

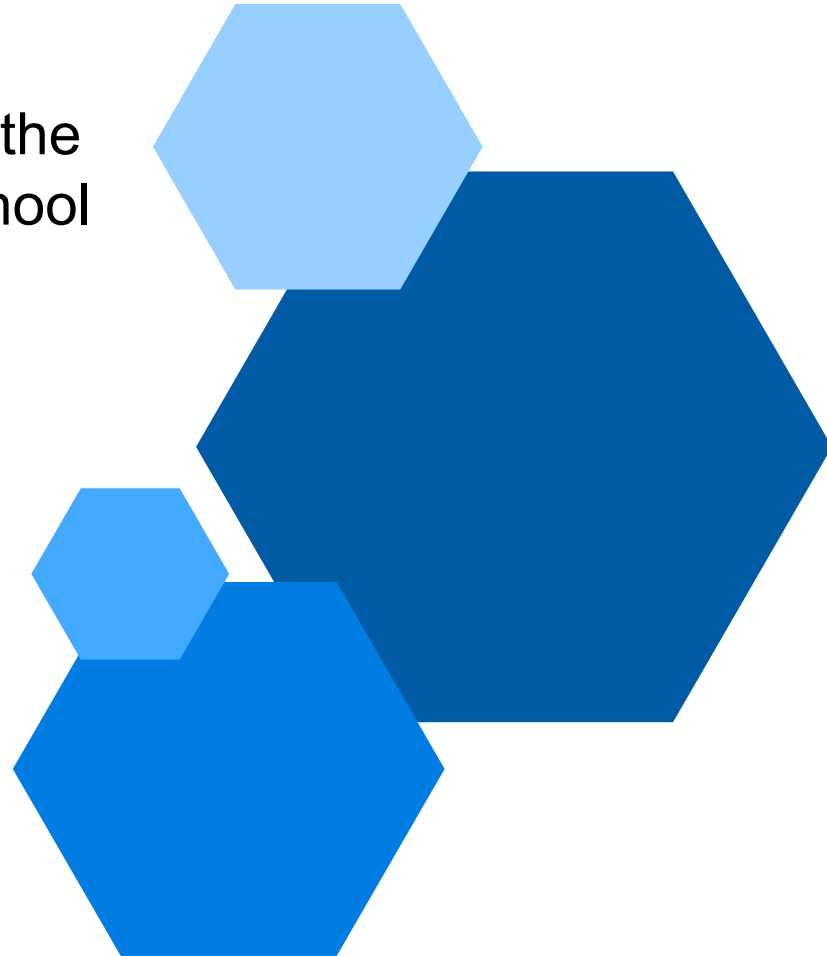
# A Model for Ending Homelessness

## Minnesota Assistance Council for Veterans

*Developed by:*

Graduate Volunteer Consultants with the  
University of Minnesota's Carlson School

*May 8th, 2026*





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## ● Project Overview

**Defining and sharing Minnesota's model to end Veteran homelessness for broader populations in Minnesota and other statewide initiatives for Veterans across the US**

### **Sharing what works — because the work isn't done.**

The Minnesota Assistance Council for Veterans (MACV) is a nonprofit dedicated to ending veteran homelessness in Minnesota. This report is part of thought-leadership initiative separate from our core services — to share the model we've developed with others who are doing this work.

This report was created by students at the University of Minnesota's Carlson School of Management in the **Graduate Volunteer Consultants** group.

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**The project started in February 2026 and completed in May 2026.**

## MACV's integrated model drives measurable outcomes from prevention to stabilization

Through prevention, housing placement, and long-term stabilization services, MACV helps veterans achieve stability and rebuild their lives across Minnesota

### 2024 By the numbers



824

**Veterans prevented from homelessness** through financial assistance and early intervention



619

**Veterans placed into housing** connected to stable, affordable housing solutions



198

**Veterans housed in MACV managed units**, providing safe, housing for those with the greatest needs



1,443

**Veterans stabilized** through prevention or housing placement in 2024



2,883

**Total veterans served**  
Across all MACV programs and services in 2024

### Key takeaways



**Integrated services drive end-to-end impact**  
MACV's model connects prevention, housing, and wraparound support to address the full-spectrum of veteran needs



**Both scale and depth create outcomes**  
MACV provides broad reach across Minnesota with intensive support for the most vulnerable veterans



**A proven model with statewide results**  
MACV's coordinated model system has positioned Minnesota to achieve a functional end to veteran homelessness in 2026

### Components



End-to-end workflow model and system map



Core vs. adaptable framework with replication guidance

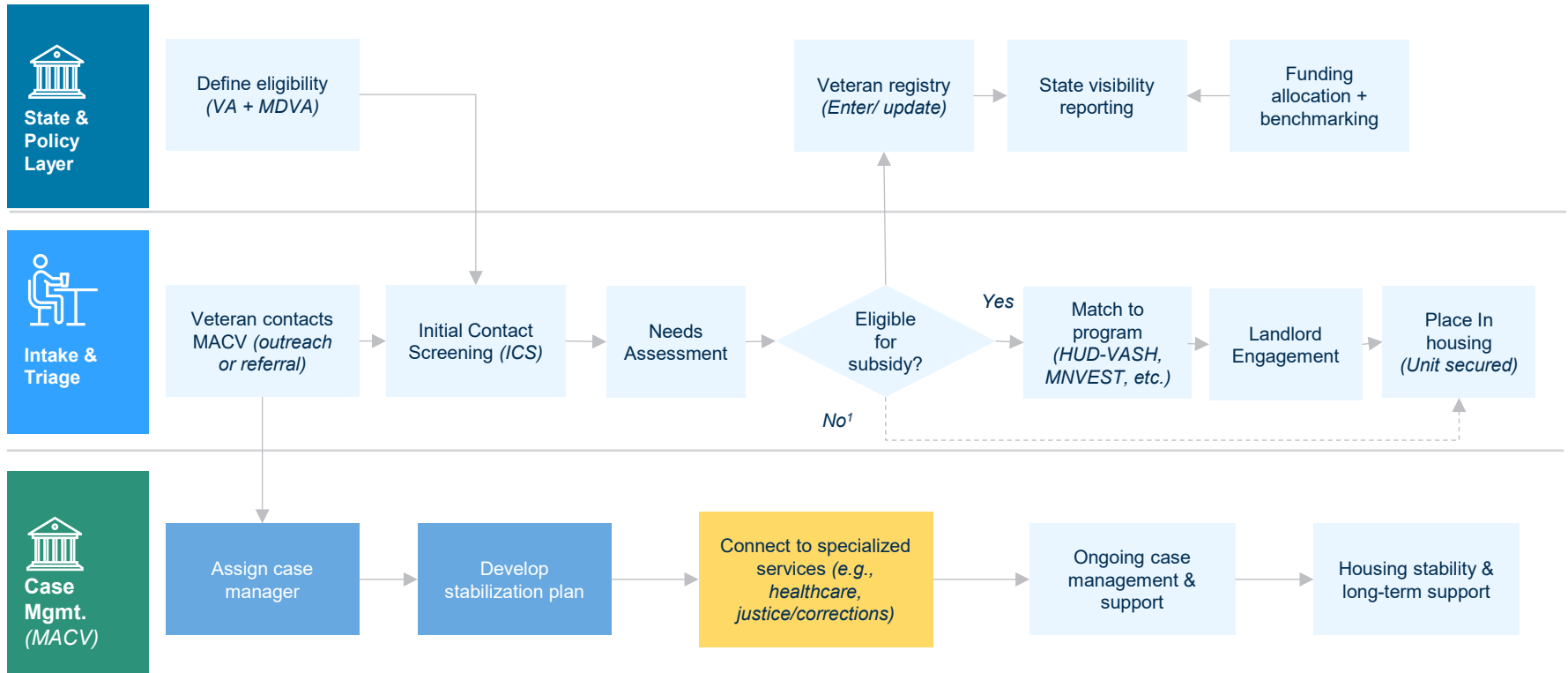


Investment tradeoffs & prioritization framework



## 2 MACV Simplified End-to-End Pathway

Coordinated intake, subsidy, and support pathways enable scalable housing placement and long-term Veteran stabilization



### Core components in the pathway



**Housing supply**  
Transitional, permanent, and supportive housing options matched to veteran need

+



**Subsidy pathway**  
Federal, state, and local rental supports that reduce affordability barriers

+



**Specialized services**  
Targeted support for healthcare, justice-involved, and other complex barriers

+



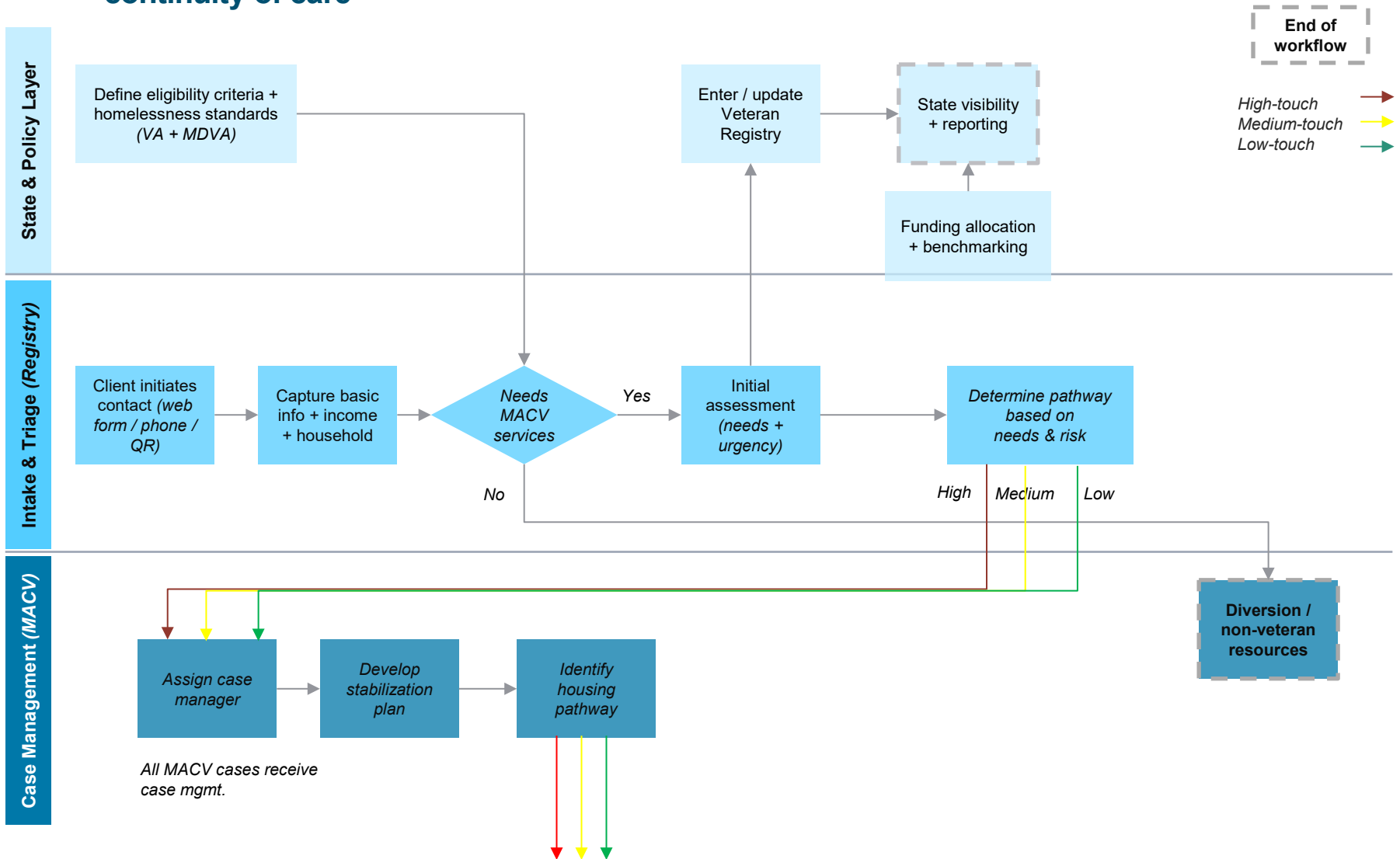
**Landlord engagement**  
Partnerships to secure units and sustain placements for high-barrier veterans

1. These cases are individuals who may be able to afford housing, but due to prior circumstances and background, still require intervention



### 3 MACV Model: End-to-End System Overview (1 of 2)

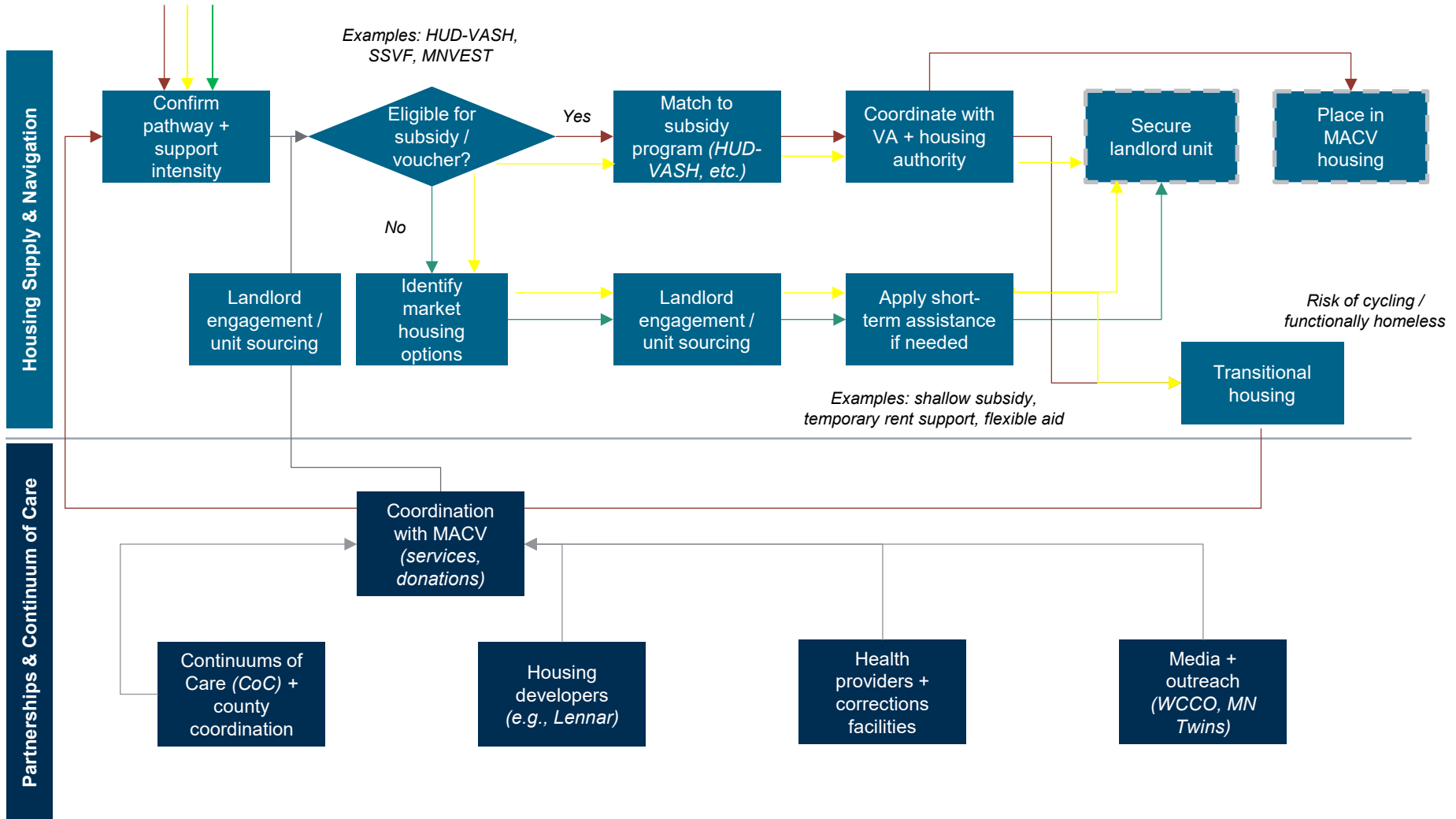
Centralized intake and coordinated triage improve routing accuracy, prioritization, and continuity of care





### 3 MACV Model: End-to-End System Overview (2 of 2)

Integrated housing and partnership pathways enable tailored placements across varying levels of Veteran need



**Low-touch:** Stipend + light coordination; veteran secures unit with minimal barriers, **Medium-touch:** Landlord engagement + structured case coordination to address barriers, **High-touch:** Placement in MACV-owned housing + cross-team stabilization support (some veterans cycle through transitional housing w/o reaching permanence)

## 4 Data infrastructure & visualization

Unlike fragmented systems, MACV's registry creates a single source of truth, enabling coordinated action across agencies and reducing duplication and delays

### Key Benefits



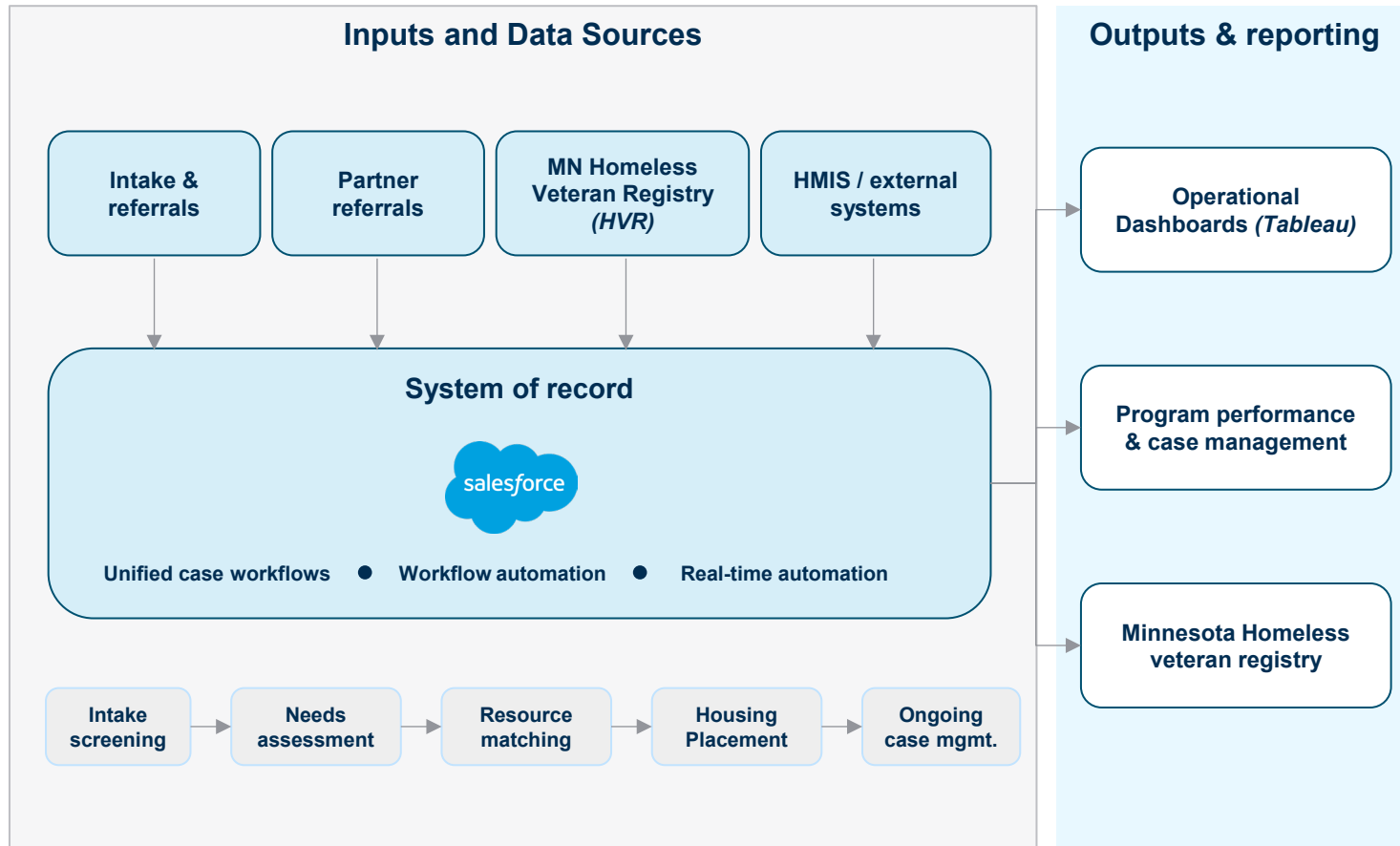
Salesforce records attach, allowing MACV to track recidivism, and provide a 360 degree for each veteran



Salesforce interaction with Tableau allows MACV to make strong data-driven decisions to maximize impact



By giving data to, and receiving data from, the Homeless Veteran Registry MACV can strengthen their relationship with state teams



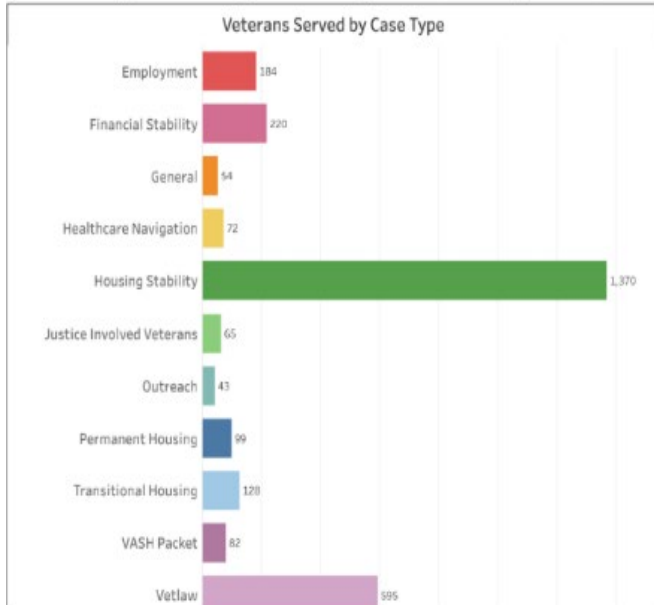


## 4 Data infrastructure & visualization

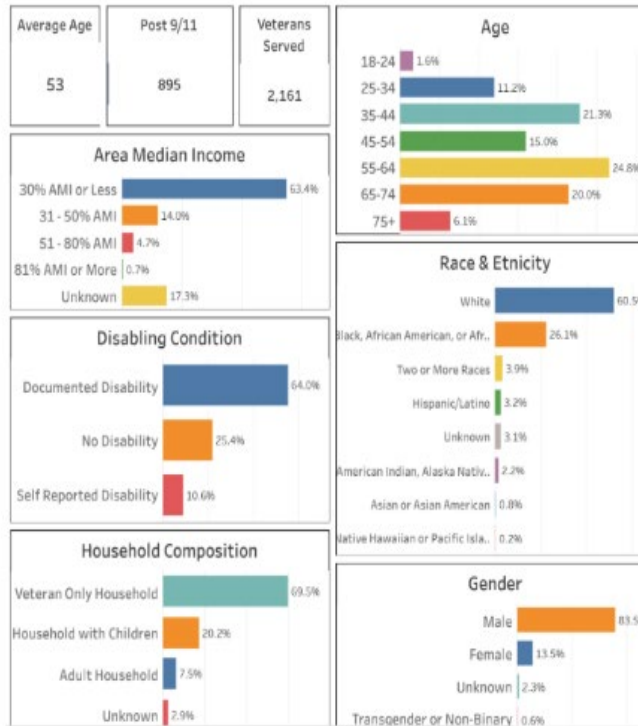
Integrated Salesforce and Tableau reporting enables MACV to track 2,000+ veterans, monitor housing outcomes in real time, and identify service gaps across the system

### Veterans by Case Type

Veterans Served	Placed into Housing	Maintained Housing	Veterans Served in MACV Housing		Placed into MACV Housing	
2,161	399	590	Permanent	213	Permanent	60
			Transitional	71	Transitional	35



### Veterans Demographic Composition



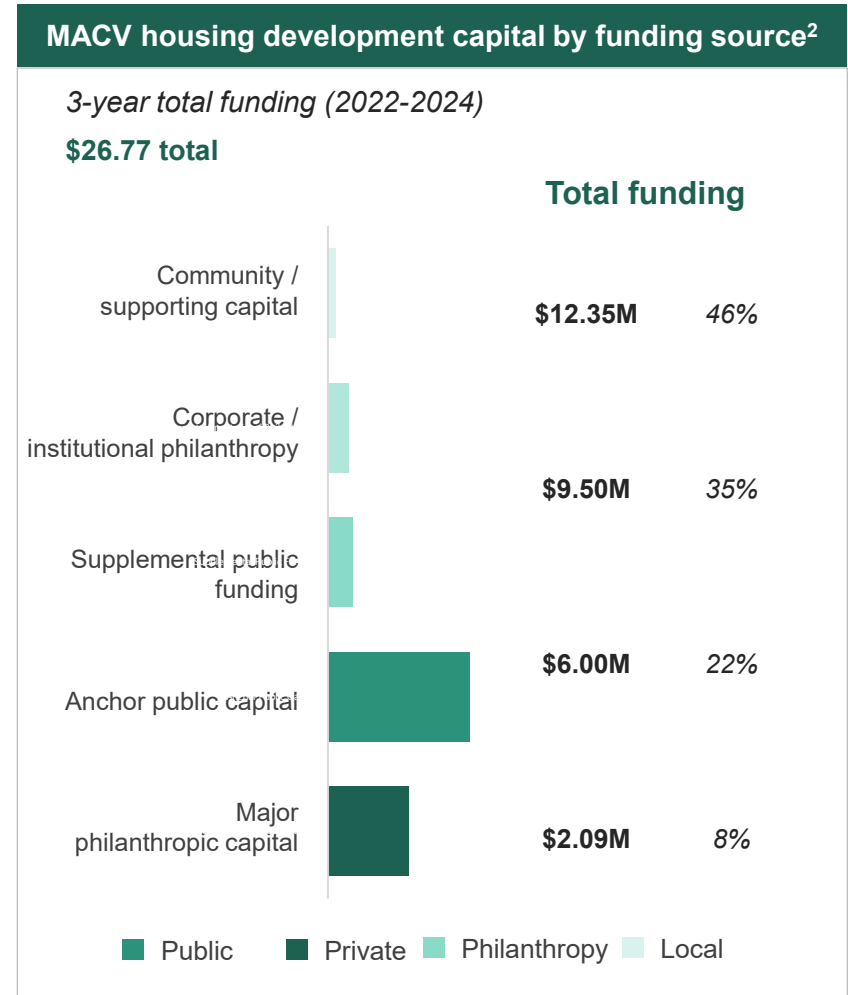
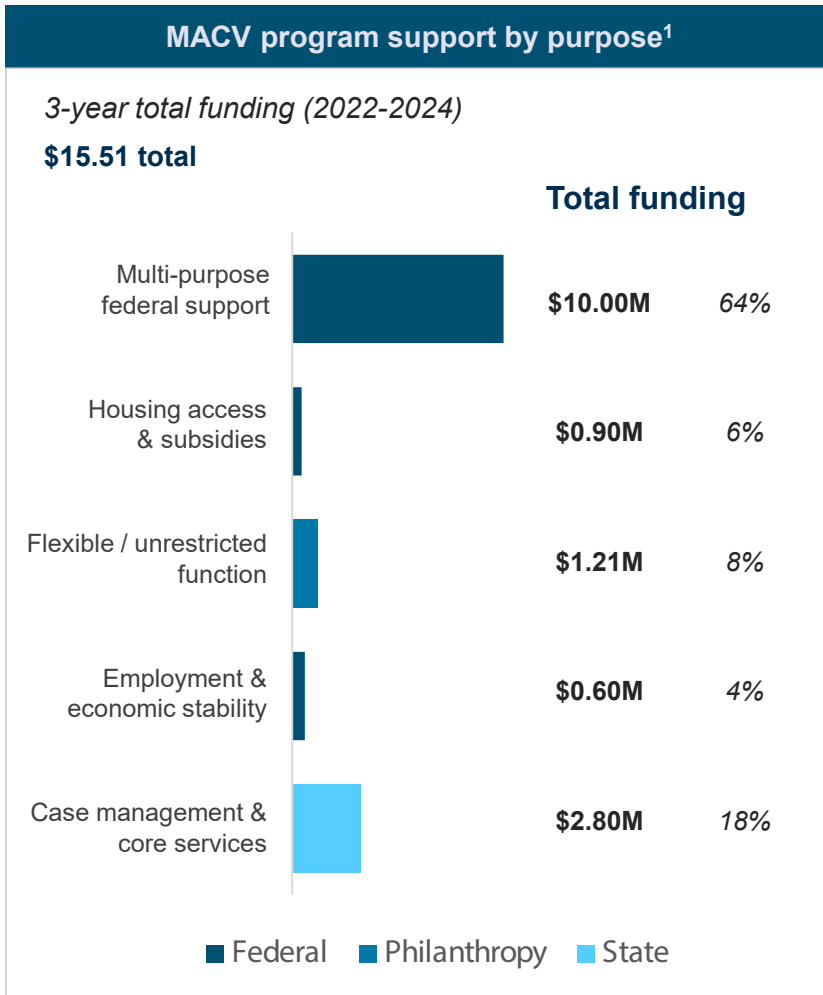
### Key Takeaways

- A critical element of MACV's effectiveness is their ability to effectively **leverage their Salesforce data to make data-driven decisions using Tableau**
- One of the most difficult challenges nonprofits face is understanding how to spend their money to drive the most impact
- By looking for visual cues in their data, MACV has been able to identify gaps in their existing offerings and create new programs to benefit even more veterans in crisis



## 5 Financial Sources & Operating Model

Layered federal, public, and philanthropic funding streams sustain operations and enable housing expansion



1. Program & operating funding includes federal, state, and philanthropic sources supporting services & operations

2. Housing development funding includes capital contributions for acquisitions, renovations, and development of housing properties



## 5 Financial Sources & Operating Model

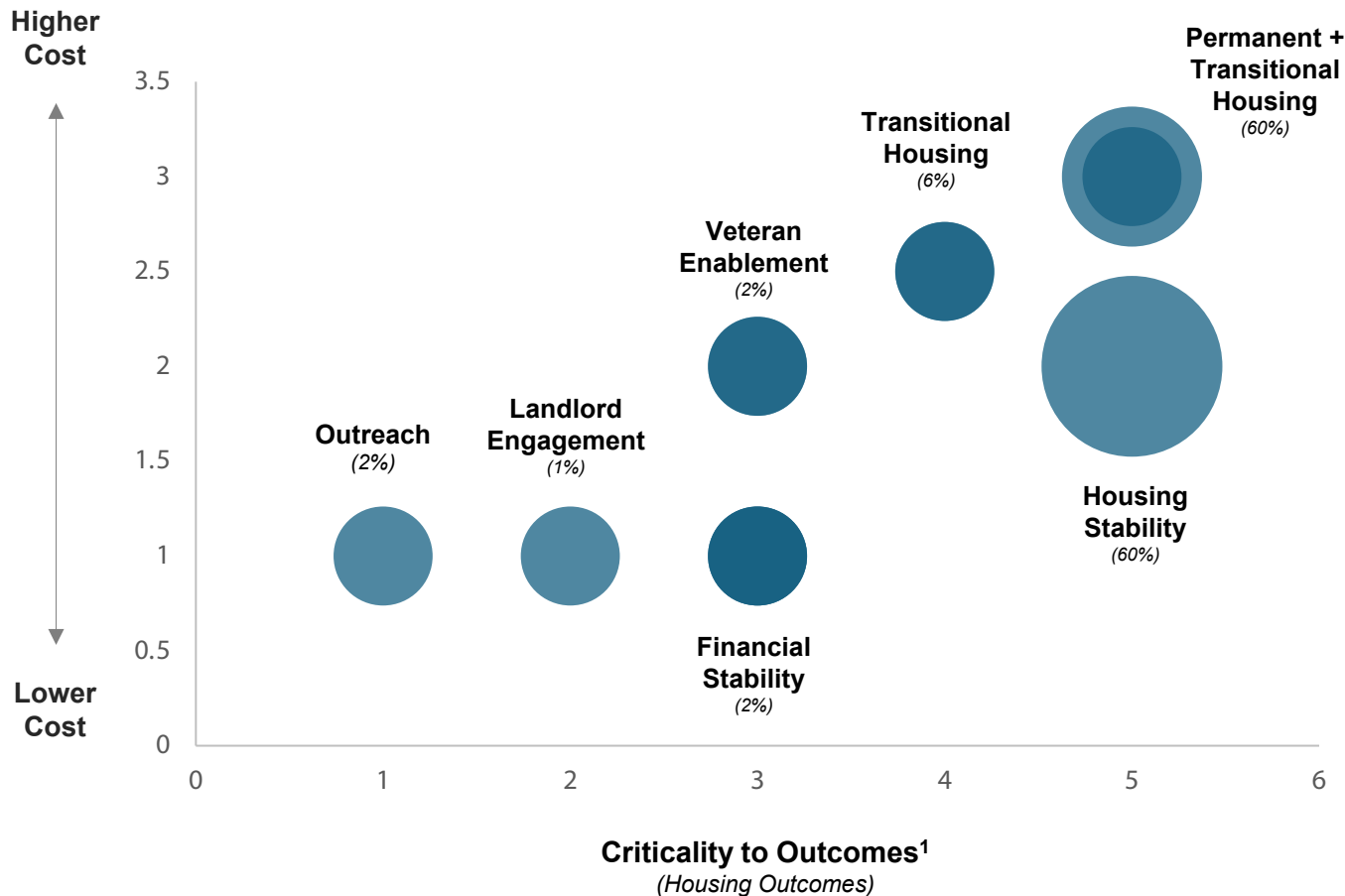
Federal funding provides operational stability, while state and philanthropic support enable flexibility and scale

		\$ Contribution		% of total	How it supports MACV operations
<b>Federal government sources</b> (71% of total)	<b>\$11.05 M total</b>				<ul style="list-style-type: none"><li>• <b>VA programs:</b> case management, financial assistance, housing support</li><li>• <b>DOL grants:</b> employment &amp; workforce services</li><li>• <b>HUD grants:</b> local projects through CoC</li></ul>
	<i>Veterans' affairs</i>	<b>\$10.0M</b>		<b>90%</b>	
	<i>Department of labor</i>	<b>\$0.60M</b>		<b>5%</b>	
	<i>HUD continuum of care</i>	<b>\$0.45M</b>		<b>4%</b>	
<b>State government sources</b> (21% of total)	<b>\$3.25 M total</b>				<ul style="list-style-type: none"><li>• Grants and contracts through MDVA and national Guard</li><li>• <b>Supports statewide program delivery and veteran services</b></li></ul>
	<i>State of Minnesota</i>	<b>\$3.25M</b>		<b>21%</b>	
<b>Major philanthropic sources</b> (8% of total)	<b>\$1.21 M total</b>				<ul style="list-style-type: none"><li>• 20+ foundations and corporate partners</li><li>• <b>Flexible, unrestricted support for programs and innovation</b></li><li>• Critical for gap funding and expanding impact</li></ul>
	<i>Top 5 foundations</i>	<b>\$0.63M</b>		<b>4%</b>	
	<i>15+ additional foundations &amp; partners</i>	<b>\$0.58M</b>		<b>4%</b>	



## 5 Financial Tradeoffs & Investment Prioritization

Housing investments drive the highest impact, while lower-cost programs enable scalable access and system efficiency



### Commentary

- **Housing investments are highly critical due to depth and risk**, but require resource-intensive support systems
- Permanent and transitional housing deliver high-impact outcomes for veterans with complex needs
- Housing stability services provide **broader system reach and scalable outcomes at lower cost**
- Subsidies enable targeted housing support for **veterans facing affordability barriers**
- **Outreach and landlord engagement are low-cost, high-breadth services** that expand access to housing pathways
- **Highest-impact services are not always the highest-spend programs**, but remain essential to housing outcomes

1. Impact is derived from service breadth and depth, and refined through program-level assessment of each component's direct contribution to housing outcomes, using a 1–5 relative scale, none of the dimensions are expendable, but just a visualization to absolute criticality to housing a veteran immediately

## 5 Financial Tradeoffs & Investment Prioritization

Housing investments drive the greatest direct impact, while lower-cost interventions expand system reach and efficiency

### Coordination

- The working parts in the MACV system all work together
- Data is tracked between services =, creating a complete view of veteran experience
- Case management understands client needs and connects them to services

### Communication

- MACV places a lot of emphasis on clear communication of the work they do
- It utilizes a sophisticated network of technology that keeps records and reports results

### Community Presence

- MACV leverages partnerships to increase their points of contact
- Its presence is expansive, across the whole state of MN
- Education initiatives place MACV as central in communities

### People

- Staff who are passionate and dedicated to the mission drive the impact through finding solutions even in difficult cases

 System and staff effectiveness is the basis of impact, regardless of total spending amount




## 6 Matching MACV Model and Needs of Other Non-Profits

Replication depends on preserving core system mechanics while adapting to local population and funding realities

<b>A</b> Veteran Homelessness Non-Profits in other States	<b>B</b> Minnesota Non-Profits with Other Missions
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Opportunities for Replication	<ul style="list-style-type: none"> <li>• Theoretical applicability of full system</li> <li>• Can take veteran-specific insights regarding best practices for population interventions</li> <li>• Can look at replicability of full state-wide model</li> <li>• Likely have similar opportunities in terms of cooperation with state and federal programs along with more comparable funding from grants</li> </ul>	<ul style="list-style-type: none"> <li>• Minnesota context creates some similarity in populations</li> <li>• Minnesota organizations may better be able to recognize how MACV has navigated organizational challenges and be able to learn from their actions</li> <li>• Non-profits with other missions can look objectively at MACV programming to determine what does and doesn't apply</li> </ul>
Challenges to Replication	<ul style="list-style-type: none"> <li>• Minnesota-specific rules and incentives may have limited similarities in other states, creating barriers</li> <li>• Veteran populations may have characteristic differences across states, limiting applicability of MACV strategies</li> <li>• Minnesota could have a more robust system of support for veterans, both financially and cooperatively</li> </ul>	<ul style="list-style-type: none"> <li>• Non-veteran missions may work in causes that are less well funded and more stigmatized, making some MACV actions limited in feasibility</li> <li>• Population differences may create differences in effectiveness of interventions</li> </ul>

 Understanding what parts of MACV's approach can transfer gives other non-profits the opportunity to make their own decisions about if these can benefit their own organizations



## 6 Matching MACV Model and Needs of Other Non-Profits

Opioid-affected individuals face overdose mortality rates up to 9x higher than housed populations, while family homelessness increased 39% YoY affecting 259K+ people nationwide

Area	Opioid-affected individuals	Homeless families with children
<b>Primary drivers</b>	Opioid use disorder, mental health conditions, trauma, poverty, and discharge from institutions without stable housing or ongoing support. <sup>1</sup>	Housing affordability crisis, income instability, under- and unemployment, childcare gaps, and domestic violence. <sup>3</sup>
<b>Health &amp; long-term impacts</b>	Overdose mortality rates up to <b>9x higher</b> than housed peers; high risk of infectious disease and chronic health conditions. <sup>1</sup>	Housing instability disrupts child development, education, and long-term economic outcomes; adverse physical and mental health for parents and children. <sup>3</sup>
<b>System barriers</b>	Fragmented care across health, housing, and behavioral health systems; stigma and restrictive policies limit access to low-barrier treatment and housing options. <sup>1</sup>	Severe shortage of affordable, family-sized housing; bureaucratic barriers to safety net programs; limited prevention and childcare resources. <sup>3</sup>
<b>Scale of challenge</b>	<b>81%</b> of overdose deaths among individuals experiencing homelessness involved opioids. <b>**142</b> Americans die from opioid overdose every day. <sup>**1</sup>	<b>259,473</b> people in families with children experienced homelessness in 2024, an increase of <b>39%</b> over the prior year. <sup>2</sup>

### Implications for replications

- Different populations require distinct service delivery models**  
Targeted approaches are needed to address unique drivers, risks, and barriers
- Housing alone is insufficient**  
Sustainable impact depends on integrating housing with behavioral health, harm reduction, childcare, and economic supports
- Prevention and early intervention reduce long-term costs**  
Investing upstream in prevention and support generates significant health, education, and economic benefits
- Replication requires aligned ecosystems**  
Success depends on cross-sector alignment across housing, care delivery, data systems, and funding streams



## 6 Matching MACV Model and Needs of Other Non-Profits

MACV's coordinated model can strengthen access, continuity, and measurement across high-acuity populations

	Theme	Potential non-profit challenge	Applicability of MACV strategy			
			● Low impact	● Moderate impact	● High impact	
<p><b>How MACV's model can address other high-acuity populations</b></p> <hr/> <p>Source: MACV internal data &amp; leadership interviews with local nonprofit partners</p>	<b>1. Reaching target population</b>	Struggle to reach and communicate services to target population, resulting in underutilization	Awareness & outreach	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
			Partnership expansion	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
			Target population expansion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>2. Creating success metrics</b>	System tracking of client fails to capture range of services, making metrics ineffective for proof of value	Data tracking & reporting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
			Registry maintenance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Data informed actions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	<b>3. Case Mgmt.</b>	Failure of clients to return after being sent elsewhere for initial services and lack of transitional offerings out of program	Specialized services	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
			Regional specific differences	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
			Continuity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



## 6 Replication Framework


Successful replication requires aligning housing, services, partnerships, and data infrastructure to local population needs

Example Population Considerations		System Requirements for Population of Need		Feasibility of Adopting MACV Strategies	
Population	Key Constraints	Requirement	Details	Rating	Why
Individuals with Opioid Abuse	<ul style="list-style-type: none"> <li>High prevalence of substance use &amp; co-occurring conditions</li> <li>Elevated overdose &amp; relapse risk</li> <li>High need for cross-system coordination</li> <li>Funding outside grants may be more challenging</li> <li>Stigmatization and system distrust</li> </ul>	1. Flexible Housing Approach	<ul style="list-style-type: none"> <li>Low-barrier, supportive housing required</li> <li>Limited units for high-acuity individuals</li> </ul>	 Medium	<ul style="list-style-type: none"> <li>Smaller supply of supportive, low-barrier units</li> </ul>
		2. Services & support capacity	<ul style="list-style-type: none"> <li>Integrated SUD + behavioral health services</li> <li>High-intensity, specialized workforce needed</li> </ul>	 Medium	<ul style="list-style-type: none"> <li>Partnership model offers strong continuum of care</li> </ul>
		3. System Complexity and Data Reporting	<ul style="list-style-type: none"> <li>Cross-system coordination<sup>1</sup></li> <li>Data sharing for continuity of care</li> </ul>	 Medium	<ul style="list-style-type: none"> <li>High potential but resources may be limited</li> </ul>
Homeless families with children	<ul style="list-style-type: none"> <li>Driven by housing affordability and income instability</li> <li>“Hidden homelessness” often undercounted”</li> <li>Family-sized housing &amp; child-focused supports are required</li> <li>Data tracking concerns with minority population</li> <li>High need for child welfare considerations</li> </ul>	1. Flexible Housing Approach	<ul style="list-style-type: none"> <li>Need for affordable, family-sized units</li> <li>Supply constrained</li> </ul>	 Low	<ul style="list-style-type: none"> <li>Shortage of affordable, family-sized housing</li> </ul>
		2. Services & support capacity	<ul style="list-style-type: none"> <li>Family stabilization and support services</li> <li>Childcare and income supports critical</li> </ul>	 Medium	<ul style="list-style-type: none"> <li>Partnership is strong, but special needs for minors create barriers</li> </ul>
		3. System Complexity and Data Reporting	<ul style="list-style-type: none"> <li>Coordination across housing, education, services</li> <li>Under-identification of family homelessness</li> </ul>	 Medium	<ul style="list-style-type: none"> <li>Data tracking would benefit, but minors create additional barriers for tracking</li> </ul>

## 6 Lessons from Houston: An Accelerated, Coordinated Systems

Coordinated governance, rapid placement strategies, and shared accountability accelerated Veteran housing outcomes in Houston

System component	Houston model insight	Measured outcomes
<b>Strategic planning</b>	<ul style="list-style-type: none"> <li>In 2012, Houston applied Six Sigma methodology to their strategic plan, successfully reducing housing timelines by 40%</li> </ul>	 <b>3,650+</b> veterans housed in three years
<b>Rapid response coordination</b>	<ul style="list-style-type: none"> <li>Through “Housing Boot Camps” and 100-day challenges, the city synchronized government agencies and nonprofits to accelerate placement.</li> </ul>	 <b>40%</b> reduction in housing placement timelines
<b>Coordinated outreach</b>	<ul style="list-style-type: none"> <li>“Homeless Surge Events” use intensive outreach (police, VA social workers, and partners) to engage the unsheltered. One 2024 event alone successfully housed 67 veterans</li> </ul>	 <b>67</b> veterans housed during one coordinated outreach event
<b>Integrated housing pathways</b>	<ul style="list-style-type: none"> <li>The model combines diverse housing options such as the Tunnel to Towers Veterans Village (a converted hotel) and the VA Domiciliary with HUD-VASH vouchers and dedicated case management</li> </ul>	
<b>Cross-agency governance</b>	<ul style="list-style-type: none"> <li>Law enforcement (HPD), federal agencies (HUD, VA), and local business leaders work “at the same table” to remove bureaucratic hurdles</li> </ul>	 <b>Unified</b> HUD, VA, nonprofit, and local agency coordination model

 Houston’s success demonstrates that coordinated governance, integrated housing pathways, and shared data infrastructure, can materially accelerate veteran housing outcomes



## 7 Synthesis, conclusion & next steps

**Organizations can strengthen homelessness response systems by implementing centralized visibility, integrated data infrastructure, and cross-sector partnerships**

Focus area	Recommendation	How others can leverage MACV's model	Next Step
<b>1. Adopt the end-to-end framework</b>	Use MACV's workflow from to design housing placement and stabilization as the organizing model for local systems	Provides a proven blueprint connecting prevention, subsidies, housing supply, and wraparound services across the veteran journey	Map your current system to the MACV framework and identify priority areas to build or strengthen
<b>2. Implement core elements</b>	Stand up the core components that drive outcomes: coordinated entry, case management, housing subsidies, housing supply, and specialized services	These building blocks can adapt to local markets and needs while preserving what drives impact	Assess which components exist, which need development, and create an implementation plan
<b>3. Leverage data infrastructure &amp; visibility</b>	Build a centralized registry and reporting infrastructure to support real-time case management and outcome tracking	MACV's data infrastructure creates statewide visibility, supports smarter decisions, and demonstrates impact to partners.	Invest in or partner for a shared data platform and align on reporting standards.
<b>4. Strengthen partnerships</b>	Build partnerships across VA partners, housing authorities, health systems, justice agencies, landlords, philanthropy, and the CoC	Trusted partnerships expand resources, improve coordination, and strengthen the continuum of care.	Convene local partners and align on roles, referral pathways, and shared outcomes.
<b>5. Prioritize early intervention</b>	Invest upstream in financial assistance and early intervention to prevent homelessness and reduce system costs	Prevention investments keep veterans stably housed and reduce the need for intensive interventions	Launch or expand prevention programs and track impact on homelessness entries



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# Appendix



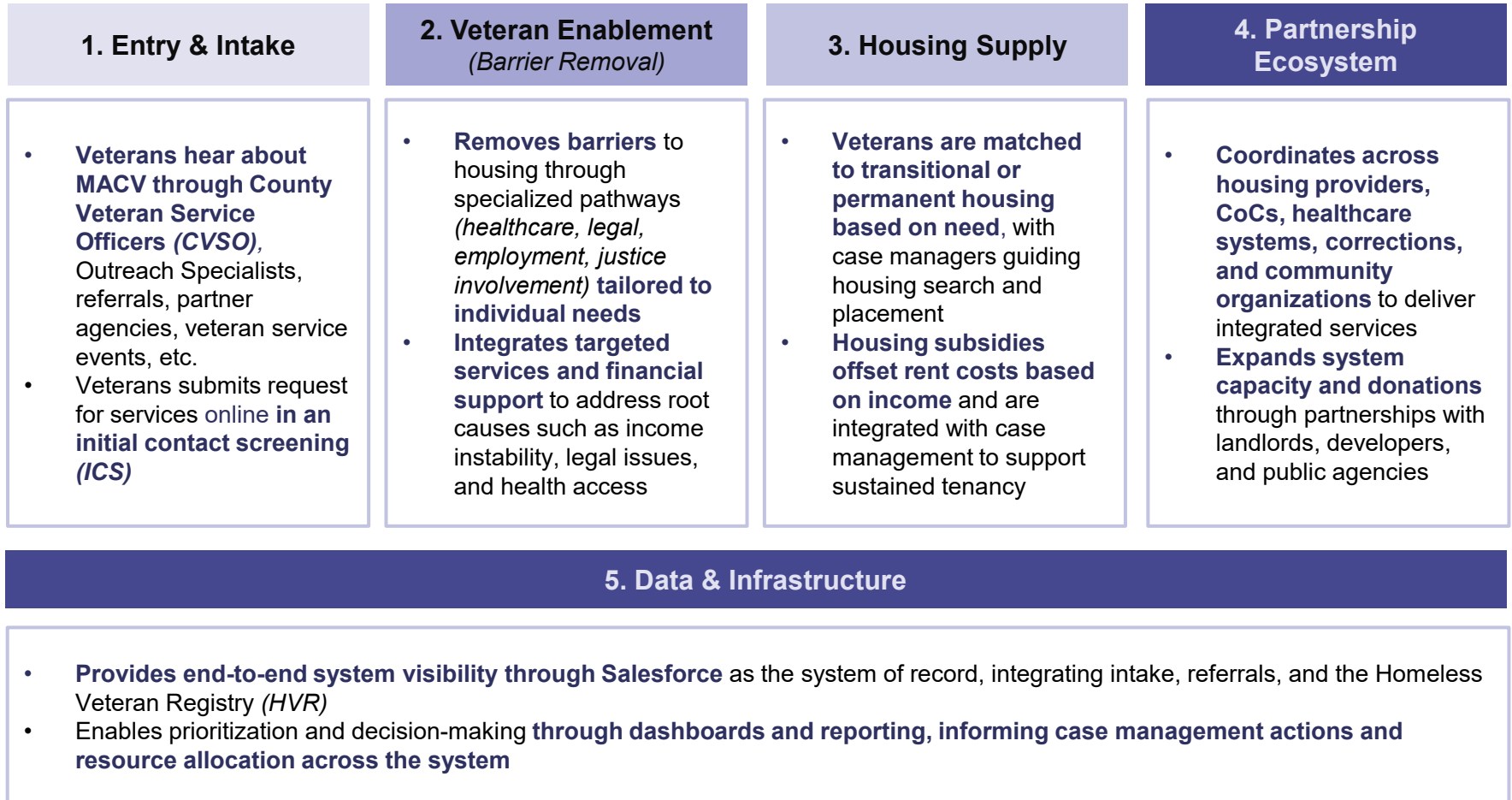
## Sources

1	<p><b>Opioid &amp; Homelessness, National Health Care for the Homeless Council (NHCHC). (2023).</b> <i>Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations.</i> <a href="https://nhchc.org/resource/addressing-the-opioid-epidemic-how-the-opioid-crisis-affects-homeless-populations/">https://nhchc.org/resource/addressing-the-opioid-epidemic-how-the-opioid-crisis-affects-homeless-populations/</a></p>
2	<p><b>Supportive Housing &amp; Opioid Use (Stanford), Stanford University News. (2025).</b> <i>Supportive housing reduces homelessness, opioid use, and public health costs.</i> <a href="https://news.stanford.edu/stories/2025/06/supportive-housing-first-homelessness-opioid-use-a-public-health-cost">https://news.stanford.edu/stories/2025/06/supportive-housing-first-homelessness-opioid-use-a-public-health-cost</a></p>
3	<p><b>Homeless Families Institute for Children, Poverty &amp; Homelessness (ICPH). (2023).</b> <i>The Hidden Homeless: Families with Children in the United States.</i> <a href="https://www.icph.org/reports/the-hidden-homeless-families-with-children-in-the-u-s/">https://www.icph.org/reports/the-hidden-homeless-families-with-children-in-the-u-s/</a></p>
3	<p><b>Westervelt, E. (2019, January 30). How Houston has virtually ended homelessness among veterans. Pacific Standard.</b> <a href="https://psmag.com/social-justice/how-houston-has-virtually-ended-homelessness-among-veterans/">https://psmag.com/social-justice/how-houston-has-virtually-ended-homelessness-among-veterans/</a></p>
3	<p><b>MACV Senior Leadership and SME</b> <i>Interview insights</i></p>



# Core Components of the MACV Model

The MACV model's core components is a coordinated system that balance housing delivery with scalable support services





# Lever 1: Operating model architecture

Minnesota's success is driven by coordinated system architecture, not isolated programs

Intake & Outreach	Registry Backbone	Service Coordination	Housing Platform	Governance
Multi-channel veteran identification & intake	Centralized, shared veteran registry	Assigned cross-agency case ownership	Integrated subsidy + owned housing portfolio	State-level performance oversight
VA-defined eligibility & homelessness criteria	Population-density aligned prioritization <i>(CoC-level benchmarking)</i>	Structured barrier mitigation planning	Dual-path housing model <i>(Landlord + MACV-owned units)</i>	County-level Veteran Service Officer network
Structured referral routing into registry	Dynamic inflow/outflow tracking <i>(~600 annual inflow)</i>	Escalation based on intensity <i>(Low   Medium   High touch)</i>	~250 permanent supportive housing units <i>(high-touch capacity)</i>	Continuum of Care <i>(population-density defined accountability units)</i>

## This week's focus

- Convert Miro workflow to decision-based swimlane model *(Visio)*
- Clarify low/medium/high routing logic
- Assign process ownership across swimlanes
- Flag decision points for SME validation

## V1 Deliverable (2 Weeks)

- Version 1 operating model *(swimlanes + decision logic)*
- Explicit routing by service intensity
- Governance + registry structure clarified
- Targeted SME validation plan



## Lever 2: Data & technical infrastructure

### Minnesota's registry creates system-wide transparency through shared data and prioritization logic

Data Entry & Intake Capture	Registry Logic & Prioritization	Workflow & Case Visibility	Technical Governance
Standardized intake data schema	Prioritization scoring algorithm	Real-time cross-agency case visibility	Configurable vs custom-built Salesforce components
Mandatory eligibility inputs	Housing readiness criteria	Status tracking with escalation triggers	State-owned vs MACV-controlled system layers
Partner submission protocols	Automated case assignment triggers	Operational performance dashboards	Data governance & permission framework

#### This week: Technical deep-dive

- Conduct Salesforce walkthrough (*admin + solutions engineer*)
- Trace end-to-end case flow within system
- Document scoring logic & assignment triggers
- Identify non-configurable dependencies

#### V1 Deliverable (2 Weeks)

- End-to-end data flow architecture diagram
- Technical prerequisites checklist for replication
- Configurable vs fixed component matrix
- Early replication constraint flags



## Lever 3: Financial & funding architecture

Minnesota's outcomes are enabled by an aligned funding stack, coordinated flow of funds, and housing asset control

Funding Composition	Flow of Funds & Control	Housing Asset Strategy	Incentive & Risk
State appropriations	Centralized vs distributed fund allocation	Owned vs leased portfolio	Performance-based funding triggers
VA funding streams	Contracting & pass-through structure	Subsidy layering structure	Regional accountability structure
Federal grants	Timing of disbursement	Capital vs operating funding mix	Funding volatility exposure
Philanthropic capital	Accountability mechanisms	Asset control implications	Dependency risk (state vs VA vs grants)

### This Week: Financial Decomposition

- Salesforce walkthrough (*registry + case flow*)
- Map intake → registry → escalation logic
- Identify configurable vs hard-coded components
- Clarify registry ownership & data governance

### V1 Deliverable (2 Weeks)

- End-to-end data flow architecture (*intake → placement*)
- Registry decision logic & escalation triggers documented  
Configurable vs fixed system components identified
- Early technical replication considerations



## Lever 4: Replication Landscape & Comparable Models

Replication succeeds when core system mechanics are preserved and local adaptations are explicit

Comparable Systems <i>(What worked)</i>	Replication Mechanism <i>(How it scaled)</i>	Governance <i>(Who runs it)</i>	Transferability Implications
Houston / Texas veteran homelessness model	Standardized operating model + playbooks	Defined state vs local decision rights	Core mechanics vs context-specific enablers
Built for Zero / Community Solutions-style approaches	Shared data/registry backbone <i>(or equivalent)</i>	Lead entity model <i>(backbone org)</i> vs coalition model	Required policy and funding enablers
Other statewide coordinated entry / cross-agency systems	Performance management cadence <i>(targets, dashboards)</i>	Data governance and cross-agency agreements	Failure modes <i>(where replication breaks)</i>
MN analog populations <i>(youth, chronic, elderly)</i>	Funding model alignment and incentives	Escalation / accountability loops	Applicability to other MN populations

### This Week: Landscape Scan

- Map funding sources → housing deployment
- Clarify flow of funds *(state, VA, grants, philanthropy)*
- Identify asset ownership vs subsidy layering model
- Flag funding concentration & volatility risks

### V1 Deliverable (2 Weeks)

- Preliminary funding flow model *(source → deployment)*
- Housing asset strategy overview *(owned vs layered subsidies)*
- Minimum viable funding stack for system stability
- Early financial replication considerations

## Lever 4: Replication Landscape & Comparable Models

### Positioning MACV Within Established Homelessness Frameworks



#### Built for Zero

- Real-time by-name list of people experiencing homelessness



#### Housing First

- Policy shift in 2000s



#### HUD-VASH Voucher Model

- Housing Voucher & social worker/case worker

- *Does MACV utilize all these strategies, and what are the challenges to tailoring them to Minnesota system?*
- *What additional models does MACV integrate into their system?*
- *Did MACV utilize lessons from functional zero states: Virginia, Connecticut, Delaware?*



## Project plan & workstream structure

Expanding impact requires codifying MACV's model into a portable, testable architecture

Lever	Tangible Output
<b>A</b> System Architecture	<b>Replication-ready operating model</b> <i>(Swimlanes + decision logic + core vs contextual segmentation)</i>
<b>B</b> Data & Technical Infrastructure	<b>Data flow map + portability assessment</b> <i>(Registry logic, Salesforce integration, technical prerequisites)</i>
<b>C</b> Financial & Funding Architecture	<b>Funding flow map + minimum viable funding model</b> <i>(Replication risk flags + sensitivity considerations)</i>
<b>D</b> Replication & Market Landscape	<b>Comparable model synthesis + alternative population implications</b> <i>(pilot → regional → statewide pathways)</i>

### Four-Lever Execution Framework



# Problem Definition Worksheet Draft

## MACV Business Model Replication Strategy

<b>Overarching Question</b>	<ul style="list-style-type: none"><li>• <b>How can MACV's proven operating model be codified and transferred</b> so that other organizations or systems can replicate its outcomes without reducing effectiveness?</li></ul>		
<b>Stakeholders &amp; Decision Makers</b>	<ul style="list-style-type: none"><li>• <b>MACV executive leadership and program leads</b></li><li>• GVC consulting team and faculty advisors</li><li>• Partner organizations and funders (<i>indirect</i>)</li></ul>	<b>Outputs &amp; Criteria</b>	<ul style="list-style-type: none"><li>• <b>End-to-end operating model process map</b></li><li>• Replication toolkit (core vs adaptable components, governance, readiness)</li><li>• Actionable guidance <b>usable without consultant support</b></li></ul>
<b>Scope of the Work</b>	<ul style="list-style-type: none"><li>• <b>Document and codify MACV's current operating model</b></li><li>• Identify non-negotiable success factors and adaptation logic</li><li>• Design governance and readiness framework for replication</li></ul>	<b>Timing &amp; Milestones</b>	<ul style="list-style-type: none"><li>• <b>Weeks 1–2: PDW, issue tree, client kickoff</b></li><li>• Midpoint: validated operating model and adaptation framework</li><li>• Final: replication toolkit and recommendations</li></ul>
<b>Context &amp; Background</b>	<ul style="list-style-type: none"><li>• MACV has a proven, coordinated model serving veterans effectively</li><li>• Interest in extending the model to other populations or organizations</li><li>• Prior GVC projects indicate readiness for structured codification</li></ul>	<b>Constraints, Risks, &amp; Dependencies</b>	<ul style="list-style-type: none"><li>• Limited engagement timeline and data availability</li><li>• <b>Risk of over-generalizing population-specific needs</b></li><li>• Dependency on access to MACV staff and internal documentation</li></ul>



# MACV Strategy Decision Tree

Key decisions required to codify and scale MACV's proven operating model

