Housing Action Subcommittee

Thursday, April 17, 2025
9:30 AM-11:00 AM
Tribal Conference Room – City Hall Lobby
Virtual meeting information below

TIMES GIVEN ARE AN ESTIMATE AND ARE SUBJECT TO CHANGE

	Land Acknowledgement + Welcome
9:30 – 9:35 **9:35 – 9:40**	Land Acknowledgement Introductions + Announcements
	Public Comment
3 min. per speaker	Members of the public are invited to speak on any topic related to the Housing Action Subcommittee
	Housing Action Subcommittee Work Session:
9:40 – 10:10 **10:00 – 10:40** **10:40 – 11:00**	Spokane City/County 5-Year Strategic Plan to Prevent and End Homelessness 2025-2030 ➢ Presentation by Community Housing and Human Services Director Arielle Anderson Affordable Housing Development and Tenant Based Rental Assistance RFP PY 2025-2026 ➢ Open Discussion and Q+A Key Elements Summary PG 52-56 of Agenda Housing + Homelessness Charette ➢ Open Discussion and Brainstorm

VIRTUAL MEETING INFORMATION:	**MICROSOFT TEAMS VIRTUAL MEETING LINK:** **CLICK HERE TO JOIN THE MEETING NOW** **Meeting ID: 236 775 340 57** **Passcode: 9pZ6RU9Q** --- **Join on a video conferencing device** **Tenant key: cityofspokane@m.webex.com** **Video ID: 118 231 372 6**	**DIAL IN BY PHONE:** **+1 424-566-7556,,866675536#** United States, Beverly Hills **Find a local number** **Phone conference ID: 866 675 536#**
AMERICANS WITH DISABILITIES ACT (ADA) INFORMATION:	The City of Spokane is committed to providing equal access to its facilities, programs and services for persons with disabilities. The Council Briefing Center in the lower level of Spokane City Hall, 808 W. Spokane Falls Blvd., is wheelchair accessible and also is equipped with an infrared assistive listening system for persons with hearing loss. Headsets may be checked out (upon presentation of picture I.D.) through the meeting organizer. Individuals requesting reasonable accommodations or further information may call, write, or email Human Resources at 509.625.6237, 808 W. Spokane Falls Blvd, Spokane, WA, 99201; or mpiccolo@spokanecity.org. Persons who are deaf or hard of hearing may contact Human Resources through the Washington Relay Service at 7 1 1. Please contact us forty-eight (48) hours before the meeting date.	

Spokane Regional Continuum of Care

Five-Year Strategic Plan
to Prevent and End Homelessness

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Spokane Regional Continuum of Care
Five-Year Strategic Plan to Prevent and End Homelessness
2025 to 2030

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1. Acronyms & Definitions

ACI	Anchor Community Initiative
AHAR	Annual Homeless Assessment Report
APP	Annual Performance Plan
APR	Annual Performance Report
ARPA	American Rescue Plan Act
BNL	By-Name List
CA	Collaborative Applicant
CAP	Corrective Action Plan
CDBG	Community Development Block Grant Program (CPD Program)
CE	Coordinated Entry
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
CHHS	Community, Housing, and Human Services (a City of Spokane Department)
CoC	Continuum of Care approach to assistance to the homeless
Cognizant Agency	The Federal agency responsible for negotiating with a grant recipient on behalf of all federal agencies the recipient receives funds from
Collaborative Applicant	The party responsible for applying on behalf of the region for CoC funds
Continuum of Care	Federal program stressing permanent solutions to homelessness
Con Plan	Consolidated Plan; a locally developed plan for housing assistance and urban development under the Community Development Block Grant and other CPD programs
CPD	Community Planning & Development
DCYF	Division of Children, Youth, and Families
Discretionary Grants	Federal agency can exercise judgment in selecting the recipient through a competitive grant process
EPLS	Excluded Parties List System
ES	Emergency Shelter
ESG	Emergency Shelter Grants (CPD Program)
Fair Housing Act	1968 act (amended in 1974 and 1988) providing HUD Secretary with fair housing enforcement and investigation responsibilities
Federal Fiscal Year	Begins on October 1 and ends on September 30 of the next calendar year
Federal Register	The official journal of the Federal Government.
FMR	Fair Market Rate (maximum rent for Section 8 rental assistance)
Formula Grants	A formula grant is a type of mandatory grant that is awarded based on statistical criteria for specific types of work. The authorizing legislation and regulations define these statistical criteria and the amount of funds to be distributed. So, the term "formula" refers to the way the grant funding is allocated to recipients.
FUP	Family Unification Program
Grantee	
HCDAC	Housing and Community Development Advisory Board for Spokane County CSHCD
HEARTH Act	Homeless Emergency and Rapid Transition to Housing Act

HHAA	Homeless Housing Assistance Act
HIC	Housing Inventory Chart
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing for People Living with HIV/AIDs
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	HUD-Veterans Affairs Supportive Housing program
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual, More (sexualities, sexes, and genders)
Mandatory Grants	Grants a federal agency is required to award if the recipient meets the qualifying conditions
McKinney-Vento Act	Federal Legislation providing a range of services to homeless people
MOU	Memorandum of Understanding
NAEH	National Alliance to End Homelessness
NOFA	Notice of Funding Availability
OMB	Office of Management & Budget
PATH	Prevention Assistance and Temporary Housing (Homeless program)
P&Ps	Policies and Procedures
PH	Permanent Housing
PSH	Permanent Supportive Housing
Recipient	Direct recipient of funds from Federal Agency
RFP	Request for Proposal
RRH	Rapid Re-housing
S+C	Shelter Plus Care
SHP	Supportive Housing Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SRC	Spokane Resource Center
SRO	Single Room Occupancy Program
Sub-Grantee	An agency who receives pass-through funding to operate a project
Sub-Recipient	Indirect recipient of Federal Funds through a pass-through agency (Recipient)
TBRA	Tenant-Based Rental Assistance
TH	Transitional Housing
UFA	Unified Funding Agency
USC	United States Code
YAB	Youth Advisory Board
YHDP	Youth Homeless Demonstration Grant
YHSI	Youth Homelessness System Improvement
YouthBuild	HUD program to promote apprenticeships for needy youth in building trades
YYA	Youth (17 and under) and Young Adults (18 to 24-years)

2. Introduction

2.1. Alignment with the Continuum of Care Mission

The 5-Year Strategic Plan to Prevent and End Homelessness ("5-Year Plan") is intended to align with the mission of the Continuum of Care (CoC), as the advisory body of the Spokane County's Region's homeless crisis response system. The CoC's mission is to make homelessness rare, brief, and non-recurring by fostering shared responsibility among stakeholders and coordinating resources essential to the success of local plans to end homelessness.

2.2. Current State of the CoC Geographic Region and Homeless Response

The homeless crisis response system and the ways in which the CoC Board and local governments respond is impacted by the current context on a number of key issues, including:

2.2.1. Governance

The current CoC governance structure was implemented in 2017 and was designed to connect a variety of sectors that intersect with homelessness in an effort to provide a holistic perspective to address complex needs and leverage available resources.

The Spokane Regional CoC consists of the Collaborative Applicant, the CoC Board, the CoC sub-committees, homeless service providers, and community stakeholders. In the Spokane Regional CoC, the city of Spokane serves as the collaborative applicant.

The CoC Board is composed of more than 20 representatives, including people with lived homeless experience, homeless service providers, public housing, behavioral health and chemical dependency, workforce, healthcare, law and justice, advocates, education, funders, local business, and regional government. These representatives are system leaders who can make decisions that quickly change the way we address key challenges and be responsive to changing needs.

The Continuum of Care Boards' governance structure is rooted in collaboration from a wide spectrum of stakeholders. There are four distinct Committees that make up the Board structure:

    A.   **Executive**-The Executive Committee, along with assistance from the Collaborative Applicant, is tasked with membership recruitment, ensuring compliance with the CoC Charter; setting the board agenda; nominations to ensure board succession; and various other tasks as outlined by the CoC Charter or otherwise directed by the CoC Board.

    B.   **The Homeless Management Information System (HMIS)** and **Performance Evaluation Committee** is co-chaired by a CoC Board Member and the HMIS Lead. Together, they set the agenda from feedback by providers, the Collaborative Applicant, CoC Executive and Board. Topics include data integrity, HMIS database improvements, and highlighting any errors in reports and data sharing with the public and report generation to track the efficacy of the programs funded through federal, state and local dollars.

    C.   **The Planning and Implementation Committee** is made up of distinct sub committees and workgroups that are the foundation of how the CoC Board governs and identifies gaps in system delivery which in turn helps them determine how to best support system change.

There are a total of five sub committees that fall under the CoC Board governance structure. Four sub committees focus on unique populations often affected by homelessness in their own distinct way, which requires different best practices be employed, and the fifth subcommittee is Diversion which focuses on diverting households from entering Coordinated Entry and where a shallow subsidy, if any, may be offered. The population specific sub committees are:

I. **Youth and Young Adult**
II. **Veterans**
III. **Single Adults without minor children (includes Chronic Households)**
IV. **Families with minor children (Includes Chronic Households)**

Workgroups include:
I. **Coordinated Entry Workgroup (led by the three Coordinated Entry Leads)**
II. **Street Outreach Workgroup**
III. **By Names List Workgroups: Youth and Young Adults; Single Adults (Chronic and longest lengths of homelessness)**
IV. Equity Workgroup

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[1] See Governance Structure attached herein.

In 2019, the Spokane Regional Continuum of Care was awarded Unified Funding Agency (UFA) designation. This is a prestigious designation and is awarded because of the Collaborative Applicant's expertise in financial management, monitoring and evaluation, governance, and strategic leadership. UFA communities have increased control over certain federal funding streams, leading to better ability to manage projects locally and allocate funds to meet changing needs. However, due to COVID-19 and the deleterious impacts that followed, the CoC was unable to effectively lean into its UFA status until early 2024.

2.2.2. Regional Integration

The CoC is a regional body that strives towards regional solutions to meet the specific needs of those experiencing homelessness in both the urban and rural parts of Spokane County. It is critical that strategies address gaps and opportunities throughout the region. This includes representation from the City of Spokane, the City of Spokane Valley, and Spokane County on the CoC Board, as well as partnering on the Point in Time Count, other surveys and data collection and analysis. The goal here is to ensure that the geographic diversity of the region is considered in program design and access to services is responsive to urban and rural households.

2.2.3. Partnership and Community Engagement

There is an extraordinary level of community partnerships that span across municipalities, service providers, faith leaders, and citizens. There are currently agencies funded by the CoC Board that operate more than twenty different programs that serve people experiencing homelessness, with even more partners and programs integrated into the coordinated response system. There is increased participation in the CoC Sub-Committees by both public and privately funded agencies, broadening the lens by which we assess the system, contributing data from across systems into the Homeless Management Information System (HMIS), working together on complex and multi-faceted issues impacting those experiencing homelessness, and closing the gap to ensure effective and efficient service delivery. Finally, with the CoC's geographic coverage spanning across the entire county, there is regional leadership involving the City of Spokane, the City of Spokane Valley, and Spokane County in support of regional efforts to prevent and end homelessness.

The CoC Board has focused on engaging the business community in discussions and planning for a variety of strategies to address a multitude of community needs (e.g. partnerships between business

and service agencies, mentorship, training for staff on homelessness, and employment/skills training for clients), creating a position on the CoC Board to be held by a business representative to ensure that lens is considered in all conversations, and continuing to provide training and education on the homeless community to all business that request it.

The opioid epidemic and its intersection with homelessness, has increased the need for deeper integration with emergency services. Substance Use Disorder (SUD) services will need to be further expanded and deeper coordination between the homeless and healthcare systems. The CoC Board will work closely with the City of Spokane and Spokane County to leverage local funding that can bring new beds online that address co-occurring disorders. This is another area where leaning into our UFA status may present an ideal pairing of federal and local dollars. Currently, we do not have enough beds to meet the needs of individuals who desire SUD treatment.

2.2.4. Service Delivery

The system has seen a number of new projects come online in the last few years, as well as a significant number of new HMIS users that contribute data that aids in program design and funding allocations. Coordinated efforts to address needs of specialized populations (e.g. 2S-LGBTQIA+, people fleeing domestic violence, veterans, justice-involved, and youth and young adults) has led to improved service delivery and opportunities for people to get engaged with the system and resolve their homelessness quickly.

The HMIS Lead has increased the number of participating agencies that either enter directly into HMIS or who have passive access to HMIS. Widening the net of HMIS access ensures that households who are being served by various providers that offer different services, can view current enrollments into HMIS, which enhances the way in which our community is able to assist a household experiencing homelessness and reduces the possibility of duplication.

Where federal dollars tend to be a lot more challenging to recruit new providers that can compete for this funding, the City of Spokane and Spokane County are currently under contract with By and For Agencies. This level of partnership creates a much more streamlined approach to getting much needed resources into the hands of specific subpopulations that have historically been unable to access traditional housing and homeless resources. Specifically, if local governments can enter into contracts with long standing providers who have served specific subpopulations, then this is the preferred path to opt into.

2.2.5. Funding, Resources, and Metrics

The CoC recognizes that local funding sources are the most flexible of funding that can be leveraged in communities. Because of this flexibility, we understand that new projects may naturally require new outcome metrics and would be based on whether a project is high, medium or low barrier. Housing First must be seen as offering an individual what they need to thrive and not just a one size fits all approach. This might mean that through local and state funds, the CoC may wish to work closely with Spokane County, City of Spokane Valley and the City of Spokane to collaborate in procuring, through competitive RFP, sober living emergency shelters, transitional housing or permanent housing projects. Towards this end, we are also cognizant that the metrics as laid out in this plan and based on the SPM, would not be the same standards that would be required of medium/higher barrier projects. Instead, they must be commensurate to that of the individuals being served. Said metrics, shall be decided by both the CoC and the local jurisdictional board or committee who make those funding decisions. Such metrics will be added to this Plan by way of an amendment by the CoC Board.

As of the date of this plan, the future of homeless and housing services funding is tenuous. This will require a concerted effort among private and public sectors to partner and therefore maximize resource availability and impact. It is the intent of the CoC to partner with all willing entities that seek to improve the overall health and long-term stability of those who live in poverty. This includes, but is not limited to, healthcare, employment agencies, SUD and mental health facilities, credit unions, business interests, and philanthropic entities.

Likewise, agencies who only administer State funded programs as RRH or TH will also be expected to meet higher positive outcome measurements than those agencies who might have both RRH supported by state and/only federal funds. HUD RRH is much more stringent than a state funded RRH program and the outcome expectations should be measured differently. These nuances in outcome expectations will be addressed in the attached Performance Management Plan.

2.2.6. Encampments

Over the last four years, the CoC has worked diligently on addressing unsheltered homelessness, as those numbers appear to increase, and visibility of encampments have impacted citizen's perceptions of safety. As a result, the CoC has invested more deeply in street outreach, an intervention that has proven results through direct engagement with people living unsheltered, and in re-engaging a coordinated outreach network to case conference and support efforts to help complex cases and to ensure outreach professionals are able to support efforts to reach people in need throughout the county.

The City of Spokane has also begun utilizing a database and an integrated system to better track and map encampments and improve opportunities to send targeted service supports to those areas. Outreach then is utilized to provide a service-rich engagement strategy when encampments must be cleaned up in order to try and get people into the homeless service system and prevent the camps from being re-formed. Projects formed as a result of Camp Hope are also able to be utilized for other Encampment Resolution creating a pipeline to service for future designated encampment zones.

Additionally, the City of Spokane Valley has implemented a robust mapping system that tracks encampments since 2021. Much like the City of Spokane, tracking this type of data ensures a more streamlined deployment of supportive services and other types of assistance needed by those who are unsheltered. The City of Spokane Valley has also invested in an interdisciplinary team of behavioral health professionals and local deputies who deploy together when responding to encampments. The deputies are specially trained to work with individuals who are unsheltered and assist in connecting them to the services needed.

2.2.7. Affordable Housing

Spokane has spent multiple years in an affordable housing crisis, with historically low vacancy rates Coupled with growing general population, this has created additional challenges to housing people experiencing homelessness, as they struggle to compete for scarce housing resources.

With many people looking for places to rent, those utilizing vouchers and/or have less income, criminal background or lack of rental history are less competitive for the few units that are available. Furthermore, increasing rents are significantly limiting the availability of affordable housing and has the effect of adding to local homelessness. It is important to continue focusing on affordable rental housing to prevent and end homelessness. This includes supporting capital investments – using local, state, and federal resources in adding and preserving affordable housing throughout the region.

In the unincorporated areas and twelve cities and towns outside the city limits, Homeless Prevention has significantly curtailed homelessness for families who would otherwise become homeless and eventually seek services in the City of Spokane. This resource is critical for those households.

Despite challenges, the homeless crisis response system has continued to house people at increasing rates over the last three years despite the massive barriers presented during the pandemic, utilizing innovative solutions and working on improved landlord engagement strategies.

2.2.8. Aging Population

The fastest growing demographic in our region is the Medicare-age population. This means a shift in the types of services that may be necessary to address targeted needs, as well as connections to resources that previously have not been utilized.

2.2.9. Data-Driven Solutions

As more projects contribute data to the HMIS, the depth and scope of knowledge continues to increase. This local data, alongside best practice research from around the country, has led to the design of data-driven programs.

The CoC, Spokane County, City of Spokane Valley and the City of Spokane, are all pivoting towards performance-based funding. As part of this, all CoC contracts contain a Performance Management Plan that was approved by the CoC Board, the CHHS Board and elected officials. The Performance Management Plan sets both minimum performance standards, as well as performance targets for all homeless service projects[1]. As outlined in the plan, quarterly performance reports will be shared with the CoC Board and will be posted on the City of Spokane's (Collaborative Applicant) website. Funding decisions will be made, in part, based on performance achieved by projects on an annual basis, ensuring that the community is investing in interventions that are meeting or exceeding outcomes for our system. As noted above, performance metrics will vary based on whether the project is funded, with federal, state or local efforts. As of 2025, the three major jurisdictions are working towards implementing the same CoC Performance Plan in their state and locally funded homeless projects.

2.3.   Objectives of the 5-Year Strategic Plan

The plan follows guidance from the Washington State Department of Commerce, in association with HUD and the Spokane Regional Continuum of Care Board and Sub-Committees.

2.31 Objective One: Promote an equitable, accountable, and transparent homeless crisis response system.
2.32 Objective Two: Prioritize those with the greatest barrier to housing stability and the greatest risk of harm.
2.33 Objective Three: Prevent episodes of homelessness whenever possible.
2.34 Objective Four: Seek to house everyone in a stable setting that meets their needs.
2.35 Objective Five: Strengthen the homeless provider workforce.

3. Objective One: Promote an equitable, accountable, and transparent homeless crisis response system.

3.1.   Introduction

Since its inception, the Spokane Regional Continuum of Care (CoC) has made major system-wide changes to better address homelessness. One of the achievements has been continual improvements in our Coordinated Entry (CE)

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[1] See Attachment 3.

system. Since 2023, our continuum has operated three Coordinated Entry Points (CEP's) based on sub-population: homeless families, youth and young adults and single adults.

Spokane was an early adopter of the CE system. Implemented in 2012, CE utilizes Homeless Management Information System (HMIS) to identify individuals living in homelessness by linking them to the resources necessary to support movement to permanent housing. The CE system gained national recognition by the National Alliance to End Homelessness (NAEH) for utilizing Housing First principles (i.e. not denying entry into CE based on not having ID or social security card), expanding access to satellite sites, and comprehensively assessing and prioritizing families by vulnerability and severity of needs.

Equitable access to services is the cornerstone of any Coordinated Entry System. How access is defined for community members who are experiencing homelessness and housing instability varies. Access for someone who is wheelchair bound, or blind will be different to someone who is able to traverse our community with ease. Moreover, someone who lives in a rural area may not be able to access services in the same manner that their urban counterparts can. The CoC is committed to scrutinizing how we deliver services in our region and will lean on agencies that represent community members who have unique needs or who have additional barriers that our traditional CEP system cannot easily meet.

Data shows that certain demographics, when compared to the overall population in Spokane County, experience homelessness at a much higher rate. These disparities among the homeless population in our community must be addressed. Contracting with more By and For Organizations is one tangible way that jurisdictions have sought to decrease this disparity, and our CoC is currently contracting with more By and For Organizations than in previous years.

The three CEPs offer intake, assessment, referrals, housing placement and diversion, and supportive services all under one roof. Satellite sites throughout the county create a "no wrong door" approach to this centralized and integrated one-stop crisis response system that expedites linkage to housing and supports.

In 2023, a new Youth centered, Youth and Young Adult (YYA) entry system was added to CE. The Youth and Young Adult (YYA) CE is administered by VOA, a youth and young adult provider. Young adults may continue to enter through either the single adult or family system, depending on family status and age, both of which have adopted changes to better serve youth. These changes include but are not limited to youth-specific walk-in hours to create safer, more welcoming environments and the introduction of satellite sites for youth to be assessed in locations they already frequent (e.g. unaccompanied youth shelter and drop-in centers).

After many years of using the SPDAT suite of tools for assessment and prioritization in our CE system, in 2024 the Spokane CoC adopted a community created tool called the "SALA". Tools from other Washington cities were considered and a proposal was sought from a consulting firm within the state who had participated in similar work in other cities. Ultimately the lead CE agencies came together and created a tool based on identifying barriers and vulnerabilities that create the most challenges for obtaining and maintaining housing across all racial and ethnic identities; also considering gender identity and sexual orientation. A draft was then vetted amongst stakeholders including those with live experience of homelessness and a pilot took place prior to full implementation in July 2024.

Our CoC has three active pipelines for unique sub populations and while there is always room for improvement, we have a very active CE Workgroup who is continually working towards system improvements. However, because CE has been a well-established system within our community for the past ten years, our CoC was in the unique position to be able to evaluate and improve our system based off feedback and performance measures taken from within our own community, rather than broader theoretical data, and has been working tirelessly to do so since.

A "By-Name List" (BNL) is a real-time list of all people in each subpopulation experiencing homelessness. By-name lists are a known best practice for homeless service systems because they can contain a robust set of data points that coordinate access and service prioritization at a household level, allow for easier case conferencing, are a collective tool of ownership and responsibility among differing agencies, and allow stakeholders to understand the homeless system inflow and outflow at a systems level. Not only does this tool allow for a triage of services and system performance evaluation on a micro level, but it allows for advocacy for policy changes and additional funding for resources necessary to end homelessness on a systems level.

In Spokane, the Veteran BNL, known as the "Veteran Master List", was developed in 2016. The Veteran Master List is currently a HMIS tool, which reflects every veteran in our community identified as being homeless, where they are sleeping, and what provider they are working with. The tool collects data provided by veterans and centralizes it in a single electronic form, regardless of where the veteran first interfaced with the homeless system. Among many other data points, the tool tracks offers of housing that are made and the results of those referrals for each veteran on the list. The Veteran Master List helps determine what interventions are or are not working and which veterans in our community are going to need additional resources and effort to house. The tool has directly contributed to a reduced length of time homeless for veterans due to the ability of outreach teams and caseworkers to more quickly identify who is a veteran and experiencing homelessness in our community. The faster we can provide housing and/or suitable interventions, the cheaper and more effective our system becomes.

Due to the success of the Veteran Master List, the City of Spokane CHHS Department, Youth and Young Adult Sub Committee, and the Youth Advisory Board (YAB) have been working closely to ensure the continued development of the YBNL (Youth By Names List). Volunteers of America, the current Youth and Young Adult Coordinated Entry Lead, facilitate YYA (Youth and Young Adult) case conferencing. This meeting relies greatly on the By Names List to aid in their case conferencing efforts.

3.2.   *Measures of Success and Performance*

1. Compliance with local, state and federal coordinated entry requirements for all projects receiving federal, state and local homeless funds. Compliance with CoC Policies and Procedures which include HUD recommended CE Core Elements.
2. Compliance with local, state and federal CE data collection requirements required to build and maintain active lists of people experiencing homelessness, and to track the homeless status, engagements and housing placements of each household.
3. For communities in Street Outreach projects: Increase the percentage of exits to positive outcome destinations to the level of the top 20% of homeless crisis response systems nationwide.

3.3.   *Strategies*

1. Use outreach and coordination between every system that encounters people experiencing homelessness to quickly identify and engage people experiencing homelessness into services that result in a housing solution.
2. Apply for additional funding sources to aid the outreach and engagement process.
3. Continue to leverage current street outreach programs and/or partner with agencies outreach efforts that quickly identify and engage people experiencing homelessness
4. Identify and implement staff training such as diversion, progressive engagement, motivational interviewing, trauma informed care, etc.

3.4. Current Condition

3.4.1. Outreach Efforts

The Performance Management Plan[2], which was designed in line with expectations from HUD and the Department of Commerce and approved by the CoC Board, sets out minimum performance standards and system performance targets for street outreach projects. When released in 2019, the goal set by the CoC Board was that the minimum performance standards, the applicable one here being that 65% successful exits from street outreach projects, would be met by projects within two years. Unfortunately, the pandemic delayed this goal, and the SPM's and local data reflect that a 40% exit into permanent housing is more realistic.   The CoC and CA will continue to monitor the performance measures and whether providers are meeting them.

The City of Spokane, Spokane County and the City of Spokane Valley have partnered to ensure that Street Outreach programs remain strong despite the low availability of permanent housing available in our Continuum. Homeless Outreach teams help individuals living in homelessness access services to meet their basic survival needs and work with community partners to promote transition to emergency housing, transitional housing and permanent housing. The Outreach staff meet individuals by going to populated areas and building rapport by offering a kind smile, supplies (such as socks or personal hygiene products), and snacks until individuals are ready and able to seek safer shelter. The goal is to identify and engage unsheltered households who are not connected with existing services and connect them to the needed resources, based on what they need to move towards housing.

In addition to the outreach organizations funded by the City of Spokane, Spokane County and the City of Spokane Valley, there are numerous additional outreach efforts within Spokane County that are funded through other means. For example, YouthREACH is a project of VOA that employs 2.5 full-time employees to provide peer outreach, access to shelter services, referrals, and other necessary support to at-risk youth and young adults struggling on the streets and in other unsafe locations in Spokane County. YouthREACH utilizes an outreach team composed of young people partnered with adults to provide outreach, and a case manager knowledgeable of area resources and services, and skilled at engagement and motivation with the target population. The primary function of the outreach teams is to engage youth, establish trust and build relationships that will lead youth to case management services; connecting them to financial, housing, employment, education, healthcare, and legal services that will meet their needs and create successful future outcomes. In addition to YouthREACH, VOA is in the process of forming an in-reach team that will be taking youth and young adult referrals from other systems that work with homeless or at-risk youth, such as behavioral health providers, schools and the juvenile justice system. Utilizing both in-reach and outreach, VOA can make contact with a wide variety of youth and young adults in order to assist them in navigating the system, which will greatly improve accessibility. Additionally, Catholic Charities of Eastern Washington (CCEW) has an Opioid Use Disorder Peer Support Program that provides outreach, as well as specialized assistance to individuals engaging in treatment services. And, finally, there is specialized Supportive Services for Veteran Families (SSVF) outreach staff who target interventions for veterans.

In addition to increasing outreach funding in recent years, the Spokane City/County CoC has reinvigorated the Outreach Huddle, which seeks to join the area outreach workers, agency staff, local behavioral health staff, and the criminal justice system to unitedly case conference chronically homeless and/or other high barrier clients. Case conferencing is a nationally recognized best practice model that our community has sought to implement across populations.

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[2] See Attachment 3.

These meetings occur once a month and are a chance for staff to discuss more challenging cases to create a care plan where the different service providers are able to take a unified front and address individual needs in a holistic and targeted way. An array of representative service providers ranging from the medical and behavioral health community to law enforcement and fire personnel, and community court legal staff converse directly with the outreach workers in order to create a unified front and address individual needs in a holistic and targeted way.

3.4.2. Community Court

City of Spokane Municipal Court's Community Court, established in 2013, is a Therapeutic Harm Reduction Court built upon a model created by the Center for Justice Innovation. This Court is designed to provide accountability with help. The approach is to dig to the root of behavior, apply resources to needs that are revealed by the participant. Those needs become conditions the participant is required to work towards to assist them in transitioning to a healthier life and away from the revolving door that can be the criminal legal system. It is one of many approaches Municipal Court takes to uphold public safety and provide appropriate redress to issues revolving around addiction and shelter challenges.

Community Court depends heavily on the service providers in Spokane to come together to reduce barriers to access to those who are likely disenfranchised with society, trauma filled, struggling with either Mental Health or Substance Use Disorders – or a combination of the two – and in so doing, reconnect the participant as a healthier productive member of society.

Before a person enters Community Court, they meet with their attorney and determine the viability of the case and the desire of the participant to either adjudicate the case or engage in the court. If the participant chooses to adjudicate their case, the matter is immediately transferred to the traditional system. If the person opts into the program, the accountability begins with Needs Assessment to determine whether there is history of drug or alcohol use, involvement in the criminal legal system, needs for identification, health insurance, housing, education, employment, eligibility for Social Security benefits, food assistance, Veteran Services, Substance Use Disorders or Mental health issues and others. Those expressed needs then dictate the terms of their agreement to meet as the participants make their way through the program. If treatment is indicated every effort is made to have the shortest turnaround time to facilitate admission into treatment programs.

The emphasis for the participants is to work on their respective needs by showing up at Community Court every week. They must be making progress on their individualized path having accomplished a minimum of community enhancement hours as well as connection to basic health and treatment requirements. If there is non-compliance, they are counseled and redirected. Incentives and sanctions are metered by the same best practices used in Treatment Courts: 4:1 ratio so that accountability with help can bring them into compliance. While incarceration is an option, many other tools are used to bring behavior back into line, until it doesn't. A flash sanction may be imposed, or the participant may be terminated from the program after a hearing.

A snapshot of a month (2024/2025 data) at Community Court reveals the following:

- 110 lunches served each week
- 19 hours average of community service completed per week/76 per month
- 3 Substance Use Disorder assessments completed each week/12 per month
- 7 participants on average enter inpatient SUD/MH treatment facility per month
- 14 community partner agencies average per week
- Self-Report of CCAT findings
  - 92.2% identified a housing need
    - 71% reported being unhoused
    - 7% reported living in a shelter
  - 98% identified an employment need
  - 54% identified a SUD need
  - 35% identified a mental health/trauma need
  - 68% identified as male
  - 32% identified as female
- The average age range entering Community Court is between 35-44 years old
- 15 replacement/renewal driver licenses/identification cards ordered on average per month
- 16 people referred to Consistent Care for MAT services with 12 actively engaged
- 60 Risk/Need assessments completed on average per month

The Continuum of Care (CoC) is hopeful that the Community Court model can be implemented throughout the County in the coming years.

3.4.3. Coordinated Entry Improvements

Our previous Five-year plan called for the creation of universal CE Policies and Procedures. In 2022 we were able to implement these with the inclusion of the CoC recommended CE Core Elements. Additionally, one of priorities that was previously identified was the development of a Coordinated Entry System (CES) that served Youth and Young Adults. In 2024, the CoC created the YYA CE, a youth-specific coordinated entry system. Through the YHDP funding VOA was selected to administer the YYA CE. Additional strategies include creating Housing Navigator positions for youth and young adults that aid individuals in applying for and obtaining permanent housing; the utilization of best practice theories for youth case management (i.e. critical transition coaching); and the employment of diversion strategies that are tailored to the needs of the demographic age group. In 2024, a new CE assessment and prioritization tool was created and implemented by the lead CE agencies in the Community. This tool was fully implemented after stakeholder review and a pilot period in July 2024.

Our CoC acknowledges that only prioritizing households who have the highest acuity can create difficulties in assisting other community members who may require only a light touch. Further, it creates a system whereby we are asking, as a system, that lower acuity individuals become more traumatized over time to access services. Of course, the funding of projects such as Diversion and funding more eviction prevention programs help, the connection of traditional housing projects such as Rapid Rehousing, Transitional Housing and Permanent Supportive Housing, continue to be unattainable for households that do not score the highest and thus are not prioritized for these interventions. As such, the following strategies will assist the CoC in crafting a Coordinated Entry System that is still compliant with both federal and state guidelines.

Expanding Housing Access for Lower-Acuity Individuals has been a widely discussed topic within the CoC for many years. We hope to expand the continuum with interventions that meet the need of households at the time they enter the CE gateway.

Background & Need

HUD's Coordinated Entry (CE) system prioritizes individuals with the highest vulnerabilities for Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH)[3]. However, lower-acuity individuals and those who may be experiencing homelessness for the first time, have limited/fixed income, or need minimal support often struggle to access housing assistance despite being at risk of chronic homelessness.

To create a more comprehensive, HUD-compliant housing system, we propose a multi-pronged approach to serve lower-acuity individuals while maintaining prioritization for high-needs populations

Proposed Strategies

1. Expand Diversion & Prevention Efforts

   a. Increase funding for homelessness prevention and diversion programs (e.g., one-time financial assistance, mediation, or transportation aid).
   b. Develop partnerships with faith-based organizations, nonprofits, and local businesses to create flexible funding pools for individuals who don't meet CE criteria but still face housing insecurity.

2. Establish Non-HUD-Funded RRH for Lower-Acuity Individuals

   a. Apply for state, county, philanthropic, or private funding to operate RRH, TH or PSH programs outside of State and HUD's CE requirements.
   b. Create eligibility criteria focused on employment status, eviction history, and affordability challenges, rather than vulnerability scores.

3. Implement a Tiered RRH Support Model

   a. Work with the CoC to create a RRH/TH/PSH program that scales assistance based on need.
   b. Higher-acuity individuals receive longer-term rental assistance and intensive case management.
   c. Lower-acuity individuals receive shorter-term support (e.g., 3-6 months of rental assistance) with light-touch case management.

This model ensures all individuals receive appropriate levels of support without displacing those with greater needs.

4. Adjust CE Assessment & Prioritization

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[3] Transitional Housing is no longer an available intervention that HUD CoC dollars will fund. TH projects currently funded through HUD CoC dollars have been grandfathered in.

      a. Work with the CoC to explore modifications to the CE assessment tool to include factors such as: Risk of eviction, Housing affordability in the region. Recent job loss or income barriers

      b. Ensure lower-acuity individuals who still face housing barriers have a pathway into RRH without undermining HUD prioritization standards.

5. Leverage Non-CoC Housing Resources

      a. Work with Spokane Housing Authority to prioritize lower-acuity homeless individuals for Housing Choice Vouchers or project-based units.

      b. Expand access to employment-linked housing programs and workforce housing for individuals with some income but insufficient savings for market rent.

Funding Sources & Sustainability

- Seek state and local government grants for non-HUD RRH funding.
- Engage private foundations and corporate donors to support a flexible rental assistance fund.
- Explore social impact bonds or outcome-based funding models to incentivize housing stability.
- Align efforts with workforce development programs to integrate employment and housing solutions.

Expected Outcomes

- More efficient use of State and HUD resources by ensuring those with moderate needs do not become chronically homeless.
- Increased exit rates from homelessness, reducing shelter reliance and overall system strain.
- Stronger public-private partnerships, leading to a more holistic housing approach for all individuals experiencing homelessness

3.4.4. Emergency Services

Spokane County offers numerous emergency hotlines. Eastern Washington 2-1-1, operated by Frontier Behavioral Health, is a broad free and confidential service via an easy access phone number where individuals can call to receive information about the availability of our Community's resources by a trained Referral Specialist.[4] 2-1-1 can provide information ranging from food bank locations, homeless services,, health and wellness support, utility/energy assistance, veteran services, legal resources, disaster and crisis support, transportation, free tax preparation, and veterinarian services (this is not an exhaustive list). However, if an individual has a distinct issue that they are needing help with, then other specialized hotlines for assistance. The YWCA offers a 24-hour domestic violence helpline where an advocate located at their safe shelter is prepared to help to discuss options, safety plans, and other community resources.[5] Lutheran Community Services offers a 24-hour crisis line for survivors of sexual assault to seek out information about their options in terms of medical care, healing and legal services. Additionally, Frontier Behavioral Health offers a mental health or substance use disorder hotline called the 24-

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[4] https://fbhwa.org/programs/additional-support-services/eastern-washington-211-ew211

[5] https://ywcaspokane.org/programs/help-with-domestic-violence/24-hour-helpline-faqs/

Hour Regional Crisis Line, which gives assessments to those in crisis whose health and/or safety are in crisis.

Spokane Fire Department has partnered with FBH to create a Behavioral Health Response Unit that responds exclusively to mental health calls; this is a three-person team consisting of a paramedic and a licensed mental health counselor. With the increase of fentanyl overdoses and opioid settlement funding, a substance use disorder professional, a social worker and case manager were added to this team. Once it has been established that there is a behavioral health case, the team is engaged to try to assess their immediate needs and the best ways to support them through their crisis. Spokane Police Department has a similar program called the Community Diversion Unit which also pairs with mental health professionals to respond to individuals in the community experiencing a mental health crisis, aiming to divert individuals away from jails and hospitals and connect them to the services and resources they may need.

Additional funding from the opioid settlement was used to create a High Utilizer and Complex Care Initiative. This includes a contracted community-based provider to coordinate care, provide intensive wrap-around services, and launch case management services for individuals cycling between jail, emergency departments and local shelters.

3.4.5. Eviction Prevention

During 2021 our CoC were recipients of an influx of eviction prevention funds from the Federal Government. This money eventually was taken over by the Department of Commerce, and our community has continued to be grantees of these funds. Prevention is a critical tool to ensure that our system works upstream to assist households avoid entry into the homeless system, which ends up being far more expensive than simply maintaining their housing.

3.4.6. Diversion

Diversion is a housing first, person-centered, and strengths-based approach to help households identify the choices and solutions to end their homeless experience with limited interaction with the homeless crisis response system. It assists households to quickly secure permanent or temporary housing by encouraging creative and cost-effective solutions that meet their unique needs. It is a short-term intervention focused on identifying immediate, safe housing arrangements, often utilizing conflict resolution and mediation skills to reconnect people to their support systems. Diversion offers flexible services that may be coupled with minimal financial assistance when needed. This unique approach engages households early in their housing crisis. A staff member trained in the techniques of diversion initiates an exploratory conversation to brainstorm practical solutions for households to resolve their homelessness quickly and safely. Staff help households see beyond their current crisis by encouraging them to generate creative ideas and identify realistic options for safe housing based on their own available resources rather than those of the crisis response system.

In 2019, the CoC committed to a Diversion-First Model. As such, the City of Spokane and its partners invested in training by the Center for Dialogue and Resolution, based out of Tacoma, Washington, in Diversion strategies. Fifty front-line service providers were trained, with nearly a dozen becoming trainers in Diversion and committing to continue training staff from across the system.

3.5. Actions to Meet the Objectives

Objective 1: Promote and equitable, accountable, and transparent homeless crisis response system.

Action	Activity	Responsible Party	Timeline

3.5.1 Develop and maintain "By-Name-Lists" BNL for sub-populations to achieve functional zero:
   1. Single Adults
   2. Veterans
   3. Youth and Young Adult
	● Collaborative applicant to ensure that monthly BNL meetings occur.
	● Refine BNL criteria in CMIS/confirmation.
		Sub-Committees & CHHS HMIS Team	2024-BNL 2027- Project Plan

3.5.1b Develop a project plan for BNL in the HMIS by subpopulation	● Review the built for zero/functional zero model ● Create BNL reports in HMIS ● Analyze Data from reports quarterly. ● Develop Intervention Strategies base on the analyzed reports	Sub-Committees & CHHS HMIS Team	2027
3.5.2 Ensure equity in outcomes	● Utilize HUD's STELLA tool which will assist our CoC in evaluating disparities in our system. ● Establish reports for subcommittees and projects to analyze disparities for all racial groups and conduct outreach to agencies that support these populations to collaborate on serving them in an effective manner thereby reducing disparities. ● Review the report quarterly ● Quarterly assessment of the SALA tool.	Sub-Committees, Collaborative Applicant, CoC Board	2027
3.5.2b Enhance language access	● Translate annual community surveys in Spanish, Russian, and Marshallese. ● Conduct annual community surveys.	Sub-Committees, Collaborative Applicant	2027

3.5.3 Increase the number of BIPOC, Immigrant/Refugee, 2S-LGBTQ+, Disability, Medical, and Justice Involved Organizations in the CoC and CE	● Sub-Committees and workgroups establish an organizational outreach plan for:
	   ○ BIPOC
	   ○ Immigrant/Refugee
	   ○ 2S-LGBTQ+
	   ○ Disability
	   ○ Medical
	   ○ Justice Involved
	● Report on the progress of the plan at meetings.
		Sub-Committees, CoC Board, Collaborative Applicant	Ongoing MOU between Providence and CoC to be completed by no later than 2025.

		● Strengthen Medical/Healthcare linkages and formalize partnerships in MOU		
3.54	Increase Community Education	● Create a CoC and CE marketing and education plan. ● Host an annual Coordinated Entry Symposium ● Annual training opportunities on: data, diversion strategies, homeless prevention, system access and CE, myths/ facts, trauma-informed care ● Require agencies to attend community-wide trainings and keep training logs for employee's engagement efforts ● Revamp and maintain the CoC Website	Sub-Committees, CoC Board, Collaborative Applicant, CE Workgroup, Equity Workgroup	Ongoing
3.5.5	Improve access and accessibility to CE	● Ensure ongoing training for satellite sites ● Determine where there are gaps where people are accessing services and if there is further need for additional sites ● Maintain monthly meetings of the CE Workgroup ● Create info sheets for the CoC Website. ● Develop a universal intake. ● Update CoC and CE policies and procedures annually	CE Leads, CE Providers, Sub-Committees, CoC Board, Collaborative Applicant, HMIS Committee	Ongoing
3.5.6	Improve system performance	● Quarterly review performance measures as a system ● Quarterly review measures for underperforming projects. ● Develop a performance improvement plan for underperforming projects.	Sub-Committees, CE Providers, CoC Board, Collaborative Applicant	2025 & Ongoing
3.5.7	Train CE Providers and CoC Board and sub-committees in diversity, equity, inclusion.	● Research training opportunities ● Conduct annual trainings.		2025 & Ongoing

4. Objective Two: Prioritize those with the most significant barriers to housing stability and the greatest risk of harm.

4.1. Introduction

Coordinated Entry refers to the Continuum-wide effort to assess the vulnerability of homeless households through CE and connect them to the appropriate housing resource(s) based upon level of need as quantified during their Assessment. The implementation of coordinated assessment is now a requirement of receiving both CoC funds from HUD and state homeless service funds from the WA State Department of Commerce and is considered a national best practice.

Coordinated entry assessments are used to prioritize the most vulnerable homeless households and connect them to the appropriate level of housing and support. As the homeless service system of Spokane continues to develop and strengthen, system changes are focused on what works best for homeless households and rapid exits to permanent housing solutions.

On-going evaluation processes include:
- Survey homeless households seeking assistance through the Coordinated Entry System; and
- Collaborate with homeless service providers to discuss system improvements based on survey results; and
- Monthly Coordinated Entry Lead meetings

The Spokane Regional CoC acknowledges that no two homeless experiences are the same and that circumstances and situations are unique; therefore, need targeted responses. The homeless population is made up of numerous subpopulations, which is indicative that to effectively cater to the unique needs of each, different sets of priorities should be established. Therefore, CoC sub-committees have been extensively discussing and reorganizing CE prioritization measures of each population.

Along with the reorganization of prioritization measures, the CoC continues to review the Housing Inventory Count (HIC)[6] to ensure that the system has an adequate housing inventory to meet the needs of our community's most vulnerable.

4.2. Measures of Success and Performance

1. Compliance with state and federal Coordinated Entry requirements for all projects receiving local, state and federal homeless funds.
2. Compliance with the Office of Homeless Youth's "Five recommendations for making Coordinated Entry work for youth and young adults."[7]
3. Successful implementation of prioritization policies for all projects receiving federal, state and local homeless funds, resulting in prioritized people consistently being housed in a timely manner.
4. Prioritize unsheltered homeless households and increase percent served of unsheltered homeless households by 5% or maintain compliance level.[8]
5. Average length of stay in night-by-night emergency shelter (target 30 days) and exit to permanent housing from night-by-night shelter (target 50%).[9]

4.3. Strategies

1. Improve Case Conferencing mechanisms to effectively meet the need of our most vulnerable.

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[6] See Attachment One

[7] https://deptofcommerce.app.box.com/s/s1cabcfobjev039u3qfl8r4f8cb0380f

[8] Department of Commerce CHG Grant sections 2.1.1, 8.4.2 and 8.4.4

[9] Singles are our most popular subpopulation populating night-by-night emergency shelters. One of the biggest indicators for vulnerability that we use for adult singles in our coordinated entry system is length of homelessness. If our length of days in emergency shelter were to decrease, then this would be a major indicator that our most vulnerable are being effectively served.

2. Have CoC Sub-Committees reevaluate vulnerability priority factors by subpopulation and continuously re-evaluate for use by Coordinated Entry System.

4.4. Current Conditions

Our CE system currently includes separate entry sites for singles, families and youth and young adult. Additionally, we have awarded funds to our local Victim Service Provider, the YWCA, to provide specific CE services for survivors of DV. Both the singles and family systems offer satellite sites to offer a no wrong door approach and allow those seeking services to do so with providers they are already working with to lessen the trauma associated with retelling their store multiple times.

In 2024 we implemented a new community created assessment and prioritization tool in an effort to create more equitable access to vacancies in the homeless response system and minimize the trauma associated with the invasiveness of the SPDAT which had previously been in use.

4.5. Actions to Meet the Objectives

	Action	Activity	Responsible Party	Timeline
4.5.1.	Maintain and update universal CE policies and procedures (P&Ps)	▪ Evaluate current P&Ps by CE system annually and update as needed. Research barriers and interventions as well as culturally specific interventions. ▪ I	CE Providers, CoC Board	2025 & Ongoing
4.5.2.	Annual Coordinated Entry Symposium	▪ Create a short-term work group to plan symposium ▪ Plan and host an education opportunity for agencies to share their programs ▪ Requirement to continue as a satellite site for CE	CE Providers	2025 & Annually
4.5.3.	Annual Review of P&P for sub populations	▪ Sub-Committees evaluate vulnerabilities to be prioritized by population based off community needs ▪ CE work group to review and offer recommendations for any updates ▪	Sub-Committees, CoC Board, Collaborative Applicant	Annually
4.5.4.	Match the best intervention with the need	▪ Review quarterly SALA referrals and project outcomes ▪ Map the system for gaps and needs	Sub-Committees, & Collaborative Applicant	Ongoing

	▪ Create a intervention plan for each sub-population		

5.1. **Objective Three:** Prevent **E**pisodes of **H**omelessness **W**henever **P**ossible

5.2. **Introduction**

Spokane's homeless service response system underscores the dual importance of providing permanent housing solutions and ensuring individuals can *maintain* housing stability. In this section we will discuss Eviction Prevention and the CoC's Move-On Strategy. Where the former is an actual financial intervention + supportive services (like TH/RRH/PSH), the latter is a strategy employed by CoC's to effectively and successfully move households into independent living and out of homeless programs. To address the growing needs of our community, it is essential to expand financial and case management services that stabilize households when they face housing insecurity. Beginning in 2020 our community, like many others, saw an influx of federal and state funding that sought to keep households in their homes. These funds were earmarked as prevention dollars to ensure continuity in maintaining housing stability due to the impact of COVID. Since this time, prevention has come back into the fold as a more permanent intervention offered under Coordinated Entry. We currently have contracts with By and For Agencies that do not require the use of Coordinated Entry for referrals, they are required to enter into HMIS, however. We currently do not use ESG funds as an available eviction prevention activity since the State has offered robust funding in this arena.

Eviction Prevention (EP) dollars also tie together case management services, and it is expected that agencies provide robust case management to ensure a household not become unstably housed post financial assistance. These supportive services are tailored based on the subpopulation served. For example, a family with minor children may need assistance in finding employment, less expensive childcare, or may come to the conclusion that both parents should be working, but only one parent can be out of the house no more than 20 hours per week. In this case, supportive services would include, at minimum, connection with Worksource (local employment agency) to connect the household with the most appropriate employment options. Conversely, a household that is elderly, on fixed income and unable to work, might work with their case manager to submit applications to income based affordable housing. In either scenario, supportive services meets the household where their at and the end goal is to ensure that they do not enter the homeless system.

Since the State has not provided communities with outcome metrics for Eviction Prevention, this plan proposes that EP follows the same measures as outlined for RRH.

Housing should be more than just a short-term fix; it must equip participants with the skills and resources needed to maintain long-term stability. The aim is to integrate participants into the broader community, fostering opportunities for personal growth and development. By gaining new experiences, they can develop a diverse skill set, increasing their chances of achieving self-sufficiency and independent living.

Moreover, adopting a strong Move-On Strategy across the Continuum of Care (CoC) ensures that we are setting households up for success and stability, which then will prevent more episodes of homelessness in the future.

The "Moving-On" strategy supports clients in Emergency Housing (EH), Transitional Housing (TH) and Permanent Supportive Housing (PSH). A Move-On strategy must be employed in all interventions, but particularly in PSH, where Housing Choice Vouchers are an option for households who successfully live in a project based voucher (PBV) unit for 12 months or more and have good rental history. By transitioning participants to housing environments without on-site, intensive services, the strategy offers several benefits:
- Participant Empowerment: Fosters independence by providing a less service-intensive living environment.
- Cost-Effectiveness: Frees up PSH resources for individuals with higher service needs.
- System Flow: Creates better resource allocation within the community's homeless response system.

By aligning high-service housing programs with mainstream, less intensive housing assistance options, we can expand choices for households experiencing homelessness and improve overall system efficiency.

The Moving-On strategy is centered on household participation. . Collaborating with participants to identify when they are ready for greater independence is critical. Establishing a structured process for assessing readiness ensures that transitions are supportive and effective, paving the way for sustainable housing outcomes and greater community impact.

5.3. Measures of Success and Performance

1. Eviction Prevention will adhere to the same metrics as RRH.
2. The CoC will monitor how well the Move-On Strategy is implemented and executed by working with the HMIS Administrator to pull relevant reports on who is eligible and what providers are doing to prepare households for independent living.

5.4. Strategies

1. Monitor QPR's on returns to homelessness for EP enrollments. Identify opportunities for system improvement should we see significant influx post enrollment and financial assistance.
2. Improve data quality to better measure the efficacy of the Move On Strategy.

5.5. Current Condition

In addition to the Department of Commerce's performance measures, a Performance Management Plan is also a local tool that our CoC will use to evaluate baseline data, create minimum performance standards and system performance targets for many projects and at minimum those funded by state and federal funding[10]. As noted earlier, when funding sources are more flexible and can support medium to high barrier projects, a stricter measurement of performance will be contractually required. In some cases, projects that are funded with local dollars (no federal or state funding) measurements may be determined by staff and the local governing body. This is especially the case if the intervention is not within the menu of interventions already funded by HUD or CHG that local jurisdictions are able to use as a guide when determining fair measures of outcomes.

5.5.1. CoC Funding and RFP Committee

The CoC Funding and RFP Committee oversees the Request for Proposal (RFP) process, including coordinating CoC program funding awards with other funding partners. The Committee reviews project and system performance data from the past award year and makes recommendations to the Collaborative Applicant regarding monitoring plans and funding allocations and/or reallocations. Additionally, the CoC Funding and RFP Committee is responsible for reviewing and updating the Performance Management Plan on an annual basis, including working with the Collaborative Applicant to set minimum performance standards and system performance targets, to establish a system performance improvement strategy for the CoC. In doing so, HUD's project performance objectives and system performance measures, Commerce's system performance expectations, and CoC projects' combined performance on those objectives were considered in determining where to set minimum standards and system targets for the CoC's project portfolio.

5.6. Actions to Meet the Objectives

Action	Activity	Responsible Party	Timeline

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[10] Attached to this document.

5.6.1. Create a system-wide move-on strategy	▪ Assess system readiness for move-on strategy ▪ Convene PSH providers already utilizing an agency-specific move-on strategy ▪ Receive agency feedback on system-wide strategies ▪ Solicit CoC Board approval	Collaborative Applicant, Sub-Committees, CoC Board	2026 & Ongoing
5.6.2. Implement system-wide move-on strategy	▪ System-wide move-on strategy training ▪ Agency training ▪ Develop move-on strategy guidance ▪ Develop mechanism to measure effectiveness of the move-on strategy ▪ CoC Board approval of policies	Collaborative Applicant, Sub-Committees, CoC Board	2026 & ongoing
5.6.3. Achieve high-performing community performance set out in the Performance Management Plan[11] for all project types	▪ Prioritize TH and Rental Assistance for new project models ▪ Identify and apply for more funding to continue to grow inventory of available housing and supportive services as needed ▪ Increase use of dedicated subsidies (e.g. Housing Choice and VASH Vouchers) ▪ Monitor data for length of time between end of supportive services post-move out and returns into the system ▪ Standardize aftercare services based off a local best practice policy ▪ Ongoing diversion training and implementation ▪ Increase income potential of those receiving services	Collaborative Applicant, Sub-Committees, CoC Board	2025-2027

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[11] See Attachment 3

	through stronger partnerships with employment agencies, career development agencies (e.g. the WorkSource Spokane, and Next Generation Zone), childcare services, transportation availability, etc. ▪ Increase marketing strategy of the Spokane Resource Center Diversion mechanism ▪ Improve access to mainstream benefits (e.g. SOAR, DSHS, TANF, ABD, VA Benefits, etc.) ▪ Identify new strategies to develop affordable housing for all subpopulations through community forums and business partnerships ▪ Determine where there are gaps in accessing services ▪ Improve data quality to minimize error responses and increase reliability (e.g. HMIS, etc.)		
5.6.4. Adopt a person-centered holistic services approach	▪ Research staffing levels for appropriate service delivery. ▪ Develop training materials and resources to support CE providers with the adoption	CoC Sub-Committees & CE Providers	

6. Objective Four: Seek to house everyone in a stable setting that meets their needs.

6.1. Introduction

The Department of Commerce and the CoC recognize that theoretical formulas produce imperfect information as the state of our nation and the growing population, as well as the real estate market, cannot be perfectly projected[12]. In preparation for this next objective, the Department of Commerce released a tool[13] that when entered with our current housing inventory and homeless population would produce good faith and transparent estimates of the impact of the variety of local strategies being considered, tailored to local priorities. Though the

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numbers are not meant to be interpreted literally, this tool has enabled the City of Spokane's CHHS Department, currently the Collaborative Applicant, to explore how plans for creating more units within different interventions would affect the system.

Additionally, the tool calculates annual funding and increases projected to be needed due to inflation and rent-driven increase. This knowledge, though not exact, will help the CHHS Department prepare in advance for additional needed funding streams.

6.2.   Measures of Success and Performance

1. A local plan that includes an estimate of people experiencing homelessness that will be housed during 2025 after successful implementation of the local plan using existing resources, and the count of households left unsheltered at a point in time in 2025, based on credible data and research; including the data, assumptions, calculations, and related citations necessary for outside parties to review and reproduce the estimate.

6.3.   Strategies

1. Use the Department of Commerce Modeling Tool to assist in the 2026 Point-in-Time prediction.[14]
2. Utilize System Performance Targets adopted by the CoC into the tool.
3. Use data from a variety of system sources to project an estimate of housing sources that are currently projected to join the Spokane homeless system.
4. Use the data to identify housing solutions that will assist the CoC in planning for the future financial expenditures, system impact and strategic investment.

6.4.   Current Conditions

In the 2019 Point-in-Time count, 1,309 individuals living in homelessness were documented, 315 of them being unsheltered. Contrast that with the 2024 Point in Time count that surveyed 2,021 individuals and 443 of these households unsheltered. We believe these are two important time comparisons due to the pandemic, the rising cost of housing and the severe shortage of affordable housing stock that Spokane County has faced over the last five years. The other significant factor has been the use of fentanyl and the lack of State planning and implementation of SUD and mental health facilities. Emergency shelters house some of the highest acuity individuals in our community due to the deficiency in appropriate care better left to State planning. The CoC will prioritize working with the Washington Health Care Authority and other appropriate agencies to identify options that would add units to our community, especially for high acuity households and those who require a higher level of care.

As highlighted above, the pace by which affordable housing has been built has not kept up with the demand; towards this end, the available interventions offered under Coordinated Entry do not adequately meet the high needs of those who are experiencing homelessness. In spite of this, the CoC continues to look for ways to improve homeless outreach, offer interventions commensurate to the level of need that a household requires, all to ensure that homelessness is rare, brief and non-recurring. ,

As noted above, Spokane County has been experiencing economic growth and has seen similar increases in the cost of housing and a consistently low vacancy rate. Low-income and homeless households face many barriers to housing in a highly competitive rental market. To increase the rate of permanent placement from shelter, TH, and RRH, the CoC has increased its investment in landlord incentive strategies, facilitated greater coordination between landlord liaisons, and supported legislative actions to decrease barriers for homeless households. Additionally, some existing resources were reallocated to provide rental assistance programs more opportunities to incentivize landlords to rent to homeless households and mitigate perceived risk of renting to them. To meet the growing need and improve system outcomes, the CoC continues to look towards adding additional housing

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units across intervention types, as well as increasing project performance measures, particularly in percentages of successful and permanent exits from the interventions.

6.4.1. Emergency Shelter

Emergency shelters play an important role in a crisis response system, providing beds on a first come, first served basis, to any person experiencing homelessness. City of Spokane, Spokane County and the City of Spokane Valley-funded emergency shelter system is Housing-First and includes housing-focused services by population type. Combined with other public and private funded shelters, the current emergency shelter system offers targeted shelters for single men and single women (households without children), families, young adults, minor youth and those fleeing domestic violence. In 2024, the City of Spokane implemented a Scattered Site model that continues to focus on specific subpopulations but are smaller and more boutique-style shelters. A Housing Navigation Center currently assists in making a certain number of referrals to each site, but many of these beds are still open on a first come first serve basis in order to ensure equal access. Another sub population that has manifested due to the burgeoning need of medical fragile households who are homeless, are respite bed shelters. We currently have three sites that hold 30 individuals each and many of the referrals come directly from hospitals.

Over the next several years, there is an intention to bring new shelters online for key populations that have challenges accessing the existing shelter system or who are particularly vulnerable. Concurrent with this increase in scattered sites, there will be a reduction in congregate shelter capacity. There is continued need for regional solutions for emergency shelter, including a strategically located space that could meet the holistic needs of those throughout the region.

6.4.2. Transitional Housing

Transitional housing (TH) refers to a supportive – yet temporary – type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, and in some cases, education and training. In past years, funding availability for TH has declined nationally, and Spokane County has been impacted by these reductions. However, the CoC continues to pursue tailored housing resources for the populations for which TH is considered a best practice. Service models vary by population, but include at minimum, master leased units and the opportunity for project participants to "transition in place", thereby reducing impact on the individual and allowing them to move from the TH project into permanent housing without having to move. We also know that transitioning in place is not always possible since it means a reduction in a provider's housing portfolio and due to the high costs of housing, it is better to use the unit as more of a bridge to permanent housing. Our CoC is committed to bringing more TH units online and establishing programs that offer both low and higher barrier programs (i.e.: sober living). Innovative solutions, including shared housing for young people and joint TH-RRH interventions, have been brought online and continuing to expand these creative solutions is critical for creating diversity in housing inventory and for supporting individualized needs. The CoC would like to continue monitoring data and expand this intervention accordingly.

6.4.3. Rapid Re-Housing

Rapid re-housing (RRH) provides short-term rental assistance and services, with the goal of helping people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (e.g. employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. That said, where the program eligibility requirements may be low barrier, households must still compete with other community members that come without the challenges of low to no income, criminal background, stigma of being homeless. This requires a healthy housing stock that includes access

to housing by the working poor, households on fixed incomes, and who come with a variety of backgrounds, is truly available. Currently, this is not the case in our Continuum. It is worth noting that we continue to be a high performing CoC despite the pragmatic challenges noted above. The CoC is dedicated to tailoring different RRH programs to meet unique needs of subpopulations depending on the funding stream. Specifically, HUD federally funded RRH programs are much stricter than State funded RRH and therefore, the measurement outcomes will be higher based on allowable costs and FMR allowances. Regardless of funding streams, RRH providers employ a progressive engagement model to provide a better service intensity to meet different needs. Progressive engagement is the practice of helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources[25]. More support is applied to those households who continue to struggle to stabilize. Progressive engagement acknowledges individualization and the fact that homelessness is a complex struggle; therefore, when a participant shows that they are in need of more help, it can be provided to meet their needs. On the other hand, by avoiding more assistance than is required to end homelessness and prevent an immediate return to the streets or shelter, programs can help more people, close housing placement gaps, and reduce the time people remain homeless. The CoC has utilized RRH as a critical intervention with significant success. Continuing to move this forward – through standard RRH, TH-RRH joint projects, and others – will be important over the next five years.

6.4.4. Permanent Supportive Housing

Permanent Supportive Housing (PSH) continues to be a priority for the region. The current system operates both facility-based and scattered-site PSH projects and, for the last few years, new PSH projects have come online to improve access to these service-intensive support interventions for chronically homeless adults. At the same time, existing projects have begun to utilize FCS and GOSH to enhance the level and quality of supportive services for PSH interventions, which also enhance the use of limited federal resources. While point-in-time count data indicates a reduction in chronically homeless throughout Spokane County, the CoC is focusing on ensuring PSH availability for specific subpopulations who may benefit from improved access and accessibility of this inventory. For example, there currently is not a set-aside of PSH units for youth or young adults, and current prioritization policy means this demographic often struggles to be prioritized for existing units. As a result, focused attention and a review of CE policies and procedures is underway by the CE Workgroup to ensure the need is met. Furthermore, the CoC and the Veteran's Administration are deepening their partnership to improve access to VASH vouchers for veterans.

6.5. Actions to Meet the Objectives

Action	Activity	Responsible Party	Timeline
6.5.1. Projection of Unsheltered Individuals Living in Homelessness in 2025	▪ Use the Department of Commerce Tool for this Calculation	Collaborative Applicant	2025 & Ongoing
6.5.2. Update Annually with Housing Inventory Influx	▪ Use the Department of Commerce Tool for this Calculation	Collaborative Applicant	2025 & Ongoing
6.5.3. Seek to expand affordable housing investments from business and philanthropy.	▪ Public Presentations to Philanthropy and Business to broaden the funding to increase affordable housing production.	Collaborative Applicant, Sub-Committees, CoC Board	2025 & Ongoing

	▪ Explore the creation of a Fund Development Committee ▪ Work with the city and county to leverage affordable housing production dollars, and advocate for projects that fill gaps and are equitable.			

7. Objective Five: Strengthen the homeless provider workforce

7.1. Introduction

Homeless Service Provider Workers have seen many challenges over the last 10 years and Spokane is no exception. Providers are having a difficult time filling positions, which exacerbates already stretched staff capacity to provide quality and timely services. A 2023 study published by the Department of Commerce looked at the challenges and trauma experienced in the field and the loss of frontline workers in this field. The study reports that workers in this field have huge workloads and are dealing with failures of systems and the effects of systemic racism and poverty and are dealing with primary and secondary trauma daily. They are often underpaid and the programs that they work in are not guaranteed funding. COVID-19 did not cause these issues, but it added additional work and stress to meet increased demand.

To meet the needs of the affordable housing crisis, homeless service providers need trained and stable workers. The system has recognized the value of individuals with lived experience of homelessness and encourages service providers to add these individuals to their workforce. It should be considered, however the unique needs of these individuals and organizations should be equipped to offer support as needed. This could include Employee Assistance Programs (EAP) and sufficient paid sick leave.

Funding sources should consider awarding staffing dollars that allow providers to pay wages that align with market rates for similar positions and provide sufficient benefit packages. Agencies should ensure their staffing structures offer opportunities for growth.

7.2. Measures of Success and Performance
1. Completion of an initial analysis utilizing Department of Labor data and local surveys of housing workforce.
2. Improve worker retention in the homeless provider network.
3. Improve safety in homeless provider work.
4. Decrease the time positions stay vacant.

7.3. Strategies
1. Work in collaboration with local government, community and agency stakeholders to gather quantitative and qualitative data that further explains the current state of homeless service provider workers in Spokane County's homeless service system.
2. Conduct worker roundtables and community surveys

7.4. *Actions to Meet the Objectives*

Objective Five: Strengthen the Homeless Services Workforce

	Action	Activity	Responsible Party	Timeline
7.5.1	Evaluate initial data utilizing Department of Labor Data, Commerce Study	▪ View and evaluate data from the tool as a system to begin to formulate plans that will minimize trauma and increase retention in the field	Collaborative Applicant & CoC Sub-Committees	2025
7.5.2	Analyze Data	▪ Collect quantitative and qualitative data ▪ Review data in sub-committees and the CoC Board.	Collaborative Applicant, CoC Sub Committees, CoC Board	2026
7.5.3	Analyze data	▪ Collect, compile, organize, and evaluate	Collaborative Applicant, CoC Sub-Committees	2026
7.5.4	Develop intervention strategies	▪ Research funding options ▪ Research best practice ▪ Adopt system-wide practices and interventions to support workers	Collaborative Applicant, CoC Sub Committees, CoC Board	2030
7.5.5	Measure ongoing evaluation and learning	▪ Develop/adapt a monitoring tool ▪ Evaluate effectiveness of interventions ▪ Institute changes as approved by the CoC Board	Collaborative Applicant, CoC Sub Committees, CoC Board	2030

8. Review Process

On an annual basis, the CoC Board is entrusted to review the 5-Year Plan to evaluate progress towards stated goals. Simultaneously, the CoC Committees and Subcommittees should use this plan to guide their work plans on an ongoing basis.

8.1. *Action Steps*

1. Review of the Objectives, including the Action Steps to Meet the Objectives, to determine if objectives have been met and/or are on track to meet timelines
2. Mobilize relevant Responsible Parties to address shortfalls and/or opportunities
3. Propose modifications or updates, as needed, to address Objectives
4. Seek CoC Board approval
5. Train funded and CoC partners on any changes made to the 5-Year Plan

8.2. *Timeline*

In the last quarter of each year during the lifespan of this 5-Year Plan, the CoC Board or its delegate Committee (e.g. Planning and Implementation Committee) will review the plan in accordance with the Review Process.

8.3.   Modifications and Updates

All modifications and updates to this plan need to be approved by the CoC Board. This can be completed on an ad-hoc basis or during the annual review process

Spokane Regional Continuum of Care
Five-Year Performance Management Plan

Updated March 2025

Spokane City/County Continuum of Care
Performance Management Plan

Table of Contents

Introduction

The Spokane Regional Continuum of Care (CoC) Performance Management Plan identifies minimum performance expectations and system performance targets for the CoC and outlines how performance is measured and monitored. This plan should help homeless assistance projects in managing their performance and ensuring access to ongoing funding.

Background

The CoC's geographic area includes the entirety of Spokane County. The City of Spokane's Community, Housing, and Human Services (CHHS) Department serves as the Collaborative Applicant[1] for the Department of Housing and Urban Development (HUD) Continuum of Care grant, is a lead grantee for the Department of Commerce Consolidated Homeless Grant (CHG) and sits as the City's representative on the CoC Board. Spokane County also receives, as a lead grantee, CHG funding and also sits on the CoC as the County representative. The City of Spokane Valley currently provides grant opportunities to homeless providers from their general fund and also receives a portion of locally collected document recording fees from the County that are also used to help support their homeless population; and also sits on the CoC as the City of Spokane Valley representative.

Basics of Performance Measurement

System Performance Targets

For CoC purposes, the system includes, at minimum, all CHG and CoC funded homeless services projects operating within the geography of the CoC. Other projects may wish to participate in HMIS and our CoC encourages their participation to expand the data that our CoC requires to make informed policy decisions as it relates to the delivery of homeless services. Measuring performance of the system is important, as it helps us understand how well we are doing at addressing and ending homelessness. Additionally, it can help our community identify areas of the system that could be replicated or may need improvement. Lastly, as part of the CoC Program regulations, HUD requires that all CoCs monitor the performance of their system. To drive better outcomes for participants in the homeless system and to achieve the goal of ending homelessness for all populations, the CoC has set targets for all performance measures deemed key indicators of high performing systems. All projects within the homeless system are expected to make progress towards the system targets for all applicable project performance measures.

The Systems Performance Measures (SPMs) from the U.S. Department of Housing and Urban Development (HUD) are a set of standardized metrics designed to assess the effectiveness and efficiency of local homelessness assistance systems. These measures us track our progress toward ending homelessness and improving the performance of their programs.

Here are the key Systems Performance Measures HUD uses to evaluate homeless assistance systems:

1. Length of Time Homeless
- This measure tracks how long people experience homelessness before they are connected to permanent

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[1] CoC Governance – Collaborative Applicant - HUD Exchange

housing. The goal is to reduce the length of time a person or family remains homeless, which is a key indicator of a system's efficiency.

2. Returning to Homelessness
- This measures the percentage of people who exit homelessness but return within a specified time period, usually within 12 months. A lower rate of return is an indicator that the system is effectively preventing future homelessness.

3. First-Time Homelessness
- This measure looks at the number of people experiencing homelessness for the first time in a given period. It helps assess how well the system is preventing new homelessness.

4. Successful Permanent Housing Outcomes
- This measure tracks the percentage of people who exit homelessness and remain in permanent housing (or move to permanent housing destinations) after leaving homelessness assistance programs. A higher percentage indicates that the system is successfully moving people out of homelessness into stable housing.

5. Employment and Income Growth for Homeless Persons in CoC Programs
- This measures the percentage of people in homelessness assistance programs who experience an increase in employment income. Employment is a key factor in achieving long-term stability for individuals exiting homelessness.

6. Criminal Justice Involvement of People Experiencing Homelessness
- This measure tracks whether individuals experiencing homelessness become involved in the criminal justice system. A reduction in criminal justice involvement is seen as an indicator that the system is providing effective services that help people avoid re-entry into the justice system.

7. Homelessness Prevention and Housing Stabilization
- This assesses the effectiveness of programs aimed at preventing homelessness and helping individuals and families remain housed. It evaluates how well the system supports households at risk of homelessness or those struggling to maintain stable housing.

These measures help HUD and CoCs assess whether they are achieving their goals of reducing homelessness and improving the quality of life for those affected. They are used as part of the **Homelessness Management Information System (HMIS)** to collect, analyze, and report data on homelessness. CoCs submit their data annually to HUD, which uses this information to gauge national progress and identify areas for improvement in homelessness programs.

By tracking these outcomes, HUD encourages systems to identify strengths and gaps, improve services, and ultimately reduce homelessness.

Minimum Performance Standards

Measuring the performance of homeless assistance projects is critical for a number of reasons. It helps us understand how well projects are doing at ending homelessness, as well as what issues projects may need to improve upon. It helps us identify project types/models that may be more successful at ending homelessness than others. Additionally, HUD, the WA State Department of Commerce, and other key funders require project performance reporting and monitoring. To help drive system performance, the CoC has set minimum performance standards that funded projects are expected to maintain over the course of an annual period.

Setting Performance Objectives

The CoC Board in collaboration with the Collaborative Applicant was tasked with creating this Performance Management Plan, including setting the minimum performance standards and system performance targets, to establish a system performance improvement strategy for the CoC and an annual review process for projects funded under the City's Homeless Services RFP. CHHS staff considered HUD's project performance objectives and system performance measures, Commerce's system performance expectations, and CoC projects' combined

performance on those objectives in determining where to set minimum standards and system targets for the CoC's project portfolio. The Collaborative Applicant, in partnership with Sub Committees, reviewed current projects' performance, as well as anecdotal community and project information, to help determine what goal to set.

Monitoring Project and System Performance

Quarterly Performance Reporting

Homeless assistance projects' performance is monitored on a quarterly basis via the Homeless Management Information System (HMIS) generated Quarterly Performance Report (QPR). The QPR provides project-level performance information for each measure listed in this plan and is shared with the CoC Board and funded providers each quarter.

The QPR is meant to be generated from HMIS after the end of each quarter; however, it is available for agencies to run and review at any time for a custom performance period. Providers should be sure their HMIS data has been fully updated and is accurate prior to the generation of each report. The quarters are as follows:

- First Quarter = July 1 – September 30
  - Reports performance data for first quarter
- Second Quarter = July 1 – December 31
  - Reports performance data for first and second quarters
- Third Quarter = July 1 – March 31
  - Reports performance data for first, second, and third quarters
- Fourth Quarter = July 1 – June 30
  - Reports performance data for the full year

All projects should review their quarterly performance data and provide outcomes of key metrics to the Collaborative Applicant. Projects that consistently fail to meet project performance objectives should develop internal plans and processes for improvement, with the assistance of the Collaborative Applicant.

Annual Performance Review

On an annual basis, the CoC's Funding and RFP Committee will review performance data from the past award year (July to June) and make recommendations to the CoC Board regarding monitoring plans and funding allocations/reallocations.

Victim Services Providers

Domestic Violence (DV) victim services providers are not required to participate in HMIS but must maintain a comparable database. While victim service providers do not have their performance data generated out of HMIS via the QPR, all funded DV providers will be required to submit performance data to CHHS staff as requested for annual project evaluation, funding application, or monitoring purposes.

Sharing QPR Data

Each quarter, project QPRs submitted to the Collaborative Applicant will be posted on the CHHS website for all funded projects within 45 days of the end of the quarter. Staff will work with providers to ensure that all performance data to be shared with the public is as accurate as possible. Performance narratives will be included in the posted dashboard for each project.

Corrective Action Planning

Projects that fail to maintain minimum performance standards or make progress towards system performance targets (outlined in the performance improvement timeline section of each grant agreement) will be required to participate in a Corrective Action Planning (CAP) process. Ongoing poor performance could ultimately result in the loss or reduction of funding. More detail on the CAP process can be found in the Corrective Action Plan Guide.

System-Level Performance Reporting

The system-level performance will be reported annually to the CoC Board in accordance with the HUD System Performance Measures (SPM) Report. Please note that not all performance measures outlined in this plan are included in the SPM.

Implementing the Performance Management Plan

Collaborative Applicant (CA) staff are responsible for implementing this Performance Management Plan on behalf of the Spokane City/County CoC. Implementation involves working with HMIS staff and providers to publicly share the QPR, reviewing all data therein, and sharing project and system performance information with the CoC on a quarterly basis. In reviewing quarterly and annual project performance information, staff will also work with the Spokane City/County CoC Funding and RFP Committee to identify any consistently under-performing projects and target them for CAP development as needed. The CA staff will report on system performance on the measures in this plan at least annually.

In addition to monitoring project and system performance, CA staff work with the CoC Funding and RFP Committee to annually review and update the Performance Management Plan measures and goals.

Providers' Responsibilities and Meeting Performance Objectives

Ensure HMIS Data Quality

Because the QPRs used to monitor project performance are generated from HMIS, it is critical that HMIS data be accurate, timely, and complete. To this end, it is essential that providers adhere to the data quality standards outlined in the Spokane HMIS Data Quality Plan. All data entered into the CoC's HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. All required data elements for each program type must be entered by the 10th day of the following month (including weekends and holidays) for all client activity during the preceding month. The percentage of required data elements identified as 'missing /data not collected' should be no more than 1%, depending on project type and data element. Average rates of 'client doesn't know' or 'client refused' must adhere to the acceptable average determined for the project type as set by the HMIS Committee. For a comprehensive outline of data quality expectations for participation in the CoC's HMIS, please see the Spokane HMIS Data Quality Plan. Monthly Data Quality reports are required to be submitted by each provider and failure to meet this requirement will result in performance deficiencies.

Run and Review Monthly and Quarterly Project Report

To help homeless providers manage their performance on the objectives laid out in this Performance Management Plan, HMIS staff have made monthly and quarterly reports available to providers. The QPR provides detailed information about a project's performance on all the objectives in this plan including client-level data. The QPR will be generated by the HMIS team and sent to the provider for their review. If the data does not reflect what they believe to be an accurate representation of the work they've completed, it is incumbent on the provider to work closely with the HMIS staff to remedy the data. Providers will have a prescribed timeline to rectify the errors prior to the QPR being publicly presented.

Providers can run the QPR on their projects using HMIS whenever they like to better understand in real-time how they performed on all the objectives in this Performance Management Plan. At a minimum, though, HMIS will run the QPR on a quarterly basis and submit the report to providers within 15 days of the end of the quarter. Any projects that may not be meeting minimum performance standards ought to be accompanied by a brief narrative overview explaining quarterly outcomes for each performance measure inclusive of steps taken during the quarter to improve performance, external factors that influenced performance during the quarter, and planned actions to improve or maintain high performance in the following quarter. This narrative is an opportunity to highlight challenges faced by the project, areas of success (particularly those which are replicable by other providers), and to address steps for performance improvement. Performance narratives will be included in the published report for all projects. The CA encourages projects that are meeting or exceeding performance measures to include a narrative on their project. This provides the public an opportunity to learn more about the agency and the program.

Develop Internal Improvement Plans as Needed

Providers should monitor their own performance on all project performance objectives on, at minimum, a quarterly basis. If providers notice in the QPR that they are not meeting an objective, it is their responsibility to develop internal plans to address the poor performance and they should ensure that improvement is made. As previously mentioned, projects that fail to meet an objective for at least one year may be targeted for development of a CAP. Once on a CAP, a project runs the risk of losing renewal funding if they are not able to improve their performance within a specific timeframe. Ensuring that project performance objectives are met will keep projects from being targeted for CAP development.

Participate in Corrective Action Plan as Required

As mentioned previously, projects that fail to maintain minimum performance standards or to make adequate progress towards system performance targets may be required to participate in a CAP. Ongoing poor performance, or failure to fully participate in the CAP, could ultimately result in the loss or reduction of funding. More details on the CAP process can be found in the Corrective Action Plan Guide.

Spokane Regional CoC Project Performance Measures

The following are the project performance objectives for Spokane Regional CoC homeless assistance projects. The goals apply to all CoC-funded homeless projects and all City-funded coordinated entry, emergency shelters, rapid re-housing, transitional housing, diversion, street outreach, and permanent supportive housing projects. Overflow and seasonal emergency shelters are exempt from the performance standards.

Projects that are newly funded that does not meet the minimum performance standards will have adequate time to achieve the minimum performance expectations outlined below. This timeline will be determined, in collaboration, with the provider, RFP Committee, and CA staff. Moreover, the type of project must also be considered when determining the performance improvement timeline. Projects that do not meet minimum performance standards will be required to develop a Corrective Action Plan (CAP). Projects that do not meet minimum performance standards or fail to fully participate in the CAP by the end of the end of the next quarter may face a loss or reduction of funding.

Night-by-night Emergency Shelter Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Length of Time Homeless in ES (SPM Metric 1a.1)	Emergency Shelter (ES) projects will have an average length of stay of no more than 90 days	Emergency Shelter (ES) projects will have an average length of stay of no more than 30 days
Exits to Permanent Housing (SPM Metric 7b.1)	At least 40% of persons in ES projects will move into permanent housing at exit	At least 50% of persons in ES projects will move into permanent housing at exit
Returns to Homelessness (SPM Metric 2b)	ES projects will have no more than 20% of adults who exited to permanent housing return to homelessness within two years of exit	ES projects will have no more than 10% of adults who exited to permanent housing return to homelessness within two years of exit
Employment and Income Growth (SPM Metric 4.6)	At least 35% of person in ES projects will gain or increase employment or non-employment cash income at exit, when they have a Date of Engagement.	At least 50% of person in ES projects will gain or increase employment or non-employment cash income at exit, when they have a Date of Engagement.
Average Length of Time to Date of Engagement (Local Measure)	The average length of time for persons enrolled in ES projects between enrollment and the person's date of engagement shall be no greater than 30 days	The average length of time for persons enrolled in ES projects between enrollment and the person's date of engagement shall be no greater than 10 days

Continuous Stay Emergency Shelter Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Length of Time Homeless in ES (SPM Metric 1a.1)	Continuous Stay Emergency Shelter (CSES) projects will have an average length of stay of no more than 90 days	Continuous Stay Emergency Shelter (CSES) projects will have an average length of stay of no more than 30 days
Exits to Permanent Housing (SPM Metric 7b.1)	At least 55% of persons in CSES projects will move into permanent housing at exit	At least 80% of persons in CSES projects will move into permanent housing at exit
Returns to Homelessness (SPM Metric 2b)	CSES projects will have no more than 20% of adults who exited to permanent housing return to homelessness within two years of exit	CSES projects will have no more than 10% of adults who exited to permanent housing return to homelessness within two years of exit
Average Rate of Utilization (Local Measure)	The average numbers of persons enrolled in CSES projects per night will represent no less than the 85% of projects' total bed inventory	The average numbers of persons enrolled in CSES projects per night will represent no less than the 95% of projects' total bed inventory
Employment and Income Growth (SPM Metric 4.6)	At least 40% of person in CSES projects will gain or increase employment or non-employment cash income or at exit.	At least 50% of persons in CSES projects will gain or increase employment or non-employment cash income or at exit.

Homelessness Diversion Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Successfully Diverted from the Homeless System (Includes both exits to PH and temp stays with friends and family) (Local Measure)	At least 55% of persons in Homeless Diversion projects are successfully diverted	At least 80% of persons in Homeless Diversion projects exit to permanent housing at program exit.
Returns to Homelessness (Local Measure)	Diversion projects will have no more than 6% of persons who exited to permanent housing return to homelessness within 1 year.	Diversion projects will have no more than 5% of persons who exited to permanent housing return to homelessness within 1 year.

Street Outreach Projects Performance Measures

Measure	Minimum Performance Standard	System Performance Target
Exis to Permanent Housing (SPM Metric 7a.1)	At least 40% of persons in Street Outreach (SO) projects will move into permanent housing at exit.	At least 50% of persons in Street Outreach (SO) projects will move into permanent housing at exit.
Average time from Date of Engagement to Successful Exit (Changed from Average Length of Time to Date of Engagement) (Local Measure)	The average length of time from date of engagement to successful exit is 90 days.	The average length of time from date of engagement to successful exit is 60 days.
Exits to Temporary or Institutional Settings (SPM Metric 7a.1)	At least 25% of persons in SO projects will move to certain temporary and institutional settings at program exit	At least 30% of persons in SO projects will move to certain temporary and institutional settings at program exit.
Successful Exits from Street Outreach (SPM Metric 2b)	At least 55% of persons in SO projects will move into permanent housing or to certain temporary and institutional settings at program exit.	At least 65% of person in SO projects will move into permanent housing or to certain temporary housing and institutional settings at program exit. (Change from 80%)
Returns to Homelessness (SPM Metric 2b)	SO projects will have no more than 20% of adults who exited to permanent housing return to homelessness within two years of exit	SO projects will have no more than 10% of adults who exited to permanent housing return homelessness within two years of exit.
Serving those with the Long Lengths of Homelessness (Local Measure)	At least 64% of persons served by SO projects will have lengths of homelessness greater than 12 months.	At least 75% of persons served by SO projects will have lengths of homelessness greater than 12 months.
Employment and Income Growth (SPM Metric 4.6)	At least 35% of person in SO projects will gain or increase employment or non-employment cash income at exit when they have a Date of Engagement.	At least 50% of persons in SO projects will gain or increase employment or non-employment cash income at exit when they have a Date of Engagement.

Homeless Prevention Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Employment and Income Growth (SPM Metric 4.6)	At least 20% of persons in HP projects will gain or increase employment or non-employment cash income at exit.	At least 40% of persons in HP projects will gain or increase employment or non-employment cash income at exit
Exits to Permanent Housing (Local Measure)	At least 70% of persons in Homeless Prevention projects exit to permanent housing at program exit.	At least 80% of persons in Homeless Prevention projects exit to permanent housing at program exit.
Returns to Homelessness (Local Measure)	Homeless Prevention projects will have no more than 10% of persons who exited to permanent housing return to homelessness within six months of the enrollment exit date.	Homeless Prevention projects will have no more than 15% of persons who exited to permanent housing return to homelessness within six months of the enrollment exit date.

Transitional Housing Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Length of Time Homeless in TH (SPM Metric 1a.2)	Transitional Housing (TH) projects will have an average length of stay of no more than 160 days (270 for youth and young adult projects)	Transitional Housing (TH) projects will have an average length of stay no more than 90 days (120 days for youth and young adults)
Exits to Permanent Housing (SPM Metric 7b.1)	At least 55% of persons in TH projects will move into permanent housing at exit	At least 80% of persons in TH projects will move into permanent housing at exit
Employment and Income Growth (SPM Metric 4.6)	At least 35% of person in TH projects will gain or increase employment or non-employment cash income or at exit	At least 50% of persons in TH projects will gain or increase employment or non-employment cash income or at exit
Returns to Homelessness (SPM Metric 2b)	TH projects will have no more than 10% of adults who exited to permanent housing return to homelessness within two years of exit	TH projects will have no more than 5% of adults who exited to permanent housing return to homelessness within two years of exit
Average Rate of Utilization (Local Measure)	The average numbers of persons enrolled in TH projects per night will represent no less than the 85% of projects' total bed inventory. Both unit and bed utilization.	The average numbers of persons enrolled in TH projects per night will represent no less than 95% of projects' total bed inventory

Rapid Re-Housing Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Rapid Placement into Permanent Housing (Local Measure)	RRH projects will place persons into permanent housing within 60 days of project entry	RRH projects will place persons into permanent housing within 90 days of project entry
Exits to Permanent housing (SPM Metric 7b.1)	At least 70% of persons entering RRH projects will remain in permanent housing at exit	At least 80% of persons entering RRH projects will remain in permanent housing at exit
Employment and Income Growth (SPM Metric 4.6)	At least 20% of persons in RRH projects will gain or increase employment or non-employment cash income at exit (Specify Singles and Families)	At least 40% of persons in RRH projects will gain or increase employment or non-employment cash income at exit
Returns to Homelessness (SPM Metric 2b)	RRH projects will have no more than 10% of adults who exited to permanent housing return to homelessness within two years of exit	RRH projects will have no more than 5% of adults who exited to permanent housing return to homelessness within two years of exit

Permanent Supportive Housing/ other Permanent Housing Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Exits to or Retention of Permanent Housing (SPM Metric 7b2)	At least 93% of housed persons remain in Permanent Supportive Housing (PSH) project or exit to permanent housing (PH) as of the end of the reporting period or at program exit	At least 95% of housed persons remain in Permanent Supportive Housing (PSH) project or exit to permanent housing (PH) as of the end of the reporting period or at program exit
Employment and Income Growth for stayers (SPM Metric 4.3)	At least 50% of persons entering a PSH project will gain or increase employment or non- employment cash income during the reporting period or at annual assessment	At least 55% of persons entering a PSH project will gain or increase employment or non- employment cash income during the reporting period or at annual assessment
Employment and Income Growth for Leavers (SPM Metric 4.6)	At least 45% of persons entering a PSH project will gain or increase employment or non- employment cash income at exit.	At least 50% of persons entering a PSH project will gain or increase employment or non- employment cash income at exit
Annual Income Growth and/or Non Cash Benefits (Local Measure)	At least 25% of persons in a PSH project will gain or increase income or non-cash benefits (ie: food assistance) on an annual basis.	At least 30% of persons in a PSH project will gain or increase income or non-cash benefits (ie: food assistance) on an annual basis.
Returns to Homelessness (SPM Metric 2b)	PSH projects will have no more than 5% of adults who exited to permanent housing return to homelessness within two years of exit	PSH projects will have no more than 3% of adults who exited to permanent housing return to homelessness within two years of exit
Average Rate of Utilization (Local Measure)	The average numbers of persons enrolled in PSH projects per night will represent no less than 85% of projects' total bed inventory. Measure applies to unit utilization and bed utilization.	The average numbers of persons enrolled in PSH projects per night will represent no less than the 95% of projects' total bed inventory

Coordinated Entry Performance Measures

Measure	Minimum Performance Standard	System Performance Target
Successful referrals (Local Measure)	At least 40% of referrals made by SHCA, HFCA and YYA CE to *requesting* providers shall have a successful outcome. These outcomes are to be managed by the CE Leads but the responsible party of entering the outcome in HMIS is the requesting provider.	At least 60% of referrals made by SHCA, HFCA and YYA CE to *requesting* providers shall have a successful outcome. These outcomes are to be managed by the CE Leads but the responsible party of entering the outcome in HMIS is the requesting provider.
Average Length of time from Assessment to Referral Placement (Local Measure)	The average length of time from date of Assessment to Referral Placement shall be no longer than 30 Days.	The average length of time from date of Assessment to Referral Placement shall be no longer than 45 Days.
Average Length of Time from Date of Referral Placement to Referral Outcome (Local Measure)	The average length of time from date of referral placement to referral outcome shall be no longer than 15 days.	The average length of time from date of referral placement to referral outcome shall be no longer than 30 days.

Affordable Housing Development and Tenant Based Rental Assistance RFP PY 2025-2026

Funding Source	Estimated Amount	Eligible Activities	AMI/Population Requirements
1406	$1,000,000.00	Acquisition, new construction, homeownership	60% AMI for new units; 80% for homeownership
1590	$5,000,000.00	Acquisition, new construction, homeownership, rehabilitation resulting in new units	60% AMI for all activities; Must serve: Persons with disabilities including behavioral health disabilities; Veterans; Senior citizens; Persons who are homeless or at-risk of being homeless, including families with children; Unaccompanied homeless youth or young adults; Domestic violence survivors.
HOME	$1,131,870.00	Acquisition, new construction, rehabilitation	50% AMI or less
HOME CHDO	$224,153.00		Certified CHDO
HOME-ARP TBRA	$500,000.00	Tenant Based Rental Assistance to include rental assistance, security deposit payments, utility deposit assistance, costs of inspection, costs of income verifications	No AMI requirement; Must serve: Veterans; Persons who are homeless or at-risk of being homeless, including families with children; Unaccompanied homeless youth or young adults; Those fleeing domestic violence, human trafficking, Other as defined in CPD 21-10.

SOURCE: 2025 Affordable Housing Program RFP
https://static.spokanecity.org/documents/chhs/funding-opportunities/chhs/2025-03-06/2025-affordable-housing-rfp.pdf

FUNDING ALLOCATION SCHEDULE

(Subject to change without notice)

Activity/Process	Date
RFP Advance Notice sent out via e-mail	March 3, 2025
Public Notice of Funding Availability	March 6, 2025
Applications Available	**March 6, 2025**
Individual Technical Assistance meetings available*	March 20 – April 25, 2025
Technical Assistance Virtual Workshops*	March 19, 2025
Applications Due 5:00 pm	**May 5, 2025**
Acknowledgement Letter sent to all applicants	May 8,2025
Staff reviews	May 6 – May 19, 2025
Affordable Housing Committee application review	May 19 – June 9, 2025
Affordable Housing Committee funding recommendations	June 10, 2025
CHHS Board reviews funding recommendations	July 2, 2025
CHHS Board recommendations presented to Council Committee	July 14, 2025
City Council approval of funding recommendations	July 28, 2025
Applicants notified of funding decisions	August 1, 2025

*Applicants must attend either the technical assistance workshop or an individual technical assistance meeting before submitting an application. Applications will be rejected if the applicant does not participate in a technical assistance session.

STAFF CONTACTS

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Arielle Anderson, Director	arielleanderson@spokanecity.org	509-625-6055

SOURCE: 2025 Affordable Housing Program RFP
https://static.spokanecity.org/documents/chhs/funding-opportunities/chhs/2025-03-06/2025-affordable-housing-rfp.pdf

CITY of SPOKANE 2024 AHP PROGRAM INCOME AND RENT LIMITS
HOME, 1406/1590

SOURCE: HUD
MSA: SPOKANE, WA
EFFECTIVE DATE: JUNE 01, 2024
FY 2024 MEDIAN INCOME: $97,900

2024 INCOME LIMITS

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
AREA MEDIAN INCOME	(100% AMI)	68,500	78,300	88,100	97,900	105,800	113,600	121,400	129,200
LOW-INCOME	(80% AMI)	54,800	62,650	70,500	78,300	84,550	90,850	97,100	103,400
PROJECT SPECIFIC	(60% AMI)	41,100	46,980	52,860	58,740	63,480	68,160	72,840	77,520
VERY LOW-INCOME	(50% AMI)	34,250	39,150	44,050	48,950	52,900	56,800	60,700	64,600
PROJECT SPECIFIC	(40% AMI)	27,400	31,320	35,240	39,160	42,320	45,440	48,560	51,680
PROJECT SPECIFIC	(35% AMI)	23,970	27,400	30,830	34,260	37,030	39,760	42,490	45,220
EXTREMELY LOW-INCOME	(30% AMI)	20,550	23,500	26,450	29,350	31,700	34,050	36,400	38,750

2024 RENT LIMITS

	SRO●	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
FAIR MARKET RENT (FMR)**	667	890	1012	1304	1835	2131	2451	2770
30 OF 65 RENT (HIGH HOME RENT)		*890	*1012	*1304	1470	1621	1770	1919
30 OF 60 RENT		*890	*1012	*1304	1527	1704	1879	2055
30 OF 50 RENT (LOW HOME RENT)		856	917	1101	1273	1420	1566	1713
30 OF 40 RENT		685	734	881	1018	1136	1253	1370
30 OF 35 RENT		599	642	770	891	994	1096	1199
30 OF 30 RENT		513	550	661	763	851	939	1027

●HOME rent for an SRO is 75% of the Efficiency Fair Market Rent.

*Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9person is 140% of 4-person AMI).

**Although HUD's rent calculation exceeds FMR for this unit, HOME regulations do not allow rents to exceed FMR. Consequently, this rent is capped at FMR.

***Calculate FMR for more than 4 Br by adding 15% to the 4 Br FMR for each additional Br size (e.g., 6 Br FMR is 130% of 4 Br FMR).

SOURCE: 2024 HOME Rent and Income Limits
https://static.spokanecity.org/documents/chhs/programs/homeinvestment/2024-home-rent-and-income-limits.pdf

CITY OF SPOKANE 2024 AHP PROGRAM
HOMEOWNERSHIP SALES PRICE LIMITS
CDBG, HOME, 1406/1590

SOURCE: HUD
MSA: SPOKANE, WA
EFFECTIVE DATE: SEPTEMBER 1, 2024
UNADJUSTED MEDIAN VALUE: $380,000 EXISTING HOMES; $406,382 NEW CONSTRUCTION

Existing Homes Purchase Price Limits

1 UNIT	2 UNITS	3 UNITS	4 UNITS	*5 UNITS	*6 UNITS
$361,000	$462,000	$560,000	$693,000	$863,790	$1,068,560

New Homes Purchase Price Limits

1 UNIT	2 UNITS	3 UNITS	4 UNITS	*5 UNITS	*6 UNITS
$386,000	$494,000	$598,000	$741,000	$922,540	$1,142,560

** Contact City staff for price limits of dwellings with more than 6 units.

SOURCE: 2025 Affordable Housing Program RFP
https://static.spokanecity.org/documents/chhs/funding-opportunities/chhs/2025-03-06/2025-affordable-housing-rfp.pdf