



Project DeLorean

A promising solution to the Veteran benefits
take-up gap through an Intentional Outreach Model

Network for Nonprofit and Social Impact
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Executive Summary

The “take-up gap” describes the disparity between individuals eligible for social support programs and those who ultimately receive benefits. This challenge is especially pronounced among Veterans, who often face barriers such as complex bureaucracies, stigma, and lack of awareness. Project DeLorean, initiated by Veterans Services of the Carolinas (VSC) under Asheville Buncombe Community Christian Ministry (ABCCM), addresses this gap through a strategic and personalized outreach model to connect high-need Veterans with essential resources.

Key Challenges Addressed by Project DeLorean

- 1 Eligibility-Enrollment Discrepancy:** Many Veterans are unaware of the benefits available or find the application processes overwhelming.
- 2 Psychological Barriers:** Stigma and past negative experiences deter Veterans from seeking help.
- 3 Service Accessibility:** Long wait times and limited rural facility access exacerbate challenges.

Project DeLorean’s Approach

- **Personalized Outreach:** The project prioritizes high-need individuals by leveraging vendor-generated lists to identify Veterans with unmet social needs. This proactive model is superior to traditional passive outreach.
- **Comprehensive Screening:** Care coordinators conduct detailed assessments to tailor support to each Veteran’s needs.
- **Diverse Referrals:** Through NCServes, Veterans are connected to over 5,000 service providers, ensuring timely support with a high-resolution rate.
- **Innovative Marketing:** Outreach through social media raises awareness among marginalized groups, including women and Veterans of color.

Outcomes and Impact

- **Service Utilization:** Veterans engaged by Project DeLorean most frequently requested and received benefits navigation, housing assistance, and food support.
- **Efficiency:** The initiative effectively reduces administrative burdens, connecting Veterans to benefits like Medicaid faster and more successfully than traditional methods.
- **Health and Well-being:** Addressing unmet needs such as housing and food insecurity has been shown to improve mental and physical health outcomes, reinforcing the importance of holistic, person-centered care.

Comparison to Traditional Outreach

Project DeLorean’s targeted approach reaches demographics and service needs that are underrepresented in traditional systems. While traditional clients often seek housing and employment support, DeLorean clients prioritize benefits navigation and income support, showcasing the initiative’s ability to address critical administrative barriers.

Conclusion

Project DeLorean exemplifies how data-driven, intentional outreach can bridge the take-up gap, enhancing access to social services for underserved Veterans. This model offers a scalable solution for improving social service delivery and reducing systemic inequities.

About the Organizations

About Asheville Buncombe Community Christian Ministry (ABCCM)

Asheville Buncombe Community Christian Ministry (ABCCM) is a cornerstone nonprofit organization dedicated to alleviating poverty, hunger, homelessness, and barriers to healthcare for underserved populations in North Carolina. Founded in 1969 as a small collaboration of local churches, ABCCM has grown into a vital community resource. The organization provides a wide range of services, including emergency assistance for families in crisis, re-entry services at the county jail, and transitional and permanent supportive housing through three facilities totaling over 450 beds. ABCCM also increases access to healthcare for the uninsured and medically underserved population while offering work readiness training, mentorship, and job placement services through a free medical clinic and two free pharmacies. Additionally, ABCCM has been a critical organization with NC's 1115 waiver within Medicaid transformation and the Healthy Opportunities Pilot Program. Through Veterans Services of the Carolinas (VSC), ABCCM extends its impact to all 100 counties in North Carolina, supporting Veterans and their families. VSC addresses critical needs with comprehensive programs in housing, employment, outreach, suicide prevention, transitions to community living, and the nation's first statewide call and service coordination center. This compassionate and multifaceted approach makes ABCCM a leader in addressing both immediate and long-term challenges vulnerable populations face.

About the Network for Nonprofit and Social Impact at Northwestern University

The Network for Nonprofit and Social Impact at Northwestern University is a research lab. We are dedicated to discovering how organizations can better work together to move the needle on social issues. We thrive on projects that produce rigorously studied results and practical applications for the social impact sector. Our work has been funded by the National Science Foundation, the Bill & Melinda Gates Foundation, and the Army Research Office in the past eight years. Our research is featured in academic journals and venues like *Stanford Social Innovation Review* and *Nonprofit Quarterly*.



Introduction

In the United States, 40% of Americans will experience material hardship this year, yet less than half will receive help from any source.¹ In North Carolina, 44% of qualified women and children are not enrolled in WIC, and 22% of eligible individuals do not participate in SNAP.² This gap between eligibility and enrollment in support programs, also known as the “take-up gap,” underscores a critical issue of many individuals not accessing the necessary resources.

The “take-up gap” refers to the discrepancy between the number of people eligible for support programs and those who enroll and receive the benefits. Several factors contribute to this gap, such as *learning costs*, or the effort required to find and understand available services; *compliance costs*, such as the time and effort needed to apply for benefits; and *psychological costs*, including stigma, which deters individuals from seeking help due to feelings of shame or frustration associated with navigating complex bureaucracies.³

These barriers also affect Veterans, many of whom do not utilize available benefits and services despite facing substantial hardships. Veterans enrolled in the Department of Veterans Affairs (VA) healthcare benefits can access the Basic Medical Benefits Package, encompassing preventive, primary, and specialty care and diagnostic, inpatient, and outpatient care services. They also may be entitled

to other specialized healthcare programs, such as general and specialty mental health services.⁴

Despite services available, Veterans face difficulties navigating VA healthcare, including a limited awareness of benefits, difficulties in accessing and utilizing the system to receive benefits, inadequate mental health support, long wait times at VA facilities, and limited access to these facilities in rural areas.⁵ Consequently, less than half of eligible Veterans use VA benefits annually, and nearly 20% lack health insurance. GAO report indicates that nearly 25% of service members who required the most assistance did not attend a mandatory 2-day Transition Assistance Program (TAP) class, essential for transitioning to civilian life.⁶ Furthermore, an alarming 14 out of every 20 Veterans who die by suicide had not received care from the VA, highlighting the urgent need for enhanced outreach and support systems.⁷

One of the significant challenges in social service delivery is accurately identifying individuals who have critical social needs but are not currently receiving support. Traditional methods of outreach often fail to reach these individuals. For instance, the stigma associated with seeking help is a deterrent, particularly for Veterans, who may feel that seeking assistance conflicts with the values of self-reliance and resilience ingrained during their military service.⁸

¹ Help after Hardship: Trends and Disparities in Sources of Support following Experiences with Material Hardship | Social Service Review: Vol 95, No 3 (uchicago.edu)

² NCDHHS State Action Plan for Nutrition Security (2023-2024)

³ Bearson, Dafna F., and Cass R. Sunstein. “Take Up.” Behavioural Public Policy, 2023, 1–16. <https://doi.org/10.1017/bpp.2023.21>.

⁴ Health Benefits | U.S. Department of Veterans Affairs

⁵ Cheney, Ann M., Christopher J. Koenig, Christopher J. Miller, Kara Zamora, Patricia Wright, Regina Stanley, John Fortney, James F. Burgess, and Jeffrey M. Pyne. “Veteran-Centered Barriers to VA Mental Healthcare Services Use.” *BMC Health Services Research* 18, no. 1 (July 31, 2018): 591. <https://doi.org/10.1186/s12913-018-3346-9>; Rohs, Carly M., Karen R. Albright, Lindsey L. Monteith, Amber D. Lane, and Keltly B. Fehling. “Perspectives of VA Healthcare from Rural Women Veterans Not Enrolled in or Using VA Healthcare.” *PLOS ONE* 18, no. 8 (August 14, 2023): e0289885. <https://doi.org/10.1371/journal.pone.0289885>; Feyman, Yevgeniy, Daniel A. Asfaw, and Kevin N. Griffith. “Geographic Variation in Appointment Wait Times for US Military Veterans.” *JAMA Network Open* 5, no. 8 (August 25, 2022): e2228783. <https://doi.org/10.1001/jamanetworkopen.2022.28783>.

⁶ Military and Veteran Support: Programs to Help Servicemembers and New Veterans Transition to Civilian Life Could Be Enhanced | U.S. GAO

⁷ Protecting Veterans’ Access to Mental Health Care | NAMI

⁸ <https://www.rand.org/health-care/projects/navigating-mental-health-care-for-veterans/barriers-to-care.html>

Additionally, many eligible individuals are unaware of the available support programs, often due to ineffective outreach strategies, limited access to technology, or language barriers.⁹ The application processes for many support programs are often complex, lengthy, and bureaucratic, which can discourage individuals from applying, especially if they have had negative experiences with similar processes. Negative experiences with service providers can create a lasting impact, making individuals reluctant to seek help again.

Personalized and intentional outreach approaches have emerged as a solution to bridge the take-up gap, allowing organizations proactively to connect individuals with the support they need. This approach identifies and engages those most in need by using personalized outreach and data-driven insights, allowing for a more focused approach. Rather than waiting for individuals to seek help, this method reaches out directly to those with high social needs, significantly reducing the barriers associated with accessing support programs and closing the take-up gap more effectively than traditional methods.

The Veterans Services of the Carolinas (VSC), part of Asheville Buncombe Community Christian Ministry (ABCCM), is an excellent example of leveraging personalized and calculated outreach initiatives. VSC proactively identifies Veterans with high social needs and connects them to appropriate services through Project DeLorean, prioritizing Veterans requiring immediate assistance. This tailored approach enables timely interventions that resonate with Veterans' specific circumstances, reducing the effort needed to find and apply for benefits while also addressing psychological barriers like stigma. By customizing interactions to meet individual needs, Project DeLorean effectively bridges the take-up gap, surpassing the impact of traditional outreach methods.

⁹ https://www.rand.org/pubs/research_briefs/RBA1363-1.html



How Does Project DeLorean Work?

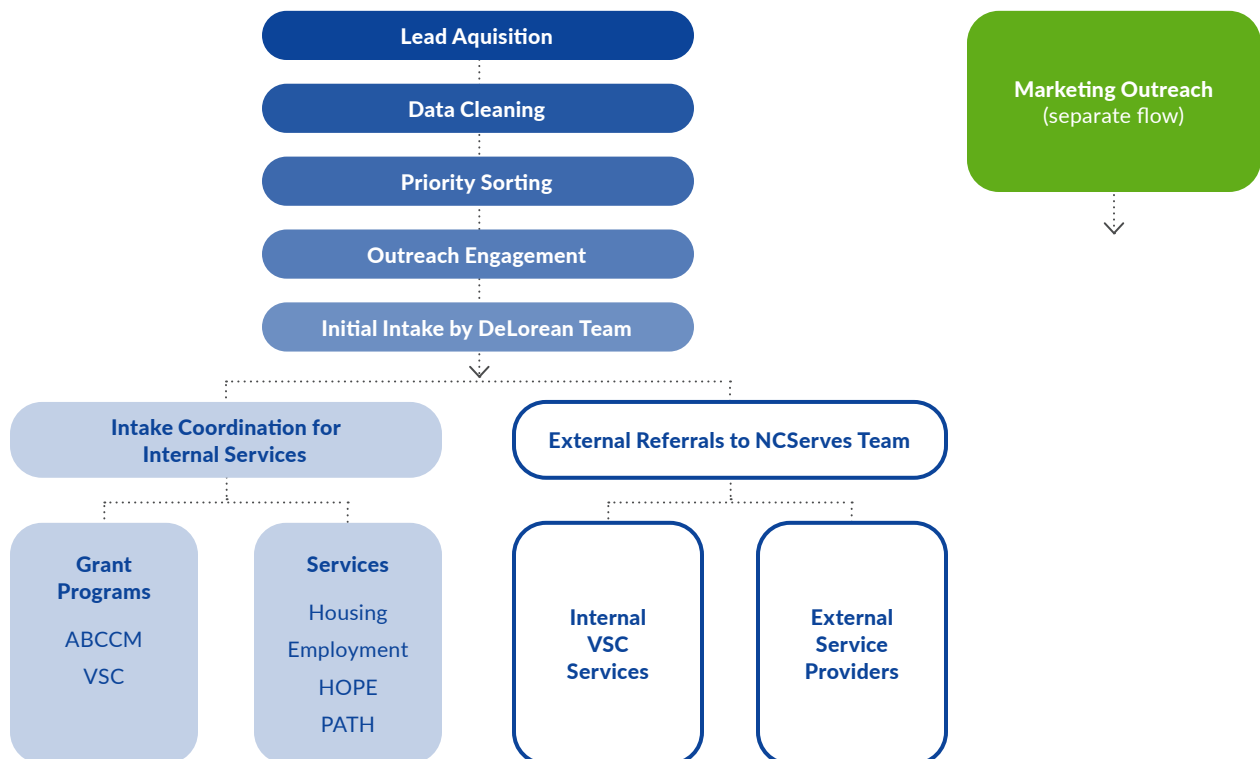
Project DeLorean makes personalized contact with Veterans using a vendor-created list of Veterans with significant social needs. After making contact, they engage in more extensive social needs screening and identification. This targeted approach ensures that resources are allocated to those who need them most, facilitating timely and appropriate interventions. Additionally, this screening creates the foundation for addressing the social drivers of health within the Veteran's household, taking a more holistic approach to person-centered care.

Project DeLorean begins with a vendor-generated list of Veterans not currently identified in the ecosystem of care. The list identifies several potential social needs. By prioritizing these Veterans based on their social needs, the team ensures efficient resource allocation and timely support for those with the most urgent needs. Project DeLorean's predictive analytics

program manager, Eric Watts, describes prioritizing clients, explaining, "We consider whether the person has insurance, such as Medicare or Medicaid, or if they are uninsured. If they're uninsured, we check their income to explore Medicaid eligibility. With Medicaid expansion in North Carolina, we prioritize enrolling as many eligible individuals as possible with our Prepaid Health Plan's housing, transportation, mental health services, and childcare, which are some of the most critical needs we address."

During outreach, the team uses contact management to keep track of their progress. Once a contact is reached, the team uses the identified areas of concern to tailor their outreach. Christy Shortridge, Predictive Coordinator, says, "When I'm reaching out to Veterans and their family members to see if they need resource assistance, I'll mention transportation, emergency food, [or other things that the vendor-generated list suggests they] need."

FIGURE 1 How Does Project DeLorean Work?



Care coordinators serve as the first point of contact. They conduct quick initial intakes, typically lasting 10 to 15 minutes. These are followed by detailed screeners to verify identification, discuss specific needs, and gather necessary documentation. Corey Holloway, a Care Coordinator for NCServes, expresses the importance of this process: “The easiest way is always the most direct. I try to give them as much information about what we’re doing, what programs we’re connecting them to, and what to expect.” He emphasizes building trust, noting, “About all of the folks we talk to are never in a good place when I speak to them, and they have been through a lot. Another agency possibly let them down. So, I just try to reassure them that I’m there to help.”

Care coordinators refer to both internal programs and external resources through the NCServes statewide referral platform. NCServes made North Carolina the Nation’s first interconnected state for Veterans and families in 2017 using a social integrated care platform. These programs are designed to offer intensive outreach for Veterans and civilians. If unable to provide services internally through organizational resources, the DeLorean team will refer the client to one of the over 5,000 in-network provider agencies (local and national service resources). NCServes works within the ecosystem of care and across the delta of the community to find the appropriate service and organization that will meet the client’s needs. Drawing from their extensive database of service providers and resources, NCServes can connect veterans to resources promptly with a resolution time of less than 5 days at an 84% positive case resolution rate.

As a separate flow, the project engages in targeted marketing outreach efforts, utilizing social media advertising on platforms like Facebook and Instagram and traditional methods such as event flyers and outdoor advertisements at strategic locations frequented by Veterans. This approach helps raise awareness and engage hard-to-reach populations, including traditionally marginalized subsets of Veterans such as women and people of color.

The Marketing Outreach Coordinator, Katelin VanDyke, explains:

“I update our social media frequently; I try to do it weekly, multiple times a week. We use some advertisements, but we rely more on organic reach. And [we post] our success stories, program updates, and community events that we have coming up ...usually, we focus on a broad outreach. However, there has been science to this type of outreach... If I am marketing in certain areas, I would check the area and see how heavily impacted it might be by Veterans or not. I would go off demographics like age, gender, income levels, education levels, things like that.”

.....

Brandon Wilson, Chief Operating Officer for ABCCM, added, “This approach generates not just a level of cultural competency but cultural inclusivity. As a team, we must continue to foster an environment of diversity, including Veterans, family members, and non-Veterans from diverse backgrounds and experiences to personalize our outreach.”



Evaluating Project DeLorean

Project DeLorean aims to bridge the take-up gap for Veterans through a strategic, data-driven, and collaborative approach. The initiative seeks to improve Veterans' well-being and quality of life by addressing immediate needs and establishing long-term solutions. This report explores the methodologies employed, the outcomes achieved, and the lessons learned from implementing Project DeLorean.

Traditional methods of connecting Veterans to services often rely on self-identification and outreach through advertising or events. These methods may only effectively reach some Veterans. Project DeLorean aims to address this issue using personalized outreach to identify and connect high-need and vulnerable Veterans with critical services. This report compares the personalized outreach approach with traditional methods.



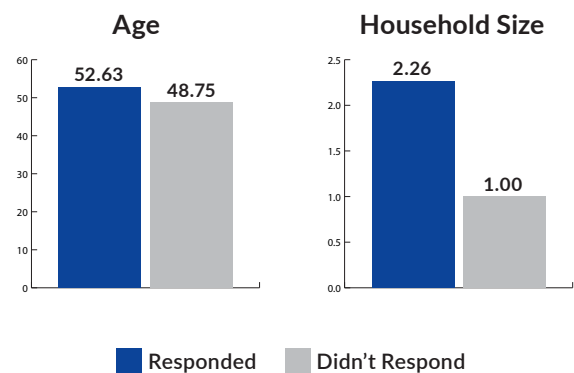
Personalized Outreach

We conducted the analysis using the data provided by VSC. The data includes demographics, case records, and referral records of clients who reached out through Project DeLorean and clients who entered NCServes through other means. Between July 2018 and May 2024, Project DeLorean attempted to engage 9,674 clients, of which 160 were successfully engaged.

Project DeLorean most effectively reached older male Veterans living in metropolitan areas with larger households. Urban Veterans are particularly important to reach because they are more likely to experience psychiatric disorders, including depression, PTSD, and alcohol use disorder.¹⁰ Unmet social needs are associated with greater levels of depression and suicidal ideation,¹¹ making social needs outreach crucial for this population.

FIGURE 2 Project DeLorean Demographics

Elderly males who lived in metropolitan areas and had larger households were more likely to respond to Project DeLorean.



¹⁰ Wallace, Amy E., William B. Weeks, Stanley Wang, Austin F. Lee, and Lewis E. Kazis. "Rural and Urban Disparities in Health-Related Quality of Life Among Veterans With Psychiatric Disorders." *Psychiatric Services* 57, no. 6 (June 2006): 851–56. <https://doi.org/10.1176/ps.2006.57.6.851>.

¹¹ Blosnich, John R., Ann Elizabeth Montgomery, Melissa E. Dichter, Adam J. Gordon, Dio Kavalieratos, Laura Taylor, Bryan Ketterer, and Robert M. Bossarte. "Social Determinants and Military Veterans' Suicide Ideation and Attempt: A Cross-Sectional Analysis of Electronic Health Record Data." *Journal of General Internal Medicine* 35, no. 6 (June 1, 2020): 1759–67. <https://doi.org/10.1007/s11606-019-05447-z>.

Services Requested by Project DeLorean Clients

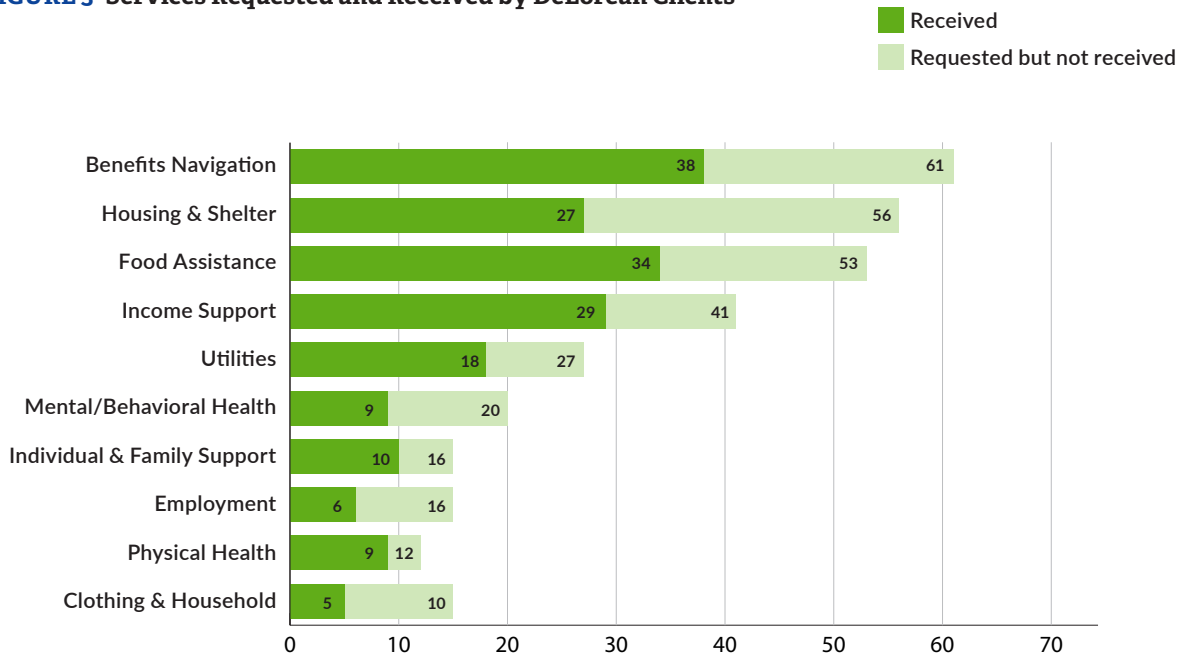
The services most frequently requested and received by DeLorean clients are benefits navigation, housing and shelter, food assistance, and income support. Physical health, income support, utilities, food assistance, individual and family support, and benefits navigation had the highest receiving rates. Receiving rates indicate how frequently DeLorean clients were to receive the help they needed, showcasing the effectiveness of the support network in these areas.

Benefits navigation is significant for Veterans because it helps them connect to various benefits, especially Veterans Affairs and Medicaid. Project DeLorean

targeted individuals not yet enrolled in Medicaid but eligible for benefits. The inability to pay for medical care has significant consequences, including forgoing medical care even when financial circumstances improve, unmanaged chronic conditions, and failure to detect serious illness. For example, cancer mortality is higher for individuals with financial medical hardship.¹²

Housing and shelter are also significant for Veterans and their families. Unmet housing needs have significant and long-lasting consequences. For example, housing insecurity predicts child maltreatment,¹³ chronic illness, and poorer perceived health.¹⁴ Temporary financial assistance for Veterans experiencing housing insecurity reduces healthcare costs by \$1,408 annually.¹⁵

FIGURE 3 Services Requested and Received by DeLorean Clients



¹² Yabroff, K Robin, Xuesong Han, Weishan Song, Jingxuan Zhao, Ahmedin Jemal, and Zhiyuan Zheng. "Association of Cancer History and Medical Financial Hardship with Mortality in the United States." *Journal of Clinical Oncology* 38, no. 29_suppl (October 10, 2020): 86–86. https://doi.org/10.1200/JCO.2020.38.29_suppl.86.

¹³ Marçal, Katherine E. "Domains of Housing Insecurity: Associations with Child Maltreatment Risk." *Child Abuse & Neglect* 131 (September 1, 2022): 105696. <https://doi.org/10.1016/j.chiabu.2022.105696>.

¹⁴ Bhat, Aarti C., David M. Almeida, Andrew Fenelon, and Alexis R. Santos-Lozada. "A Longitudinal Analysis of the Relationship between Housing Insecurity and Physical Health among Midlife and Aging Adults in the United States." *SSM - Population Health* 18 (June 1, 2022): 101128. <https://doi.org/10.1016/j.ssmph.2022.101128>.

¹⁵ Nelson, Richard E., Ann Elizabeth Montgomery, Ying Suo, James Cook, Warren Pettey, Adi Gundlapalli, Tom Greene, et al. "Temporary Financial Assistance Decreased Health Care Costs For Veterans Experiencing Housing Instability." *Health Affairs* 40, no. 5 (May 2021): 820–28. <https://doi.org/10.1377/hlthaff.2020.01796>.

Addressing food insecurity also plays a vital role in improving veteran well-being. Non senior adults who have food insecurity are more likely to have mental health problems, including depression, stress, and anxiety.¹⁶ They are more likely to have diabetes, hypertension, and poor sleep outcomes.¹⁷

Project DeLorean provides a variety of social care integrations for Veterans. The addressed social needs are associated with poor physical and mental health outcomes. One reasonable conclusion is that Project DeLorean is an intervention that supports the social driver of health and improves Veteran mental and physical health outcomes.

How Do Project DeLorean Clients Compare to Those Reached through Other Means?

We used a matched sample approach to compare Project DeLorean to more traditional means of outreach.¹⁸ We selected clients referred through NCServes who are demographically similar to Project DeLorean clients. We used this approach to eliminate demographic differences as explanations for group differences.

Service

We then compared the services requested by DeLorean clients and our matched sample. The results show significant differences between the types of services

requested by DeLorean project clients and traditional NCServes clients. DeLorean clients predominantly requested benefits navigation and income support. Benefits navigation was the most requested service, aligning with the project’s focus on recruiting individuals potentially eligible for Medicaid. In comparison, our matched sample of clients more frequently sought assistance with housing and shelter, clothing and household goods, and employment services.¹⁹

Services Requested by Clients

DeLorean clients were more likely to request ...	Clients engaged through traditional outreach were more likely to request ...
Benefits Navigation	Housing & Shelter
Income Support	Clothing & Household Goods
	Employment

This variation suggests personalized outreach reaches clients eligible for benefits navigation and income support. Accessing these services requires that clients navigate significant administrative burdens. They must learn about the program and benefits, navigate eligibility and enrollment requirements, and overcome the stigma of applying for benefits and support. Trained third-party helpers are more successful at applying for benefit programs than individuals on their own.²⁰ By identifying people who need benefits and directly connecting them to third-party helpers, Project DeLorean helps reduce Veterans’ significant administrative burden.

¹⁶ Pourmotabbed, Ali, Sajjad Moradi, Atefeh Babaei, Abed Ghavami, Hamed Mohammadi, Cyrus Jalili, Michael E. Symonds, and Maryam Miraghajani. “Food Insecurity and Mental Health: A Systematic Review and Meta-Analysis.” *Public Health Nutrition* 23, no. 10 (July 2020): 1778–90. <https://doi.org/10.1017/S136898001900435X>.

¹⁷ Gundersen, Craig, and James P. Ziliak. “Food Insecurity And Health Outcomes.” *Health Affairs* 34, no. 11 (November 2015): 1830–39. <https://doi.org/10.1377/hlthaff.2015.0645>.

¹⁸ We used a propensity matching approach to match 152 Project DeLorean clients who had county and date of birth information to NCServes clients. Identified 152 NCServes clients with similar on race, gender, age, and county of residence as Project DeLorean clients. We confirmed our propensity matched sample of NCServes clients did not differ from the NCServes matched sample clients using the appropriate univariate statistics. There were not significant differences.

¹⁹ We conducted a chi-square test to compare the services requested by different groups of clients. There were significant differences between DeLorean clients and the matched sample in the number of cases that clients requested benefits navigation ($X^2(1, N = 606) = 20.17, p < .01$), income support ($X^2(1, N = 606) = 5.65, p < .05$), housing and shelter ($X^2(1, N = 606) = 13.69, p < .01$), clothing and housing goods ($X^2(1, N = 606) = 11.65, p < .01$), and employment ($X^2(1, N = 606) = 6.78, p < .01$).

²⁰ Dorn, Stan. “Public Education, Outreach and Application Assistance | Urban Institute.” Washington DC: Urban Institute, December 11, 2014. <https://www.urban.org/research/publication/public-education-outreach-and-application-assistance>; Collins, Sara R., Munira Z. Gunja, Michelle M. Doty, and Sophie Beutel. “Who Are the Remaining Uninsured and Why Haven’t They Signed Up for Coverage?” New York: Commonwealth Fund, August 18, 2016. <https://doi.org/10.26099/ahve-1s35>.

Conclusion

The take-up gap, the discrepancy between individuals eligible for social services and those who receive support, is a severe challenge in social service delivery. This gap leaves many individuals needing access to essential resources that could improve their quality of life. When these eligible individuals remain disconnected from these services, their needs often go unmet, perpetuating cycles of hardship and limiting their ability to achieve stability and well-being.

Project DeLorean demonstrates how personalized, intentional outreach while supporting other social drivers of health can be pivotal in addressing the

take-up gap by transforming outreach into a proactive process. This approach broadens social services' reach and reduces barriers preventing eligible individuals from engaging with available support, effectively bridging the take-up gap. These advancements also allow organizations to leverage personalized outreach to assist underserved populations. By investing in personalized outreach and data-driven strategies, social service systems can improve the reach and impact of their programs, ensuring that resources are directed to those who need them most and promoting a more equitable and responsive model of support.

