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What tradeoffs are made on the path to functional zero chronic homelessness?

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ABSTRACT

Built for Zero (BFZ) is a resource allocation method for homeless systems that has gained popularity in North America. Community Solutions, the organization that created/promotes BFZ, argues system managers can end homelessness by using business management techniques to flexibly allocate housing assistance and achieve systemwide benchmarks like functional zero chronic homelessness. Little research has analyzed how BFZ strategies are applied to homeless systems. This is a notable blind spot because homeless systems confront different barriers/enablers that facilitate/constrain BFZ integration. I extend housing scholarship by using ethnographic data of referral meetings in a large U.S. County to analyze managerial use of BFZ strategies promoted by Community Solutions. I show political economic constraints force macro-micro tradeoffs on the path to functional zero that marginalize the wants/needs of some clients by referring them to suboptimal housing. My findings show equitable progress to functional zero requires adequate housing resources so the wants/needs of service recipients are not sidelined.

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Introduction

Built for Zero (BFZ) is an allocation scheme that is promoted in the USA as a way to end homelessness. Community Solutions is the organization that created and promotes BFZ. It defines homelessness as a dynamic problem whose resolution requires adaptive, data-driven interventions (Community Solutions, 2018). Although Community Solutions acknowledges the salience of housing assistance to ending homelessness, it insists homeless systems need an allocation scheme that efficiently mediates access to resources.[1] An efficient allocation system, according to Community Solutions, integrates business management principles: measurable benchmarks, development of valid measures to monitor system performance, and identification of iterative strategies that can be flexibly adapted to changes in homeless subpopulations. The primary benchmark BFZ sets is 'functional zero'. A system reaches functional

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zero when it has 'ended' homelessness for a subpopulation—family, youth, veterans, or chronic homelessness—by making it a rare or brief occurrence (Community Solutions, 2018, p. 4). To achieve functional zero, Community Solutions says homeless systems need comprehensive, real-time, person-specific data on local homelessness to ensure vulnerable households get prioritized; stretch resources by connecting people to cost-effective assistance that facilitates sustainable tenancy; identify weaknesses in a homeless system that impede exits; and upstream partners to fill resource gaps.

Advocates tout BFZ as an evidence-based way to end chronic homelessness. The Community Solutions website states, 'Homelessness is solvable. Communities in the Built for Zero movement are proving it', and lists fourteen homeless systems that have achieved functional zero veteran and/or chronic homelessness (Community Solutions, 2022a). Batko *et al.* (2021) supports this claim by showing four BFZ communities increased the number of service recipients who got permanently housed; reduced lengths of homelessness, decreased service utilization, and sustained housing for service recipients in/out of targeted populations; enhanced the capacity of system managers to lobby for more housing resources; lowered demand for emergency services; and facilitated economic growth in business districts where people experiencing homelessness normally hangout. Community Solutions can therefore point to research that identifies benefits of BFZ integration.

By 2022, Community Solutions had recruited at least 105 of the 393 (26.7%) Continua of Care into its campaign (Community Solutions, 2022a). A Continuum of Care (CoC) is a federally funded/regulated homeless service consortium that provides most housing assistance in communities throughout the USA (see Willse, 2015). The documented success of BFZ motivated the MacArthur Foundation in April 2021 to award Community Solutions a $100 million grant to scale up BFZ integration (MacArthur Foundation, 2021). The Biden Administration also embraced BFZ by integrating it into the Department of Housing and Urban Development's (HUD) 'House America' campaign (Built for Zero, 2021). BFZ has therefore garnered attention from key stakeholders who view it as evidence-based practice. This implies the number of CoCs integrating BFZ will increase. BFZ has already spread beyond U.S. borders to Canada where 40 homeless systems have adopted this methodology (Built for Zero Canada, 2022).

Despite promising research, it is important to ask: what tradeoffs, if any, do local systems make while achieving functional zero? Batko *et al.* (2021, pp. v–vi) state, 'The value of ending homelessness is often measured at the individual level…Less attention has been paid to the benefits of ending homelessness for an entire population at the community level'. This implies BFZ is a way to manage homeless *population* dynamics, 'Built for Zero communities have embraced new mindsets around how they measure success to see the system-wide outcome of fewer individuals experiencing homelessness as the key measure of each respective organization's success, rather than focusing on narrower program outcomes' (ibid, pp. v–vi). While BFZ prioritizes population change, it also promotes Housing First (HF) which *individualizes* service delivery. HF is a popular model of homeless services that facilitates recovery by placing chronically homeless individuals in permanent housing (PH) without preconditions like treatment (Tsemberis, 2010). A person experiences chronic

homelessness if they live with a disability in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least twelve months or on at least four separate occasions in the last three years, as long as the combined occasions equal at least twelve months (Federal Register, 2015). HF promotes 'client-directed' interventions to help service recipients recover while making strides toward self-sufficiency (Tsemberis, 2010, pp. 25–30). I present ethnographic data from a one-year case study of allocation meetings in a large U.S. County to show how the agency, safety, and/or recovery of clients can get decentered as system managers try to reach functional zero chronic homelessness.

This paper makes two contributions to housing scholarship. First, it advances previous research about barriers to HF implementation. Several studies show affordable housing and rental subsidy shortages limit consumer choice and delay rehousing (Carvalho & Furtado, 2022; Macnaughton *et al.*, 2018; Nelson *et al.* 2019). Little research analyzes how these structural constrains interact with allocation schemes to facilitate/constrain HF referrals (Bullen & Fisher, 2015; Clarke *et al.*, 2020; Grainger, 2022a). This paper advances that literature by examining how BFZ strategies can impact PH allocations. Second, it extends theory of homeless management. (Willse 2008, p. 227) argues, 'We must move toward understanding homeless management as a biopolitical enterprise, rather than a disciplinary one'. This statement encourages scholars to redirect analysis from individual- to population-level management. The limited research advancing Willse's line of inquiry has examined the quantification of homelessness (Clarke *et al.*, 2021; Grainger, 2022b). This paper extends those studies by identifying burdens put on individual service recipients as managerial staff use BFZ-informed strategies to allocate housing assistance.

Flexible allocation

Mullins & Murie (2006) interpret the neoliberal turn in social policy as a shift from public administration to New Public Management (NPM). Public administration is a mode of *government* associated with the post-WWII welfare state that assigned responsibility for the public good to unelected bureaucrats. This power dynamic created tension with actors outside the public sector whose interests, values, and/or worldviews were unaligned with public administrators. Neoliberalism challenges this power dynamic by fragmenting responsibility for solving social problems across societal domains. NPM emerged as a new mode of *governance* that applies logics/practices of business management to public entities. Mullins and Murie claim NPM promotes efficiency by using performance measures/reports to 'discipline' public officials, decentralizing service delivery to enhance flexibility, promoting continued organizational learning to enhance service delivery, and transforming citizens into consumers whose satisfaction is the responsibility of service providers. Although Mullins and Murie wrote about the UK, U.S. policymakers have also economized social services by using NPM to enhance efficiency (see Shamir, 2008).

The U.S. Government has used NPM to reform homeless systems. Willse (2015) argues the federal government addressed White homelessness in the immediate post-WWII era with public housing. Centralization of construction/management responsibilities shows how federal authorities used public administration to address

homelessness. The neoliberal turn in social policy birthed a decentralized model of homeless governance that created housing in/security through public-private partnerships. Willse says the McKinney-Vento Act of 1987 delegated responsibility for homeless services to nonprofit organizations through grants that attached strings to funding. As neoliberalism 'rolled out' over the next decade (Peck & Tickell, 2002), the McKinney-Vento Act expanded and consolidated into the CoC block grant (Berg, 2013). The entanglement of CoCs in federal funding/regulations transformed many homeless service providers into a 'shadow state' that advances the will of Washingtonian bureaucrats (Wolch, 1990). Although the U.S. Government is *the* regulatory body, it delegates some policymaking responsibility to CoC boards who advance local objectives within parameters set by federal authorities (Willse, 2015). This created a decentralized structure of governance that is used to manage homelessness.

At the local level, federal policy has aligned service providers with NPM. While frontline staff are granted some autonomy in how they delivery homeless services, program supervisors are accountable to system managers who use federal criteria to evaluate the performance of their agency during grant cycles (Willse, 2015). This constrains the discretion/actions of frontline staff whose delivery of services must include data collection on HUD's performance measures so program supervisors can maintain agency funding. Smith & Anderson (2018) indicate this bureaucracy burdens street outreach workers with excessive paperwork and creates barriers to rehousing homeless persons. Osbourne (2019) examines the way NPM has shaped service delivery in emergency shelters. Caseworkers now apply HUD regulations while mediating access to housing assistance. Osbourne's analysis shows, rather than eliminate bias from service delivery, the application of NPM to emergency shelters creates new opportunities for caseworkers to practice discrimination by determining who can(not) escape street homelessness. NPM has therefore reshaped the logics/practices of frontline workers in local homeless systems.

BFZ is a technique of NPM that enhances system efficiency by flexibly allocating housing assistance to homeless service recipients. *Flexible allocation* is a logic of homeless services that promotes efficient distribution of scarce resources to put the supply of housing assistance in equilibrium with fluctuating demand for services from homeless subpopulation(s). This term is an extension of critical theory that conceptualizes neoliberal production as 'flexible accumulation'. Flexible accumulation, also called 'just-in-time production' and 'Toyotism', uses real-time data and analytic software to enhance the competitiveness of manufacturing firms by quickly adapting production to changes in demand (Schoenberger, 1988). This allows manufacturing firms to increase productivity by reducing information gaps that create disequilibrium. BFZ applies this logic to homeless systems by instituting what I call flexible allocation. Real-time data, population forecasts, cost accounting, performance measurement, competitive grants, and personalized referrals economize homeless systems by using business management techniques to make just-in-time allocations. It is therefore unsurprising that Community Solutions (2018, p.9) uses market analogies to sell BFZ integration, 'Image you were running a major retail chain like Target, but you could only measure your inventory once a year. We all know you can't run a business that way, yet that's exactly how most U.S. communities track, measure and respond to homelessness!' This assertion continues by implying BFZ makes

homeless systems more efficient by applying NPM principles, 'Today, 77% of Built for Zero communities have the ability to assess the scale of homelessness in real time, instead of annually. These communities have seen a dramatic increase in their ability to respond effectively' (ibid, p. 9). BFZ rolls out neoliberalism by entrenching business management logics/practices in homeless systems.

BFZ prioritizes macro-level change by setting population benchmarks. This complements federal efforts to increase homeless system efficiency by targeting homeless subpopulations (Willse, 2015). Analysis of population dynamics requires an aggregated dataset that managerial staff use to monitor in-flow into and out-flows from their homeless system. Community Solutions (2018, p. 12) contrasts 'old' strategies of homeless management that focused on meso-level (i.e. organizational) outcomes to BFZ which measures performance based on macro-level (i.e. systemwide) outcomes. Batko *et al.* (2021, p. 9) interpret this to mean BFZ redirects managerial focus to population trends, 'Built for Zero communities have adopted a data-driven quality-improvement approach to measurably reduce and end homelessness, starting with one population and scaling to others…' To control population dynamics, BFZ adjusts the epistemic temporality—'ways of organizing, coordinating, or representing things in terms of their timing (past, present, future) that enable the production of knowledge'—of bureaucrats by setting system-level benchmarks like functional zero, promoting use of real-time data to monitor system performance daily, and using algorithms to modify system responses to population changes (Evans & Baker, 2021, p. 3). System managers use a 'By-Names-List' (BNL) to construct homeless temporalities. A BNL includes information about unhoused people such as their name, length of time homeless, priority assessment score, housing barriers, housing strategy, and target move-in date (Community Solutions, 2020a). Community Solutions promotes the BNL to individualize program referrals. Doing so, it is argued, will efficiently manage system in-flow and out-flow by stretching scarce resources. BFZ is therefore designed to manage population dynamics by making just-in-time allocations that meet the wants/needs of service recipients.

Community Solutions recommends system managers use the BNL at 'case conferences'. A case conference is 'a recurring, problem-solving meeting, bringing key participants together to collaborate on ways to remove barriers to help house clients faster' (Community Solutions, 2020b). The facilitator prepares the meeting in advance by determining what clients will be discussed, requests updates on the housing status of clients from caseworkers, creates a meeting agenda that is shared with attendees, and facilitates a solution-oriented discussion to address barriers for difficult-to-house clients (Community Solutions, 2020c). To this end, Community Solutions (2020d) urges facilitators to conduct separate case conferences for each subpopulation, set clear short- and long-term objectives, and establish/affirm shared values that inform joint decision-making. The facilitator is encouraged to set target move-in dates for clients that meeting attendees collectively achieve (Community Solutions, 2020e). Community Solutions (2020c) urges accountability for unmet goals and celebration of successes. Community Solutions (2020f) discourages facilitators from making program referrals at case conference meetings: 'A Case Conferencing Meeting is NOT… A meeting to match people to housing resources [Because wherever possible, this should be done real-time and based on pre-determined priorities]'.

HF is an integral part of BFZ. In its 2018 report, Community Solutions states, 'Adequate resources, evidence-informed policy, and proven best practices like Housing First are crucial building blocks. But alone, they are merely the raw materials of an effective response to homelessness. It is the way communities put these building blocks together [that] determines who ends homelessness' (pp. 3–4). HF is a service model that facilitates micro-level change, such as recovery and self-sufficiency, through PH for chronically homeless individuals. A centerpiece of HF is client-directed case management (Tsemberis, 2010, pp. 25–30). This horizontal approach to service delivery defines the caseworker as a collaborative partner, prioritizes the goals of service recipients, and facilitates recovery by helping clients select/achieve personal objectives. Client-directed case management prioritizes consumer choice. HF recipients are given choice in two ways. First, they usually receive a rental voucher to get rehoused outside of an institutional setting. Second, they can choose what services, if any, they want to use. This separates housing from supportive services so clients can recover at their own pace. While BFZ is an allocation method that prioritizes population change, HF centers individual change. HF is vital to the maintenance of functional zero because it limits system reentry by placing clients in preferred housing that they want to keep.

To become an HF tenant, chronically homeless individuals in the USA must access coordinated entry (Leopold & Ho, 2015). Coordinated entry (CE) is 'a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals' (U.S. Department of Housing and Urban Development, 2017a, p. 4). CE has four components: access, assessment, prioritization, and referral. Frontline staff enter people into the homeless system by assessing anyone who presents at an access point (in-flow). Assessments are conducted with a standardized tool that caseworkers use to prioritize people for services based on vulnerability. Caseworkers use the assessment score to make a program referral (out-flow). When I did this study, HUD gave CoCs limited discretion to choose organizational goals, access point structure, assessment tools, services, and program referral method (U.S. Department of Housing and Urban Development, 2017b). Because it is how housing assistance gets distributed to homeless service recipients, BFZ economizes CE by integrating business management principles into the logic that system managers use to make efficient allocation decisions.

This paper examines the last stage of CE: program referral. When somebody reaches the top of a CoC's BNL, their caseworker is asked to attend a meeting where a housing plan is decided (Grainger, 2022a). CoCs make referrals to their housing inventory. A housing inventory is the breadth and depth of housing assistance that a CoC uses to rehouse service recipients. The breadth of a housing inventory is the amount of housing assistance available to service recipients. The depth of a housing inventory is the range of subsidies a CoC offers service recipients. The discretion granted by HUD to disseminate block grant funds implies the depth and breadth of housing inventories vary across CoCs. The U.S. Government finances four models of housing assistance to accommodate different service recipients: PH vouchers (PHV), PH master lease (PHML), permanent supportive housing (PSH), and rapid rehousing (RRH). A PHV is a long-term rental subsidy with intensive wraparound services that allows clients to choose a unit that does not exceed 40% of area median income (Tsemberis, 2010). A PHML is a long-term rental subsidy with intensive wraparound services that

reduces client mobility by tying assistance to a pre-selected furnished apartment (Grainger, 2022a). A PSH unit is a long-term rental subsidy with intensive wraparound services that is in a privately owned facility where staff members provide daily on-site case management (Hsu *et al.*, 2016). A RRH voucher is a short-term rental subsidy (3–24 months) with low-intensity case management (see Cunningham *et al.*, 2015).

There are dis/advantages associated with each model. PHVs maximize consumer choice by giving clients a portable subsidy. A PHV facilitates recovery through the quick placement of clients in preferred housing (Tsemberis, 2010). Prioritization of consumer choice delays rehousing if market conditions hinder voucher utilization while denying it destabilizes housing if a unit does not meet the wants/needs of a client (Zerger *et al.*, 2016). Both situations can stall recovery if adequate housing is unobtained. A PHML quickly rehouses clients in a furnished apartment. Although master lease tenants access a scattered-site unit, the attachment of rental assistance to one apartment means they are denied flexibility of voucher recipients (Grainger, 2022a). This disadvantages clients who want to live in low-poverty areas if PHMLs are primarily in high-poverty neighborhoods (see Zerger *et al.*, 2016). Residing in distressed neighborhoods may prolong substance abuse, create psychological distress, and/or prevent social reintegration (see Hsu *et al.*, 2016). PSH can facilitate housing stability and recovery for clients with severe disabilities by providing on-site case management (Chen, 2019). This undermines consumer choice if clients want low-intensity case management and/or residency in a neighborhood that does not host a single-site unit (Brown *et al.*, 2015). Although RRH is housing assistance for homeless individuals, it differs from previous models because it offers temporary rental assistance (3–24 months) with limited case management (Cunningham *et al.*, 2015). RRH is thus more suitable for nonchronic individuals who need brief assistance to get stabilized.

A limited housing inventory cannot meet demand for each housing model (Macnaughton *et al.*, 2018; Nelson *et al.*, 2019) while a housing stock without affordable options can limit consumer choice (Anderson-Baron & Collins, 2019; Bullen & Fisher, 2015). Community Solutions (2022c) claims such resource gaps do not hamper progress to functional zero, 'The surprising reality is that many communities are driving reductions in homelessness—some even getting all the way to functional zero—without new housing supply'. But it acknowledges small- and medium-sized communities reach functional zero faster than large ones (Community Solutions, 2022c) and attributes this disparity to market constraints (Community Solutions, 2018, p. 20). Community Solutions (2018, pp. 18–20) promotes BFZ to large communities to close resource gaps by demonstrating system efficiency to upstream partners like healthcare providers. This is Community Solutions' long-term strategy to overcome HF implementation barriers that have been observed in North America (see Anderson-Baron & Collins, 2019; Macnaughton *et al.*, 2018; Nelson *et al.*, 2019). While Community Solutions acknowledges resource gaps pressure homeless systems, it argues leaders should nonetheless use BFZ to make systemwide impacts that impress grantors. This strategy requires managerial staff make progress toward functional zero chronic homelessness before resource gaps have been filled.

Housing scholars have yet to analyze strategies that managerial staff use to reach functional zero chronic homelessness in under-resourced systems. In this paper, I answer the question, what tradeoffs get made on the path to functional zero chronic

homelessness in a large U.S. County that has an inadequate housing inventory and affordable housing stock? I use ethnographic data collected from allocation meetings to show the path to functional zero involves pressure by managerial staff to make suboptimal housing referrals. An optimal housing referral meets the wants/needs of service recipients while maximizing their independence. A suboptimal housing referral does not meet their wants/needs and/or undermines the independence of clients. I show suboptimal referrals can disadvantage individual clients, generate conflicts within a homeless system, and produce long-term housing instability to reach functional zero. An equitable use of BFZ tactics therefore requires an adequate housing inventory and affordable housing stock that CoCs in large communities often lack. This observation implies public/private grantors should commit additional resources so CoCs can reach functional zero without marginalizing service recipients.

Methods

I conducted this research in a large US county that hosted a segregated housing market that spatially isolated residents by class, race, and ethnicity. In 2018, 1 in 1,000 "Springfield County" residents experienced homelessness (U.S. Department of Housing and Urban Development, 2019). Although it only constituted 10% of the local homeless population, the local CoC board prioritized chronic homelessness for functional zero. The Springfield County CoC adopted key components of BFZ—functional zero, BNL, case conferences, and resource stretching—but did not purchase consultancy services from Community Solutions. To get housing assistance, homeless individuals in Springfield County had to contact a CE access point. CoC board members instituted a 'No Wrong Door' access point model so people could enter the homeless system through any affiliated partner. After somebody was found chronically homeless, the CE director invited their caseworker to a meeting to create a housing plan and case conferences where their progress was monitored. The CoC board supported a deep housing inventory that included four types of housing assistance: PHVs, PHMLs, PSH, and RRH. The dearth of public housing meant service recipients got rehoused in the private sector. Program referrals determined the type/location of a rental market exchange that caseworkers conducted with/for their clients.

I used two sources of data whose attainment was approved by the IRB office of my university. First, I conducted nonparticipant observation of housing placement meetings for one year (10/2017–09/2018). I accessed housing placement meetings by contacting the CE director to get permission to conduct observations. She granted permission on the condition that I pseudonymize both the study location and name of key stakeholders to protect the identity of meeting attendees. Table 1 describes the characteristics of program referrals that I observed. This paper will focus on program referrals I observed at singles placement meetings. I jotted fieldnotes during each meeting on an electronic device. Following each meeting, I wrote detailed fieldnotes.

Second, I conducted 26 in-depth interviews with service providers and system managers. I requested contact information of caseworkers from program supervisors and conducted interviews with program supervisors who attended referral meetings. I recruited two CE staff members, eight program supervisors, and 16 bridge caseworkers. CE staff members controlled the housing prioritization list. Program

Table 1. Springfield County CoC Program Referrals (October 2017–September 2018).

	Frequency	Percent
Total Meetings	45	1.00
Singles Meeting	28	.622
Families Meeting	17	.378
Total Cases	263	1.00
Total Permanent Housing Referrals	187	.711
Total Rapid Rehousing Referrals	76	.289
Total Referrals by Housing Subsidy Type	187	1.00
Permanent Housing Voucher Referrals	126	.673
Permanent Housing Master Lease Referrals	27	.144
Permanent Supportive Housing Referrals	34	.181

Table 2. Demographic characteristics of study participants.

Demographic characteristics	Frequency	Percent
Gender		
Female	21	80.8
Male	4	15.4
Non-binary	1	3.85
Age		
Young-Adult (18–35)	12	46.2
Middle-Adult (36–55)	9	34.6
Older-Adult (56–99)	5	19.2
Race		
White	23	88.5
Black	3	11.5
Hispanic	1	3.85
Education Level		
Master's Degree	13	50.0
Bachelor's Degree	12	46.2
Associate's Degree	1	3.85
Employment History (In Years)		
1–5	9	34.6
6–10	9	34.6
11–15	4	15.4
16–20	3	11.5
21–99	1	3.85

supervisors managed emergency shelter, street outreach, and/or HF caseworkers. Bridge caseworkers helped homeless individuals access housing assistance by navigating the local bureaucracy. Table 2 describes the demographic characteristics of interviewees.

I used an electronic recording device to conduct interviews at a location selected by each respondent. Each interview ranged 30–90 minutes. Once completed, recordings were sent to a transcriptionist. I analyzed fieldnotes and interview transcripts in MAXQDA where I open coded data to identify emergent themes. Next, I returned to scholarly literature on homeless management to specify the empirical contribution of my data. After finding limited research on BFZ integration, I used focused coding to analyze contradictions that system managers confront while trying to reach functional zero and the strategies they use to resolve those conflicts.

Findings

The data analysis is presented in three parts. First, I describe Springfield County's allocation meetings and the housing inventory that participants used to make

program referrals. Next, I analyze institutional pressure that caseworkers confronted to specify reason(s) the CE director wanted to reach functional zero and strategies she used to achieve that benchmark. Lastly, I examine ways service providers responded to pressure from the CE director.

Allocation meetings

Respondents conducted a monthly housing placement meeting and three follow-up case conferences to monitor rehousing progress for chronically homeless individuals. Both meetings were held on Tuesday at 09:00AM. CE staff produced a list of individuals each month from a BNL who had become eligible for assistance and make program referrals, 'What would happen is myself and my supervisor [Heidi] look at the housing placement list…We would take the list of names and decide on where they're at in terms of how long they've been homeless…Sometimes look at their [vulnerability] score' (Judy). CE staff notified caseworkers when their clients qualified for assistance before the meeting, 'After their name comes up and the case manager or whoever's servicing that client says, 'So and so should be referred to,' let's say, '[a HF program].' And then they're going to send that to me…' (Judy). Program supervisors staffed eligible clients with their caseworker to select an optimal referral. After the meeting, caseworkers reported the decision to clients. Program supervisors updated CE staff at case conferences about their clients' housing status until they got rehoused. CE staff then updated the client's BNL record, 'We have our permanent supportive housing list…We have a section for those who need a plan…The other categories are the applications in process because these clients have already been discussed… There's application in review…We have a column need a transfer…Then, there's a section that's approved/looking for housing' (Judy). If a client struggled to get rehoused, then meeting attendees strategized a solution using available resources. The CoC both aligned with and contradicted Community Solutions' BNL protocol.

At housing placement meetings, participants favored PHVs because it aligned with their professional ethics. Most interviewees said they used 'client-centered' case management to deliver services, 'We go about it in a client-centered way. We find that the most effective way to help a person get to achieve their goals is to do them together' [Alex]. From their perspective, client-centered interventions created a horizontal relationship that facilitated compliance, 'I try to meet clients where they're at…I think it's important that they have buy-in to their goals because if it comes from an expert, 'You need to do this…' often that doesn't turn out well because they're not invested' [Sarah]. Commitment to client-centeredness meant caseworkers maximized consumer choice. During a one-on-one interview, the CE director answered, 'I think most people can and should do the voucher-based program' [Heidi], when I asked, 'Who do you think is a good candidate for voucher programs?' Mike, a policy advocate who spearheaded local HF integration, elaborated this point while explaining his dislike for PHML, 'I'm not a huge fan of master lease because it limits consumer choice'. Integration of this philosophy meant PHVs constituted 67.3% of program referrals that I observed during my fieldwork.

Despite commitment to client-centered case management, service providers sometimes deprioritized consumer choice. All clients leaving chronic homelessness submitted a lease application that violated the income, housing, and/or legal history requirements of most prospective landlords. Public records enabled landlords to know when lease applicants misrepresented their legal history. Participants knew this and encouraged clients to disclose their legal history. A client who reported felony convictions would unlikely attain an independent lease without an extensive search process that burdened caseworkers. Participants often deprioritized consumer choice in these cases to get their client rehoused:

> Interviewer: Who do you think are good candidates for master lease programs? Judy: Those who are part of what they call special population because that program will take sex offenders if the unit is not near a school or if the unit is not near a day care.

Respondents extended this logic to clients who had recently been evicted, 'I think master lease is a good option for somebody who's going to have a hell of a time getting on a residential lease…And an eviction on the record will obviously keep them from pursuing other housing but having a master lease could mitigate that' [Mike]. And to clients whose mental illness hindered participation in lease negotiations, 'Master lease is going to be [for] a client who's harder to serve. This is probably going to be an applicant who is experiencing presentation issues. Maybe they're actively symptomatic. They might not dress to the nines…The master lease system offers opportunity to people who aren't that' [Tim]. PHML, by making the service provider lessee, gave clients with stigmatized backgrounds and/or psychiatric presentation a way to begin recovery by quickly getting rehoused. Although PHMLs limited consumer choice, they accomplished the immediate goal of clients to get rehoused, protected a vulnerable subpopulation from harm, prevented the psychological distress of landlord discrimination, and enabled caseworkers to better use resources. This strategy did not violate the principle of consumer choice if caseworkers eventually graduated master lease tenants to a PHV once they demonstrated responsible tenancy (see Tsemberis, 2010, p. 55–56).

Moreover, caseworkers occasionally restricted consumer choice by referring high acuity clients to PSH. Some clients lived with a severe disability that undermined sustainable tenancy in a scattered-site unit. Although a cornerstone of HF is consumer choice in case management, clients with a chronic and/or untreated disability might act in ways that lead to eviction and/or incarceration. To protect these clients, participants limited consumer choice by referring them to PSH:

> [One of my clients] was referred over to [PSH]. One of the bigger concerns is that he would stand out in front of traffic screaming and yelling at the traffic going past. [At a single-site facility], there's somebody there to be like, 'Why don't you maybe take that to the back of the building?' Because if he was in independent apartment, tenants are going to complain, then landlords are going to get called and everything snowballs. [Sandy]

A scattered-site unit gave clients privacy at the expense of surveillance. For HF tenants who suffered severe mental illness and/or drug addiction, limited surveillance could facilitate eviction and/or exploitation. Participants considered their clients' potential success in independent accommodation while making program referrals. An optimal

referral in these cases meant restricting consumer choice and independence. Doing so could destabilize housing if clients abandoned their PSH unit after becoming dissatisfied. Caseworkers had to carefully consider this tradeoff for each client.

In short, participants believed consumer choice sometimes had to be limited so clients could get/stay rehoused. The CoC board created a deep housing inventory to accommodate different clients. Caseworkers could ideally make optimal referrals that met the wants/needs of clients. However, the breadth of Springfield County's housing inventory often did not satisfy demand for each housing model. Caseworkers therefore confronted a tradeoff: refer their client to suboptimal housing or leave them on the street until optimal accommodation became available. Springfield County's decision to reach functional zero chronic homelessness shaped how service providers answered this question.

Institutional pressure

Springfield County's CE director, Heidi, motivated service providers to advance CoC objectives while facilitating meetings. When I did this study, Heidi had worked in Springfield County's homeless system for ten years and performed multiple roles at different organizations. This made her an ideal candidate for CE director because she understood the perspective of relevant stakeholders and could frame CoC board objectives to align with their values. The CoC board defined Heidi's role as building relationships among CoC members, providing regular updates about HUD's CE guidance, and enforcing HUD regulations. Heidi described her role in the following manner, 'Amongst some folks, people see me as the authority. I'm not. I have zero sticks and very few carrots. My job is to coordinate… I'm just trying to coordinate so we can end homelessness'. Heidi viewed her role as building consensus to end homelessness within structural constraints. That Heidi understood the purpose of her role as ending homelessness demonstrated her embrace of BFZ's benchmark while her minimization of power inequities indicates she viewed herself as an ally who helped partners achieve a common goal. Heidi stated difficulties that she confronted while building consensus, '[Mike] and I will say behind closed doors, 'We might be the only people who want to end homelessness.' Everyone has been so set in, 'We need to have shelters.' Why are we stopping at, 'We have to have shelter?' Why aren't we thinking housing is a right?' A good example that contradicts this role-identity occurred when Heidi responded to an emergency shelter provider who refused to ease service preconditions. The shelter's policy meant people with multiple disabilities were more likely to get denied. This frustrated county officials who wanted this subpopulation sheltered to reduce outlays on emergency services and annoyed Heidi who wanted every member of Springfield County's homeless system to remove preconditions. Heidi contacted the Director of Springfield County's Housing Authority who threatened to pull the shelter's funding if they continued this policy. Moreover, Heidi helped the CoC board write its CE guidelines and define the role of CE director before getting that position. Thus, Heidi's role-identity was inaccurate because she occupied a position of power that she used to coerce CoC affiliates/members toward objectives selected by system managers.

Although Springfield County had not purchased consultancy services from Community Solutions, Heidi used BFZ strategies to moderate program referrals. From Heidi's perspective, BFZ facilitated population change that enhanced system efficiency; however, she believed macro-level change required individual sacrifices that strained her relationship with service providers:

> [BFZ] was a hard message because that means other people aren't getting in. It is ridiculous. But it's the way we've started to tackle the problem. We're getting things moving. But it's on a macro-level. On the micro-level, it doesn't feel good. And my thing is this is the only way to get it done as painful as it is.

Heidi cited institutional incentives that motivated the use of BFZ:

> After the meeting, I asked Heidi to explain the zero initiative. She responded, 'We submit it [Point-in-Time count] to HUD…Once HUD approves it, then, the vouchers open up because we can say, 'We have functional zero chronic homelessness.' Now, we don't have to be so stringent about chronic homelessness. We can use vouchers for near-chronics'. I asked, 'Will they give you more money?' 'Potentially', Heidi answered.

While BFZ prioritized a vulnerable subpopulation, it deprioritized other disadvantaged groups. This conflict did not entirely stem from BFZ. It reflected resource constraints that necessitated compromise. The Springfield County CoC's housing inventory lacked breadth to satisfy demand. This in part reflected a deficiency in the will of grantors to adequately fund homeless services. Limited resources meant Heidi had to ration housing assistance. Moreover, Springfield County's rental market lacked affordable housing options for service recipients. Dependency on private landlords meant a subset of clients would get suboptimal housing even if the housing inventory adequately met demand. This forced Heidi to weigh advantages of system efficiency against disadvantages for clients on the path to functional zero.

The micro-level pains that Heidi mentioned above meant she had to legitimize BFZ to service providers. Caseworkers said in one-on-one interviews that they resented Heidi's pressure to reach functional zero because it deprioritized clients, added burdensome data requirements to their saturated workload, reduced time to perform case management, and/or undermined rapport with clients by delaying access to housing. Heidi combatted frustration by affirming shared values at meetings:

> Heidi mentioned the functional zero initiative at the end of the meeting, 'Do you want to talk about how our last chronic initiative meeting went?' 'Oh, yes', Mike replied, 'We're at a point where we are ready to tackle near-chronics'. Heidi lifted a document in the air, 'So, the next people on the list had the time but weren't chronic. A handful of them look chronic at the time, but don't have a disability. That's where we're at. There's a light at the end of the tunnel'.

At the close of my fieldwork, Heidi provided a celebratory update as the CoC reached functional zero:

> 'I'm so excited', Heidi proclaimed after citing evidence that Springfield County is approaching functional zero, 'How come no one is sharing this excitement with me? We're going to do it. We're going to open [PHVs] to everyone'.

Community Solutions (2020d) recommends facilitators emphasize shared values, give progress updates, and celebrate successes at case conference meetings. This

legitimized short-term pains that service providers experienced while achieving functional zero. During their interviews, some caseworkers said they missed being able to quickly refer clients to housing programs without doing excessive paperwork to prove chronicity. They said this undermined their reputation on the street by making them appear ineffective. Heidi viewed this as a micro-level problem that had to be temporarily endured to end chronic homelessness. Heidi addressed these grievances by updating caseworkers about CoC progress, emphasizing shared values, and citing new resources for nonchronic individuals as motivation to advance this 'common' objective.

Heidi coupled motivational speeches with pressure to make suboptimal referrals. BFZ promotes flexible allocation to facilitate out-flow. A client leaves the homeless system once they access/decline housing assistance or stop contacting access points. Because of affordable housing and housing inventory shortfalls, flexibility sometimes meant out-flow happened through suboptimal referrals. Most caseworkers wanted to maximum client agency while conducting housing searches. Clients often wanted to live outside the inner city, but confronted landlord discrimination in suburban rental markets. Those clients needed more time to do housing searches. Heidi understood this prolonged housing searches, 'Getting a person to see a unit, that doesn't happen very quickly…It's hours of time…It might take a little bit for them to see a unit…They may say no'. However, she enforced search time limits, 'Our policy says it's got to be 90 days before they lose the benefit completely'. Although Heidi occasionally granted clients more search time, she directed caseworkers to make compromises:

> At the end of the meeting, Heidi shifted discussion to the chronic initiative, 'So, for the chronic initiative, we've been very flexible, but I would advocate that we start monitoring how long they are looking for housing. Why are they still looking? What do we need to do to get them in? It would be ideal if these folks were housed next month so that we could say to HUD, 'We've housed them. You can look at how well we do keeping the chronically homeless housed as quickly as possible.'

When PHV recipients delayed housing searches, Heidi pressured PHML transfer:

> Kelly moved to discuss James, 'What's he looking for?' 'He needs something because he has physical disabilities', Judy explained, '[a master lease program] gave him a unit on [9th], first floor'. Kelly turned to Sandy, 'Where does he want to go?' Sandy replied, 'He wanted to be around [a suburb]'. 'Well', Heidi interjected, 'The concern was that he wasn't looking…It's been four months…Maybe if there's a unit that was already to go…That was the thinking of the switch to [PHML]'

One interpretation of this decision is that it is reasonable if PHV recipients take four months to lease up. While this might be true, it does not change the fact that Heidi pressured caseworkers to deprioritize consumer choice to expedite progress to functional zero. This tradeoff would likely be unnecessary in an equitable housing market with enough affordable units. Alternatively, Heidi prodded caseworkers to label voucher recipients who took a long time to lease up as 'refused' in HMIS to reduce the chronic homeless count:

> Sandy provides an update on her client, Gary, 'He's still at [a local Safe Haven]. He's HOME'. Heidi responded, 'It's been a long time'. Sandy nodded her head, 'It has'. 'So',

> Heidi replied, 'What's up with that? It's been 4-months'. Sandy nodded her head, 'He can be difficult to engage. Yeah, but we can give a push'. Heidi continued, 'And if he's declining housing that's okay. But he either needs to be declining or he needs to be housed'.

Community Solutions (2018, p. 14) suggests, 'Suppose the [BNL] reveals a process logjam, meaning too few people are moving successfully into housing each month. A targeted community response may involve setting a measurable aim to streamline the housing process, such as completing it in 30 or 60 days, on average'. Heidi applied this advice at case conferences when she confronted caseworkers whose clients did not immediately use their PHV. The CoC directed caseworkers to give clients 90 days to find a unit. Although Heidi occasionally granted extensions, she told caseworkers to conceal that flexibility from clients so they could coerce acceptance of available units. When voucher recipients continually impeded out-flow, Heidi compelled caseworkers to transfer them to PHMLs or recategorize them as refused. This advanced progress to functional zero by removing clients from the prioritization list regardless of their satisfaction with or access to a unit.

Second, suboptimal referrals sometimes destabilized housing. Caseworkers weighed consumer choice against tenant sustainability and client well-being. Although participants wanted to maximize their clients' independence, they deprioritized consumer choice if referral to PH threatened client safety. When the PSH supply mismatched demand, caseworkers said Heidi pressured them to make a PH referral:

> Ninety percent of the time it is what it is… We can go to those meetings that you've been in and say, 'We really think that Johnny would do so much better in single-site… He's symptomatic [and] really doesn't do very well on his own'. And they'll be like, 'Too bad.'"[Kim]

Heidi also used RRH vouchers to reduce the chronic homeless count:

> Susan asks Heidi, 'Can you remind me how rapid rehousing is working?' Heidi responds, 'It's for the near-chronic. The next down on the list or anyone who is chronically homeless that could do rapid rehousing'.

Caseworkers believed RRH was appropriate for high-functioning clients whose homelessness reflected temporary circumstances, 'It's [RRH] got to be someone who's independent, who fell on hard times, and just needs a little boost to get back on their feet' [Susan]. However, caseworkers said low-functioning clients who needed PH or PSH sometimes got RRH:

> You get to a point where we're at the very end and the only housing available is rapid rehousing. Individuals, their needs are higher than what rapid rehousing is meant for… We're putting people like unmedicated paranoid schizophrenia [into RRH] so they're going to end up bombing out. [Tara]

Community Solutions advocates the creative use of housing assistance to fix logjams. This includes program referrals that caseworkers defined as suboptimal. Heidi's effort to fix bottlenecks put some clients in scattered-site housing that lacked on-site case management. Some clients who suffered paranoia in PH returned to homelessness after abandoning their apartment, got arrested for bothering neighbors, and/or got evicted for property damage. The probability of these outcomes increased when

people who needed protracted assistance got RRH. Community Solutions in fact advocated this strategy in a 2022 webinar, 'Making Rapid Rehousing Work for High Acuity Households'. Such referrals decentered client needs by deprioritizing recovery. Additional items in their legal history made it more difficult to rehouse those clients. Quick progress to functional zero that Heidi wanted to make therefore marginalized clients who got suboptimal housing.

Responses to institutional pressure

Most caseworkers resented Heidi's pressure. Rushed progress to functional zero undermined HF integration and violated their social work philosophy, 'This is supposed to be housing choice, but you really don't get much choice. There's somebody at the table staffing it and is going to pick what you want…At times, it seems rushed. And that's my concern…It might not be a good fit' [Kate]. Kim previously criticized institutional pressure for putting clients in PH who needed PSH while Tara lamented some clients who needed PH received RRH. Kate echoed their grievances by challenging the way suboptimal referrals deprioritized consumer choice and recovery. Regardless of their opinion, without additional resources, caseworkers had to do their best to secure housing for their clients.

When confronted with a choice between suboptimal housing and homelessness, most service providers *acquiesced* to institutional pressure. Although caseworkers resented pressure, acquiescence was a pragmatic decision that immediately benefited clients; however, these benefits sometimes threatened client safety and long-term housing stability, 'One guy we moved [into a master lease unit]. Left him alone for the weekend and he destroyed the place because he was symptomatic. He was seeing things in the walls so he just like destroyed the walls of that apartment' [Kim]. PSH was better for Kim's client than PH because on-site case management would minimize the impact of his psychiatric condition. Acquiescence also resulted in RRH referrals that undermined tenant sustainability, 'You get to the very end and the only housing available is rapid rehousing. Individuals, their needs are higher than rapid rehousing, but it's either you have the option of being homeless or going to rapid rehousing' [Alicia]. Both excerpts show the downside of acquiescence. Quickly reaching functional zero resulted in suboptimal referrals. A program transfer could resolve emergent problems. However, the original referral might result in a(n) eviction, incarceration, and/or relapse that impeded program transfer. Adding housing barriers could be more problematic for clients than delaying their initial exit from homelessness. However, that strategy would delay the CoC's aim to reach functional zero.

Caseworkers also acquiesced during housing searches. Relegation to suboptimal housing upset some PHV recipients and weakened the influence of caseworkers. Participants assuaged client frustration by legitimizing available housing, 'I'll always be honest, 'I'm going to give it a try.' Then, try to steer them towards what's more realistic, "I know you want to get a house sooner rather than later. We might be more successful if we're looking here"' [Thomas]. Thomas shows how caseworkers used client-centeredness to legitimize suboptimal housing. Caseworkers used this method to conceal bureaucratic constraints that limited their housing options. This maintained rapport by absolving caseworkers of responsibility for conceding to

institutional pressure, quelled demand from clients to extend housing searches, and minimized the caseload of service providers by circumventing lengthy searches. While this motivated clients to get rehoused, it also advanced CoC objectives by deprioritizing consumer choice. This marginalized clients who wanted to delay their exit from homelessness to access optimal housing that would enhance recovery.

A minority of participants *resisted* institutional pressure. To them, it was a client's right to delay their exit from homelessness to access optimal housing. This position stoked outrage when Heidi deprioritized consumer choice. Tara characterized the CoC's effort to reach functional zero as a political ploy that marginalized clients, 'The concentration on functional zero is a bunch of crap. They're getting ready to claim functional zero and there's 30 tents in the courtyard. It matters to HUD. It matters to the mayor... It's way political'. Tara resisted institutional pressure by demanding her clients receive a PHV:

> You've seen me at the meetings telling them, 'That's not going to work'. I got into an argument about this…Someone had a [PSH] spot available and [Amy] didn't want it. She wasn't comfortable and they gave me a ton of crap about it, 'She refused housing.' No, she didn't. She's got a ton of physical needs and she doesn't want to share a bathroom. She ended up getting housed [with a PHV]. I won that battle. But I'm like, 'Why do I have to fight about this? It is still client centered. She's willing to wait. You guys should be too'.

I observed Tara's colleague resist Amy's marginalization by advocating for a PHV rather than PSH referral:

> 'There's someone on the list', Trevor announced, '[Amy]. She's at [an emergency shelter]. She's not willing to go to [PSH] unless there's a unit that doesn't have a shared bathroom. She wants her own place. She's very persistent about it. Could she be a [PHV] person?'

Tara and Trevor challenged institutional pressure by reprioritizing consumer choice. Delayed rehousing was tolerable if clients waited to access an optimal unit. When Amy rejected an available unit that did not her physical needs, administrators tried to reclassify her as 'refused' to reduce the chronic homelessness count. Tara and Trevor contested that decision by insisting Amy receive a PHV so she could get optimal housing. Resistance however did not guarantee service recipients would access optimal housing. Without expanding affordable housing options in low-poverty neighborhoods, resistance contested political while accommodating economic inequality.

Discussion & conclusion

The Springfield County CoC was not a BFZ community because it did not purchase consultancy services from Community Solutions. This does not negate the study's insight into BFZ integration. Recall BFZ is a *methodology* that system managers can integrate with/out implementation guidance from Community Solutions. Although Springfield County did not pay for consultancy, it applied several BFZ components to its allocation scheme: functional zero benchmark, BNL, case conferencing, and resource stretching. It can therefore be said that Springfield County had integrated key pieces of this methodology even though it did not get implementation guidance

from Community Solutions. This may have created implementation problems that BFZ communities are better able to overcome. At the time of this study, consultancy did not expand housing resources to fill the gaps that I observed. As a result, Springfield County would have likely confronted the same tradeoffs even if it were a BFZ community.

That said, this paper extended housing scholarship in several ways. Little research examines how housing assistance is allocated to homeless service recipients. The few studies on this topic have analyzed policies (Clarke *et al.*, 2020), logics (Grainger, 2022a), and biases (Osbourne, 2019) that mediate access to housing assistance without considering BFZ. Past research shows BFZ can end homelessness and create systemwide benefits (Batko *et al.*, 2021). Community Solutions (2018) urges CoCs prioritize homeless subpopulations to lobby upstream partners for funding to fill resource gaps identified in previous studies (see Anderson-Baron & Collins, 2019; Macnaughton *et al.*, 2018; Nelson *et al.* 2019). A questionable assumption of that strategy is homeless systems are adequately resourced to equitably persuade upstream funders. Previous studies show homeless caseworkers confront affordable housing shortages (Carvalho & Furtado, 2022), access deficient housing inventories (Nelson *et al.* 2019) and/or rehouse clients in poor neighborhoods (Hsu *et al.*, 2016). Clarke *et al.* (2020) observes social allocation schemes in Australia undermine HF implementation by putting conditions like tenant readiness on PH applicants. This paper advanced that research by analyzing how BFZ integration facilitated suboptimal program referrals through a coordinated entry system in the USA. I showed how structural constraints (i.e. deficient housing inventory and affordable housing shortage) and an interactional mechanism (i.e. managerial pressure to reach functional zero) facilitate suboptimal housing referrals that destabilize tenancy for some clients. This observation extends Evans & Baker (2021) by identifying practical issues that system managers confront/resolve while using BFZ to adapt the epistemic temporality of their homeless system.

This paper also advanced homeless management theory. Willse (2015) calls the shift from public administration to NPM in U.S. homeless policy 'flexible regulation' because it gives welfare managers leverage to discipline caseworkers to achieve institutional goals. I theoretically extended Willse (2015) by showing how local bureaucrats used BFZ strategies to flexibly allocate housing assistance to homeless service recipients. Flexible allocation is an expression of NPM that helps economize homeless systems by using business logics to make homeless allocation systems efficiently distribute scarce resources. My analysis shows how managerial staff use the data infrastructure described by Willse and promoted by Community Solutions to make just-in-time allocations that manage population dynamics. Unlike Willse (2015), which interrogated policies that determine *who* can escape homelessness, this paper analyzed a policy that determines *how* someone is allowed to get rehoused. This conceptual tool enables housing scholars to relate BFZ to neoliberal modes of governance that blur the line between the private, public, and nonprofit sectors.

Two limitations of this study should be noted. First, I did not observe a CoC that had purchased consultancy services from Community Solutions. Community

Solutions assigns a consultant to each BFZ community who provides implementation guidance and facilitates information sharing between BFZ communities about implementation strategies. It is unclear if this service could have avoided or minimized the problems I observed. However, the fact that, at the time of this writing, only five of the 105 BFZ communities (4.7%) had ended chronic homeless (Community Solutions, 2022d), might suggest the political and/or economic constraints that I observed in Springfield County are salient in BFZ communities. Second, I neither conducted real-time interviews with participants after each CoC meeting nor observed staff meetings that service providers conducted before making program referrals. As a result, this research lacked important data to interpret the actions of respondents that I observed at referral and case conference meetings.

This study points future research in the following directions. First, future research is needed about consultancy services provided by Community Solutions. Mentioned above, Springfield County was not a BFZ community. Community Solutions offers paid consultancy to help CoCs integrate BFZ. It is unclear from this study information is provided by Community Solutions, the value that system managers give this advice, and the problems they confront applying it to their allocation scheme. Second, BFZ has intense data collection requirements that necessitate collaboration from all members of a homeless system. My research indicated some service providers opt out of data sharing. This hinders some homeless individuals from accessing CE and getting prioritized for housing assistance. Future research is needed to understand the reason(s) service providers refuse to collect/share HMIS data, strategies that local bureaucrats use to elicit participation from resistant stakeholders, and the impact of refusal on the homeless system.

Note

1. See pages 10–12 below for detailed description of these models.

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Availability of data and material

Masked data is available upon request.

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