governments
- Possibility of support from the governor's office
- Strong faith-based connections to services in rural areas
- Outreach within rural and Native American communities by health and behavioral health providers
- Change of Indian Health Services to Community Health Centers, including integration of primary health care and behavioral health
- New State Administration

Threats
- Tax cuts and war
- Economy overall
- Local and neighborhood resistance (NIMBY)
- Gentrification – removal of substandard or marginal housing
- Political climate (locally) – understanding the issues; blaming the homeless for their condition
- What are you willing to give up in terms of resources to focus on "new" issue/group?
- Thinking outside the box; taking risk of trying something new
- Failure
- Raise expectation that we're always going to do this, so hard to demonstrate or try something
- Allocating sufficient time to the Policy Academy
- Potential turf issues; other stakeholders feeling left out
- State – Tribal relations in relation to homeless
- Lack of human resources – people to do the work

U.S. Department of Health and Human Services
U.S. Department of Housing and Urban Development
U.S. Department of Veterans Affairs

Improving Access to Mainstream Services for People Experiencing Chronic Homelessness

Palmer House
Chicago, Illinois
May 20-22, 2003

TEXAS SWOT ANALYSIS

Strengths

- Willingness of faith-based organizations to get involved
- Desire to collaborate is strong
- Texas Homeless Network
- 29 local homeless coalitions
- Texas Interagency Council for the Homeless
- Understanding of evidence-based practices at the state agency level (e.g., ACT, supported housing, integrated treatment of co-occurring disorders)
- Nationally recognized experts on team
- Desire to make things happen
- Experience with doing more with less
- Creative risk-takers; willing to be leaders
- Willingness to follow through with our plan
- Active philanthropic support
- Success in securing grant funds
- Numerous collaborative initiatives among state agencies
- Vista volunteers
- Cross-training initiative

Weaknesses

- Lack of funding
- Elimination of state agencies
- Lack of political will
- Lack of understanding of the magnitude of the problem (among state and local elected officials, general public)
- Stigma and discrimination
- "Hunker down" mentality – not willing to change anything
- Lack of system-wide collaboration
- Fragmented service system
- Reluctance by some agencies to include faith-based organizations
- Reluctance by the mainstream systems to embrace evidenced-based practices
- Lack of focus on prevention

Opportunities

- "Finding the Way Home" to be distributed to legislators
- Funding cuts are an opportunity to push the mainstream systems to adopt evidence-based practices (e.g., public mental health, Department of Human Services)
- Funding cuts offer opportunities to look at creative solutions (e.g., fatherhood initiative)
- Engage and collaborate with the faith-based community, volunteers, and philanthropic community
- Use Interagency Council's advisory group mechanism to add and diversify key stakeholders
- Designation of TDHCA as lead agency on homelessness
- Texas Interagency Council is an advisory committee to the TDHCA board
- Increased federal funding targeted to homelessness (PATH, Chronic Homelessness initiative)
- Inclusion of faith-based organizations in grant-making initiatives
- Being able to demonstrate cost recovery or efficiency ("Lives in the Shadow")
- Development of HMIS in local areas
- Public awareness campaign
- President's new budget has several new initiatives for systems change and collaboration (e.g., New Freedom Initiative, Medicaid)
- Local collaborations around access to the "front door" and across systems

Threats

- Reduced funding
- What if agencies merge or disappear
- Interruption of momentum
- Loss of leadership
- Changing priorities
- Stigma and discrimination
- Taking a "thin layer of sand" and scattering it even further
- State's economic condition (e.g., deterioration of housing stock)
- National focus isn't on these issues (e.g., war)
- Ineffective or poorly managed services

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UTAH SWOT ANALYSIS

Strengths

- Homeless Trust Fund -- State tax form check off box for donations for homeless services
- State Homeless Coordinating Committee
- Strong network of providers who work well together
- PATH grant funding
- Mental Health and Substance Abuse Block Grants
- Real Choice grants through DHS as model
- Legislature – some good support there
- Momentum – have been working on demonstrating outcomes for several years with Rensselearville Institute
- Buy-in from key stakeholders
- Utah Issues research work defining the literature and an overall model
- Balance of state Continuum of Care means that the entire state is now covered
- Staff person funded to provide technical assistance and training from Utah Issues
- Existing legislation provides for County training on developing plans for affordable housing
- Long-range planning committee in Salt Lake City (e.g., shifted approach to tax credits for affordable housing)
- Lt. Governor
- Targeted case management under Medicaid since 1991
- Mental health services in the state includes treatment-based housing and outreach components
- Access to private funding (e.g., Eccles Foundation)
- Involvement of faith-based organizations (LDS welfare system)
- General public is very giving and generous – both funds and volunteers
- Four Street Medical Clinic – federal Health Care for the Homeless program
- Department of Workforce Services new leadership is more accessible and integrated
- Division of Substance Abuse and Mental Health is now integrated
- Div. of Substance Abuse and Mental Health has specifically targeted housing and services for people who are homeless
- Good leadership at the state level
- Department of Community and Economic Development is knowledgeable about homelessness issues and actively involved – "they actually get it"
- Association of Governments as model for working with rural areas
- State is good about keeping the rural areas "in the picture"

- Good language availability among volunteers and returning missionaries; DCED offices address this specifically

Weaknesses
- Need to identify and provide resources for the champion of this plan
- Not a common definition of homelessness (or chronic homelessness) -- Once people become serviced, they are no longer considered homeless and eligible for targeted services
- Not having a comprehensive system now – pieces developed, but not complete
- State and other funding (including federal) is inadequate and at times ineffectively allocated
- Lack of effective service delivery models for serving the population
- Sluggish economy
- Increased demand for emergency shelter
- Lack of flexibility to address needs that fall through the cracks
- Many of the people who are chronically homeless are not covered under state agency services
- Access to Social Security benefits (delusional, mobility, documentation, etc.)
- Capacity issues within the homeless services network – limits ability to change and grow
- Attitudes and stigma toward homelessness
- Utah -- Our prophets are home grown
- Not telling our story well enough to get people to invest scarce resources; must give them results; need to hire the right "storyteller"
- Need to be better advocates; tell our story better
- Legislators' focus on tax cuts and reluctance to raise new taxes
- Private funding sources are down lately as well
- Need legislative champions
- Compromised and multiple data collection systems – makes it difficult to measure and show outcomes
- Lack of safe and affordable housing
- Poverty
- Limits to primary care and dental care
- Geography – rural nature of the majority of state
- Cultural incompetency and lack of awareness that may affect access
- Need and lack of information about homelessness among State's Native American population

Opportunities
- Cost-benefit analysis
- Legislative champions
- HUD Homeless Management Information System
- Model advocacy team of State Olene Walker Housing Trust Fund
- Tell our story better through better collaborative data collection
- Re-examine targeted case management definition of population eligible and qualified providers
- Department of Workforce Service and food stamps
- Size of population is manageable and concentrated within a relatively small, urban area
- Rural issues are on the agenda – get 20% of Homeless Trust Fund
- Tapping into good will in the state through education
- Campaign for Homeless Trust Fund to increase contributions
- Receptivity of Utah State government to increase funds

- Policy Academy
- Upcoming federal and private grants (SAMHSA, HUD/HHS/VA, Social Security Administration Outreach Demo)
- Give homeless providers the capacity to provide mental health and substance abuse services
- Co-location of services – bring the services to people rather than making them go to each separate service
- Connecting those who want to give to others with people in need
- Election in 1.5 years
- Salt Lake City Council is taking on affordable housing as a key issue this year
- Working with the criminal justice system
- State-wide training program for case managers to achieve some consistency in knowledge and service
- Possibility of developing studio apartments in downtown SLC
- Doing more with vouchers; vacancy rates are pretty good
- Possibility of doing more set-asides for people who are homeless through the Housing Trust Fund

Threats
- Legislative cutbacks
- Lack of education of legislators
- Not being able to find or get commitment from champions
- Territorial tendencies of individual providers
- Distractions can fracture our focus and splinter efforts
- Complacency
- Ignorance
- Stigma
- Gentrification
- Economy
- Gap between creation of affordable housing and the number of people living at 150% and below the federal poverty level
- Making sure that the plan is targeting the most affected population
- Needs of the jail and prison populations
- Unfunded mandates
- Number of detox beds is outstripped by demand (both drug and alcohol)
- Lack of support services – e.g., HUD's new emphasis on housing over services
- Lack of incentives for developing new housing units
- Paternalism; enabling people to remain dependent; pigeon-holing people
- Expiring privately owned, HUD subsidized housing -- possibly becoming market rent