

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

## **Improving Access to Mainstream Services for People Experiencing Chronic Homelessness**

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*Hyatt Regency Tech Center  
Denver, Colorado  
October 27-29, 2003*

### **CONNECTICUT SWOT ANALYSIS**

#### **Strengths**

- Many individuals within state agencies who are interested in working with homelessness
- Good experience in using mainstream to fund supportive housing
- Good network of shelters and not-for-profits to assist homeless
- Wealth of talent of team
- Ending homelessness is becoming a mainstream idea among a wide range of entities
- Good data
- Size of state enables us to get right people to the table
- Have health needs assessment done at shelters for programming
- Have planning processes in place – e.g. plans
- Leadership at OPM w/support of governor to coordinate efforts
- Melville Charitable Trust and other leaders in philanthropic community (e.g. new resource center)
- Effective advocates
- Affordable housing appeals procedure
- Fundamental attitude that homelessness is not tolerable within state government (core of support)
- Understanding the complexity of the issue of homelessness – not just that they don't have a house. There are other attending issues, e.g. mental health, substance abuse.

#### **Weaknesses**

- State/federal budget
- Economy
- Haven't yet integrated employment in this process
- Competition for scarce resources
- Issues regarding capacity of not-for-profits' housing development system itself to do what it takes to end chronic homelessness – also geographic spread, i.e. holes in parts of the state. Focus is primarily urban – production costs are cheaper in urban areas.
- State has large wealth disparity, which impacts housing, education which influences policy and how things get done
- Income growth can create dislocation in the housing market
- State supplement to SSI has not increased in 14 years

- No county/regional structure
- NIMBY
- Need more creative housing options, e.g. building renovation
- Concentration of services and lack of affordable sites for housing in some areas
- Need for targeted education about what it takes to build housing, specifically time
- Need for study other cultures' approaches to housing
- High cost of housing – both to develop and vouchers that aren't sufficient to find housing
- Reluctance by local PHAs to increase fair market rent payments
- Lack of affordable housing exacerbated by deteriorating and diminishing public housing stock
- High cost of renovations, especially environmental
- Not yet a public issue

### **Opportunities**

- Melville Charitable Trust are leaders in the philanthropic community (e.g. new resource center) on behalf of solutions to homelessness
- We have a state supplement to SSI
- Required federal plan
- On-going group that is meeting
- Opportunity to capitalize on all the good work that has already been done
- Flexibility of some federal block grant process for states to shape funding priorities and policies
- Discussions on how Medicaid can be used
- New projects opening (e.g. PILOTS) can generate good public will
- Public health safety net programs
- Partner with other major federal initiatives and trends, e.g. faith-based, re-entry
- Key decision makers want to end homelessness
- Issue of affordable housing is becoming a middle-class issue as well
- Can capitalize on learnings from other states and federal initiatives
- Workforce players are more coordinated and involved
- State/federal budget issues forces us to “do it better”
- Time for partnerships and collaboration and “thinking outside the box”
- Opportunity to strengthen ties with Health Care for the Homeless Coalition

### **Threats**

- Continuum of Care funds will be increasingly competitive due to past successes
- Potential for politicizing of federal block grant process, especially in times of limited funds
- Racism
- Stigma, e.g. the poor and those with mental illness

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### **DISTRICT OF COLUMBIA SWOT ANALYSIS**

#### **Strengths**

- Highly developed nonprofit service provider network
- Existing funded convening body in place which is the Community Partnership for the Prevention of Homelessness
- Effective shelter and provider system
- District of Columbia government controls all the entitlements and authorities that normally would be divided between state, county and municipal authorities
- Commitment to increasing mental health and healthcare services rather than decreasing like other states
- Governmental commitment to ending chronic homelessness
- Manageable geographic size
- High level of expertise in homelessness
- Money – support of the executive and legislature for local funding
- Diverse group of stakeholders
- One of the highest charitable giving rate in the nation (individual)
- Hub of federal government (advocacy purposes)
- Good data and fairly sophisticated HMIS
- Convenient public transportation network
- Will to end homelessness, political support and availability of capital and land
- Significant experience with housing first models, success with scattered site housing, placing people out in the community successfully
- Fairly strong consensus on strategies (growing consensus?) compared to other states—common sense of where we want to get to
- Support from the deputy mayors office
- Long standing existing relationships among stakeholders
- Strong local advocacy
- Business and private funding sector involved – enlightened downtown business community
- Fannie Mae foundation and corporation in DC (e.g. sponsors annual Walk-a-Thon, largest in the county)
- Boards of non-profits have a lot of strength and knowledge
- Committed staff – dedicated, heart-felt

- Housing production trust fund – dedicated funding source

### **Weaknesses**

- Lack of financial and political control because Congress has the final authority over the District (taxation without representation)
- Government that has just emerged from being broke and broken (receiverships)
- Perception from the past government that nothing works
- Lack of integration of the needs of poor people in the city's economic development agenda
- Lack of affordable homeownership opportunities
- Lack of coordination of services and resources
- Allowing categorical resources to continue to be a barrier to collaboration
- Geography leads to community saturation of low barrier services in low income areas
- Segregated city both economically and racially
- General economy limiting the ability to earn a living wage and to afford housing even with two incomes
- Not having a truly local media that is supportive of local advocacy efforts
- Wide variation in the quality of services
- Limited staffing capacity and insufficient knowledge of best practices in the delivery system
- Consensus around vision but divergent views on strategies
- Burgeoning NIMBY-ism (Not-in-my-backyard) – community opposition to siting facilities
- Municipal government misinterpreting Fair Housing Law (city was successfully sued for violating the fair housing act)
- Some of the mainstream services in DC are poorly managed and hard to access
- Not all stakeholders of key agencies at the table (e.g. dept. of health -- HIV, Substance Abuse)
- Small part of advocacy community in DC is unable and unwilling to collaborate (can get nasty -- destructive advocacy). Reluctance to use the word housing or to get the word out about successful initiatives – it's always 'not enough'. Defending the status quo
- System is relying too heavily on the homeless Continuum of Care to provide housing for very low income residents
- Corrections is federally controlled making discharge planning difficult
- Prosecutorial authority is federally controlled and often out of sync with Department of Mental Health and other systems

### **Opportunities**

- Housing production trust fund – dedicated funding source
- System reforms are taking place as agencies emerge from receiverships
- Good prevention strategies exist which could be brought to scale
- Disseminating information about successes
- Responding to federal NOFAs and involvement in the Policy Academy has led to increased collaboration and can lead to more
- Well positioned to launch of NIMBY education campaign through local neighborhood advisory groups

- Tap new funding streams
- Reorient CoC to a housing first model based on evidence-based best practices
- Create models that would attract additional federal funding opportunities
- Partner with the universities both on the data and public support
- Interest from funders by cross-fertilizing expertise – federal and private resources
- Work with other systems such as criminal justice
- Change the public perception of how to solve homelessness
- Take on some difficult issues such as going to a housing first model, new funding stream for people of low wealth, accessing mainstream resources
- Public consciousness of homelessness up, good time to educate the public about successful programs
- Improve the coordination and delivery of services
- High visibility city – capitalize on this
- Linking housing for homeless to general city strategies for target neighborhood revitalization – putting it within the context of strategic neighborhood revitalization (Partnering with community development initiatives like those focused on abandoned properties)
- Fresh new leadership
- Ability to learn from other states and federal resources
- Already have a committed team assembled to address chronic homelessness
- Leveraging court mandates to make housing available

### **Threats**

- General economy limiting the ability to earn a living wage and to afford housing even with two incomes
- Expanded drug use in a time of continued criminal justice system vigilance
- Increased security (e.g. 9/11) has created additional barriers to getting and maintaining employment
- Low wage jobs more susceptible to loss due to an era of heightened security
- Expansion of shorter term homelessness due to economy
- Anxiety that no champion will emerge to maintain focus on systems reform and implementation of action plan
- Public frustration with homelessness
- Economic hardship for the general population decreases public sympathy to the homeless
- Expected to do more with less – diminished targeted programs while mainstream programs not expanded (unfunded mandates)
- Insufficient funding and staff to maintain what is already in place while attempting to build capacity
- Change of leadership within the District
- Priority on economic development rather than people and services
- Multiple expectations on single systems
- Competing agendas for limited resources
- Health care costs are going up – takes away from level of service delivery
- High cost housing market – economic development taking away from available low income housing, revenue collections of the city down

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### **IDAHO SWOT ANALYSIS**

#### **Strengths**

- Lower numbers compared to other states
- Most of services available on regional or district level
- Statewide Homeless Coordination Network
- Smaller state
- Strong targeted service delivery networks (IDVS, DOC, etc.)
- Interest of Policy Academy team members
- Dedication of people working in area
- Medicaid rehab option
- HMIS system and process
- Commitment to follow-through
- Involvement of churches, community action agencies and senior centers
- Wide variety of resources
- Good access to hospitals and outpatient services for veterans
- Four homeless standowns in place each year

#### **Weaknesses**

- Lack of funding (federal and state)
- Lack of widely accepted vision
- Lack of public awareness and support
- Lack of adequate mental health and substance abuse services
- Extreme regional diversity
- Stigma associated with homelessness, mental illness and disabilities
- Lack of services in rural areas
- Lack of appropriate and accessible housing
- Limited collaboration
- Lack of a visible single homeless authority
- Statewide inconsistency in services
- Lack of transportation
- Lack of planning; reactive rather than proactive
- Denial and apathy

## **Opportunities**

- Lack of appropriate and accessible housing
- Limited collaboration
- Lack of a visible single homeless authority
- Statewide inconsistency in services
- Lack of transportation
- Lack of planning; reactive rather than proactive
- Denial and apathy
- Homeless Coordination Network
- Consolidated Planning process for HUD mainstream programs
- Forming effective partnerships
- Governor is chair of National Governor's Association (NGA) and Senator Craig is chair of committee on aging
- Federal support
- Coordination between the City of Boise and the balance of state Continuum of Care

## **Threats**

- Economy
- Public and legislative lack of awareness
- Weather and roads
- Change in state government administration
- People slipping through the cracks due to rural/urban diversity
- What it takes to affect legislative change
- Significant population increase and greater projections for the future
- NIMBY
- Transportation
- Grant insecurity/instability
- Threat of loss of state funding
- Increasing substance abuse (esp. methamphetamine)
- Lack of community ownership (both responsibility and facilities)
- Negative perception and stigma
- Lack of bilingual capacity in service provision
- Applying for services (by individuals) is too complicated
- Structure of federal funding mechanisms

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### **NEBRASKA SWOT ANALYSIS**

#### **Strengths**

- NE Homeless trust fund – state-based funding for homeless programs
- Agency collaboration across the state (e.g. 7 Continuum of Care Consortiums)
- Existing programs
- Willingness to do more among the providers and public sector
- Strong work ethic
- One of the lowest unemployment rates in the country
- Strong family-oriented culture
- Multi-culturalism
- State Government structure more informal and accessible (unicameral legislature)
- NE Workforce Access System (shared database )
- NE Youth web-site developed by the Department of Labor (coordinated information sharing)
- Multiple advocates
- Influential and active consumer advocates – NHCPC (NE CARE and Prevention Consortium)
- Agencies do a good a job of accessing mainstream resources – advocates for their clients
- Model workforce investment for Veterans
- Dedicated front line providers
- CHAFEE Independent Living Funds

#### **Weaknesses**

- Lack of public knowledge about resources for homeless people
- Undocumented population (e.g. migrant workers)
- Lack of comprehensive and ongoing data collection and sharing (need a better grasp concerning the characteristics of the chronically homeless people in the state)
- Insufficient services in some regions
- Language barrier in services for Hispanic and other non-English speaking populations (i.e. providers do not routinely speak languages other than English)
- Insufficient services for Native Americans regionally
- Imbalance between rural and urban services
- Still legal in Nebraska to legally remove people from their housing due to sexual orientation

- Total denial of pervasive sexual abuse
- Lack of financial support of informal supports
- Lack of coordination between services and housing providers
- Multiple families living in crowded situations (i.e. doubling up)
- Personnel and resource shortages prevents proactive programming (i.e. existing staff stretched too thin)
- Lack of money (e.g. State cut backs across agencies and facilities going bankrupt)
- Reaching consensus on what other agencies should do – not their own agency (i.e. agencies feeling like they are doing a lot and others are not)
- Wrong people in key ground-level service management positions (i.e. need for putting the right people in the right spots concerning specific subpopulations like veterans)
- Agency personnel providing services for homeless people not necessarily connected to the Continuum of Care
- Immense magnitude of the issues
- Stigma (general misunderstanding of mental illness and substance abuse)
- HIV and infectious diseases not recognized by key agencies and lack of public education and awareness
- Lack of prevention and early intervention programs
- General lack of recognition that homelessness exists in NE (homeless not that visible)
- Do not routinely share success stories
- State Government structure (unicameral legislature)

### **Opportunities**

- Statewide continuum for HMIS has made a recommendation to implement statewide HMIS system
- Willingness to develop a plan
- Closing of regional hospitals
- Policy Academy enables stakeholders to utilize existing resources more efficiently and effectively
- Create greater awareness leading to greater coordination between agencies
- Leadership development
- Tap and coordinate tapped and untapped resources
- NE Ticket to Work Program
- Expanded potential to financially support informal support networks
- HOPWA grant
- Statewide plan for housing people with HIV
- Evidence from successful programs
- Federal momentum concerning chronic homelessness
- Long-term housing plan
- Olmstead Decision
- Tap senior citizen centers
- Department of Labor and Department of Education receiving federal Incentive grants for exceeding performance measures could be tapped
- Work Incentive grants for developing one-stop career centers
- Internet: online catalogue of affordable housing units

- Development of a housing-related database accessible for providers
- Public comment period for the Consolidated Plan and update of the five-year consolidated plan
- Five of the seven regional Continuum of Care's have received SHP funding – strengthening inter-agency collaboration
- Reauthorization Work Force Investment Act
- Public Awareness

### **Threats**

- Closing of regional hospitals
- Increasing income gap
- Economy
- Overwhelming number of programs with different funding and service requirements – hard to keep track from the service provider perspective
- Unfunded mandates
- Turfism
- Overloaded staff given even more to do in terms of a strategic plan (apprehensiveness about how much work a strategic plan will involve for an already overtaxed staff)
- Increased program duplication
- Competition and liability
- State and federal budget cuts which may impact mainstream as well as targeted programs
- Homeless budget is just one of many human services
- Zoning and NIMBYism
- Confidentiality and HIPA

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### **NEVADA SWOT ANALYSIS**

#### **Strengths**

- Recommitment from Policy Academy (PA) team members
- PA team has expanded and meets monthly
- Homeless day at legislature with senate and house resolutions passed
- Increased communication and coordination
- Statewide housing inventory
- PA process has driven increased dialog and strategic planning among some coalition members
- Inventory of Acronyms
- Inventory of Assets
- Increased accessibility at the grassroots level to mainstream services
- NV still operates on a small scale which fosters communication and collaboration among agencies
- State willingness to think outside the box and learn about other state's practices
- Governor supportive of human services
- Public-private partnerships
- The work of PA assisted the division in securing funding for mental health services
- Key decision-makers on PA team
- Southern Nevada Community Foundation Community Assessment
- Employment programs (e.g. Job Connect)

#### **Weaknesses**

- Homeless services still fragmented
- Lack of capacity at the local level both in terms of waiting lists and pieces of the system that are missing
- Inadequate funding and resources
- Reduction of funding availability in some areas
- Fastest growing state in the country, Southern NV fastest growing region – services not keeping pace
- Poor coordination, collaboration and duplication among existing community programs

- Lack of consensus around the need, definition and operationalization of integrated systems
- No current statewide needs assessment
- Gaps in human services workforce
- Difficulty reaching consensus on evidence-based practices
- Inadequate and unreliable data collection systems
- Continually changing political trends at local levels
- Stigma attached to homeless people
- Lack of statewide education
- Hostile policy environment
- Measuring effectiveness of programs for chronically homeless population
- Not enough subsidized and affordable housing or shelters
- No provision for those who relapse in terms of keeping their housing
- Discharge planning hindered by lack of services (i.e. no place to discharge people to)
- Workforce does not relate culturally to the clients (NV has the one of the fastest growing Latino population in the Nation, also Native Americans and growing Asian population)

### **Opportunities**

- Memorandum of Understanding (MOU) concerning accessing mainstream resources
- Public relations committee to increase public awareness
- Pilot programs to reach consensus on evidence-based practices
- Homeless individuals fear of exiting homelessness
- State of Nevada designated by the Federal government as a test site for the statewide HMIS
- Educated mainstream providers about the homeless population
- Incentives for employers, life coaches to assist transition into mainstream
- Outreach to minority (Latino, Native American, Asian etc.) groups to join human service workforce
- Culturally competent training for current workforce
- Have not been able to connect policy discussion to program implementation and coordination on a macro level
- Redesigning treatment and service delivery and timing for this population
- Bureau of Alcohol and Drug Abuse needs assessment just published
- If team had a dollar what would we do with it
- Employment services to assist people obtain and maintain a job
- Develop better discharge planning processes (e.g. Going Home Prepared)
- Coming up with strategies to reach culturally specific populations
- Reach consensus on culturally appropriate treatment approaches
- Unity of Nevada (north and south regions opening dialog)
- Greater coordination between rural and urban systems

### **Threats**

- Homeless individuals fear of exiting homelessness
- Hostile political environment toward homelessness
- NIMBY-ism

- Many other issues to compete with
- Small governor staff
- Continued resistance among service providers to collaborate (turfism)
- Shifting political priorities (e.g. population growth)
- Increased demand for multi-cultural services
- Sustained belief that homelessness is self-inflicted
- Competing priorities for PA team members
- Zero resources to support the PA team (e.g. state legislative bill to formalize this team did not get passed, no staff support, etc.)
- Census 2000 resulted in shifting of dollars from North (rural) to South (urban)

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### **OKLAHOMA SWOT ANALYSIS**

#### **Strengths**

- Coalitions
- Diversity of programs
  - Health
  - Veterans educational
- Several agencies with common goal
- Federal money
- HCH, PATH, CoC, Empowerment Zone
- This meeting (site visit)
- Compassionate people
- Array of family self-sufficient programs
- Quality services
- Good legislative support (governor, state representatives)
- Good at dealing with temporary homeless, but not chronic
- Strong faith-based organizations, potential resource for rural
- Drug courts
- Mental health courts

#### **Weaknesses**

- Competing priorities for legislative support
- Staff shortages, being stretched
- Stretched resources
- Unemployment
- Cuts in prison beds
- No champions for the homeless
- No discharge plans
- Public Housing Authorities' exclusion criteria
- Different eligibility criteria across systems
- Lack of affordable housing stock
- Accesses different populations
- Lack of outcome measures and/or data (across systems)

- Lack of incentive to build affordable housing
- Lack of public will unless there's money involved
- Lack of public awareness
- NIMBY
- Lack of substance abuse services
- State budget shortfall
- Conflicting priorities across state
- Rules about sharing money across departments – can't pool money
- Lack of collaboration state-wide
- Eligibility criteria for SSI
- Staff training for SSI applications
- High number of uninsured under Medicaid
- Silo mentality

### **Opportunities**

- New governor
- Budget cuts increasing collaboration
- Strategy to create more positive public will
- Better data collection
- President's initiative to double community health centers (primary and dental)
- New centers opening
- Drug and mental health courts
- Homeless court
- Faith-based organizations
- More transportation dollars
- Formation of local CoCs
- Criminal justice participation
- More federal support (money and programs)
- Ability for this team to look at the big picture

### **Threats**

- Budget cuts
- Numbers of battered women
- Numbers of homeless youth
- Decreased funding and increased demand
- Poor discharge planning
- Job loss
- Numbers of people (elderly) dropped off
- Assuming that they will get benefits that they are "entitled" to
- Resistance to criminal justice reform and funding
- Resistance to expansion or creation of social programs
- Media

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### **OREGON SWOT ANALYSIS**

#### **Strengths**

- Have some “threads”/ linkages – need the loom
- Hunger and mental health are priorities of the governor
- Portland/Mayor and leadership
- A lot of systems work done under previous admin/ready to move beyond silos
- Successful Continuums of Care (7 total)
- Pro-social state/political awareness
- Ahead of others in community-based care
- Increase in linkages with faith community
- Advocacy coalitions, cross-over w/public systems
- Data collection system on homeless assistance, mainstream services, etc.
- Mental health/substance abuse system tracks housing status
- Oregon Housing and Community Services helps with applications regionally, coordinated application process
- Self-reliance
- Creative solutions
- Strong networks
- Collaboration between Public Housing Authorities (PHAs) and mental health
- Strong Community Action Programs
- Targeted homeless resources combined with mainstream
- Mainstream providers (behavioral health) that have taken on homelessness
- Increased networking/ collaboration as a result of grant opportunities
- Good data on homelessness – characteristics, causes, etc.
- Housing and emergency assistance programs under one agency
- Strong community development organizational structure

#### **Weaknesses**

- Governor focused on other priorities
- Sensitive climate – “bottom line” \$/turning away Fed opportunities
- Survival mentality vs. planning
- Chronic homelessness symptom of greater issues/increased cuts
- Polarized state – rural/urban, tri-county, liberal, etc.
- Lack of ownership of issue
- Lack of transportation in rural areas limits access to services, jobs

- Lack of service capacity in rural areas
- Progressiveness “slipping”? Stalled?
- Self-reliance/frontier culture
- Mental health and recovery housing initiatives to build upon
- Some PHAs flexible, some are not
- Budget
- Lack of stability in mental health system in Portland
- Advocacy community ‘tired’
- Lack of knowledge among decision makers, legislators
- No formal structure to address issue statewide
- Collaboration ‘tired’
- Too many efforts to coordinate, some are parallel
- Lack of consolidated data
- Disconnect between young adult and adult service systems

### **Opportunities**

- Chance to tie this plan with others
- Linkage of multiple tracking systems
- Crisis has created new alliances
- Strategic coordination of the various initiatives/efforts
- Technical assistance resources to implement best practices on homelessness
- Technical Assistance Collaborative (TAC) workshop on mainstream resources in February
- Support from advocacy groups
- Corporation for Supportive Housing/Robert Wood Johnson Foundation grant in Portland to produce/sustain permanent supportive housing
- Increase in homeless population creates crisis among voting public
- Public education on who is homeless, causes, costs, solutions, etc.
- Conferences – opportunity to showcase effort
- Homelessness curriculum
- Look at successes
- Prioritize cultural competency
- Relationship building
- Provide leadership across silos to address issue, systems change
- Real choice systems change grant

### **Threats**

- Not leaving out key stakeholders
- Legislature
- Resource constraints
- Lack of public will/ awareness
- Stigma associated with homelessness/society and public attitudes/criminalization
- Federal policy change
- Conflicting regulations
- Not sharing this conversation/work statewide - sustain and inclusive of entire state
- Economy
- Complicated networks

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### **VIRGINIA SWOT ANALYSIS**

#### **Strengths**

- New blood
- Willing participants
- Advocates
- Committed Governor
- Access to differing resources
- Collective expertise
- Non-profit providers
- Strong housing finance agency
- Virginia Tech Research Center
- Legislative champions
- Vision for eliminating homelessness
- Virginia Interagency Council on Homelessness (VIACH)
- Having VHDA at the table
- Commitment to the issue
- State-wide access to Medicaid services for people with mental illness
- Promising practice programs in the state
- Federal support
- Strong local collaboration examples

#### **Weaknesses**

- No comprehensive discharge policy
- Inappropriate discharges
- Fiscal instability
- Lack of integration of state, provider and community resources
- Lack of affordable housing
- Difficulty accessing ID numbers (to access services)
- Lack of comprehensive data
- Lack of resources and cooperation in the best interest of the client
- Different regional needs
- Too many needs, too few resources
- Lack of legislation and public policy
- Lack of representation on the team by legislators
- “Kinks” in the federal collaboration
- High incarceration rate – high lock-up state
- Dillon rule – local jurisdictions limited in what they can do

- One-term governor
- Local zoning laws/NIMBY
- Lack of public transportation
- Federal regulations

### **Opportunities**

- National initiative
- Interagency accountability within state
- More outreach
- Policy Academy
- Opportunity to use cost savings as rallying point
- Opportunity to learn from other states
- To build on a committed provider base
- Recent state leg. requiring localities to address affordable housing
- Other state interagency efforts underway
- Ending chronic homelessness is an achievable goal
- Legislative mandates
- Speaking with a unified voice
- Opportunity to get more players involved
- “Keeping it alive”
- Legislative incentives (e.g., zoning laws, housing trust funds, etc.)
- Pooling resources
- Bringing Secretaries together to ensure buy-in
- Community reinvestment of mental health dollars
- Olmstead Task Force recommendations
- Opportunities to get a common, consistent message out across the state system

### **Threats**

- Budget deficit
- Losing momentum and focus
- NIMBYism
- Federal budget deficit
- TANF shortfall
- Local zoning issues
- Other competing gubernatorial initiatives
- Economy
- Growing negative image of homelessness held by the general public
- Lack of community knowledge about the issue
- Competitive funding – pitting people and localities against one another; works against collaboration
- Parochialism or insular nature of agencies
- Old attitudes, not open to new solutions – protectionism
- Tradition
- Getting agency buy-in: up, down and lateral
- Lack of communication
- Lack of consistent and accurate information given out by front-line providers
- Attitude of not my fault or responsibility; blaming the victim
- Pitting one jurisdiction against the other
- Fragmented information about available resources and technical assistance

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### **WYOMING SWOT ANALYSIS**

#### **Strengths**

- Policy Academy participation
- Statewide collaborative Continuum of Care and advisory council
- Large population centers have good access to mainstream services
- Some shelters and services available to serve homeless
- Acknowledgement of existence of chronic homelessness
- Most know each other because small State
- Systems driven by people
- Pre-existing coalitions in some communities
- Two Health Care for the Homeless programs
- Some ties to national resources
- Population is well-intended
- Can support relatively high homeless population per capita
- Existing collaboration between mainstream services
- Federal resources to address homelessness available

#### **Weaknesses**

- Lack of knowledge about available funding opportunities
- Conflicts in bureaucratic requirements
- Geographic distance
- Lack of affordable/supportive housing
- Lack of acknowledgement of homeless population
- Bias against State because of small population
- No best practices/models in place
- Lack of solid data on homelessness
- Changes in personnel may result in systems falling apart
- Small private grant base
- Good Old Boy Network, why change? attitude
- Policies not always well thought through
- Lack of single point of contact for services
- Lack of funding sources available to address specific subpopulations
- Small tax base
- Not enough programs and services
- Red tape in navigating services

- Small communities lack access to services
- Don't utilize business/other community organizations for support
- Lag in development or capacity to expand certain types of programs (CSBG, Health Centers)
- Expansion limited by agency capacity

### **Opportunities**

- Using what is available to build upon
- Understand who homeless population is, cultural/geographic differences
- Access to Federal decision makers
- Unused facilities
- Increase awareness throughout State
- Tap willingness of major players to work together
- Tap into CDBG & HOME
- Share what's working well & learn
- Shift to housing first approach & offering in-reach services
- Take advantage of available funding
- Identify existing resources to fix what's not working
- Hopeful outlook/bring about more positive attitude toward homelessness
- Use this as springboard to fix weaknesses & build on strengths
- Set up system for easy access to address issue
- Access talent of frontline providers
- Drive and influence policy development

### **Threats**

- Communication gap between providers and funders
- Lack of general awareness of issue
- Lack of funding available
- Risk criminalizing homelessness
- Legislation and government bureaucracy limits usage of program resources
- Risk of losing project momentum
- Turf issues
- Increase in number with serious mental illnesses coupled with lack of treatment availability
- Not being able to reach/meet the needs of some homeless
- All talk no action
- Competition for Federal \$ for homeless/housing resources
- Real potential lack of funding
- Perception that government will get too large
- Risk stereotypes developing with increased awareness
- Fear of homeless
- People may not be willing to address the issue due to resistance or lack of services in small communities
- Paradigm shift of moving to housing first type programs
- Federal deficit
- Block granting
- Re-entry of ex-offenders and their families