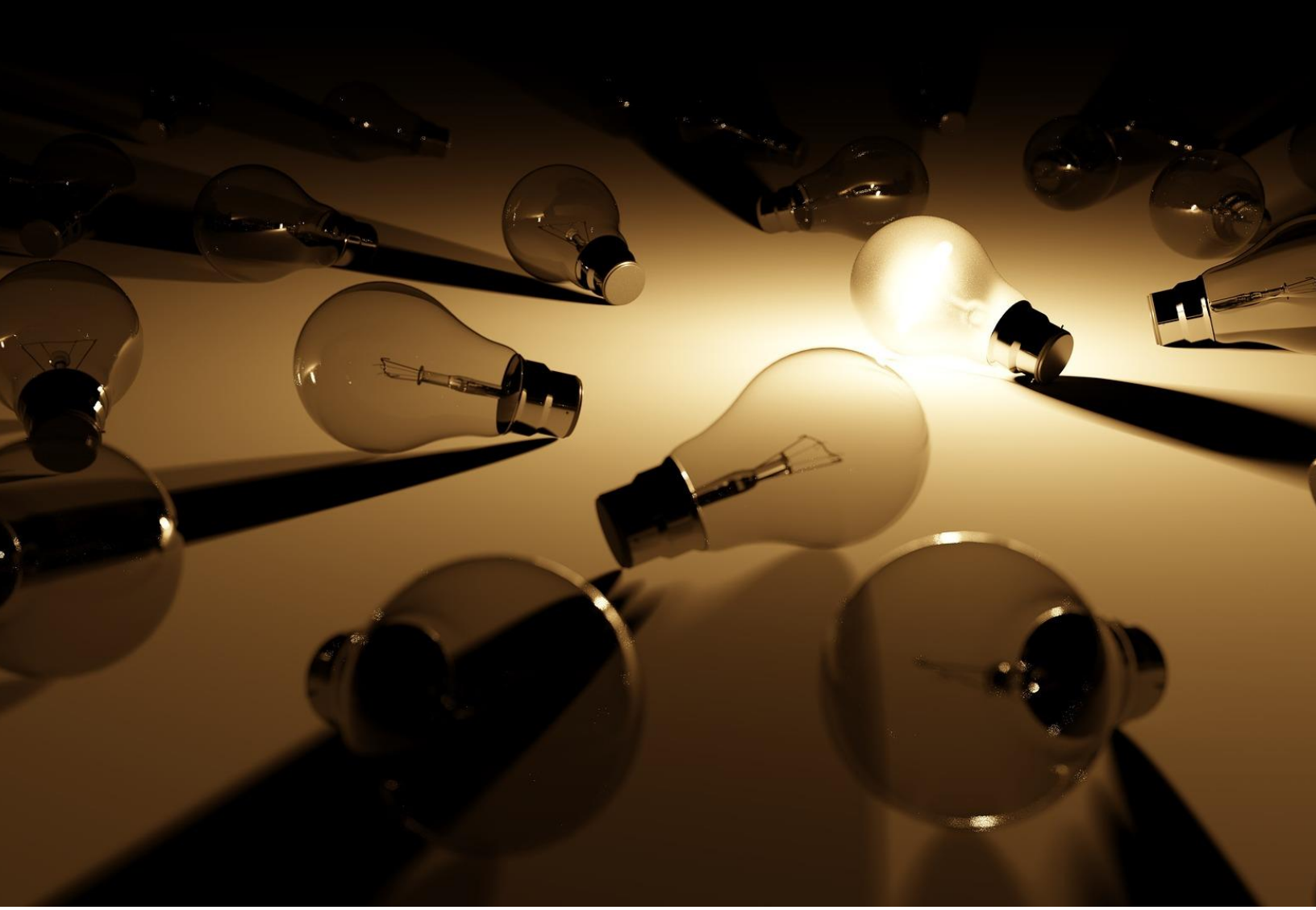

Charlotte-Mecklenburg Coordinated Entry Interim Evaluation Report

February 2022

United Way of Central Carolinas

Prepared for
Coordinated Entry Oversight Committee
& United Way of Central Carolinas

In partnership with Mecklenburg County and the City of Charlotte

CITY OF CHARLOTTE

Prepared by
UNC Charlotte Urban Institute

The UNC Charlotte Urban Institute is a nonpartisan, applied research and community outreach center at UNC Charlotte. Founded in 1969, it provides services including technical assistance and training in operations and data management; public opinion surveys; and research and analysis around economic, environmental, and social issues affecting the Charlotte region.

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Special thanks to the individuals experiencing homelessness for sharing their experiences with the coordinated entry system so that we can work to improve services delivered to individuals experiencing a housing crisis. We would also like to thank those working in the housing and homelessness sector for their support and willingness to participate in interviews and focus groups, as well as ongoing consultation throughout the project.

Finally, we want to thank United Way of North Carolina and North Carolina NC 211 staff for their support and willingness to share NC 211 data so we can provide recommendations on how to best serve individuals experiencing a housing crisis.

In memory of our colleague, Katrina Ikard.

Contents

Executive Summary

Executive Summary

The purpose of coordinated entry (CE) is to facilitate effective and equitable access to services and resources to end homelessness. The implementation of a CE system is a requirement for localities by the U.S. Department of Housing and Urban Development (HUD) in order to qualify for federal resources to address homelessness. Moreover, HUD requires an annual CE evaluation to understand the process, experiences, and outcomes of the community's effort to implement a systemic, coordinated process for people seeking homeless services and housing. In 2019, the United Way of Central Carolinas (UWCC) partnered with the UNC Charlotte Urban Institute (the Institute) to develop the evaluation plan and conduct the baseline evaluation.

In February of 2021, the Institute developed a comprehensive evaluation plan based on HUD documents and guidance, interviews and focus groups with CE system stakeholders, a literature review, a policies and procedures review, as well as CE assessment and United Way NC 211 observations. United Way of North Carolina provides NC 211, which is a multilingual health and human services information and referral system that is a part of the CE process and aims to streamline access to housing information by improving screening and diversion, and providing clear direction for individuals and families experiencing housing instability or homelessness. To ensure that the evaluation was participant-informed, a draft of the plan was shared with key CE system stakeholders and an evaluation planning session was conducted to obtain feedback on the research questions, evaluation priorities, and COVID-19 related changes to CE. Refer to Appendix D on page 72 (Figure 7) for the logic model developed as part of the present evaluation and gain further understanding about how the CE system operates. Specifically, the logic model provides a visual representation of the relationship among resources, activities, outcomes, and their impact on the coordinated entry (CE) system and intended outcomes.

As the research team continues to explore quantitative data and findings, this Interim Evaluation Report focuses primarily on the qualitative study findings and begins to inform recommendations related to two overarching research questions from the evaluation plan:

- How are the components of coordinated entry provided and experienced (Access, Assessment, Prioritization, Referral)?
- Are services trauma-informed?

Key findings and recommendations relating to these two questions are discussed below. It is important to note that this Interim Evaluation Report remains a part of the larger mixed methods study. As such, the current findings are preliminary and may evolve as the research

team continues to explore quantitative data. Specifically, future findings may contribute new insights or provide additional context that will further inform and at times shift some of the current findings as they may uncover currently unforeseen facets of the issue at hand. Thus, the integration of additional data analysis findings with the current ones and their collective synthesis may serve to provide new or more nuanced understandings of the research questions being asked in the final report.

How are the components of coordinated entry provided and experienced?

Context

According to HUD, CE consists of four distinct components: Access, Assessment, Prioritization, and Referral (HUD, 2017). These four components were designed to follow the sequence depicted in Figure 1.

- Access refers to "how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services" (HUD, 2017, p. 14). In Charlotte-Mecklenburg, United Way's NC 211 information and referral line is used as the main point of screening and referral services, while shelters serve as the primary CE assessment site for CE services.

- Assessment consists in "the process of gathering information about a person presenting to the crisis response system" (HUD, 2017, p. 26). Information typically concerns barriers to rapid access to housing as well as any characteristics that may influence a person's level of vulnerability while experiencing homelessness. In Charlotte-Mecklenburg, the three primary assessment sites for CE services are: (1) Men's Shelter of Charlotte, (2) Salvation Army Center of Hope, and (3) Urban Ministry Center.

- Prioritization refers to the process of determining a person's level of priority for housing and other relevant supportive services following their assessment. In Charlotte, the CE system uses the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), in addition to supplemental questions developed locally, to determine a household's level of vulnerability. Higher scores are indicative of greater vulnerability, and therefore, priority for housing. In line with HUD's guidance, when used in this report, "the term household is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children)" (HUD, 2017, p. 6).

- Finally, at the referral stage, information gathered in previous steps of the CE process (assessment and prioritization), is used to offer housing resources and supportive services while prioritizing those with the greatest needs first. Sensitivity to lived experience is one of the core principles that communities can use to ensure an effective CE assessment process.

In summary, the purpose of CE is to create a consistent, standardized, and efficient intake and referral process for households who are experiencing homelessness. Processes include qualities such as low barriers to access, fair and equal access, and standardized processes. This evaluation aims to determine the extent to which these qualities are being actualized in Charlotte-Mecklenburg and where there is room for improvement.

Figure 1. Coordinated Entry Continuum.

Findings

This section synthesizes key findings from research questions related to CE components, which are found in Appendix B beginning on page 56. The recommendations that will follow aim to identify opportunities to best support the local CE system, including front-line staff working within it. The recommendations also work to acknowledge that serving individuals experiencing housing instability or homelessness is a complex task that is influenced by a variety of systemic constraints and contextual factors, such as lack of affordable housing, high service demand with limited service-availability, and growing unemployment/underemployment. Despite these barriers and other challenges identified as part of this evaluation, the willingness of individuals and organizations across Charlotte-Mecklenburg to unite around the collective purpose of ending and preventing homelessness locally along with CoC's continued commitment to improvement, as evidenced by their ongoing refinements of CE based on feedback, are significant strengths. These factors will continue to support the community in fulfilling its mission to meet the needs of its members experiencing housing instability or homelessness.

The evaluation revealed key differences in stakeholders' perceptions of the purpose of CE. For most internal stakeholders (e.g., Oversight Committee, CE assessors, NC 211 leadership), the purpose of CE was to streamline services and create equitable and systematic access to resources by prioritizing households with the highest needs. CE observations and client interviews demonstrated that clients did not have a clear understanding of the purpose of CE and typically knew very little or nothing at all about what to expect prior to experiencing it. In contrast to internal stakeholders, clients' primary reasons for receiving a CE assessment was to exit homelessness and secure housing. For many clients, this meant the ability to secure *immediate* shelter until they could access long-term housing solutions. The primary difference in internal stakeholders and clients' perspectives is the assumption that resources, including shelter, are available for *all* households experiencing a housing crisis. Moreover, these differences in expectations in how the CE system should perform often led both CE assessors

and clients to feel frustrated and disappointed with the inability of the system to serve *all* households experiencing a housing crisis and in desperate need of assistance.

According to our research, lack of clear communication about resource availability stems from an inconsistent messaging across the CE system. The evaluation identified two possible causes of inconsistent messaging regarding resource availability: (1) a lack of coordination across stakeholder groups and (2) compassion fatigue among front-line staff.

Conversations with CE leadership and NC 211 leadership uncovered the need for greater coordination and communication on issues such as current resource availability and NC 211 call specialists' adherence to scripts. A lack of communication between CE leadership and NC 211 has the potential to result in NC 211 call specialists being inappropriately informed about the availability of resources; moreover, differing philosophies on NC 211 script use can result in mismanaged expectations between partnering organizations. Interviews revealed that NC 211 leadership felt that conversations need to be less script oriented, and "more organic" to facilitate helpful conversations, whereas CE leadership stated that efforts were made to standardize a script to prevent call specialists from inadvertently misrepresenting the availability of housing and shelter resources.

Another challenge to consistent messaging is compassion fatigue. NC 211 call specialists and CE assessors experience a tremendous emotional burden when they must inform clients that no resources are available to assist them, or when they must correct false expectations about resource availability. Front-line staff must find a balance of providing hope and realistic expectations about housing resources. Without clear guidance on how to walk this fine line, some front-line workers indicated a tendency to err on the side of providing hope, at the expense of setting realistic housing expectations.

The evaluation also revealed that a lack of coordination following initial CE assessment is a barrier to implementing CE as a holistic system. Internal stakeholders identified numerous factors, including trauma, computer-illiteracy, and mental health, that pose barriers to clients who are attempting to navigate the CE process and housing resources on their own. Some stakeholder groups also noted that a mismatch of services (for example, focusing on housing services when the underlying need is underemployment, or placement of an individual with substance use issues in sober living) can prevent households from exiting homelessness and maintaining subsequent housing. Mismatch of services can occur for multiple reasons, including a lack of trust between assessor and client, which may prevent vulnerabilities such as substance use from being revealed. Stakeholders consequently highlighted the need for a designated staff person or housing navigator to be "able to take people across the finish line." A key quality of housing navigators is the ability to match households with services that address their specific

barriers and meet specific needs. One stakeholder emphasized the need for housing navigators to have lived experience in order to adequately advocate on behalf of clients in housing crises.

Recommendations

- Identify and articulate goals and expectations of NC 211 & CE assessments as well as feedback mechanisms to ensure that they are being communicated and conducted as designed. A key factor to consider as part of this process is that communication to clients should be trauma-informed to avoid the danger of being interpreted by clients in terms of "housing worthiness".

- Research findings reveal differing perspectives among stakeholders in relation to the use of scripts. Greater collaboration is needed and consensus must be reached to inform the future process regarding standardization of NC 211 call specialists' questions and interactions and whether specialists' guidance needs to be more organic and strengthened by training or informed by the use of scripts. Standardization through the use of comprehensive scripts may serve the purpose of supporting consistent community messaging and manage clients' expectations for housing resources to better prepare them for the process ahead. On the other hand, a more conversational approach may help convey a higher level of empathy to clients and support the trauma-informed nature of service delivery. Strengthening training, coaching, and support can facilitate the adoption of such approach and ensure call specialists are best equipped to deliver services in a way that is inclusive and clear, yet remains person-centered. Training may teach alternative ways to convey empathy and care and help call specialists be and feel clear about their role while demonstrating nonjudgment and allyship with clients.

- Regularly assess the experiences and perceptions of NC 211 call specialists and CE assessors. CE should consider providing ongoing feedback mechanisms to front-line staff who often times are only able to offer limited solutions to clients due to insufficient availability of resources and/or services, potentially leading to high levels of job stress, significant risk for secondary traumatization, and burnout. Trauma-informed systems monitor and take steps to promote job satisfaction and the well-being of staff.

- Identify homeless service organizations outside the CE system that may be helpful to engage in order to expand available CE resources, reduce duplication of efforts, consolidate community response to addressing homelessness, and further reduce individual burden to access homeless resources.

- Utilize housing and/or income navigators to clarify the CE process post assessment and to support overall CE success. Housing navigators work closely with households experiencing homelessness and prospective property owners and housing programs to facilitate needs-specific housing opportunities for households. Similar to housing navigators, income navigators, also known as employment navigators, facilitate employment and job training connections to households whose primary barrier to housing is financial in nature. Evidence from the literature supports the use of navigators to assist clients with accessing appropriate resources (Balagot et al., 2019; Kulkarni et al., 2021; Burt, 2015). This can be achieved through improving accuracy of prioritization assessment using VI-SPDAT scoring, reducing silos between service sectors, and providing training and education services to front-line social service workers (Kulkarni et al., 2021).
- Housing and/or income navigators should be representative of the communities they serve; housing navigators with lived experience may be particularly adept at building rapport with clients, which can improve service-matching success and meet clients' emotional needs (Barile et al., 2020).

Are services trauma-informed?

Context

Effective CE includes assessment tools that are worded and asked in a manner sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. Considering the linkages between trauma and homelessness, ensuring the trauma-informed nature of services, care, and processes designed to serve individuals experiencing homelessness is key and even has the potential to influence success in housing (Bransford & Cole, 2019; Mbilinyi & Kreiter, 2015). Trauma-informed principles include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, as well as cultural competence (US Department of Health and Human Services, 2014). Peer support is a type of support that draws on personal experience and is provided by individuals with lived experience of a particular phenomenon (Miler et al., 2020).

Findings

This section synthesizes key findings from research questions related to trauma-informed care, which are found in Appendix B beginning on page 56. Interviews and focus groups revealed the prevalence of trauma and importance of the therapeutic aspect of CE assessments to CE clients. The majority of CE clients indicated that they felt respected and listened to, but more follow-up and more time spent on rapport building, in addition to increasing transparency, would improve the CE experience for some. For example, one client noted, "I wish they had told me then that it would be a long, long time before I ever got in somewhere." Literature suggests that emotional needs, which are sometimes considered of secondary importance, are often considered primary needs by households experiencing homelessness (Barile et al., 2020). Furthermore, staff treatment (e.g., whether staff is friendly and respectful) can predict client's future service utilization in the event they experience a housing crisis (Barile et al., 2020).

This study also investigated safety-related aspects of trauma-informed care. That is, whether policies and procedures promoted safety, and the degree to which processes reflected safety-related principles aligned with trauma-informed care. The research team's review suggested that written policies promoted safety-related aspects of trauma-informed care, however, there were mixed findings related to actual implementation of written policies. For example, CE policies and procedures note that *all* callers should be asked whether they are fleeing domestic violence, sex trafficking, dating violence, sexual assault, and/or stalking so that they can be referred to domestic violence shelter hotlines for safety planning. Safety planning consists of a collaborative process to develop a specific practical plan that increases a person's safety when they are vulnerable to abuse, preparing to leave an abusive situation, or need to reduce

potential danger associated with leaving an abusive situation. However, observations of NC 211 calls revealed that not all call specialists asked callers whether they were fleeing domestic violence and/or intimate partner violence, especially in the event that a caller was male, or a caller was representing a couple that was experiencing a housing and homelessness episode.

Recommendations

- To the extent possible, standardize NC 211 call specialists' questions and interactions regarding safety protocol. Strengthen training and coaching to help NC 211 call specialists deliver support to callers that is clear, inclusive, person-centered, and trauma informed.
- Develop checklists to help call specialists ensure that they are asking all the questions necessary in the event a call specialist must deviate from the script based on interactions with caller.

- Literature suggests that youth, racial and ethnic minorities, and those fleeing from domestic violence experience additional barriers to accessing housing resources due to factors such as lack of knowledge and underscoring on vulnerability index scales (McCauley, 2020; Nnawulezi & Young, 2021; Holtschneider, 2021; Petry et al., 2021; Thomas et al., 2020a; Thomas et al., 2020b; Barile et al., 2020). Regularly assess the experiences and perceptions of CE clients by sub-population (e.g., Veterans, families, individuals with disabilities, domestic violence survivors, single individuals, etc.) and demographic characteristics (e.g., race/ethnicity, gender identity, age) including their experience of barriers and referrals to services. Identify, develop, and monitor quality improvement feedback mechanisms to improve experiences for *all* individuals experiencing a housing crisis.

- Peer support specialists have been found effective at meeting clients' informational and emotional needs during a housing crisis (Barile et al., 2020). Consider utilizing peer support specialists to help to bridge these knowledge gaps and build rapport with highly vulnerable populations experiencing homelessness.

Introduction

Introduction

The purpose of coordinated entry (CE) is to facilitate effective and equitable access to homeless services and resources in order to end homelessness. The implementation of a CE system is a requirement for localities by the U.S. Department of Housing and Urban Development (HUD) in order to qualify for federal resources to address homelessness. Moreover, HUD requires an annual CE evaluation to understand the process, experiences, and outcomes of the community's effort to implement a systemic, coordinated process for people seeking homeless services and housing. In 2019, the United Way partnered with the UNC Charlotte Urban Institute (the Institute) to develop the evaluation plan and conduct the baseline evaluation.

In February of 2021, the Institute developed a comprehensive evaluation plan based on HUD documents and guidance, interviews and focus groups with CE system stakeholders, a literature review, a policies and procedures review, and United Way NC 211 and CE assessment observations. To ensure that the evaluation was participant informed, a draft of the plan was shared with key CE system stakeholders and an evaluation planning session was conducted to obtain feedback on the research questions, evaluation priorities, and COVID-19 related changes to CE. Refer to Appendix D on page 72 (Figure 7) for the logic model developed as part of the present evaluation and gain further understanding about how the CE system operates. Specifically, the logic model provides a visual representation of the relationship among resources, activities, outcomes, and their impact on the coordinated entry (CE) system and intended outcomes.

This Interim Evaluation Report focuses primarily on the qualitative findings and recommendations related to two overarching research questions from the evaluation plan:

- How are the components of coordinated entry provided and experienced (Access, Assessment, Prioritization, Referral)?
- Are services trauma-informed?

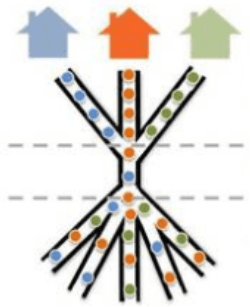
The Final Evaluation Report will include qualitative and quantitative findings and combined recommendations for two other overarching research questions:

- Are services provided equitably? Specifically, are services racially equitable?
- Does CE help facilitate an end to households' housing crises in Charlotte-Mecklenburg and does it do so equitably?

Evaluation Context

According to the HUD, CE is a system that allows communities to "prioritize people who are most in need of assistance" and to "strategically allocate their current resources and identify the need for additional resources" (HUD, 2017, p. 8). The key components of CE are:

1. Access points
2. Standardized assessment process to gather information on clients' needs, strengths, preferences, and barriers to housing
3. Prioritization system to identify and house the most vulnerable
4. Referral system to appropriate housing resources



While HUD has required CE elements that communities must adopt, Continuums of Care (CoC) also have the flexibility to adapt their system to fit local context and/or needs. Notably, CE is not designed to create new housing resources, but rather is designed to help communities make the best use of the scarce housing resources available by allocating them efficiently and fairly based on need. See Table 1 for a summary of CE's purpose and features developed by Washington's King County CE system (Department of Community and Human Services, n.d.).

Table 1. Summary of Coordinated Entry's Purpose and Features.

Coordinated Entry	
Is…	Is Not…
Inclusive of all Continuum of Care (CoC) providers and resources	A program
Taking a Housing First approach to end homelessness	A waitlist
An evolving process using best practices	First-come, first-served
A data-driven approach to homeless service delivery	Creating new units or beds
Will…	Will Not…
Help the CoC make the best use of scarce resources	Reduce challenges of serving households with multiple barriers to obtaining or maintaining housing
Succeed with a collective effort from our community	Succeed without participation from all homeless service providers

Source: King County, Department of Community and Human Services.

Local Implementation

Locally, Charlotte-Mecklenburg developed its CE system in 2014, in advance of HUD's required implementation. Initial development and implementation were collaborative and staffed primarily by the City of Charlotte, which at the time managed the community's CoC. Significant features of the CE system were developed with and parallel to Housing First Charlotte-Mecklenburg, the multi-sector effort to end chronic homelessness, including use of the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), the vulnerability review process, and the by-name list.

Initially, CE required an in-person visit or phone call to one of four local CE assessment sites (Crisis Assistance Ministry, Men's Shelter of Charlotte, Salvation Army Center of Hope, Urban Ministry Center). A partnership with the United Way of Central Carolinas in 2017 led to use of NC 211, the information and referral service provided by United Way of North Carolina, as the main point for screening and referral to services, and the shelters as the primary assessment sites for CE services. In 2019, management of the CoC transitioned to Mecklenburg County, which with technical assistance from HUD, led the development of the current CoC governance structure that was approved in January 2021 and currently guides CE.

Charlotte-Mecklenburg's current CE processes are described in Figures 2 and 3. Figure 2 describes the CE process for Single Adults and Families, and Figure 3 describes the process for Unaccompanied Youth. For more detailed information on specific CE components, please refer to the Interim Report from June 2020. Please note, the CE processes described in the Interim Report and the evaluation plan do not reflect changes in processes due to the pandemic, given the expectation that CE will mostly return to its original processes once the pandemic ends. Because of the timing of the evaluation planning and the uncertainty of the pandemic's end, the next section briefly describes major changes in CE processes in response to COVID.

Coordinated Entry Adaptions in Response to COVID-19

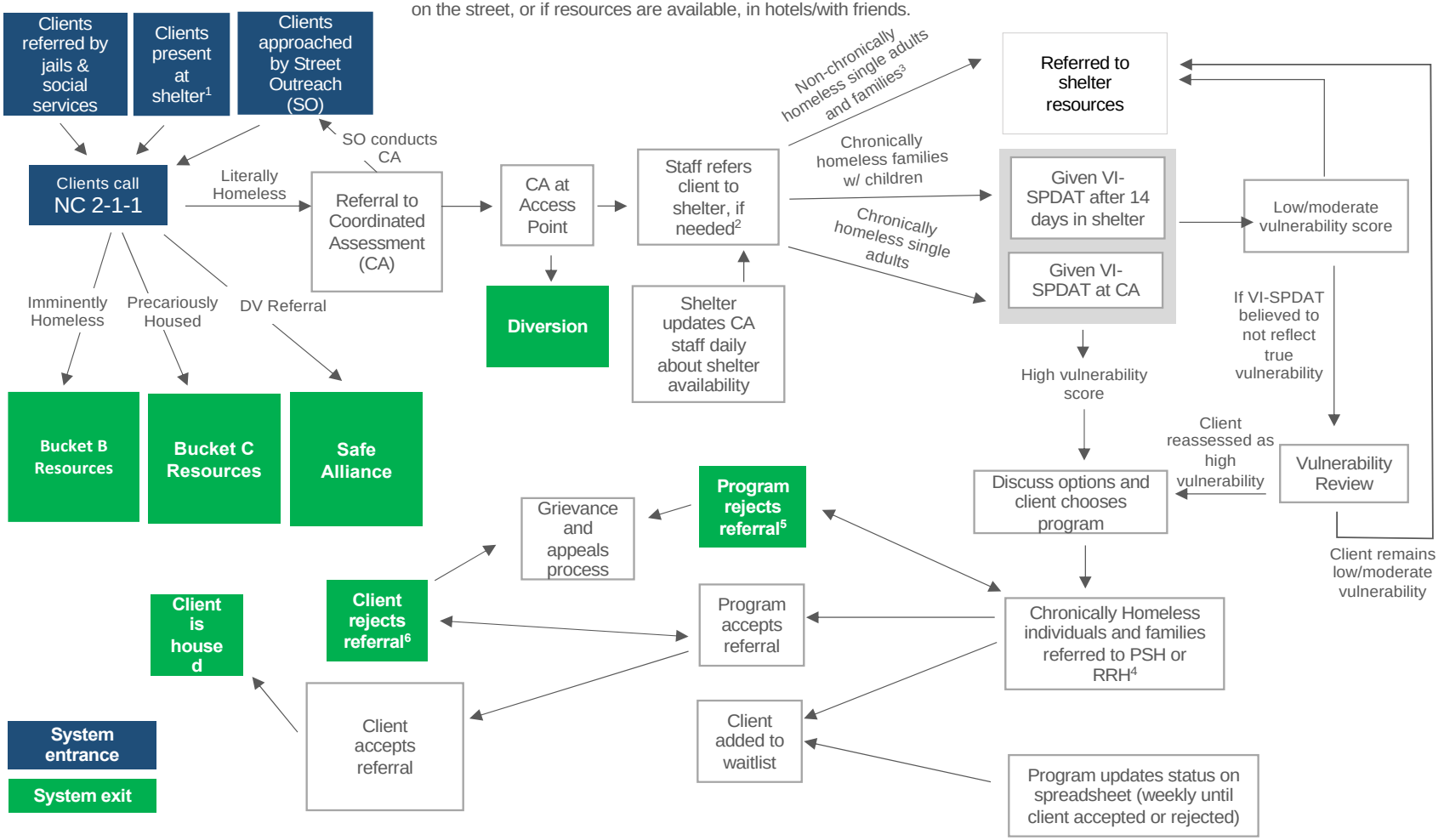
In response to the pandemic, CoCs have made a number of changes to CE processes to meet the needs of individuals and families. Because of the implications for the present evaluation, three major changes in Charlotte-Mecklenburg processes are highlighted here. First, NC 211 has experienced a dramatic increase in call volume due to the pandemic, which may have led to longer wait times and/or inability to connect with a NC 211 call specialist. Second, housing assessments have mostly been limited to phone-based assessments. Third, the housing prioritization policy shifted to targeting individuals and families who are impacted by or at greatest risk for developing severe COVID complications based on the Centers for Disease Control and Prevention's recommendations.

Figure 2. Coordinated Entry Process in Charlotte Mecklenburg for Single Adults and Families.

1. No one who needs emergency shelter is prevented from entering because an assessment site is closed. Clients who present at shelter are directed to call NC 211 and then seek CA as soon as possible.

2. Following initial assessment, clients are referred to the shelter appropriate for their household type. Beds are not guaranteed, At the Men's Shelter, clients enter a lottery system to receive a bed for the night. At the Women's Shelter clients are provided a bed when available. Those who do not receive a bed most often sleep on the street, or if resources are available, in hotels/with friends.

3. Non-chronically homeless single adults are not currently prioritized for services. Chronically homeless adults and families are prioritized based on highest VI-SPDAT vulnerability score

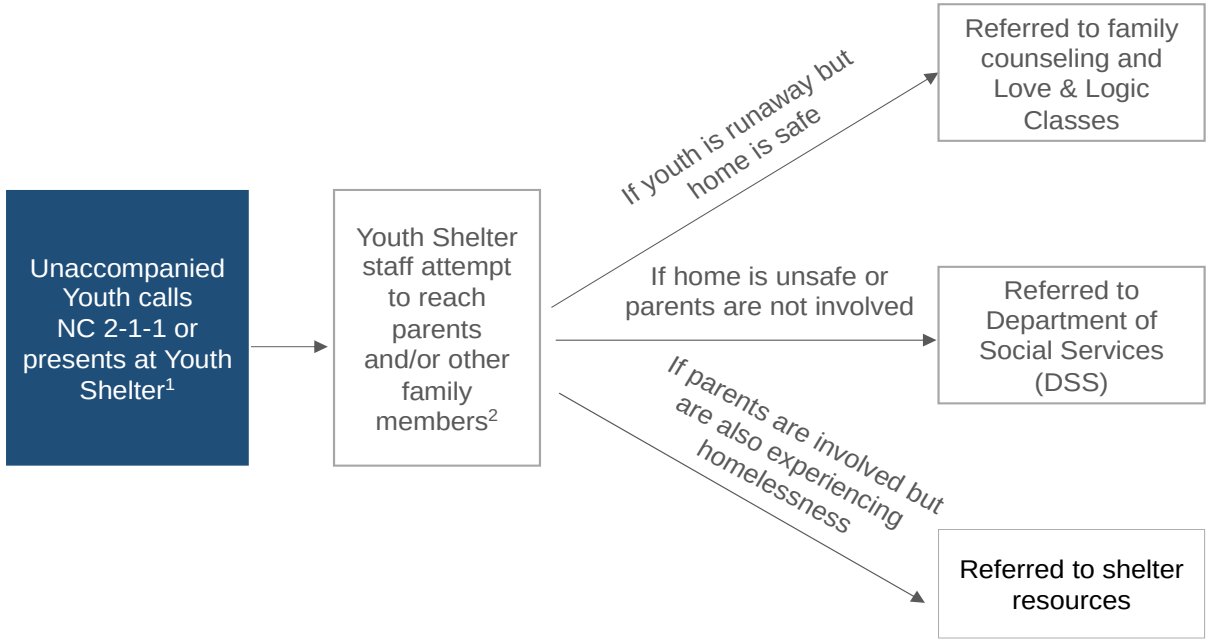


4. PSH = Permanent Supportive Housing;
RRH = Rapid Re-housing

5. For rejections, staff work with individuals and families to identify alternative housing programs. Clients can file a grievance if unsatisfied with the outcome of the referral process.

6. Clients may reject a referral if they have already found a suitable housing situation, if program does not meet client's needs, or if staff cannot contact client. Staff may work with client to identify an alternative option.

Figure 3. Coordinated Entry Process in Charlotte Mecklenburg for Unaccompanied Youth.



1. Unaccompanied Youth that call NC 2-1-1 are directed to present at Youth Shelter for assistance.

2. Unaccompanied Youth can stay at Youth Shelter up to 14 days while the proper arrangements are made by shelter staff.

Methods

Methods

HUD requires systematic evaluation of local CE systems but does not require specific evaluation tools or methods. HUD does, however, expect evaluations to include several key components including the "effectiveness and efficiency of the CE process, feedback about the ease of use from persons experiencing a housing crisis, and an assessment of referral outcomes" (HUD, 2018, p. 27). HUD defines effectiveness as "ensuring not only that the CE is operating as intended, but also that the CE is positively affecting the overall system performance" (HUD, 2018, p. 27). HUD also recommends that CE evaluations measure compliance to required policies and procedures, outcomes, and process.

The evaluation approach was developed in light of these federal requirements and additional local expectations of the evaluation. This section describes the types of evaluation, data sources, and data tools used to evaluate CE in Charlotte-Mecklenburg.

Qualitative

Policies and Procedures Review

Two UI staff completed independent reviews of Charlotte-Mecklenburg CE Policies and Procedures and Prioritization Policy. The CE Policies and Procedures Review Form used for this analysis was adapted from a HUD compliance tool. Reviews were compared, discussed, and finalized into a single document.

Interviews & Focus Groups

Interviews and focus groups were the primary data sources for this Interim Evaluation Report (see Table 2). Interviews and focus groups were conducted with a diverse range of stakeholder groups, including CE leadership, CE assessors, NC 211 leadership, and a peer support specialist. These stakeholder groups were recruited with the assistance of project partners and took place via Zoom. When possible, focus groups were scheduled during regularly scheduled meetings (CE leadership, CE assessors) to reduce respondent burden.

Individuals who had recently undergone CE assessments were also interviewed for the evaluation. CE client interviews took place in person at CE assessment sites (Salvation Army Center of Hope and Roof Above Men's Shelter). CE assessors were provided with information about the study, and informed clients about the opportunity to participate following their completion of a CE assessment. All clients who participated in the study were provided with mental health referral resources and a Walmart gift card following the interview.

CE client interviews began in March 2020, immediately preceding the pandemic. Interviews

paused for more than a year, during which time CE assessments had transitioned from in-person to a phone-based platform in response to local "stay-at-home orders". In-person CE assessments resumed in a limited capacity in the summer of 2021, when CE client interviews were able to resume. However, due to the ongoing use of phone-based CE assessments, few in-person CE assessments took place while research team members were on-site. In light of these challenges and in order to obtain a diversity of client experiences for the evaluation, clients who were staying at the shelter (Salvation Army Center of Hope or Roof Above Men's Shelter) and due for a follow-up CE assessment (typically completed when a person is still experiencing homelessness a year after their initial CE assessment) were also invited to participate in an interview. CE clients who were interviewed after a follow-up CE assessment were asked to reflect on both their most recent experience with CE, as well as their initial CE assessment, which typically occurred about a year prior to their follow-up assessment. While not ideal and aligned with the original evaluation plan, this adapted approach in response to the pandemic allowed the research team to gain insights into the experiences of individuals who were experiencing homelessness for more than a year.

All interviews and focus groups were digitally recorded and transcribed verbatim. NVivo software was used to synthesize and categorize interview data into themes and subthemes related to the research questions. To ensure that findings were credible and inferences were accurate, data were triangulated with other sources, and member checks were conducted with CE stakeholders. Member checks consist in sharing data and/or preliminary findings with participants to ensure that they accurately reflect their experiences and that the interpretations of the data resonate true to them.

Observations

As part of the evaluation, United Way of North Carolina provided a sample of prerecorded NC 211 calls. The research team listened to these calls collectively and documented their insights individually. After each call, the research team debriefed and shared their observations related to each call. If the team agreed upon an insight, it was documented as a finding.

Similarly, the research team conducted observations of CE assessments. Observation Forms completed by the research team were analyzed for key themes. Consistent themes across observations were documented as a finding for the purposes of this study.

Quantitative

Surveys

All CE clients who were interviewed for this evaluation were also asked to complete a short survey regarding their experience with CE. These survey results are the only quantitative data included in the present Interim Evaluation Report.

HMIS and NC 211 data (Final Evaluation Report Only)

During the evaluation period, the COVID pandemic occurred, which led to a number of challenges and changes to the CE system. Charlotte's CE system adapted in several ways to ensure that the system was responsive to the community's needs. Some of these changes included but were not limited to moving to phone-based CE assessments, as well as changes in prioritization assessment scoring and policy.

Because of the ongoing pandemic, it is difficult to determine whether some of the changes in CE processes will be temporary or permanent. To ensure that evaluation findings were relevant and timely, but also took into consideration the effects of the COVID pandemic on the CE system, we requested and are analyzing Homeless Management Information System (HMIS) and NC 211 data from March 2019 to March 2021. In doing so, we aim to reflect and compare the CE system prior to the onset of the COVID pandemic, and its performance thereafter.

In the final report, a number of analyses will be conducted for the evaluation of the CE system. Univariate and bivariate statistics will be used to describe the CE system and sample(s). T-tests and chi-squares will be used to determine whether meaningful differences were found across population groups and/or demographic characteristics.

Data Sources

The evaluation used multiple types of data and data sources to answer the research questions and complete evaluation components. The Interim Evaluation Report uses primarily qualitative data, with the exception of CE client survey data. Table 2 provides a brief description of the data sources included in this report (in black), as well as the quantitative data sources that will be included in the Final Evaluation Report (in green).

Table 2. Description of Data Collection Methods

Data Collection Method		Number	Description
	CE Policies and Procedures Review	2 Reviews	UI Staff, review of Charlotte-Mecklenburg CE Policies and Procedures and Prioritization Policy.
	Interviews	17 Interviews	HMIS staff (1), CE clients (15), peer support specialist (1)
	Focus Groups	4 Focus Groups	Focus groups with CE Oversight Committee (2), CE assessors (1), NC 211 leadership (1)
	CE Assessment Observations	11 Observations	Observations of in-person CE assessments conducted to assess individual's needs and strengths, and connect them to the appropriate resources available in the community. Took place in 2020 at Men's Shelter, Salvation Army, and Urban Ministry
	NC 211 Call Observations	13 Observations	United Way's NC 211 information and referral line is used as the main point for screening and referral services. A sample of calls provided by United Way of North Carolina and NC 211 for the purposes of this evaluation
	Surveys	15 Surveys	CE clients (15) were asked to complete a brief survey prior to their interview
	Homeless Management Information System (HMIS)		HMIS data include individual and program level data from participating homeless services organizations. Data were provided from March 2019-March 2021 so that the evaluation can contextualize the findings to before the pandemic
	NC NC 211		United Way's NC 211 information and referral line is used as the main point for screening and referral services. Data were provided from March 2019-March 2021 so that the evaluation can contextualize the findings prior to the pandemic

Note. Items in green will be included in the final evaluation report.

Limitations

This study was one of the first in-depth examinations of Charlotte's CE system. Although this study had a number of strengths, there are also a number of limitations that warrant mention.

First, this study occurred both before and during the COVID-19 pandemic. As such, some of what we observed prior to the pandemic may not be relevant during or post-pandemic. For example, NC 211 observations occurred prior to the pandemic; however, we know that several changes in protocol occurred during the pandemic (such as the transition to phone-based CE assessments) that make some of the findings and recommendations related to NC 211 observations less relevant to current CE practices. Relatedly, what we observed during the pandemic may not represent typical or post-pandemic practices. For example, most CE client interviews were conducted in-person during the pandemic, but only a small share of all pandemic-era CE assessments occurred in-person. Therefore, clients interviewed for this evaluation may represent a limited subset of all clients' experiences. Due to the limits presented by the pandemic, we have chosen to focus the evaluation on findings that were relevant and applicable both before and during the pandemic.

Second, the research team was able to conduct post CE assessment interviews (which included the completion of a brief survey) with a limited number of clients (n=15). Perspectives and insights from these interviews are critical to the research purpose as they reflect the lived experiences of those CE aims to serve. As such, they hold a central place in this Interim Evaluation Report. However, it is important to note that they represent the perspectives of only a small sample of this population and are not representative of all or generalizable to all CE clients.

Finally, initial evaluation planning sessions and discussions revealed that several of the quantitative research questions proposed in the evaluation plan could not be answered based on the current data collected and/or available through HMIS and NC 211. That is, current data systems (a) did not readily collect the information needed to allow for analysis, or (b) data were collected but not reliable, or (c) data collected did not contain identifiers to allow datasets to be connected to one another. Based on these changes and CE stakeholders consultation, the quantitative portion of the Final Evaluation Report will include an HMIS evaluability assessment focused on improvements to data infrastructure needed to answer the research questions proposed in the evaluation plan.

Findings

The findings are organized based on the overarching research questions presented in the evaluation plan, which are listed below:

- How are the components of coordinated entry provided and experienced?
- Are services trauma-informed?

Within each section we discuss the key findings from our observations and analysis. In line with HUD's guidance, when used in this report, "the term household is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children)" (HUD, 2017, p. 6). Quotes from clients and stakeholders are embedded throughout the report, bolded, and emphasized using a tan color. A more detailed table of findings, organized by sub-research question, can be found in Appendix B beginning on page 56.

How are the components of coordinated entry provided and experienced?

According to the HUD, CE consists of four distinct components: Access, Assessment, Prioritization, and Referral. HUD stipulates that effective CE should include ongoing planning with all stakeholders participating in each component of the CE process, including front line staff, leadership, and households who recently went through the CE process.

Sensitivity to lived experience is one of the core principles that communities can use to ensure an effective CE assessment process. It translates into ensuring that processes and tools minimize risk and harm, provide individuals or families with the option to refuse to answer CE assessment questions, and ensure that administrators are trained to recognize signs of trauma or anxiety and to respond appropriately. Related, effective CE includes fair and equal access to services by *all* in the CoC's geographic area. This implies the need to ensure outreach to people on the street and other service sites as well as the availability of sites that are accessible for persons with disabilities.

Effective CE includes tools designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. CE tools must be user-friendly and easily-administered by non-clinical staff in a way that is easy to understand. In addition, clients being assessed should hold precise information and be clear about what program they are being referred to, and clearly understand reciprocal expectations (e.g., what is expected of them, and what they can expect from the program). Placement of households on housing waiting lists that typically imply long wait times should be avoided as much as possible and CE should not delay access to emergency services, including shelters. In summary, the purpose of CE is to create a consistent, standardized, and efficient intake and referral process for households who are experiencing homelessness. Processes include qualities such as low barriers to access, fair and equal access, and standardized processes. This evaluation aims to determine the extent to which these qualities are being actualized in Charlotte-Mecklenburg and where room for improvement exists.

While all components are equally important for understanding the CE system, this evaluation primarily focuses on the user experiences of individuals and families who have accessed CE through NC 211 and who have received CE assessments, in addition to observations of and interviews with stakeholders with in-depth knowledge of user experiences. As such, prioritization and referral are discussed in a limited capacity from the perspective of internal stakeholders.

This section synthesizes key findings from research questions related to CE Components, which are found in Appendix B beginning on page 56.

The Coordinated Entry System

Lack of Clarity Results in Mismanaged Expectations

The evaluation revealed key differences in stakeholder perceptions of the purpose of CE. For most internal stakeholders (Oversight Committee, CE assessors, NC 211 leadership), the purpose of CE was to streamline services and create equitable and systematic access to resources by prioritizing the highest needs households. CE observations and client interviews demonstrated that clients did not have a clear understanding of the purpose of CE and typically knew very little or nothing at all about what to expect prior to experiencing it. This was sometimes framed as a source of anxiety for clients. By comparison to internal stakeholders, CE clients' primary reasons for receiving a CE assessment was to exit homelessness and secure housing or as one participant put it: "to get off the street and get back on my feet." For many, this meant the ability to secure immediate shelter until they could access long-term housing solutions. The primary difference in internal stakeholders and clients' perspectives is the assumption that resources, including shelter, are available for *all* households experiencing an episode of homelessness.

Both assessors and clients appeared to experience an emotional burden and at times trauma when expectations were misaligned. Long wait times and the lack of tangible solutions to hold onto led some clients to express feeling hopeless after their CE assessments and like they were "getting nowhere." Their stories coincided with CE assessors' perceptions and reflected the need to delineate a more transparent and systematic process of managing clients' expectations to better align with housing resources as one CE assessor explained: "so, that when people show up, they're not... then, at the shelter...with everything that they own, expecting to be able to get in."

For many individuals and families who are experiencing homelessness for the first time, there is an expectation that arrival at a CE site will be an end to their problems, and the beginning of a journey to stable housing. While CE indeed provides supports and assistance that is incredibly helpful to households, it appears that a lack of resources and a strained housing and homelessness system is inadvertently leading to long wait times for housing and/or assistance, disjointed messaging, and possibly traumatization.

Consistent Community Messaging Is Needed to Manage Expectations for Housing Resources

The lack of clarity regarding information about resource availability stems from inconsistent messaging across the CE system. During focus group discussions with NC 211 leadership, participants emphasized the community misperception equating CE with immediate shelter access. CE assessors made similar comments about the association of CE with access to housing resources in terms of both the emergency shelter as well as permanent supportive housing.

CE clients generally spoke very positively about the NC 211 call specialists they spoke to and described them as "real nice", "polite and nice", "very respectful and [...] great." One client explained how the specialist was "trying to do everything she could to explain the things that I didn't understand" while another specifically appreciated the fact that the specialist "asked questions, he gave me a break between to answer the question [...] took his time, you know?" At the same time, it is important to note that observations of NC 211 calls showed that NC 211 call specialists did not routinely tell callers that a shelter bed was not guaranteed after CE assessment, warn adult families that they may not be able to stay together, or manage expectations for receiving permanent housing. These observations were not surprising giving the difficult job assigned to NC 211 specialists. Many of the callers we observed conveyed feelings of frustration, weariness, and anxiety because of their housing crisis, and NC 211 call specialists appeared to be reluctant to manage their expectations at the expense of further dampening their hopes.

The evaluation identified two possible causes of inconsistent messaging regarding resource availability: (1) a lack of coordination across stakeholder groups and (2) compassion fatigue among front-line staff.

First, conversations with CE leadership and NC 211 leadership uncovered the need for greater collaboration and coordination on issues such as current resource availability and NC 211 script adherence. Communication lags between Mecklenburg County CE and NC 211 leadership can result in NC 211 call specialists not having appropriate levels of information or accurate information about available local resources. NC 211 leadership noted that when callers have more updated information about local resources than the call specialists, it "chips away at that trust that the public has with NC 211" and prevents NC 211 from being able to operate effectively as the front-line resource in communities. The evaluation also uncovered differing philosophies regarding script use. NC 211 leadership indicated that conversations needed to be less script oriented, and "more organic" to facilitate helpful conversations, whereas CE leadership stated that efforts had been made to standardize a script to prevent call specialists from inadvertently misrepresenting the availability of housing and shelter resources.

Second, inconsistent messaging can occur when NC 211 call specialists, CE assessors, and other front-line homeless service staff members experience compassion fatigue. NC 211 call specialists and CE assessors experience stress and emotional burden when they must inform clients that no resources are available, or when they must correct false expectations. CE assessors spoke to the complexity of this aspect of their job and shared: "Initially, when we first started Coordinated Entry, [...] the rumor was, it was a housing assessment. So you go, and you don't even have to be homeless, you go and get your housing assessment, right? And that was stressful." Although process improvements have been made since that have contributed to resolving some of these initial misunderstandings, clarifying and/or setting clients' expectations remains a daily challenge for front-line workers. As NC 211 leadership reminded us: "People are stressed about what's happening right now. Whether they have a place to stay, whether they're getting evicted [...] So the limited availability of resources is always a challenge, and the challenge of then trying to inform people of that." In such context, the burden lands on front-line staff who have to work with these real estate market constraints and become tasked with the difficult job of striking a balance of providing clients the hope they need and at the same time setting realistic expectations about the availability of housing and/or support services.

It is important to note that interviews with clients indicated that hope is a powerful motivator and outcome of the CE process. NC 211 call specialists made clients feel supported as one of them shared: "He [NC 211 call specialist] helped me out with everything" while others expressed similar perceptions and said: "She [NC 211 call specialist] helped me out" and "She asked me if there was anything else that she could help me with, she was really nice." Clients shared similar views about their assessors as one of them explained: "I feel that I'm going to be okay. I feel that I'm going to be okay. I think she going to keep her word, and I believe she want to help me. And I want to look forward to that." Despite the positive effect of providing hope, without transparency, it has the unintended consequence of leaving clients unprepared for the potentially long process ahead. For example, one client said when asked about their CE experience: "I wish they had told me then that it would be a long, long time before I ever got in somewhere." Without clear guidance on how to walk this fine line, some front-line workers indicated a tendency to err on the side of providing hope, at the expense of setting realistic housing expectations.

Both CE assessors and NC 211 leadership agree that more consistent messaging is needed regarding the availability of housing resources. CE assessors note that managing expectations is a central, if not intended, aspect of their role as CE assessors. However, assessors would like to see expectations better managed upstream at NC 211 as well as at the front-desk of shelters.

NC 211 leadership also feel that it is part of NC 211's role to set realistic expectations for housing services, including shelter: "I think it's also very important, we, from a call specialist side, don't want to kick the can down the road." However, NC 211 leadership noted that NC 211 does not make

housing placements or know vulnerability scores and so is limited in the specific expectations that they can give to callers. Both CE assessors and NC 211 leadership discussed the emotional burden of managing caller expectations and the need for clearer communication and processes to set community-wide expectations around housing resources available through NC 211 and CE.

Access

Transportation as a Barrier to Coordinated Entry Assessments

Access refers to "how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services" (HUD, 2017, p. 14). In Charlotte-Mecklenburg, United Way's NC 211 information and referral line is used as the main point for screening and referral services, while shelters serve as the primary CE assessment site for CE services.

Policies and procedures documentation clearly states that all CE sites are accessible through local bus routes. Yet, while some CE clients found it relatively easy to get to their CE assessments because they either had access to a vehicle, were able to get a ride, or had access to bus passes, others had to walk unreasonable distances due to the lack of access to public or private transportation. This made it exceedingly difficult for them to get to their CE assessment and also raised safety concerns as they explained that segments of their routes did not include sidewalks. Similarly, time was another challenge for some clients, and having to take multiple buses to reach CE assessment sites was "very time consuming."

Coordinated Entry Assessment

Helpful and Hopeful but Lacking in Next Steps

According to HUD, assessment is the process of gathering information about a household's barriers to housing and characteristics that might make them more vulnerable while experiencing homelessness. The three primary assessment sites for CE services are: (1) Men's Shelter of Charlotte, (2) Salvation Army Center of Hope, and (3) Urban Ministry Center.

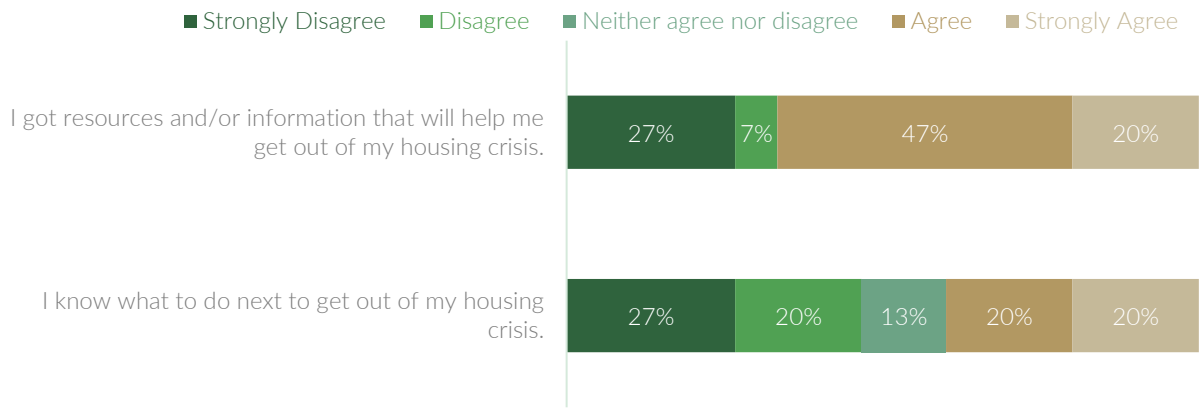
During the pandemic, CE assessments moved to a phone-based process. As a result, the research team was not able to conduct as many interviews with clients who had just completed their initial CE assessments, as intended. Instead, we relied on clients who were obtaining an in-person follow-up CE assessment for our interviews given that they were the only ones being conducted in-person after the pandemic. Clients typically obtained a follow-up CE assessment because they had been at a shelter for a longer period of time (generally a year or more). Two thirds of

interviews were conducted with clients after they completed an initial CE assessment (n=10) and one third were conducted with clients after they completed a follow-up CE assessment (n=5).

CE clients typically framed assessments as a positive experience, which they often perceived as helpful. Assessments provided the opportunity to discuss immediate needs, such as access to temporary shelter, and for some, the CE assessment was an opportunity to address barriers to longer-term goals (e.g., resolve ID issues to be able to apply for and return to employment). Assessments also served the purpose of relieving stress, being heard, and providing hope related to the ability to regain housing. Our study found that hope emerged as an especially powerful motivator and outcome of the CE process. For example, one client noted "I went in there [the CE assessment] with little hopes and came out with high hopes." The therapeutic aspects of CE assessment are discussed in further detail on page 34.

As a reminder, 15 clients completed a brief survey following their CE assessment. In terms of tangible outcomes, as can be seen in Figure 4, survey findings show that most clients interviewed (67%) agreed or strongly agreed that they received resources and/or information that will get them out of their housing crisis. Similarly, during qualitative interviews, clients reported walking away from their CE assessment with written resources in hand more often than not. Clients described those resources vaguely in terms of information about "jobs and housing" or more specifically as "the address for that shelter", "the apartments that she had found for me", or the "housing list [...] which I'm going to put in some applications." Some reported filling in housing applications with their assessor(s) or being connected to a case coordinator through whom they had received a housing subsidy. Looking back on their experience, a considerable proportion of clients perceived the CE assessment to have met their needs. Yet, we observe mixed findings related to the extent to which these resources were tailored to individual needs. While one client shared: "I asked about the low income, so that's what she gave me. She gave me a list that was low income apartments around here", another felt differently and explained that they were hoping to receive "some kind of income, some type of listings or low income places to go to" but did not.

Figure 4. CE Client Survey Responses Regarding Resources and Next Steps



However, other clients' narratives revealed uncertainty about how to improve their housing situation following the CE assessment. Nearly half (47%) of clients interviewed did not walk away with a clear understanding of next steps, as one client explained: "I wish I knew a little bit more about it because I'm going blind out here, common places, the listings that they're giving me. I call every number in here. Some are not even familiar with it. And I can't explain something that I'm not familiar with", while another said: "They got so many programs you don't know where to go..." Another client explained that they did not make a plan for next steps during the CE assessment but were told to "keep hounding the front desk to find out who my caseworker is. Because I haven't seen nobody since March." Some clients also discussed the need for CE assessments to address barriers to housing, such as unpaid bills having the potential to be detrimental to an individual's credit score and ability to be considered for housing. Together, these findings indicate room for improvement in relation to CE clients' level of understanding and clarity about next steps as well as reciprocal expectations between them and assessors following assessments; an important aspect of CE, as described by the HUD (HUD, 2017). These findings also suggest the need to ensure that assessments serve as an opportunity to delineate specific steps that will support households in overcoming the crises they are facing in a way that is tailored to their presenting issues.

Prioritization and Referrals

Coordinated Entry Works Best for Chronically Homeless and Those Better Equipped to Navigate the System

In CE, the prioritization phase consists of taking the information collected during assessments and determining the housing and services a household will be referred to, in addition to who has the highest priority. In Charlotte, the CE system uses the VI-SPDAT, in addition to supplemental

questions developed locally, to determine a household's vulnerability; higher scores are indicative of greater vulnerability, and therefore, priority for housing.

Local prioritization standards driving referrals currently specify a prioritization system for both chronically and non-chronically homeless households. However, prioritization of non-chronically homeless populations only began later, in May of 2020, as a result of the temporary prioritization policy which was implemented in response to the COVID-19 pandemic. Up until that point, there was no prioritization system for referrals for non-chronically homeless households. This led to the general understanding, as expressed by NC 211 leadership members, the Oversight Committee, and CE assessors, that CE was best suited for literally homeless clients who demonstrate higher levels of vulnerability, as there are limited community resources for those who are not chronically homeless or "only" at risk of homelessness. Prior to the aforementioned prioritization policy change, CE had written policies with "generic statements about how we direct them [non-chronically homeless families and individuals] to resources" but these housing resources are scarce and findings suggest that the process typically favored those with the ability and capacity to navigate housing resources and barriers on their own.

These system-driven limitations mean that the impetus often lands on the clients to move the housing process forward in order to address their housing crises and improve their situations, a reality that was consistently observed by research team members during their observations of CE assessments. During interviews that took place after their CE assessments, clients expressed similar views that the next steps were in their own hands. Speaking about their assessor, one client explained: "She did the basics. Once the people contact me, it's up to me to complete the tasks" while another stated: "You got to do the footwork ain't nothing going to happen."

Yet, internal stakeholders identified numerous barriers, including trauma, computer-illiteracy, and mental health, that pose barriers to clients who are attempting to navigate the CE assessment and housing resources on their own. Perspectives from those with lived experience and stakeholders alike reveal how the CE system may not be as fitted or efficient for "hard cases", clients who are furthest removed from mainstream systems, those with obstacles to participating in housing programs, like violent behaviors or mental health barriers, or those with certain criminal backgrounds, such as sexual offenders or arsonists, as compared to "more compliant" clients. Conversely, some stakeholders lamented the lack of resources available to households who have minimal barriers to housing, noting that it is frustrating "how homeless you have to be to qualify for help." These findings suggest the fragmented nature of the current local service and housing system and indicate the need for the community to more intentionally focus on preventing those experiencing homelessness and those at-risk from reaching greater levels of vulnerability before they are granted access to resources and/or from potentially "aging" into chronic homelessness.

Stakeholders consequently highlighted the need for "a connection to someone else in the community who could help them, and not just simply a resource, but … a housing navigator" or someone "able to take people across the finish line." A key quality of housing navigators is the ability to match households with services that address their specific barriers and meet specific needs. One stakeholder emphasized the need for housing navigators to have lived experience in order to adequately advocate on behalf of clients experiencing housing crises.

Are services trauma-informed?

Effective CE includes assessment tools that are worded and asked in a manner sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. Considering the linkages between trauma and homelessness, ensuring the trauma-informed nature of services, care, and processes designed to serve individuals experiencing homelessness is key and even has the potential to influence success in housing (Bransford & Cole, 2019; Mbilinyi & Kreiter, 2015). Trauma-informed principles include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, as well as cultural competence (US Department of Health and Human Services, 2014). These principles extend to the organizational culture, as well as qualities of the services provided. Whether or not services are trauma-informed tends to be less of a yes/no question than an assessment of where a given organization is doing well with regard to adhering to these principles and where there is room for improvement.

This section synthesizes key findings from research questions related to trauma-informed care, which are found in Appendix B beginning on page 56.

Trauma and the Therapeutic Benefits of Coordinated Entry Assessment

Although interview questions did not ask about traumatic life experiences, these had a central role in the CE assessment clients' narratives. CE clients shared significant adverse experiences including but not limited to the loss of loved ones, at times children, histories of sexual and physical abuse, traumatic experiences of incarceration and their connection to episodes of homelessness, and finally yet very importantly, the stressful and traumatic nature of the experience of homelessness itself. Stories of homelessness namely touched on how shelter conditions worked to perpetuate trauma. Specifically, they were related to shelters' sleeping conditions, the social interactions shelters impose on residents, and shelter-related treatment.

While the stress intrinsic to the COVID-19 pandemic was not a consistent theme within CE clients' narratives, when mentioned, the fear and stress it brought upon clients was intense. COVID-related concerns were primarily framed in relation to the crowded aspect of shelters and the inability to practice social distancing while experiencing homelessness in general, which caused participants serious fears of contracting the virus and/or dying from it. The need to protect oneself, both psychologically in terms of conflictual interactions at the shelters or physically in terms of potential exposure to COVID-19, caused participants to isolate, which had a negative impact on their psychological well-being. One CE client spoke to this challenge and explained: "It's just the people's attitudes, you can't say much to them and so that leads you into being by yourself and then depression if you've got that, which I do, then it starts triggering it."

On the other hand, the CE assessment process served a therapeutic purpose. For some clients, the CE assessment relieved stress and provided hope related to the ability to regain housing. As one participant explained:

> "A relief. It was a relief as in now I can tell somebody what's going on, relieve some of this pressure, this stress that's on me. And I know that she'll listen, because sometimes you want somebody to listen. That's all it takes sometimes, just listen to me and let me spill out everything that's balled up, and let you know what's really going on in my life."

Assessors also felt that a primary outcome of the CE assessment was therapeutic:

> "The clients sometimes just want to be heard. Sometimes, even if you don't have a solution, or you don't have the resources, but if they have a history of trauma, if they have some kind of substance abuse, addiction history, and they want to have a testimonial. They want someone to hear what they've been through, without the judgment, and have that on the record, and they're okay with that, but I think they get to walk away feeling like someone cares, they're not just a homeless person on the street, they're still a person. And I think it reminds them of that."

However, it is important to note that not all CE clients found the process therapeutic. Areas of improvement regarding trauma-informed practices are discussed in the next sections.

The Re-traumatizing Aspect of Coordinated Entry Assessments

Internal stakeholders describe one of the purposes of the centralized system of collecting data inherent to CE as reducing re-traumatization by limiting the number of times that clients tell their story. Study findings suggest room for improvements in relation to this aspect of the CE process.

While some clients did experience therapeutic elements to the CE assessment, others expressed the need for the process to be more humanizing and trauma-informed. One client defined his experience as "mostly traumatizing." When asked about questions that were missing, the same client went on to list: "Well, how are you? How are you doing? How's your day? Did you sleep well last night? Are you hungry? You're homeless. Those certain things work parallel when you're trying to help somebody. [...] did somebody jump on you last night? Were you robbed?" Clients who were not satisfied with their CE assessment experience noted that greater empathy and more post-assessment follow-up would have improved the CE experience.

Other stakeholders raised similar concerns about the potential traumatizing effect of CE assessment. Several strategies were raised as a way to prevent re-traumatization, including comprehensive trauma-informed training ("It's not what's wrong with you, it's what happened to

you") and hiring CE assessors and other front-line workers with lived experience ("lived experience in this work is one of the key components to hearing people").

Data Privacy

Consistent with Charlotte-Mecklenburg CE policies and procedures, NC 211 observations revealed that call specialists typically request clients' consent to share their information with referral agencies and systems, including HMIS. Clients who refuse to provide consent to be entered in HMIS have access to referrals and resources as usual. However, while current procedures appear to ensure that this aspect of the process be explicitly explained to clients fleeing or attempting to flee domestic violence, sex trafficking, dating violence, sexual assault, and stalking, they do not appear to stipulate this right to all other clients.

Conversely, observations of CE assessments made it evident that clients are provided information about the confidentiality of their data, the right to opt in or out of HMIS, and assurances that they would be served in the instances of choosing to opt out. Ninety-three percent of CE clients interviewed following their CE assessment agreed or strongly agreed that their privacy was respected during the assessment. Overall, CE clients felt that the list of questions asked during CE assessments were understandable, relevant, adequate, and mainly appropriate; although some questions were personal, interviewees felt that they had a choice not to answer those questions they perceived as uncomfortable. In terms of privacy of the physical assessment space, CE observations showed that CE assessments typically took place in private rooms but that privacy concerns remained. For example, conversations between assessors and clients could be heard through doors at some locations, which may lead some clients to be reluctant to share personal and/or intimate details of their lives if they feel as though others could hear through the door.

Safety Concerns with NC 211 Procedures

In accordance with Charlotte-Mecklenburg CE policies and procedures, and as confirmed by the Oversight Committee during focus group discussions, "People fleeing or attempting to flee domestic violence, sex trafficking, dating violence, sexual assault and stalking who call NC 211 are referred first to the Domestic Violence Shelter hotline for safety planning." The NC 211 call script indicates that needs relating to domestic violence/intimate partner violence and housing status are assessed first. However, observations of NC 211 calls revealed that not all call specialists asked callers whether they were actually fleeing domestic violence and/or intimate partner violence, especially in the event that a caller was male, or a caller was representing a couple that was experiencing a housing and homelessness episode.

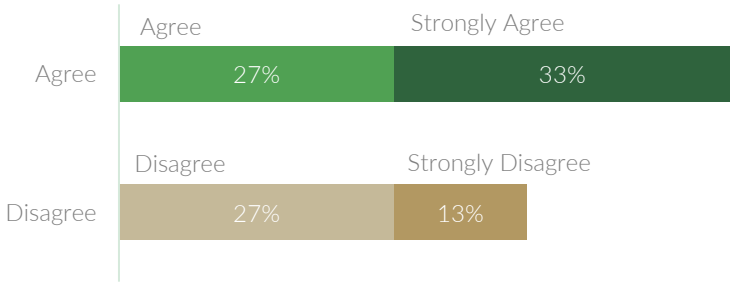
Client interviews speak to this potential limitation in current CE processes. Following their assessment, one client's next step was "get with somebody with domestic violence and see if they can relocate me far away from him." As currently defined, the process indicates that the NC 211 call specialist should have screened and referred the client to a domestic violence agency prior to the CE assessment. When screening questions were asked, they were not routinely asked first. In some cases, domestic violence-related screening questions were asked first, while in others, the assessor asked about veteran status, disability, and health insurance before they asked about domestic violence. In addition, the research team noted a reluctance to share or a potential lack of clarity on clients' part in relation to the current terminology being used by NC 211 call specialists; specifically "intimate partner violence" seemed unclear. Finally, the virtual nature of some of the CE assessments further complicated call specialists' ability to fully observe the call center's safety and confidentiality practices.

Safety Concerns at Coordinated Entry Assessment Sites

The Charlotte-Mecklenburg CE policies and procedures state that "physical assessment areas are safe and confidential at all sites." Yet, existing documentation does not provide examples on what qualifies as a safe or confidential space. This lack of specificity is problematic as it has the potential to lead to the application of unequal standards across sites.

Overall, as can be seen in Figure 5, 40% of CE clients interviewed as part of the evaluation did not feel that the physical space of the organization was safe, secure, and comfortable. Interestingly, CE clients interviewed after an initial CE assessment tended to feel safer about the assessment site, with 80% agreeing or strongly agreeing that the physical space of the organization made them feel safe, secure, and comfortable. By contrast, only 20% of participants interviewed after a follow-up CE assessment found the assessment space safe, secure, and comfortable. Due to the small sample size and confounding variables, it is unclear whether this difference in perspective is due to the specific assessment location (most follow up CE assessments took place at the Salvation Army women's shelter) or the reality that participants receiving a follow up CE assessment had been staying at the assessment site for shelter for several months and had more familiarity with the space.

Figure 5. The physical space of the organization (e.g. walls, paint color, room layout, signs, furniture, and lighting) makes me feel safe, secure, and comfortable.



n=15

In addition, perceptions related to safety were complex to unpack. While several CE clients described feeling safe during qualitative interviews, they attributed safety to their ability to protect themselves or being equipped to deal with people more so than to the environments themselves. As one participant explained when asked about the environment: "It's dangerous, but I protect myself, but it's dangerous everywhere."

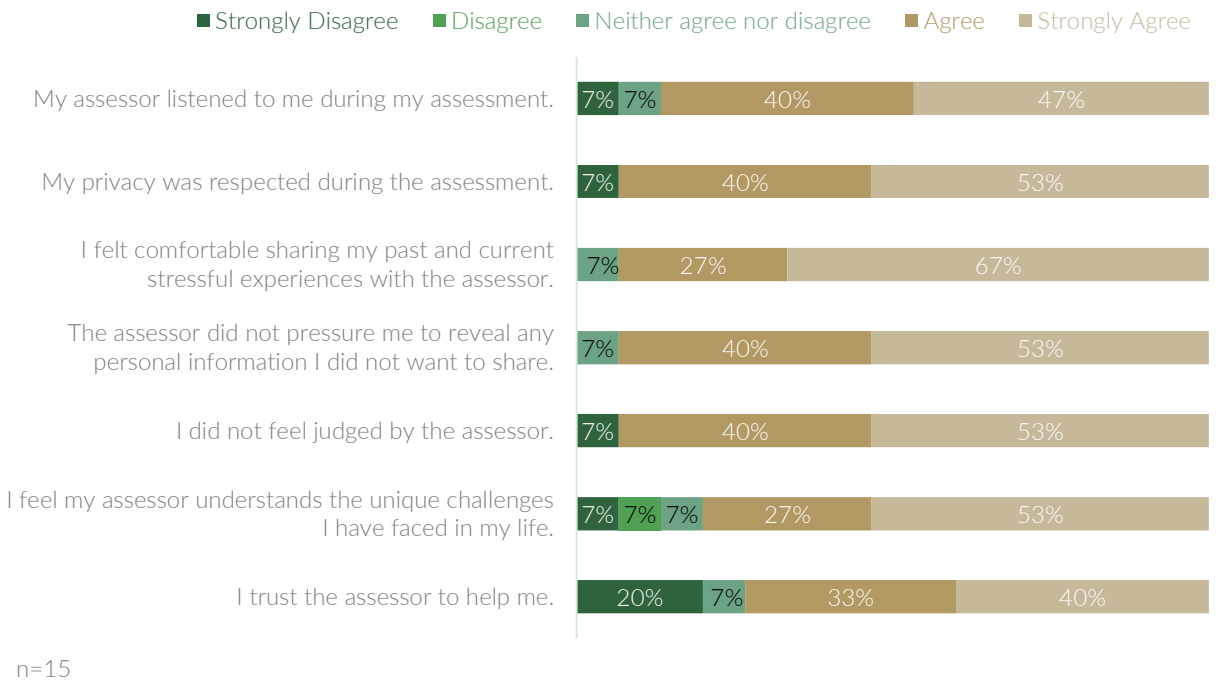
Empathy and Respect

Reflecting on the NC 211 call experience, clients generally made positive comments about the call specialist they spoke to. However, it is important to note that there were mixed findings as one client explained how they wished the call specialist was "more cheerful, trying to give the person on the other line more hope, more resources to help them" and that the lack of such qualities made them feel "distanced when they talked to [them]." UNC Charlotte researchers made similar observations during NC 211 call observations; most NC 211 call specialists appeared warm and professional, wanting to help lift clients out of their situation. This sometimes led to overpromising or recommending resources that may not be appropriate for clients (e.g., when clients were referred to both CE assessment and transitional housing resources). Moreover, some assessors were more script oriented, which led them to communicate in a less empathetic tone to clients.

CE clients also reported generally positive experiences with CE assessors. As can be seen in Figure 6, responding to a survey about their experiences during the CE assessment, most CE clients (80% or more) agreed or strongly agreed that their assessor listened to them during the assessment, respected their privacy, did not judge them, and did not pressure them to reveal any personal information they did not want to share. Clients elaborated on these sentiments about their assessors during their interviews. One explained: "It didn't feel like nobody was trying to judge me or anything", while another shared: "When I would say something, if she was in the middle of typing [...] she would stop and listen to me. [...] She actually listened to me. And sometimes that's all I need

is somebody just to listen to me." An important trait for clients was reliability or the assessors' tendency to "keep their word", which was framed as a factor that enabled respect and trust. It is important to note, however, that clients' experiences varied widely and some clients felt like they were not truly heard, respected, treated fairly, given the choice to answer questions the way they wanted to, did not yet feel comfortable enough to share their story with their assessor, or did not receive the resources or information they needed. Challenges related to transparency were framed in terms of lacking sufficient rapport with the CE assessor at the time of the assessment to allow trust, as one client explained: "I didn't feel comfortable with her knowing [...] But the next time I might be comfortable enough [...] Because I'll be, what you say, getting to know her better."

Figure 6. CE Client Survey Responses Related to Assessor Experience



n=15

Staff Training Needs

Although existing CE policies and procedures documentation mentions mandatory training for CE assessors, it does not include training that centers cultural competency, trauma-informed care, or mental health first aid. Similarly, focus groups with NC 211 leadership reveal that NC 211 call specialists receive training on trauma-informed care, but that it remains an area of growth. At the beginning of 2022, all call centers are expected to become in-house, which participants note will increase oversight and quality assurance, and improve training and coaching opportunities for trauma-informed and compliance practices. To the extent possible, the Continuum of Care should

consider using this transition as an opportunity to combine trainings for NC 211 call specialists and CE assessors to ensure consistency in training, and ultimately processes across both groups.

The Charlotte-Mecklenburg CE policies and procedures indicates no secondary trauma support, information on how to access an Employee Assistance Program (EAP), websites detailing mental health resources, or crisis lines contact information. Focus Group discussions with NC 211 leadership indicate a clear need for resources to address secondary trauma and empathy fatigue, which specialists currently address through interactions with supervisors and coping mechanisms, such as virtual coffee breaks. The COVID-19 pandemic has made addressing secondary trauma further challenging for staff due to the remote nature of the work, reduced in-person interactions, and difficulty to disengage from work.

Recommendations & Discussion

Recommendations & Discussion

In line with CE's objective to allow communities to "strategically allocate their current resources and identify the need for additional resources", findings from the present evaluation help us identify resources needed to strengthen Charlotte-Mecklenburg's CE system (HUD, 2017, p. 8).

Findings emerged in relation to the core components of CE. In relation to the CE system, lack of clarity appears to yield mismanaged expectations. Consistent community messaging would support managing clients' expectations for housing resources. In terms of access, transportation emerged as a barrier to clients' ability to reach CE assessment sites. CE clients typically perceived CE assessments as helpful and as an important source of hope. However, clear next steps were often lacking, leaving clients feeling uncertain about how to improve their housing situations following CE assessments. Finally, findings related to prioritization and referrals indicated that CE works best for those experiencing chronic homelessness, or those better equipped to navigate the system.

Findings also informed the trauma-informed aspect of CE services. They demonstrated the prevalence of trauma in CE clients' stories and the therapeutic benefits of CE assessment. While empathy and respect were often intrinsic to clients' experiences of the CE system, perceptions varied and areas for improvement in relation to the trauma-informed aspect of service delivery were evident. Specifically, study findings uncovered existing challenges related to safety, data privacy, and the risk of client re-traumatization, some of which may be addressed through training.

The recommendations that follow aim to identify opportunities to best support the local CE system, including front-line staff working within it, as they strive to serve members of our community experiencing housing instability or homelessness. It is important to emphasize that front-line staff is a primary strength of CE. Many of the CE staff working to connect clients to services are working against considerable systemic constraints (e.g., high service demand, limited-service availability, lack of affordable housing, growing unemployment/ underemployment, etc.) to ensure that homelessness is a rare, brief, and nonrecurring event. Many of the issues described in this report require system level solutions that are outside the control of front-line staff (e.g., increase in affordable housing units, increase in minimum wage, increase in funding, etc.). Thus, it is important that the findings of this report be used to help support advocacy efforts around creating additional needed resources, as well as preventing homelessness through policy changes.

With that in mind, the following sections provide recommendations across two areas of CE (a) CE processes, and (b) CE resources. Table 3 summarizes data and other sources of observations and feedback laying the foundation of the study findings and associated recommendations.

CE processes. The recommendations that follow reflect the common theme of consistency across three aspects of CE processes that would benefit from refinement or further development: *1) consistent messaging; 2) systematic monitoring and assessment; and 3) standardized practices*. These three areas of improvement emerged in findings related to the overall CE process, or specific and core aspects of CE, including safety and privacy. The following recommendation supports the need for *consistent messaging* within CE:

- Recommendation 1. Identify and articulate goals and expectations of NC 211 & CE assessments as well as feedback mechanisms to ensure that they are being communicated and conducted as designed. A key factor to consider as part of this process is that communication to clients should be trauma-informed to avoid the danger of being interpreted by clients in terms of "housing worthiness".

Trauma-informed principles support communication that is trust-worthy and transparent, collaborative, and encourages client empowerment and choice (US Department of Health and Human Services, 2014). Within the CE process, this requires staff to strike a balance between conveying empathy to clients, providing them needed hope, and setting realistic expectations in a way that is sensitive. Service providers should provide information in a manner that avoids retraumatization and prepares clients for the process of regaining housing stability.

Clients positively respond to service providers' authentic expressions of care, concern, and empathy (Wilson, 2016). However tending to the needs of persons who are experiencing traumatic life situations and high levels of stress to help them exit adverse circumstances and achieve desired ones can be emotionally stressful (Wilson, 2016). Vicarious or secondary trauma may be understood as the risk of experiencing or taking on clients' stress, vulnerability, victimization, and/or pain that is faced by professionals working with trauma victims (Wilson, 2016; Bell et al., 2003).

A large body of research documents the vulnerability to vicarious traumatization and subsequent risk of burnout and/or secondary traumatic stress (STS) disorder among front-line workers in the homelessness sector (e.g., Schiff & Lane, 2021; Schneider et al., 2021; Hensel et al., 2015). CE front-line staff are consequently at significant risk for compassion fatigue, compassion stress, and vicarious trauma and need support coping effectively with the cost of caring (Figley, 1995). In light of the difficult nature of their work and their risks for these adverse outcomes, NC 211 call specialists and CE assessors need support and training to assist in successfully enacting the aforementioned practices listed under recommendation one. Supervisory support is especially important and may include role-playing, problem solving, as well as monitoring for secondary trauma (Bell et al., 2003). Related, *systematic monitoring and assessment* within CE processes can also prevent as well as address some of the potential risks identified through study findings.

- Recommendation 2. Regularly assess the experiences and perceptions of NC 211 call specialists and CE assessors. CE should consider providing ongoing feedback mechanisms to front-line staff who often times are only able to offer limited solutions to clients due to insufficient availability of resources and/or services, potentially leading to high levels of job stress, significant risk for secondary traumatization, and burnout. Trauma-informed systems monitor and take steps to promote job satisfaction and the well-being of staff.

- Recommendation 3. Identify or develop resources to prevent and/or address secondary trauma among front-line staff. Existing literature identifies the following areas as promising to support strategies aiming to prevent and/or address vicarious trauma: "organizational culture, work environment, education, group support, supervision, and resources for self-care" (Bell et al., 2003, p. 465).

It is important for front-line workers to see that the people-centered and trauma-informed nature of their organizations is targeted at both clients and staff (Kulkarni et al., 2013). Measures should be put in place to ensure that front-line staff feel valued and know that their well-being matters and their input is heard. Organizational culture should normalize vicarious trauma to create a supportive environment that allows and helps workers address the effect that their work has on them (Bell et al., 2003). Secondly, ensuring work environments with private, safe, and comfortable characteristics (e.g., break rooms that are private and separate from clients, security systems or security guards on site, inspiring pictures in work spaces instead of agency regulations reminders), while essential for CE clients, may also be important to front-line staff (Bell et al., 2003). These spaces offer opportunities for staff to engage in self-care that supports their resilience, such as taking short breaks between seeing clients, being able to decorate offices with items that have personal meaning for them. The availability of trauma-specific educational opportunities is another strategy for organizations to consider to prevent and/or address vicarious trauma. Knowledge acquired can support staff in naming experiences and understanding how to best respond (Bell et al., 2003). Finally, counseling resources should be made available to staff so that they can receive support from trained professionals. In addition, peer support groups should be considered given the benefits associated with people discussing shared experiences (e.g., enhanced comprehension of experiences; recognized and rectified cognitive distortions; suggestions for reframing; etc. (Bell et al., 2003)).

Ensuring the necessary structure for social support to occur within the organization in the form of group support is another feature of trauma-informed systems (Bell et al., 2003). Supervisors should also work to promote the development of relationships in which staff feel safe in sharing fears or expressing concerns, and/or inadequacies. To the extent possible, evaluation and supervision should be distinct functions to support the creation of such relationships (Bell et al., 2003). That is, ideally, a supervisor should not also be responsible for evaluating a worker's

performance as concerns about evaluation may cause staff to feel reluctant about sharing issues that would otherwise signal vicarious trauma.

Job satisfaction has been shown to be strongly associated with self-perceptions of "making a difference" among service providers (Stalker et al., 2007). Involving front-line staff in systems change work is another promising strategy to prevent vicarious trauma among workers in social justice driven organizations (Kulkarni et al., 2013). Feeling proximity with a larger social movement allows staff to contribute the valuable perspectives they have gained through their work experiences and give them a sense that they can make change at a macro level even when seeking change at an individual level creates feelings of discouragement in light of the aforementioned contextual barriers (Kulkarni et al., 2013).

Next, study findings suggest safety concerns related to NC 211 procedures, CE assessment sites, and shelter locations. Existing literature also suggests that youth, racial and ethnic minorities, and those fleeing from domestic violence experience additional barriers to accessing housing resources due to factors such as lack of knowledge and underscoring on vulnerability index scales (McCauley, 2020; Nnawulezi & Young, 2021; Holtschneider, 2021; Petry et al., 2021; Thomas et al., 2020a; Thomas et al., 2020b; Barile et al., 2020). This body of literature reminds us of the importance of remaining non-judgmental about the wide range of responses to the same services among different clients. Various factors, including but not limited to an individual's knowledge of systems, psychological well-being, language barriers, or family responsibilities can influence the ability to take proactive steps to solve an unwanted situation. The recommendations below aim to suggest ways to address these challenges through ***systematic monitoring and assessment***, namely.

- Recommendation 4. Regularly assess the experiences and perceptions of CE clients and individuals staying in shelter by sub-population (e.g., Veterans, Families, Individuals with Disabilities, Domestic Violence Survivors, Single Individuals, etc.) and demographic characteristics (e.g., race/ethnicity, gender identity, age) including experiences of barriers, referrals to services, and perceptions of safety.

- Recommendation 5. Identify, develop, and monitor quality improvement feedback mechanisms to improve experiences for *all* individuals experiencing a housing crisis.

- Recommendation 6. Identify or develop trauma-informed training as well as safety recommendations to address deficits identified through feedback mechanisms.

Regarding trauma-informed training, current study findings suggest an existing gap and need to incorporate training that centers cultural competency, trauma-informed care, and mental health first aid. Regarding safety recommendations, CE assessors' training may be strengthened to support clients in feeling safe during their assessment in general, and specifically during initial assessments, which

can support clients' willingness and ability to transparently report their true levels of vulnerability. To the extent possible, strategies to reduce overcrowding in shelters may also be beneficial.

- Recommendation 7. Use local partnerships to provide population-specific cross-sector training to front line staff at each level of the CE system.

- Recommendation 8. Peer support specialists have been found effective at meeting clients' informational and emotional needs during a housing crisis (Barile et al., 2020). Consider utilizing peer support specialists to help to bridge these knowledge gaps and build rapport with highly vulnerable populations experiencing homelessness.

The utilization of peer support specialists to help guide clients on their journey to housing stability holds evident value but also requires important considerations. Existing evidence demonstrates the financial burden experienced by peer support specialists in the United States, which results from low wages, prevents a third of those workers from being able to pay monthly bills, and was only aggravated by the COVID-19 pandemic, in spite of the critical role played by this workforce (Adams et al., 2022). In light of these financial challenges, peer support specialists and other helpers are likely to experience housing insecurity at the same time as they are trying to support clients in achieving housing stability. This underlines the importance of providing a livable, stabilizing, wage when bringing on helpers with lived experience to avoid retraumatization. The following recommendations aim to support decisions around *standardized practices* within CE processes and their enactment.

- Recommendation 9. Systematically provide additional explanation to all callers to clarify caller rights if clients choose not to share their information with referral agencies and systems. This information may be included in NC 211 scripts.

- Recommendation 10. Ensure that CE assessment spaces ensure clients' privacy, the confidentiality of their information, and support them in feeling comfortable enough to share personal and/or intimate details of their lives. This is essential regardless of the CE assessment location and has further implications when assessments are conducted at shelter locations as it may influence the quality of clients' living environments.

- Recommendation 11. Research findings reveal differing perspectives among stakeholders in relation to the use of scripts. Greater collaboration is needed and consensus must be reached to inform the future process regarding standardization of NC 211 call specialists' questions and interactions and whether specialists' guidance needs to be more organic and strengthened by training or informed by the use of scripts.

Standardization through the use of comprehensive scripts may serve the purpose of supporting consistent community messaging and manage clients' expectations for housing resources to better

prepare them for the process ahead. On the other hand, a more conversational approach may help convey a higher level of empathy to clients and support the trauma-informed nature of service delivery. Strengthening training, coaching, and support can facilitate the adoption of such approach and ensure call specialists are best equipped to deliver services in a way that is inclusive and clear, yet remains person-centered. Training may teach alternative ways to convey empathy and care and help call specialists be and feel clear about their role while demonstrating nonjudgment and allyship with clients.

- Recommendation 12. To the extent possible, streamline the CE process and connect NC 211 and CE data by ensuring that CE assessments take place immediately following NC 211 calls or the next business day. When feasible, scheduling a call back to clients for a CE assessment would support this process.

- Recommendation 13. Develop checklists to help call specialists ensure that they are asking all the questions necessary in the event a call specialist must deviate from the script based on interactions with the caller.

- Recommendation 14. Ensure the systematic aspect of safety screening and safety protocol-related questions and action plans for safety planning regardless of client gender as well as their standardization. Literature exists to unravel the myth that males are not exposed to domestic violence (Drijber et al., 2013). CE policies and procedures need to clearly stipulate ways to ask questions related to domestic violence while anticipating the possibility of intimate partners being present when clients call. A useful question may be to ask whether clients are in a safe place to answer questions related to their relationship with intimate partners.

- Recommendation 15. Safety screening and protocols need to be expanded to not only reflect violence that occurs in the context of intimate partnerships. Existing literature demonstrates that violent victimization (including family violence and stranger violence) is often experienced by youth experiencing homelessness, and is especially prevalent among LGBTQ+ youth in this group (Keuroghlian et al., 2014).

CE resources. The recommendations that follow serve to inform promising avenues to improve CE clients' access to resources identified as gaps and ensure their optimization.

- Recommendation 16. Identify homeless service organizations outside the CE system that may be helpful to engage in order to expand available CE resources, reduce duplication of efforts, consolidate community response to addressing homelessness, and further reduce individual burden to access homeless resources.

- Recommendation 17. Consider adding mechanisms to assess transportation needs during NC 211 calls.

- Recommendation 18. Consider partnerships with ride-sharing platforms or other transportation systems to ensure that vulnerable households (e.g., fleeing domestic violence, individuals living with disability) are connected with safe access to CE assessment sites and shelter.

- Recommendation 19. To the extent possible, regarding communicating information to clients during NC 211 calls: invest in technological innovations such as text messages or email, to deliver information to callers that are tailored to their specific needs, including addresses, phone numbers, and eligibility criteria of organizations. If this is not possible, consider adding to script for NC 211 call specialists to advise callers at the beginning of the call to have a pen and paper to write down information provided during the call.

- Recommendation 20. During CE assessments, delineate specific steps with clients that will support them in existing the crisis they are facing and are tailored to their presenting strengths, concerns, and needs. Next steps should be communicated to clients clearly, in written form, and include all relevant information such as addresses, phone numbers, and eligibility criteria of organizations. It may be useful to develop resource guides for CE assessors' use, which they could adapt to clients' specific situations. Resource guides may be structured around most common themes and include predefined possible steps for each of them. Exemplary themes may be: ID-related help; currently undergoing eviction; need financial help to cover security deposit but has income and can afford subsequent rent; has income and needs help locating low-income housing; need long-term subsidized housing; need temporary housing assistance to recover from financial emergency; need help improve credit score to be considered for housing; issue with landlord requiring mediation; seek job opportunity in specific industry with/ without qualifications, etc.

- Recommendation 21. Utilize housing and/or income navigators to clarify the CE process post assessment and to support overall CE success. Housing navigators work closely with households experiencing homelessness and prospective property owners and housing programs to facilitate needs-specific housing opportunities for households. Similar to housing navigators, income navigators, also known as employment navigators, facilitate employment and job training connections to households whose primary barrier to housing is financial in nature. Evidence from the literature supports the use of navigators to assist clients with accessing appropriate resources (Balagot et al., 2019; Kulkarni et al., 2021; Burt, 2015). This can be achieved through improving accuracy of prioritization assessment using VI-SPDAT scoring, reducing silos between service sectors, and providing training and education services to front-line social service workers (Kulkarni et al., 2021).

- Recommendation 22. Housing and/or income navigators should be representative of the communities they serve; housing navigators with lived experience may be particularly adept at building rapport with clients, which can improve service-matching success and meet clients' emotional needs (Barile et al., 2020).

Table 3. Data and other sources supporting study findings and associated recommendations

	CE Front-Line Staff	CE Leadership (incl. Peer Support)	CE Clients	NC 211 Leadership	CE and NC 211 Observations	Literature Review	CE Policies and Procedures
Recommendation 1	X	X	X	X	X		
Recommendation 2	X	X	X	X	X		
Recommendation 3				X		X	X
Recommendations 4, 5, & 6	X	X	X	X		X	X
Recommendation 7			X	X			X
Recommendation 8		X				X	
Recommendation 9					X		
Recommendation 10			X		X		
Recommendation 11	X	X	X	X	X		
Recommendation 12				X			X
Recommendations 13, 14, & 15			X		X		
Recommendation 16	X	X	X	X	X		
Recommendations 17 & 18			X	X			
Recommendations 19, 20, 21, & 22	X	X	X	X	X	X	

Conclusion

The present evaluation focuses on Charlotte-Mecklenburg's CE system, in light of its central role and positionality to address housing instability and homelessness locally. However, tackling these complex multidimensional issues will also require systemic solutions targeting upstream social determinants of health, like the cost of housing and the structures of economic opportunity, to prevent homelessness (Thomas et al., 2020a). Addressing the issue of homelessness requires a collective philosophical shift from framing homelessness as a problem of individuals – typically those experiencing health, mental health, or substance use issues and their behaviors, motivations, or choices – and instead framing it as a systemic problem that sheds light upon deeply enrooted causes, such as lack of affordable housing, structural racism, low or stagnant wages, and lack of health care coverage (Thomas et al., 2020b). Despite these remaining challenges, the willingness of individuals and organizations across Charlotte-Mecklenburg to unite around the collective purpose of ending and preventing homelessness locally along with CoC's continued commitment to improvement, as evidenced by their ongoing refinements of CE based on feedback, are significant strengths. These factors will continue to support the community in fulfilling its mission to meet the needs of its members experiencing housing instability or homelessness.

Appendices

Appendix A: Key Terms

NC 211

NC 211 is an information and referral service provided by United Way of North Carolina. Individuals can call to obtain free and confidential information on health and human services and resources within their community. Calling NC 211 to complete a pre-screening is the first step of coordinated entry (CE).

Chronically Homeless

Individual or head of household with a disability who lives in a place not meant for human habitation, safe haven, or emergency shelter; and who has either been continuously homeless for at least 12 months or has experienced at least four episodes of homelessness in the last 3 years where the combined occasions total at least 12 months. Occasions are separated by a break of at least 7 nights. Stays in institutions of fewer than 90 days do not constitute a break.

Continuum of Care (CoC)

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

Coordinated Entry Assessment

Refers to an in-person, face-to-face process of interviewing an individual who is literally experiencing homelessness, using a consistent and uniform set of questions, to determine which programs or services are most appropriate to meet his or her housing needs and to gather information to prioritize the needs of that consumer relative to others who have presented for assistance.

Coordinated Entry

CE is Charlotte-Mecklenburg's system portal that connects households who are experiencing homelessness or housing instability to an available shelter or other housing resource. CE also helps the community to both prioritize resources for the most vulnerable households and to identify gaps and shortages in housing resources. By participating in CE, housing organizations prioritize their temporary and permanent housing assistance for households seeking assistance through the CE "front door."

Coordinated Entry Oversight Committee

The CE Oversight Committee, a sub-committee of the Continuum of Care, provides general oversight and guidance, and monitors and evaluates CE activities. The CE Oversight Committee is comprised of membership from: The City of Charlotte, Mecklenburg County, United Way of Central Carolinas, an emergency shelter provider, a permanent supportive housing provider, and a rapid rehousing provider.

Diversion

A category targeting households who are experiencing homelessness and seeking emergency shelter. Diversion helps households resolve their immediate housing crisis by accessing alternatives to entering emergency shelter or the experience of unsheltered homelessness.

Emergency Shelter (ES)

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

Fleeing/ Attempting to Flee Domestic Violence (DV)

Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

Homelessness

Homelessness is a type of housing status that exists along the housing instability and homelessness continuum. Homelessness, by definition, means the loss of housing. Homelessness can occur when a household lacks a fixed, regular, and adequate nighttime residence. This can include doubling up with family and/or friends; paying to stay week to week in hotels/motels; temporarily residing in a shelter and/or transitional housing facility; experiencing unsheltered homelessness; exiting an institutional setting within a set period of time after previously experiencing homelessness; and/or fleeing domestic violence.

Homeless Management Information System (HMIS)

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the individuals who access homeless and other human services in a community. Each CoC receiving Housing and Urban Development (HUD) funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless and at-risk of homelessness assistance system.

Housing Instability

Refers to people who do not have stable housing but also do not meet the HUD definition of

homelessness. Individuals who are identified as experiencing housing instability are provided information about community resources that may be able to assist them.

Imminent Risk of Homelessness

Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Literally Homeless

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Other Permanent Housing (OPH)

Other permanent housing is a type of affordable, permanent housing. It is defined as a medium-term rental subsidy (1 to 3 years) designed to help households quickly exit homelessness; return to housing in the community; and not become homeless again.

Permanent Supportive Housing (PSH)

Long-term rental subsidy (3+ years) designed to provide housing and supportive services to assistant homeless households with a disability or families with an adult or child family member with a disability to achieve housing stability.

Person-Centered Care

A service approach that encourages mutual partnerships between clients and service providers to achieve outcomes that more closely reflect client values, priorities, and goals.

Prevention

A category of housing assistance that targets households facing housing instability who have not yet lost their housing. Prevention includes communitywide interventions aimed at changing systems and structures that perpetuate housing instability; cross sector collaboration and coordination to reduce the prevalence of homelessness.

Rapid Re-Housing (RRH)

Short-term rental subsidy (up to 24 months) designed to help households quickly exit homelessness, return to housing in the community, and not become homeless again. RRH typically combines financial assistance and supportive services to help households access and stabilize in housing.

Safety Planning

A collaborative process to develop a specific practical plan that increases a person's safety when they are vulnerable to abuse, preparing to leave an abusive situation, or need to reduce potential danger associated with leaving an abusive situation.

Street Outreach (SO)

Targeted outreach intervention to households sleeping outside in unsheltered locations, including on the street; camps; abandoned buildings; and under bridges. The goal of street outreach is to connect households experiencing unsheltered homelessness with supportive services and permanent housing.

Transitional Housing (TH)

Temporary housing usually coupled with supportive services to facilitate the movement of households experiencing homelessness to permanent housing within a reasonable amount of time (up to 24 months). Households who are residing in transitional housing are considered literally homeless.

Veteran

Someone who has served on active duty in the Armed Forces of the United States.

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)

The VI-SPDAT is a tool used to determine risk and prioritization when providing assistance to individuals experiencing homelessness. Higher scores are indicative of greater vulnerability, and therefore, priority for housing.

Appendix B: Evaluation Findings by Sub-Research Question

Research Sub-Question	Context	Results (if data not available, indicate here)
A. How are the components of coordinated entry provided and experienced (access, assessment, prioritization, referral)?		
What services are provided and how are the services defined?	Effective implementation of coordinated entry (CE) stipulates that the tool should be user-friendly and easily-administered by non-clinical staff in a way that is easy to understand.	Reviewing the CE Policies and Procedures uncovers the fact that the definition of services provided is piecemeal and interlaced in various parts of the document.
Who is eligible for services and what criteria are required to receive services?	Effective implementation of CE stipulates that the tool should be user-friendly and easily-administered by non-clinical staff in a way that is easy to understand. Thus, clients should easily understand what services are available to them.	The CE Policies and Procedures Review suggests that guidance on RRH reflected a lack of clarity up until May 2020. Local prioritization standards driving referrals did not specify a prioritization system for both chronically and non-chronically homeless households. Prioritization of non-chronically homeless populations only began later, in May of 2020, as a result of the temporary prioritization policy which was implemented in response to the COVID-19 pandemic. Up until that point, there was no prioritization system for referrals for non-chronically homeless households. It appeared that literally homeless families used to be eligible for RRH, but literally homeless individuals were not, unless they were chronic and had a high enough VI-SPDAT score or were referred to a non-CoC funded RRH.
How are user categories defined and operationalized (i.e., demographic group, population, NC 211 categorizations)?		The CE Policies and Procedures Review [currently missing; may not provide sufficient data to inform]

Is there consistency between expressed need, referral criteria, and referral decisions in NC 211 and assessment?	Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred to, what will be expected of them, and what they should expect from the program. The CE process should avoid placing people on long waiting lists.	During NC 211 Call Observations, the research team observed several instances of inconsistent referral practices. Households who were not literally or imminently homeless received a brief assessment and were referred to CE. At times, households were referred both to CE as well as transitional housing. Inconsistencies arise from a desire to meet client needs. For example, one client was told she needed to call NC 211 before she could receive a bus pass from Urban Ministry to get to her doctor's appointment and was therefore provided a brief assessment. There appears to be a general disconnect between the NC 211 assessor's instructions to the client for receiving in-person CE assessment, and the reality of receiving the CE assessment (e.g. first-come, first serve). Most calls end on a hopeful note, leaving clients with the impression that they will receive shelter or resources after their in-person CE assessment. Some assessors are better at managing expectations than others, but even in these cases, it appears that the client does not always understand the purpose of CE or that shelter is not guaranteed. CE Assessment Observations showed that, overall, clients did not appear to have a clear understanding of the purpose of CE. Some clients came into CE expecting that it was a guarantee of shelter or housing resources, and expressed frustration when they were told of the shelter lottery system/ lack of available subsidized housing. Assessors routinely noted resources that may be helpful to the client during the interview, but assessors did not use a consistent way of sharing next steps. Consistent across all CE assessments (including one in which the client was identified as chronically homeless) was that the impetus was on the client to move the process forward in order to improve their situation.
Are NC 211 services and assessment sites accessible to all individuals requesting help? Specifically, are services accessible to those who do not have a phone or transportation resources, those with mental health disorders and physical disabilities, and those with limited English proficiency?	Effective CE includes fair and equal access to services by all people in the CoC's geographic area including proper advertising in several areas, trauma informed scripts, and sites that are accessible for persons with physical disabilities.	The CE Policies and Procedures Review indicates that the CE sites are stated clearly and are accessible via local buses. CE Clients interviews suggest that while some participants found it relatively easy to get to their CE assessments because they either had access to a vehicle, were able to get a ride, or had access to bus passes, others had to walk unreasonable distances due to the lack of access to public or private transportation. This made it very difficult for them to get to their CE assessment and also raised safety concerns as they explained that segments of their routes did not include sidewalks. Time was another challenge and having to take multiple buses to reach the assessment site was "very time consuming" for some clients.

Can individuals who request help access emergency services outside of NC 211 and assessment operating hours?	Effective CE stipulates that CE does not delay access to emergency services; including shelter.	The CE Policies and Procedures Review demonstrates that safety planning guidelines are very clearly explained.
What do policies and procedures require to ensure access to NC 211 and assessment services and are those requirements implemented and effective?	Effective CE stipulates fair and equal access to all people in the CoC's geographic area.	The CE Policies and Procedures Review [currently missing; may not provide sufficient data to inform]
How do community leaders and service administrators perceive CE components?	HUD notes that the purpose of CE is to create a consistent, standardized, and efficient intake and referral process for households who are experiencing homelessness. Effective CE processes include qualities such as low barriers to access, fair and equal access, and standardized processes. The evaluation utilizes both stakeholder feedback and quantitative data to determine the extent to which these qualities are being actualized in Charlotte-Mecklenburg.	During Focus Group discussions with NC 211 Leadership, participants state that CE is a way of coordinating resources in a community so that individuals with the highest needs are prioritized for services. However, participants also note that there is a community perception that CE equals shelter. During Focus Group interviews, Oversight Committee members noted that the purpose of CE is to streamline services, create equitable and systematic access to resources by prioritizing the highest needs households. One CE Leadership member shared perceiving the CE system as fragmented. Coordination after assessment is limited to prioritized populations. NC 211 can operate as a barrier when households are not referred to appropriate services. One CE Leadership member shared perceptions that CE is "a way to justify the lack of housing" by prioritizing housing services for households who score highest on self-reported vulnerability.
How do direct service providers experience and perceive CE components?	*Cannot locate*	During Focus Groups, CE Assessors expressed the understanding that the intention of CE was to be an intake system, but discussed the need to manage clients' expectations of CE, who are often told that CE is a guarantee of housing resources. There is a common perception by clients that CE guarantees housing resources, whether shelter beds or permanent housing. Managing expectations sometimes includes telling clients that they are not eligible for CE because they are not at imminent risk of homelessness. CE assessors also discussed secondary purposes of CE: it gives households an opportunity to be heard and listened to, it helps them to get jump-started and identify a plan forward.

How do individuals with lived experience perceive and experience CE components?	Sensitivity to lived experience is one of the core principles that communities can use to ensure an effective assessment process. It translates into ensuring that the tool minimizes risk and harm, and provides individuals or families with the option to refuse to answer questions, and that administrators are trained to recognize signs of trauma or anxiety.	During CE Clients interviews that took place after CE assessments, clients typically described a helpful, positive experience. It relieved stress, provided hope, enabled clients to reconnect with services and/or service providers, and provided the opportunity to discuss housing options and/or other useful supportive services. However, uncertainties about present purpose and next steps were often evident. First, clients typically knew very little or nothing at all about CE prior to their assessments. Interviewees' narratives revealed a similar form of uncertainty following both their phone conversations with NC 211 call specialists and following CE assessments. At times, clients explained having no plans at all. Looking back on their experience, a considerable proportion of clients perceived the CE assessments to have met their needs. However, the lack of tangible information or the lack of a clear understanding about housing options or next steps acted as barriers to clients' ability to feel like the CE assessment met their needs. In general, CE Clients Surveys showed positive experiences working with CE assessors. Most participants (80% or more) agreed or strongly agreed that their CE assessor listened to them during the assessment, respected their privacy, did not judge them, and did not pressure them to reveal any personal information they did not want to share. By comparison, participants experienced lower satisfaction with the outcome of their CE assessment; 40% of participants felt that they knew what to do next to get out of their housing crisis, while 47% of participants disagreed or strongly disagreed. Sixty-seven percent of participants agreed or strongly agreed that they received resources and/or information that will get them out of their housing crisis; 33% disagreed or strongly disagreed. Participants who were interviewed following their initial CE assessment (10) reported higher satisfaction with the housing resources and information that they received (8 or 80% agreed or strongly agreed that they received resources and/or information that will get them out of their housing crisis) compared to participants who had been in shelter for an extended period and were receiving a follow-up CE assessment (5 participants, 2 or 40% agreed or strongly agreed). Likewise, participants interviewed after initial CE assessment reported being more hopeful about getting out of their housing crisis after assessment than participants interviewed after a follow up CE assessment.

How would stakeholders improve the CE experience?	Effective CE should include ongoing planning with all stakeholders participating in the CE process, including front line staff, leadership, and households who recently went through the CE process. Effective CE processes include qualities such as low barriers to access, fair and equal access, and standardized processes. The evaluation utilizes both stakeholder feedback and quantitative data to determine the extent to which these qualities are being actualized in Charlotte-Mecklenburg, and where there is room for improvement.	During Focus Groups with NC 211 Leadership, participants noted that the CE experience could be improved by improving coordination and communication between NC 211 and community partners. Participants noted that NC 211 works best when NC 211 and community partners are in regular communication, sharing two-way feedback about what is working and what is not, and updating NC 211 on the community resources that are currently available. Participants note that when callers have more updated information about local resources than the call specialists (due to a lack of communication between NC 211 and partners), then it "chips away at that trust that the public has with NC 211" and prevents NC 211 from being able to operate effectively as the front-line resource in communities. Managing expectations was also an area of improvement identified by stakeholders. Participants discussed a) NC 211's role in managing expectations and b) the need for greater communication and consistency in setting expectations. Participants feel that it is part of NC 211's role to set realistic expectations for housing services, including shelter. However, NC 211 does not make housing placements or know vulnerability scores, and so is limited in the specific expectations that they can give to clients. Participants also noted the challenges of managing expectations in a trauma-informed way over the phone. During Focus Groups, CE Assessors discussed multiple experiences in which clients thought they were guaranteed a bed or an apartment just by going through CE. One CE Leadership member explained that there was no prioritization system for households not identified as chronically homeless until May 2020; they did not receive a VI-SPDAT, and so vulnerable, non-chronic households were not being prioritized for services. In addition, clients may improve housing outcomes if Mecklenburg County adopted a system in which non-chronic households were matched to appropriate services, and there was a housing navigator or other personnel who assisted households after completing the CE assessment. CE Clients Interviews revealed that, considering the therapeutic aspect of CE assessments, the prevalence of trauma in participants' stories, and the limitations identified by the clients, there is a need to enhance the trauma-informed aspect of homelessness services delivery. Clients expressed the need for the process to be humanizing and involve less paperwork, more frequent client/ assessor contacts/ a closer follow up, and more care. Related, clients mentioned time as a barrier to both their willingness to be open to and share with the assessor as well as their ability to assimilate the changing aspect of their lives.
B. Are services trauma-informed?		

Do individuals with lived experience experience services in a manner congruent with trauma-informed principles?	Effective CE includes assessment tools that are worded and asked in a manner sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. Those administering the tool should be trained to recognize signs of trauma or anxiety.	Trauma-informed principles include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, as well as cultural competence. Observing CE Assessments showed that these take place in private rooms, typically with the door open or cracked. However, there are privacy concerns, such as people looking in the windows and coming up to ask assessors questions. When the lobby was more empty, assessment conversations could be overheard from outside the room. Participant choice was given when possible, such as when multiple options were available for shelter. However, due to limited resources, participant choice was not always possible. Other elements of trauma-informed principles could not be assessed. NC 211 Call Observations demonstrated that, in general, NC 211 assessors are professional, many are warm and empathetic. Inconsistency regarding when and if domestic violence/intimate partner violence screener questions are asked raises concerns about client safety and ensuring an appropriate referral to services. Traumatic life experiences were prominent during Interviews with CE Clients that took place after their CE assessments. Clients' stories reflected important limitations in relation to the trauma-informed aspect of CE assessments including the need to enhance transparency about housing processes and wait times. There was mixed findings about choice. While one client felt like she/he/they had a choice to skip questions perceived as uncomfortable, another expressed feeling like she/he/they were not given the choice to answer questions as wanted during the CE assessment. Regarding the process, most clients felt they had enough time but a few shared needing more time due to the therapeutic aspect of the CE assessment. CE Clients Surveys showed that, overall, participants reported positive experiences working with CE assessors. Most participants (80% or more) agreed or strongly agreed that their assessor listened to them during the CE assessment, understood the unique challenges they have faced in life, did not judge them, respected their privacy, and did not pressure them to reveal any personal information they did not want to share. However, participants had more mixed perspectives on whether the physical space of the organization makes them feel safe, secure and comfortable; 60% agreed that the space made them feel safe, whereas 40% disagreed. Participants also expressed a lack of clarity about next steps after their CE assessment. Nearly half (47% or 7) disagreed or strongly disagreed that they knew what to do next to get out of their housing crisis, and 33% disagreed or strongly disagreed that they received resources and/or information that will help them get out of their housing crisis.

Do policies and procedures provide for trauma-specific services if an individual demonstrates or reports trauma or post-traumatic stress during a NC 211 screening or an in-person/virtual assessment?	Effective implementation of tools and protocols stipulate a sensitivity to lived experiences. Therefore, CE assessors are expected to recognize signs of trauma or anxiety.	The CE Policies and Procedures Review reveals that safety planning guidelines are clearly outlined.
How are NC 211 operators and in-person/virtual assessors trained to recognize and understand trauma and to conduct trauma informed screenings?	Effective implementation of tools and protocols stipulate a sensitivity to lived experiences. Therefore, CE assessors are expected to recognize signs of trauma or anxiety.	The CE Policies and Procedures Review lists mandatory training for CE assessors. Focus Groups with NC 211 Leadership reveal that NC 211 call specialists receive training on trauma-informed care, but it is an area of growth. In January 2022, all call centers are expected to be coming "in-house" which participants note will increase oversight and quality assurance, and improve training and coaching opportunities for trauma-informed and compliance practices.
Are there policy standards and procedures in the event that someone calls NC 211 or arrives for assessment and is fleeing domestic violence, dating violence, and/or sexual assault or stalking and are these procedures followed?	Effective CE systems include all subpopulations, including those fleeing domestic violence and intimate partner violence. Systems should utilize specific processes for households fleeing domestic violence/ intimate partner violence to protect the safety of households and ensure fair access to housing resources. Effective CE includes safety planning which clearly states that persons fleeing domestic violence/ intimate partner violence have safe and confidential access to CE assessments that adhere to the Violence Against Women Act (VAWA). Additionally, HUD dictates that implementing effective tools and processes includes participant autonomy, which details that people have the right to refuse	Oversight Committee Focus Group discussions indicate that current NC 211 practice is to screen for domestic violence and intimate partner violence. If the caller is fleeing from domestic violence or intimate partner violence, the assessor stops the interview and either transfers or gives the caller the number for the DV hotline. The decision over the warm handoff is dependent on assessor and call volume. One CE Leadership member explained that there are policy standards and procedures in place for households fleeing domestic violence or intimate partner violence. Domestic violence and intimate partner violence survivors do not have data entered into HMIS in accordance with VAWA standards, but survivors can consent to have data in HMIS via a HMIS contributing organization. They have the option of entering the data anonymously so that only the case manager has their identifiable information and they are able to remain on the housing referral waiting list. CE Policies and Procedures documentation outlines safety planning guidelines and very clear language is included around options for persons fleeing domestic violence.

	to answer questions without punitive action or limiting assistance.	
How do NC 211 assessors and in-person/virtual assessors respond in the event someone calls NC 211 or arrives for assessment and is fleeing DV, dating violence, and/or sexual assault or stalking trauma-informed? Does it align with policies and procedures?	The CE process should have protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the CE process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).	During NC 211 Call Observations, the research team did not observe any NC 211 calls with clients fleeing from domestic violence or intimate partner violence. However, the team did note inconsistencies in domestic violence assessment protocol. Domestic violence questions were not routinely asked by all NC 211 assessors. The order of the intimate partner violence question varied by call. In some cases, the question was asked first, while in others, the assessor asked about veteran status, disability, and health insurance before asking about domestic violence. According to the NC 211 assessor transcript (2020, pre-COVID), the domestic violence or intimate partner violence question should be asked first. The research team also observed that the terminology "intimate partner violence" may not be comprehensive (e.g., does not account for youth fleeing family situations) and the definition may not be clear to clients. Some clients paused at this question, which indicated to the research team that either the meaning was unclear or the client was not sure or willing to share the specifics of the situation. CE Observations did not provide sufficient data to inform the ways in which NC 211 call specialists and in-person/virtual assessors respond in the event someone calls NC 211 or arrives for CE assessment and is fleeing DV, dating violence, and/or sexual assault or stalking, whether their response is trauma-informed and the extent to which their approach aligns with policies and procedures. CE Policies and Procedures documentation outlines safety planning guidelines and very clear language is included around options for persons fleeing domestic violence.
To what degree are physical and virtual assessment areas safe and confidential and allow for individuals to identify sensitive information or safety issues in a private and secure setting?	Effective CE includes practices in which agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Effective CE includes privacy protections that ensure proper consent and use of client information. Effective implementation of CE also includes sensitivity to lived experience which acknowledges that the vulnerable	NC 211 Call Observations demonstrated that, due to the virtual nature of assessments, it is not possible to fully observe the safety and confidentiality practices of the call center. Callers are informed that their call is confidential and are asked for consent to share information with referral agencies. Inconsistency regarding when and if domestic violence/ intimate partner violence screener questions are asked raises concerns about client safety and ensuring an appropriate referral to services. CE Assessment Observations showed that CE assessments took place in private rooms, typically with the door open or cracked. However, there are privacy concerns, such as people looking in the windows and coming up to ask assessors questions. When the lobby was more empty, assessment conversations could be overheard from outside the room. During CE Clients Interviews, clients generally expressed perceiving the physical environment in which their CE assessment took place as comfortable and were satisfied with the level of privacy it enabled. Perceptions related to safety were complex, however. While most

	information that is shared requires a private setting.	interviewees described feeling safe, they attributed safety to their ability to protect themselves or be differently equipped to deal with dangerous people or situations more so than to the environments themselves. Safety remains a challenge for those in families. Homelessness typically caused them to split to protect family members until they could regain housing because they felt like their situation was not conducive to ensuring safety. CE Clients Surveys showed mixed perspectives on whether the physical space of the organization makes them feel safe, secure and comfortable; 60% agreed or strongly agreed that the space made them feel safe, whereas 40% disagreed or strongly disagreed. The CE Policies and Procedures Review indicated that consent is asked to include client information in HMIS. The CE Policies and Procedures dictate "confidential space" but does not provide examples on what qualifies as a “confidential space.”
Are CE components accessible to those with disabilities including visual, hearing, and physical disabilities, as well as mental health disorders?	Effective CE includes fair and equal access to services by all people in the CoC's geographic area including proper advertising in several areas, trauma informed scripts, and sites that are accessible for persons with physical disabilities.	The CE Policies and Procedures Review suggests that all CE locations are accessible for individuals with physical disabilities.
Are CE materials accessible to those with low reading levels or limited English proficiency?	Effective CE includes fair and equal access to services including folks with low reading levels or limited English proficiency. Those administering the tool should explain procedures in a trauma-informed way or connect to a service that can translate services with the client.	The CE Policies and Procedures Review reveals that NC 211 materials are available in English and Spanish; interpretation services are available at NC 211 and CE assessment sites. Although, more guidance could be provided on how CE assessors access TDD and interpreters. For persons with limited reading levels, the NC 211 hotline is available to administer the CE assessment via phone and verbally explain each portion. A clear description of the NC 211 hotline would be beneficial.

Are operators and assessors inclusive of a range of possible client experiences or identity?	A CE process is designed to be inclusive of all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. Staff administering assessments should use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.	Neither CE Assessment Observations nor NC 211 Call Observations provided sufficient data to assess whether call specialists and assessors are inclusive of a range of possible client experiences or identity.
Are households in housing crisis informed of their right to contest assessor decisions, particularly about prioritization?	The CE process is designed to incorporate participant choice, which may include the right to contest assessor decisions. Effective CE includes person-centered practice and the Vulnerability Review allows an opportunity for a household to be accurately portrayed when the original score from the Vulnerability Index does not capture the severity of a household's situation.	During CE Assessment Observations, the research team did not observe discussion regarding the right to contest assessor decisions. The CE Policies and Procedures content clearly documents the eligibility criteria for a review of the original VI-SPDAT score. However, it is unclear whether a household can request a referral for review.
Are households in housing crisis provided with information about the confidentiality of their data and their right to opt in or out of HMIS?	Effective CE includes privacy protections to ensure proper consent and use of client information. Effective CE includes safety planning which clearly states that persons fleeing domestic violence have safe and confidential access to CE assessments that adhere to the Violence Against Women Act (VAWA). Additionally, HUD dictates that implementing effective tools and processes includes participant autonomy, which details that people have the right to	NC 211 Call Observations indicate that assessors routinely ask for consent to enter client data into HMIS. However, it is unclear from phone calls whether households still have access to referrals and resources if they do not provide consent. From Observations of CE Assessments, it is evident that households are provided information about the confidentiality of their data, the right to opt in or out of HMIS, and assurances that they would be served if they opted out. The CE Policies and Procedures documentation outlines safety planning guidelines and very clear language is included around options for persons fleeing domestic violence.

	refuse to answer questions without punitive action or limiting assistance.	
Do assessors use a person-centered approach?	The CE process is designed to incorporate participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.	NC 211 Call Observations demonstrated that, in general, NC 211 assessors are professional, many are warm and empathetic. There appears to be a general disconnect between the NC 211 assessor's instructions to the client for receiving in-person CE assessment, and the reality of receiving the CE assessment (e.g., first-come, first serve). Most calls end on a hopeful note, leaving clients with the impression that they will receive shelter or resources after their in-person assessment. Some assessors are better at managing expectations than others, but even in these cases, it appears that the client does not always understand the purpose of CE or that shelter is not guaranteed. CE Assessment Observations showed that assessors were generally warm, empathetic, and engaged. However, due to time constraints and high client load, the research team observed, or assessor later indicated to a research team member, that they at times felt rushed and did not feel that they could probe or ask as many questions as they would like. The pace and depth of the conversation was driven by how much the client wanted to talk. In general, in CE Clients Surveys, participants reported positive experiences working with CE assessors. Most participants (80% or more) agreed or strongly agreed that their assessor listened to them during the CE assessment, respected their privacy, did not judge them, and did not pressure them to reveal any personal information they did not want to share.
To what degree do clients feel listened to and respected?	Effective CE requires a person-centered approach that values and respects clients' perspectives and provides options and recommendations that guide and inform clients' choices, as opposed to rigid decisions about what individuals or families need. Regardless of whether a CoC uses youth dedicated access points, the CE process must ensure that youth are treated respectfully and with attention to their developmental needs.	CE Clients Surveys indicated that 87% (13) participants agreed or strongly agreed that the assessor listened to them during the CE assessment; 7% (1) disagreed. 93% (14) agreed or strongly agreed that their privacy was respected during the assessment. In general, during CE Clients Interviews, clients spoke positively about their assessors who were largely described as respectful, courteous, and apt to listen. Some participants felt that their assessor brought joy to the CE assessment process and made them feel trustful and comfortable to share their story and experiences. Several clients mentioned that their assessors understood them and their needs while others chose to highlight competency as a central quality of their assessor(s). Another important trait for clients was reliability or the assessors' tendency to "keep their word", which was framed as a factor that enabled respect and trust.

Are individuals with lived experience meaningfully represented in CE and CoC decision-making structures in Charlotte-Mecklenburg?	HUD dictates that implementing effective assessment tools and processes translates to sensitivity to lived experiences. In accordance with this guidance, the assessment should be administered in a space that offers privacy, questions should be worded to minimize further trauma or harm, and assessors should be trained to recognize trauma or anxiety.	The CE Policies and Procedures Review indicates that policies and procedures are updated by the CE Oversight Committee. Members of participating projects comprise the committee, in addition to a youth representative.
What supports are available for staff? What supports are needed?	Effective CE should include planning with all stakeholders participating in the CE process, including front line staff, leadership, and households who recently went through the CE process.	The CE Policies and Procedures Review demonstrates no secondary trauma support. Focus Group discussions with NC 211 Leadership indicate a clear need for resources to address secondary trauma/ compassion fatigue, which specialists currently address through interactions with supervisors and coping mechanisms, such as virtual coffee breaks. COVID has made addressing secondary trauma more challenging due to the remote nature of the work, reduced in-person access to support persons, and inability to leave work at work.

Appendix C: Review of CE Literature

As described in the Interim Report from June 2020, the research team reviewed the literature to understand the state of knowledge and practice concerning CE. Because CE is a relatively new practice, peer-reviewed academic research on it is limited. Therefore, the team expanded the review to include relevant gray literature, which included technical reports, program evaluations, working papers, etc. See Table 4 for a summary of themes from evaluations of CE in other localities that was included in the first Interim Report (June 2020).

Table 4. Themes from evaluations of Coordinated Entry in other localities.

Themes	Author(s) / Evaluator(s)
CoCs felt that there was insufficient capacity and resources for CE. This includes housing resources as well as staff time. Several CoCs noted that the CE system would be improved if there were funds to designate a staff to help referral clients acquire needed documents (e.g., birth certificate, documentation of income).	Abt Associates (2015); Focus Strategies (2014b); Focus Strategies (2018)
Misunderstandings about the purpose and provider roles within CE among providers can lead to mismanagement of client expectations. Evaluators recommended that providers work collaboratively to design messaging for staff and clients.	Focus Strategies (2014b); The Cloudburst Group (2018)
Some CoCs noted that their current prioritization tool is insufficient for accurately identifying highest need clients. CoCs noted that highly vulnerable clients often did not have the capacity or level of trust needed to accurately complete the assessment, biasing their scores. Some CoCs using the VI-SPDAT identified supplements to help address issues with the measure and its use in allocating housing resources.	Focus Strategies (2014b, 2016, 2018); The Cloudburst Group (2018)
One study of three CoCs in the Pacific Northwest found that the VI-SPDAT does not accurately measure the vulnerability of Black and Indigenous people. The study noted that White people score higher on the instrument and thus have higher housing prioritization scores. The study further found that VI-SPDAT sub-scale scores are also predicted by	Wilkey, Donegan, Yampolskaya, & Cannon (2019)

race, with 8 out of 11 sub-scales predicting higher scores for White individuals.	
Some referral processes prioritized filling program spots rather than meeting specific client needs. Evaluations noted that program requirements were sometimes prioritized over client needs in order to meet funding requirements. For example, performance measures in King County require programs to track the success rate of referrals, rather than track the housing success rate for families on the waiting list.	Abt Associates (2015); Focus Strategies (2014b)
Long wait times for housing can lead to loss of contact. When housing openings do occur, they may be months after the initial CE Assessment. Consequently, many clients are passed over for housing openings due to non-response. Oftentimes clients are considered "unresponsive" to a housing opening if they do not respond within a few hours of contact.	Abt Associates (2015); Focus Strategies (2014a, 2014b)
CoCs have faced challenges integrating domestic violence shelters and CE. The Kings County CoC noted that domestic violence victims and their families were not being referred to program openings with the same expediency as other populations experiencing homelessness. The Los Angeles CoC noted that domestic violence providers were unwilling to integrate their systems with CE due to safety concerns regarding sharing personally identifiable information. Dayton, OH was referenced as a CoC that has successfully integrated both systems by using a domestic violence shelter as one of four CE assessment points. Clients entering through the domestic violence shelter have access to the same housing opportunities as those entering at other sites, but their information is set up in a separate system outside of HMIS.	Abt Associates (2015); Focus Strategies (2014b)

Since the first Interim Report and evaluation plan, additional literature has been released related to the VI-SPDAT and prioritization process. A brief summary of this new information is described below, as well as the local response to research developments.

Racial Equity & Prioritization

Despite the VI-SPDAT's popularity, numerous researchers have pointed to issues with the VI-SPDAT's ability to accurately assess the vulnerability of those experiencing homelessness (Brown

et al., 2018; King, 2018; Thomas, 2019; Wilkey et al., 2019). Further, research suggests the VI-SPDAT subscales may better capture the vulnerabilities experienced by White individuals than those experienced by people of color and that the fidelity of CE assessment could be compromised by cultural or language barriers (Wilkey et al., 2019; King, 2018; Thomas et al., 2020a; Thomas et al., 2020b).

Since the release of the Interim Report, new local and national research further suggests that racial and intersectional gender differences exist in VI-SPDAT scores. Locally, Thomas and colleagues (2020b) found that Black individuals and other individuals of color experiencing chronic homelessness between 2015-2017 scored lower on average than White individuals. Relatedly, a study by Salim (2020) found that among single adults experiencing chronic homelessness, the second version of the VI-SPDAT is strongest in measuring areas associated with psychological symptomatology and/or mental health, but that the tool had significant limitations in its reliability, as well as validity. Moreover, findings from the study raise concerns related to the VI-SPDAT's ability to adequately reflect the complex and dynamic behavioral, social, and medical needs of those experiencing chronic homelessness. See Salim (2020) for additional information on recommendations that can be implemented to improve the VI-SPDAT and/or assessment of individuals experiencing chronic homelessness.

Another study of the VI-SPDAT, in a large county in the southeastern U.S. comprised of mostly rural and suburban communities, found that White women scored consistently higher on the second version of the VI-SPDAT than Black women, despite Black and White women similarly reporting that their current episode of homelessness was caused by a recent trauma (Cronley, 2020). The results from these studies extend previous research by Wilkey and colleagues (2019) that suggest the VI-SPDAT may be racially biased. Additional research is needed to understand the role of racial bias in the VI-SPDAT and all prioritization tools, and particularly the potential of these key CE tools to lead to racial inequity in the allocation of housing resources.

VI-SPDAT Revision

In May of 2020, OrgCode, the developer of the VI-SPDAT, released Version 3 of the tool. Some of the major changes included:

- Improvements in capturing information related to individual's ability to meet basic needs, housing history, gambling problems, and hoarding
- Improvements in capturing domestic violence experience and criminal justice involvement
- Rewording of questions and/or phrases to be less stigmatizing
- Clarification of several questions
- Expansion of some questions into separate questions that were previously tied into the narrative of a single question

- Adaptations to address potential fair housing concerns that were raised with version 2 of the VI-SPDAT

In December 2020, however, Iain De Jong, the president and Chief Executive Officer of OrgCode, published a blog post announcing that it may be time to put "the VI-SPDAT to rest" and create a "tool or an approach framed through an equity lens." Since the publication of the blog post, VI-SPDAT materials have been removed from OrgCode's website. It remains unclear whether communities will switch to the VI-SPDAT 3.0 or stop using the tool in the future. Until a replacement is identified, many communities will likely continue to use the VI-SPDAT 2.0 or begin using the VI-SPDAT 3.0 since it remains integrated into so many CE processes.

Local Response to VI-SPDAT Research

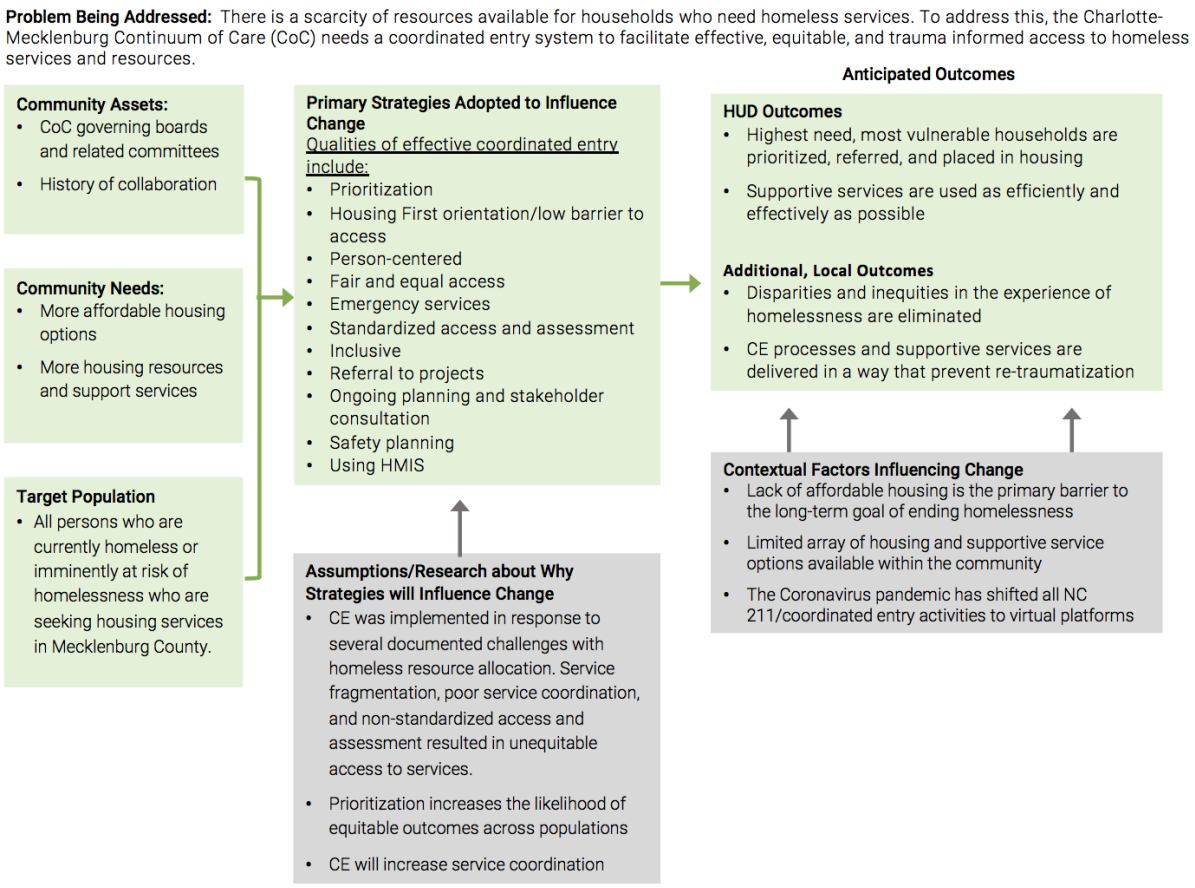
The Charlotte-Mecklenburg CoC has responded to the limitations and racial equity implications of the VI-SPDAT. In addition to the ongoing work of the Vulnerability Review Committee (VRC), established in 2017 in response to direct service provider concerns about VI-SPDAT scoring, the COC has taken two steps to further address racial equity concerns. First, as a part of its new governance model, the CoC has created the Diversity, Equity, and Inclusion Committee, which is responsible for developing and implementing plans and processes to assess whether the CoC's policies and resource allocation decisions are rooted in and result in equity. Second, the CoC has created a Prioritization Tool Workgroup that is tasked with reviewing existing tools that could potentially replace and/or supplement version 3.0 of the VI-SPDAT. Currently, the group is using the VI-SPDAT 3.0 and piloting a supplemental tool working to reduce disparities in capturing vulnerability for Black Indigenous and Persons of Color (BIPOC).

Appendix D: CE Logic Model

As part of the evaluation, a logic model (see Figure 7) was created to visually represent the relationship among resources, activities, outcomes, and their impact on the coordinated entry (CE) system and intended outcomes. CE system stakeholders can use this logic model to communicate how the CE system operates, and which areas are in need of modification and/or improvement to ensure that goals and/or outcomes are met. Below is a brief description of how the logic model is organized.

The problem that CE seeks to address is indicated at the top of the logic model. Green boxes represent the assets and needs of the target population, primary strategies identified by HUD that are intended to address the problem, and the anticipated outcomes of those strategies. Grey boxes provide important assumptions about the primary strategies and context that may impact progress.

Figure 7. Logic Model of Charlotte's Coordinated Entry System



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