RESEARCH REPORT

Community Strategies to Understand and Reduce Veteran Inflow into Homelessness

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Executive Summary

Communities cannot end homelessness among veterans if more veterans enter homelessness ("inflow") than exit into housing ("outflow"). The Built for Zero initiative is guided by a desire to help communities create a lasting end to homelessness, which requires expanding the collective approach to homelessness beyond crisis interventions applied after someone becomes homeless. The Veteran Inflow Pilot project helped communities identify upstream interventions (e.g., diversion and engagement with other systems) that prevent homelessness. With this project, Built for Zero sought to understand the role that systems have played in contributing to homelessness among veterans and to foster measurable action to reduce veteran inflow into homelessness.

At its heart, the Veteran Inflow Pilot project aimed to understand veterans' pathways into homelessness and to identify promising strategies for reducing inflow. Recent research and the adoption of evidence-based practices within the homeless assistance system have enabled communities to dramatically improve the rate of outflow from homelessness into permanent housing. Reducing inflow into homelessness, however, demands that the homeless assistance system manage outcomes that it does not fundamentally control. This project sought to demonstrate that by using local data and by talking to local veterans who have experienced homelessness, communities can begin to identify the landscape of local systems failures and the cracks between systems that contribute to veterans' becoming homeless and to test interventions to reduce inflow.

To this end, Built for Zero engaged in a systems-level assessment of four communities to understand the pathways of veterans into homelessness within each community. By centering user experience in this work, Built for Zero hoped to support communities to understand the cross-system gaps that may exist and to isolate problem areas for improvement in service delivery to veterans in each community. Interviews with veterans focused on finding opportunities to close the gaps between upstream systems (foster care, criminal justice, US Department of Veteran Affairs medical centers and other health care providers, etc.) and the homeless assistance system. This work is rooted in the belief that closing these gaps is both possible and necessary to end homelessness.

Although the pilot did not reveal definitive results or proven strategies to reduce inflow, the participating communities identified some promising practices that helped them better understand inflow and their overall system serving veterans. Understanding that the US Department of Veterans Affairs (VA) offers various programs and services to veterans, communities found ways to match data to

identify veterans who were connected to VA services while facing housing instability before becoming homeless. Two communities—Fresno and Detroit—began partnerships with VA-funded substance use programs after they found that veterans were exiting these programs into homelessness. All pilot communities identified the need to fortify and enhance existing diversion work related to the Grant and Per Diem program and the Rapid Resolution intervention (see glossary). The communities also highlighted obstacles to their inflow-focused efforts that may help prepare other communities interested in engaging in these upstream efforts. Faced with limited resources to devote to inflow activities, structural barriers to collaboration across systems, and a relatively new space of inquiry, communities attempted strategies to tackle inflow in unfamiliar testing grounds.

Community Strategies to Understand and Reduce Veteran Inflow into Homelessness

Communities across the country are demonstrating that ending homelessness through dynamic problem solving and shifting mindsets is possible. Community Solutions is a nonprofit organization dedicated to ending homelessness. It leads Built for Zero, a movement of communities that have adopted a data-driven methodology to measurably reduce and end homelessness, one population at a time, including for veterans. The methodology works to reach and sustain functional zero (see glossary) by using real-time, person-specific data that provide a population-level understanding of people experiencing homelessness across a geographic area. This approach was borne out of the organization's experience leading the 100,000 Homes Campaign, an earlier effort that resulted in more than 105,500 people being housed by 186 communities. Even though the campaign exceeded its target, no participating community ended homelessness. Through Built for Zero, communities are working to reach and sustain zero not only by helping more people exit homelessness but also by addressing the full population of people experiencing it and reducing the number of people entering it. Four Built for Zero communities participated in the Veteran Inflow Pilot to provide a better understanding of the factors that contribute to people's becoming homeless. This report outlines their efforts and lessons learned throughout the pilot.

Veteran Inflow

The number of veterans experiencing homelessness[1] rises and falls based on "inflow," or the number of people entering homelessness, and "outflow," or the number of people exiting homelessness. Therefore, a community's effort to reduce homelessness among veterans must account for both outflow and inflow, the two primary factors of change in a simple equation that is calculated monthly:

$$\textit{Current veteran homeless population}$$
$$= \textit{prior month's veteran homeless population} \ + \ \textit{current month's inflow}$$
$$- \textit{current month's outflow}$$

Reducing homelessness based on this population-level equation represents a shift in perspective from the past, when the focus was on individual programs' housing placement outcomes. By considering veterans who are entering as well as those who are exiting homelessness across all programs in the system, a community can more clearly understand whether the collective efforts of their programs have a measurable impact on reducing veteran homelessness at a population level.

Built for Zero divides inflow into homelessness into the following three types:

- **Newly identified** are people experiencing homelessness in the community for the first time, either because this is their first episode of homelessness or because this is the first time they are visible to the system.

- **Returns from housing** are people experiencing a new episode of homelessness after having found permanent housing either through a program or on their own after previously being known to the system.

- **Returns from inactive** are people who did not have a recorded permanent housing exit but who are engaging with the homeless assistance system again after an absence.

Distinguishing sources of inflow along these three dimensions is key to better understanding the current population of veterans experiencing homelessness in a community as well as determining which strategies may be most effective to reduce inflow. For example, if inflow is being driven by returns from housing, such as permanent supportive housing, the implementation of a strategy to improve housing retention among program participants, such as landlord-tenant mediation or expanded case management, could measurably reduce inflow if it is successful.

Challenges in Understanding Inflow

At least three substantial structural challenges in how the homeless assistance system is designed and how it interacts with other sectors make understanding veteran inflow challenging for any community.

HOMELESSNESS SERVICES ARE PROGRAM- RATHER THAN SYSTEM-FOCUSED

The homeless assistance system was designed to react to the immediate crisis of homelessness. The US Department of Housing and Urban Development (HUD) introduced the Continuum of Care (CoC) planning process in 1994 to promote coordination of care from emergency shelter to transitional housing and then on to more stable housing. It was codified into law through the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009, but the original design was primarily focused

on outflow. With people facing dire situations, such as exposure to violence on the street, homeless service providers do not have the resources to resolve homelessness for everyone in crisis and simultaneously begin thinking about those who have yet to become homeless. An effort to focus on inflow was implemented through the Homelessness Prevention and Rapid Re-Housing Program between 2009 and 2012. But the program suffered implementation failures,[2] and funding for prevention was not renewed. A more recent emphasis on system performance and the release of some new tools could help generate more understanding of factors that affect inflow, but these tools are evolving and remain limited within the homeless assistance system.[3] The funding, incentives, and structural space to foster innovation and preventive action upstream from the homeless assistance system are not currently available.

COMMUNITY SYSTEMS TRYING TO ADDRESS VETERAN HOMELESSNESS ARE NOT STRUCTURED TO FOSTER COLLABORATION AND PARTNERSHIP

CoC jurisdictional boundaries do not clearly align with other institutional boundaries. That means the geographic areas for which community sectors are responsible and the people within them are not aligned, making collaboration to serve clients difficult. This is particularly true for CoCs and local VA-funded facilities, including VA medical centers (VAMCs) that administer health and other services and benefits (see glossary). Although VA services play a crucial role in supporting and housing veterans across the country, their catchment areas are generally larger than those of CoCs. The spatial mismatch between jurisdictions can contribute to inflows into homelessness; for example, veterans may leave their home communities to visit a VAMC in another CoC and become newly identified as homeless.

DATA SYSTEMS ARE SILOED AND ARE NOT SET UP TO EASILY COMMUNICATE WITH ONE ANOTHER

Communities operate their own homeless management information system (HMIS). Depending on a system's functionality, providers in a community might be able to share data with one another. However, all HMIS's are limited by jurisdiction and sector. HMIS data are not easily shareable with other systems, making it difficult to determine who is most at risk of becoming homeless or what systems are contributing the most to inflow. This includes the data system used to track clients of all VA-funded homeless services, the Homeless Operations Management and Evaluation System (HOMES).[4] HMIS and HOMES were not designed to communicate with each other, and the process of establishing data sharing is long and laborious. These factors make it challenging to form a full picture of the needs of and services received by veterans experiencing or at risk of experiencing homelessness in a community.

The Pilot

The Veteran Inflow Pilot served as an opportunity for four Built for Zero communities committed to ending veteran homelessness to better understand the local factors and sources contributing to inflow and to attempt to measurably reduce inflow. This pilot assumed a multipronged, two-phase approach during which Built for Zero and participating communities engaged in a systems-level assessment to determine what factors influence veteran inflow into homelessness. This system assessment was the foundation for identifying community-specific strategies aimed at reducing veteran inflow into homelessness using "quality improvement," a methodology for rapidly testing ideas designed to achieve measurable change and then tracking data to see whether interventions have the desired effect.

To understand inflow, a minimum level of data quality is crucial. Built for Zero emphasizes the importance of a high-quality by-name list (BNL), a real-time list of every person in a community experiencing homelessness (see glossary), and produced a set of data-quality standards.[5] These standards assess the coverage of a community's data, the policies and procedures each community has in place to standardize regular data reporting, and the types of information kept about people in the data system. Each community in the pilot was determined to have achieved quality data.

By invitation from the Built for Zero team, four communities participated in the pilot: Ann Arbor/Washtenaw County, Michigan; Detroit, Michigan; Fresno City and County/Madera County, California; and a community that wished to remain anonymous.[6] Built for Zero created a cohort of pilot communities by considering criteria that included geographic spread, community size, presence of high-quality data, and a stated interest in inflow. The selected communities also showed evidence in their data that inflow played a dominant role in increases to the number of actively homeless people and therefore were theoretically set up to be able to identify whether inflow interventions were effective.

Phase I: Understanding Fundamentals about Inflow

In the pilot's first phase, Built for Zero used a mixed-methods approach to paint a picture of inflow into homelessness for each community. Pairing qualitative and quantitative data serves to uncover both individual- and community-level dynamics. First, Built for Zero asked each community to identify 20 veterans who were newly experiencing homelessness and had diverse characteristics and backgrounds, including age (18 years or old), gender, race, ethnicity, acuity level, and discharge status. In October 2018, two Built for Zero staff members traveled to each community to interview the veterans. Interviews lasted approximately an hour, and questions covered childhood trauma; history of housing and homelessness; social supports after returns from active duty service; interactions with other

systems, including health care, criminal justice, and child welfare; barriers to service the veterans faced; and an assessment of what might have helped prevent their initial homeless episode. A vendor transcribed the interviews, and Built for Zero analyzed them for key themes. Built for Zero also worked with each community to submit a dataset from its HMIS to provide additional context for understanding themes raised during interviews. Each community's BNL and data on monthly inflow, outflow, and actively homeless numbers were also analyzed.

From these data sources and limited local research, Built for Zero created community-specific "improvement project playbooks." These playbooks contained a profile of inflow into homelessness for each pilot community, informed by the experiences of homeless veterans themselves. Built for Zero also included a menu of strategies specific to each community that each local team working to reduce inflow could test within its jurisdiction. These playbooks were developed independent of community input and were shared with the communities at an in-person meeting in March 2019. During this meeting, pilot communities reviewed and discussed the playbooks and began planning to implement their chosen strategies.

Phase II: Exploring Drivers of Inflow and Preliminary Strategies to Reduce It

After the meeting, Built for Zero charged the pilot communities with implementing any number of the strategies identified in their playbooks using a quality improvement framework. One way to do this is with a "plan-do-study-act" (PDSA) cycle. This is a method to test a change in a short period by (1) developing a plan for the test and articulating the desired impact (plan); (2) carrying out the test (do); (3) observing and learning from the impact (study); and (4) determining whether the test should be scaled up and repeated or whether modifications should be made to better reach a desired outcome (act).

Conducting a PDSA cycle can offer several benefits. Tests of change can be done on small-scale activities and on a short time frame. If activities do not show evidence of success, the investment of time and resources is limited, and losses are minimized. If activities are successful, practitioners can test them again, either in a new environment or with a larger population, to determine whether the test will have the same impact and whether it should be considered for system-wide implementation. Many of the activities suggested and adopted by pilot communities involved further exploration of available data to refine their understanding of inflow, particularly outside the homeless assistance system.

The action cycle was initially designed to last three months, April through June 2019, but was extended to October. As part of the Built for Zero movement, each community has a coach who provides support on systems improvement efforts toward ending homelessness, but no specific coach

was assigned for the pilot. The coaches may have been working with the community on other activities, such as increasing outflow across one or more subpopulations, improving systems coordination, and building leadership. For communities in the pilot, inflow projects became another area that coaches supported.

Urban Institute Study

The Urban Institute became involved in the pilot in March 2019, attending the in-person meeting with communities. As phase II began, the Urban team interviewed two key stakeholders from each community who were primarily involved in the pilot, including one stakeholder from the local VAMC and one from the local CoC. Stakeholders answered questions about factors that contribute to veteran inflow, partnerships in their community, current and future activities planned, and any proposed measures of success for their "small tests of change." At the end of the testing phase, the Urban team conducted a second wave of interviews with coaches and community leads to determine how pilot activities had been developing and to gather reflections on the pilot's challenges and successes. During this period, the Urban team monitored community-level data on inflow and outflow among veterans experiencing homelessness to look for potential trends.

Limitations of the Pilot

The pilot was an early exploration of what an effort to understand and reduce veteran inflow into homelessness might look like. Participating communities were limited by the inconsistent support they received from Built for Zero throughout the pilot while the coaching structure shifted. The qualitative and quantitative data collection and analyses for phase I were constrained by methodological issues. The interview protocols evolved over time and varied in their rigor and focus on relevant topics across communities. People analyzing the interviews pulled out themes that appeared relevant, but the interviews were not systematically analyzed. The quantitative results were limited to descriptive cross-tabulations, which are readily accessible to communities with a BNL or HMIS. Deeper and more advanced analyses were possible but not conducted. At phase II's onset, communities did not clearly commit to a set of action strategies. Because of unanticipated coaching changes throughout phase II, communities did not receive consistent coaching or hear consistent messaging from Built for Zero to encourage inflow projects. The testing phase was extended to seven months after it became clear that three months was not enough time for communities to digest the information they had received, design and implement strategies, and have noticeable impacts on inflow. Some tests the communities engaged

in had clearly defined measures to assess a project's "success" or "failure," but the data collected and reported during the pilot were insufficient to indicate causation or even correlation between projects tested and inflow reductions.

Although pilot communities largely did not complete all stages of a PDSA—or implement any change idea, in some cases—they did make strides in understanding the local drivers of inflow and developed initial steps toward reducing inflow. We identified cross-community findings, which are summarized in the rest of this report. Although these communities' experiences provide important lessons, these findings may not be generalizable. This report aims to advance the early conversations about understanding veteran inflow into homelessness and generating ideas to measurably reduce it, recognizing that the knowledge base still contains significant gaps.

In the rest of this report, we provide detailed profiles of three communities that participated in the pilot and discuss the challenges and promising strategies that emerged during the pilot, as well as next steps to advance the work of understanding and reducing veteran inflow into homelessness.

Community Profiles

The first step toward reducing inflow is to understand more about the characteristics of veterans experiencing homelessness in a community. Built for Zero shared the findings from its qualitative and quantitative analysis from phase I of the pilot with each community, along with a set of recommended strategies based on the findings from this analysis. This section describes the characteristics and experiences of veterans in three communities and provides an overview of the Built for Zero recommended strategies and a summary of the communities' responses. We present data on trends in the number of veterans who are actively homeless, inflow, and outflow starting with the date that each site reached quality data through October 2019. We use point-in-time count (PIT count; see glossary) data to supplement the BNL data to contextualize the size of the veteran homeless population in relation to the broader homeless population. Because some communities have a quality BNL only for certain populations within the broader homeless population, we rely on the PIT count for overall population estimates. Although it has limitations, the PIT count is an unduplicated, one-night estimate of the number of people experiencing sheltered or unsheltered homeless in a community.

Ann Arbor/Washtenaw County, Michigan

The population of Michigan's Washtenaw County—including its largest city, Ann Arbor—is 361,509. The CoC encompasses the whole county. Since August 2017, the number of veterans experiencing homelessness has fluctuated, with a low of 27 in July 2018 and a high of 44 in March 2018 (figure 1). In the pilot's final month, October 2019, 36 veterans were experiencing homelessness. Veterans experiencing homelessness make up approximately 7 to 12 percent of the total homeless population in the CoC, according to the January 2019 PIT count and Built for Zero data.[7] The functional zero threshold for Ann Arbor/Washtenaw County is 9. Neither the actively homeless number nor the monthly inflow number changed significantly during the pilot. The median monthly inflow from August 2017 to October 2019 was 10 people; in October 2019, 13 veterans became homeless. Most of these 13 veterans (54 percent) were newly identified as homeless.

Monthly Inflow, Outflow, and Actively Homeless Numbers for Veterans Experiencing Homelessness in the Ann Arbor/Washtenaw County Continuum of Care
Number of veterans
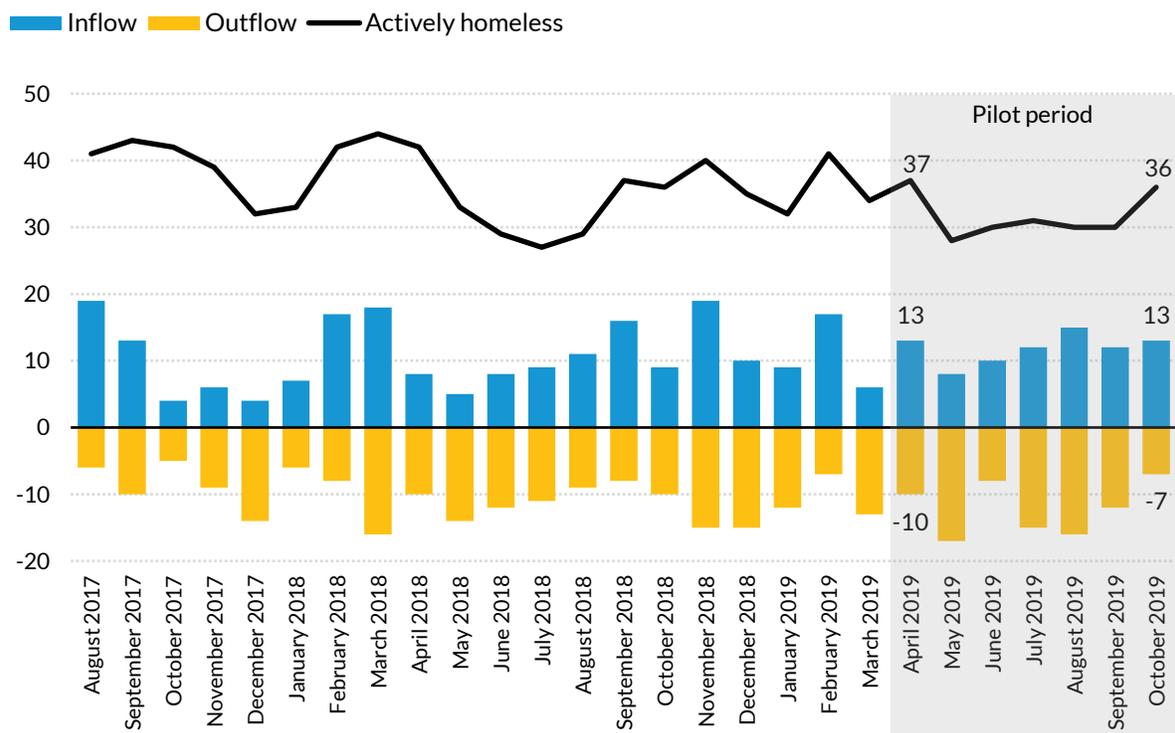
Source: Built for Zero community-level data.

CHARACTERISTICS OF VETERANS EXPERIENCING HOMELESSNESS IN WASHTENAW COUNTY

According to available BNL data for veterans experiencing homelessness in Washtenaw County between July 2017 and July 2018, most were white (59 percent) and male (92 percent). Black people[8] were overrepresented compared with the overall population of the county (38 percent of veterans experiencing homelessness were Black, while 12 percent of the county's overall population was Black).[9] Of all veterans experiencing homelessness, 44 percent self-reported a mental health challenge, 24 percent reported a chronic health condition, and 12 percent reporting struggling with alcohol use. Before accessing homeless services, most (49 percent) lived in a place not meant for human habitation (see glossary); the next-most-likely location was an emergency shelter (18 percent). The mean acuity score based on the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) was 8 out of 17. The VI-SPDAT recommends that someone who scores 8 or higher be assessed for permanent supportive housing.[10]

According to the qualitative data from the 20 veterans who were interviewed, breakdowns of a family or household structure and evictions were common causes of their current episodes of homelessness. Veterans discussed being forced out of their home by a parent or as a result of the death of a relative or friend who owned the home in which they lived or leaving a toxic relationship and their home behind. Reasons for eviction varied greatly, from simply not being able to afford rent to a roommate's failing to pay their half of the rent.

Relatedly, the qualitative data analysis showed that the biggest risk factors for inflow into homelessness were involvement with the criminal justice system (65 percent of interviewed veterans), financial hardships (65 percent), substance use (60 percent), and struggles with mental health (60 percent). These four risk factors had considerable overlap across the sample of veterans. Another important theme is that even though the VAMC that covers Washtenaw County had developed a strong reputation among several veterans, many were not aware of the variety of available VA-funded services. Moreover, veterans overall struggled with transitioning to civilian life, and many veterans reported feelings of self-blame and an unwillingness to get help. Emotional struggles were exacerbated for women and Black respondents, who reported trauma from violence and racism, respectively.

After the system assessment of Ann Arbor/Washtenaw County, Built for Zero recommended several improvement projects for addressing some of the aforementioned challenges. We list those below and flag which were attempted during the pilot, not attempted, or not applicable to the community.

1. **Deepening upstream connections between veterans and VA services before they are experiencing or are at risk of experiencing homelessness.** Many interviewed veterans said they were not aware of VA services and had struggled in their transition to civilian life. Built for Zero suggested bringing together representatives of landlords, medical facilities (including VAMCs), and police to coordinate a benefits enrollment and knowledge-sharing campaign that engages the people they serve and, when necessary, directs them to VA services.

   Status: The Washtenaw team did not pursue this project.

2. **Connecting veterans to relationship/family mediation.** The breakdown of a family or household structure was the principal cause of homelessness, according to interviewed veterans. Built for Zero suggested a partnership among landlords, homeless assistance providers, and organizations that offer mediation services. Landlords would advertise mediation services in their properties for tenants at risk of not paying rent on time because of household conflicts.

   Status: The Washtenaw team did not pursue this project.

3. **Diverting veterans from the criminal justice system before they experience homelessness.** Before experiencing homelessness, veterans were frequently involved in the criminal justice system. The goal of this recommendation was to better integrate the criminal justice system and the homeless assistance system. Built for Zero suggested a comparison of veterans appearing on the community's BNL with veterans who used the Washtenaw County Veterans Treatment Court. If a connection was found, the community could use the court to look for risk factors for homelessness. Alternatively, Built for Zero recommended that the community find ways for veterans to enter the veterans treatment court, as opposed to the traditional, more punitive courts.

   Status: Although some on the Washtenaw team were interested in connections with the criminal justice system, the team did not pursue this project because it determined that the veterans who participate in the Washtenaw County Veterans Treatment Court are already known to the system.

The Washtenaw County team originally planned to execute a test of change for the third recommended project around the veterans treatment court but learned from the local VAMC that it would not make sense in the local context. Although the team did not pursue any further inflow tests of change during the pilot (because of challenges described later), it did continue to deepen community partnerships and consider future avenues. For example, the team considered forming a landlord risk mitigation fund, which sets aside money to cover costs such as property damage that might be accrued by veteran tenants who were formerly homeless. These funds protect landlords and prevent tenants from being evicted for small offenses. The team also began planning how to use additional state funding to work on a diversion project. During the pilot, the Washtenaw team reported reducing the average time it takes to move someone into permanent housing—an important, but outflow-focused, change for the system.

Detroit, Michigan

The city of Detroit has a population of 679,865. The number of veterans experiencing homelessness in Detroit between October 2016 and October 2019 ranged from a low of 213 to a high of 348 (figure 2). The number decreased significantly in 2017 and 2018 and increased in 2019. At the pilot's end in October 2019, 294 veterans were experiencing homelessness. Veterans make up approximately 11 to 15 percent of the overall homeless population, according to data from January 2019.[11] The functional zero threshold for veterans in Detroit is 22. The median monthly inflow in Detroit was 30 veterans between October 2016 and October 2019, but in the final six months of the pilot, inflow was above the median; 37 veterans were counted as inflow for October 2019, with almost all of them (95 percent) newly identified. For 18 of the 37 months from October 2016 to October 2019, inflow exceeded outflow. In the improvement project playbook for Detroit, Built for Zero highlighted that the months when the actively homeless number peaked coincided with when inflow exceeded outflow. This indicates that inflow is driving changes in the number of people experiencing homelessness and underscores the need to understand and address local inflow.

FIGURE 2

Monthly Inflow, Outflow, and Actively Homeless Numbers for Veterans Experiencing Homelessness in the Detroit Continuum of Care
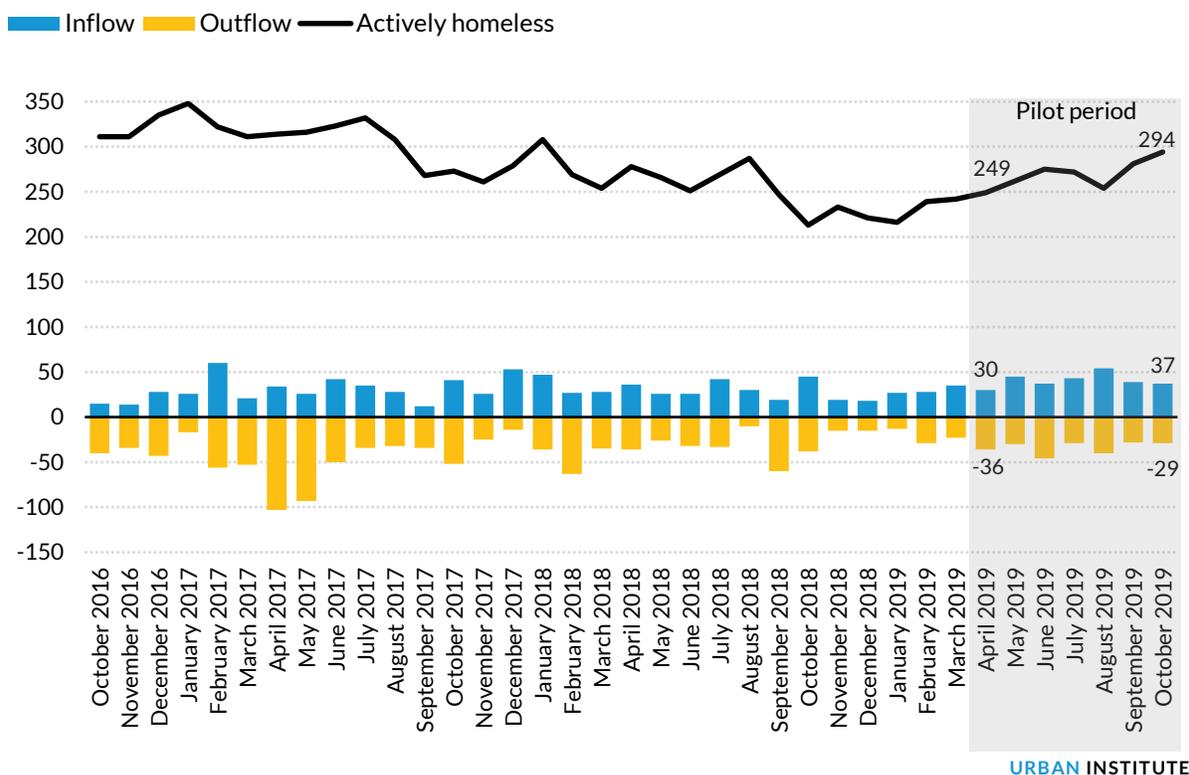
Number of veterans

Source: Built for Zero community-level data.

CHARACTERISTICS OF VETERANS EXPERIENCING HOMELESSNESS IN DETROIT

According to HMIS data for 499 veterans in Detroit between July 2017 and July 2018, most were male (94 percent) and Black (68 percent). The average acuity score for veterans experiencing homelessness was 7 out of 17; the VI-SPDAT recommends assessing people with that score for rapid re-housing (people with scores higher than 7 are recommended to be assessed for permanent supportive housing). Veterans with the highest scores tended to be Black or an unknown race. Most veterans self-reported a disability (65 percent). It was more common for a veteran to be staying in a place not meant for human habitation (30 percent) than staying in an emergency shelter (20 percent) or with family (13 percent) or friends (12 percent).

According to interviews with 22 veterans in Detroit, almost all the veterans had some form of a mental health condition. In some cases, this condition was exacerbated by their military service, and some individuals indicated that it caused their episode of homelessness. Many shared that they had

experience with alcohol and substance use because of factors such as unresolved childhood traumas, stress from the military and their transition to civilian life, and financial hardship. Many veterans blamed themselves for their situation and viewed asking for help as a sign of weakness. Many said that mentorship post-service would have been helpful in guiding them to available services, particularly VA services, and easing the transition to civilian life. Most were not aware of VA services and expressed a need for communication about those resources early on.

After the system assessment of Detroit, Built for Zero recommended several improvement projects for addressing some of the aforementioned challenges. We list those below and flag which were attempted during the pilot, not attempted, or not applicable to the community.

1. **Targeted PR/advertising campaign with partners at VAMCs, Community Resource and Referral Centers, or other veteran resource centers about the services and benefits available to veterans and establishing a narrative that asking for help is okay.** Because of the stigma that veterans reported around seeking help, the goal from this recommendation was to generate a culture shift around searching for and obtaining assistance. Given the findings that veterans often experience alcohol/substance use, mental health conditions, and financial instability, the campaign would focus on the resources available to address these.

   Status: The Detroit team did not attempt this project, nor did the team seem aware of the suggestion. Staff at the community and the assigned Built for Zero coach turned over during the pilot, and some respondents to the second round of interviews in phase II had not seen the improvement project playbook. One stakeholder mentioned that the idea sounded promising and similar to work they had done previously, particularly messaging around available resources for those who might not be eligible for the HUD-Veterans Affairs Supportive Housing program.

2. **Identifying overlap between veterans seen at VAMCs, VA substance use disorder programs, other VA alcohol and substance use treatment programs, and/or non-VA rehabilitation programs in Detroit.** This data-matching strategy for different VA systems and Detroit's BNL would identify veterans early on, before they become homeless. Built for Zero recommended that the project team determine a certain percentage threshold of data overlap to indicate whether follow-up projects were needed to prevent veterans from entering homelessness.

   Status: The Detroit team completed the data match and identified 44 veterans in a substance use disorder program who had been on the BNL. Next steps are ongoing.

3. **Early identification of veterans at risk of experiencing homelessness because of struggles with alcohol and/or other substances.** Given that many veterans reported struggling with alcohol and substance use, Built for Zero recommended a partnership between homeless service providers and VA and non-VA health care providers. The goal was to ask veterans who are at risk questions that would help identify those whose substance or alcohol dependency can contribute to housing instability. Such veterans could then be linked with homeless prevention services and VA programs not specific to homelessness.

   Status: The Detroit team did not attempt this project. After its completion of project 2, the team is considering next steps that acknowledge substance use as a risk factor.

4. **Working with Detroit's VAMC to create a mentorship program for veterans who recently returned from service.** Many veterans shared that they had struggled to transition back to civilian life. Built for Zero suggested a partnership between homeless service providers and the Detroit VAMC, especially its transition and care management program, to pair veterans with a veteran mentor. Such a mentorship program could track whether participating veterans became more connected socially and to other VA services that would help prevent them from falling into homelessness.

   Status: The Detroit team did not attempt this project. One stakeholder expressed interest in pursuing the project after it was described during an interview with the Urban Institute.

SUMMARY OF WORK CONSIDERED AND COMPLETED DURING THE PILOT

Before its participation in the pilot, the Detroit team was already brainstorming tests of change internally, centering the experiences and recommendations of frontline staff. The team also participated in activities with the Built for Zero Large City Cohort, which launched around the same time as the pilot. This led to the team's engagement in several projects during the pilot, including shortening the time it takes for veterans to get all the necessary documentation to be eligible for programs, implementing money-management and life-skills classes for veterans in housing programs, and streamlining intake assessments. The Detroit team's leadership fully turned over during the pilot, impeding inflow-focused work; however, the team executed part of the test of change for the second recommended project by completing the data match for the substance use disorder program and the BNL. Next steps are under development.

Fresno City and County/Madera County, California

Together, the California city and county of Fresno (population of 971,616) and Madera County (population of 154,440)[12] make up the area's CoC. Veterans are approximately 4 to 9 percent of the overall homeless population, according to data from January 2019.[13] Between July 2018 and October 2019, the number of veterans experiencing homelessness ranged from a low of 92 to a high of 147 (figure 3). The number decreased steadily during that time, with outflow exceeding inflow in 9 of the 16 months analyzed. During this period, the median inflow in the Fresno City and County/Madera County CoC was 23 veterans; in October 2019, the final month of the pilot, 20 veterans became homeless, almost all (95 percent) newly identified. The functional zero threshold in Fresno is 19.

Monthly Inflow, Outflow, and Actively Homeless Numbers for Veterans Experiencing Homelessness in the Fresno City and County/Madera County Continuum of Care
Number of veterans
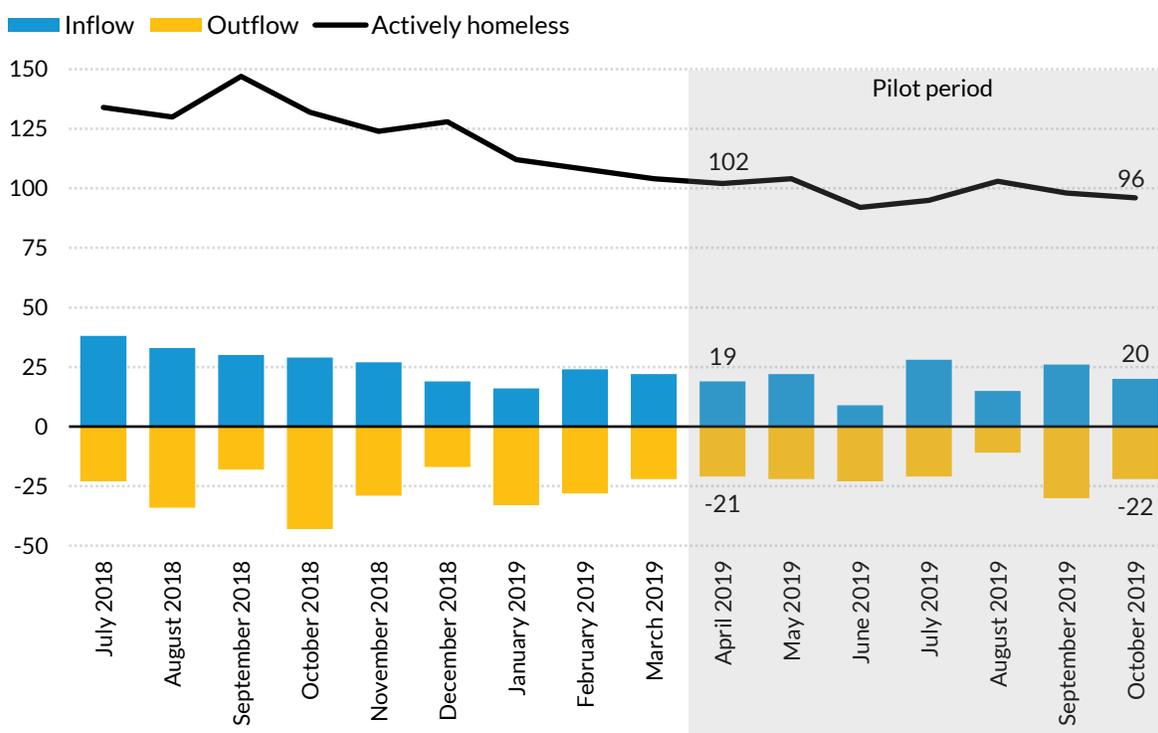
Source: Built for Zero community-level data.

According to the HMIS records for 313 veterans, a plurality of veterans experiencing homelessness in the Fresno CoC were non-Hispanic white (43 percent), although Black veterans experiencing homelessness were overrepresented relative to the overall homeless population in the CoC (19 percent versus 4 percent).[14] Most veterans were in single-member households (81 percent). Among those, most were connected to the VAMC (70 percent) and either lived in an emergency shelter or a place not meant for human habitation (57 percent), while fewer than 12 percent received income. For all veteran households experiencing homelessness, about one-sixth (16 percent) self-reported a mental health condition.

Among the 20 veterans interviewed, the vast majority (85 percent) reported that a breakdown of a family or romantic relationship, mostly a divorce or the death of a parent, led to their episode of homelessness. Most interviewed veterans (70 percent) had a job in a physically demanding and/or highly transient industry—such as trucking, mechanics, or construction—as their main source of income before they became homeless, a characteristic unique to the Fresno CoC. Overall, the veterans said that they would like to continue working but that their age and medical conditions impeded them from doing so. Almost half the interviewed veterans had been incarcerated at some point and cited a lack of employment opportunities for people with criminal records as a factor that led them to homelessness. After being discharged from incarceration, veterans often experienced temporary living situations. Nearly a quarter of all interviewed veterans lived in substandard housing before being homeless and because of this had lost their rental subsidies, had been evicted by a local government, or had been informally evicted by a landlord. Finally, most women reported past experience of domestic violence or military sexual trauma or had ended a romantic relationship, contributing to housing instability. Although the need for VA resources was evident, most interviewed veterans reported that they were unaware of available resources, particularly during the transition from military to civilian life.

BUILT FOR ZERO'S RECOMMENDED STRATEGIES

After the system assessment of the Fresno CoC, Built for Zero recommended several improvement projects for addressing some of the aforementioned challenges. We list those below and flag which were attempted during the pilot, not attempted, or not applicable to the community.

1. **Connecting veterans exiting incarceration—especially those exiting to temporary housing or housing reliant on the goodwill of family members/friends—with employment and income-generating programs.** This recommendation was connected to the finding that formerly incarcerated veterans cited a lack of employment opportunities. Built for Zero suggested two

potential avenues of testing: (1) refer veterans to Fresno VAMCs, homeless prevention services, and other VA services to avoid the possibility of their becoming homeless; or (2) place VA or homeless prevention program staff in jails and correctional facilities to better connect veterans to these services. The test would be completed with one correctional facility or jail and then expanded if successful.

Status: The Fresno team found this suggestion not applicable because two programs are already addressing these needs: the Homeless Veterans' Reintegration Program, an employment program for veterans, including those who were formerly incarcerated; and the Veterans Justice Outreach program, which works with veterans who have been incarcerated.

2. **Partnering with the local VAMC to reduce the length of time it takes for veterans to receive their DD214 papers.** Built for Zero suggested creating a client journey map that considers the time between each step veterans must take to receive confirmation of their official veteran status. Such a map would allow the community to better strategize ways to reduce the length of the overall process.

Status: The Fresno team shortened the time it takes for veterans to receive their DD214 papers before the start of the pilot.

3. **Connecting with local substance use disorder treatment programs to identify and make contingency plans for veterans who may be unstable or marginally housed so that community service providers can help veterans stabilize before they become homeless.** Built for Zero recommended a small pilot with one substance use disorder treatment program. Together, program staff and the Fresno team could develop a list of veterans enrolled in the program who may face financial hardships to connect with homeless prevention or mainstream VA programs.

Status: The Fresno team formed a new partnership with a substance use disorder services provider and as a result placed 80 percent of the veterans who exited the program into permanent housing. The relationship with the provider is ongoing.

4. **As veterans age, helping them access mainstream assistance for older adults to prevent them from entering homelessness.** The homeless population is aging rapidly, and veterans experiencing homelessness are no exception. This recommendation encouraged homeless service providers to partner with aging service providers to connect aging veterans with homeless prevention or mainstream VA programs. Fresno could also divert these veterans to senior care resources and track whether any veterans returned to the homeless service system.

Status: The Fresno team did not attempt this project, although one stakeholder was interested in considering it in the future.

The Fresno team executed the third recommended strategy, forming a partnership with a substance use disorder program to connect clients to housing. The project the team tested has been incorporated into the system's formal operations.

Promising Practices in Pilot Communities

Although the pilot did not yield causal results between implementation of improvement projects and measurable inflow reductions, each participating community made progress in shifting its thinking about inflow and designing and implementing small system changes. This section outlines the activities that communities engaged in during the pilot that they considered promising and productive.

Leveraging CoC Infrastructure to Focus on Inflow Reduction

Identifying the drivers of inflow requires high-quality data. Taking steps to understand and address these drivers requires robust community collaboration. Data and collaborations have been foundational to outflow-focused work, so they are not new for communities; however, because of the structural limitations of the homeless assistance system, pivoting to inflow-focused work requires additional steps. All Built for Zero communities have been working to improve internal coordination and processes, but participating communities strengthened their infrastructure related to inflow reduction during the pilot.

As a start, pilot communities figured out the best way to leverage existing capacity in their homeless assistance systems. Inflow-focused work needs to be undertaken in alignment with the CoC and system-wide goals to ensure that community stakeholders are invested in the effort. Stakeholders in each community discussed the need to determine the right mix of participants at regular meetings to optimize the time and space to generate ideas and make progress toward defined goals. By the end of the pilot, two communities employed some version of a tiered meeting structure for their veteran-specific work. Detroit added an improvement team to its Veterans Leadership Committee. People who held decisionmaking power, both at their organization and within the community, sat on the leadership committee. People who were closer to the ground—such as data managers, frontline staff, and outreach

workers—sat on the improvement team, each representing different segments within the homeless assistance system, joined with other key partners. Detroit saw many benefits to balancing the level of stakeholders at the table. Involving executive-level staff members ensured that people with decisionmaking power were looped in and could direct their organizations to act in a timely fashion and make unified coordination between organizations possible and smoother. Involving frontline staff members in decisions created buy-in from the people who would likely be carrying out the work and ensured that decisions reflected the reality on the ground. Both levels of staff can contribute to project ideas and provide input on potential system changes.

I think the most critical piece is that the frontline staff feel like they are being heard and their ideas matter—and this has been good not just for our staff but for our veterans as well. —Stakeholder in Detroit

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Fresno had a core team of two people, one on the VA side and one at the CoC, who attended many of the same meetings and performed the bulk of the work together. Although Fresno's coordinating structure is smaller than those in other communities, the Fresno team successfully implemented and measured one change idea, demonstrating the effectiveness of this system for them.

Rigorous data analysis in a community requires the participation of a full team. Although communities across the country have data-tracking systems, a data analyst alone cannot harness the right information and understand what the data are revealing about practices and how to improve them. The Fresno team, for example, implemented a new set of data elements to its BNL, including a target "house by date," and worked to ensure that all partners had bought into reporting regular and accurate information. This enables them to make their data actionable. As one stakeholder put it, "As of now, we are using the BNL as a tool, not as a data collection source." These data can be used for continuous systems improvement if they are incorporated into communities' programmatic and policy-level discussions.

THE LOCAL VAMC IS A KEY PARTNER IN REDUCING AND ENDING VETERAN HOMELESSNESS
Including someone from the local VAMC at meetings, on committees, and in regular correspondence facilitates collaboration between local VAMCs and the CoC. Active partnerships with the local VAMC are a great source for project ideas, and having buy-in from the local VAMC can ensure that these ideas

are carried out. In Washtenaw County, for example, someone from the local VAMC participated in the case conferencing meetings, as did representatives from Supportive Services for Veteran Families grantees and Grant and Per Diem (GPD) program providers (see glossary). Each of the other participating communities employed a similar arrangement.

Creating mechanisms so veterans with lived experience can be heard, such as designating a spot in committees and facilitating bottom-up feedback loops, ensures that the work is responsive to the needs of the people and community it is trying to serve. This builds trust among parties and increases the efficacy of service delivery. Built for Zero developed improvement project ideas inspired partially by the voices of veterans with lived experience. Although Built for Zero encouraged communities to continue to include these voices throughout the testing phase, several stakeholders acknowledged that they could do more to engage veterans with lived experience. Although communities may have someone sit on a CoC board or have a member on staff with lived experience, none of the communities intentionally engaged currently or formerly homeless veterans in their project design process during the pilot.

Mapping Pathways through VA Programs

Data on sources of veteran inflow into homelessness can be enhanced by having upstream service providers collect information about housing instability among their clients. Identifying the services that veterans experiencing homelessness used the most can help identify upstream intervention points. More than half the veterans interviewed by Built for Zero in Detroit mentioned using substances, primarily alcohol. The Detroit team decided to run a PDSA to better understand veterans' interactions with a VA-funded substance use disorder program. By cross-checking client lists, the Detroit team found that 44 veterans on the BNL had come directly out of a substance use disorder program. The PDSA was still in progress as of the most recent interview; however, Detroit planned to work with the director of the substance use disorder program to target housing assistance during veterans' stay in the program so clients have a housing arrangement by the time they leave. This would allow veterans to avoid a return to homelessness or prevent them from entering homelessness for the first time.

Based on its review of qualitative and quantitative data in each community, Built for Zero suggested other data-matching activities, including matching BNL clients with those from Compensated Work Therapy (see glossary) and the Veteran Employment Services Office. Although pilot communities had not yet pursued these suggestions, this type of data-matching activity, especially for those newly

homeless, might be worthwhile for a community committed to understanding veteran inflow. The selection of programs for this activity should be informed by what services a community's veteran population tends to access. Learning from local veterans with lived experience is especially important for determining which programs to contact. Also, in communities that do not have data-sharing arrangements with the local VAMC or VA-funded programs, approaching an initial data-matching activity by sharing lists of veteran clients in mainstream homelessness programs and/or the local VAMC may be a good start.

Testing Strategies to Reduce Inflow

All the pilot communities planned or tested inflow-focused activities with systems in the community that veterans were already touching, particularly within VA-funded providers and services. Each idea was data-driven and tailored to the needs of veterans in the community and observed trends in inflow. Pilot communities also learned from and coordinated with diversion programs and strategies at local VAMCs.

STREAMLINE EXISTING OUTFLOW PROCESSES

Matching data across programs or following individual clients' pathways through different systems can illuminate bottlenecks, both within the CoC and at local VAMC programs. System and process mapping stems from the quality improvement framework that Built for Zero supports communities to implement. An example of this exercise could be using a measurement tree to determine how many days it takes a client to move through the process—from being identified as homeless, to being on the BNL, to being referred for a housing intervention, to identifying a housing unit, to moving into housing. The Fresno team executed an improvement project to connect veterans who were in a VA-funded substance use disorder program to housing (box 1).

Although the communities were committed to understanding inflow, it is worth noting that all communities during the pilot engaged in activities focused on streamlining processes to serve veterans. In fact, outside the pilot, Built for Zero primarily works with communities to streamline processes to increase outflow. Addressing clogs in the homeless assistance system is outflow-focused work, but uncovering and addressing gaps within a community's system improve its functionality as a whole, leaving more space to consider strategies further upstream. Communities interested in better understanding veteran inflow may also consider exploring efficiencies in their practices to create more space to focus on new inflow ideas.

Fresno Streamlined Exits into Housing from a Substance Use Disorder Program

Fresno learned from the data exploration in the pilot's first phase that veterans in VA-funded substance use disorder programs were exiting to homelessness. The supervisor from the VA-funded Health Care for Homeless Veterans program, a program that helps veterans transition from living on the street or in institutions into stable housing situations, met directly with staff members from the substance use disorder program to discuss the issue and coordinate housing for veterans in the program. The Fresno team identified 13 veterans who needed housing and held spots for them at an emergency shelter so they had a place to stay upon exit from the substance use disorder program and more easily coordinate permanent housing options. The team secured permanent housing for about 80 percent of the originally identified veterans.

Although this PDSA focused on outflow (because it worked with veterans already in shelter), Fresno now has a clear sense of a source of inflow and evidence that a response reduced veteran homelessness. This effort also helped build a relationship with the substance use disorder program and the CoC, a crucial foundation for moving efforts to reduce veteran homelessness further upstream. Having the data and evidence to show measurable success can be a powerful tool not only for building support for a current activity but also for getting buy-in for future initiatives.

LEARN FROM AND SUPPORT ONGOING DIVERSION-FOCUSED WORK AT LOCAL VAMCS

In all pilot communities, stakeholders expressed awareness of the need to amplify ongoing diversion efforts at local VAMCs and other VA-funded programs. For most communities, this stemmed from the influence of the local VAMCs and/or was a result of pre-pilot work with Community Solutions.

Interviewed community stakeholders were all aware of Rapid Resolution services through Supportive Services for Veteran Families, promoted nationally by VA after a pilot was completed in 2018. Rapid Resolution is designed to prevent veterans from becoming homeless and to resolve an episode of homelessness immediately after veterans enter shelter or are identified as unsheltered. The pilot communities had adopted Rapid Resolution as a means of diversion to reduce veteran inflow into homelessness. In Washtenaw County, VA-funded caseworkers help clients reconnect with friends or family to identify potential places to stay; if this does not work, clients are admitted into a VA homeless program. Fresno stakeholders mentioned VA's focus on diversion and said they had explored best practices in aiding veterans through the diversion process. They examined referrals that social workers were making to homeless programs to identify those referring the most clients and those who tended to divert people. They found that the social workers who used diversion more effectively had invested more time with their clients to learn about their situation and had strategized with their clients about

how stability could be achieved in their current housing. The Fresno team in coordination with the local VAMC monitored and tracked successful strategies and ensured that the whole team of social workers was employing best practices. Fresno also began to see value in continuing to support clients who had been placed into permanent housing through diversion. Housing stabilization is one means of reducing returns to homelessness from permanent housing. From interviews with participating communities, we learned that Supportive Services for Veteran Families grantees administering Rapid Resolution may not be systematically collecting data on clients, making communicating their efforts to the local CoC and evaluations of their efforts difficult.

Some communities are rethinking their approach to the GPD program. HUD and VA consider GPD a type of transitional housing, so veterans using GPD beds are considered homeless. In some cases, veterans who do not meet HUD's definition of homelessness before entering GPD can "become homeless" by entering the program. All pilot communities discussed the importance of diversion before placing veterans into GPD beds, indicating a shift from using the program as a catchall to using it as a last resort. Where the demand for GPD beds among eligible veterans exceeds the supply, communities can focus on finding alternative housing solutions for veterans with higher incomes or stronger social networks. For example, in Detroit, through partnerships between the CoC and the VAMC, it became clear that veterans using GPD had high incomes compared with other homeless veterans and could be assisted in other ways. A community could benefit from shifting some of its traditional GPD inventory into different models, such as bridge housing, low-demand shelter, medical respite housing, or service centers (USICH 2019). Deciding whether and how to transform GPD inventory should be done in consultation with all involved parties, such as VAMCs, the CoC, and GPD and Supportive Services for Veteran Families service providers.

USE A QUALITY IMPROVEMENT FRAMEWORK TO TEST IDEAS

Stakeholders in all pilot communities expressed favorable opinions of the "small tests of change," or PDSA model. Tests of change can be done on small activities to evaluate their success on a rapid cycle in a controlled environment (for example, at one service provider for one week). If activities do not show evidence of success, the investment of time and resources is limited, and losses are minimized. If activities are successful, practitioners can advance them with confidence by testing on larger scales to determine whether they remain successful or need to be tweaked. This can lead to system-wide process improvement. Having short-term activities with clearly defined roles makes PDSAs easy to carry out. Small tests of change can motivate practitioners because they can see they are making progress. Additionally, stakeholders who worked at VAMCs covering Washtenaw County and Detroit reported feeling comfortable with the model because VA had been encouraging them to use PDSAs for years.

Being able to work on these projects as quickly as we have is really encouraging because everyone was on board [including frontline staff].…People were like, "This is great; we actually see changes happening!"
—Stakeholder from Detroit

That said, only two communities—Fresno and Detroit—fully executed an inflow-focused PDSA cycle. The challenges that communities faced are outlined in the next section.

Common Obstacles to Reducing Inflow among Communities

The pilot's limitations, described earlier, greatly affected communities' progress designing and implementing changes to their systems. Some additional challenges surfaced as well, primarily related to inadequate capacity and ability to expand focus to include inflow-focused activities. Stakeholders also shared a sense that the ebbs and flows of inflow they observed remained somewhat mysterious despite what they had learned by participating in the pilot.

Homeless Assistance Systems Are Ill-Equipped to Focus Upstream

Looking upstream to other systems and intervention points to reduce inflow was challenging for the pilot communities. Among the challenges that communities shared was limited staffing and bandwidth to focus on inflow reduction and maintain collaborative partnerships. They said that pivoting to inflow work was difficult even within the model of a "small test of change," in part because inflow work is unfamiliar and unestablished.

LOCAL GOVERNMENTS AND NONPROFITS LACK SUFFICIENT STAFF CAPACITY

Pilot communities said frontline staff, data analysts, and program managers were already overburdened and stretched thin. In this environment, staff time is already too constrained to consider systems-level thinking and solutions. People may have to go above and beyond their job descriptions. In Detroit, staff turnover further complicated this problem; by the pilot's end, most of the original team of people engaged in the pilot had left and been replaced.

Everyone in our system feels overwhelmed. It's an extra thing that we all care about, but it's hard….I can't really think of a single aspect in which our system is adequately resourced, and time and manpower is a huge part of that.
—Stakeholder from Washtenaw County

Stakeholders from all the pilot communities indicated that having a designated coach to help them analyze data, test ideas, troubleshoot problems, and hold them accountable to inflow-focused work would be helpful. No community had a consistent Built for Zero coach during the pilot; however, stakeholders were grateful for the opportunity to work with one when one was available. A stakeholder from Fresno said that "to have someone from the outside like [Built for Zero] to ask us questions, keep us honest, and looking forward" was useful. Built for Zero is not a resource for every community across the country, but communities may be able to designate an entity or person who can coordinate this work, orchestrate check-ins, and hold staff accountable.

EXTENSIVE COLLABORATION TAKES CONSISTENT TIME AND ENERGY

Each component of collaboration took substantial time for pilot communities. Someone needs to set meetings, send regular communications, and hold people accountable to their work. New approaches to the work need to be communicated effectively across all layers of staff in an organization, particularly frontline staff, to ensure alignment. Cross-organizational and cross-sector collaboration is even more labor-intensive. Although the Washtenaw County team had an "appetite for improvement," stakeholders found themselves stymied by questions about who should be tasked with the work and whether the right people were at the table to drive change. This is where having an active coach focused on inflow could have been beneficial. The communities expressed that meeting time is precious to them. Ensuring that the right people are invited to the meeting, attend the meeting, articulate clear action steps at the meeting, and execute these tasks after the meeting is crucial but extremely challenging. Although multiple organizations in a community might be working in service of the same goal—ending homelessness—aligning and coordinating efforts is challenging.

EVEN SMALL TESTS OF CHANGE FELT DAUNTING

Built for Zero advocated that communities start with small tests, recognizing the limitations of both the evidence base around inflow reduction and the capacity in communities. For this to work, people, at a minimum, need to articulate at the outset what problem they are trying to address, how the proposed

change will address it, and what it will look like if the proposed change is effective. These steps often involve different people, all of whom must be able to prioritize this work over their other duties. In one community, a stakeholder felt as though they were consistently trying something new without evaluating the impacts of the changes. Feedback loops are important to ensuring that the work is responsive to the needs of the community and not just moving from one "shiny thing" to the next. This stakeholder admitted: "I don't think we've really had anything that we can point to to say this has been successful and pushed the needle."

Built for Zero intended this improvement framework to "shrink the change" and make it easier for people to change some part of their system without the burden of creating new policies and procedures. As discussed in the profiles, the communities largely did not execute to completion the recommended improvement projects suggested by Built for Zero during the pilot. Some stakeholders said that even this model was too challenging to implement when faced with insufficient resources and staffing.

Jurisdictional Boundaries Complicate Inflow Work

People can be forced to move during experiences of homelessness for various reasons, including that their home community lacks needed resources. One aspect of addressing inflow is identifying the shortcomings in resource-poor communities that make them unable to offer veterans the services they need in the place where they live. Shifting people to other jurisdictions risks removing veterans experiencing homelessness from their social networks and opportunities to get support from family or friends. Working across jurisdictions to ensure that everyone can be served in the place they want to live is an ideal that is challenging in practice.

Another jurisdictional challenge is that the geographic boundaries of a CoC do not match those of a VAMC. For Washtenaw County, for example, the VAMC's catchment area spans 18 counties and nine CoCs in two states, but all the GPD bed inventory is in Ann Arbor. This means that if veterans from Toledo, Ohio, were approved for GPD, they would relocate and become newly identified as homeless in Ann Arbor and increase veteran inflow. At the same time, HUD-Veterans Affairs Supportive Housing capacity has expanded in Toledo, and that could attract veterans experiencing homelessness into the jurisdiction from Ann Arbor to become housed. This resource jigsaw puzzle is a by-product of the spatial mismatch in jurisdictions trying to serve the same community but through separate management structures. With siloed data systems, keeping track of where veterans are from is even more difficult. Consequently, Washtenaw County does not drop veterans who are labeled as inactive on its BNL

because it understands that, while veterans may have moved elsewhere, the community does not have the means to ensure that they are known to another CoC.

Building a Bridge between the CoC and VAMC Takes Effort

Particularly with veterans, much of the work to reduce homelessness requires active participation by the CoC and local VAMC in matching and sharing data, in attending meetings, and in changing policies and procedures. However, a local VAMC could work with different providers and even other CoCs, and the VAMC and CoC may not share funding ties or data systems. One community spent a great deal of effort cultivating a productive relationship with its local VAMC, but the relationship still felt tenuous. In this situation, the VA stakeholder felt as though the CoC was relying solely on the VAMC to spearhead diversion but not helping it do so. In contrast, the CoC expressed feeling that it lacked the control to change inflow given how the local VAMC operated. Balancing out the responsibilities between the two entities and creating consistent and honest channels of communication have proved more challenging than one might assume.

Collecting Systematic Data Is Challenging

Understanding inflow is easier when expansive and detailed data are available, including extensive information about a person's past and interactions with other systems. But collecting this information is challenging. Service providers must balance the burden of conducting intake assessments with having sufficient information about a client to properly serve them and run an efficient system. Data-sharing agreements with other organizations are time-consuming to craft and can be legally challenging to execute, particularly when accessing personal information from VAMCs. In Detroit, for example, veterans are flagged as "newly homeless" or "newly identified" upon intake into the HOMES data system, and this information is used to inform the management of their cases. Although sharing HOMES data is possible, data sharing between HOMES and HMIS is not currently available in Detroit. This restricted Detroit's ability to fully understand inflow of veterans into homelessness.

Limitations in data infrastructure can mean that determining whether a client has used multiple systems requires manual data matching, instead of an automated query. Every day, the local VAMC partner manually compares Washtenaw County's BNL to the HOMES system to inform the CoC of any clients eligible for health services through VA. This allows the CoC to better serve its veteran clients. This activity takes time but is an example of a partnership that has found a way to make it work. Manual data matching, however, is time-intensive, subject to human error, and limited by staff time and

capacity. Communities identified a need for easier access to data and data sharing during the pilot. This is particularly true in larger communities, where manual data matching can be too time-consuming or even impossible given the quantity of records.

Some programs may not be collecting sufficient data to determine whether diversion efforts are preventing people from entering homelessness. During an interview, a stakeholder at a VAMC described the diversion work the VAMC was pursuing. In any given year, the medical center interacts with several thousand veterans facing housing crises and admits only a couple of hundred to its homeless programs. This indicated to the stakeholder that the policies and procedures of the local VAMC were successfully diverting people; without data on this, however, it could not provide evidence that the efforts were effective. For example, without identifying veterans diverted from homelessness with administrative records, knowing whether those same veterans show up later in a homeless program is difficult. Without data and a clear measure of success (for example, that a diverted veteran does not show up in the homeless system for the next six months), we cannot show evidence that diversion efforts are working. Collecting data is a crucial step in the process of understanding whether a program is effective.

Most Communities Deferred to Focusing on Outflow in Lieu of Inflow

CoC staff capacity and funding structures incentivize work focused on outflow. Activities to reduce inflow primarily operate outside the system that people know; in contrast, outflow work operates within the system and is therefore more easily understood and controlled. Some people in the pilot felt frustrated by the inflow work: "We just gave up on the inflow. We kept trying on moving some pieces around and trying to tamp the inflow, and we just couldn't figure it out, so we just focused on outflow." Inflow in Washtenaw County ranged between 8 and 15 veterans during the pilot, and the pilot team was unable to pinpoint causes or test inflow reduction strategies. However, the CoC reduced the time it took to place an eligible person into housing by over two months (from 154 days to 84 days based on a three-month average), a substantial systems transformation that directly improves the lives of people in the community. And as a stakeholder noted, "If we can get our list down just to a lower number, it will be a lot easier, and we will attain more capacity to work with other people." But inflow remained a "black box" for the community.

One thing we see over and over again in many different contexts is that people do the work that they understand how to do.
—Built for Zero coach

Staff who work in this field, particularly frontline staff who work with clients daily, are faced with the urgent needs of their community. Reducing inflow is a new way of dealing with homelessness, so a lot of the work is untested—it requires innovation and an understanding that you might have to try many different things before you get it right. It is also a longer-term investment than working with people who are already in the homeless assistance system, and making that leap can be difficult.

There Is Still a Lot to Learn

Built for Zero dedicated significant resources to this pilot to illuminate inflow in each community, from the data collection and analysis of phase I through the community coaching and support in phase II. Despite this attention and the early lessons that participants learned about the drivers of inflow in their communities, no clear road map for measurably reducing inflow emerged. In Washtenaw County, inflow was the same on the first and last month of the pilot. In Detroit, inflow ranged between a low of 30 veterans in April and a high of 54 in August. In Fresno, inflow decreased by more than half between May and June but fluctuated thereafter. Each participating community implemented changes to its system, but the lasting impacts remain unclear. Understanding inflow in larger communities, where the scale can be 200 veterans instead of 5, is even more challenging. The new strategies that emerged from this pilot are promising, but we are only beginning to understand inflow.

Lessons Learned and Moving Forward

The Veteran Inflow Pilot was limited in its implementation, and we gained no explicit evidence about practices that reduce inflow. However, we did learn about approaches to better understand inflow. We also learned about challenges and obstacles that communities faced in looking further upstream to identify sources of inflow. Some theoretical questions about how to break down structural barriers and which parties in the community are responsible emerged. Work on understanding and reducing inflow is

in the early stages, but venturing into this unknown territory is important if we want to end veteran homelessness.

Through the pilot, we learned some lessons that can help communities start understanding more about inflow. Listening to the voices of veterans who were experiencing homelessness helped reveal more about which systems they were accessing, and that information helped inform where to begin upstream investigations. Data sharing and mapping between HMIS and local VA-funded programs and VAMC records are possible and helped uncover inflow sources and potential points of contact before an episode of homelessness. We also learned that communities perceived diversion efforts as promising to help veterans avoid homelessness and that data collection and tracking will be important to show evidence moving forward. We learned that nurturing a relationship between the CoC and the local VAMC is worthwhile to better understand sources of veteran inflow into homelessness. Streamlining outflow processes within homeless services could create some efficiencies in the system that will provide space to work on inflow-focused efforts. Framing new inflow-focused efforts in a plan-do-study-act framework can be helpful in exploring inflow in a community to prove that a small test of change is promising and worth pursuing or to convince a team to try other avenues.

We also learned about common challenges through the pilot and how these can inform future work. Reducing inflow requires staff time and system resources that are not currently available. The pilot showed that technical assistance through coaches and help facilitating meetings and partnerships are not enough to create the space needed to focus on inflow efforts. Challenges for a fluid partnership between CoCs and the local VAMC include geographic boundary differences, data system siloes, and different incentive structures. These challenges drove communities to work on what they knew best: outflow-related housing placement efforts.

The pilot raised some conceptual questions that remain unanswered and should be contemplated. How far upstream should a homeless assistance system go, and where do we draw the line of responsibility? Wherever we draw that line, how do we get buy-in from other sectors to take responsibility for identifying early the clients who are in unstable housing and helping them avoid homelessness? Veterans at risk of homelessness are likely using both mainstream services and VA-funded services. What measures should these two entities take to make their geographic areas better align, and how can their data collection systems be altered to better align with similar geographic boundaries? Beyond geographic alignment, how can the HMIS and HOMES systems be set up to better communicate and more easily facilitate data sharing? Are there any avenues for merging data systems so that information is centrally located from the start? These are all questions that fell well beyond the scope of the pilot but emerged as structural obstacles in communities became clear.

Based on our feedback, Built for Zero identified some lessons learned about implementing a pilot aimed at reducing veteran inflow that it will consider before engaging in its next pilot. First, it is important to do preliminary data investigations to help identify possible key drivers of inflow. This will help develop a more targeted plan for work that has the capacity to show evidence of change around reducing inflow. Built for Zero will consider developing a new measurement strategy tied to median inflow levels to evaluate systems improvements so that communities can more clearly observe when they reduce inflow. Built for Zero will also clearly identify the coaching framework before implementing a pilot and train coaches on how to more effectively support communities in this unfamiliar territory, help keep the focus on inflow problem areas, and better guide communities through generating change ideas and running tests that can show measurable evidence of whether they were successful. Built for Zero will consider efforts to help remove some barriers to data sharing between CoCs and the VA before implementing the next pilot so activities can move beyond improving the understanding of inflow, an important stage in the process, and toward efforts to reduce inflow with evidence. Built for Zero might consider an approach to help communities more effectively focus on inflow by ensuring that partners working on permanent housing retention, homelessness prevention, and diversion activities play an active role in the improvement teams and leadership in the next pilot. These lessons on conducting a more successful pilot for reducing veteran inflow can be adapted more broadly to other entities interested in investing in a pilot.

Coming out of the pilot, the need to fund inflow-focused activities and to fund initiatives to find avenues around structural barriers was clear. Communities need time and funds to help shift their mind-set from doing only outflow work to including inflow work. Although technical assistance or coaching offered some help for communities to better understand inflow, more resources are required to maintain focus on work to reduce inflow. Evaluating practices on their own is also difficult for communities, and more resources may be needed to help them run small tests of change. Resources may also be needed for a broader and more rigorous evaluation of strategies or initiatives that show evidence of reducing the inflow of veterans into homelessness.

Although inflow-focused efforts are relatively new and evidence is limited, inflow is a crucial part of the equation to end veteran homelessness. Communities interested in engaging with veteran inflow can learn from the pilot and try to avoid some pitfalls. Communities might start by listening to veterans experiencing homelessness to figure out where relevant partnerships will be important and where to implement some initial investigations. The services that veterans frequent may be different for each community, making those conversations with veterans especially important. CoCs have extensive amounts of data in their HMIS and BNL that they can capitalize on. These data can reveal pathways of

service use among veterans that can uncover opportunities for intervention. HUD recently released its Stella P[15] tool to help communities process their HMIS data and be able to better identify sources of inflow. The information in Stella P still lives within the existing homeless assistance structure, but it can give communities a starting point for better understanding inflow and kick-start some ideas for avenues of investigation. Systems at the local, state, and federal level can help provide the resources and partnerships needed to holistically serve veterans and ensure that homelessness among our nation's veterans is brief, rare, and nonrecurring.

Glossary

Actively homeless: Veterans who are experiencing homelessness and are identified as currently homeless in a community's data system.

Built for Zero: Built for Zero is a movement made up of more than 80 cities and counties that have committed to measurably ending homelessness, one population at a time. Using data, these communities have changed how local homeless response systems work and the impact they can achieve.

By-name list (BNL): A comprehensive list of every person in a community experiencing homelessness, updated in real time. Each person on the list has a file that includes name, history, health, and housing needs.

Community Resource and Referral Centers: Funded by the US Department of Veterans Affairs, these centers provide one-stop access to community-based, multiagency services for veterans experiencing and at risk of homelessness. They are designed to promote permanent housing, health and mental health care, career development, and access to VA and non-VA benefits.

Compensated Work Therapy: A transitional work and supported employment program funded by the VA to help veterans experiencing homelessness return to competitive employment.

Continuum of Care (CoC): Local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may be a city, county or counties, metropolitan area, or state.

Functional zero for veterans: A community has ended veteran homelessness when the number of veterans experiencing homelessness is less than the number of veterans a community has proved it can house in a month, based on a six-month average.

Grant and Per Diem program (GPD): State, local, and tribal governments and nonprofits receive capital grants and per diem payments from the VA to develop and operate transitional housing and/or service centers for veterans experiencing homelessness.

Homeless: The description of a person who lacks a fixed, regular, and adequate nighttime residence.

Homeless management information system (HMIS): A data-tracking system designed to record and store client-level information on the characteristics and service needs of people experiencing homelessness within a Continuum of Care.

Homeless Operations Management and Evaluation System (HOMES): A VA-operated data-monitoring system that contains information on veterans who are experiencing homelessness and using VA-funded programs. Some VA-funded programs are required to report data into the system, but most do not also provide information to an HMIS.

HUD-Veterans Affairs Supportive Housing: A program for formerly homeless veterans that combines Housing Choice Voucher rental assistance provided by the US Department of Housing and Urban Development with case management and VA clinical services provided through local VA medical centers and community-based outreach clinics.

Inflow into homelessness: Veterans who are entering homelessness, either as newly homeless, newly identified, or returned from housing. Inflow is part of the equation to calculate the number of actively homeless veterans in a community.

Newly homeless veterans: Veterans who have not previously been homeless.

Newly identified veterans: Veterans experiencing homelessness who have been identified for the first time by a community's homeless assistance system.

Place not meant for human habitation: Public or private places not designated for, or ordinarily used as, a regular sleeping accommodation for people (e.g., streets, vehicles, parks).

Point-in-time (PIT) count: This is an annual, unduplicated, one-night estimate of sheltered and unsheltered homelessness for a Continuum of Care. The one-night count is conducted according to US Department of Housing and Urban Development standards by Continuums of Care nationwide and occurs during the final 10 days of January each year.

Rapid Resolution: A VA-funded housing intervention service that is administered through the Supportive Services for Veteran Families program and helps veterans maintain their housing situation or identify an immediate and safe housing alternative to emergency shelter or the streets within their network of family, friends, and social supports.

Returns from housing: Veterans who were housed after some time experiencing homelessness and have become unhoused and returned to homelessness.

Returns from inactive: Veterans experiencing homelessness who were identified by a community's homeless assistance system in the past, had not been measurably present in the community for some time (or "inactive"), and reappeared as actively experiencing homelessness.

Supportive Services for Veteran Families: A VA-funded program that provides services to prevent the imminent loss of a veteran's home or to rehouse veterans and their families who are experiencing homelessness.

VA medical center (VAMC): The Veterans Health Administration oversees an integrated health care system, including 170 medical centers across the country.

Notes

1   We use the US Department of Housing and Urban Development's definition of homeless throughout this report. This definition describes a person who lacks a fixed, regular, and adequate nighttime residence. This has also been referred to as "literally homeless" to clarify that those living in doubled-up circumstances—living with others because of a loss of housing, economic hardship, or a similar reason—are not included in HUD's definition of homeless.

2   A description of the history and outcomes of the Homelessness Prevention and Rapid Re-Housing Program is available in HUD (2016), the three-year summary report.

3   HUD released plans for system performance measures in 2015; see HUD (2015). HUD released a new system performance module called Stella P at the end of 2019; see "Stella," HUD Exchange, accessed March 9, 2020, https://www.hudexchange.info/homelessness-assistance/stella/.

4   HOMES is a data-monitoring system operated through the VA that all VA-funded projects are required to report into. These programs are not required to also enter data into a community's HMIS and often do not. For example, staff of the HUD-Veterans Affairs Supportive Housing Program are required to enter data into HOMES but not into HMIS. See "HUD-VASH HMIS Manual Federally-Funded Programs for Homeless Veterans: A Guide for HMIS Users and System Administrators," US Department of Housing and Urban Development, accessed March 9, 2020, https://files.hudexchange.info/resources/documents/HUD-VASH-Program-HMIS-Manual.pdf.

5   For the scorecards that Community Solutions produced, see "Quality By-Name List," Built for Zero, accessed February 20, 2020, https://www.joinbuiltforzero.org/resources/quality-by-name-list/.

6   The reasons the community wanted to remain anonymous are unrelated to its performance during the pilot. No findings specific to this community are described in the report.

7   For the 12 percent estimate, we used the count of veterans from the BNL data supplied to Built for Zero as the numerator and the "total homeless persons" number from the 2019 PIT count as the denominator. The 7 percent estimate is based on PIT data for veterans as the numerator and the total homeless persons from the 2019 PIT count as the denominator. See "HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations" for Washtenaw County, US Department of Housing and Urban Development, accessed March 1, 2020, https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_MI-509-2019_MI_2019.pdf.

8   We use the term Black to describe people of African descent because it may be more inclusive of the way people self-identify, but we acknowledge that it has limitations.

9   The county-wide data are based on the 2013–17 American Community Survey five-year estimates.

10 For more information on the VI-SPDAT and its scoring summary, see "Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT): Prescreen Triage Tool for Single Adults," http://pehgc.org/wp-content/uploads/2016/09/VI-SPDAT-v2.01-Single-US-Fillable.pdf.

11 For the 11 percent estimate, we used the count of veterans from the BNL data supplied to Built for Zero as the numerator and the "total homeless persons" number from the 2019 PIT count as the denominator. The 15 percent estimate is based on PIT data for veterans as the numerator and the total homeless persons from the 2019 PIT count as the denominator. See "HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations" for Detroit, US Department of Housing and Urban Development, accessed March 1, 2020: https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_MI-501-2019_MI_2019.pdf.

[12]   The population figures for the two counties are based on the 2013–17 American Community Survey five-year estimates.

[13]   For the 4 percent estimate, we used the count of veterans from the BNL data supplied to Built for Zero as the numerator and the "total homeless persons" number from the 2019 PIT count as the denominator. The 9 percent estimate is based on PIT data for veterans as the numerator and the total homeless persons from the 2019 PIT count as the denominator. See "HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations" for the Fresno City and County/Madera County CoC, US Department of Housing and Urban Development, accessed March 1, 2020, https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_CA-514-2019_CA_2019.pdf.

[14]   The share of Black people in the Fresno City and County/Madera County CoC was calculated using figures reported in the 2013–17 American Community Survey five-year estimates. We summed the populations and some subpopulations of Fresno County and Madera County and divided the Black or African American population by the total population.

[15]   For more information about Stella P, see "Understanding System Performance for Household Types Using the Stella Performance Module," Prezi video, posted by Victor Lozano, updated July 2, 2019, https://prezi.com/9-pku-jjbmvh/understanding-system-performance-for-household-types-using-the-stella-performance-module/?utm_campaign=share&token=d0181f09b6401d13448b23d987a205e831d1dfaadd1210be8f96b1f847c491c4&utm_medium=copy. For a more detailed report on what Stella P offers, see HUD (2019).

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