

Integrated Data for Workshop I -- Barriers

What are the barriers to implementing outreach and enrollment strategies in mainstream programs?

I. Systems, Services and Funding Fragmented	II. Restrictive, Excessive & Cumbersome Administrative Procedures	III. Outreach for Homeless People is a Lower Priority	IV. Homeless People Stigmatized by Providers & Mainstream Systems	V. Poorly Prepared and Insensitive Staff	VI. System Has Insufficient Capacity	VII. Clients Mistrust System	VIII. Hard to Reach Population
<ul style="list-style-type: none"> - Limited connectivity between agencies, e.g., no universal application - Uncoordinated programs - Fragmentation of programs and enrollment process - Funding fragmented - Poor communication between federal, state and local, e.g.,: eligibility enrollment services - Services specialized versus comprehensive - Lack of social service and follow-up links - Disconnect between outreach and enrollment - Missing partnership between service providers and mainstream - Silo funding - Funding fragmented - Competing and duplicate missions - Bureaucratic, political turf battles 	<ul style="list-style-type: none"> -Regulations prevent entry --substance abusers, ex-offenders, exempt recipients - Documentation requirements - Too strict requirements for HUD - Medicaid eligibility requirements - SSI application process - Complex, nonstandard requirements - Managed care restrictions 	<ul style="list-style-type: none"> -Limited FTE's even if \$s there - Requires more budget /labor intensive and expensive in a cost cutting environment - Insufficient funds to serve more people - Categorical Funding streams - Lack of funding for implementation - No incentives to do - Bureaucratic indifference reflects country's indifference - Currently don't conduct outreach to homeless sites and locations 	<ul style="list-style-type: none"> -Negative attitudes toward homeless, mentally ill, substance abusers - Program eligibility workers sometimes hostile and distrustful - Mainstream programs not motivated to provide services to - Not my problem attitude of traditional health care providers - Staff resistance to serving - Criminalization of homelessness 	<p>Limited Staff training</p> <ul style="list-style-type: none"> - Don't have accurate information on resources - Insufficient training to prepare for outreach work first contact - Workers don't understand "culture of homeless <p>Cultural Incompetence</p> <ul style="list-style-type: none"> - Materials are not linguistically, culturally appropriate, user friendly - Ability to speak customers language - Insensitive service providers - Providers don't know homeless peoples needs - Staff don't want to work with homeless 	<ul style="list-style-type: none"> -To refer clients for services - Services not available where clients are - To help clients with applications, documentation - Already at overcapacity - Overly complex programs - To provide \$ for outstationing at locations other than FQHC/s/DSH - To provide needed services such as Transportation - Establish eligibility and services within a reasonable timeframe. - Inflexibility of staff schedule to do outreach - Fixed Applicant - worker mindset - System does not routinely collect data on homelessness 	<ul style="list-style-type: none"> -Fear of affiliating w/ organizations - Fear of traditional agencies - child custody loss, hygiene, lack of documentation - Lack of trust between system and target population - Fear of government - System is not client centered or friendly 	<ul style="list-style-type: none"> - Mobile population - Rural areas - Need for transportation Marginal/ At Risk