

Grand Rapids Area Coalition to End Homelessness

Coordinated Entry Evaluation Report

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Report by
The Cloudburst Group



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Introduction

The Grand Rapids/Wyoming/Kent Counties Continuum of Care (CoC) encompasses a region of Michigan where over 900 men, women, and children experience homelessness on any given night. The Grand Rapids Area Coalition to End Homelessness, another name for the CoC, recently embarked on a project with technical assistance from The Cloudburst Group (Cloudburst). The purpose of the project was to evaluate the CoC's Coordinated Entry System (CES) to further strengthen the homelessness response system and ultimately end homelessness.

In 2007, as part of the Grand Rapids and Kent County's [Vision to End Homelessness](#), the CoC implemented a CES—a Housing and Urban Development (HUD)-mandated approach to ensure individuals experiencing a housing crisis are matched with the most appropriate housing and services. The CES aims to lower barriers for access to shelter and systematically prioritize housing options for individuals and families who are the most vulnerable. The CoC was a frontrunner in implementing a CES, and thus had the opportunity to revise CES policies and practices in both 2009 and 2014 as new guidance from HUD was published. Nationally, communities were required to have systems implemented in January 2018.

The Cloudburst Group (Cloudburst) conducted a review of the CoC's CES to assess its functioning, identify strengths, and recommend areas for improvement. This document articulates the activities and results of this 2018 evaluation, which utilized a 360° approach. The lack of complete HMIS data presented limitations for quantitative analysis, so the approach became primarily qualitative in nature. Major activities completed include comprehensive stakeholder information gathering interviews, an online survey, and focus groups. Cloudburst also completed a thorough desk review of CES policies and procedures, including governance documents, to establish a balanced information base for the assessment.

Project Background and Evaluation Methodology

This section provides an overview of Cloudburst's evaluation strategy, tools, and methodology.

Evaluation Strategy

Desired outcomes of the CES Evaluation Strategy were to:

- Identify opportunities for improvement of the CES
- Demonstrate to CoC leadership a way to evaluate the CES in a collaborative, transparent, improvement-focused manner

Utilizing 360° Feedback principles, Cloudburst structured a participatory evaluation strategy to provide community stakeholders with opportunities for self-assessment. Our aim was to ensure the evaluation leveraged multiple sources of information and provide a venue for people with lived experience of homelessness to participate in the evaluation.

The Evaluation Tools

Cloudburst incorporated multiple methods to gather data and elicit comprehensive feedback on the CES, including:

- A comprehensive desk review of CES policies and procedures
- Stakeholder information gathering interviews designed to collect feedback from diverse groups including those currently experiencing a housing crisis or who were formerly homeless
- An online survey for collecting information from a broad group regarding perceptions of the CES
- Five focus groups designed to illicit feedback on the structure, operational considerations, strengths and barriers of the CES

CES Desk Review

Cloudburst conducted a comprehensive desk review of all relevant documents related to the CES, including: CES Policies and Procedures, CES workflow documents, and the HUD CES Self-Assessment¹ that had been completed by the community. The desk review assessed compliance to HUD guidance as well as fidelity of CES policies and procedures to actual operations and processes. The desk review created the context within which the qualitative data was viewed.

Data Gathering Interviews

The purpose of the data gathering interviews was to understand the structure of the CES, coverage, assessment methods, and prioritization and referral processes. It also illuminated CES successes and challenges. Over the course of several weeks, Cloudburst had conference calls with several stakeholders including the CoC's CES Committee Chair, various staff members and leadership at The Salvation Army (the organization that manages the CES), CoC Coordination staff at the United Way, and state leaders.

Focus Groups

Cloudburst drew upon their extensive experience in conducting focus groups to design the discussion tools, which build from proven techniques backed by the literature on focus group methodology.^{2 3} Recruiting participants for the focus groups was the responsibility of the CoC.

¹ HUD Coordinated Entry Self-Assessment, <https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf>

² Guidelines for Conducting a Focus Group, https://irep.olemiss.edu/wp-content/uploads/sites/98/2016/05/Trinity_Duke_How_to_Conduct_a_Focus_Group.pdf

³ Center for Community Health and Development Community Toolbox, Chapter 3, Section 6, <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>

The Cloudburst Evaluation Team facilitated five focus groups. The five distinct groups included: 1) Participants who have moved from homelessness to housing or were in the process of obtaining housing; 2) Consumers currently experiencing homelessness but who had been through the CES process; 3) Intake Specialists/Case Managers/Outreach Staff; 4) Program Managers and Executive Directors; and 5) Community Champions and Visionaries. Throughout the five focus groups, conversations were had regarding the CES, knowledge of CES functionality, identification of strengths and challenges, and understanding individuals' lived experience with the CES and homelessness.

Homeless/Formerly Homeless Focus Groups

During the Homeless/Formerly Homeless focus group sessions (groups 1 and 2), participants were not asked how they were recruited or which organization(s) with whom they have worked (though some participants provided this information while relaying their experience with the CES process). The community provided the following information on how participants were identified for participation in the homeless/formerly homeless focus groups:

- For those in the Housing Process/Housed group: Housing Assessment Program (HAP) staff identified the organizations to which they make referrals for permanent housing resources (Grand Rapids Housing Commission, Community Rebuilders, Dwelling Place, Urban League, Inner City Christian Federation, Salvation Army, Volunteers of America (VOA)). The CoC Coordinator emailed each organization (unsuccessfully with the VOA, as there was no current contact information available) and asked them to each identify and refer a minimum of one to three participants for the focus groups. A flier with information was provided to help share the details.
- For those in the Homeless/Looking for Housing groups: Names were randomly selected from the prioritization list and the shelter waitlist, including participants currently or previously on the active shelter waitlist.

This process generated five participants in the Housing Process/Housed focus group and eight in the Homeless/Looking for Housing focus group.

Using trauma-informed techniques, the groups of individuals experiencing or who recently experienced homelessness were introduced to the facilitator and notetaker and then given a brief explanation of the intent of the focus group. Clients were told that the information they provided would be confidential and any information shared would be deidentified. Clients were asked to describe their experience in gaining/attempting to gain housing. The facilitator only asked clarifying questions or prompted clients to describe experiences across several topics aimed at understanding the client's full experience with the coordinated entry system, such as:

- Have you been assessed for a permanent housing opportunity? How quickly did this happen after you became homeless? What do you remember most about these

meetings? Were you provided with enough information about the housing search and placement process? Were you given a timeline?

- What questions were asked? Do you feel the questions are relevant to getting housing? Were you comfortable with the questions asked?
- Did you have the opportunity to say what you wanted/needed? Were you able to clearly state your preferences about what type of housing you wanted? Were these preferences respected? If not, was it explained to you why your exact preferences could not be met? Did you feel listened to and heard?
- Did they tell you about possible housing options? How did you feel overall about the housing choices you had, and the match that was eventually made?
- Do you feel there was good communication with the case management staff after the assessment process was over and you were waiting for housing options?
- Do you think the process is too long? Did you have enough time to tell your story?
- Does the process feel coordinated in any way?
- What stood out the most?

“Feels like nobody cares. I’m waiting, pray every night. I need somewhere to stay, to call my own.”

Homeless/Formerly Homeless Voice

Community Stakeholder Focus Groups

A blanket notification to community stakeholders announced the opportunity to voluntarily participate in the community stakeholders focus groups. Participants self-identified their interest by communicating to the CoC Coordinator. The selection and balancing of the participants was the responsibility of the community. Cloudburst made no decisions related to the selection process or participants. The following organizations were represented in the community stakeholder groups:

- **Intake Specialist/Case Manager/Outreach:** Pine Rest, YWCA, Inner City Christian Federation, Family Promise, Grand Rapids Housing Commission, Mel Trotter, Community Rebuilders, The Salvation Army
- **Program Manager/Executive Director:** Grand Rapids Housing Commission, YWCA, Inner City Christian Federation, The Salvation Army, United Way, Mel Trotter, Community Rebuilders, Dwelling Place, Family Promise
- **Visionaries and Champions:** City of Grand Rapids, Pine Rest, State of Michigan Department of Health and Human Services, The Salvation Army, Essential Needs Task Force, United Way, North Kent Connect, Community Rebuilders, CoC Data Analysis Workgroup, Family Promise

In each community stakeholder focus group, the facilitator asked typical introductory questions, such as: “Please tell us your name, organization, and what does the phrase “coordinated entry” mean to you.” In the Visionaries and Champions focus group, participants were also asked to identify their role in the community, their vision for CES in response to homelessness, and the most important things they could bring to the table to address that vision. This was followed by questions aimed at focusing the groups on a common understanding of the CES concept and current landscape. The questions helped gauge community stakeholder knowledge of the connections between several HUD initiatives that are impacted by the CES such as system performance measures and Housing First approaches. In all three community stakeholder focus groups, participants were then asked to identify community successes, challenges, and barriers to the CES.

There were varying levels of participation among the focus groups. The groups identified barriers, challenges and areas for improvement throughout the sessions, and certain hot topic issues were raised by multiple groups as outlined in the findings below.

CES Coordinated Entry Online Evaluation Survey

The Grand Rapids/Wyoming/Kent County Coordinated Entry Evaluation Survey was a web-based survey facilitated through SurveyShare. The survey product utilizes skip logic which allowed Cloudburst to gain insights from both CES participating and non-participating programs. The survey was designed to provide insight on user perceptions and feedback.

The survey was confidential to encourage honest responses. Respondents provided demographic information as well as information related to their homeless services/funding affiliation and whether they used the CES for those projects. Respondents not currently using CES were asked to respond to a series of questions related to reasons for non-participation. Respondents currently using CES were asked a different set of questions, using a Likert scale, to understand perspectives on CES and experiences with the system.

All respondents were asked to respond to a series of questions related to community perceptions of the coordinated entry process as well as level of experience/knowledge with coordinated entry concepts. In addition, respondents were given the ability to provide detailed thoughts on the CES through open ended responses.

Forty-one community members completed the online survey. Forty-six percent were program managers, supervisors, or program directors. Twenty-seven percent were case managers. Fifty-six percent of respondents are required to participate in the CES.

Recommendations

To improve the CES, five key areas are highlighted for consideration of immediate action steps and a positive path forward for the community:

- 1) Build trust and collaboration in the coordinated entry system across housing and service providers. This concept was repeatedly articulated in all three of the community stakeholder focus groups as well as the evaluation survey.
- 2) Establish agreement in the current CES model or commit to its redesign. There is disagreement and lack of buy in for the current CES model among the community stakeholders. The CES policies and procedures refer to a “Centralized Intake” system, which describes a model for access to the system, but clients are being assessed, prioritized, and housed without going through the HAP. Only 36% of evaluation survey respondents feel the CES is well designed. Almost all (97.5%) of survey respondents agree that there is a disconnect between HUD and non-HUD programs on intent and best uses of coordinated entry.
- 3) Increase coordinated entry participation and eliminate “side doors.” As noted above, the CoC has various ways for providers to house clients without those clients being assessed and prioritized by the HAP, creating “side doors” that cannot guarantee fair and equal access to housing, or that the most vulnerable are served first.
- 4) Evaluate the need for an assessment tool to supplement the VI-SPDAT. Only 41% of respondents feel that the current assessment tool (VI-SPDAT) accurately prioritizes clients for housing resources. Interviewees and focus group attendees reported that the current assessment tool is not always reflective of clinical observations, creating a distrust in the current tool as a sole indicator of vulnerability and priority. The majority of evaluation survey respondents feel that a supplemental assessment tool would improve the CES screening process. Focus group attendees stated that finding/creating a tool that would supplement VI-SPDAT scores and better align with clinical observations would create a more accurate prioritization result.
- 5) Revise CES Policies and Procedures. There are two areas for improvement with the CES policies and procedures. First, the policies and procedures do not provide sufficient detail and do not address some policy requirements. The CES Self-Assessment Tool completed and provided by the community evidences this finding. Second, the CES is identified as a centralized intake model (which means only one entity acts as the access point to the system of care) yet clients are assessed and referred to housing external to the HAP, which is either a hybrid or decentralized model. Closely tied to agreement on the CES model, once a commitment is made by the community to a single CES structure, the policies and procedures can be aligned to articulate that structure.

While the above issues pose a substantial level of effort to overcome, it should not be lost that Kent County’s coordinated entry practices are experiencing some important successes for the community. Examples identified by the focus groups include:

- Individuals are not required to fill out multiple housing applications

- HAP is doing a good job of assessment and screening for eligibility for the clients it serves
- Clients are connected to 15 different entities immediately upon assessment based on eligibility
- Collaboration is increasing, such as between the outreach teams and funding opportunities for youth programs
- Progress has been made towards Housing First adoption
- 2-1-1 screening tool was developed collaboratively among partners
- Diversion is working well
- The CoC is prioritizing persons who are most vulnerable (HAP)
- There are more conversations about equity
- CoC funding has been re-allocated for CES
- MOU's have been signed by agencies to use CES
- CoC applied for the Youth Homeless Demonstration Program (YHDP)
- Veterans Administration (VA) is using HMIS
- Greater HMIS participation
- Broader CoC participation
- Potential of data matching with mental health to enhance client services

Building upon these successes, the CoC can articulate ways in which collaboration and healthy competition are occurring and work to apply those techniques to the areas with recommendations for improvement. It would benefit the community to find a strong, objective, third party to assist with designing and implementing an exploratory process that focuses on how a client should experience the CES, what needs to happen and when rather than who can/should do it, and then align community resources to those roles. A community-based effort that is solution-oriented and seeks common ground would strengthen the community and its efforts to prevent and end homelessness for years to come.

Because housing program design and commitment to Housing First concepts (particularly lowering barriers to housing program entry) are critical for a successful CES model, these items are addressed as part of the section below for community-wide agreement to a CES model. Each key area for improvement has its own set of actionable recommendations, including housing program design and strategies for lowering barriers and incorporating Housing First principles.

Build Community Collaboration and Trust

Recommendations

- Develop a transparent process for CES decision-making that encourages collaboration
- Identify current and past examples of collaboration and apply those techniques to areas where collaboration is weakest
- Seek opportunities where collaboration is required

- Be solution-oriented, even if that means a change for your own agency
- Conduct messaging development sessions around difficult topics to build consistent understanding and agreement around contentious areas

Central to any successful community collaboration is a base of trust and desire to work together for the benefit of the whole. There were comments made in focus groups and surveys such as “Trust is broken,” “Competition in an unhealthy way,” “Operating on assumptions about one another that are perhaps old,” and “Use of clients to advance personal agendas.” These comments are indicative of the inter-personal challenges faced by the CoC in gaining full participation in the CES. Development of a transparent process for decision-making that encourages collaboration would significantly improve the coordination, collaboration, and integration of interventions for participants and ensure fair and equal access to housing and services.

Establish Agreement to the CES Model

Recommendations

- During decision-making, separate CES from the family emergency shelter prioritization process
- Educate community stakeholders on CES models
- Engage in a transparent and inclusive community process to discuss and make decisions about the CES model
- Engage an objective, third party facilitator to conduct the community discussion
- Build off existing CES structure
- Design CES structure based on the client experience
- Identify CES roles based on community adopted structure
- Assign CES roles to community stakeholders based on selection criteria

There is a desire by some service providers to explore a change to the current CES model. The concept of changing to a hybrid or decentralized processes was raised numerous times across the community stakeholder focus groups, in interviews, and in the online Coordinated Entry Evaluation Survey. There is a desire by some to have decentralized access and an ability for all community programs to assess and place clients on the prioritization list while maintaining the HAP as the oversight entity of the CES process, including remaining as the keepers/maintainers of the Housing Priority List and the referral process.

Only 36% of evaluation survey respondents feel the CES is effective as currently designed. 97.5% of evaluation survey respondents agree that there is a disconnect between HUD and non-HUD programs on the use of CES. Most evaluation participants cite this disconnect as being the primary barrier to full participation in the CES. Education is a key component of the disconnect - over 70% of survey respondents rated the community as a “Beginner” or having no knowledge about key coordinated entry concepts, such as the intent of coordinated entry,

Housing First concepts, coordinated entry policies and procedures, how to lower barriers to accessing housing and services, system performance measures, the CES's impact on system performance measures, prioritization concepts, referral processes and expectations, and the role of prevention and diversion interventions.

During the interview and focus group process, it was identified that many community members often confuse the CES process with a similar, but separate process for prioritizing families for emergency shelter. It should be noted that the evaluation results pertain only to the CES process and are not applicable to the community's family emergency shelter process.

The design of a successful CES is more than the access, assessment, and referral process. While access, assessment, and referral are significant roles of a CES model, components must be supported by other significant elements, such as housing program design and a common commitment to Housing First practices. These two elements are further discussed below.

Housing Program Design

Recommendations

- Create an inventory of housing and services available for people experiencing homelessness
- Conduct assessment of housing and service offerings
- Create a typology of client needs from HMIS and other data sources
- Compare client typologies to housing and service offerings
- Design and fund programs with progressive designs to fit client needs
- Improve practices to support clients in mediating with landlords and understanding tenant rights and responsibilities
- Improve landlord participation and relationships through support, education, and recognition

For CES to be successful, it must be supported by housing and service programs that understand and respond to client needs. Basic tenets of a strong CES include: the ability to thoroughly understand population needs and design programs that meet client's where they are; the promotion of a strengths-based approach; and the flexibility to change as client needs change. The participants of the homeless/formerly homeless clients focus groups highlighted areas where program design does not meet client need. For example, some rental assistance programs only aid with assistance for 6-9 months but some clients need additional support to regain stability. The focus group participants felt that this sets them up for failure.

"Was in Prison 30 years ago. Still get denied things. How long must I pay my dues before someone helps me?"

Homeless/Formerly Homeless Voice

To strengthen program design and best meet client needs, CoC design interventions should consider drawing from evidence-based progressive engagement strategies⁴. Progressive engagement approaches are supported by research that shows household characteristics such

“I feel homeless again even before housing starts.”

Homeless/Formerly Homeless Voice

as income, employment, and health issues (such as substance use) do not accurately predict what level of assistance a household will need. Therefore, progressive engagement strategies provide a small amount of assistance to stabilize individuals and families and help solve their housing crisis. For those who are assessed as needing more assistance after this initial level of support, more assistance is provided. Assistance is

provided in a progressive manner and is flexible and tailored to meet individual household’s needs. This will allow the CoC to maximize available resources and provide the most assistance to those who are in the greatest need.

There is an assumption that the clients will be able to handle the rent by themselves when the rental assistance ends; the focus group participants felt that instead it increases the likelihood of struggles with the landlord and eviction notices, which impacts their ability to obtain housing later.

Lowering Barriers/Commitment to Housing First

Recommendations

- Create an inventory of housing programs that includes all eligibility criteria
- Identify housing programs that impose additional criteria for entry into the program, particularly after referral
- Conduct a comparison review of successful housing placements
- Develop funding allocation considerations for housing programs with additional entry restrictions
- Work with high barrier housing programs to develop strategies to lower barriers over time

Of the evaluation survey respondents, 71% do not feel that all housing and service providers within the community share the same guiding principles for providing housing and services and that there is no effort underway to close “side doors” to entry into housing programs. Only 24% of survey respondents feel that all housing providers have adopted and are operating under Housing First principles. This disparity in adoption and commitment to Housing First principles is evidenced by 25% of survey respondents indicating they do not feel that housing and service providers should lower barriers to program entry by minimizing eligibility criteria.

⁴ National Alliance to End Homelessness, *Rapid Re-Housing Performance Benchmarks and Program Standards, 2016, Washington, DC: <https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/>*

Coordinated Entry Policies and Procedures include guiding principles. Section 2.6.2. of the principles states that the CES will be established in accordance with federal and state priorities and noted best practices, such as “Implementation of Housing First principles.” The interviews, focus groups, and evaluation survey results indicate diverse understanding and adherence to Housing First principles, including the lowering of barriers to housing and services. It was articulated in all focus groups that a referral did not mean a client had passed all barriers to accessing the housing resource. It was repeatedly reported that in some cases, once a client is referred for housing services, a housing provider may impose additional eligibility criteria, such as credit checks, sobriety requirements, and criminal background checks.

Homeless or Formerly Homeless Citizen Reflections On System Design

The individuals in the homeless or formerly homeless focus groups reflected on how they would like to see the system improved and, in some cases, shared the frustration they have experienced with the system. Below is some of the most poignant feedback received:

- “People can say they are a veteran or have some disability and they get housing before me. It feels like favoritism, systematic discrimination. It shows a real lack of compassion or caring.”
- “It’s the principle of waiting. It’s better to know nothing has changed, than to have no communication at all.”
- “Having to get homeless verification is really hard. People who are homeless don’t want others to know, so it’s hard to ask for a letter. It’s very demeaning.”
- “Someone with a disability will have a chance, I don’t have a chance.”

Increase Coordinated Entry Participation and Eliminate Side Doors

Recommendations

- Conduct a community-led process to develop strategies that eliminate side doors
- Increase CES participation by creating a community-developed CES model
- Work with funding partners to implement CES participation requirements
- Develop a monitoring plan for adherence to CES policies and procedures
- Include CES participation metrics in selection criteria for the local CoC program competition

Focus group participants reported that some providers do not participate in the CES and assess, prioritize, and refer clients to housing without utilizing the HAP process. Additionally,

the focus groups reported that if a client presented themselves in-person to programs and a suitable housing option was available, they would assess and house the client immediately, without requiring the client go through HAP. Some would follow up by notifying HAP; others did not. These situations create “side doors” within the CoC where clients are being assessed, prioritized, and housed without going through the CES.

Fair and equal access to housing cannot be guaranteed if the requirements for the standardized access, assessment, and referral protocols put in place by the Coordinated Entry Committee are not fully implemented. Closing the side doors is a key opportunity for improvement and is best accomplished by all housing providers participating in the CES. Centralized or decentralized, a CES where all providers are participating, assessments are conducted the same way, prioritization and placement into housing occurs the same way, referrals only come from the prioritization list, and barriers are lowered is one that best accomplishes fair and equal access to housing.

Evaluate Need for Supplemental Assessment Tool

Recommendations

- Identify and document clinical vulnerability criteria
- Assess gaps in current assessment tool by comparing to clinical vulnerability criteria
- Evaluate the need for a supplemental assessment tool based on gaps

The majority of survey respondents feel that a supplemental assessment tool would improve the CES screening process. Only 41% of respondents feel that the current assessment tool accurately prioritizes clients for housing resources.

“Some of the questions don’t make sense. ‘Where do you spend the night’ seems like a stupid question. ‘How long have you been homeless?’ What does it matter? To them, it might be relevant, but for us it’s annoying. If you’re sleeping on the street, garage, car - it’s embarrassing. You don’t want to tell them, but they need to know it for something.”

Homeless/Formerly Homeless Voice

Revise Coordinated Entry Policies and Procedures

Recommendations

- Revise and update the policies and procedures manual
- Post the CES Policies and Procedures to the CoC webpage
- Link all documents referenced in the Policies and Procedures to the online manual
- Provide training on the updated policies and procedures
- Establish a plan for updating and training on CES policies and procedures

CES policies and procedures are meant to set expectations for the community's values and guiding principles for operating the CES and setting procedures for day-to-day operations. Of all survey respondents, 38% did not feel the policies and procedures accurately reflect how coordinated entry is operated in Kent County.

The Grand Rapids Area Coalition to End Homelessness Continuum of Care coordinated entry policy and procedure manual (updated as of March 2018) does not include many of the policies and procedures that are reflected in HUD guidance (see the communities Coordinated Entry (CE) Self-Assessment Form (attachment A) and the Desk Review Tool (attachment B)). There is a significant opportunity for the Coalition to improve the policies and procedures by including detail and focusing on coordinated entry as a community activity rather than compliance for the HAP. Additionally, it contains policies and procedures that are applicable to the HAP but not applicable to other programs conducting coordinated entry activities. For example, in the CE Self-Assessment completed and provided as supporting documentation, the community self-identified that training on CES policies and use of the assessment tool are conducted by The Salvation Army (TSA) for the HAP staff. However, during the focus groups and interviews, it was openly acknowledged that other organizations administer the assessment tool, prioritize, and house clients external to HAP. The policies and procedures do not reflect training expectations for those organizations.

The policies and procedures do not appear to align with the CE model in operation. The policies and procedures identify the CE model of access, assessment, and referral as "centralized," which means only one entity is the access point to the system of care, but the policies and procedures also articulate alternative spaces where these activities can be conducted (Referral and Outreach Agencies), indicating either a decentralized or a hybrid model. The manual should clearly reflect the desired model and the policies and procedures should be updated to support its operation.

Coordinated entry policies and procedures, like many CoC governing documents, should be made public and easily accessible. A good practice would be to update the policies and procedures, either as a single document or separate documents, and add them to the CoC webpage with hyperlinks to other documents referenced in the policies or procedures.

Summary

The CES in Kent County has continually evolved since its inception in 2007. The community should be commended for being an early adopter of a coordinated system that would eventually take on the elements of HUD-guided CES. The CoC should also be commended for embarking on this evaluation in its efforts to identify actionable opportunities for continuing its improvement. Undertaking a community effort to build trust and collaboration, improve and expand the design of the CES, increase participation and closing side doors, evaluate and potentially design a supplementary assessment tool, and revise the CES policies and procedures are all challenging efforts, but success in these areas will increase access to services and housing desperately needed by those experiencing homelessness.

Articulating the CES through detailed policies and procedures will provide consistency in understanding CES goals and operations while providing a basis for deeper evaluation in the future. Building upon prior success, particularly in trust and collaboration, will create an environment where all providers understand their role in the bigger picture of preventing and ending homelessness in Kent County as a system of care and can work together to accomplish that goal.

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