Ending Chronic and Veteran Homelessness: Case Study Part One and Two

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– PART ONE –

Overview of Case Components

Mission

Ten or 15-year campaigns to end chronic[1] and veteran homelessness have been spreading throughout the country. Initiatives, such as 25 Cities, the 100,000 Homes Campaign, and Zero to 2016, have been reinforcing these campaigns as they near their deadlines. President Obama challenged the nation to target Veteran homelessness, stating a zero tolerance for a Veteran sleeping on the streets after serving their country in uniform. In response to this challenge, the Veteran's Affairs (VA) launched the 25 Cities Initiative in March 2014. Its goal is to gather the knowledge about how to end homelessness to create more advanced and coordinated systems (VA Launches 25 Cities Initiative).

Additionally, Community Solutions acts as a consulting team that "helps communities solve the most complex problems affecting their most vulnerable, hardest hit neighbors" (Our Vision for Communities) and their most recent initiative is a follow-on of the 100,000 Homes Campaign called Zero to 2016 (0:2016). 0:2016 specifically focuses on ending Veteran homelessness and consists of a "dedicated group of communities [to] do whatever it takes to end chronic homelessness in the next two years" (Zero: 2016).

Stakeholders

Homelessness is a complex problem found in every community in the nation, therefore, there are many national organizations working towards the goal to end homelessness. The following list of stakeholders include nationwide organizations who work towards serving the homeless population, addressing the systemic issues of homelessness, and creating program and policy reform regarding homelessness. These stakeholders consist of, but are not limited to:

- U.S. Department of Veterans Affairs (VA)
- Housing and Urban Development (HUD)
- U.S. Interagency Council on Homelessness (USICH)
- Coordinated Access Management (CAM)
- Corporation for Supportive Housing (CSH)
- Community Solutions and the 100,000 Homes Campaign
- The Supportive Services for Veteran Families (SSVF) Program
- 25 Cities Initiative
- National Center on Homelessness Among Veterans
- Rapid Results Institute
- Atlas Research (contractor with the VA)
- Continuum of Care (CoC)
- Federal partners
- Community partners such as the city government, housing authorities, and community providers

[1] The Housing and Urban Department (HUD) defines chronic homelessness as an unaccompanied individual who has a disabling condition and has either experienced homelessness continuously for a year or more, or has had at least four episodes of homelessness within three years.

The VA's 25 Cities Initiative is working to help "communities with high concentrations of homeless Veterans to intensify and integrate their local efforts to end Veteran homelessness by 2015" (VA Launches 25 Cities). Cities involved in this initiative are Atlanta, Baltimore, Boston, Chicago, Denver, Detroit, Fresno, Honolulu, Houston, Las Vegas, Los Angeles, Miami, New Orleans, New York, Orlando, Phoenix, Philadelphia, Portland, Riverside, San Diego, San Francisco, Seattle, Tampa, Tucson, and Washington, DC. For the purposes of this case study, Detroit's key players in ending veteran homelessness include, but are not limited to:

- Detroit VA
- Southwest Counseling Solutions
- Neighborhood Service Organization (NSO)
- Volunteers for America Michigan (VOAMI)
- Blue Water Center for Independent Living (BWCIL)
- Neighborhood Legal Services Michigan (NLSM)
- Michigan State Housing Development Authority (MSHDA)
- Homeless Management Information System (HMIS)
- Homeless Action Network of Detroit (HAND), lead agency for Detroit's CoC
- CSH
- Detroit Housing Commission (DHC)
- Community and service providers

These key players share the common interest and passion to end and prevent homelessness in Detroit.

The stakeholders' role of this nationwide joint effort led by the VA, HUD, and USICH is to "identify by name all the remaining homeless Veterans in their respective communities and work together to find permanent housing solutions for these Veterans and chronically homeless individuals" (VA Launches 25 Cities).

Background Information

History of Work (CoC and SSVF Programs)

The issue of homelessness has always been among us and some say that it will always be among us in the future. As a complex issue, there have been decades of work and efforts to prevent, assist, and end homelessness. In recent years, there have been significant conversations on the topic and potential solutions. The formation and implementation of the Continuum of Care (CoC) and the Supported Services for Veterans Families (SSVF) have boosted the momentum to target and end homelessness nationwide.

In 2009, the efforts gained momentum when the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended the McKinney-Vento Homeless Assistance Act. This Act authorizes HUD's CoC Program, providing "funding to nonprofit, government, and other entities that serve persons experiencing homelessness within a defined geographic area" (National Alliance to End Homelessness).

In 2010, President Obama and the VA announced the goal of the federal government to end Veteran homelessness by 2015. This is the first national plan to prevent and end homelessness published by the USICH. As a response to the announcement, the SSVF Program honed in on providing housing assistance and services to the targeted, most vulnerable populations in October 2011. "Within the first two years of operation, almost 100,000 Veterans and their families (97,979 individuals total) received direct assistance from SSVF and 85% of those exited SSVF with permanent housing" (Supportive Services for Veteran Families). The SSVF Program is the first and only VA program to provide services to Veterans and their families, offering Permanent Supportive Housing such as rapid re-housing and the Housing First Model.

Key Issues

In 2014, 578,424 people experienced homelessness nationwide, 15% (84,291 individuals) were chronically homeless and 9% were Veterans (Snapshot of Homelessness). As mentioned previously, homelessness is a complex problem as there are many barriers in place for those experiencing homelessness. Examples of possible barriers include a lack of affordable housing, unemployment, a lack of an education, immigration, domestic violence, injury, mental illness, and a lack of support networks, drug and alcohol abuse, a death of a loved one, health conditions/sickness, and physical disability. Nonetheless, homelessness is a multi-crisis issue that entails many services and assistance throughout the process of housing individuals and families.

Social Justice Issues and Goals, Values and Ethics

CoC and SSVF Programs nationwide, as well as many other stakeholders such as homeless shelters, soup kitchens, and other service providers, are working the local, regional and national levels to prevent and end chronic and Veteran homelessness. Many service providers are working towards access to affordable housing, healthcare, job readiness, education preparation and rehabilitation for substance abuse and alcoholism with the ultimate goal to end homelessness in their communities. Advocates also work towards equality, justice, safety, and overall well-being for those who are experiencing homelessness and for those who experienced criminalization from police officers. With programs and initiatives like SSVF, CoC, 25 Cities, and 0:2016, communities across the nation are targeting the most vulnerable individuals and families and working towards housing.

As advocates and agents throughout this process, service providers share the values, beliefs, and ethics that everyone deserves safe and affordable housing. By expanding permanent supportive housing, values and ethics of equality in opportunity and overall well-being drive the current initiatives and campaigns to reach their goals to prevent and end homelessness.

Strengths and Resources

With the support from HUD, the VA, USICH, and President Obama, there are successes to the efforts put on to end homelessness. As mentioned in a 0:2016 meeting with Detroit's VA in February 2015, the mentality has shifted among community partners and service providers from screening people out from services, to screening people in to programs. For instance, the Housing First Model places individuals in permanent supportive housing before the prerequisites to pay off their debt, to achieve sobriety, or find a job are now, believing that by giving someone a stable

living situation, that the other barriers and issues will become more manageable to face and overcome.

Because of initiatives like 25 Cities, community providers are communicating and sharing the workload among one another by developing and maintaining the Coordinated Assessment and Housing Placement (CAHP) System. The CAHP "allows for communities to strengthen identification and prioritization, ensures that Veterans experiencing homelessness can be paired with the best available services to meet their need, and has led to an increase in HUD-VASH utilization, housing units, and vouchers" (Summary of 25 Cities Effort). In fact, the collaborative efforts among service providers increases positive outcomes. From October 2013 to August 2014, 25 Cities had reported that "10,096 Veterans were housing within participating communities and plans to support these communities to house a minimum of 47,161 additional Veterans by December 2015"(Summary of 25 Cities Effort).

Facilitators of Change

As displayed previously, there are many stakeholders involved, nationally and regionally in the Detroit metro area, in the efforts to end chronic and Veteran homelessness. Efforts such as the 25 Cities, Zero to 2016, and the CAHP System implements and encourages prioritization of the most vulnerable subgroups and individuals. By using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), communities are able to assess and intervene quickly, placing individuals in the most appropriate housing solution. There are several other tools in which assist service providers to assess and prioritize their clients. These tools include the VI-SPDAT, the Full (more detailed) SPDAT, the Alliance Comprehensive Tool, the Eligibility Criteria and Rating Tool and Vulnerability Index, the Gap Analysis Tool (GAT) for chronic homelessness or Veteran homelessness, and the Zero: 2016 Placement tool. It is evident that with these tools, service providers are working hard to reach out to those who are in most need of assistance and housing.

In addition to the variety of tools, the Zero to 2016 encourages CoCs to create take down targets, which allows for service providers to "set monthly housing placement goals, and measure your progress against these goals… [To] stay on track on ending chronic and Veteran homelessness by December 31, 2015" (Data and Performance Management).

Problems and Barriers

The diligent determination to end homelessness has opened many opportunities for service providers to serve their clients as well as opportunities for service recipients. There are many initiatives and programs that dedicate time and energy to the cause. However, as recognized and observed in Detroit's efforts, there are barriers that prevent the system and network of service providers from working to at their fullest potential. For instance, the CAHP and CAM (Coordinated Assessment Management) Systems work towards organizing and prioritizing needs, but the newly developed systems have not be implemented at the same extent throughout communities. The lack of conference calling and collaborating with one another about specific, trickier cases may be due to busy schedules, heavy case work, and a lack of leadership among the collaboration.

Another barrier or setback is the lack of personalization throughout the assessment and placement processes. By referring to individuals and families by cases, service providers loose the sense of

urgency, sense of need to help, and the apathy and compassion fatigue begins to set in. The goal to end homelessness by the end of 2015 is daunting for many communities, especially for Detroit. Similar to Detroit, many cities have experienced long periods of homelessness issues and have been working with people to find places to stay temporarily and live permanently. The additional push to end homelessness seems in hopeless and impossible for some service providers who have been working on the issues for decades. With that said, there have been areas in the nation that were successful with working together in ending homelessness.

Community Components

The work that needs to be done in regards to end chronic and Veteran homelessness is limitless when looking who all is affected by the issue of homelessness. There are medical and healthcare providers, outreach workers, case managers, therapists, program directors, executive directors, and policy decision makers who all play a part in these campaigns and initiatives. To target, prevent and end such a complex issue, there needs to be a wide variety of people involved in the process from all occupations and levels of impact (interpersonal, community, regional and national levels).

Tentative Goals and Objectives

GANTT chart

When looking at the Zero to 2016 Initiative specific goal to end Veteran homelessness by the end of 2015, there must be an outline of activities and roles among involved parties. As noted before, there is a lack of communication and understanding of leadership roles among the community providers in Detroit. With the goals of Zero to 2016, setting monthly goals, tasks and meetings will ensure communities reach the zero mark by the end of 2015. In the GANTT chart below, the Zero: 2016 Initiative is displayed with the Detroit metro area in mind.

Activity/ Task	**Lead Agencies**	Mar	Apr.	May	June	July	Aug.	Sept	Oct.	Nov.	Dec.	Jan. 2016
Analyze and Finalize Point in Time Count Data	Continuum of Care (HAND)											
Calculate Take Down Targets	Continuum of Care (HAND)											
Disseminate Target Goals	Continuum of Care, SSVF, VA											
Conference Calls, Ongoing	Key Service Providers, CoC, CSH, VA, SSVF											
Housing Placement Goals Quarterly Reports	Key Service Providers, CoC, CSH, VA, SSVF											
Begin Final Report	CoC, VA, CSH											

As displayed in the Gantt chart above, Detroit's CoC, HAND, will begin the process of organizing, analyzing, and finalizing the Point in Time Count from January 28, 2015. With that data, HAND will then be able to calculate the take down targets of how many people to how in each month and how many homes are available. Throughout the year, community partners and service providers will be involved in conference calls, meetings, and progress reports to stay on track of the take down target as well as use the time together to collectively discuss any cases that are more difficult than other cases. For funding and additional tracking reasons, quarterly reports will be created by all initiative participants to ensure the target is being kept. Finally, data will be collected and disseminated via final report to assess the progress and accomplishments the community partners and service providers contributed to. The final report will also give the picture of how the efforts in Detroit worked in reaching the federal government's mandate.

Questions and Areas to Explore

When research and assessing the previous findings, there are still gaps in which need further exploration and explanation. In the form of research questions, these gaps target the tentative goals and objectives include: what is the most effective, holistic tool to use in prioritizing needs? Which cities are succeeding in the campaigns and initiatives to end homelessness? What process is most effective when collaborating and communicating across agencies and service providers and how

would that look like on a process map document? What are the needs that are unmet among Veterans experiencing homelessness (i.e. Post-Traumatic Stress, loss of social network and support)? By exploring and answering these questions, plans to further assess and implement efforts to end and prevent homelessness will develop with the goal in mind to establish a congruent system between service providers, communities, and cities, to enhance communication processes, and to ultimately reach the goal to end homelessness by the end of 2015.

Concluding Part One

Assessing the current campaigns and initiatives to end homelessness throughout the country gives background information of the scope of the issue of homelessness and the scope of the needed efforts in order to reach the goal to end homelessness in five, ten, or fifteen years. With the support from the VA, HUD, USICH, and President Obama, the efforts to end homelessness will not be abandoned, but instead addressed, assessed, evaluated, and revised in order to reach the goal to house every individual who is without housing, staying in shelters, and sleeping on the streets. By assessing the current efforts, a variety of research questions developed for further investigation, assessment, and options for implementation and/or revisions.

– PART TWO –

Systems Involved

As mentioned in Part One, facilitators of the Detroit 0:2016 Initiative include the United States Interagency Council on Homelessness (USICH), Homeless Action Network of Detroit (HAND), Corporation for Supportive Housing (CSH), the Detroit VA Medical Center (VAMC), Supportive Services for Veteran Families (SSVF), Southwest Solutions, Neighborhood Services Organization (NSO), the Coordinated Assessment Model (CAM), also known as the Coordinated Entry Process, and lastly, Community Solutions serves as the lead agency to implement and facilitate the 0:2016 Initiative efforts.

Stakeholders include the facilitators listed above, government officials such as Mayor Mike Duggan and City Council members, service providers, including executive directors, case managers, and outreach workers, and most importantly, Veterans experiencing homelessness. Together, with strategic communication and coordination, Detroit can successfully end Veteran homelessness with the 0:2016 Initiative in place.

Intervention Strategies

The Success of New Orleans, LA

As we explore the intervention strategies and models of the 0:2016, it is noteworthy to look to New Orleans in its recent success in ending Veteran homelessness, becoming the first major city to accomplish such task. With the support from the Mayor and coordination from community partners, the city worked to connect every Veteran living on the street or in an emergency shelter to housing and supportive services (Kegel, 2015). With previous success in reducing homelessness and an immense support from Mayor Mitch Landrieu, New Orleans, a city that was once known for the highest rate of Veteran homelessness, was on track to ending veteran homelessness (Kegel, 2015).

As the city faced the challenges of the lack of housing, services, and federal funds for their most complex cases, New Orleans gleans from their success and offers four recommendations for other communities who are pursuing to end Veteran homelessness. These recommendations include to 1. Enlist your Mayor to the Mayor's Challenge to End Veteran Homelessness, 2. Make a comprehensive Master List of all Veterans experiencing homelessness living on the streets and in emergency shelters, 3. Target your housing resources and make sure those on the Master List are highly prioritized for every housing resource, and 4. Have passion and determination (Kegel, 2015).

10 Strategies to End Veteran Homelessness

As communities create campaigns and initiatives to end chronic and Veteran homelessness, the strategizing and planning process can become and overwhelming process. The 0:2016 Initiative (Community Solutions) addresses this overwhelming process by setting quarterly reports throughout the year, assigning each quarter of the year with a certain amount of individuals to house in order to reach the zero on January 1, 2016.

Additionally, the USICH recognizes the need for accelerated efforts to end Veteran homelessness, identifying 10 strategies to end Veteran Homelessness in hopes to "increase leadership,

collaboration, and coordination among programs serving Veterans experiencing homelessness, and promote rapid access to permanent housing for all Veterans" (10 Strategies to End Veteran Homelessness, 2013). These 10 strategies -the first 3 strategies are similar to the recommendations from New Orleans' success in ending Veteran homelessness- are listed below:

1. *Recruit City's Mayor to Join the Mayors Challenge to End Veteran Homelessness*: When Mayors join the effort to end Veteran homelessness, communities are able to "solidify partnerships and promote coordination and ensure accountability across the partners" (10 Strategies to End Veteran Homelessness, 2013). Announced by Michelle Obama in 2010, the Mayors Challenge receives resources and programs provided by the federal government to strengthen the initiative. Some of these resources include using the Housing First approach, prioritizing the most vulnerable Veterans for permanent supportive housing, coordinating outreach efforts to identify and engage Veterans experiencing homelessness, and targeting rapid rehousing interventions (Office of the Press Secretary, 2014).
2. *Identify all Veterans Experiencing Homelessness by Name:* By creating a shared list of Veterans experiencing homelessness through data-sharing, assessment processes, and communication between the local VAMC, the CoC, and other facilitators, communities are able to effectively serve all Veterans in need of housing and service assistance.
3. *Implement a Housing First System Orientation and Response*: Removing barriers and accepting applicants regardless of unemployment, substance use, poor credit or financial history, and history with the criminal justice system accelerates the entry to permanent housing. With the assistance of CSH, permanent supporting housing is implemented throughout the Detroit Metro area.
4. *Set and Meet Ambitious Short-Term Housing Placement Goals*: For example, 0:2016 Initiative's effort to create a takedown number from the Point-in-Time Count and the HMIS and create a quarterly housing placement goals. With a shared list of Veterans experiencing homelessness, a standardized assessment tool such as the Service Prioritization Decision Assistance Tool (SPDAT), and navigators (CAM) to address the needs and progress of the individuals.
5. *Conduct Coordinated Outreach and Engagement Efforts*: This consists of seeking out Veterans in need, sharing information between service providers, utilizing the Housing First model, and collaborating with the law enforcement, prisons and jails, hospitals, libraries and job training centers. The lead agencies to coordinate outreach and engagement in Detroit are Southwest Solutions and NSO.
6. *Implement Coordinated Entry Systems*: By using a coordinated system that matches recipients to appropriate housing and services, service providers can effectively collaborate in their effort to end and prevent Veteran homelessness (10 Strategies to End Veteran Homelessness, 2013). Service providers in Detroit use the CAM to coordinate and guide recipients to the most appropriate assistance for permanent housing and services. The CAM is the entry point of the system to preventing and ending homelessness as it aligns the needs of individuals and families to the best, most appropriate program (Coordinated Assessment Model, 2014).
7. *Deploy HUD-VASH/SSVF Effectively*: The full utilization of HUD-VASH and SSVF programs is vital for the 0:2016 Initiative. With collaboration between the CoC (HAND as the lead CoC agency) and the VAMC, HUD-VASH and SSVF providers "ensure participation in the

community's coordinated entry system, disseminate best practices, and remove barriers throughout the system" (10 Strategies to End Veteran Homelessness, 2013). Using the Gap Analysis Tool (GAT) and assigning quarterly reports will assist the initiative and facilitators to stay on track with using the funds and programs available.

8. *Improve Transitional Housing Performance and Consider Converting or Reallocating Resources into Permanent Supportive Housing (PSH):* This strategy's goal is to move individuals and families from transitional housing into permanent housing as quick as possible. The use of the GAT helps communities to "determine the inventory of resources needed locally to end Veteran homelessness" (10 Strategies to End Veteran Homelessness, 2013) The GAT is a standardized planning scenario tool developed by the VA and Community Solutions to estimate the need, assets and gap/surpluses in housing resources (Community Solutions, 2015).
9. *Increasing Connections to Employment*: By providing a seamless referral process between the CoC, VAMC, and workforce system, communities commit their efforts to hiring Veterans experiencing homelessness. The Employment Navigator Model involves case management teams to help individuals and families experiencing homelessness through homeless assistance, housing, employment readiness, and income supports.
10. *Coordinate with Legal Services Organizations to Solve Legal Needs:* Building essential partnerships with civil legal services attorneys is essential when removing barriers to housing and employment. Additionally, services attorneys should engage in systemic advocacy to stimulate the Housing First Model among housing authorities, property owners, and housing assistance programs.

By utilizing the HMIS and SPDAT scores, the CAM, the GAT, the partnerships between the CoC, VAMC, service providers, employment readiness programs, and legal services, these 10 strategies intertwine together to offer the most effective, holistic approach in prioritizing needs when working to end and prevent Veteran homelessness.

Gap Analysis Tool for Wayne County

As mentioned throughout the 10 Strategies proposed by the USICH, the GAT assists the CoC and VAMC to determine an action plan to end Veteran homelessness by the end of 2015 by quantifying gaps between needs and available assets (i.e. Permanent Housing (PH) placements), enabling collaborative strategy development among VA and Non-VA stakeholders at a national and local level, and identifying monthly placement goals (Continuum of Care, 2015).

Effectiveness of the Gap Analysis Tool

Identifying the Need

As the 0:2016 Initiative continues its implementation, facilitators continue to monitor their progress by creating monthly Takedown Targets. In order to create those targets, the CoC and VAMC need to identify the need by determining the initial gap of available PH placements. The Planning Scenario (Appendix A) uses assumptions (italicized) regarding the nature of homelessness, interventions needed to achieve PH and eligibility for VA Healthcare (Continuum of Care, 2015) to determine the course of action. It is assumed, through using the 2015 Point in Time Count Data, that 136 Veterans who will experience homelessness between January 2014 and December 2015.

This figure projects that the 33% of Veterans experiencing chronic homelessness will receive PSH placements, whereas the 67% of Veterans who are experiencing episodic or short-term homelessness will either receive a Rapid Rehousing placement, other housing resources, or find housing independently.

The next steps are to calculate the assets, determine the initial gap and identify the strategy of intervention. When calculating the assets, or the amount of available permanent housing placements in other words, Community Solutions based the data off of the VA National Office and converted the data to the CoC level (Continuum of Care, 2015). As seen in Appendix B, the GAT conveys the initial gap and preliminary surplus using the equation **Homeless Veterans in Need – PH Placements Possible with Assets = Initial Gap**. According to the Initial Gap, there are no gaps in PH placements for 2015-2016. With 23 PH placements designated to episodic and short-term homeless recipients who will independent solve their state of homelessness, there are PH placement surpluses for are found under the Non-VA PSH after serving VHA in-eligible Veterans, SSVF Rapid Re-housing, and VA Residential Programs alone.

Challenges and Conflicts

In theory, the GAT, especially the Planning Scenario and Initial Gap, may appear as ideal intervention methods for the 0:2016 Initiative to end Veteran homelessness. However, many challenges and conflicts surface and intertwine when analyzing these methods. First, the data used in the Planning Scenario and the Initial Gap is based off of assumptions, Point in Time Counts, and national averages. For more accurate data, the CoC and VAMC could use data from the HMIS, a database used throughout the homeless service provider community, to estimate the number of Veteran Homelessness. For example, instead of the GAT using the Point in Time Count Data, which shows that 136 Veterans will experience homelessness during 2015, it could use more reliable data from the HMIS, which estimates that there are 1,254 Veterans experiencing homelessness in Detroit (A. Sternberg, personal communication, April 15, 2015)[2]. Using more accurate data reflects more accurate, reliable, and closer to reality when determining the Initial Gap.

Secondly, the inability to share data between the VAMC and HMIS puts a hindrance on collecting accurate data of homeless Veterans. The VAMC currently cannot share its database with outside sources, however, the VAMC is in the process of revising their Release of Information forms (P. Wolschon, personal communication, April 15, 2015). Additionally, the VAMC fails to put names to the Data, creating an arbitrary, systematic, apathetic approach to the 0:2016 Initiative.

Even though the current GAT Data is seems problematic in inaccuracy and illusionary in practice, it highlights the third, potentially largest conflict, which is the lack of coordination and communication between facilitators, stakeholders, and initiative efforts. As mentioned in the Part One, barriers found in the development of the CAM and the overall lack of enthusiasm and sense of urgency from service providers still exist, however, the lack of coordination goes beyond single systems, such as the CAM or with the VAMC.

It was discussed in a recent Detroit Team Ending Chronic Homelessness (DTECH) meeting that with multiple initiatives simultaneously being implemented to end Veteran and chronic homelessness, there is a sense of confusion and chaos among service providers to keep the

[2] In 2014, the estimated number of chronically homeless in Detroit is 3,300 (per HMIS). It is estimated that approximately 38% of the chronically homeless are Veterans, estimating that there are 1,254 Veterans experiencing chronic homelessness (38% x 3,300 = 1,254) (A. Sternberg, personal communication, April 15, 2015).

"takedown targets" or goals in order (W. Weld-Wallis, personal communication, April 15, 2015). For instance, the 0:2016 Initiative is Federal initiative honing in on ending Veteran homelessness by 2016 and chronic homelessness by 2017. Meanwhile, the City of Detroit is implementing two initiatives: Every Detroiter Counts and the Mayor's Initiative, both focusing on different target populations and stakeholders. There are many components to each initiative and when discussing, planning, and implementing to reach the desired goal, the system becomes a tangled web with cracks running throughout the whole thing, distracting the facilitators and key players from the original mission of the initiatives and efforts to end Veteran and chronic homelessness.

Key players and service providers are often feeling frustrated, confused, and misguided due to the lack of coordination and the overlapping of initiatives as well as the lack of communication and leadership among main facilitators. As previously mentioned, the sense of urgency and empathy seems to flee once the meetings have finished and facilitators return to their designated agency. Even in the meetings, there is a sense of passivity and a presence lacking leadership to take the initiatives by its bootstraps in full force.

Monitoring and Evaluating Progress and Struggles

When addressing these concerns and challenges faced in system-wide initiatives, such as the 0:2016 Initiative, it is essential to continue assessment and evaluation throughout the process. It is also essential to address the concerns regarding the reliability and accuracy of data as well as the coordination, communication, and overall understanding of the facilitators involved in the Initiative. Quantitative and qualitative evaluations may be found useful to monitor such needs in order to successfully and confidently reach the Initiative's goal and implement the Initiative in other cities. Quantitatively, the data used in determining the need and availability of PH placements can be collected and an evaluation can address the reliability of the data collection methods. Such evaluation can be as simple as a quick survey for data collectors to complete on how and where the data was collected. To address the effectiveness of the coordination and communication as well as the level of understanding from the facilitators, qualitative data may be collected through giving surveys with open-ended questions or through providing focus group sessions.

The goal of monitoring and evaluating the progress is to offer critical analysis throughout the process with continued assessment, reassuring that the Initiative and its facilitators are using reliable data, are consistent with their coordination and communication efforts, and accountable with their independent and collaborative.

Lessons Learned in Community and Social Systems

Being involved in the discussion, development, and implantation of the 0:2016 Initiative has been an overwhelmingly interesting and frustrating experience. When first introduced to the Initiative, I was excited to see the VA present at each meeting and involved throughout the process due to their reputation of acting as an island for varying reasons. However, my feeling of excitement was quickly weakened after the first few meetings and feelings of frustration rushed through my mind as I realized the messiness and complexity of Detroit's issues of homelessness, collaborating with multiple agencies with little communication, empathy, and passion. The fact that the Initiative was

working with numbers that were unproportioned to the reality of homelessness, especially Veteran homelessness, in Detroit was problematic.

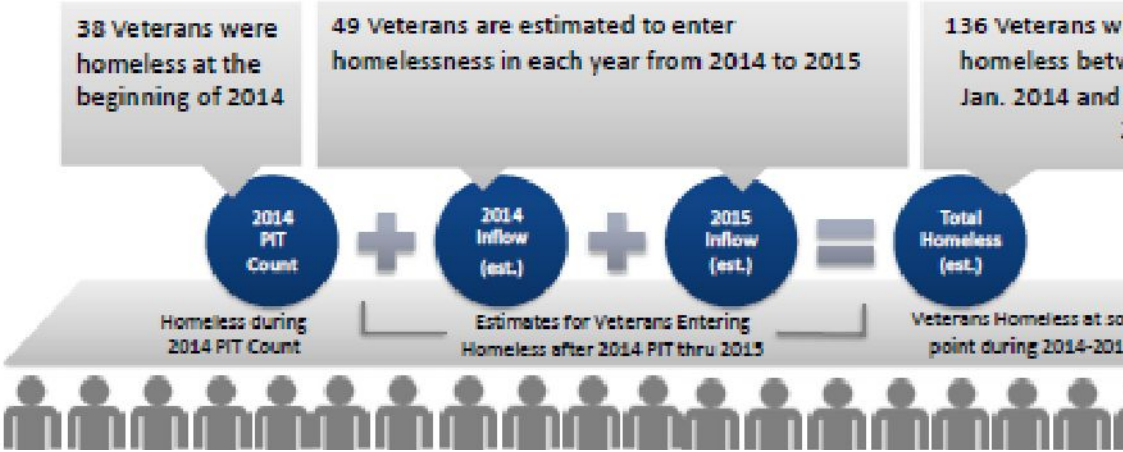
Regarding the social work practice in community and social systems, a simple yet pivotal reality of this experience has been that working with organizations with different cultures, worldviews, and policies is tricky and time consuming. Many meetings ended with very little accomplished, not to mention ideas and tasks developed enough to implement. The process is extremely slow and it becomes a battle between accepting reality of the efforts with system-wide and city-wide goals, the patience with the crawling pace, and the need to push and encourage proactivity, which may bring discomfort for facilitators who have for so long worked independently before working collaboratively.

It can be disheartening to see how slow the process can take and the overwhelmingly sense of apathy among facilitators who's career focuses on homelessness issues. The thought of, "If they are not passionately working to end and prevent Veteran and chronic homelessness, then who will?" runs through my mind after each disappointing meeting. As a social worker in a setting in which many types of key players, stakeholders, and community components are present, it is important to find the balance in the battles, maintaining a critical mind when decision making and engaging in the community, and to choose your battles you think are worth the fight.

Final Comments

When developing initiatives that involve multiple organizations, stakeholders, and systematic components, it is vital to continually assess the process to determine best practices. Oftentimes it is a trial and error approach when working to end homelessness in a unique city such as Detroit. Each step of the progress becomes a lessons learned for its facilitators as the environment and politics are ever-changing and transforming. Referring to the 10 Strategies provided by the USICH, it is recommended to involve the Mayor on the efforts, but simplifying things by creating aligned and overarching goals across the various initiatives working to end and prevent Veteran and chronic homelessness.

Appendix A: The Planning Scenario (Continuum of Care, 2015)



Appendix B: The Initial Gap (Continuum of Care, 2015)

Need	Programs meeting the Need (Multiple programs can help a Veteran achieve a PH Placement)	Permanent Housing (PH) Placements Needed (2014-2015)	PH Placements possible with available assets (2014-2015)	Gap in Placem (2014-2
Chronically Homeless Veterans **NOT** eligible for VA-Healthcare and need Permanent Supportive Housing	Non-VA PSH	7	7	
Chronically Homeless Veterans eligible for VA-Healthcare and need Permanent Supportive Housing	Non-VA PSH Excess after serving VHA in-eligible Veterans	38	9	
	HUD-VASH alone, HUD-VASH along with SSVF RRH and HUD-VASH along with VA Residential Programs (GPD, DCHV, CWT/TR and HCHV)		31	
Episodic and Short-term homeless who need Rapid Rehousing	SSVF Rapid Re-housing (RRH) alone	34	249	
	Non-VA Rapid Re-housing		-	
Episodic and Short-term homeless who need other interventions	VA Residential Programs (GPD, DCHV, CWT/TR and HCHV) alone, VA Residential Programs along with SSVF-RRH	34	117	
	Non-VA Residential Treatment Programs		-	
Total*		**113**	**413**	
	Episodic and Short-term homeless who will self-resolve and do not need any interventions	23		
	Total Homeless Veterans 2014-2015	**136**		

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