

*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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*Hilton Miami Airport and Towers  
Miami, Florida  
December 9-11, 2003*

### **DELAWARE SWOT ANALYSIS**

#### **Strengths**

- Lots of funders in Delaware
- Small State, e.g., accessible legislators, networking, less geographical challenges
- Expertise in State
- System of State service centers
- Integrated behavioral health services that use best practices
- Homeless Planning Council and Continuum of Care – Statewide, nationally recognized quality application for Continuum of Care
- Staffed Homeless Planning Council that is State-wide
- Dedicated advocates
- Federal reps have held State office and have feel for State issues
- State economy is comparatively good
- Federally-funded programs and local programs (e.g., offender re-entry grant, PATH, systems-change grant)
- State Housing Authority is also State Finance Authority – allows them to partner on things like capacity building program

#### **Weaknesses**

- People with multiple challenges not able to access mainstream housing or employment resources
- Fragmented funding requirements from Feds can prohibit collaboration
- Small State, e.g., limited population, small number of fed reps, bureaucracy and favoritism, pre-determined roles, multi and conflicting tasks, “a good old network,” lack critical mass of people to attract additional funding
- Homelessness is misunderstood and is not a popular issue (e.g., among electorate)
- Lack of coordination of services
- Information gap
- Difficult to get good data to inform policy-makers and funders
- Jeopardy of decrease in affordable housing
- Transportation
- Habitual use of services and processes
- Doing things the way they’ve always been done
- Crisis driven as opposed to strategic planning
- Not enough resources or alternatives (especially around housing issue)

- Lack of outcome-based performance measures
- Historic tendency to criminalize or institutionalize non-normative behavior
- Few groups that work together collaboratively with other service providers
- Multiplicity of eligibility requirements
- Lack of cooperation in targeting resources
- Difference between northern and southern Delaware; rural vs. urban
- Lack of community-based treatment services

### **Opportunities**

- Engage Office of Labor Market Information in process, provide data
- Focus groups with homeless and formerly homeless persons
- Implementation of HMIS and involve mainstream providers, e.g., Help Line
- Create an information bridge
- Offender re-entry grant
- Lack of critical mass of people means can be a demonstration site and make an impact
- Education among consumers and general population
- Housing First initiative
- Integrating housing and employment (Corporation for Supportive Housing)
- Use research data to convince policymakers that serving this population makes sense, e.g., potential savings
- Gaps assessment from Homeless Planning Council, improve protocol or use HMIS for use in policy influencing
- Improve access to mainstream housing, including home ownership, e.g., Section 8 conversion program
- Policy Academy process
- Involving more partners increases recognition that there are a lot of issues involved – all part of the same large issue
- Opportunity to develop better and stronger linkages between housing and services of all kinds

### **Threats**

- Possible change in leadership in government
- Fear of being undermined by revealing vulnerabilities or lack of knowledge
- Economic paranoia – not wanting to look for new opportunities and holding on to what you have – “circle the wagons”
- Potential loss of McKinney funds to provide basic services
- Competing priorities
- Increasing housing prices
- Politically risky to take on this issue without public education
- Local land use decisions and political will are not there for this population
- NIMBY and fear of further decline in the tax base

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### **IOWA SWOT ANALYSIS**

#### **Strengths**

- Dedicated and trained to serve homeless
- New Iowa Council on Homelessness with 15 years of experience
- Service Point – Statewide HMIS
- Ability to create collaborative efforts
- Willingness to seek solutions to challenging problems/issues
- Small State
- Those who work in this area all know each other
- Community health centers being developed (new)
- Three Health Care for the Homeless providers in State
- Solving this problem is within our reach
- State housing trust fund
- Good network of local/community-level services from Continuum of Care
- Have a supportive governor
- Mainstream agencies interested in working with this population, Veterans Administration, VETS, workforce development, public health
- Low rate of uninsured
- SSI (with ICM 50% first time)
- Largest number of high school graduates
- Great place to raise kids

#### **Weaknesses**

- No mental health division – solely Medicaid
- Medicaid under siege
- Restructuring the Department of Health Services (DHS) – currently in flux
- Structure of the Department of Public Health (DPH) to provide services
- Not structured in a way to pursue opportunities (esp. funding)
- Small group who work in this issue all know each other – need to expand group
- No central point of contact for homeless issues (working on it)
- Loss of dedicated staff person two years ago
- Fragmented services
- Infrastructure is lacking in State agencies and providers – bare bones

- Homelessness is seen as an individual failure
- Ninety five percent of the battle is perception of homelessness
- Job cuts and lack of training/technical assistance
- Few CM agencies to work with homeless
- Rural outreach/engagement
- Substance abuse and mental health services (detox, aftercare)
- Dual diagnosis is a “dirty” word
- Have 99 counties
- Poor communication/cooperation between counties and cities
- Form of unfunded mandates from State legislature
- Attitude of “rugged individualism”
- State revenue structure unable to fund its public expenditures
- No State general fund appropriations dedicated to homelessness
- Lack of continuation of services for those being discharged from corrections – discharge planning
- Urban/rural problem
- Wages are very low
- Lack of affordable housing (severe crisis)
- Transportation issues, especially for rural
- No public transportation
- Maturing HMIS system to collect accurate data
- Providers are not “data-collection friendly” - don’t understand that it is an important thing to do
- Losing providers – infrastructure is fragile despite manageable numbers
- Hard for State’s fragmented system, hard to compete for Federal funding
- Lack of basic services for people who are homeless – e.g., MH case management
- SSI
- Brain drain – youth leaving State
- Lack of living wage jobs
- Need for public awareness campaign and paradigm shift around homelessness
- NIMBY
- Government is not seen as force for positive change

### **Opportunities**

- Data collection network
- To change attitudes about homeless
- Develop better relationships with faith-based organizations
- Chance to create new structures for the State
- New partners and energy at table for new Statewide initiatives
- Find ways to capture and direct our children to positive activities in State

## **Threats**

- There is no money – State budget crisis
- New Interagency Council on Homelessness requirements for State agencies
- Housing issues for those coming out of corrections system
- Erosion of middle class – danger of losing housing
- Budget and program cuts on city, State and Federal levels
- Health costs
- Changing players due to job cuts
- Aging population (housing, nursing homes)
- Substance abuse (methamphetamine), hepatitis
- Corrections draining resources
- In current environment (money), creative process shuts down – moves to survival mode and very competitive
- Threat of having funding cut if become advocate – balance of power

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### **LOUISIANA SWOT ANALYSIS**

#### **Strengths**

- Care and compassion of all the people
- Homeless coalitions covering the entire State
- Philanthropic giving (Baton Rouge Area Foundation, Greater New Orleans Foundation, Community Foundation of Shreveport-Bossier, etc.)
- Strong non-profit organizations (e.g., first charitable community pharmacies in the U.S., LANO – Louisiana Association of Non-Profit Organizations)
- Strong, organized interagency action council
- Leadership from two to three coalitions on Policy Academy team
- Individually, State departments are very strong
- State offices and staff are committed to homeless programs
- Diversity of available resources both financial and non-financial
- Representation of Governor's Office
- Strong religious communities
- Talent and resources within the State (e.g., three State-run university systems, national center for women's health, data is captured in shelters that serve people who are homeless because of domestic violence)
- Yearly Statewide homeless conference
- Strong networking system
- Growing identification of the problem (e.g., point-in-time and shelter survey, HMIS in number of regions)
- Louisiana Advocacy Coalition for the Homeless
- Growing partnership between public and private (e.g., concerted effort to work with community development organizations, faith-based, non-profit and private housing and homeownership )
- Homeless services working with housing organizations

#### **Weaknesses**

- Lack of public awareness
- Not enough shelters (e.g., domestic violence, substance abuse, women and children, adolescent)
- Disconnect between delivery systems
- State funding is inadequate and has been reduced in some areas for existing programs
- Federal funding is inadequate
- Growth before quality standards (e.g., community-based organizations, small faith-based)

- Lack of affordable housing and long waiting lists
- Incongruence between mission and priority of the lead State agency charged with addressing homelessness
- Performance standards tied to mainstream programs inhibits a chronic homeless person's ability to access services and succeed
- Cumbersome data requirements
- Difficulties for capturing comprehensive data for non-Federally or State-funded entities
- Limited funding for administrative costs in homeless programs (e.g., ESG, SHP)
- Increased requirements attached to funding
- Lack of HMIS utilization on the State and local level
- Lack of outreach strategies to engage chronic and rural homeless
- Lack of integrated data systems among State agencies
- Less visible homeless population
- Criminalization of homelessness
- Lack of funding coordination of mainstream providers
- Targeted funding opportunities are cumbersome, short-term, and do not mirror needs of the local community
- Statewide discharge policy conflicts with the HUD definition of homelessness
- Lack of integration between mental health and substance abuse treatment systems

### **Opportunities**

- Support from present administration
- Maximize State assets
- Policy Academy as an opportunity to increase communication among agencies, public awareness and awareness within State agencies
- Develop a seamless system of care for homeless
- Utilize individuals and information to complete ten-year plan
- Chance to think creatively
- Targeted Federal and State funding for homeless programs
- Develop meaningful homeless policy
- Federally-funded pilot program for integrated mental health and substance abuse treatment programs
- New housing trust fund
- HUD Second Chance Program
- Helping homeless agencies become more aware of how to access mainstream Federal dollars for housing (e.g., CDBG, HOME)
- Create levels of housing to meet people where they are
- Bringing together the different regions of the State and sharing information and strategies
- State/Federal collaboration (e.g., issues of stigma surrounding mental health and homelessness)
- Innovative ideas to solve the problem of homelessness
- Policy Academy recommendations as part of State ten-year plan
- Reinforces the No Child Left Behind Act
- Corrections Organized for Re-entry (CORE) as it relates to discharge planning
- Growing tourism industry in South Louisiana has an interest in ending chronic homelessness
- Working with the VA on re-entry programs

- Office of Mental Health starting Assertive Community Treatment (ACT) teams around the State
- Continuum of Care permanent housing bonus
- International Downtown Association has selected New Orleans for studying how the local business community can support the Continuum of Care
- Interest in historical preservation creates opportunities to renovate affordable housing
- Seeing chronic homelessness as a Statewide issue not regional

### **Threats**

- Changing administrations
- Criminalization of homelessness
- Turfism
- Competition for funding
- Potential increase in number of homeless persons due to wars
- Potential increase in number of homeless due to poor economy
- Resistance to uniform data gathering
- Resistance to uniform definitions
- Department of Corrections expanding at the expense of other State department resources
- Lack of trust among homeless population
- Charity hospital cuts
- Reduction in funding
- Rising crime rate and homeless victimization
- Discouragement because of the enormity of the task of ending homelessness
- Over-extended team member leading to burn out
- Planning without implementation and outcome
- Too much process without product
- Mental health considered a luxury rather than necessity
- Belief that homelessness is too large a problem to solve
- Public is de-sensitized to chronic homelessness
- Lack of preventative mental health initiatives

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### **MARYLAND SWOT ANALYSIS**

#### **Strengths**

- Data – city-level data on housing costs and availability, health insurance; chart of how public incomes compare to housing costs; hourly wage by jurisdiction ([www.nlihc.org](http://www.nlihc.org)); Governor's Commission on Homelessness and Hunger reports
- Last meeting of State Interagency Council on Homelessness – inventory of services offered by agencies
- Small State where people know each other (24 jurisdictions) – fairly easy for people at State level to know who's who at local level and be aware of problems (varies by region/jurisdiction)
- Acknowledgement that there is a problem and that solutions lie within our power
- Strong relationship between State mental health, substance abuse, and HIV agencies
- State Medicaid Managed Care recognizes homeless as special population and requires case management
- Executive order formalizing State Interagency Council on Homelessness
- State Health Secretary – publicly says health care is a right (public mental health system institutionalized)
- Medicaid managed care reform and welfare reform – maturing systems so not as swamped with change
- Existing collaboration between agencies (e.g., substance abuse in correctional system, Shelter Plus Care, various interagency and citizen-involved task forces and workgroups)
- A lot of expertise in many areas at the national and State level – people can be involved in cutting edge activities
- Knowledge of available Federal funding streams
- Proximity to DC
- Hospital system in MD is an all payer system

#### **Weaknesses**

- Don't know about effectiveness of welfare reform
- Some lack of accountability within and backlash resulting from so many workgroups and task forces
- Ongoing discrimination – strong NIMBY, little or no enforcement of fair housing and ADA laws
- Data – inconsistency, isolation of data sets, lack of coordination, region specific as opposed to State specific

- State does not fully maximize presence of Veterans Administration programs – need for more communication
- Communication challenges between State and local levels
- High turnover among case workers – due to low salary, high case loads, stress, insufficient funding, and lack of support
- Eighty percent of people who experience homelessness have no health insurance, not qualified for Medicaid
- Disparity between housing needs and affordable housing stock
- Historically, no corporate architecture of State agencies – operating in silos
- Insufficient and inaccessible shelter and other service and housing systems
- At the State level, not always successful in getting block grant funding
- Lack of political will
- Lack of public awareness of diversity of homeless population
- State disability benefit insufficient and vulnerable
- Insufficient discharge planning

### **Opportunities**

- Governor's Office for Individuals with Disabilities raised to Cabinet level
- A lot of expertise in many areas – people can be involved in cutting edge activities
- Addressing discrimination – leadership from the Governor
- Finding and maximizing resources
- State does not fully maximize presence of Veterans Administration programs – need for more communication
- Awareness within developmental disability administration of homeless issues
- More internal communication
- Changing the eligibility requirement for Medicaid
- Highlighting successful local models
- Enhanced access to SSI
- Collaborations with State and nonprofits to create increased employment opportunities – for example Goodwill, Health Care for the Homeless and Catholics Charities; Mayor's Office and State employment
- Tapping into faith-based community organization programs and resources
- Tapping into private sector resources
- Maximizing State housing trust funds
- 2000 public housing unit vacancies in Baltimore City
- Governor's on Housing Policy - potential source of data; coordinate and exchange information
- Develop corporate architecture of State agencies – breaking down silos
- Start looking at the Continuum of Care plans from around the State
- State Medicaid Managed Care recognizing homeless as special population and requiring case management is not fully utilized
- State allocating funds to upgrade public housing
- Raising awareness and education – e.g., among public officials, the general public and within neighborhoods (press conferences, letter writing campaign)
- Integrate the MD self-sufficiency standard language in framing the poverty issue
- Homeless prevention initiatives with prison population
- Program and policy training for local providers and case worker staff

- Create more adult education opportunities
- Discharge planning is outlined in regulations – but needs to be enforced

### **Threats**

- Poor economy and budgetary constraints (threat of losing funding does not inspire creativity or collaboration)
- NIMBYism and misunderstanding of the homeless population
- Local and Federal constraints and regulations (e.g., confidentiality, data requirements, categorical funding, regulations, etc.)
- Lack of coordination and common vision between the Policy Academy team and State ICH
- Lack of ongoing staff support
- Adequate follow through and commitment
- Potential for fizzling – fundamental systems change takes money
- Setting your sights too low

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### **NORTH DAKOTA SWOT ANALYSIS**

#### **Strengths**

- Strong North Dakota Coalition (NDCHP) willing to be involved
- Wide array/network of services
- Smaller State population facilitates quicker response
- Dedicated providers
- Belief in the Continuum of Care
- Available, affordable education
- Creative, resourceful people
- Open housing units, vouchers in rural North Dakota
- Internet-based network of resources
- Emergency housing availability
- Relatively manageable homeless population
- Fairly high level of Federal funding for housing
- Collaboration between providers
- Increased housing development capacity
- State Fair Housing law

#### **Weaknesses**

- Lack of coordination of some services
- Independent culture
- Lack of jobs and services in rural North Dakota
- Few State dollars for homelessness
- Political climate
- Disconnect between service providers and the public and policymakers
- Lack of capacity
- Lack of accessible transportation
- Low wage structure
- Lack of affordable housing
- Difficulty for nonprofits to raise money
- Methamphetamine use high and not treated effectively

- So much dependence on State and Federal program
- Dual incomes needed to maintain households
- Highest per capita alcoholism in nation
- Inadequate data on homelessness
- Lack of public awareness of need
- NIMBY mentality
- Service provider money is hard to get
- Providers unaware of all resources available
- Shortage of transitional housing
- Eighteen – twenty-one age group difficult to reach
- Different program eligibility requirements
- Lack of affordable housing
- Inconsistent discharge planning
- Service providers don't have enough time and money

### **Opportunities**

- Educating each other on individual programs and procedures
- Create a public understanding campaign
- Develop legislation to support plan
- Easy access to a small media market
- Policy Academy 6
- HMIS
- Faith-based organization/CBO initiatives
- Available access to State legislators
- SHARE Network (Internet resource)
- Increase Federal money for homelessness
- SURTC (Statewide transportation coordination plan)
- Event like Hunger and Homeless Awareness Week
- Link existing housing units to support services
- Merging the needs for increased workforce with economic development
- Networking between programs
- Collaboration as strength in grant opportunities

### **Threats**

- NIMBY
- HUD supportive services are ending
- People's perception of welfare
- Our conservative 'wait and see' attitude
- Budget shortfall
- Less charitable giving
- Shelter closings
- Inability to change attitudes
- Public indifference and fear
- Lack of leadership for homeless issues

- Stigma
- Policy and administrative changes
- Waiting too long for consensus
- North Dakota “nice”
- Federal resources are shrinking

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### **OHIO SWOT ANALYSIS**

#### **Strengths**

- Tax credits, housing trust fund, and HOME
- Governor and Lt. Governor very supportive of affordable housing initiatives
- State-level commitment to interagency council
- Willingness to look at how we do things
- Strong advocates for housing (COHHIO, NAMI, OCCH, Community Connection, CSH)
- Diverse local providers and advocates
- One State application for two separate departmental funding streams (Housing Trust fund RFP and Ohio Department of Mental Health service dollars)
- Commitment of the team to this issue
- ODMH as collaborator sets example
- Local plans to end homelessness (Columbus, Cleveland, Toledo, Stark Co.) will help drive State process
- Department of Corrections re-entry “Ohio Plan”
- Mental health housing development agencies – about 14 Statewide
- State and national-level champions
- Ohio has long-term leadership in homelessness that has been active nationally; benefit equal model programs; willing to take risks
- Level of expertise of the team and elsewhere in the State
- Excellent public and private collaborations (with private sector filling in a lot of gaps; e.g., ODMH, corrections and Health Foundation collaboration on ACT teams; corporate partners, etc.)
- Local communities with established models that work
- Previous success with supportive housing to build from
- Affordable Housing Task Force agenda
- ODMH had vision of “housing as housing”
- Balance of State Continuum of Care process (training, coordination and funding)
- Rent subsidy program under ODMH
- Ohio’s Congressional delegation
- Commitment of directors of State agencies

## **Weaknesses**

- Limited resources
- Lack of resources for primary health care
- TANF three-year time limit
- Varying degrees of accountability in the system
- Lack of State-level strategy
- Challenge of addressing needs of Ohio's diverse populations
- Limited programs to reach extremely low- income population
- Lack of trust among key players
- Disjointed and unfocused; no common agenda
- Underutilization of resources
- Fragmentation
- Laws and regulations that limit access to housing
- Lack of common language
- Lack of recognized facilitator/leader for this event
- No Statewide policies
- Lack of a regional focus in the balance of State Continuum of Care
- Little or no collaboration
- ODADAS & ODMH have separate Medicaid billing requirements
- Lack of understanding of the scope and breadth of the problem – not on the radar screen
- NIMBYism
- No clear State-wide picture of homelessness
- More than our share of prison beds
- Service providers are over “stretched” in terms of staffing, capacity, etc.
- Eighty eight counties; local control of PRC and SSBG
- Exclusionary zoning
- Lack of affordable housing
- Lack of permanent supportive housing
- Lack of timely cash benefit resources for individuals
- Bureaucracy limits access for consumers
- Systems are not linked with one another for client-level data
- Lack of early intervention prior to discharge from institutions
- State agency funding reductions
- Lack of recognition of housing assistance as a specialty

## **Opportunities**

- The Policy Academy
- County home rule
- State can take more active role with counties in promoting evidence-based practices
- Improvement of Federal and State disability determination process
- Policy academy is creating a mandate for cooperation
- To create a State-wide interagency council
- To think outside the box
- To revisit laws and regulations related to access to housing
- As a State, we must be open to change

- Greater opportunity for inclusiveness
- Opportunity to hook this initiative with other State-wide initiatives and priorities (e.g., School success; welfare reform; growing the economy, etc.)
- Relationship development
- New allocation plan at OHFA provides opportunity to link to this initiative & others
- Ohio's colleges and universities (e.g., program planning and evaluation)
- Opportunity for ODOD funding program to follow the strategy
- To have housing as part of discharge planning in every institution
- Section 811 as source of funding for housing
- Opportunity to learn from tenants in current supportive housing projects
- To coordinate and collaborate among the many agencies involved in this issue
- ACT may become a Medicaid billable service
- To utilize the really strong advocates in Ohio
- Nurture and development of the public and political will at the State and local levels
- Opportunity to research, learn from, and use evidence-based practices
- National ELHSI initiative
- Draft a plan to end homelessness
- Additional resources in the housing trust fund
- To showcase Ohio to the feds
- To coordinate some training and technical assistance within Ohio (variety of sources – CSH, COHHIO, Ohio-CDC, State agencies, etc.)
- Learn from what ODMH and ODOC have already done in terms of collaboration

### **Threats**

- NIMBYism and lack of education about affordable housing
- Loss of jobs – esp. manufacturing jobs
- Predatory lending
- Fear of homelessness/stigma
- Push to get on SSI may conflict with employment as a goal
- Action steps require changes that must be implemented by agency staff that are already invested in other issues
- Asking people to do more with less
- Troubling economic times
- Bureaucracy is slow and often traditional
- Serious competing needs for available resources
- Federal, State and local budget priorities that come ahead of this one
- Certain parochialism in agencies that inhibit buy-in around this issue
- Loss of treatment and support dollars to support people in housing (esp. for alcohol and drug treatment)
- Mindset of self-sufficiency threatens the increased supply of permanent supportive housing
- Federal emphasis on demonstration programs – where does the long-term funding come from?
- Lack of housing for people in the criminal justice system especially those with special needs

- Gentrification
- Urban sprawl
- Harm reduction – conversation is fracturing
- Lack of understanding of and lack of acceptance of the culture of homelessness – need for cultural competence related to homelessness
- Criminalization of homelessness
- Maintaining commitment and action – need early “wins”

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### **VERMONT SWOT ANALYSIS**

#### **Strengths**

- Existing systems of care/support
- Existing Continuum of Care and their services
- Knowledge base of Policy Academy and workgroup participants
- Size of Vermont
- Existing models that can be replicated, e.g., transitional housing in Rutland and housing partnership in Barre
- Diverse group of people who have diverse knowledge and experiences
- Governor's administration support for homeless programs
- Partnerships with for-profit landlords
- Direct access to legislative bodies
- Continuums of Care are solution oriented
- Good grant writers on team
- Team members are very experienced in these issues, plus new people who can bring new perspectives

#### **Weaknesses**

- Migrating people to municipalities where services are
- State size (rural isolation)
- Limited vision in seeing this issue only for those with limited resources. Economic development issue
- Better coordination/flexibility
- Continuum of Care lack resources to complete array of services in geographic areas
- Lack of knowledge among team members of what each one can influence
- May not have the right people coming to Policy Academy – burden to carry the message forward
- Need to comply with Federal funding “silos” and Federal regulations
- Lack of communication with Federal Interagency Council
- Programs based on gross income
- Low priority, lack of public will
- Lack of knowledge of general public about this issue – don't want to face it
- Don't see those who are homeless

- NIMBY
- Lack of adequate staffing and volunteers
- Lack of quality jobs
- Problems of economy of scale, requirements
- Compartmentalized public health system
- Not tapping social clubs and civic groups with social goals
- Lack of collaboration between housing authorities and supportive service providers
- Lack of economic and community development link

### **Opportunities**

- Creative solutions for strategies
- Check supply and demand
- Use replicable models
- Involve local government service officers and other untapped resources
- Create a better system
- Build more affordable housing, more housing in general, continuum of housing
- Creating additional transitional housing
- Join for-profit and non-profit providers to address poverty
- More collaboration between housing and support services
- Federal Interagency Council energy and visibility
- More comprehensive assessments across all services, common definitions
- Learn from other States
- Reorganization of Agency of Human Services to help people understand issues of shelter.
- Citizen legislature who cares about people they represent. Need to educate them on these issues
- Stop targeting resources and use State resources more wisely
- Educate the public as well as legislature – put a face on homelessness, cost issues
- Coordination/flexibility among programs, e.g., HUD regulations or inter-departmental
- Increased advocacy
- Development of uniform approach
- Recovery elements

### **Threats**

- Economic times are going to get more difficult
- Housing stock is out of line with demand
- Fear of change – resistance
- Federal funding limitations, especially for rural programs
- Growing heroin problem
- Need for more housing (sprawl)
- Prison overcrowding
- Turf issues
- Regulatory requirements
- Budget constraints
- Time
- Changing leadership, e.g., governor

- Disconnect between Feds and States
- “Same old, same old”
- Belief in self-reliance
- Federal policy of targeting populations, categorical approach – creates competition

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### **VIRGIN ISLANDS SWOT ANALYSIS**

#### **Strengths**

- Variety of benefits: TANF, general assistance (about \$200/month), old age assistance, SSDI, food assistance
- Small size population (homeless and general population) and small number of providers
- One-stop center with SRO
- Providers: Bethlehem House, Adullum Shelter, Methodist Outreach Center, St. Croix Mission Outreach, the Village, Catholic Charities, Shaky Acres, Families in Need, Family Resource Center, Safety Zone, Lutheran Social Services, Women's Coalition
- Recognized need throughout the community
- Knowledgeable group of professionals who are committed to addressing issue
- Single hospital system for all islands
- Willingness of Federal agencies and consultants to provide technical assistance
- Virgin Islands Alliance Against Homelessness meets monthly
- Collaboration among existing agencies
- Community of resilience
- Small size ensures participation of policymakers and word-of-mouth outreach
- Weather/climate
- Personal connections between helpers and people who are homeless
- Willingness of family members to help
- Community Foundation of the Virgin Islands and United Way
- Positive relationships with police

#### **Weaknesses**

- Lack of data
- Shortage of affordable housing – not a wide range
- Influx of people from outside the Virgin Islands
- No SSI
- Barriers to client access: lack of identification; immigration issues
- Need for improved community mental health services and substance abuse services
- High cost of living
- One hospital per island; need to coordinate
- Limited understanding of the problem by many people

- Geographic separation of the islands
- WIFM – What’s In It For Me
- Lack of shelter – especially for men in St. Croix
- Lack of funds
- Need to focus on priorities
- Involvement of private industry could be stronger and more visible
- Lack of personnel
- Need for collaborative effort among agencies
- Lack of transportation
- Need for more sensitivity from the community
- Lack of commitment
- Fragmented and uncoordinated system
- Medicaid is capped
- High level of uninsured between the ages of 21-59
- Competitive agendas
- No transitional housing
- Lack of displaying potentials and abilities
- Lack of rehabilitation for substance abusers
- Need for more communication and information across systems
- Our efforts don’t include homeless or formerly homeless people

### **Opportunities**

- Cross-training among mainstream services
- Increased coordination of one-stop center with other mainstream and targeted providers
- Increased housing stock and options (with supportive services)
- Discharge planning with hospitals and corrections
- Doing focus groups at hospitals with homeless or formerly homeless individuals
- Availability of technical assistance
- Grants (private and public) that we haven’t tapped yet
- Newly established employee assistance program could help employees before they become homeless
- Commitment from administration
- Availability of occupational therapy programs
- Opportunities to create taxes and surcharges to assist the homeless (e.g., tax on restaurants for one day)
- Taking full advantage of CBOs rather than using government in their place
- Networking with similar agencies in other jurisdictions
- Looking at best practices and ways they could be adapted to VI
- Talking to experts at Policy Academy (Ann O’Hara, Carol Wilkins, etc.)
- Opportunity to help people become more aware of the issues and problem
- Opportunity to re-involve the Veterans’ Administration
- Opportunity to involve Department of Labor

## **Threats**

- If this issue goes unchecked, it will mushroom and become a much larger problem
- Increase of the population
- Insufficient funding
- National or international incident that may threaten existing funding
- Natural disasters
- Change in the administration's focus (nationally or locally)
- Hardships on local businesses caused by increased homelessness
- Refusal of some key agencies to collaborate
- Team process isn't institutionalized and may fall apart
- Threat to children and families

*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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*Hilton Miami Airport and Towers  
Miami, Florida  
December 9-11, 2003*

### **WEST VIRGINIA SWOT ANALYSIS**

#### **Strengths**

- Free clinic system
- Strong community health system
- Effective shelters, scattered around State
- Great resource people to work together
- Used to collaboration
- Strong peer organizations (NAMI)
- Small State, relationship-based at policy level
- HMIS operating in Huntington and other communities
- Experience with provision of services
- Policy Academy team is a group of can-do people
- Some Federal money
- Strong faith-based leadership
- Good foundation with State Supreme Court ruling on homelessness
- Awareness of need
- Well developed Continuums of Care
- Excellent services, especially health care, case mgmt outreach – may not be enough
- Developing State-wide provider network
- Number of groups Statewide committed to serving homeless and families

#### **Weaknesses**

- Dependence on Federal funds
- Large number of other populations that compete for services, e.g., elderly, jobless, working poor
- High rate of dual disorders
- Limited State funding
- Turf issues
- Competitive bid process
- Lack of unified strategic plan
- Lack of (need to increase) public awareness
- Incomplete data/picture of homeless
- Utilization management – limited services

- Misperception of housing situation – housing in disrepair
- Lack of State-level legislation (commitment?) to this issue
- General population/legislators does not perceive the need to serve homeless – perceived as an urban problem
- Shortage of permanent affordable housing
- Resources are available but not tapped
- SSI/SSDI – dual eligibility
- No inventory of funding streams (tapped and untapped)
- \*Broken Community mental health/substance abuse system that drains resources
- One million people on public assistance
- High housing costs, low-income jobs
- Unwillingness to collaborate on State level in some segments
- Small State impacts amount of Federal funding
- Inadequate data collection and reporting systems
- Challenge to connect service to those who need it in rural State (transportation)
- Need for affordable and accessible medical and dental care
- Being rural State, homeless are hard to see
- No dedicated funding source for homeless services in State – no increases with soaring population
- Lack of one group as homeless champion
- Consumers of services are non-voting – no advocacy Statewide
- Local Public Housing Authorities can close waiting lists if they want
- Lack of transitional programs and support services
- Lack of clean data

### **Opportunities**

- Balance of State, not covered by Continuum of Cares
- Sustainability – identify opportunities for funding
- Strength of Policy Academy team in getting things done
- Get State buy-in for this issue
- New governor
- Good timing
- Workforce investment legislation (State) – Legislative commission that requires State agencies’ reporting on funding, services delivered, population (potential forum for this group’s activities)
- Federal support for issue – administration, funding
- Easy to expand HMIS system
- Increase networking and consensus building
- Varied financial funding sources for housing (Shelter plus Care, 811s,) that aren’t being tapped
- Data from 11 shelters
- Create visibility plan for issue

## **Threats**

- Most State agencies are taking a budget cut
- Lame duck administration
- Homelessness is not a priority
- Diminishing and fragmenting overall Federal funding
- Iraq, war, economy
- Legislation that creates homelessness, e.g., offenders
- NIMBY
- Fees in “free” clinic especially in rural areas – doesn’t cover pharmacy. Issues are chronic diseases. No Federal support
- HIV population and other infectious diseases
- Timing out of benefits (e.g., Welfare to Work)
- If aren’t compliant on 10 year plan, will be left behind
- WV has highest percent of home ownership in country but housing stock is 40-50 years old
- No guidelines for those “at risk” for Federal funding
- WV has become known as a “homeless friendly” State because of better services
- Growing homeless population
- Growing elder population who are becoming homeless
- Elder abuse

*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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*Hilton Miami Airport and Towers  
Miami, Florida  
December 9-11, 2003*

### **WISCONSIN SWOT ANALYSIS**

#### **Strengths**

- Education system and access
- Attitude of new administration towards collaboration, especially Governor
- Committed team
- Social services system throughout the State
- Caring community
- Existing funding and resources
- Housing authority esp. at State level
- Local control
- Local systems and programs
- HMIS
- Dynamic leadership
- Commitment from Federal agencies
- Health care access
- Excellent providers
- Statewide coalitions/Continuum of Care
- Model programs
- Strong faith community
- Risk takers for innovation and improved services

#### **Weaknesses**

- Too many layers of government
- Economy
- Budget cuts
- Local control
- Competing issues in the political arena
- No integrated access system
- Lack of affordable housing
- Lack of existing funding and resources
- Homeless are not visible
- Stigma
- Coordination of existing funding and resources

- Low paying jobs
- No “one-size-fits-all” solution
- Lack of existing non-profit resources related to housing
- Lack of cultural tolerance
- Complex and challenging population
- Lack of evaluation and evidence-based remedies for those facing multiple barriers
- Lack of cross-system collaboration
- Lack of community interest in taking ownership in resolving the problem
- Focus tends to be on short-term rather than long-term solutions
- Urban vs. rural issues
- Incompatible data sources
- Lack of tolerance for persons in poverty
- Relatively high taxes in State
- Lack of public transportation outside core cities

### **Opportunities**

- Better cross-system collaboration
- Expansion of IDAP Milwaukee model
- Wisconsin foundations are focused on this issue
- Investigating new sources of revenue
- Regional approaches to job creation
- Partnerships
- Better utilization of existing revenue and resources
- New market tax credit
- Lots of good ideas if we tap them
- Redirect focus and attention to this issue
- Good State-wide models for combining resources
- Ex-offender re-entry initiatives
- Strong faith community
- Enlightened construction community
- Government downsizing
- Presumptive eligibility system for SSI
- HMIS
- Multiple data sources
- Better utilization of universities
- Smart growth plans
- Blue Cross/Blue Shield Foundation
- Grow Wisconsin
- Business incentives for employing people who are homeless (at living wage)
- Minimum wage increase
- Use of media/publicity – increase visibility around this initiative

## **Threats**

- Additional cuts/freeze taxes mentality
- Stigma
- Political posturing and competing philosophies
- Economic uncertainties (jobs, funding, etc.)
- Increasing homeless population
- Continued rising cost of housing and failure of wages to keep pace
- Continued war costs (diverts funds from necessary resources at home)
- Federal funding
- Increasing costs of health care
- Jail population and the “lock ‘em up mentality”
- Government’s commitment to finding workable solutions
- Lack of discharge planning from all systems
- Inappropriate use of corrections
- Lack of political will
- NIMBY
- Lack of disaster planning for homeless population
- Blaming the victim
- Climate is particularly harsh for people who are homeless
- Street sweeps of homeless people
- Criminalization of homelessness