Improving Access to Mainstream Services for People Experiencing Chronic Homelessness

Westin Peachtree
Atlanta, Georgia
January 29-31,2003

ARIZONA SWOT ANALYSIS

Strengths

- New state department of housing
- Allie and AZ Coalition to End Homelessness
- More coordination statewide, SPAH, CoCs
- Development of statewide HMIS
- HUD homeless program evaluation grant
- Human Services Campus
- Pre-release discharge planning in prisons that involve multiple stakeholders
- AZ PATH grant
- Univ. of AZ & ASU involvement
- New $10 M non-profit housing development group
- Level of participation in Continuum of Care across the state
- Safe Haven programs in Tucson & Phoenix
- Health Care for the Homeless – 2
- Regional and local coordination and support (MAG & City of Phoenix and City of Tucson)
- DES CSA Homeless Coordinator position
- Homelessness prevention – Society of St. Vincent DePaul - $1M annually
- Outreach teams – meeting regionally
- Faith-based involvement
- Good private sector involvement – esp. in Maricopa Co. (Human Services Campus)
- Good county-level involvement in many counties
- Tucson-Pima County area – recent designation empowerment zone

Weaknesses

- Funding (lack of) and categorical/silo funding
- Lack of affordable housing
- "Crime free" housing
- No capacity for substance abuse and general mental health treatment
- NIMBY
- Lack of pre-release planning
- Turf issues at all levels
- Lack of creativity
- Lack of sense of community & responsibility for all
- Lack of community standards for shelters & other transitional facilities

- Lack of housing options
- Job competition
- Lack of outcomes criteria – defining success
- Transportation – rural access
- Lack of decentralized services – concentration in urban areas
- Poor nutrition in service programs
- Lack of showers and basic needs services
- No medical respite beds
- Public apathy toward chronic homelessness
- Climate / seasonal attention
- Outreach teams don't have access to services that people need – disconnect between targeted services and others
- Design of policy and programs not necessarily connected to evidence and participatory process
- Lack of education and advocacy – need to highlight success stories (both institutional and individual)
- Lack of job options and more effective job placement
- Livable wages and benefits
- Conservative political environment
- Attitudes among some homeless persons and among others about why some people are homeless
- Resource issue – maintaining current structure versus introducing something new – changing priorities?

Opportunities
- Workforce Investment services
- Good private sector involvement – esp. in good private sector involvement – esp. in Maricopa Co. (Human Services Campus)
- Good county-level involvement in many counties
- Faith-based involvement
- Looking at best practices nationally
- Economy will force collaboration/think outside the box
- Looking to create dedicated source of funding at state level
- Dialogue started at the state level that is new
- New governor
- Homeless and formerly homeless people
- Flexibility of the new state housing department
- Housing trust fund
- Mutual advocacy across agencies, communities, issues
- Media can help dispell stereotypes
- Federal (HUD) mandates (CoC, HMIS, etc.) help move communities forward
- Connect with corporate volunteers
- Reconvening of Interagency Council on Homelessness at Federal level (increasing awareness; streamlining funding)

Threats
- Funding
- Newly elected legislature
- Fear-based climate, less rationale than usual ("me-ism")

- Poor/slow economy
- Belief by some sectors that gov't. shouldn't be involved in family and community issues
- Belief that the Campus will *solve* the issues of homelessness OR *concentrate* homelessness in a single area
- Turf issues
- New administration presents opportunities, change and possible stalemate for awhile and loss of momentum
- Multiple planning efforts, confusing, duplication, etc.
- Inability to produce/implement our plans
- Our own fears/barriers (e.g., fear of change, hasn't worked in the past, competing priorities in own workload)
- Homeless offenders and people who are chronically homeless will be at the bottom of the priority list when times are tough
- Media portrayals can perpetuate stereotypes
- Poor education about homelessness

Priorities/Goals & Stategies

- <u>Implementing a housing first model</u>
  - ✓ Increasing housing options and subsidies
  - ✓ Making mainstream programs more sensitive and responsive to the needs of homeless people
  - ✓ Coordinating services
  - ✓ Evaluating current structure and identifying measurable outcomes
  - ✓ Early intervention (e.g., eviction prevention)
  - ✓ Increasing realistic employment options for homeless people
  - ✓ Exploring funding options - increased funding/dedicated source of funding
  - ✓ Increasing collaboration and coordination between various planning and advocacy groups working toward ending homelessness
  - ✓ Removing barriers
  - ✓ Making outreach more central to the discussion

- <u>Preventing homelessness for at-risk populations</u>
  - ✓ Early intervention (targeting people in institutions who are at high risk for becoming chronically homeless)
  - ✓ Increasing realistic employment options for homeless people
  - ✓ Public education
  - ✓ Coordinating services
  - ✓ Discharge planning
  - ✓ Support services
  - ✓ Exploring funding options
  - ✓ Removing barriers

- <u>Increasing involvement through public education</u>– mainstream programs, private sector, policymakers, consumers, voters, the community, media, faith communities
  - ✓ Involving and getting buy-in from different entities (who's missing list)
  - ✓ Involving homeless and formerly homeless people
  - ✓ Exploring opportunities with private sector

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ARKANSAS SWOT ANALYSIS

Strengths

- Food stamps does not require address for eligibility
- State Interagency Council on Homelessness active since about 1988
- Statewide service directory
- Representation from the governor's office
- HMIS – Homeless Management Information System
- Sophisticated, competent, and resourceful network of providers
- Active*/wannabe Continuum of Cares with new statewide collaboration (Fort Smith,* Pine Bluff, Texarkana, Batesville,* Arkadelphia, Little Rock,* Blytheville, West Memphis, Fayetteville,* Russellville*)
- Federal funds and mandates for homeless services and housing
- Other private resources (faith community, United Way, food banks, etc.)
- Consolidated Plans (state and entitlement cities) include homelessness
- Private sector (business and individual donors) support homeless services
- State uses FEMA funds to supplement and fill in the gaps
- State Medicaid has been progressive and resourceful in utilizing options available
- Federal Medicaid match is 3:1
- Geographic size of state/population makes the problem more manageable
- School breakfast program – homeless kids automatically eligible
- Media coverage tends to be statewide and often positive
- Arkansas uses ACT teams
- HUD field office is knowledgeable, accessible and supportive
- City governments are receptive; mayors knowledgeable and supportive
- Chemical-free Living Centers offer transitional housing for substance abusers
- Jericho Coalition and DOJ's re-entry program provides transitional & permanent housing options for people coming from the CJ system
- State-wide housing program for people living with AIDS
- TANF program and services that go with it (childcare, homelessness diversion program, etc.)
- Affordable housing resources particularly good in Batesville and LRCMHC has resources for 250 people with serious mental illnesses and their family members

- VA outreach team
- Aggressive TB prevention and treatment program, including Medicaid coverage
- Olmstead-related activities tied to supportive housing as prevention of homelessness

Weaknesses
- NIMBY
- Shrinking state general revenue and competing priorities
- Expanded rehab option expanding who can be a qualified provider and increasing competition for scarce resources
- Difficulty accessing mainstream services
- Understanding the homeless population
- Gaps in services from perspective of homeless persons
- Trust issue among clients about accessing services & feeling safe
- Limited substance abuse treatment
- Regional differences in availability of resources, different cultural community standards, and racial & gender issues and myths
- Soliciting input from different constituencies (balance of state)
- Discharge from hospitals & jails to the streets/shelters
- Lack of affordable housing, subsidies, developers & housing trust fund
- Distribution of services and resources
- Coordination & collaboration among groups doing planning
- Turf issues
- Making all the programs work together – timing, categorical funding, etc.
- Lack of understanding of depth/complexity of problem by public officials
- Lack of a "voice" or advocate for people who are homeless

Opportunities
- Media
- Working with legislators (ex. seminar with catfish)
- Shifting the paradigm from criminal justice to community services (housing, supports, employment)
- Working with the Workforce Investment Act
- Working with the Downtown Business Associations
- Working with and expanding existing, effective programs
- HMIS community website
- Mechanism to take advantage of base closures, possibility of federal property surplus, and HUD foreclosures – State Land Commissioner
- Designate point of contact at the local level to facilitate benefits for people who are homeless (DHS)
- HMIS possibilities for linking information in AR and from other states
- Use data on homelessness to change the way we frame the issues
- Targeted Sec. 8 – working with housing authorities – see www.tacinc.org
- Pulaski Co. Housing program – lease to own – potential best practice model
- Sharing our resources – we could do a better job here...

- Tie into efforts to increase philanthropy statewide

Threats
- Economic downturn
- Political priorities
- Overcoming stigma and getting buy-in
- Resource scarcity – being able to make a difference
- Failure to follow-through as a team
- Trust and turf issues
- Rural/urban competition

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FLORIDA SWOT ANALYSIS

Strengths

- State Council on homelessness & relationships fostered by it
- Strong state commitment to fund affordable housing
- Good network of local Continuums of Care
- State commitment of $ to homelessness
- Network of strong local advocates
- Existence of overall state drug control strategy
- MH/SA/Office of Homelessness in same agency (DCF)
- State housing trust fund
- Existing focus within MH system on supportive housing
- Established array of community-based SA treatment providers & systems
- High profile issue & some political will to address
- State Continuums drawing down of HUD resources (21 rec'd perm housing bonus)
- Peer operated drop in centers
- Consumer involvement in local level planning

Weaknesses

- Rural areas lack infrastructure on the issue
- High cost housing
- Lack of income supports
- Low funding levels for services; lack of long-term funding commitments (services to match housing)
- Limited or non-existent outreach to the population
- Limited treatment services available; waiting lists
- Disconnect between requirements for financing for housing & timing of funding commitments
- Weak connection between state agencies & county government
- Lack of local ownership /support of issue
- Don't target hard to reach; competing demands regarding who to target
- Lack of system level data to assess needs/gaps
- VA resources limited
- Housing trust fund $ - locally determined priorities, not reaching people below 50% compared to need

Opportunities
- Need to cultivate new champion in the legislature
- Increased focus on forensic population
- Partners in crisis
- Strengthening of Continuums possible
- Improve resource utilization/coordination through collaboration
- Better understanding of models
- Mental health courts
- Costs savings from improved discharge planning for various populations (CJ, foster care, etc.)
- HMIS & council data
- Olmstead
- Improved linkages w/corrections
- Targeting housing resources to extremely low-income
- Reform of Medicaid plan to encourage recovery & community-based services
- Replication of FACT approach statewide/who are they serving
- Dec 12th workshop on funding opportunities for housing

Threats
- Loss of political champion in legislature
- Budget issues/potential loss of resources set aside in the past
- Competing needs for time/resources
- Disasters
- HUD matching requirements, reaching ceiling/renewal crisis
- Increasing elderly population
- Aging housing stock/impending need for rehab
- Backlash against homelessness/ criminalization

Goals/Priorities
- Improve discharge planning from government sponsored systems
- Improve balance of state planning/planning in rural areas not covered by Continuums of Care
- Target chronically homeless with existing resources
- Better access to housing resources at Housing Finance Corp (12/12 Workshop)
- Expand & improve (MH) supportive housing initiative
- Modification of Medicaid plan
- Explore new resources/strategies for tapping into
- Disseminate info on outreach & service models that work for chronic population
- Data on who's served/ what's happening/how can we better target resources
- Identify target/high priority areas in state
- Identifying models for housing & services, costs, needs that can be targeted
- Inventory of existing programs (incl. PATH, crisis/stablilization) to help identify unmet need/gaps
- Baker Act (commitment law) - implications for outreach/engagement

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MISSISSIPPI SWOT ANALYSIS

Strengths

- Strong charitable climate
- Arrangement with SSI to use shelter address
- Collaboration among PATH programs
- MOU with housing authority in Meridian to put homeless families at top of the list
- Resource directories
- Surveys
- Mission Links Coalition, MDA, CSD, Mississippi Assoc. of Community Action Agencies, Home of Your Own Alliance, Mental Health Assoc. of the Capitol Area
- Climate
- Outreach
- Continuums of Care (Partners to End Homelessness, Mississippians United to End Homelessness, Open Doors Continuum)
- Mississippi Home Corporation & Mississippi Housing Initiative
- Clinics, soup kitchens, emergency shelters, food pantries, healthcare services targeted toward homeless people, clothing pantries
- Substance abuse treatment centers
- GED programs
- Support from city government
- Faith-based support
- State CSBG office - Division of Community Services
- Strong VA homeless programs
- Partnerships with financial institutions – CRA
- Hinds County Human Resource Agency (HCHRA)

Weaknesses

- Fragmentation of system
- Few transitional programs (mostly linked to substance abuse)
- Conflicting regulations & barriers (different definitions of preventive services; need a court order for treatment)
- Transportation

- Traditional approach doesn't include permanent housing
- Discharge planning problems
- Health care, including dental & optical
- Identification issues
- Affordable housing
- Lack of communication about available treatment services
- Weak case management systems/lack of training for non MH staff
- People falling through cracks
- Inconvenient operating hours
- Can't serve people on probation in shelters
- Limited funding for medications; follow-up issues
- No hospitals as holding facilities
- Lack of housing for singles
- Regional differences in working with housing authorities
- Lack of training for shelter staff
- Hard to serve 18-20 population
- Assistance with benefits (SSI, food stamps)
- Job training
- Employment
- Information dissemination to get people at table for C of C difficult
- Uncertainty of number of homeless persons statewide
- High drop-out rate (GED and High School)
- Lack of marketable skills

Political Environment
- Jackson - supportive citywide; Homeless Memorial Day; developing transitional job program targeted to homeless people; improved relationships w/police
- Spotty support
- Many interested legislators
- Governor's interested
- Few uninterested parties
- Election next year = changes mode of politicians; can educate & tap into interests (e.g., veterans)
- Current mode of conservative restraint on fiscal appropriations - no new initiatives that require $$$; interest in managing and pooling current resources
- Nationwide backlash against homelessness/not a popular cause anymore, public does not relate (Need to look at other states Panhandler Laws)
- Lack of awareness among majority of public officials
- Support for data systems/ tracking
- NIMBYism affects housing development (Not in My Backyard)

Opportunities
- Combine lists of resources throughout state
- MOU between state agencies - bring to the same table, pool resources

- Coordination with Voc rehab
- MAC (Mississippi Access to Care) plan implementation
- Partner w/agencies to facilitate linkages to permanent housing
- Revisit revolving fund idea for mortgages (SA, Home of Your Own for people w/disabilities)
- Individual Development Accounts program
- Support National Housing Trust Fund
- Tap into Community Development Corporations (CDCs), federal home loans banks, community housing development organizations (CHDO), and private foundations (e.g., Enterprise Corp of the Delta)
- Identify/expand statewide network of players
- Educate public officials/ legislators using survey data; help improve data collection process
- Use upcoming election to get homelessness on the agenda
- Cross-training of staff
- Improved coordination/increased knowledge among those at the table
- Scarce resources force coordination
- Educate the public about prevention of homelessness
- Partner with Department of Correction to provide support services of early release offenders

Threats
- Slow economy
- Apathy
- Continuing backlash
- Overwhelmed by other issues
- Turf issues
- Priorities of team may conflict with state and local community priorities
- Budget cuts - lack of manpower at state level (agency & service staff)
- Lack of buy-in from consumers

Priorities/Goals
- Create avenues for developing affordable and accessible permanent housing
- Conduct needs assessment/ inventory of services, housing, and structure of state delivery system to find out what exists (and determine geographical regions/ communities served) and create resource directory
- Create and implement coordinated mechanism of connecting programs and resources
- Enhance statewide coordination of three continuums
- Educating and increasing awareness among the public and elected officials
- Educating congressional delegation about federal regulations
- Review and remove internal and external barriers to accessing and providing services (e.g., transportation, eligibility, regulations, funding streams)
- Learn and build on what we've learned from development of the MAC (Mississippi Access to Care) plan (e.g., single point of entry)

- Eliminating duplication and enhancing coordination of case management services within and between agencies
- Develop integrated tracking system
- Create a forum for the involvement of the target population
- Enhance outreach efforts
- To expand HUD's definition of homelessness in order to include preventive services
- Affordable, available, and accessible housing

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MISSOURI SWOT ANALYSIS

Strengths

- 9 Continuums of Care
- 2 databases
- Governor's Committee on Homelessness
- Community Action Agencies
- MASW
- Caring Communities
- Emergency food & shelter/United Way
- Consolidated Plan resources
- State agency resources (e.g., DMH has shelter plus care, Headstart, tax credits)
- Housing Trust Fund
- Health Care for the Homeless
- Medicaid Waivers (MRDD; AIDS)
- Oxford Houses
- Utility assistance
- HOPWA & Ryan White
- Faith-based organizations
- Foundations
- Legal aid
- United Way
- City Research & Planning - St Louis
- Domestic violence resources
- MINK - runaway youth services
- Habitat for Humanity
- Universities
- Media support
- Community groups come together (e.g., Boyscouts)
- Healthy Community Summit - building social capital
- Good research & data base

Weaknesses

- Lack of housing and shelters -- 3,5
- Lack of funding/resources & competitive, inconsistent funding streams -- 1

- Fragmented, disjointed systems -- 1,2,4
- Bureaucracy -- 1,2
- Too much talk, too little action -- 1,2
- Discrimination -- 2,3
- Turf issues -- 1,2
- "Silo" thinking -- 1,2
- Mainstream service providers (regulations, inflexibility) -- 1,2
- Lack of cultural competency -- 2
- High housing costs -- 2,3
- Few incentives to develop affordable housing -- 2,3
- Multiple case managers and lack of coordination -- 3,5
- Program rather than client-driven -- 1,3
- Language/jargon barriers -- 2
- Confidentiality inhibits sharing across systems -- 1,3
- Poor match between available resources & needs (e.g., Section 8) -- 3
- Public housing agencies not applying for available resources -- 1
- Key stakeholders not at the table -- 1
- Lack of "champion" to move issue forward -- 1
- Lack of leadership at the level that can & will make decisions -- 1
- Stigma -- 2
- Transportation -- 2,3,4
- Rural/urban differences & needs – 1

Opportunities
- Develop support from Governor's office - make it a priority (e.g., identify contacts and pursue before Jan. meeting; integrate with strategic plan; put $$ behind effort)
- Develop action plan that withstands change in political environment.
- Request letter from NGA.
- Talk to MacLink and Rosie about data sharing and confidentiality barriers
- Increase awareness about data sharing with the goal of decreasing barriers to access
- Increase drawdown in CoCs
- Create opportunity to bring all agencies/ resources together to share and form partnerships.
- Sharing within this group about what we each do and bring to the group.
- Public hearings as opportunities for sharing information and having input for change.
- Commitment from within this group.
- Identify realistic goals with the greatest impact on access
- Need for 10-year plan to end homelessness
- Educate ourselves about how mainstream resources relate to homelessness

Threats

- Some clients are already receiving the maximum in mainstream resources
- Some clients are eligible, but resources are so limited that they are on waiting lists
- Some are ineligible due to convictions, bad credit histories, etc.
- Federal decrease in support services is possible
- People with alcohol or drug problems only aren't eligible for many programs/benefits
- Changing attitudes is very difficult, awareness and education
- Additional budget cuts
- Personnel changes
- Current political climate and priorities
- Inability to change the way our systems work

Priorities/Goals

- Given limited resources, what aspects of the overall system do you plan to address? (e.g., expand the availability of services, better integrate programs and services, reduce other system barriers to accessing services, simplify eligibility requirements)
- Define your long and short-term goals. What results do you want to achieve in the next year? The next three to five years?
- What are the challenges to achieving your desired results?
- What can you realistically accomplish in the short-term?
- How will achievement of your short-term goals help you realize your long-term vision?
- What evidence or benchmarks will you need to achieve to know that you are making progress?

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NEW MEXICO SWOT ANALYSIS

Strengths
- Momentum behind 2 Continuum of Care planning processes
- Cadre of experienced players from multiple systems
- Access to high level leadership
- Increased collaboration between DOH, education, CYFD, MFA, Corrections, Labor
- Strong, visible advocacy organizations
- Strong concept of ending homelessness
- Network of service providers that work across systems
- Strong grassroots efforts that support universal healthcare/ New Mexico Health Care Act
- Very few denials for outpatient mental health care

Weaknesses
- Limited funding
- Historical/long standing poverty
- Weak economy
- No clear leadership/support/commitment to issue on part of legislature
- Lack of awareness among legislators/leadership
- Turf & silo issues
- Citizen legislators that don't see big picture
- Some don't see state role
- Lack of effective linkages with faith-based providers
- Housing "roof" shortage
- Low wages
- Licensing/zoning/regulatory issues limit development of housing options
- Overlooked players
- Huge geographic area – many rural & frontier communities
- Not on many people's radar
- Fragmentation of service delivery system (provider level)
- Inertia/same programs funded/lack of implementation of best practices
- Managed care
- Stigma of mental health/ substance abuse impacts access
- Dominance of medical model
- Lack of recovery-based models for mental health and substance abuse
- No income supports except SSI, limited GA

- Block Grant funds ½ of need; funds decreased

Opportunities
- New governor/leader & Lt. Gov.
- So bad – free to experiment, be creative because nothing to lose
- Natural helping resources "people helping people"
- This dialogue & federal process – government/feds collaborating for increased efficiency through collaboration
- Opportunity to redefine success
- Behavioral health gaps analysis
- Continuum of Care gaps analyses
- Connect with provider underground
- Tap private people
- Market solutions to homelessness

Threats
- PATH formula
- Proposed existing tax cuts
- Drought
- National funding environment decrease
- Candidates/reduced income tax
- Have to do more with less
- War/economy
- Decreased charitable funding/increased competition
- NIMBY
- Possibility of McKinney funding being block granted

Goals/Priorities
Short-term
- Get governor's rep during transition
- State Housing Trust Fund established with renewable source within 14 months
- Pass New Mexico Health Care Act so state can study financing mechanisms
- Get state homeless fund increased/state appropriated money to NMFA
- Support efforts to increase state PATH allocation
- Identify unmet needs/gaps/existing resources
- Look at HHS data infrastructure development along with HMIS, CYFD pop. characteristics

Long-term
- HMIS Development/implementation & integration with other systems

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NORTH CAROLINA SWOT ANALYSIS

Strengths
- Interagency Council for Coordinating Homeless Programs in place with activist agenda.
- Talented and caring professionals and examples of best practices in some local communities.
- Commitment for change among some leadership in state government (e.g. DHHS Housing Coordinator, Department of Correction Transitions to Release initiative, etc.)
- New State Coalition to End Homelessness with key stake holders participating.

Weaknesses
- No dedicated state funding for homeless programs/services.
- ICCHP has no dedicated (paid) staff – limits capacity to take on working agenda.
- Lack of affordable housing stock and disconnect between service systems and housing systems.
- In some places the homeless service system is parallel to mainstream systems and have a problematic relationship with each other.
- Entrenched fragmentation ("silo" thinking and funding, conflicting and cumbersome reporting requirements, etc.) resulting in inefficiencies and poor communication within and between public and private service systems.
- Three-year budget crisis has resulted in substantial cuts in mainstream services and staff reductions limiting capacity to take on new initiatives.
- Lack of acknowledgement of/concern and pervasive myths and misconceptions about homelessness by state and local authorities and the public at large.
- Varying capacity and disparate geographic allocation of federal resources (e.g. 27 Continuum of Care covering 60 of 100 counties).

Opportunities
- Positive timing: coalescing of potential for change/action among those in leadership positions.
- Economic downturn has changed the face of homelessness and public attitudes may be more amenable to change.
- Change in political power gives opportunity to present to new leadership – marketing to new customer.
- Mental health reform plan will change the way MH/SA system operates and homeless persons are an identified priority.
- HMIS – Homeless Management Information System could provide needed data.

- State budget crisis will require ability to show cost saving which may provide an opportunity to present cost/benefit rationale for change in the way NC addresses homelessness.

Threats

- Growing negative public attitudes/perceptions about affordable housing in general and particularly for homeless or "special needs" (ex. NIMBYISM).
- Changing state political landscape may result in leadership changes in 2004 election cycle.
- State budget crisis, additional cuts are coming and NO new money for the foreseeable future.
- MH reform moving forward without shared perceptions of how this will improve services for homeless MI and SA populations.
- HMIS mandate without direction from HUD may result in redirection of service resources and fragmentation of data collection efforts.
- Expansion of Federal resources for homeless programs unlikely due to competing budget priorities, (e.g. homeland security, tax policy, national defense, etc.).

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SOUTH CAROLINA SWOT ANALYSIS

Strengths
- Network of provider agencies
- Some effective community-based models in the state
- State homeless coalition/shift toward action/knowledgeable providers in Coalition
- Good public response when you ask
- Support from faith community/ does most of emergency assistance
- Overall willingness among providers to work with each other (depends on community)

Weaknesses
- Turf issues/competition over $
- Lack of centralized leadership/ no champions
- Lack of incentives to increase rental housing options for people with special needs/ politically charged issue
- NIMBY issues
- Lack of public/private sector support
- Inability to access mainstream housing resources (e.g., PHA waiting list)
- Shrinking housing stock
- Transportation/access issues
- Resources for elderly
- Lack of treatment resources for substance abuse/long wait
- Limited mainstream resources for services available
- Impending budget cuts (MH – 10% of budget could be lost)
- Increase in caseloads
- Fragmentation/silos
- Rural disparities/deficiencies
- Invisibility/not clear what's available
- No central point of contact
- Lack of data on who is homelessness
- Family supports broken down
- Lack of TA in communities
- Misconceptions about Medicaid rules
- Continuum of Care not in all areas of state

<u>Opportunities</u>
- Need to ask for different public response
- Develop legislative agenda and strategy to advocate for increased housing options – build off state homeless coalition, others
- State agencies need to look critically at what they do/prioritize based on missions
- Recovery/community-based emphasis
- New Governor/change in leadership
- Untapped resources – advocates/USC students
- Health care survey being developed
- Homeless coalition tap into Continuum of Care resources (applications, needs/gaps analyses)
- HCH symposium transcript
- Consolidated Plan
- Untapped resources in communities (housing trust fund)/lack capacity to tap into/need TA
- 2001 Task Force on Affordable Housing/Report
- Replicating promising/best-practice models
- CDBG for development $
- Create resource center in the state
- Market the issue/educate
- Managed care pilot project to bring MH to rural states
- Learn about Medicaid rules/how it can and can't be used

<u>Threats</u>
- Economy/budget cuts
- State agencies need to look critically at what they do/prioritize based on missions
- Unfunded mandates to serve certain populations
- Lack of attention to domestic issues due to war effort (Fed & state)

<u>Goals/Priorities</u>
- Public & private sector awareness/marketing the issue
- Strategic planning effort statewide to address homelessness
- Engage consumers in decision making process
- Harnessing data/developing new methods of collection
- Cost-benefit analysis/costs of homelessness
- Centralized/coordinated case management systems
- Better advocacy at state & local levels