Charlotte-Mecklenburg Emergency Shelter System

ASSESSMENT OF CAPACITY & UTILIZATION

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EXECUTIVE SUMMARY

Each day, emergency shelters in Charlotte-Mecklenburg must turn away people who are facing a housing crisis: single adults, families, youth, veterans and individuals as well as those who have been displaced due to natural disasters. The reality that local emergency shelters are full is not new; these shelters have always been at the front lines of serving those who need immediate help. The need for shelter is always the end result of a loss of housing. To adequately address the need for shelter, the community must also consider permanent, affordable housing as central to the solution.

In Charlotte-Mecklenburg, there is and has been an indisputable shortage of housing affordable to those earning less than median income levels. While investment in both short- and long-term housing subsidies has increased since 2010, finding units to match with available subsidies in Charlotte-Mecklenburg has been challenging. In addition, the number of naturally occurring affordable housing (NOAH) units, where subsidies are not needed, is decreasing due to market pressures.

The need for affordable housing has grown out of proportion to the supply of all housing, as well. Over 75,000 renter households in Charlotte-Mecklenburg face housing instability because they are cost-burdened. In addition to those households facing a high risk of experiencing homelessness, on average 711 households call NC 2-1-1 for housing assistance each month; of these, 318 households receive an in-person assessment through the community's Coordinated Entry system. Over 5,000 individuals entered emergency shelter during FY17. This does not capture the number of people turned away.

The solution for housing instability and homelessness is the *same*: housing that is *affordable* to individuals and families at all income levels.

Readily available, affordable housing, especially for those earning at or below 30% of area median income would help address capacity issues in shelters. However, even when there is enough housing affordable to anyone, communities must have a crisis response system to help individuals and families access shelter when they need it. Therefore, Charlotte-Mecklenburg must consider whether existing emergency shelters are both effectively providing immediate, safe space for all and efficiently connecting individuals and families with housing available.

The emergency shelters, if functioning as a coherent system in Charlotte-Mecklenburg, are uniquely positioned to play a significant role in the work to end and prevent homelessness, and increase access to affordable housing. Some have begun the difficult work to coordinate and collaborate across individual shelters and explore complementary services to expand capacity without building new facilities.

Charlotte-Mecklenburg is not unique in its challenge to create a fully functional emergency shelter system. Determining the right number of emergency shelter beds is a question faced by communities across the United States. The lack of affordable housing, in combination with other factors, contributes to an increased need for permanent housing solutions.

The emergency shelter system must effectively provide crisis shelter for those who *most need it* and then efficiently *connect those in crisis to housing.*

This report articulates the need to view the emergency shelters as a system, holistically and in its proper context. Analysis of the Charlotte-Mecklenburg emergency shelter system utilization and capacity is provided within the larger context of permanent, affordable housing need and supply. To effectively evaluate the emergency shelters as a system, an objective and comprehensive framework is used to describe the current state and offer recommendations for optimization.

Prior to building new shelters, decision makers must consider the impact of implemented solutions upon overall system performance and optimization. Shelters are necessarily more than options in time of crisis. Only by adopting a coordinated approach, within the broader context of homelessness and housing instability, will Charlotte-Mecklenburg truly impact the need for emergency shelter.

INTRODUCTION & OVERVIEW

In Charlotte-Mecklenburg, there is an indisputable shortage of housing affordable to those earning less than median income levels. According to the National Low Income Housing Coalition, there are only 32 units available per 100 households at or below 30% of area median income. This equates to income of about $25,000 a year for a family of four. If a household spends no more than 30% on housing, this means that $625 per month must cover rent and utilities at that income level.

The community is unable to keep pace with the affordable housing demand in Charlotte-Mecklenburg. Since 2001, only 6,572 total affordable units are completed, pending or under construction using the City of Charlotte's Housing Trust Fund. While investment in both short-term and long-term housing subsidies has increased since 2010, finding units to match with available subsidies in Charlotte-Mecklenburg has been challenging. In addition, the number of naturally occurring affordable housing (NOAH) units, where subsidies are not needed, is decreasing due to market pressures.

The need for affordable housing has grown out of proportion to the supply of all housing, as well. Over 75,000 renter households in Charlotte-Mecklenburg face housing instability because they are cost-burdened. This means they spend more than 30% of their household income on rent and utilities. Households earning below 30% of area median income are disproportionately impacted with over 90% of extremely low-income renter households in Mecklenburg County cost burdened. Almost 30,000 households faced formal eviction proceedings in the last fiscal year.

Of those households who are at high risk of experiencing homelessness, on average NC 2-1-1 receives 711 calls from households/individuals; 318 households receive an in-person assessment through the community's Coordinated Entry system. The reasons for seeking housing assistance include multiple factors such as employment, childcare, transportation, mental health and substance use, domestic violence, natural disaster and healthcare.

Over 5,000 people entered emergency shelter during between October 2016 and September 2017. This does not capture all of the people who are turned away by shelters. The solution for housing instability and homelessness is the same: housing that is affordable to individuals and families at all income levels. Readily available affordable housing, especially for those earning at or below 30% of area median income, would help address capacity issues across all shelters. However, even when there is enough housing affordable to anyone, communities must have a crisis response system to help individuals and families access shelter when they need it.

Charlotte-Mecklenburg must consider whether its emergency shelters are both effectively providing immediate, safe space for all and efficiently connecting individuals and families with housing available.

Charlotte-Mecklenburg's emergency shelter providers recognized the need to function as a coordinated emergency shelter system. While other communities across the country face similar challenges, it is not sufficient to look to peer cities to discern emergency shelter solutions in Charlotte-Mecklenburg. Factors like climate, housing market, migration into and out of the community, economy, policy, resources and local priorities play a significant role and combine to create a unique environmental context for each community.

Therefore, this report will articulate the need to view the emergency shelter system holistically and in its proper context. Additionally, it will discuss how this lens can best position the emergency shelters in Charlotte-Mecklenburg to serve the individuals and families who will always have a need for supports in times of personal crisis.

CHARLOTTE-MECKLENBURG CONTEXT

In Charlotte-Mecklenburg, over 5,000 people experienced sheltered homelessness, whether in emergency shelter or transitional housing, between October 1, 2016 and September 30, 2017. On a single night in January 2018, 1,668 individuals experienced homelessness. Most (1,151 or 68%) were in emergency shelter. In 2018, roughly 700 people each month called NC 2-1-1, which is the first step for those seeking shelter and housing resources. NC 2-1-1 made about 650 monthly referrals for an in-person Coordinated Assessment, which is conducted when the caller reports they are literally homeless or at imminent risk of homelessness. Of that number, an average of 318 households came in person each month to receive a full Coordinated Assessment, which might result in a referral to a shelter or the provision of diversion assistance.

According to the 2018 Point-in-Time Count, the majority (63% or 1,049) of people experiencing homelessness are single adults. Families with children represent 32% (535) of all people experiencing homelessness. Unaccompanied youth (77) and unaccompanied children (5) comprise 5%, which is most likely an undercount of all the youth experiencing homelessness in the community. Nationally, 1 in 10 young adults ages 18 to 25 and 1 in 30 adolescents ages 13 to 17 experience homelessness during the course of a year. During the 2017/2018 school year, there were 4,598 students identified as eligible for McKinney-Vento services in Charlotte-Mecklenburg schools.

Seventy-nine percent (1,311) of the population in the 2018 Point-in-Time Count identified their race as Black or African American. Five percent (77) identified their ethnicity as Latinx. Of all people experiencing homelessness on the night of the Point-in-Time Count, 57% or 956 identified as male and 42% or 701 individuals identified as female. Another 1% or 17 individuals identified as transgender or gender non-conforming.

SHELTERED HOMELESSNESS OVERVIEW

There are multiple factors to consider when examining the demand and utilization rate for emergency shelters in Charlotte-Mecklenburg. Some emergency shelters operate year-round, while others have beds that are available only seasonally. The emergency shelter utilization rate does not capture the number of people who solely call NC 2-1-1 or those who show up and are turned away because shelters are full. Emergency shelters in Charlotte-Mecklenburg also serve clients who may have been served by shelters in neighboring counties. The information in this report reflect the data that are available at present. To fully understand the flow of individuals into and out of emergency shelters as well as the true demand for emergency shelter in the community, further data collection and research is needed.

The average length of stay in emergency shelter during FY17 was 77 days. The median length of stay was 38 days. Since 2015, the average and median lengths of stay have increased steadily (11 day increase in average and 8 day increase in median). This data illustrates the difficulty some populations have in acquiring a permanent housing solution. Additional research into average and median length of stay, as well as individual shelter policies, can shed light on why some populations experience longer shelter stays, which impact the overall capacity of the system.

During FY17, there were 4,448 people experiencing homelessness in an emergency shelter. Most people (2,956) were experiencing sheltered homelessness for the first time; another 1,545 individuals had previously experienced homelessness. The number of individuals returning to homelessness after having exited to permanent housing increased. Most of the change was due to households who returned after exiting emergency shelter into identified housing options, including subsidized and unsubsidized housing; this indicator rose from from 21% to 27%, year-over-year. This speaks to a difficulty retaining housing once found; more research must be done to understand why.

TRENDS IN SHELTERED HOMELESSNESS UTILIZATION & CAPACITY

Trends in sheltered homelessness are impacted by changes in capacity. It is important to consider capacity changes when interpreting changes in numbers served or utilization rates. Sheltered homelessness across Charlotte-Mecklenburg decreased by 17% from FY16 to FY17, with the population being 5,104 (FY17) versus 6,167 (FY16) people. This decrease was directly attributable to a reduction in emergency shelter and transitional housing beds; 15% of the total inventory, or 252 beds, were eliminated during that time period. It is important to note that the methodology for calculating the Housing Inventory Count has changed over time, which could also have had an impact on the number of beds counted; either way, the population decrease noted does not necessarily reflect an actual reduction in demand for beds.

During the next year, the number of people experiencing homelessness in an emergency shelter on the night of the Point-in-Time Count rose by 16% (160 people). This was the first year-over-year increase in the overall Point-in-Time Count since 2011. The Point-in-Time Count reflects the number of people in emergency shelter, transitional housing and in unsheltered locations. When looking at the percentage in emergency shelter as a share of the overall Point-in-Time Count, there has been a steady increase since 2010. The uptick in the number of people experiencing homelessness in emergency shelter on the night of the Point-in-Time Count from 2017 to 2018 was similarly related to an increase in the number of available emergency shelter beds (191) from 2017 to 2018; the inventory increased through the addition of dedicated beds as well as temporary overflow cots. The increase in the number of beds was seen at Salvation Army (97 beds), Men's Shelter of Charlotte (69 beds), Safe Alliance (20 beds) and Room In the Inn (11 beds). One emergency shelter provider, Another Choice for Black Children, removed 6 beds.

In contrast, during the same period of time, the number of permanent housing beds/units saw a net decrease of 2% or 96. Most of the decrease was in rapid re-housing, which lost 395 beds/units. The change in the number of beds/units may be attributed to the methodology changes in the housing inventory count, loss of funding for rapid re-housing assistance, and/or challenges with finding rental units and landlords who will accept the rapid re-housing assistance.

From 2010 to 2018, the number of emergency shelter beds on the night of the Point-in-Time Count has increased by 26% or 254, from 966 to 1220. Additionally, since 2011, emergency shelters have been observed to be more than 90% occupied each year on the night of the Point-in-Time Count. During the 2018 Point-in-Time Count emergency shelter beds were at 94% capacity (1,151 beds were used out of 1,220 total beds). It is important to note that Salvation Army and Men's Shelter of Charlotte, which house most of the community shelter beds, use an assigned bed model. This means that beds may be assigned to a person, but not filled during the census night for various reasons including that a person may be in the hospital, working a third shift job or visiting a family member.

Despite the 73 open beds available that night, there were 209 people counted in unsheltered locations. Individuals and families who slept in unsheltered locations were asked why they chose not to sleep in a shelter on the night of the Point-in-Time Count. Most reported that they did not feel safe and/or shelters were unclean.

OVERVIEW OF ACCESS TO AFFORDABLE & AVAILABLE PERMANENT HOUSING

The capacity of the emergency shelter system is related to the inventory of affordable housing in the community. When there is limited access to affordable and available permanent housing, individuals and families in emergency shelters must either stay in shelter, leave to unstable housing or return to homelessness. This results in longer shelter stays, reduced system capacity and increased housing instability. Creating opportunities for affordable housing increases outflow for people leaving shelter into successful housing options and reduces inflow, with fewer people needing to enter emergency shelter.

Affordable, permanent housing can range from housing made affordable with the addition of a subsidy, to housing that is constructed with subsidies to make it affordable, to housing that is already present as naturally occurring affordable housing (NOAH). There is no one database with an overall inventory of all forms of available and affordable permanent housing. The information below describes the current inventory based upon information that is available from the Housing Inventory Count and other sources.

In 2018, there were 680 rapid re-housing beds/units reported across 8 organizations on the Housing Inventory Count. Similar to the emergency shelter system, each rapid re-housing organization operates independently. Rapid re-housing includes the provision of housing search assistance, housing focused case-management and a short-term rental subsidy that can last up to 2 years. This impacts everything from the population(s) served to the length and type of subsidy provided. There were 333 "other permanent housing" beds/units reported between 2 organizations; these provide a medium-term subsidy of between 3 and 5 years.

In addition, there were 1,280 permanent supportive housing beds/units operated by 5 organizations, which provide long-term subsidies and are prioritized for individuals and families experiencing chronic homelessness.

Between 2017 and 2018, the total of all permanent housing beds decreased by 302 or 12%. Permanent housing defined here can include subsidized and unsubsidized housing. Most of the decrease was seen within rapid re-housing beds. While the permanent housing inventory decreased from 2017 to 2018, 2,551 people exited from emergency shelter, transitional housing and rapid re-housing to permanent housing during FY17. This represents a 38% or 704 person increase from FY15. In addition, during FY16, the number of people who retained permanent housing remained stable at 94%.

Since 2002, the Housing Trust Fund, operated through the City of Charlotte, has helped deliver 5,045 affordable housing units. Of the units completed, 50% (2,531) were designated as special need, which includes funding for temporary housing like emergency shelter and transitional housing. There are 1,757 total units which are planned or under construction. Of the 6,572 total affordable units that the City of Charlotte has subsidized through the Housing Trust Fund since 2002, 44% or 2,896 are targeted to people making 30% or below area median income (this includes special need, temporary housing).

The Housing Choice Voucher (HCV) program is a federally funded rental assistance program for low-income households (0%-50% AMI) who rent in the private market. HCV reported 4,473 voucher holders in Mecklenburg County in August 2018, with another 13,609 households on the HCV waiting list.

During the 2018 Point-in-Time Count, 51 individuals who were experiencing homelessness in shelters or on the streets reported that they had a Housing Choice Voucher in hand but were still unable to secure housing. This could be the result of a lack of affordable housing units and/or landlords with available units who are unwilling to accept the voucher.

THE EMERGENCY SHELTER SYSTEM IN CHARLOTTE-MECKLENBURG

Six emergency shelters comprise the emergency shelter response "system" in Charlotte-Mecklenburg. All six are located within the city limits; there are no shelters in the towns within Mecklenburg County. There are emergency shelters in the surrounding counties which serve individuals and families who may also be supported by the emergency shelter system in Mecklenburg County. This assessment includes information from those emergency shelter providers in Mecklenburg and surrounding counties who elected to participate. See Appendix for full overview of process and methodology.

An emergency shelter is defined as a "facility with the primary purpose of providing temporary shelter for people experiencing homelessness." In contrast, transitional housing is defined as a temporary housing environment, coupled with supportive services, for stays up to 24 months. Transitional housing usually has additional entry and/or program requirements, whereas emergency shelter is designed to be low-barrier and immediately accessible.

This assessment will look at emergency shelter only, but recognizes the fact that truly effective shelter systems must consider transitional housing and other permanent housing solutions as part of the overall structure.

The 2018 Housing Inventory Count is an annual snapshot of the number of beds and units on hand to shelter and house people experiencing homelessness. The 2018 count reflects 1,220 total emergency shelter beds across the six emergency shelters in Charlotte-Mecklenburg. Of the 1,220 total beds, 957 are available year-round, 174 are seasonal, and 89 are deemed overflow. Seasonal means the beds are in use for only a portion of the year; overflow beds may be activated in times of extreme weather or to meet an emergency capacity need.

Each emergency shelter independently serves a specified target population. The majority of emergency shelter beds are located within Men's Shelter of Charlotte (which has two shelters serving primarily unaccompanied men) and the Salvation Army Center of Hope (which shelters primarily single women and women with children). Safe Alliance, which has 140 beds, serves individuals and families fleeing domestic violence.

Room in the Inn had 144 beds on the night of the Point-in-Time Count in 2018, which are prioritized for women and children; these are provided through a network of community-based host sites and coordinated by Urban Ministry Center. Room in the Inn is operational seasonally, between December and March each winter; its capacity is wholly dependent upon the facilities available within the community-based host site network. The Relatives has 9 beds dedicated to unaccompanied children and youth. Samaritan House, which has 12 beds, serves individuals who need medical care after they have been discharged from the hospital. While the Housing Inventory Count provides a helpful, one-night snapshot of the system inventory, an annual inventory count would more accurately depict the capacity of the system.

Individuals and families are expected to access emergency shelter through one entry point, Coordinated Entry. After receiving an assessment, those needing shelter are referred to a provider based upon the space available and the fit of the household to the population served by the shelter. For example, a single adult male would not be sent to an open bed at the Salvation Army, which serves women and families with children. In cases where there is an immediate crisis, individuals and families might bypass the step of dialing 2-1-1 in order to enter emergency shelter.

Emergency shelters have different policies and procedures which outline their unique approach to services and connecting residents to housing. Some of the emergency shelters have access to permanent housing subsidies, which provide an additional pipeline to housing.

DEVELOPING A FRAMEWORK TO EVALUATE THE EMERGENCY SHELTER SYSTEM

To evaluate the entire emergency shelter system requires a framework that is objective and comprehensive. It is important to look at the emergency shelters from a holistic perspective as well as the specific components of individual programs to gauge systemic efficiency and effectiveness. Examples of this kind of framework were difficult to find in other communities. While evaluations of individual emergency shelters do exist, no such system-wide evaluation frameworks were readily available.

However, the United States Interagency Council on Homelessness (USICH) and the National Alliance to End Homelessness (NAEH) each provide information on the key components to target in an effective emergency shelter system. These components helped inform the local framework developed to evaluate the Charlotte-Mecklenburg emergency shelter system.

The emergency shelter system is itself contained within a larger ecosystem of other temporary and permanent housing organizations. Some are subsidized; these include transitional housing, rapid re-housing, and permanent supportive housing. Other, non-subsidized housing, including naturally occurring affordable housing, exists independently of most agencies.

Imposing a framework on the Charlotte-Mecklenburg emergency shelter system allows for a comprehensive view of the different parts relative to the whole, and how the emergency shelter system is both impacted by and impacts other systems in the community.

Understanding interrelationships and their consequences, intended or not, is fundamental. For example, data as disparate as the total number of people served during a year or the average length of stay in emergency shelter are each correlated to the affordable housing opportunities available upon exit from the shelter. If there are fewer, or zero, housing opportunities for individuals to access, then both the average length of stay in emergency shelter is likely to be longer and the number of individuals who must rely on emergency shelter will also rise. This obviously, also, creates a tension among resources and strains the entire system. The emergency shelter programs that comprise the overall shelter system in Charlotte-Mecklenburg and surrounding area have different eligibility requirements, target populations and operating procedures.

While emergency shelters work to collaborate regularly, each emergency shelter is administered independently of the others, with differing organizational structures and strictures. Each must secure funding, often in competitive environments. Collectively, these six agencies work to serve over 5,000 individuals a year who enter emergency shelter.

This emergency shelter system framework, while intended to be comprehensive, is also designed to be simple and straightforward for use by a variety of stakeholders and interested parties. Six overarching components can help knit together and make sense of the complex and complicated emergency shelter system in Charlotte-Mecklenburg. The full framework is described in detail below. Please see the Appendix for the complete methodology.

EMERGENCY SHELTER SYSTEM FRAMEWORK

HOUSING FIRST APPROACH

SAFE & APPROPRIATE DIVERSION

IMMEDIATE LOW-BARRIER ACCESS

HOUSING-FOCUSED RAPID EXIT SERVICES

DATA TO MEASURE PERFORMANCE

ADAPTABILITY & FLEXIBILITY

FRAMEWORK COMPONENT
HOUSING FIRST APPROACH

OVERVIEW OF FRAMEWORK COMPONENT

Housing First is a research-informed approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without any preconditions or barriers to entry; examples of barriers include sobriety, treatment or service participation requirements. In contrast with housing readiness, the Housing First approach centers on providing housing to people experiencing homelessness as quickly as possible and then providing the services to help them stay housed. This is grounded in the belief that stabilizing living arrangements is a precursor to addressing issues such as mental health, substance abuse or unemployment.

National funding sources like the United States Department of Housing & Urban Development (HUD) have been shifting prioritization toward models following this approach. Charlotte-Mecklenburg has adopted Housing First as a best practice approach and uses it as a factor when prioritizing resources in the community.

As a system, a Housing First orientation means that any individual or family seeking shelter will safely and efficiently access stable housing, without any other requirements imposed. A Housing First orientation also means that the emergency shelter system is set up to immediately connect all individuals and families entering shelter with a pathway to housing. Such an orientation requires coordination and collaboration, both among and across providers, to align funding resources and strategy as well as target resources appropriately.

CURRENT STATE OF COMPONENT IN CHARLOTTE-MECKLENBURG

While the Charlotte-Mecklenburg emergency shelter system embodies many of the important tenets of the Housing First approach, it is not fully oriented as an aligned system. Most shelters responded to this survey by stating that they utilize a Housing First approach, with low-barrier access into the shelter and necessary resources provided to assist in locating housing.

The Salvation Army does not have prerequisites for shelter entry, and works to help residents exit to housing regardless of barriers that might deny them housing. The Community Shelter of Union County states that it believes housing is a basic human right for all individuals and prioritizes exit to housing as the main goal for its residents. Men's Shelter of Charlotte does not set preconditions for entry and connects residents to housing and employment services and staff shortly after intake.

Some shelters employ Housing First tenets without adopting a complete Housing First approach. For example, Room in the Inn serves individuals with recorded evictions or those with non-sex offense criminal records, as well as those without income. However, due to the fact that Room in the Inn is volunteer-run, it will not accept residents who cannot pass a breathalyzer test upon entry. In addition, prospective Room in the Inn residents must first have attempted to enter the Salvation Army or Men's Shelter of Charlotte and have a valid NC ID. The Relatives does not utilize a Housing First approach; instead the shelter employs a proprietary screening process. Youth between the age of 7 and 17 are accepted at The Relatives if the screening supports admittance and the program expectations are agreed to by those seeking shelter.

While the emergency shelters in Charlotte-Mecklenburg favor a Housing First approach, there are opportunities for the entire system to adopt a Housing First orientation. There are potential negative impacts of not having all programs aligned under a Housing First approach. Coordinated Entry, for example, is unable to be fully optimized as an entry point for anyone to access emergency shelter in the community. This disconnect also hinders the ability to manage overall bed capacity relative to the need of the disparate populations in the community, instead limiting capacity to the individual requirements of each shelter. Indicators which highlight this opportunity include emergency shelter utilization being below 100% on the night of Point-in-Time Count, as well as the presence of unsheltered individuals and families on the night of the Point-in-Time Count when there are beds available.

RECOMMENDATIONS

USICH provides a Housing First Checklist to help shelters and systems determine if they have a Housing First orientation. Completing this assessment as a system can help emergency shelters know in which area(s) and to what degree to make changes and develop an overall strategy to maintain a Housing First orientation. Funders can support a Housing First orientation by adopting it as a core component for housing-related funding. Closing side doors so that there is one entry point that is grounded in a Housing First approach helps streamline the process and removes confusion about differing entry requirements for everyone engaged in the system: those seeking assistance as well as providers. Collaboration among and across agencies, including with transitional housing providers, will also help to leverage the private market.

FRAMEWORK COMPONENT
SAFE & APPROPRIATE DIVERSION

OVERVIEW OF FRAMEWORK COMPONENT

Shelter diversion services prevent homelessness by helping individuals and families experiencing a housing crisis either preserve their current housing situation or make other immediate arrangements without having to enter shelter.

Effective diversion services help individuals and families find or keep safe, appropriate housing alternatives. This frees up emergency shelter beds so that others who need the beds can access them. Individual shelters are then able to target resources more effectively, and the overall emergency shelter system has a cost-effective method to increase emergency shelter capacity. In addition, individuals and families avoid an array of negative impacts, from evictions to unnecessary emergency shelter stays. In 2015, Charlotte-Mecklenburg Coordinated Entry conducted a pilot, diverting 99 households from entering Men's Shelter of Charlotte or Salvation Army over the course of 4.5 months. In FY18, Community Support Services reported that they diverted an additional 276 individuals from emergency shelter.

Diversion, as currently defined by providers in Charlotte-Mecklenburg, can be applied prior to entering emergency shelter or as late as thirty days after an individual or family has entered. The application of diversion assistance occurs after an initial assessment by a case worker to determine which resources and housing alternatives are available to an individual or family. These may include transportation assistance, like a bus pass to a friend's house, or a gift card to purchase food so that a household can afford a temporary housing expense.

CURRENT STATE OF COMPONENT IN CHARLOTTE-MECKLENBURG

Four emergency shelters reported that they provide diversion services. The Relatives does not provide diversion services. Room in the Inn allocates some resources to case management for provision of diversion services; these staff members work to get individuals and families into alternative housing programs. The Salvation Army collaborates with Coordinated Entry staff supplied through Mecklenburg County Community Support Services to provide diversion assistance, thereby preventing households from entering the shelter. Assistance includes Greyhound tickets, general transportation assistance, gas cards, food cards, and rental assistance.

Men's Shelter of Charlotte utilizes a diversion screening prior to the intake process for the shelter. Men's Shelter of Charlotte and Salvation Army complete an additional diversion screening after 14 days in the shelter. This is considered "delayed diversion" in which services may be provided to help residents exit emergency shelter into alternative housing arrangements.

The Community Shelter of Union County discusses the role of diversion as part of the prescreening and intake process. Safe Alliance provides assistance with transportation to help individuals and families connect with friends and families.

Over the past several years, Charlotte-Mecklenburg has increased the breadth and depth of diversion assistance. While there is not full participation as a system, diversion is applied at the largest shelters, which helps the system target its resources more effectively.

RECOMMENDATIONS

Increasing the amount of diversion assistance available across the emergency shelter system in Charlotte-Mecklenburg is a cost-effective way to serve the immediate needs of individuals and families in need of housing assistance, expand emergency shelter capacity and target shelter beds and resources to individuals and families who need it the most.

It is important to have diversion services which are flexible enough to accommodate time-sensitive requests and non-vendor payments. It is also critical to standardize the definition of diversion and how it is applied across the system. This will assist with tracking and measurement of a system-wide application of diversion assistance so that diversion and emergency shelter resources are targeted effectively. Each shelter provider should commit to exploring diversion assistance for their populations as well as coordinate to create a system approach.

FRAMEWORK COMPONENT
IMMEDIATE LOW-BARRIER ACCESS

OVERVIEW OF FRAMEWORK COMPONENT

Immediate low-barrier access means that the emergency shelter system eliminates conditions for entry and keeps shelters open around the clock. Like a Housing First approach, immediate low-barrier is intended to focus services on housing and remove impediments to entry.

Low-barrier also applies to emergency shelter policies and procedures, especially at intake. For example, initial assessments should be conducted without the intent of precluding entry to shelter. It should be unacceptable to prevent a family from accessing shelter if they need it. As an emergency shelter system, low-barrier means that all individuals and families can access an emergency shelter in the community when they need it. This includes the ways the emergency shelter system adjusts during times of a natural disaster or extreme weather.

CURRENT STATE OF COMPONENT IN CHARLOTTE-MECKLENBURG

All emergency shelters surveyed report that they provide immediate low-barrier access. Capacity, physical space constraints, the intake process, and/or other limitations prevent the emergency shelter system from being a fully realized low-barrier access system in actuality. In terms of access to entry, some shelters are open 24 hours a day, 7 days a week; others have specific hours for intake and entry.

The Community Shelter of Union County provides low-barrier access and is open 24 hours, 7 days a week, but is unable to serve sex offenders. Safe Alliance has no eligibility requirements other than residents be in imminent danger of intimate partner violence. During their initial screening, Safe Alliance does not request any information on special needs, criminal background, income or any other data that could deter an individual or family from seeking help. Whereas the other emergency shelters operate year-round, Room in the Inn operates seasonally from December to March and has a limited window during the day for application with no guaranteed entry into the shelter.

Most emergency shelters in Mecklenburg County report that they have adopted a low-barrier approach. But these same shelters limit access through eligibility requirements and/or population targets. The Salvation Army primarily serves single women and families without preconditions for entry like sobriety, participation, or employment. However, entry is restricted to those 18 years or older and who have been in Mecklenburg County for at least 72 hours. These conditions may be waived if the person's safety is considered to be in jeopardy due to a lack of shelter.

Room In the Inn also reports that it provides low-barrier access, but then prioritizes entry based upon family composition and program utilization. In addition, community-based host sites in the Room In the Inn network can make specific population requests on any given night.

Limitations due to capacity or physical space constraints are reported across multiple emergency shelters. Men's Shelter of Charlotte is considered low-barrier but cannot always provide access to services due to capacity. While the Salvation Army is able to accommodate up to 50 additional individuals when extreme weather occurs, shelter staff estimate that another 20 people are turned away each day. The Salvation Army requires that residents be ambulatory, and some Room In the Inn locations are not ADA compliant. Room In the Inn capacity is dependent upon the availability of volunteers and individual sites on any given night. This can impose limits in times of extreme weather, when shelter is most critical, due to issues with volunteers transporting residents from the Urban Ministry Center to the host site. The Relatives aims to not turn any child away due to his or her circumstances, but is limited by its 9-bed inventory and two-week long stay goal (its license allows up to 21 days). Safe Alliance reports that it is unable to serve everyone who seeks housing assistance and is program eligible due to similar capacity challenges. It is important to note that the definition of imminent danger can be flexible relative to capacity; Safe Alliance might evaluate an individual or family to be at a higher lethality risk and pay for them to enter a hotel instead, thereby preserving capacity.

RECOMMENDATIONS

Creating a system of low-barrier shelters in Charlotte-Mecklenburg requires that the constituent parts be positioned such that all populations who need immediate shelter can be served when they need it. This must hold true even when the system presents as at full capacity. It should be noted that increasing access and expanding capacity are two separate challenges. Before Charlotte-Mecklenburg can effectively address capacity needs, the system must first evaluate who does not have access to emergency shelter that needs it. According to the emergency shelters surveyed, the underserved populations include individuals and families who are actively using substances; single fathers with children; intact families; sex offenders; and individuals who have previously been banned from a shelter. This represents an area for future research using system-level data.

The emergency shelter system must also address restrictions on access due to physical space limitations, legal requirements, policy restrictions, and funding constraints. Expectations placed on emergency shelter residents should be "minimal, transparent and reasonable." Currently, entry into shelters is decided in individual silos rather than as a system.

Other communities have found innovative ways to design their approach to serve people regardless of substance use or perceived barriers to entry. Examples to consider include: staffing housing navigators across the emergency shelter system to support anyone in a sheltered or unsheltered location, thereby promoting continuity across programs and connecting households to housing; removing screenings for drug and alcohol use; and creating reservation systems for beds without instituting caps on stay. Men's Shelter of Charlotte has six outreach beds at its Statesville Campus that are available if a street outreach or PATH staff member identifies an individual who needs immediate shelter. They can bring the individual into the shelter from street outside of the typical intake process.

For Safe Alliance, for example, is it possible to create a sustainable solution for individuals and families to access alternative shelter where imminent danger is no longer an issue and therefore a domestic violence shelter is no longer needed but housing has not yet been secured? Emergency shelters can also strengthen relationships with street outreach and PATH teams in the community in order to engage individuals and families who might be reluctant to access emergency shelter and/or have barriers to access permanent housing.   Each agency will need to evaluate its entry criteria and seek to eliminate barriers which currently exist to the extent practicable.

FRAMEWORK COMPONENT
HOUSING-FOCUSED RAPID EXIT SERVICES

OVERVIEW OF FRAMEWORK COMPONENT

Housing-focused rapid exit service occurs when all services in the emergency shelter system are aligned to enable individuals and families to access permanent housing options as quickly as possible. Like the Housing First approach, housing-focused rapid exit services apply to multiple components of an emergency shelter system; these include the method by which individual emergency shelters connect shelter residents to housing opportunities as well as the overall orientation of the emergency shelter system.

Implementation in emergency shelters can range from conducting initial assessments that include housing-focused goals to employing housing-focused staff within the shelter who quickly connect individuals and families with resources to help them exit into housing.

CURRENT STATE OF COMPONENT IN CHARLOTTE-MECKLENBURG

With the exception of The Relatives, emergency shelters in Charlotte-Mecklenburg report that they provide housing-focused rapid exit services. The most common example of housing-focused rapid exit services reported is a dedicated staff member who connects shelter residents with housing resources. Residents at the Salvation Army work on a housing goal upon their first contact with a case manager, and all case management plans are housing focused. Job descriptions for case managers working within the shelter at The Salvation Army contain statements that reflect the shelter's commitment to permanent housing as the primary goal.

In addition to dedicated staff, Men's Shelter of Charlotte has housing focused staff and offers "ready to rent" group classes. Safe Alliance residents are assigned a Victim Advocate to start the process of connecting them to external resources like housing.

Many of the emergency shelters also double as housing providers through the provision of subsidies like rapid re-housing. Men's Shelter of Charlotte, Salvation Army Center of Hope, Community Shelter of Union County and Safe Alliance all provide housing resources in addition to emergency shelter.

The Community Shelter of Union County provides upfront moving cost assistance as well as short-term rental assistance as part of its rapid re-housing project. Shelters like Room In the Inn do not have housing assistance directly available, but provide limited case management services to connect residents with housing resources as well as other community programs working on housing.
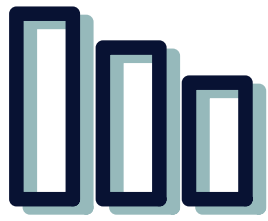
RECOMMENDATIONS

As a system, housing-focused rapid-exit services are almost universally applied in Charlotte-Mecklenburg. The system is unnecessarily limited when all programs do not apply the same approach; an early intervention for the system is to standardize the application of housing-focused rapid-exit services. Emergency shelters can provide both low-barrier access while also orienting services with expectations to help individuals and families move toward housing.

Some emergency shelters reported they use an approach called "progress-based participation" in order to help residents identify and reach their housing goals. Progress-based participation can be aligned with a low-barrier entry approach to help all individuals and families overcome barriers and challenges to securing permanent, affordable housing. It is also provides an opportunity for partnership between case manager and shelter participant as well as for the shelter participant to have an active ownership role in their housing plan.

Individual shelters can collaborate and coordinate services with other shelters in the system in order to expand and strengthen what is provided to residents across the system. For example, housing-focused staff can set up a network to coordinate resources and strategies. A mature system would have a centralized, shared entity or a consolidated network responsible for assisting with housing solutions.

This would ensure that all information relative to unit and subsidy availabilities and households in need would be in a central place. Further, the skillset to focus on housing is often different from the front-line skill sets needed in a shelter environment. Finally, such a setup would free the shelter-oriented staff to do what they do best while offering the best opportunity to leverage private resources and the local housing market.

FRAMEWORK COMPONENT
DATA TO MEASURE PERFORMANCE

OVERVIEW OF FRAMEWORK COMPONENT

Emergency shelters can use their data to evaluate performance as a system. Measuring data points like exits to housing, average length of stay in shelter, and returns to homelessness can help inform overall performance and improve outcomes for individuals and families. As a system, these performance and capacity data would identify which resources are being over- or underutilized and re-allocate them accordingly. Data sharing is an easy way to gain efficiencies and identify gaps in services, if all providers are transparent to each other.

CURRENT STATE OF COMPONENT IN CHARLOTTE-MECKLENBURG

All emergency shelters surveyed report that they utilize measures to evaluate their own effectiveness and improve outcomes for the specific populations they each serve. Shelters primarily focus on exits to housing, average/median length of stay in shelter, and returns to homelessness. Some shelters also follow up with individuals who leave their site, in addition to using the system performance measure of returns to homelessness.
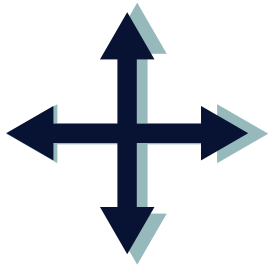
The Relatives follows up with youth who leave and then return to hotels or other shelters. Men's Shelter of Charlotte takes a deeper dive into the residents who have stayed for a long period of time in order to target specialized services for long-stayers, reduce the overall length of stays and open up additional beds for others who need it.

RECOMMENDATIONS

To improve effectiveness and efficiency as a system, emergency shelters can start by sharing their data with each other as a first step. In addition to the standardized measures required by funding sources, emergency shelters can enhance their individual data and metric systems by learning what other providers are doing. This can lead to overall system improvement if all shelters measure and evaluate progress on the same metrics. An online clearinghouse could facilitate both of these.

As a system, it is important to evaluate the impact of differences in capacity and utilization. For example, how many more people could be served if seasonal beds remained open for 4 additional weeks? What difference does implementing low-barrier access policies have on capacity across the system? How many more people could be served if 10% of targeted beds in a shelter serving men were reallocated for all populations? What demographic(s) cannot be served by any shelter in Charlotte-Mecklenburg? It should be noted that many emergency shelters are not currently designed to accommodate serving different population compositions and special needs; as shelters undergo renovations, it is important to consider how space can be change to meet these capacity needs.

Funders would also benefit from standardized measures and data. Comparing individual components would allow for targeting resources through a system-level lens. For example, funders providing diversion assistance could evaluate how best to allocate funding across all providers rather than on an individual, agency-by-agency grant basis.

FRAMEWORK COMPONENT
ADAPTABILITY & FLEXIBILITY

OVERVIEW OF FRAMEWORK COMPONENT

The ability of an emergency shelter to adapt and respond to emergent situations is important to maintaining a highly functioning system for all populations. This is especially important during a time of natural disaster or extreme weather when larger groups of people might need access to emergency shelter.

As a system, the combination of private and public funding allows for flexibility when it is needed. In addition, incorporating public schools, libraries, and the faith community strengthens the network of providers and enables the emergency shelter system to expand capacity safely and cost-effectively when it is needed.

CURRENT STATE OF COMPONENT IN CHARLOTTE-MECKLENBURG

Individual emergency shelters surveyed report how they must be creative to deal with capacity challenges in crises. Many provide temporary overflow beds when there is a need to expand capacity beyond their dedicated bed count. Safe Alliance utilizes hotels when the shelter is at capacity. The Salvation Army's Center of Hope and Men's Shelter of Charlotte operate overflow, especially during inclement weather.

The Salvation Army will sleep up to 50 on the dining room floor while Men's Shelter of Charlotte has 20 mats year-round dedicated to overflow; this number increases to 50 from December 1st to March 31st and can expand by up to 100 mats during extreme heat or cold weather. The Relatives does not operate overflow beds. During periods of extreme weather, Room In the Inn asks the community-based host sites for extra beds, which typically provides for a few additional beds.

Despite having this added temporary capacity, emergency shelters report that it is still not enough to deal with the need for shelter, especially in times of extreme weather or after a natural disaster. Unfortunately, there is also no standard process to respond to unusual events, and no real coordination around system capacity or barrier waivers.

RECOMMENDATIONS

The emergency shelter system in Charlotte-Mecklenburg can expand its capacity by incorporating the assets of other naturally aligned providers and partners, especially in extraordinary circumstances.

Room In the Inn has an established network of community-based host sites, which include faith communities that serve shelter residents on a rotating basis. This means that not all of the network providers are being used by Room In the Inn at the same time, and not for the entire season.

The emergency shelter system could approach the network of sites in Room In the Inn and others to establish a formal agreement whereby community-based host sites can donate a portion of their space in times of crisis or natural disaster. In addition, facilities such as schools can be incorporated as needed. Such an arrangement allows for large scale, temporary expansion when needed using existing resources that are already serving the same population. Separately, the need for a universally adopted approach to extreme conditions must be recognized and acted upon.

EMERGENCY SHELTERS AS A SYSTEM

The emergency shelter system in Charlotte-Mecklenburg is uniquely positioned to play a significant role in the work to end and prevent homelessness and increase access to affordable housing. The system has begun the difficult work to coordinate and collaborate across individual shelters and explore complementary services to expand capacity without building new facilities. Leaders are meeting regularly to map out possibilities for partnership, and appear willing to test their ideas. There are opportunities for staff from different emergency shelters to interact, learn from each other, and share best practices for implementation. During the Point-in-Time Count, staff often volunteer at other agencies in addition to the work they do to support their own employer. These examples are important initial steps to progress toward developing a true system.

✔ Create a common language

It is important that all emergency shelters employ the same vocabulary to facilitate the move toward a shared vision and strategy. For example, the term "low-barrier access" is interpreted very differently across the emergency shelters. The emergency shelter system can utilize the surveys completed for this project to define key terms; these, in turn, will serve as an important foundation for collaboration and coordination.

✔ Standardize practices that ensure equal access and treatment

After Coordinated Entry, emergency shelters are typically the first interaction people experiencing homelessness have with the homeless and housing services system. Emergency shelters across Charlotte-Mecklenburg have agency-specific policies and procedures; some can have a negative impact on already vulnerable populations who also find themselves experiencing the trauma of homelessness. Emergency shelters can collaborate to standardize behaviors and operations that support system-wide, trauma-informed and culturally competent policies and procedures. This can also help to address disparities in access and service across the emergency shelter system so that no one is denied access to emergency shelter when there is space available within the system.

✓ Increase and expand diversion programs

Diversion assistance is a cost-effective method to help individuals and families avoid emergency shelter, while also freeing up beds for those who most need them. Research on diversion continues to show that most individuals and families who receive diversion assistance do not return to the shelter. Increasing diversion assistance across the full emergency shelter system would thereby reduce the inflow into shelters by, for example, providing diversion assistance to all populations rather than basing assistance on what a specific shelter offers. In addition, some communities proactively engage people who have exited emergency shelter and face another housing crisis. They do this by expanding diversion assistance to provide targeted support and assistance to prevent the person from returning to homelessness.

CASE STUDY

The YMCA in Columbus, Ohio serves as the centralized intake point for all homeless families seeking emergency shelter. As a centralized intake point, it also administers diversion assistance for anyone seeking access to emergency shelter. Families who can find a stable place to stay are eligible for referral for diversion assistance. Funding is provided through the Community Shelter Board and United Way of Central Ohio, in addition to other local public and private resources.

✔ Find capacity

There are well-documented capacity needs at each emergency shelter in Charlotte-Mecklenburg, but the system is not organized for optimization. Individual emergency shelter capacity is limited by each individual shelter's physical, policy, and funding limitations. Collectively, emergency shelters can partner with each other to leverage existing resources and flex capacity. A true emergency shelter system would also increase its adaptability and capacity by partnering with other systems like the faith community and schools to expand access when absolutely necessary.

CASE STUDY

The Hazardous Weather Task Force (HWTF) in Thurston County, Washington is a county-wide, multi-agency, multi-disciplinary group focused on the planned expansion of services and outreach to minimize illness and death for individuals experiencing unsheltered homeless, especially during extreme weather. The HWTF draft plan calls for the collaboration of community organizations, and the creation of a centralized inventory of homeless resources throughout Thurston County. The collaboration and inventory is intended to start the process for formalizing what needs to be expanded and strengthened during times of extreme weather across the community.

✔ Track and use system-level data

In addition to using data individually, emergency shelters can look to system-level information and connect to coordinated entry data to track progress and identify gaps and opportunities. Moving data to the system-level allows all shelters to see the big picture and how each provider fits within it. Looking at the number of youth or single fathers unable to be served by one shelter is different than looking at that gap at the system level. This is also true for tracking the number of people who are turned away at a system level versus by each individual shelter. The system can also examine racial and gender disparities in access to shelter as well as housing. The emergency shelter system can set overall goals and indicators which align with the components of an effective system as identified herein. Finally, system-level data and planning allow for the community to right-size the system, ensuring that there are always enough emergency shelter beds for those that need it.

✓ Strengthen housing connections

Many emergency shelters in the community already try to function as both a temporary shelter and a housing provider. This connection is critical to help facilitate rapid exits to housing. Providers can consider sharing positions like housing coordinators, who are focused on connecting shelter residents to housing, in order to increase coordination and maximize system resources. In addition, addressing flow into and out of emergency shelter is critical to increasing capacity and helping people connect to permanent housing.

The emergency shelter system as a whole is well positioned to be a strong advocate in the community, and can collaborate to advance policies and practices that support connections between shelter and housing as well as more permanent, affordable housing solutions in the community. Access to and availability of permanent, affordable housing has a direct impact on both the number of people entering emergency shelter as well as their ability to leave it.

CASE STUDY

The Bowery Resident's Committee (BRC)'s Home Stretch Housing in New York City has transformed its shelter into a way to also solve the housing crisis. The project involves a mixed-use facility that combines a new 200-bed homeless shelter located on the first level with 135 new units of permanent housing affordable to low-income people on the upper levels. The link from shelter to housing has been streamlined, removing barriers that previously existed, such as finding receptive landlords. The project, which was piloted in 2018, is funded through tax credits, private loans, tax exempt bonds, and grants from New York City's housing agencies.

✓ Conduct additional research

It is important to understand the populations experiencing homelessness or utilizing emergency shelter in order to create an effective emergency shelter system in the community. This understanding can provide additional insight into how existing emergency shelters can coordinate to expand capacity. Additional research on the utilization of space can help providers learn where shared space might be an option. As a system, emergency shelters can look at the overall flow into and out of programs in order to learn how to better to align services with need and create capacity while preventing homelessness. Deeper dives into best practices and analysis of outcomes at the system level will improve efficacy; all of these efforts will inform and encourage funders. Research on policy and/or legislative initiatives would help the emergency shelter system better advocate for necessary reforms. Any new programs or changes in delivery of services should also be evaluated for impacts at the individual shelter and system levels. Finally, the emergency shelter system can better understand how and to what extent supportive services should be provided within emergency shelter to improve capacity and permanent housing outcomes.

TOWARD AN OPTIMAL EMERGENCY SHELTER SYSTEM

Charlotte-Mecklenburg is not unique in its challenges to create a fully functional emergency shelter system. Determining the right number of emergency shelter beds is a question faced by communities across the United States. The lack of affordable housing, in combination with other factors, contributes to an increased need for permanent housing solutions. This means that, for Charlotte-Mecklenburg, the emergency shelter system must effectively provide crisis shelter for those who most need it and then efficiently connect those in crisis to housing.

Emergency shelter providers in Charlotte-Mecklenburg were asked to outline what an optimal emergency shelter system would look like. Their responses included: employing a robust diversion program; having space to keep families together and serve all the youth who need housing assistance; upfront and flexible resources to connect individuals and families with income and housing; and services and resources that are interconnected.

Almost all responses reflect the idea that the system be sophisticated enough to accommodate all individuals and families experiencing homelessness in the community. Realizing such a vision for an emergency shelter system is possible, but requires increased efficiency as well as additional resources. The recommendations provided in this report provide solutions to consider to right-size the emergency shelter in Charlotte-Mecklenburg.

Prior to building new shelters, recommendations such as those contained herein should be attempted. Decision makers could then consider the impact of the solutions - including increased access to and availability of affordable housing - employed on the overall system performance. Only by adopting a coordinated approach, within the broader context of homelessness and housing instability, will Charlotte-Mecklenburg truly impact the need and demand for emergency shelter.

APPENDIX: RESOURCES

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APPENDIX: DEFINITIONS

AFFORDABLE HOUSING
Housing wherein a household with annual income between 0% and 120% of area median income does not spend more than 30% of their pre-tax gross annual income on rent and utilities.

AREA MEDIAN INCOME
The. U.S. Department of Housing and Urban Development estimates the median family income for a statistical area in the current year and adjusts that amount for different family sizes so that family incomes may be expressed as a percentage of of the area median income.

CONTINUUM OF CARE (CoC)
The work of the Continuum of Care (CoC) is mandated by the U.S. Department of Housing and Urban Development (HUD) and is designed to promote communitywide commitment to the goal of ending and preventing homelessness as well as providing funding, oversight, planning and evaluation of housing-related services.

COORDINATED ENTRY
Coordinated Entry, which began in May 2014, is Charlotte-Mecklenburg's portal to connect individuals and families who are homeless to an existing available shelter or housing resource. Coordinated Entry also helps the community to prioritize resources for the most vulnerable households and to identify gaps and shortages in housing resources.

COST-BURDENED
When a household spends more than 30% of their gross income on rent and utilities.

DIVERSION
A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

EMERGENCY SHELTER
A facility with the primary purpose of providing temporary shelter for people experiencing homelessness. It includes emergency shelters that are opened seasonally and year-round.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
A software application designed to record and store client-level information on the characteristics and service needs of people experiencing homelessness. Each CoC maintains its ownHMIS, which can be tailored to meet local needs, but must also conform to HUD's HMIS Data and Technical Standards. Charlotte-Mecklenburg is part of an HMIS system that is managed by the Michigan Coalition Against Homelessness (MCAH).

APPENDIX: DEFINITIONS

HOUSEHOLDS WITH ADULTS & CHILDREN (FAMILIES)
Households that have at least one adult over the age of 18 and one child under the age of 18.

HOUSEHOLDS WITH ADULTS ONLY
Households with single adults and adult couples unaccompanied by children under the age of 18.

HOUSING CHOICE VOUCHER (HCV)
The federal government's major rental assistance program for assisting very low-income households, the elderly, and the disabled to afford decent, safe, and sanitary housing in the privatemarket.The Charlotte Housing Authority oversees this program in Charlotte-Mecklenburg.

HOUSING INSTABILITY
When an individual or household experiences any of the following: difficulty paying rent, experiencing frequent moves due to economic or affordability reasons, doubling up with family or friends,or living in hotels. Many people who become homeless have faced housing instability.

HOUSING INVENTORY COUNT
A one-night snapshot of the number of beds and units on one night that are dedicated to persons experiencing homelessness and those who have formerly experienced homelessness.

NC 2-1-1
NC 2-1-1 is a health and human services information and referral system provided by United Way that operates 24/7/365. Coordinated Entry is Charlotte-Mecklenburg's portal to connect individuals and families who are homeless to an existing available shelter/ housing resource.

OTHER PERMANENT HOUSING (OPH)
An intervention that provides long-term permanent housing not otherwise considered permanent supportive housing or rapid re-housing. It can include supportive services or provide housing assistance only. This is considered permanent housing.

PERMANENT SUPPORTIVE HOUSING (PSH)
Permanent Support Housing is a form of permanent housing designed to provide housing and supportive services on a long-term basis to people who have formerly experienced homelessness.

APPENDIX: DEFINITIONS

PERMANENT HOUSING
A desired destination for all people entering the homeless services system. It includes permanent housing programs and other permanent housing destinations. The full list of permanent housing destinations includes long-term care facility or nursing home, a unit that is owned or rented with or without a subsidy, and staying or living with friends or family that is considered to be permanent in tenure.

POINT-IN-TIME COUNT (PIT)
An one-night snapshot that provides an unduplicated estimate of the number of people experiencing both sheltered and unsheltered homelessness.

RAPID RE-HOUSING
An intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again. Rapid re-housing is defined as an intervention providing short-term (up to 24months) financial assistance and services to help those experiencing homelessness to be quickly re-housed and stabilized. The lease for the unit must be between the landlord and the program participant. This is considered permanent housing.

TRANSITIONAL HOUSING
An intervention designed to provide temporary housing and appropriate supportive services to facilitate the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

APPENDIX: ORGANIZATION SURVEY

MECKLENBURG COUNTY EMERGENCY SHELTER CAPACITY COMMUNITY ASSESSMENT PROJECT QUESTIONS

AGENCY INFORMATION
1) Name of Agency / Program
2) Funding Sources for emergency shelter program
3) Relevant organizational structure and staff information (number/roles) for your emergency shelter program

POPULATION
4) Populations served and not served by emergency shelter program
5) Please share eligibility requirements connected to the emergency shelter program
6) Do you have specific requirements related to Mecklenburg County residency for entry?

POLICIES & PROCEDURES
7) Please share policies and procedures that apply to your emergency shelter program

STRATEGY / APPROACH
8) Does the emergency shelter program utilize a Housing First approach? If yes, how?
9) Does the emergency shelter program provide diversion services? If yes, how? Please share examples.
10) Does the emergency shelter program provide immediate low-barrier access? If yes, how?
11) Does the emergency shelter program provide housing-focused rapid exit services? If yes, how?
12) Does the emergency shelter program use the following measures to evaluate its effectiveness and improve outcomes?
13) Please describe other strategies / approaches relevant

CAPACITY
14) Please describe how you assign beds in the emergency shelter?
15) Do you operate overflow beds? If so, how?
16) Please describe capacity challenges (seasonal, specific populations, special needs)
17) Who are you not able to serve?
18) What opportunities do you see for collaboration with other emergency shelters or COC members to expand capacity in the community?
19) What gaps / challenges exist?
20) How would describe the ideal emergency shelter system in Mecklenburg County?

APPENDIX: PROCESS & METHODOLOGY

During the past 12 months, United Way of Central Carolinas (UW) has convened a series of meetings with the emergency shelter providers in Mecklenburg County to facilitate opportunities for improved system efficiency and effectiveness. These opportunities include outlining complementary processes and resources as well as identifying gaps for services and populations experiencing homelessness. As a follow-up to the meetings, UW approached Mecklenburg County Community Support Services (CSS) in October 2018 for assistance with answering the following questions:

- Does our community have an effective emergency shelter system in place?
- Can we learn from models or best practices in other communities?
- Do available shelters in Charlotte-Mecklenburg offer low-barrier, safe, and housing-focused services? For all populations?
- Does the emergency shelter system in Charlotte-Mecklenburg align with the community's goals to end and prevent homelessness?

To effectively address the community questions, CSS conducted a community assessment of emergency shelter capacity in Mecklenburg County. The project included research on community emergency shelter models across the United States, components of an effective community emergency sheltering system, analysis of shelter utilization and the creation of a tool to identify opportunities and gaps to ultimately end and prevent homelessness locally.

CSS and UW initially met to review initial research, set objectives and confirm the project plan. Initial research included a draft example of an effective emergency shelter framework and case studies of shelter models that employed at least one component of the framework. CSS and UW met with emergency shelter providers currently engaged in community shelter discussion as part their work with UW. The purpose of the meeting was to review the scope of work and obtain feedback for additional research as well as construction of the community shelter assessment.

The community shelter assessment, which is included in the appendix, was created and sent to emergency shelters in December 2018. The shelter assessment included questions related to agency information, population served, policies & procedures, strategy/approach, and capacity. Data collected from the surveys was combined and analyzed for trends, using the identified emergency shelter system framework.

APPENDIX: PROCESS & METHODOLOGY

To identify an effective emergency shelter system framework for evaluation purposes, a search of existing models was completed. One framework was found through the National Alliance to End Homelessness and then adapted to include an additional component for the Charlotte-Mecklenburg context. This sixth component, adaptability and flexibility, was identified through a meeting with stakeholders; a common theme discussed was the need to address flexibility and adaptability relative to specific situations like extreme weather to help expand the capacity of local emergency shelters.

UW and CSS convened emergency shelter providers a second time in January 2019 to review the draft report and provide feedback. Provider feedback was integrated into the final draft of the report, which was reviewed by UW and CSS prior to public release.

APPENDIX: CASE STUDIES

Navigation Center. San Francisco, California

San Francisco's Navigation Center is a 24/7 emergency shelter with intensive services that provides housing-focused rapid exit approach. The center consists of dormitory style living quarters, hygiene facilities, outdoor space, a dining room, and intensive case management services to help residents obtain housing. It is funded by the City of San Francisco. There are single story buildings with dormitory style living quarters, showers, bathroom and laundry facilities, case management offices, outdoor courtyard, and 24-hour dining room access. Capacity to hold 75 individuals.

Domestic Violence Housing First. Washington, United States

Domestic Violence Housing First provides safe and appropriate diversion services. Funded by the Bill & Melinda Gates foundation, the program helps domestic violence survivors retain their housing or obtain new housing, leading to the reduced need for emergency shelter stays. The collaborative model was proposed by the Washington State Coalition Against Domestic Violence and the Bill & Melinda Gates Foundation in order to combine domestic violence advocacy and the Housing First model.

Homes Not Jails Program. Salt Lake City, Utah

Salt Lake City's Homes Not Jails Program combines Housing First with harm reduction, motivational interviewing and trauma-informed care. This integration impacts emergency shelter capacity and the criminal justice system. In place of jails or shelters, the program provides 315 homeless individuals with rapid re-housing services that can extend over six years. Services includes move-in support, rental assistance, roommate matching for peer support and cost efficiency, and case management services for self-sufficiency and employment needs.

Haven for Hope. San Antonio, Texas

San Antonio's Haven for Hope emergency shelter is a low-barrier access model. In addition to bed space, there is a courtyard for overflow and health services available onsite. The shelter is part of a larger campus with housing, health care, and substance abuse treatment. There are dormitories for 850 individuals, as well as detox and psychiatric observation units, a sobering center, medical and dental clinics, a chapel, and YMCA.

APPENDIX: CASE STUDIES

Communities First! Village. Austin, Texas

Communities First! Village is a Housing First model with an additional focus on community. The community can house 110 RV sites and 200 micro-homes. Outside of housing, the community also consists of a community market, hair salon, dog park, community garden, communal kitchens, a medical facility, religious entities, and a food pantry. There are 480 total people living in the community and, for homes that do not have individual resources; there are shared bathroom, shower, laundry, and kitchen facilities. Rent covers 40% of the villages budget, with an average of $225 to $430 per month.

Front Door Strategies. Columbus, Ohio

The local YMCA serves as the centralized intake point for all homeless families in Columbus. Families with places to stay in the community for at least two days are eligible for referral to the Stable Families Prevention program which offers diversion assistance. Within 48 hours of referral, families are given a more intensive screening and then assigned to case worker for referral to housing and financial resources.

Rapid Exit Program. Hennepin County, Minnesota

The Rapid Exit Program has a central intake process where a rapid exit screener completes an assessment and referral to a Rapid Exit agency. A Landlord Advisory Committee works with agencies to share landlord concerns and needs. Hennepin County uses targeted funding to start the collaborative and coordinated approach. Input and cooperation from Hennepin County employees, nonprofit service provider employees, and local landlords has contributed to the county achieving their system goals and maintenance of their "Shelter All" policy for families with no turnaways for the last 16 years.