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### "Making It Work": Accommodation and Resistance to Federal Policy in a Homelessness Continuum of Care

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# “Making It Work”: Accommodation and Resistance to Federal Policy in a Homelessness Continuum of Care

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**ABSTRACT** This is a case study of the development of a rural continuum of care (CoC) program funded by the US Department of Housing and Urban Development (HUD) to create a coherent system of services and planning processes to end homelessness. It concerns how the founding local coalition of agencies managed internal conflicts about HUD’s changing programmatic and administrative requirements from 1994 to 2015. It addresses the coalition’s relationship with HUD, intracoalition conflict between secular and faith-based agencies over federal requirements, and the work-arounds developed to keep local divisions over service modalities from harming the larger project. Through this lens, we analyze the pressures for conformity intrinsic to the relationship between federal agencies and nonprofit grantees. We conclude that HUD and its CoC grantees have interdependent aims that limit the exercise of federal authority. Federal project grants may neither necessarily nor typically transform nonprofits in the image of the state.

The charities of a given locality at a certain stage of development are a chaos, a patchwork of survivals, or products of contending political, religious, and medical factions. . . . It is evident that in order to overcome the confusion, overlapping, wastefulness, and perhaps the inhumanity even, of this lack of system, some method must be devised of coordinating the efforts. . . . There must be some power outside of them which is interested not only in the details of their administration, but in their general plan and purpose. (Amos G. Warner, 1894)

The essence of the grant system is . . . the achievement of federal purposes by proxy. (Martha Derthick, 1970)

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After its founding in 1946, the National Institute of Mental Health (NIMH) did remarkably effective professional and political work to change the institutional assumptions and practices of the mental health field. Although she didn't use the term, Janet Weiss (1990) portrayed NIMH as a canny "institutional entrepreneur" (DiMaggio 1988; Hardy and Maguire 2017) dedicated to deinstitutionalizing the state hospital model of care in favor of a coordinated array of local agencies, the community mental health center at its hub.

In her analysis of NIMH's efforts, Weiss emphasized the utility of coupling inducements and ideas as tools of change. Inducements, of course, are rewards offered to encourage some performance. Ideas do their work "by inviting people to *think* differently" about prevailing circumstances and potential alternatives, persuading them of the superiority of new means to existing ends or the practical advantages or moral righteousness of different ends altogether. Used well, they foster "a sense of direction and possibility" (Weiss 1990, 179, 182).

With compelling ideas, funds to create attractive inducements, and the authority to impose terms for their continuance, federal agencies have the basic tools for translating their purposes into practice by proxy. The blueprint for a state-driven "institutionalization project" (DiMaggio 1988) is essentially the one drawn by NIMH: support and harness science for its insights, valuable professional constituents, and the legitimacy bestowed; fund demonstration projects and planning grants to instantiate, seed, and revise ideas; follow with a program of more enduring project grants; organize and fund "field-configuring events" (Lampel and Meyer 2008) like conferences of grantees and important public administrators; and lay on regular, accessible technical assistance throughout (Weiss 1990; Rochefort 2019).

In this article, we analyze how a loosely bounded, informally governed homelessness coalition in a rural county we call "Emerson" responded to federal inducement to think differently about responses to homelessness. In the early 1990s, borrowing ideas and strategy from NIMH, the US Department of Housing and Urban Development (HUD) began an ambitious institutionalization project: to create a nationally guided system of local services to ameliorate homelessness, a goal that expanded to "ending homelessness." The Emerson coalition enthusiastically embraced the project, but with time its members divided over what became an imposed model of service coordination with an associated metric for evaluating

client outcomes and program processes. We examine how coalition participants negotiated ideological differences, goals, relationships, and measurement among themselves to demonstrate success according to HUD's requirements. We give detailed consideration to how the coalition handled internal conflicts about the desirability of meeting those requirements.

In the process, we address an important concern that arose late in the twentieth century, as government turned increasingly to nonprofits to distribute services: that government funding and supervision would transform nonprofits into both agents and reflections of the state, hampering their responsiveness and distorting their missions (Lipsky and Smith 1989; Smith and Lipsky 1993; Salamon 1995; Guo 2007; Hoffman and Coffey 2008; Smith 2010; Doerfel, Atouba, and Harris 2017). Lipsky and Smith (1989, 630) asserted that this influence was likely most pronounced among "agencies that initially resemble government least," those "community-based organizations that tend to act most like volunteer associations—non-bureaucratic and held together by the freely given commitments of their members."

Such thoroughgoing, state-induced conformity, or isomorphism, is empirically contestable (Salamon 1995; Scott 2008; Garrow and Hasenfeld 2014); but conformity is a matter of degree, consistency, and response to context (Oliver 1991; Quirke 2013). In DiMaggio and Powell's (1983) classic formulation, isomorphism, a significant degree of transorganizational homophily of form, function, and culture, occurs within an organizational field. By this they mean "the totality of relevant actors" in a constellation of organizations that is, following Giddens (1979), "structured" by increased interaction among the organizations, the emergence of hierarchies of domination and patterns of coalition, a greater "information load" for participants, and development of mutual awareness of involvement "in a common enterprise" (DiMaggio and Powell 1983, 148).

Isomorphism arises from coercive, mimetic, and normative pressures, often working simultaneously. Coercive isomorphism results from formal and informal pressure by others on which an organization depends for material and reputational resources (Emerson 1962; Pfeffer and Salancik 1978), notably funding and regulatory agencies in the field. Mimetic isomorphism occurs when organizations solve problems or gain legitimacy by becoming like others in the field. The normative form is typically a product of professionalization and the diffusion of new understandings,

rules, and practices among organizations (DiMaggio and Powell 1983). In Emerson, normative pressure was strongly associated with the collaborators' persistent concern with ascertaining and enacting "the right thing to do."

The concept of a field is variously defined (Wooten and Hoffman 2017). It is understood in geographically bounded (Warren 1967) terms, functional terms, or both (Scott 1991; Sandfort 2010), or, more relationally, as a site of continuous struggle for power among a sometimes-transient set of players who take account of each other within shifting boundaries (Emirbayer and Johnson 2008). Fields typically are heterogeneous, but "patchy" with isomorphic clusters (Quirke 2013), and contain multiple institutional logics with varying degrees of compatibility (McPherson and Sauder 2013). National and local homelessness fields, for example, are populated by variously structured and governed organizations operating from sometimes radically different moral and intellectual logics. These groups produce a variety of problem framings and considerable intrafield friction, as well as collaboration (Rosenthal 1994, 1996; Croteau and Hicks 2003; Noy 2009).

Some of the turbulence arises because fields overlap in complicated ways. Especially in response to social problems, organizations often participate in more than one field (Provan and Milward 1991), and large, multi-service nonprofits typically move in several. The management of complex, perhaps intractable problems like homelessness, problems often called "messy" or "wicked," involves organizations from numerous fields, each bringing its own institutional understandings, interests, and commitments (Rittel and Webber 1973; Rao, Morrill, and Zald 2000; van Bueren, Klijn and Koppenjan 2003; Fowler et al. 2019). In Emerson's homelessness field, secular social services uneasily overlapped those of evangelical organizations with different institutional aims. Their divergent philosophies and practices had important consequences, as we will see.

Working with DiMaggio and Powell's (1983) definition, we bound the Emerson homelessness field as our respondents did: "Relevant organizations" with a "common enterprise" were those whose cooperation was necessary to achieve HUD's required goals. Akin to a "policy field" (Sandfort 2010) that transcends conventional system boundaries, over time Emerson's homelessness field encompassed the county commissioners; public and private agencies with multimillion-dollar budgets and a range of planning and service responsibilities; small, specialized nonprofits (secular, faith-related,

and faith-based);<sup>1</sup> and church congregations running soup kitchens and food pantries. We focus on the most consequential actors in this large, variegated field; figure A1 (figure A1 is available online) gives brief descriptions of these focal organizations and the pseudonymous names of associated staff.

The article proceeds as follows. As further introduction, we discuss at length the legislative basis for HUD's agenda and the nature and background of its project. After taking up how we collected and analyzed data, and some important limitations and boundaries of the inquiry, we turn to our case study of HUD's guidance and the consequent isomorphic pressure. This begins with discussion of Emerson County and the development of its homelessness coalition. It then turns to episodes in the coalition's relationship with HUD that permit analysis of assimilative pressures and strategies of accommodation and resistance (Oliver 1991) that in Emerson resulted in concurrent systems of services distinguished by sources of funding and their associated rules. In the conclusion, we discuss the implications of the Emerson case for understanding federal influence on social service nonprofits.

#### **THE MCKINNEY HOMELESS ASSISTANCE ACT**

Until recent years, when homeless people looked for help, they typically encountered a hoary rummage of local organizations, virtually all of them private and most of them religious, pursuing as they'd done for decades incompatible, uncoordinated approaches to assistance (Warner 1894; Baumohl and Tracy 1994; Kusmer 2002). But in the early 1980s, as homelessness became more visible throughout the United States, the problem was pushed on to the national political agenda by a New York State Supreme Court decision supporting a right to shelter; by congressional and state-level hearings; and by voluble, even unruly, advocacy in streets and statehouses (Stern 1984; Hopper and Baumohl 1994; Baumohl 1996; Holtzman 2019). Passage

1. Throughout the article, we distinguish between "faith-related" and "faith-based" organizations. The former's roots are in the religious community, from which they may still derive financial support or social capital, but they use secular language and conform to the established logic and methods of their field. They "behave like other nonprofits" (Schneider 2006, 85). Faith-based, or in other terms, "religiously infused" (Stone and Wood 1997, S54), organizations ground their mission, logic, and methods in the dicta of their faith.

of the Stewart B. McKinney Homeless Assistance Act in 1987 began what became a dominant federal role in defining and funding something like a consistent, systematic set of interventions nationwide (Watson 1996; Burt and Spellman 2007).

McKinney underwrote a services approach to dispossession, creating neither a significant amount of permanent, affordable housing nor jobs or other income sources to support housing tenure. It was ambitious but scattershot, creating 15 new federal funding streams and amending 7 others, affecting 8 federal agencies. HUD, McKinney's principal overseer, administered along with other agencies numerous categorical programs to support several forms of housing for several designated homeless populations. These initiatives also included health, substance misuse, mental health, education, and job training interventions. To avoid confusion, McKinney created the US Interagency Council on Homelessness (USICH) to convene designees from federal agencies to monitor the application and adequacy of federal funding (Foscarinis 1996).

Lack of system marked the first years of the McKinney era. The USICH was ineffective at creating interagency consistency, even on such fundamental issues as a common definition of homelessness. McKinney's domain grew to include programs going in many directions by disparate funding channels. Through formula grants to jurisdictions and competitive project grants to specific entities, McKinney funds went to states, counties, cities, and private organizations, resulting in direct or indirect support of independent nonprofits that operated parallel to better-endowed mainstream (usually public) housing programs (Khadduri 2016) and conventional mental health and substance misuse services (Oakley and Dennis 1996). The independent homelessness agencies were short on resources, and the mainstream agencies saw homeless clients with complex needs often incidental to their central purposes, experience, or expertise (Hambrick and Rog 2000; Culhane and Metraux 2008). The misalignment proved disastrous for homeless people stranded by the thousands in shelters often underwritten by McKinney's Emergency Shelter Grants program (Hoch and Slayton 1989).

When HUD teams visited the country's five largest cities in 1988, they often were told that McKinney's complexity and various means of funding undermined local cooperation by putting different levels of government in competition and by making project awards that permitted grantees to ignore the priorities of usually nascent and fragile local service and policy

networks. They also complained that the separate application and reporting requirements of these programs were wasteful, costly for applicants, and biased toward organizations with skilled grant writers (HUD 1989).

#### THE CONTINUUM OF CARE REQUIREMENT

By the early 1990s, HUD required state and local planning documents in connection with formula grant funding and, in 1994, required applicant communities to demonstrate that all relevant programs attended to homelessness. This requirement was impossible to monitor, and it was unclear how and to what extent it was followed (Watson 1996). In 1995, however, HUD borrowed from the mental health field a compelling, previously unrealized idea with which to inspire its McKinney constituents and focus its inducements. In line with needed systemization emphasized by numerous local and federal agencies and task forces, the agency adopted a continuum of care (CoC) model to coordinate services that engaged people (outreach), assessed their needs, and got them into emergency shelter and then on to appropriate, specialized transitional housing programs and supportive services. A case management team would see to it that a client's plan was coherent and monitored. This would result in a homeless person's eventual readiness for permanent housing (Federal Task Force on Homelessness and Severe Mental Illness [Federal Task Force] 1992; New York City Commission on the Homeless 1992; Watson 1996; Tsemberis and Eisenberg 2000). With notable amendments discussed below, the CoC still drives HUD's project to end homelessness.

The concept of a CoC evolved in generalist medical practice and psychiatry after World War II (Adair et al. 2003; Uijen et al. 2012). It assumes that under modern configurations of practice, the relationship of patients or clients with providers is fragmented. As a remedy, the model proposes both a flexible, articulated structure of interorganizational relations and a persistent, temporally open-ended clinical process (Bachrach 1981, 1993). Often subsumed under the rubric of systems integration to emphasize its policy and administrative requirements (Agranoff 1991), continuity of care refers to both case coordination and routine cooperation among organizations in disparate fields such as housing and mental health (Dennis, Steadman, and Coccozza 2000). It is a transformative but elusive desideratum of medical and social intervention. In the structural sense, at least, its absence has been lamented since the late nineteenth century (Warner 1894),



and failed attempts to achieve it go back equally far (Baumohl and Tracy 1994).

From 1977 into the early 1990s, HUD was a partner in federal demonstration projects to coordinate services for people with severe mental illness and bring together the public housing and mental health systems. These interactions familiarized the department with the promise and requirements of such a project, and the significant obstacles to success.<sup>2</sup> Two projects were particularly influential. First, the NIMH Community Support Program's "normative strategy" to promote collaborative practices and a "community-service ethic" among mental health professionals and administrators (Provan and Milward 1991, 396) emphasized "a continuous posture of learning and problem-solving" (Turner and TenHoor 1978, 337). This ethic, diffused through designated agents in local communities, would promote long-term success by modifying the ideas and practices, the cultures, of important institutions (Turner and TenHoor 1978; Tessler and Goldman 1982). Second, some NIMH and Center for Mental Health Services demonstrations showed the great potential of permanent housing combined with case management and revealed the value of interfield, public sector alliances to foster that connection (Dennis, Cocozza, and Steadman 1998; Dennis et al. 2000). Changing the culture of local service provision and securing permanent supported housing through the joint planning of non-profits and public agencies became major goals of HUD's CoC program.

HUD used the concept of continuity of care to rationalize a national field of organizations committed to this common framework for coordination and planning. In 1994, it suggested that applicants for project grants demonstrate sound planning and collaboration toward the end of continuity of care. In practical terms, this amounted to a requirement, and in 1995, the department launched the CoC by changing its grant-scoring rubric to favor such applicants. In 1996, it instituted major changes. By rule, individual providers could no longer apply. Each applicant entity had to represent a web of cooperating services, including those not funded by HUD. Applicants thus had to constitute the local field of organizations relevant to homelessness and create and document a network of relationships within

2. Dennis and colleagues (2000) provide a comprehensive discussion of the many "federal systems integration initiatives" from 1986 to 2000. Agranoff (1991) traces these back to the War on Poverty.

it to carry out the CoC's purposes. This meant finding inducements for agencies with nothing to gain from HUD, or bringing to bear the normative pressure of professional or community obligation. It was a daunting organizing project, but the more than 500 communities with McKinney money were required to develop CoCs over a flexible but not indefinite period of time (Watson 1996; Dennis et al. 2000).

To simplify paperwork and promote local initiative, HUD folded together its various competitive funding streams and let CoC applicants justify needs and priorities that accounted for local conditions. The governance of CoCs was also left to locals to sort out. They did so in ways that ranged from participant-governed networks to lead agencies that acted as grantee, oversaw their CoC, and contracted for services (Burt et al. 2002).

Given the mission to make homeless people "housing ready," transitional housing was a critical CoC feature. Initiated with a few demonstration projects in 1986 and included in the original McKinney Act a year later (Foscarinis 1996), transitional housing aimed to rehabilitate homeless individuals and families in congregate living environments over a residence of up to 24 months. The aim was to match their many needs with appropriate services to ensure they could sustain themselves in permanent housing (Federal Task Force 1992; Burt 2006). During the 1990s, transitional housing and allied services became the default method to address homelessness, even as lengths of stay in emergency shelter increased due to the shortage of affordable housing. In 1996, there were more than 4,000 transitional housing programs in the United States. By 2007, even though the model had lost favor with HUD, there were more than 7,000 (Burt 2010).

#### TEN-YEAR PLANS, RAPID REHOUSING, AND TARGETING BY CLUSTER

For all its shortcomings, McKinney represented a major achievement for advocates, many of whom saw it as a "Trojan horse in a renewed war on poverty" (Hopper and Baumohl 1994, 523). By the late 1990s, however, most advocates agreed that the program merely managed homelessness, often poorly. They were especially critical of the CoC's reliance on transitional housing.

Thus, beginning in 2000, the National Alliance to End Homelessness (NAEH), an advocacy organization founded in 1983, worked with HUD to promote the reinvigorating idea of ending homelessness in 10 years.

The alliance's annual meetings became important field-configuring events, and its 10-year blueprint to end homelessness initiated a HUD-endorsed strategic planning process in which more than 300 communities participated. Borrowing from the logic and metaphors of state hospital depopulation, the blueprint laid out a multistep process to divert people from shelter ("closing the front door") and empty shelters quickly ("opening the back door") by preventing homelessness in the first place and rapidly rehousing the dispossessed instead of sheltering them. Furthermore, the plan included the collection of outcome data. All plan components reinforced the need for community collaboration, planning, and continuing empirical assessment of progress (Colangelo 2004; NAEH 2006).

The development of local 10-year plans communicated federal goals and best practices to local CoCs. Federal funding was expected to drive these plans, for whose creation HUD arranged technical assistance by its regional staff and NAEH (Rice and Sard 2007; Suchar 2014). As part of their plans, CoCs were urged to adopt an approach called Housing First. Housing First represented the mental health recovery movement's substantial impact on paternalistic interventions like transitional housing and even the venerable model of Aggressive Community Treatment (Test and Stein 1978; Stein and Test 1980) often used in connection with Housing First (Stanhope and Dunn 2011; Rochefort 2019). In bright contrast to housing readiness programs, Housing First aimed to help individuals and families quickly gain permanent rental housing, supporting them there with a variety of services to "promote housing stability and individual well-being on an optional, as-needed basis," relying on a standard lease agreement rather than incorporating "mandated therapy or services compliance" (NAEH 2016, 1). With Housing First, HUD began to emphasize housing placement prior to services (Tsemberis, Gulcur and Nakae 2004; Gulcur et al. 2007; Tsemberis 2010).

Beginning with recommendations to grantees and new applicants in 2004, congressional ratification in 2009 by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, and implementation of an outright mandate in 2012, HUD radically changed the relationship between services and housing. As we take up later, Housing First, or rapid rehousing (RRH) as it was officially relabeled in 2009, proved controversial among CoCs, in spite of the pervasive tinkering HUD encouraged to fit the model to local circumstances (Burt et al. 2002; Baumohl 2003).

Housing First was inspired by the recovery movement's commitment to housing as a right. But policy makers embraced a spectrum of depoliticized versions that appeared to create large savings, especially when linked to targeting by cluster (Culhane et al. 2007). Randall Kuhn and Dennis Culhane suggested this clever and politically attractive strategy in 1998 based on patterns of shelter utilization in New York City (1988–95) and Philadelphia (1991–95). They identified a small cluster of shelter users (10 percent) as “chronically homeless.” Compared with others, they were older; non-White; suffered mental illness, substance misuse, and other medical problems; and used half the total shelter days in the study period (Kuhn and Culhane 1998).

Confident in the demonstrated benefits of supported housing (Shern et al. 1997; Goldfinger et al. 1999; Lipton et al. 2000; Culhane, Metraux, and Hadley 2002), in 2001 a “revitalized” USICH (Burt and Spellman 2007, 2–3), along with HUD, publicly endorsed the goal of ending chronic homelessness. A Housing First strategy was considered the best practice for doing so. Collaboration began among HUD, the Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, and the Veteran's Administration to address this new category of misery defined by disability in addition to frequent or lengthy homelessness (Burt and Spellman 2007; Rice and Sard 2007; Tsemberis 2010; Suchar 2014).<sup>3</sup>

Narrowing and simplification facilitate action on complex problems. The category of chronic homelessness, and other later designations, allowed HUD to parse homelessness into subproblems that could be taken on serially. The goal of ending homelessness was narrowed to ending chronic homelessness, then veteran homelessness, then family homelessness, and so forth. These incremental triumphs, celebrated with awards, were sources of pride and good morale among CoCs and likely helped them raise local money. They demonstrated HUD's success to Congress and officials of the George W. Bush administration.

3. The inclusion of disability kept with Kuhn and Culhane's (1998) findings and also pointed toward a reliable source of rent. This was critical to Housing First's fiduciary relationship with recruited landlords and to leveraging housing vouchers from HUD's Community Development Block Grant program. Between 2006 and 2010, 40 percent of the people exiting homelessness through Emerson's CoC were supported by either Social Security Disability Insurance or Supplemental Security Income, the two long-term federal disability programs not based on military service.

## THE HEARTH ACT PROVISIONS (2009)

The HEARTH Act became law just prior to the 2009 reauthorization of McKinney, which incorporated its provisions. The HEARTH Act underlined community coordination and ratified the ascension of RRH. A single point of entry was necessary to make feasible HEARTH's system-wide scope, which included multiple shelters and agencies funded by HUD and other sources. To work effectively and provide data for self-correction, the CoC required an information management system (Homeless Management Information System, or HMIS) that integrated data from all participants. HUD required that organizational processes and key outcomes for clients be expressed as quantified goals and evaluated at the CoC level using regularly measured benchmarks.

Implementing HMIS required technical skill and intensive cooperation among CoC constituents that did not always come easily (Cronley 2011). Although central intake simplified the system's structure, it caused friction, as we will see, by complicating how agencies chose clients. Per custom, HUD funded planning grants, provided for necessary technical assistance, and was insistent but patient about how long it took grantees to achieve conformity (HUD 2012).

After discussing our methods and the study's limitations and scope in the following section, we take up the Emerson coalition's creation of a CoC and its accommodation and resistance to the isomorphic pressure resulting from McKinney's changing terms.

**METHODOLOGY<sup>4</sup>**

## DATA COLLECTION

A case study aims to understand how a phenomenon unfolds under particular conditions and what it means in a specific context. It incorporates multiple sources and kinds of evidence that rely on various data collection techniques (Yin 2003). In 2015 and 2016, Frank coupled repeated interviews of relevant social service personnel and political actors with various current and historical documents, relying on the latter to design the former, when possible.

4. Frank designed this study, did the fieldwork, and analyzed the data in close consultation with Baumohl. This article was jointly conceived and produced.

To identify useful informants, Frank sampled purposively, beginning with a few obvious people and then asking each respondent if there were others with whom she should speak. Frank interviewed 33 people (see figure A1) and conducted multiple follow-up interviews to clarify points or discuss topics she hadn't thought to pursue the first time around. She tailored each interview to the particular role of the respondent; the questions related directly to the person's position or positions and experience in Emerson County. She asked all respondents about germane documents they had, and in that way collected useful supplemental material: meeting minutes, planning documents, requests for proposals, internal agency documents, and the like.

Frank took respondents through the history in a painstaking way, inquiring about the nature of services during initial stages of the system-building process, changes over time, and how decisions were made along the way. Their responses, considered together with information from documents, provided the basis for follow-up interviews that added depth and permitted a better grasp of the actors' perspectives. As part of this recursive interviewing process, she sometimes tried out her understandings with respondents verbally or in writing.

Although initial interviews typically ran 60–90 minutes, the length of follow-ups varied a great deal. Some involved only informational questions with simple answers, whereas others concerned nuanced matters of meaning and interpretation. These sometimes lasted as long as the first interview.

#### DATA ANALYSIS

Frank uploaded electronic interview transcripts and scanned supplemental documents into NVivo, a software package for qualitative analysis. Within NVivo, she organized the data first into files that corresponded with periods between major changes in federal legislation. Respondents uniformly told their stories in terms of local reaction to federal initiative, identifying in their own ways “critical junctures” (Pierson 2000) as they understood them.

Frank's first goal was to get the temporal sequence of facts straight, to develop a coherent flow of events that respondents and documents confirmed as accurate. She then line-coded the data, creating more than 200 distinct nodes that she gathered into numerous, nonexclusive categories

rendered at a low level of abstraction. She built these into overarching themes that characterized the data in analytically useful ways. The authors collaborated on the coding design, rules for specific codes, concept building, and how to handle specific ambiguities, but of necessity Frank did all the coding.

Frank then tried to explain the story, to construct an understanding of why things happened as they did. In respondents' explanations, some words and phrases recurred in multiple interviews, suggesting special and shared meanings. She investigated their meaning in detail, often returning to respondents to ask more about what these phrases meant and why they were important. This analysis revealed these indigenous terms to express some dimension of a pervasive and continuous process of improvising cooperation. Everything became directed toward what the co-operators called "making it work." Terms like "a foot in both worlds" and "concurrent systems" denoted methods of accommodation invented to manage obstacles to cooperation. Similarly, "the table" was the figurative site of cooperation fundamental to the whole process of "making it work."

#### LIMITATIONS

The extent to which this study captures a credible depiction of events is a function of who participated, the faithfulness and disinterestedness of their recollections, and Frank's ability to spot and resolve discrepancies of testimony. Of the 36 potential local respondents identified at the outset, only 3 did not participate. One was deceased and three attempts to contact this person's successor got no response. The third nonparticipant had retired, moved away, and declined to be interviewed. It is hard to know how their absence affected the story, but one potential corrective deserves mention: Although the history emerged coherently, with themes appearing consistently from multiple respondents, the issue of race remained unspoken (although several respondents were not White). The deceased individual and that person's successor represented an organization that historically served people of color. Had representatives from this organization responded, perhaps they would have reported understandings or misunderstandings and conflicts that went unnoticed or unremarked by others.

Furthermore, respondents typically were program administrators and staff. Although after about 2010 a few formerly homeless people were

peripheral participants in the interorganizational process we take up, Frank did not interview them because Emerson's system building was driven by federal and local actors who interpreted and represented the needs of homeless people.

Faithful memory and disinterested reporting are also hard to assess. We rely substantially on respondents' retrospective reconstruction of some events that occurred years earlier. Their experiences likely seemed clearer and more orderly at the time of interview than they did in the moment. Similarly, the ultimately good outcome of the system-building process likely soothed conflicts that looked more serious and consequential in real time. Or it may be that respondents were polite when describing their disagreements and when characterizing those with whom they disagreed. This certainly would be consistent with local culture and may also account for the absence of race talk. Another possibility to which we are partial, given the cultural context, is that because many of these people spent years together at the table talking their disagreements through and making it work, they figured out how to respect each other and get along. Years later, they felt no need to rehearse unflattering details of that process.

In the course of the interviews and data analysis, Frank did not find any sharply discrepant reporting. She did her best to invite different versions of the story. She asked broad questions that allowed respondents to speak at length to teach her about how the system developed and how it works. She feigned unawareness of issues they were speaking about, to the point of seeming a little dense, she suspects, thus eliciting detailed illustrative stories and explanations. Frank followed up with respondents to confirm that her understanding was accurate. Through it all, on matters of any importance, respondents' accounts were internally consistent and remarkably similar.

#### SCOPE

The McKinney Act and HUD's CoC had serious flaws. Even so, we are not concerned here with how they measure up to other policy regimes and service models that might have been imagined or politically feasible. Nor is this a study of the experiences of homeless people who encountered Emerson's CoC. For ethical and professional reasons, it would be very useful to know how clients appraised the CoC process and its outcomes; how they made it work for themselves. Surely, their aims were not identical to those of agency



personnel. No human service system is free of conflicting objectives and manipulation and countermanipulation (Lipsky 1980; Weiss 1981). It is also important to know if people are treated competently, with dignity and regard for self-determination, or if the reproduction of bureaucracy by public funding entails callous and unresponsive treatment of clients (Lipsky and Smith 1989; Hoffman and Coffey 2008). These matters require different methods of inquiry and are beyond the scope of this article.

#### **EMERSON COUNTY RESPONDS TO HOMELESSNESS<sup>5</sup>**

Emerson's overwhelmingly White, middle-class population of 500,000 or so is spread across 1,000 square miles, mainly in a handful of small towns of about 10,000 residents and dozens of villages with fewer than 2,000. There are 5,000 farms in the county, and slightly more than half the land is zoned for agriculture.

Roughly 50,000 of the county's residents live in Clyde, a small city that is 40 percent non-White, with a poverty rate almost twice the national average and more than three times the county rate. These racial and economic disparities fuel typical rural-urban conflict over taxation and public expenditures, particularly social welfare spending. Most of the county's public and private social services are in Clyde, although Bright Start Community Action has three offices in outlying towns, and King's Way, a faith-based provider of transitional housing for homeless families, has two programs in the county's hinterlands, in addition to one in Clyde. Like other exurban and rural jurisdictions, Emerson's government avoids the imposing complexity and chilly formality of big-city bureaucracy, but its administrative capacity is relatively limited. Volunteerism is thus both virtue and necessity.

The county is densely churched and Christian, notably Anabaptist and, more specifically, Mennonite. The 2010 Religious Congregations and Membership Study found that half of Emerson's population "adhered" to one of more than 800 identified congregations, and half of these churched folk

5. Throughout our discussion of Emerson County, we use pseudonyms or generic, functional names for all organizations that are specific to the locale, and we do not cite specific references for data from the US Census or local and state documents. All names of persons are pseudonyms.

were evangelical Protestants (Association of Statisticians of American Religious Bodies 2010). Although Anabaptist communities are sometimes inward-looking, with some, like the Amish, retaining their own language and customs, most Mennonites and members of the Church of the Brethren are of the world, embracing civic activity in addition to individual good works. They are theologically conservative and often classified as evangelical, but they do not proselytize and are comfortable in mixed company, even when a primarily “secularist mode” (Markofski, Fulton, and Wood 2020, 160) of participation is the norm. Although the county is reliably Republican, some Mennonite and nondenominational groups support a progressive vision of social justice.

Long before McKinney, Emerson’s social service landscape was alive with small nonprofits developed from the outreach programs of congregations, most of them unaware of each other. The first of these to address homelessness did so independently and struggled financially. Receipt of McKinney funds in the late 1980s stabilized a few of them, and effective use of this money demanded some coordinated effort. In the early 1990s, before the CoC requirement, a small group of agency representatives met irregularly to discuss specific pressing issues, brainstorming solutions to problems as they occurred. In the process, they fashioned a network that facilitated case-by-case cooperation, identified persistent collective problems, and, perhaps most important, bred trust (see McEvily, Perrone, and Zaheer 2003; Bunger 2013).

At the suggestion of Clyde’s development director, in 1994 the group expanded to include as many relevant public agencies as possible and representatives from the outlying county, where, respondents observed, homelessness was often called “a Clyde problem.” The new Emerson Interagency Council on Homelessness (ICH) was much larger; it included representatives from the medical community, the Emerson Interfaith Council, the newly established Emerson Housing Collaborative, and various congregations from throughout the county, several of which ran soup kitchens and pantries. The ICH facilitated discussion at its monthly meetings but had no authority, did no planning, and made no decisions. Although frustrating for the task oriented, ICH nurtured familiarity and a degree of trust among a variety of actors from related fields who did not know each other but shared a common enterprise and needed information.

Among public agencies, only the county redevelopment and housing authority (CRHA) and the county mental health center (CMHC) participated

regularly. They were joined by Bright Start Community Action, technically a nonprofit but invented during the War on Poverty to administer mainly public funds. These relatively large bureaucracies with a range of responsibilities and control of substantial cash flows did not consider themselves to be in the homelessness business. Even so, two McKinney block grants ran through both CRHA and the Clyde housing authority to fund shelter and case management, and to CMHC for services to homeless people with severe mental illness. Bright Start distributed federal and state funds to mitigate household poverty and emergencies, including eviction. In the homelessness business or not, CRHA, CMHC, and Bright Start, along with the more narrowly focused Department of Human Services (mainly child welfare) and the Department of Public Welfare, were the dominant social service agencies in the county. Needing no conversion to the ethos or administrative order of the state, they were obvious anchors for an ambitious new public project like the CoC. The CRHA, the CMHC, and Bright Start became regulars at the table.

#### THE TABLE

In a rural context, “the table” evokes family farm life and small-town intimacy, informality, mutualism, and particularism. It reminds Christians of the communion table, the ritual place where they are united. Almost every respondent used this versatile metaphor to invoke a commons for the exchange of ideas and the informal generation of collective action. They noted who was “at the table,” how difficult it was to get them “to the table,” what was discussed “around the table,” and what contentious issues were left “on the table.”

Despite their usual amity, conversations at the ICH table revealed deep ideological divisions about the nature of homelessness. Meetings became “a cross-cultural experience,” a participant observed. Emerson Legal Aid, progressive and secular, viewed homelessness as the product of structural injustice. It provided free legal help, advocacy with landlords, and assisted homeless clients with disabilities in securing public benefits. Great Refuge Rescue Mission understood homelessness to be the result of transgression and held Christian conviction to be fundamental to personal reconstruction. These organizations defined the poles of occasionally sparky debate as additional secular and faith-related or faith-based organizations entered the conversation when enlarged McKinney funding promised new opportunities for doing good.

The early cooperators could achieve no consensual definition of problem and solution beyond their mutual rejection of so-called warehousing. They adopted a commitment to keep talking, and, with careful regard for one another, they began to tackle ideological conflict and incompatible service philosophies, their discordant framings of homelessness, by agreeing that collective failure would be the inevitable outcome of domination and forced orthodoxy. Successful cooperation, whatever it looked like in detail, would be the product of persistent commitment to improvising co-existence. This inclusive process of “making it work,” as participants called it, was intrinsically virtuous, “the right thing to do.” Over the years, in spite of growth, greater formality, and conflict, the group retained its determined accommodation of irreducible differences, even when that meant working around or winking at HUD requirements.

#### ESTABLISHING EMERSON’S COC

The CoC development process of 1994–96 generated Emerson’s first plan for a systematic response to homelessness. Those at the ICH table were enthusiastic about the concept. To borrow one of many religious metaphors common in Emerson, they saw CoC agencies as parts of one body. At the same time, some were wary of HUD, whose inducements would divide them, they knew. Agencies funded by HUD would be subject to HUD’s rules; others would run programs with their own constituents in mind, but HUD’s conditions would bear on them because their participation was required to create a CoC and because HUD’s rules governed programs useful to their clients. These powerful normative considerations inclined them to cooperate in the early years and remained important. Explained the director of the Lighthouse, a faith-based transitional housing program for women and children: “We don’t have to come to the table and be part of that collaborative. . . . But we have, and we have [since] way before I came on board. I think [Lighthouse was] at the table way back when the coalition started. Even though we weren’t getting the money. So, we’ve always been part of [this] because we really feel that we’re playing an important part of ending homelessness. It connects in with our vision. . . . We feel it’s really important to network and coordinate and build up systems in a community that people are working together.”

The first CoC application was written in 1997 by Nathan Vale, the executive director of Sunrise Community Services, Emerson’s largest homelessness

nonprofit after Great Refuge; by Sunrise's housing director; and by a United Way staff member. As ICH had no legal status, CRHA submitted the final document and became the nominal lead agency, providing administrative support but no oversight. (Program grants went directly to individual agencies.) The first funds went to a Sunrise case management program, Emerson Legal Aid (for benefits advocacy), and Sanctuary House, a Bright Start emergency and transitional shelter for domestic violence victims. Over the years, HUD renewed these programs annually and made new project grants to Sunrise's transitional and permanent supported-housing projects, Our Home Outreach Services (social services and permanent supported housing for severely mentally ill people), CMHC (supported housing for severely mentally ill people), the YWCA (family shelter), and Good Neighbor Community Center (emergency shelter). These programs constituted the HUD-funded part of the CoC.

Renewal of HUD support required localities to do a yearly gaps analysis; demonstrate the interrelatedness of CoC programs, regardless of funding source; and prioritize requests on this basis. They also were responsible for conducting a biannual (or as recommended, an annual) one-night homelessness census to count people sleeping rough. As a result, ICH became oriented principally to the functioning and development of the CoC and requirements of the annual application. At this point, it became more formally organized while remaining a "participant-governed" coalition (Provan and Kenis 2008). Although never incorporated, by 1999 ICH established criteria for voting membership, leadership roles, and ranking projects for the CoC application. It put several committees to work producing information and recommendations to support the next application. The ICH's CoC Committee, orchestrated by Sunrise and comprising organizations with HUD funds, took responsibility for the substantial task of producing the application. In 2002, Mark Ven, a senior staff member from United Way, took on coordination of the annual application as chair of both ICH and an overlapping United Way committee on homelessness and housing affordability.

Early on, ICH developed an informal leadership core of large public and private organizations: CRHA (represented by Barbara Smith, the county grants administrator), CMHC, Sunrise, Bright Start, Legal Aid, and United Way. These organizations were expected to be ambitious and innovative in serving the community, and that service did not preclude honest self-interest. (Their relations were both "cordial and competitive," Smith observed.) As

they brought their donated labor and technical skills to the center of CoC planning, small independents like the Lighthouse became peripheral but not alienated. Each of them did something well in the CoC and took pride in that and their spirit of cooperation.

This core-periphery structure, with an implicit hierarchy based on functional breadth, multiple-field participation, technical skill, and generous effort, is common in “service-implementation networks” (Provan and Milward 1991), where “more integrative” organizations move to the center and highly specialized agencies assume the periphery (Mizruchi and Galaskiewicz 1993, 56). In Emerson, this not only reflected respect for professional competence and values but also expressed a customary form of elite cooperation in a small world where trust was widely distributed and reinforced because “we all go to the same meetings” (Smith). Everyone around the table was comfortable at first, but cooperation became more complicated.

#### MAKING IT WORK

Before 2004, the CoC posed no threat to agency prerogatives. HUD not only scored each application based on its announced priorities but also provided a way to estimate the score. To maximize it, the ICH committee shuffled the priorities it gave programs but never asked them to change what they did. Experience taught that so long as the arithmetic was correct, programs were funded as requested. It was a shock and a “wake-up call” (Vale) when in 2004 Sunrise’s proposed transitional housing project for women and children was not funded.

In HUD’s view, the CoC was not making expected progress on two important goals: implementing Housing First and using HMIS to demonstrate system-wide progress and continuing needs. The ICH merely used program waiting lists in its annual gaps analysis, and given the uneven adoption of HMIS, it could address neither collective outcomes nor progress toward defined goals.

With the importance of HMIS newly emphasized by their ICH colleagues, most holdout members, none of them funded by HUD, gradually resolved their concerns about confidentiality, government intrusion, and more paperwork and complied. The secular laggards used money and technical assistance from a grant secured by CRHA. Great Refuge, by far the largest emergency and transitional shelter in the county and absolutely averse to government funding (“We don’t feed at the trough,” said the Mission’s

president), accepted the offer of Sunrise to do its data entry.<sup>6</sup> Tyler Gray, who worked in several administrative jobs at Great Refuge over the years, including president, explained why the Mission relented: “Great Refuge had probably 60 percent of the census [shelter beds] in the county for a long time. So, if we weren’t putting our data in HMIS, then take 0.6 times \$2.7 million, and that’s what you end up [losing].”

In Emerson, where team play is a high-order virtue and social control is exercised by patient persuasion, CoC requirements elicited sufficient if occasionally grudging cooperation.

#### EMERSON’S 10-YEAR PLAN

The funding embarrassment of 2004 and the clear necessity to do more about Housing First convinced ICH to begin work right away on a 10-Year Plan to End Homelessness (TYP). A committee led by United Way began a years-long process that carefully translated HUD’s aims into local terms, eventually dissolving ICH into a grander scheme under the watch of county commissioners. At a cost, this achieved important goals.

The CRHA had long represented Emerson County on ICH and had been lead agency on the CoC grant. However, ambitious projects like creating affordable housing required a large financial and political commitment from the county. Locating the TYP Committee under the aegis of United Way, a paragon of legitimacy, was essential to achieving this. At TYP meetings, Mark Ven recalled, “We talked about homeless people in Riverton and Easterly [outlying towns] and were careful not to talk about Great Refuge and Tipp Park,” a notorious hangout for homeless men near the Mission. All communications from the committee spoke of homelessness as a countywide problem. In 2004, United Way produced a report on homelessness throughout the county that was widely credited with creating support for more and better coordinated services that reached beyond Clyde.

In early 2008, as the committee prepared to make public the first version of the TYP, Ven’s successor at United Way went with the CMHC director and a prominent Clyde businessman to seek the county commissioners’ support for the plan. The commissioners controlled substantial

6. Sunrise was founded by Mennonites to address racial discrimination in housing and had retained over many years Mennonite participation and financial support. The organization regarded itself as both secular and faith-related.

federal and state formula money that could be put to realizing the TYP's longer-term objectives concerning jobs and housing. The commissioners agreed with the plan's goals, emphasizing that it was "the right thing to do," but wanted a different governance structure that placed the county commission at its head. After several iterations of organizational charts, a 2009 revision of the TYP published a new structure that introduced the Emerson County Coalition to End Homelessness (hereafter "Coalition"), which, according to the TYP, aimed to "coordinate the efforts to eliminate homelessness and the causes of homelessness through advocacy, planning, coordinating activities, public education, and community organizing."

The Emerson County Leadership Council on Homelessness and Housing, a large, broadly representative apex group cochaired by the commissioners, met quarterly to review the progress of various action teams, whose chairs were members. The ICH ceased to exist. Instead, a Homeless Service Providers Network would promote case consultation and program collaboration and make recommendations to planners; but it would make no decisions about money or policy. To some, this felt like usurpation by outsiders who didn't know the work. Chris Stein, who succeeded Vale at Sunrise in 2005, observed: "There was tension . . . about who are these people coming in and taking over what we've been doing and telling us what to do? And so, there was tension for some time . . . I think some of the [new] leaders of the Coalition had more authoritarian sorts of styles of leadership than the providers were accustomed to, and they didn't react well to that."

As a gesture of inclusion, Ernie Ish, manager of a Sunrise outreach and transitional housing program and an outspoken member of the provider group, was asked by the Leadership Council to chair the Providers Network and as such become a voice on the council. Still, some providers never completely forgave being buried in the new hierarchy.

In early 2010, the Leadership Council appointed CMHC as the CoC lead agency because of its "stability and administrative depth" and the belief that it would "be effective in getting resources into the county." The CMHC became responsible for grants administration, submitting the annual CoC application, and administering the HMIS. The operations of the Coalition became a CMHC program, permitting it to pay staff, share personnel resources, and separate its organizing from back-office responsibilities.

Usurped or happily coopted, the Coalition became snugly ensconced in the extended apparatus of Emerson County governance. The autonomy of



the ICH was forfeit as well as its informality, but its core of leaders was similarly situated on the Leadership Council. Arguably, bureaucratic rigidity and consequent “structural inertia” became risks (Doerfel et al. 2017). But as Mark Ven observed earlier in the decade, the ICH could not run effectively on the volunteer labor of already burdened agency administrators and staff. United Way shored things up for several years with money and in-kind services, but this substantial, hands-on relationship was not meant to be permanent. The county commissioners provided, under the immediate authority of a mutually trusted agency (CMHC), a solution for insufficient “network-level competencies” (Provan and Kenis 2008) and resources.

Just as important, and precisely in line with HUD’s aspirations, the Coalition became the operational arm of a countywide collaboration among diverse public and private organizations (including local businesses) for joint planning and fundraising. To its creators, mainly elected officials, public administrators, and the leaders of large nonprofits, this more resource-endowed homelessness field, now stretched to its logical geopolitical boundary, seemed more capable of preventing and remediating homelessness than its more ragtag predecessor. When in 2009 the American Recovery and Reinvestment Act (P.L. 111-5) made substantial funds available for prevention activities and rapid rehousing (as Housing First was newly called), the county and city, in an unprecedented act of close cooperation in social welfare matters, pooled their HUD entitlements to create \$2 million of new money for joint projects.

Changes in Emerson’s homelessness field happened above the heads of most agency personnel and represented a rationalization of structure and functions that paid little explicit attention to client-related processes. This neglect elicited the providers’ sense of usurpation. Subsequent elimination of transitional housing in favor of RRH and creation of a central point of intake addressed program and client-level processes directly, and the discontent produced led to a structure of concurrent systems.

#### RAPID REHOUSING

Implementing RRH was quite disruptive, causing CoC participants to reassess their relationships. Persisting debate about irreconcilable problem frames caused them to rethink how the CoC should work.

Several years before the Coalition was created, the ICH encountered RRH as Housing First. There are different versions of Housing First, but

the original concept was based on rights to housing and self-determination. As the model was adopted and modified during the first decade of this century, some versions conditioned these rights quite substantially, but the initial philosophy and intent of Housing First was entirely consistent with the low-demand practices of nonjudgmental, flexible engagement and harm reduction (Rowe 1999). This idea troubled many ICH participants. Even Nathan Vale did not see immediately that Housing First required him to think differently:

Do I earn [housing] . . . or do I get it and then develop the behaviors to keep it? . . . [I realized that] space is something fundamental at the core of human existence. When that [private] boundary space is gone, the stability is gone, and then everything else seems to fall apart. Now a person with mental health needs, who could really use a drawer in the kitchen where their meds are; it is gone. Everything else starts to fall apart. . . . This is why Housing First [instead of transitional housing] makes so much sense. I needed to evolve to this understanding.

Mark Ven articulated an important practical problem with implementing Housing First and other low-demand interventions: “Clients aren’t expected to jump through hoops to get the services that they need . . . [but] Great Refuge continues to be unapologetic about who they are . . . , [and both] HUD and Housing First . . . say don’t put any barriers there, put them in a house and then figure out what the services are. I’m not sure the Mission can do that.”

The Mission, which operated both emergency shelter and transitional housing, emphasized that homeless clients were transformed through relationship, rigorous accountability, and faith. That transformation, not housing, was the point of their service, and in their view could not be achieved through Housing First. Similarly, Lana Victor explained that King’s Way transitional housing sites offered more than places to stay:

The transformation piece is always the primary piece. . . . We use the needs to allow us to mobilize the church for that transformation. Whether that is providing transportation or cleaning. This is all . . . a vehicle for . . . life transformation . . . to see lives change because the church has come alongside those in need by providing that spiritual walk . . . so that a family can say, “What is different?” “Why do these people care about me?” “Maybe

there is something more than a house to live in.” . . . We need to be true to our mission. And this is about transformation in the name of Christ.

King’s Way counselors required a hard look at choices and consequences. They “walked alongside” clients, as they described it; reminded them of their goals; and supported good choices. For much of this work, King’s Way used volunteer mentors from congregations, who met weekly with families. “We like to talk about consequences and helping people be accountable, citing, ‘I cannot remove the consequences of your choices, I can walk through them with you, but we cannot remove them,’” Victor observed. She then related the story of a woman who was turned out of the program because she lied to staff. Afterward, the former client remarked, “I didn’t believe you really would. But when you did, I realized, hey, I need to straighten up.” Victor did not believe low-demand programs could produce such results.

Secular providers also valued transformative relationships and used weeks or months of transitional housing to achieve them, but they spoke a naturalistic, clinical language. They made fewer deontological assumptions and were open to persuasion. Early on, some observed correctly that evidence in support of Housing First was thin (it would get thicker), particularly concerning homeless people given to misusing substances, and that it did not serve well victims of domestic violence (Stanhope and Dunn 2011). Others, like Ernie Ish (Sunrise) and Darla Hope (YWCA), believed that RRH could not work without greatly expanded rent support. Hope recalled: “It freaked me out. I could not wrap my head around how someone with addiction issues, unemployed, and put them in housing with no income and rental support . . . is going to work.” The American Recovery Act extended rent subsidies to 18–24 months, a policy continued by HEARTH. This was critical to keeping housed those who did not qualify for welfare (able adults under 65 without children) or who were far back in the queue for public housing. This resolved the issue that most concerned Ish and Hope.

In 2010, HUD indicated that a “high-performing community” (eligible for a bonus to do prevention programming) would decrease length of stay in its system to 21 days or fewer. RRH was the only tool for that job, yet around the table it was not especially popular. The Mission’s president thought it was “the emperor’s new clothes.” Through candid dialogue, it became clear that some agencies had not adopted RRH, thus jeopardizing

Emerson's performance on HUD's metric and its ability to meet HEARTH Act requirements when they became effective in 2012. Complicating the issue, the Mission and King's Way controlled between them the majority of the county's shelter beds. Their cooperation was critically important to showing system-wide progress, but they were resource sufficient and morally entrenched. Participating in HMIS was one thing; giving up the enveloping method most suitable to their mission was quite another.

#### HEARTH ACADEMY

In June 2011, the Coalition hosted a HEARTH Academy, sponsored and cofacilitated by NAEH. It was to evaluate how well Emerson's CoC measured up to the most important HEARTH performance indicators and develop specific plans to meet them. About 50 people attended, a mix of public and private agency administrators, frontline staff, faith community representatives, and local funders. The clinic focused in part on the costs and benefits of RRH versus transitional housing. In groups, participants completed an exercise called the "system evaluator tool" that used local data to compare the cost per homelessness exit of the two models. RRH could effectively serve six times as many people for the same money. This startled and impressed some clinicians, administrators, and community funders. There was no discussion in this bottom-line exercise of which modality best effected spiritual transformation.

A separate session of the Academy convened funders to discuss the connection between systemic change and funding streams. Unsurprisingly, desirable goals established during the Academy were connected to HUD funding. Thus, the Leadership Council moved to phase out transitional housing, control the system's front door through central intake, and restrict resources to the HUD-defined homeless. These policy changes divided the Coalition more than any in the past. Several important providers had to determine whether and to what extent they would compromise methods, and the Coalition had to make it work.

#### THE CENTRALIZED INTAKE AND REFERRAL PROGRAM

The Centralized Intake and Referral Program (CIRP) was a joint project of Sunrise, which housed and staffed it; United Way, which did initial telephone screening and referral to CIRP staff; and the Emerson Housing

Collaborative. It was intended as a single point of entry for the county system, using detailed criteria to match clients to programs within 24 hours of interview. In theory, this would eliminate other routes to services, ensuring that all clients entered an orderly queue and were treated similarly with as much attention as possible to the nuances of their circumstances. It would also eliminate the time wasted and indignity incurred by clients who went from agency to agency, interviewed repeatedly about sensitive matters. The CIRP planned to promote memoranda of understanding with all shelters and service providers that established it as the sole source of referrals, thus “closing side doors,” as participants described it. Predictably, the plan went badly because social service agencies want to select their clients. Some CoC participants inserted amendments to the memorandum stating terms for accepting CIRP referrals; some didn’t sign.

Nancy Ammerman (2005, 181) noted that evangelicals “want to look a needy person in the eye and make their own assessments about whether and how to help.” That certainly fit the Mission, King’s Way, and the Lighthouse, but the observation applies more broadly. Agencies want clients with whom they think they’ll have success. Harmony House, a secular transitional housing program for women not funded by HUD, wanted only “good applicants”: “If we can serve them, we are going to try and make it work—as long as they’re a good applicant and there are no red flags.” Red flags were child welfare authority involvement, “a bunch of kids . . . pregnant again,” or a history of substance misuse. The director said that she “hates to be discriminatory, but that’s realistic. It’s just realistic.” As to the CIRP, she would consider referrals, but “if you need a bed tomorrow, don’t call us.”

Understandings about referrals were complicated further by the CIRP’s misjudgment about how broad to make eligibility for HUD-funded services. In McKinney’s original language, a homeless person lacked “a fixed, regular, and adequate nighttime residence,” sleeping instead in a shelter, institution, or in a “place not designed for, or ordinarily used as, a regular sleeping accommodation” (Foscarinis 1996, 163). This literal approach distinguished homelessness from ordinary poverty, limiting the scope of concern and fiscal responsibility. Giving priority to those in targeted clusters like the chronically homeless narrowed eligibility further. However, HEARTH, its drafters under pressure from advocates, permitted but did not require the eligibility of those “at imminent risk,” a category that includes those staying with friends or relatives due to economic hardship; the so-called doubled-up.

The CIRP collaborators opted to please Coalition advocates for liberal construction. As a result, the CIRP's opening in September 2013 became a debacle. As Chris Stein (Sunrise) recalled, "By the end of the second month, people were lined up down to the convention center [four blocks away] to get in line for a CIRP assessment."

The CIRP quickly retreated to the literal definition of homelessness, but several non-HUD-funded programs regularly served households that did not meet this definition, and they objected to the change. Helen Quail of Harmony House unapologetically explained that "heavens no" they do not restrict their program to HUD's definition of homelessness. This meant, as she put it, "carrying a bag and living under a bench." The Coalition and most dissenters agreed on a compromise that no more than 50 percent of the census in these programs could be doubled-up households. Although Great Refuge signed the original memorandum (amending it to allow non-CIRP referrals), it would not sign on to the 50 percent limitation. Dependent on referrals to the Mission, the CIRP could not enforce its policy, and Great Refuge ignored it. Side-door admissions continued without apparent damage to the CoC's standing with HUD.

#### "REPURPOSING" TRANSITIONAL HOUSING

In early 2013, about 18 months after the HEARTH Academy, the Leadership Council asked transitional housing providers to present formal and specific plans to repurpose these units within 5 years. "Like a lot of things in life, you follow the money," observed Rev. Ken Apple, pastor of Grace Mennonite and a member of the Leadership Council.

Coalition staff sent letters out and followed up with meetings at agencies. These were often unpleasant. Some agency administrators acted like they had never gotten the request, and several insistently underlined their dissent. Harmony House and House of New Beginnings, a secular agency that began in 1980 as a project of the local Catholic diocese, held that transitional housing helped their residents, allowing them to become stable and start forward. Lana Victor (King's Way) reported that "the faith-based entities" said, "Our mission includes pieces that keep us from saying, 'Okay, we can buy into this.' If the larger arena didn't like it, . . . I'm sorry we are still going to do our mission."

When programs presented their plans to the Leadership Council, which assessed how well they aligned with the goals of the TYP, "From the agency

perspective, the process was uncomfortable. It felt like testifying before Congress” (Stein). The YWCA and Sanctuary House argued that the change would harm their clients. Harmony House and House of New Beginnings did not submit plans, nor did the faith-based organizations. In the end, to shift the balance away from transitional housing, as HUD wanted, several programs changed some units of transitional housing to permanent housing. Going forward, no new transitional housing would be funded.

#### WORKING WITH RESISTANCE

From ICH days on, even with people leaving or changing positions, Emerson’s homelessness collaborators sustained a conviction that attempts to force compliance would result in collective failure. They addressed conflict by assessing in each case what administrative and programmatic accommodations would satisfy all local parties and what measures would make them acceptable (or invisible) to HUD. They allowed challenges to shape a mutually agreeable level of system integration, and, when necessary, used intermediary relationships to navigate institutional and ideological boundaries, often with faith-based colleagues.

Encouraging the consistent participation of the evangelicals relied on people who knew how to emphasize common goals. These generally were persons of faith employed in secular organizations and those in faith-based service who could appreciate the social justice components of secular motives. Typically, they had worked or volunteered in more than one organization over the years, often across the boundary between secular and religious institutions. They were said to have a “foot in both worlds,” and in both dyadic and group relations they functioned like those called “architects of trust” by McEvily and Zaheer (2004; see also Tsisis 2009).

Rev. Ken Apple had a foot in both worlds. He was dispatched to meet with the faith-based organizations dissatisfied with the handling of transitional housing. According to Victor: “He was sort of straddling the fence and trying to be the mediator, really. And there [was] some real . . . unhappiness there. We [said] this is what we are called to do as a ministry. We are going to keep doing it. If there is a way that we can work together, that we can be cooperative, super, we will do that. But at the very beginning, the very first document that came out was sort of like: okay, you have to do this, you have to do that. And we all went: ‘Not going to happen.’”

Rev. Apple's approach did not succeed, but a more practical tack that did not engage questions of faith worked quite well in this instance and others. Sarah Nice, with a 30-year history with Bright Start and Sunrise and a good understanding of HUD's priorities, was especially creative when it came to compliance with the department's rules. She often counseled ambiguity, deliberately fogging the relationship between the name and reality of a practice. When Good Neighbor's emergency shelter closed, transitional housing programs made small changes to mitigate the damage this might pose to the system from HUD's point of view. To fit HUD's emphasis on emergency beds linked to RRH, Emerson Transitional Housing (a formerly independent agency that merged with Sunrise in 2004) and the YWCA, among others, reclassified some beds as emergency shelter. The system's bed count decreased, but only the number of transitional housing beds, which were expendable under HUD guidelines. Nothing important changed about those occupying the relabeled beds or the services they received.

Similarly, in the plan it presented to the Leadership Council, Sunrise explained that Emerson Transitional Housing devoted only 10 percent of its beds to transitional clients, technically speaking. Several rooms were already single-room occupancy units of permanent housing. Other rooms were for reentry management (for individuals exiting prison), permanent supportive housing, or emergency shelter. Changing more transitional rooms to permanent housing would involve "a lot of the same people" occupying the beds (Stein).

Organizations defending their missions and methods against assimilative pressure happily embraced this tactic. As a staff member of the Lighthouse explained: "Even though . . . the Lighthouse and others in the community are doing the same thing they've been doing, it gets a new name. It gets a new terminology. It gets a new place in the system because you know HUD, and HUD doesn't really want to have transition programs anymore because it's supposed to be shelter to rapid rehousing."

The director of Sanctuary House proposed a sensible but technically noncompliant change in the program's occupancy agreement to change several transitional units to permanent housing. She explained that "we want [domestic violence] victims to have permanent homes, . . . but they still have to go by certain guidelines—that's part of your lease. So, you don't have to participate in the program, but you still can't have abusers on the property. You can't have overnight guests without advance notice.



And there's still a curfew in the building, but that's part of your lease. So, you have the right to either accept the lease and rent or not."

Because this represented substantially more behavioral control than market housing (a violation of RRH principles), the Coalition was obliged to weigh in on how it squared with policy—but the Coalition was strategically inattentive. Despite asking for feedback, they "never heard a word, to this day," said Sanctuary's director. She took silence for approval; the change went ahead.

So, when King's Way did not produce a plan to eliminate units of transitional housing and was not persuaded otherwise by Rev. Apple, Nice visited to see how they might be accommodated. As Victor recalled, Nice suggested that, like Sanctuary House, they simply adjust their occupancy agreement:

It was her idea. I mean, she knew that this broader thing was not going to work, that people like us and the Lighthouse and the Mission were not going to change, but she knew that we needed to be at the table. So, she came up with the idea of utilizing the emergency period in the first 30 days. . . . She even said, "You don't have to change anything; you don't have to change anything." Just the writing, just the terminology. And so we split it into two agreements, and we called the first agreement the "emergency phase" and everybody was happy.

The extent of such definitional gerrymandering is unclear, but if agencies were willing to be flexible, Coalition advisors would help them find a way.

#### CONCURRENT SYSTEMS

CoC progress had to be tracked and measured for HUD, and demonstrating success required paying close attention to what counted. The tactical use of ambiguous terminology was one way to influence how things were counted. Another was to match clients not meeting HUD's definition of homelessness with organizations not bound by this definition. This established what a Coalition staff member dubbed "concurrent systems" distinguished by funding and its associated rules.

The CIRP provided the hub because its standard screening and assessment process intended to stop homeless people, however defined, from

going directly to agencies. Side-door admissions often put non-HUD-eligible people in HUD beds (an accounting problem) and HUD-eligible people in non-HUD programs where they could not use HUD-funded resources (a service failure). Under the new dispensation, non-HUD-funded programs kept the side door ajar, refusing to relinquish their prerogative to “look a prospective client in the eye.” But they did see the wisdom of getting HUD-eligible people to the CIRP, and they continued to participate in HMIS. The CIRP, for its part, made referrals that matched clients and agencies with HUD rules in mind, thus creating concurrent systems with divergent practices and federally compliant accounting. This pleased all constituents. When in 2015 HUD made optional the counting of non-HUD beds in the annual appraisal of CoCs, the Emerson agencies not funded by HUD became statistically invisible.<sup>7</sup>

#### FUNCTIONAL ZERO

HUD managed the appearance of success by parsing homelessness into categories of those affected and addressing them *seriatim*. Rather than tackling the whole problem at once, and inevitably having to defend slow progress, the categorical tack created more achievable goals and associated efforts to end homelessness with deserving groups like the disabled and veterans. A CoC’s goal became achieving functional zero for these subpopulations. This meant that capacity for serving these groups exceeded the documented need. Emerson reached functional zero, though not actual zero, for both veterans and the chronically homeless and was proclaimed by HUD to have ended local homelessness for these populations.

#### CONCLUSION

Emerson County’s cooperating homelessness agencies embraced and subsequently contended with a HUD-imposed model of systemization. The department’s terms required agencies not supported by HUD to play necessary roles, and the evangelical providers among them to participate in a system funded to accomplish secular aims by methods they sometimes rejected. To make it work, the Coalition created concurrent systems, distinguished by

7. This probably was a policy response to nationwide, intra-CoC conflicts similar to those in Emerson.

funding source, that served by different methods people outside federal concern but no less in need.

The Coalition rejected a CoC based on orthodox best practices, understanding that it would inevitably fail through dissensus. Instead, trusted ambassadors to the members tested the limits of resistance and accommodation to HUD's rules to see what might be adjustable and who was obdurate. The Coalition promoted inclusion and collaboration and looked for easy wins. Its members relied on knowledge of one another and a shared commitment to making it work, whatever the details. What could change did, and what could not was sometimes ignored or called something else.

Over time, as the Coalition examined the county system, it became apparent that HUD dollars were actually "pretty small compared to overall budgets," as a staff member recalled. It was therefore essential to avoid a system "only driven by HUD regulations." The Coalition developed a narrative about how the system should work given the diverse practices to which partners were committed. When representing the Coalition to the community, it was necessary to appeal to "all kinds of entities that would love homelessness to be ended. . . . We broaden[ed] the scope of the Coalition to accommodate the FBO [faith-based organization] view. We changed the [Coalition's] mission to say: We have money that is coming in that is not all federal, and other [funds] that we don't even see . . . are coming directly to the organizations. It is unacceptable by us as an administrative function to say that all organizations will use the HUD definition forever and always. As a continuum of service, there is a place for everyone."

The Coalition highlighted commonalities and matched messages to the ears of the community at large, funders, partner organizations, and political bodies. They contained only as much detail as necessary for the audience. The goal of "ending homelessness" was deployed widely as an unobjectionable and unifying slogan rather than a specific plan. It meant "doing the right thing" and was so received.

The history of Emerson's CoC illustrates Weiss's (1990) observation that to change policy it is useful to pair inspiring ideas with inducements to make them seem feasible. Weiss (1990, 193) also suggested that in contrast to inducements, whose effects cease when the inducements stop, ideas may "linger" to inform professional judgment, aspirations, and a "sense of voluntary commitment" to a project. As its history reveals, the concept of a CoC is one such idea. Emerson's first CoC application was an enthusiastic, mimetic response to a long-resonant idea and a novel, seemingly

feasible method for realizing it. Over the next 18 years, no significant Emerson CoC organization lost belief in its value, even when the inspiration needed refreshing, the method was revised, and conflicts over assimilative pressure had to be addressed.

Nonprofits in the Emerson homelessness field did face powerful isomorphic pressures resulting from HUD funding and the resource and path dependence (Pfeffer and Salancik 1978; Arthur 1989; Pierson 2000) it induced over time. As Lipsky and Smith (1989) predicted, organizations least like the state and in theory most vulnerable to transformational influence were most challenged by technical demands concerning record keeping and reporting—or in ICH’s case, getting the annual grant submission done. Scrambling to make do on volunteered time, ICH was dissolved in favor of a stable, professional, bureaucratic order for Coalition administration and CoC coordination.

More important, the missions and methods of some key providers were made troublesome to the CoC by HUD’s definition of homelessness and best practice requirements, such as RRH and central intake. These agencies had resources to resist conformity, but this came with the risk of harming the CoC. The faith-based agencies, with ample resources and a determined focus on identity and mission, resolutely maintained their cultural and methodological independence by cooperating on their own terms. They were in the homelessness business only incidentally; their identity was rooted in a venerable and transcendent institution with its own norms and forms, and their sources of revenue (congregations, local Christian-friendly businesses and foundations, legacy donors) were outside the field in which HUD-driven assimilative pressure operated. The secular nonprofits without HUD funding had their own secure bases of contributors. In the case of Harmony House, these funders supported the organization’s reidentification as a residential education program, thereby diversifying its field membership and, presumably, its prospects for revenue.

Ultimately, the CoC was held together by creative workarounds: effective “balancing tactics” that achieved parity of interests (Oliver 1991, 153) by honoring the group’s long-standing commitment to resisting orthodoxy. However, had the workarounds and concurrent systems not been imagined, the Coalition’s performance on RRH, although not exemplary, may have been passable. HUD’s insistence on its goals was real but tempered by notice well in advance, long timelines for compliance and significant technical assistance in achieving it, and a high tolerance for local variation.

Although HUD's relationship with any single CoC is extremely asymmetrical, collectively speaking, HUD and its grantees are interdependent. As a result, HUD's power to coerce is feeblier than its authority to do so. Pulling grants or invoking sanctions that damage worthwhile accomplishments throws away sunk costs and reflects poorly on the department's ability to solve problems in its domain. Grantees have a constituent status, and within important and auditable parameters of accountability (such as HUD-eligible people in HUD-funded beds), the Coalition probably had more maneuverability than they knew under cover of local adaptation. Their successful workarounds saved them from testing the point.<sup>8</sup>

The supersession of the free-form ICH reflected the important shift from case-based agency coordination to the aim of institutionalizing inter-organizational cooperation across fields. Although the former was a prerequisite, the latter was HUD's ultimate goal, and its accomplishment depended on the leadership of local officials, public agencies, and large, secular non-profit bureaucracies accustomed to thinking in terms of systems and organizing. Greater cooperation among these organizations and between city and county governments was perhaps the most important feature of the enlarged and reconstituted Emerson homelessness field.<sup>9</sup>

The organizations that led ICH and then the Coalition quickly appreciated the necessity of their cooperation and the fact that it would well serve the community and their own interests. As the advance guard for promoting a "smart" idea (Smith, Vale), they gracefully assumed their customary leadership early on, and when given opportunity by the county commissioners, they made HUD's ambition their own. The result was a more robust, dense, coherent, and resource-endowed local homelessness field that, in spite of its greater formality and tendency to oligarchy, maintained on its periphery diverse philosophies and practices.

8. Although it concerns relations between federal and state authorities more than 50 years ago, Martha Derthick's discussion of funder-grantee relations (1970, 208–12) is nonetheless instructive on this and other points. Notably, she observes: "It is much easier to withhold . . . funds at the outset of a grant program, when the volume of the grant is low and the program is not yet routinized" (211). Federal agencies and grantees alike are creatures of path dependence.

9. Burt et al. (2002, 118) observed that in the 25 cities they visited, the most developed CoCs were located where they "reinforced the structures that had already been in place" and "support[ed] the mission and vision of these lead entities."

Emerson County—rural, relatively uncomplicated (institutionally speaking), and steeped in Christian mutuality—is very different from urban counties of the United States and is perhaps not much like most other rural counties. Even so, there are lessons here that transcend locality and warrant emphasis by way of last words.

First, an inspiring idea coupled with attractive inducements can create a compound form of isomorphic pressure. In Emerson and elsewhere, people of conscience are inclined to believe that the good that can be done, should be done. It is the right thing to do. The idea of a feasible CoC thus had significant normative force, and the goad of moral responsibility elicited a conforming response.<sup>10</sup>

Second, mimetic processes can be produced within the state when fields overlap. When the McKinney program needed an organizing principle and method, HUD borrowed from earlier attempts in the mental health field to achieve an integrated system of services. Important ideas linger in institutional memory, available for adoption and application in new contexts.

Third, Emerson's CoC suggests the leadership value in some communities of large "integrating organizations" (Mizruchi and Galaskiewicz 1993) that overlap fields and can configure material and political resources in new ways. In Emerson this reproduced customary and mostly uncontroversial power relations that might be boisterously contested in places with well-developed, consumer-driven advocacy organizations (see Noy 2009).

Finally, although federal demands for record keeping and fiscal accountability are stringent and apt to reproduce bureaucratic organization and routine, the history of Emerson's CoC suggests that when federal agencies are interdependent with grantees in a large common enterprise, federal power is likely to remain in abeyance so long as program audits raise no major issues. Although state-level contracting seems rather inflexible, especially in high-profile, controversial policy areas like welfare reform (Schneider 2006; Soss, Fording, and Schram 2011), federal project grants may neither necessarily nor typically impair a nonprofit's programmatic inventiveness or responsiveness to clients—subject, of course, to

10. For an extended discussion of the historical relationship between feasibility and demands of conscience, see Haskell (1998, 235–79).

context, degree of nonconformity, and the extent to which one thing may plausibly be called another.

If HUD's functional zero is the measure, Emerson's CoC made a difference for at least some categories of homeless people. We can't know if new resources and the rearrangement of old ones were responsible for this. It is possible that the new resources would have had a similar effect independent of systemic changes. We can say with confidence that in Emerson County, chaos assumed considerable order and patchworks held fast when federal purpose was achieved by proxy.

#### NOTE

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