



North Carolina Balance of State Continuum of Care

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2026 North Carolina Balance of State Continuum of Care Coordinated Entry System Evaluation

Overview

On January 23, 2017, the U.S. Department of Housing and Urban Development (HUD) issued [Notice CPD-17-01](#), Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. The notice requires Continuums of Care (CoCs) to solicit feedback at least annually from participating projects and households that have engaged in the Coordinated Entry (CE) process. HUD specifies that these evaluations must assess the quality and effectiveness of the coordinated entry experience for both service providers and households while identifying opportunities to strengthen system performance.

In accordance with these requirements, the North Carolina Balance of State Continuum of Care (NC BoS CoC) completed its annual Coordinated Entry System (CES) Evaluation in 2026. The purpose of this evaluation is to assess how effectively the Coordinated Entry System connects households experiencing homelessness to housing and supportive services, identify strengths and challenges within the current system, and inform continuous quality improvement efforts across the Continuum of Care.

Building upon improvements implemented during previous evaluation cycles, NCCEH staff continued to refine the evaluation process by maintaining consistent survey tools, increasing outreach to participating providers, and collecting feedback from multiple perspectives within the Coordinated Entry System. Similar to prior years, the evaluation incorporated surveys from people currently experiencing homelessness, households that entered Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs, and providers actively participating in Coordinated Entry. Collecting information from these three groups provides a comprehensive understanding of system performance by comparing provider experiences with consumer outcomes throughout the housing process.

Regional Coordinated Entry Leads supported survey distribution and collection throughout the evaluation period (May 1, 2026 – May 31, 2026), helping ensure that participants from across the NC BoS CoC geographic area had the opportunity to provide confidential and voluntary feedback regarding their experiences. Completed surveys were returned to North Carolina Coalition to End Homelessness (NCCEH) staff for review and analysis.

A total of 209 Emergency Shelter and/or Unsheltered Consumer Surveys, 76 Permanent Housing Consumer Surveys, and 18 Provider Surveys were reviewed as part of the 2026



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evaluation. Compared to previous years, consumer participation continued to increase, providing a broader understanding of participant experiences across the Coordinated Entry System. Survey responses were analyzed by NCCEH staff and shared with the Coordinated Entry Council (CEC) to identify system strengths, emerging trends, and opportunities for improvement. The findings from this evaluation will help guide future policy updates, provider training, technical assistance, and system planning to improve equitable access to housing resources throughout the NC Balance of State CoC.

Methods

The NC Balance of State Continuum of Care conducted the 2026 Coordinated Entry System Evaluation using three distinct survey instruments designed to collect feedback from consumers and participating providers involved in the Coordinated Entry process.

The evaluation consisted of the following components:

Emergency Shelter and Unsheltered Consumer Surveys completed by individuals currently experiencing homelessness who have recently interacted with the Coordinated Entry System.

Permanent Housing Consumer Surveys completed by households that entered Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) within the previous 12 months through the Coordinated Entry process.

Participating Provider Surveys completed by agencies representing multiple components of the Coordinated Entry System, including emergency shelters, outreach programs, coordinated entry access sites, Rapid Rehousing providers, Permanent Supportive Housing providers, and other organizations participating in regional case conferencing and referral activities.

Survey responses were collected during the 2026 evaluation period and remained entirely voluntary and confidential. Consumers were informed that participation would not affect their eligibility for housing or services, and providers were encouraged to provide candid feedback regarding system strengths and operational challenges.

Emergency Shelter and Unsheltered Consumer Surveys focused on participants' experiences accessing shelter, completing the Homeless Assessment and Referral Tool (HART), interacting with provider staff, receiving housing-focused assistance, understanding grievance procedures, and identifying unmet service needs. A total of 209 surveys were completed, including 163 emergency shelter surveys and 46 unsheltered surveys.



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Permanent Housing Consumer Surveys were completed by 76 households that entered Rapid Rehousing or Permanent Supportive Housing through Coordinated Entry. Survey questions explored participants' experiences before entering housing, the length of time they experienced homelessness, the effectiveness of the HART assessment process, housing search assistance provided by housing staff, the time required to obtain permanent housing following assessment, and overall satisfaction with services received throughout the Coordinated Entry process.

Provider Surveys were completed by 18 participating agencies representing multiple regions across the Continuum of Care. Providers were asked to evaluate the effectiveness of Prevention and Diversion, emergency shelter access, HART implementation, case conferencing, referrals to permanent housing, coordination among providers, and overall system performance. Additional questions examine referral eligibility, utilization of the regional By-Name List, housing vacancy timelines, and opportunities to improve system efficiency.

Survey responses were compiled and analyzed by the North Carolina Coalition to End Homelessness (NCCEH). Quantitative data were summarized using descriptive statistics, while open-ended responses were reviewed to identify common themes and recurring recommendations. Findings from all three survey groups were analyzed together to better understand how consumers and providers experience the Coordinated Entry System at different stages of the housing process. Results were then presented to the Coordinated Entry Council to support ongoing quality improvement efforts and future enhancements to the NC Balance of State Coordinated Entry System.

Executive Summary

The 2026 Coordinated Entry System Evaluation demonstrates that the NC Balance of State Continuum of Care (CoC) continues to operate a Coordinated Entry System that effectively connects households experiencing homelessness with standardized assessments, supportive services, and available housing resources. Across all survey groups, consumers consistently reported positive experiences with provider staff, widespread use of the Homeless Assessment and Referral Tool (HART), and respectful, trauma-informed interactions throughout the assessment process. Providers likewise described strong collaboration through regional case conferencing, consistent implementation of Coordinated Entry practices, and effective coordination among agencies working to connect households to housing and community resources. Together, these findings indicate that the foundational components of the Coordinated Entry System remain well established and continue to support a person-centered and equitable approach to service delivery.



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The evaluation also demonstrates that the HART continues to function as an effective and standardized assessment tool across the Continuum of Care. Nearly all consumers who completed a HART assessment reported understanding the questions and feeling comfortable providing the information needed to identify housing needs and determine prioritization. These findings suggest that providers administer the assessment consistently and in a manner that is accessible, trauma-informed, and aligned with HUD Coordinated Entry requirements.

While the Coordinated Entry process continues to function effectively, the evaluation identifies several ongoing challenges that affect housing outcomes. Consumers and providers consistently reported that limited affordable housing inventory, constrained permanent housing resources, and regional variations in housing availability contribute to extended wait times between assessment and housing placement. More than one-third of permanent housing respondents waited three to six months to obtain housing after assessment, while more than one-quarter waited six months or longer. Providers also identified opportunities to improve referral accuracy, increase consistency in utilizing regional By-Name Lists, and reduce the time required to match eligible households with available housing opportunities. In emergency shelters, approximately one-third of respondents reported receiving no assistance identifying permanent housing options, suggesting an opportunity to strengthen housing-focused case management earlier in the Coordinated Entry process.

Overall, the findings indicate that the NC Balance of State Coordinated Entry System continues to fulfill its intended purpose by providing a standardized, collaborative, and equitable process for assessing households, prioritizing referrals, and connecting people experiencing homelessness to available housing resources. The evaluation also reinforces an important distinction between Coordinated Entry performance and overall housing system capacity. While the Coordinated Entry process effectively identifies needs and coordinates referrals, it cannot overcome the limited supply of affordable housing and permanent housing opportunities available throughout the Continuum of Care. Continued quality improvement efforts including strengthening housing navigation within emergency shelters, improving referral consistency and communication across regions, enhancing utilization of regional By-Name Lists, expanding consumer education regarding grievance procedures and participant rights, and providing ongoing provider training will further improve system efficiency. Combined with increased investments in affordable housing and permanent housing programs, these efforts will strengthen the Continuum of Care's ability to reduce the length of homelessness and improve housing outcomes for households across the NC Balance of State CoC.



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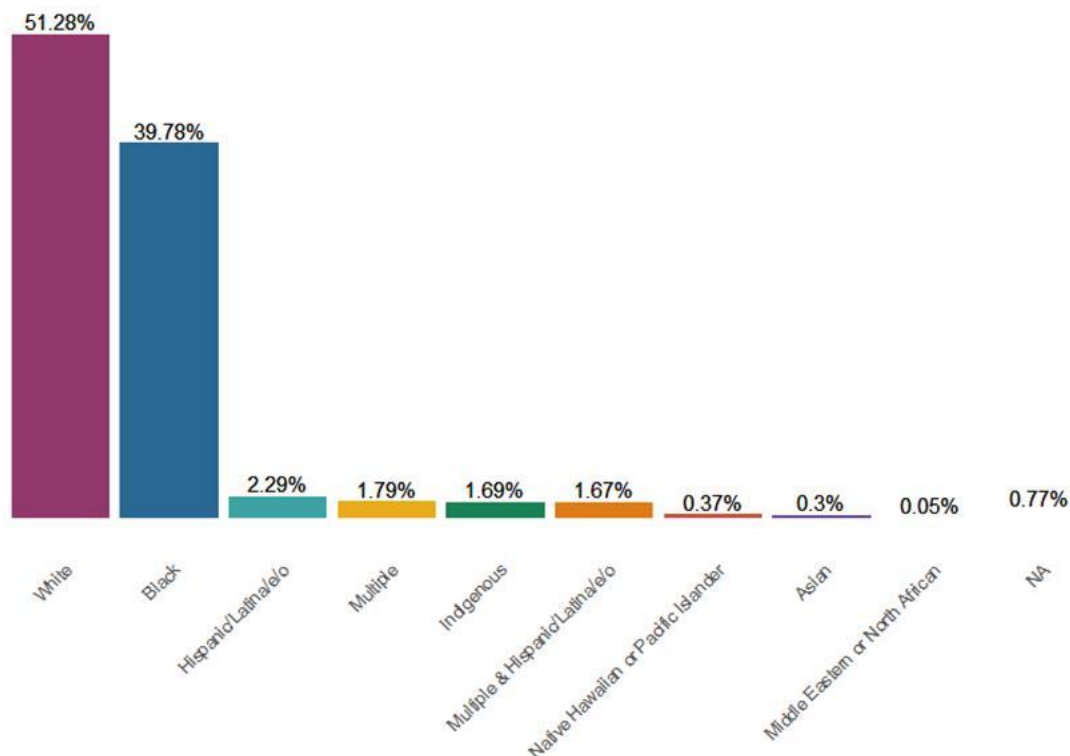
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In addition to consumer feedback regarding the HART assessment experience, NCCEH reviewed HART assessment data completed during 2025 to evaluate whether the assessment continues to prioritize households as intended across the CoC. The analysis found that the demographic characteristics of households with HART scores in the top 20 percent were proportional to the demographics of all households that completed a HART assessment during the year. These findings are consistent with the goals established when the HART assessment was initially adopted and indicate that the assessment continues to support consistent and objective prioritization practices across the NC BoS CoC.

Figure 1 summarizes the demographic characteristics of all households that completed a HART assessment during 2025.

All HART Scores, BoS, in 2025





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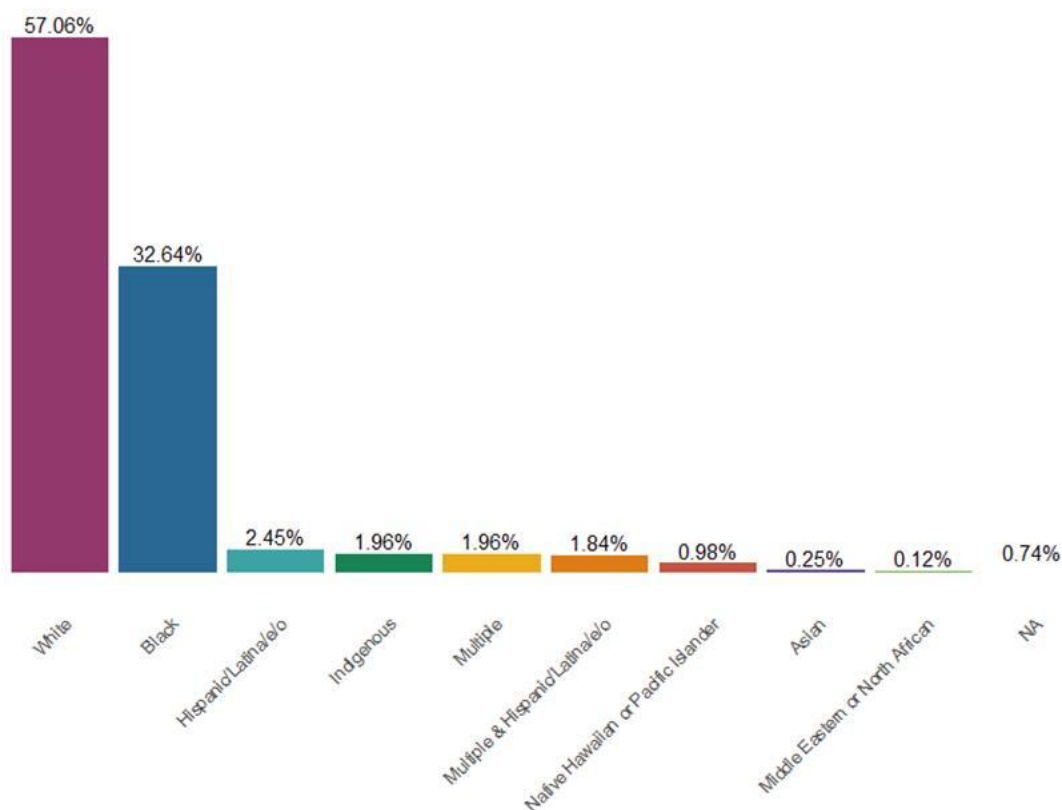
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Figure 2: Demographics for the top 20% of HART scores conducted in 2025.

Top 20% of HART Scores, BoS, in 2025



Emergency Shelter Survey Results and Findings

Emergency shelter respondents reported relatively strong access to shelter services. Sixty-one percent reported that the shelter they entered was the first shelter they attempted to access, while 37 percent reported trying one to five shelters before obtaining a bed. These findings suggest that emergency shelters continue to serve as an effective entry point into the Coordinated Entry System for many households. However, the number of respondents who attempted multiple shelters before obtaining a bed indicates that shelter capacity and availability continue to vary across regions, creating barriers that may delay access to services and prolong housing instability. Additionally, 93% of respondents reported that



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shelters were accessible to persons with varying levels of abilities, indicating that most shelters are providing accessible environments for individuals with diverse needs.

Seventy-nine percent of respondents reported receiving a HART assessment. Among those who completed the assessment, nearly all reported understanding all or most of the questions and feeling comfortable answering them, with only one respondent indicating difficulty understanding the questions and one respondent reporting discomfort answering them. These findings demonstrate that the HART continues to function as a standardized, person-centered assessment tool and suggest that providers are administering the assessment consistently and in a trauma-informed manner across the Continuum of Care.

Consumer experiences with shelter staff were generally positive. Seventy percent reported always being treated respectfully by shelter staff, and an additional 16 percent reported usually being treated respectfully. Despite these positive experiences, approximately one-third of respondents reported receiving no assistance identifying permanent housing options. This finding suggests that while shelters are effectively meeting households' immediate safety needs, housing-focused case management is not consistently integrated into shelter services. Because emergency shelter is often the first point of contact with the homeless response system, strengthening housing navigation and housing planning within shelters represents an important opportunity to reduce the length of homelessness and improve housing outcomes.

Unsheltered Survey Results and Findings

Forty-six people experiencing unsheltered homelessness completed surveys. Seventy percent reported that someone had offered assistance accessing emergency shelter or domestic violence shelter services, demonstrating that outreach teams and service providers are actively engaging many individuals experiencing unsheltered homelessness. However, the remaining respondents had not received an offer of shelter assistance, suggesting opportunities to expand outreach coverage and ensure that all unsheltered households are consistently connected to emergency shelter and Coordinated Entry services.

Eighty-three percent of respondents reported receiving a HART assessment. All respondents who completed the assessment reported understanding the questions and feeling comfortable answering them. Consistent with findings from emergency shelter respondents, these results indicate that the HART continues to be administered in a standardized, accessible, and trauma-informed manner regardless of where households first engage with the Coordinated Entry System. This consistency supports equitable assessment practices across outreach and shelter settings.



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Survey responses also demonstrated a continued need for both housing resources and basic services among people experiencing unsheltered homelessness. The most frequently identified needs included permanent housing assistance, emergency shelter, food assistance, and employment opportunities. These findings reinforce that unsheltered households often require multiple forms of support beyond housing alone and highlight the importance of continued collaboration between Coordinated Entry, outreach providers, emergency shelters, and mainstream community resources to address both immediate needs and long-term housing stability.

Permanent Housing Survey Results and Findings

The 2026 Permanent Housing consumer and provider surveys indicate that the NC Balance of State Coordinated Entry System continues to effectively connect households experiencing the highest levels of housing instability to permanent housing while maintaining strong collaboration among participating providers. Consumers overwhelmingly reported positive experiences once matched with a housing intervention, with nearly all respondents indicating that housing staff assisted them with locating housing, communicating with landlords, and securing move-in resources such as security deposits and utility assistance. Similarly, providers reported high levels of engagement in regional case conferencing, with 83% (15 of 18) attending almost every meeting. Most providers also indicated that case conferencing facilitates discussions about resources beyond CoC- and ESG-funded housing and helps connect households to mainstream and community services. Together, these findings demonstrate that coordinated planning, housing navigation, and provider collaboration remain significant strengths of the Coordinated Entry System.

The surveys also demonstrate that Coordinated Entry continues to prioritize households with the greatest housing needs. Nearly two-thirds of consumers entered housing after experiencing unsheltered homelessness, and nearly half experienced homelessness for one year or longer before obtaining permanent housing. These findings suggest that regional prioritization practices remain aligned with the NC BoS CoC Coordinated Entry Written Standards and HUD Coordinated Entry requirements by successfully identifying and serving households with the highest levels of vulnerability.

Despite these strengths, both consumers and providers identified system-level challenges that continue to delay housing placement. More than one-third of consumers waited three to six months after assessment before entering housing, while more than one-quarter waited six months or longer. Providers similarly reported that permanent housing vacancies often remain unfilled for two weeks to one month or longer before an eligible referral is identified. Although most providers consistently receive eligible referrals through Coordinated Entry, several agencies reported only sometimes, rarely, or never receiving



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eligible referrals. Likewise, providers varied in the extent to which admissions originated from the regional By-Name List, with some reporting that nearly all placements came through Coordinated Entry while others indicated only a small proportion or were unsure of the referral source. Because consumers consistently described positive experiences with providers during the housing process, these delays appear to reflect broader system capacity constraints including limited affordable housing inventory, low landlord participation, and insufficient permanent housing resources rather than deficiencies in Coordinated Entry operations. Strengthening referral consistency, improving communication between referring and receiving agencies, and continuing efforts to expand housing opportunities remain important priorities for improving system efficiency and reducing the time households wait to enter permanent housing.

Recommendations for 2027

- Continue expanding affordable housing and permanent housing opportunities throughout the CoC.
- Increase housing-focused case management and navigation services in emergency shelters.
- Standardize consumer rights and grievance information provided to participants.
- Maintain regular HART training and quality assurance reviews.
- Continue collecting consumer feedback annually and increase participation across all regions and project types.
- Update future evaluations with provider and permanent housing survey findings to provide a complete system-wide assessment.

Additional Discussion

Overall, the 2026 evaluation reflects a coordinated entry system that continues to provide a consistent and person-centered assessment experience across the NC Balance of State CoC. Consumer feedback demonstrates that staff interactions remain a significant strength of the system, with respondents consistently reporting respectful treatment, clear communication during HART assessments, and positive experiences with housing and shelter providers. Increased survey participation also provides a broader representation of participant experiences and strengthens confidence that the findings accurately reflect system performance.

At the same time, the evaluation reinforces that the primary barriers to successful housing outcomes are largely driven by limited affordable housing inventory, extended wait times for permanent housing opportunities, and inconsistent access to housing-focused services across communities. Future system improvements should continue emphasizing stronger



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coordination between emergency shelter, outreach, coordinated entry, and permanent housing providers while expanding landlord engagement, improving referral efficiency, and ensuring households receive clear information about available resources and grievance procedures throughout the coordinated entry process.