



Quarterly Performance Report (QPR)

CoC Quarter: 2

Reporting Period: 8/1/2025 - 1/31/2026



What is the QPR?

The Quarterly Performance Report (QPR) is used to assess how projects within our Continuum of Care (CoC) are performing throughout the year. Each QPR includes a set of tailored performance measures—some based on HUD standards and others adjusted to reflect local priorities and capacities. These reports help communities monitor progress, identify challenges, and strengthen their collective response to homelessness. Organizations are responsible to review the QPRs and ensure that the data being present accurately reflects what the project is accomplishing.

System Performance Measures (SPM):

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

- Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
- Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into two measures capturing employment and non-employment income changes for those who exit the system ("system leavers") and those who stay in the system ("system stayers"). The project types reported in these metrics are the same for each metric, but the universe of clients differs.

- Metric 4.3 – Change in total income for adult system stayers during the reporting period
- Metric 4.6 – Change in total income for adult system leavers

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

- Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations
- Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations
- Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Project Narratives:

At the end of the report will be all the narratives provided by each organization submitted by the deadline (alphabetized by organization).



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Local Measures:

Average Length of Time to Date of Engagement

A date of engagement signifies in HMIS, that a deliberate client assessment and/or creation of case plan. This measures the average length of time from the client being enrolled into the project, to their date of engagement.

Average time from Date of Engagement to Successful Exit

A date of engagement signifies in HMIS, that a deliberate client assessment and/or creation of case plan. This measures the average length of time from their date of engagement to a successful exit (Permanent Housing, including some Temporary and Institutional destinations).

Average Rate of Utilization

This measure varies depending on the project type.

- For Emergency Shelter - Night-by-Night projects that utilize a housing check-in service in HMIS, it is measured by the average amount of recorded bed-nights within the reporting period, then divided by the recorded number of beds.
- For Emergency Shelter - Entry/Exit (ES - EE), Transitional Housing (TH), Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH):
 - For projects with Bed Inventory, it is measured by averaging how many clients stayed in the project on the last Wednesday of each month within the reporting period, then divided by the recorded number of beds.
 - For projects with Units, it is measured by averaging how many heads of households that stayed in the project on the last Wednesday of each month within the reporting period, then dividing by the recorded number of units.

Returns to Homelessness (Homeless Diversion)

Similar to the SPM measure 2 - Returns to Homelessness. This measures clients who exited Homeless Diversion to a permanent housing destination in the date range one year prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to one year after their initial exit.

Returns to Homelessness (Homeless Prevention)

Similar to the SPM measure 2 - Returns to Homelessness. This measures clients who exited Homeless Prevention to a permanent housing destination in the date range six months prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to six months years after their initial exit.

Servicing those with Long Lengths of Homelessness

This measures how many clients who are served in Street Outreach (SO) projects that have lengths of homelessness greater than 12 months.

Exits to Permanent Housing (Homeless Prevention)

This measures positive movement out of the homeless system from exiting a Homeless Prevention project into a Permanent Housing Destination.



What is the QPR?

The Quarterly Performance Report (QPR) is used to assess how projects within our Continuum of Care (CoC) are performing throughout the year. Each QPR includes a set of tailored performance measures—some based on HUD standards and others adjusted to reflect local priorities and capacities. These reports help communities monitor progress, identify challenges, and strengthen their collective response to homelessness. Organizations are responsible to review the QPRs and ensure that the data being present accurately reflects what the project is accomplishing.

Local Measures:

Successfully Diverted from the Homeless System (Includes both exits to PH and temp stays with friends and family)

This measures positive movement out of the homeless system from exiting a Homeless Diversion project - this includes exits to Permanent Housing and Temporary Stays with Friends and Family.

Rapid Placement into Permanent Housing

This measures the average amount of time between when a household is first enrolled in a rapid rehousing project till the day they are placed into their permanent housing unit. Indicated by the Housing Move-In Date.

Annual Income Growth and/or Non Cash Benefits

This measures how many clients had an increase to income between annual assessments for clients that have been enrolled in Permanent Supportive Housing projects for a year or more.

Successful Referrals (Coordinated Entry)

This measures how many referrals that were made by SHCA (Singles Homeless Coordinated Assessment), HFCA (Homeless Families Coordinated Assessment), and YYA CE (Youth and Young Adult Coordinated Entry) to requesting providers that have a successful or positive outcome.

Average Length of time from Assessment to Referral Placement (Coordinated Entry)

This measures the average amount of time between the date of assessment for the client in Coordinated Entry till the day they received a referral placement.

Average Length of Time from Date of Referral Placement to Referral Outcome (Coordinated Entry)

This measures the average amount of time between the referral placement, to referral outcome in Coordinated Entry projects.



Quarter 2 - Coordinated Entry

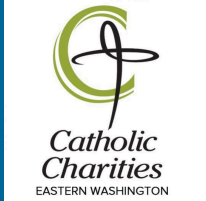
Coordinated Entry (CE): The gateway by which households' access projects in the system.
Reporting Period: 08/1/2025 - 01/31/2026



Public Name: Singles Coordinated Assessment
HMIS Name: SNAP--CE--Singles

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)
- HUD: Continuum of Care (CoC) - Supportive Services Only (SSO)



Public Name: Homeless Family Coordinated Assessment
HMIS Name: CC--CA--HFCA

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)
- HUD: Continuum of Care (CoC) - Supportive Services Only (SSO)



Public Name: Youth & Young Adult Coordinated Entry
HMIS Name: VOA--CE--Youth & Young Adults

Grants:

- HUD: Continuum of Care (CoC) - YHDP



Spend Down - Coordinated Entry



Q1

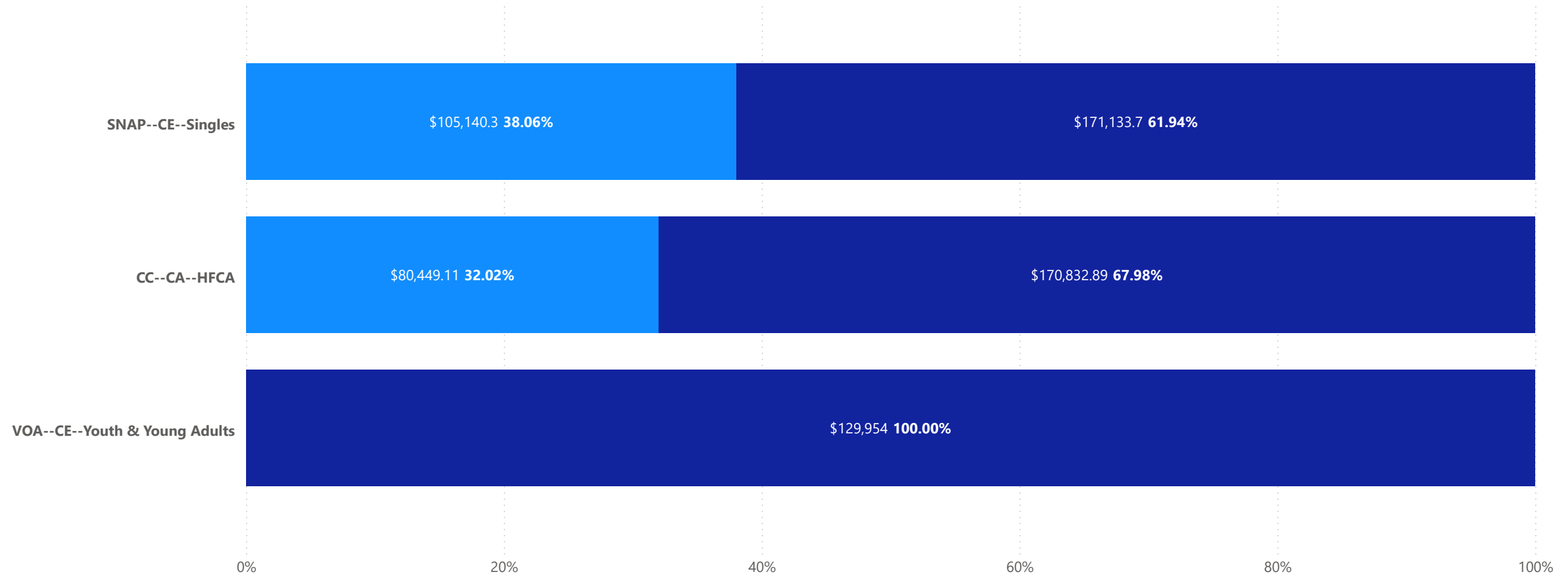
Q2

Q3

Q4

August September October November December January February March April May June July

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Coordinated Entry Performance Overview

Number of Households Served

1564

Number of Referrals

295

Average Length of Time from Assessment to Referral Placement

31

Max: 45 Days

Average Length of Time from Date of Referral Placement to Referral Outcome

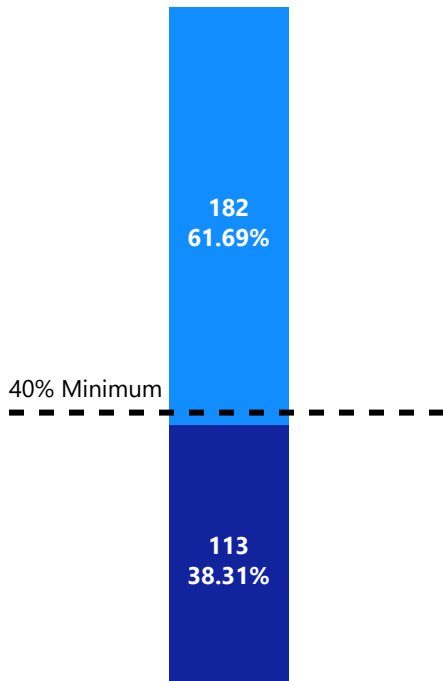
16

Max: 30 Days

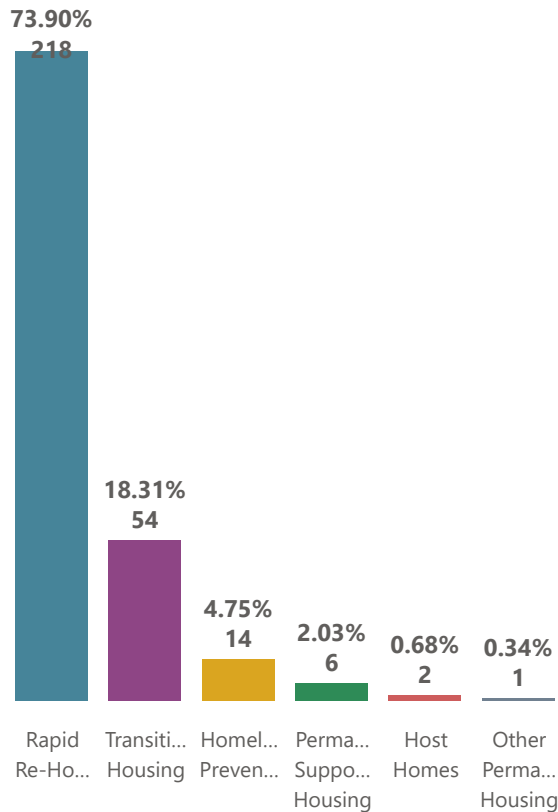
Percent of Referrals with Successful Outcomes

(Local Measure)

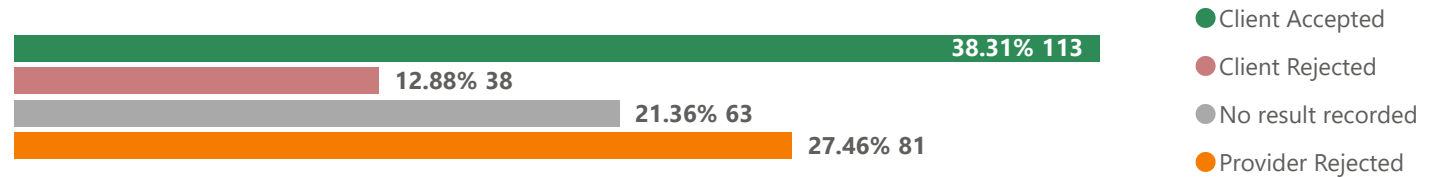
● Successful ● Unsuccessful



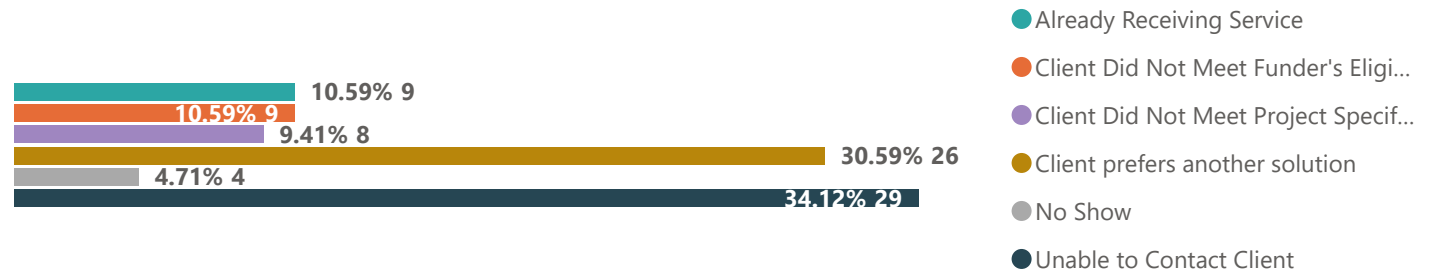
Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 2 - Coordinated Entry Homeless Families Coordinated Assessment (HFCA)

Number of Households Served

Projected Households Served: 500

467

Number of Referrals

64

Average Length of Time from Assessment to Referral Placement

29

Max: 45 Days

Average Length of Time from Date of Referral Placement to Referral Outcome

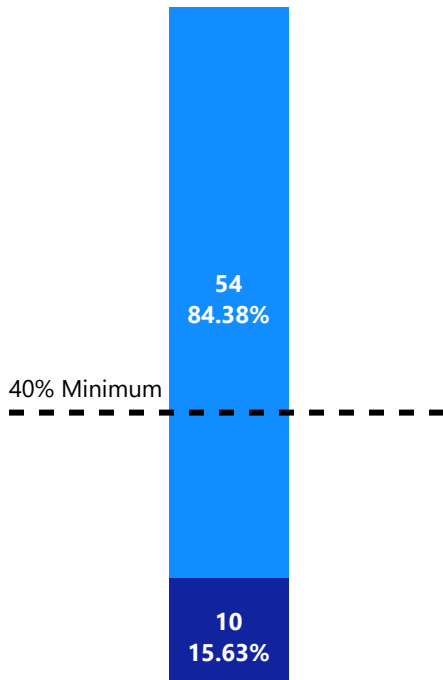
5

Max: 30 Days

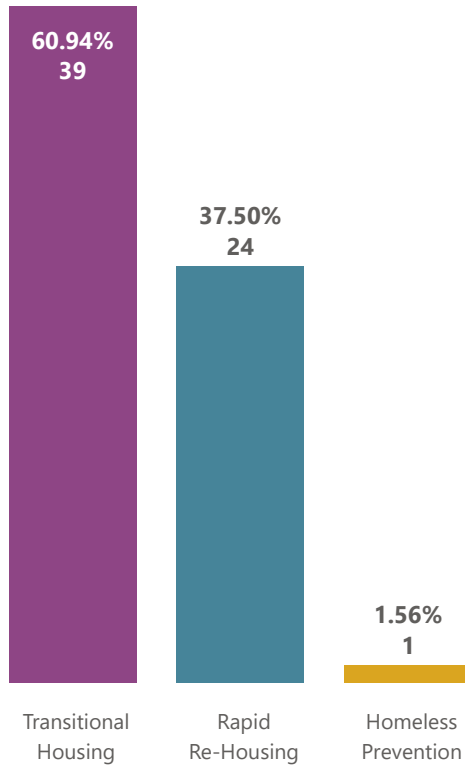
Percent of Referrals with Successful Outcomes

(Local Measure)

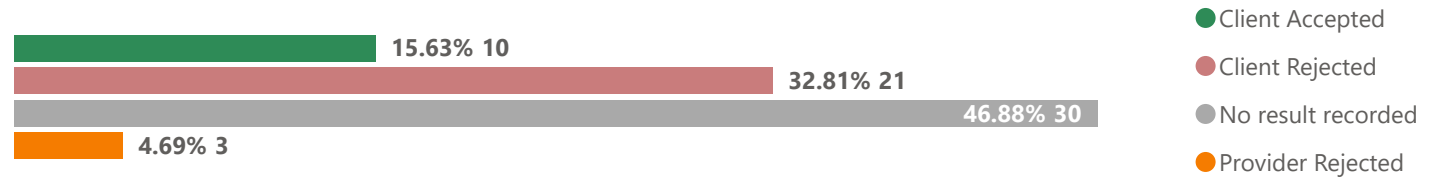
● Successful ● Unsuccessful



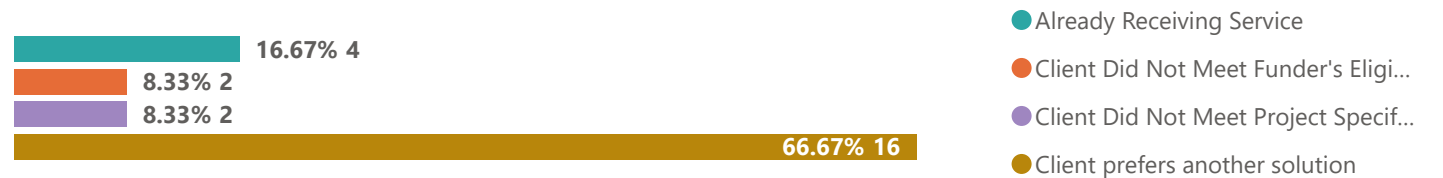
Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 2 - Coordinated Entry Singles Homeless Coordinated Assessment (SHCA)

Number of Individuals Served
Projected Individuals Served: 1200

971

Number of Referrals

198

Average Length of Time from
Assessment to Referral Placement

32

Max: 45 Days

Average Length of Time from Date of
Referral Placement to Referral Outcome

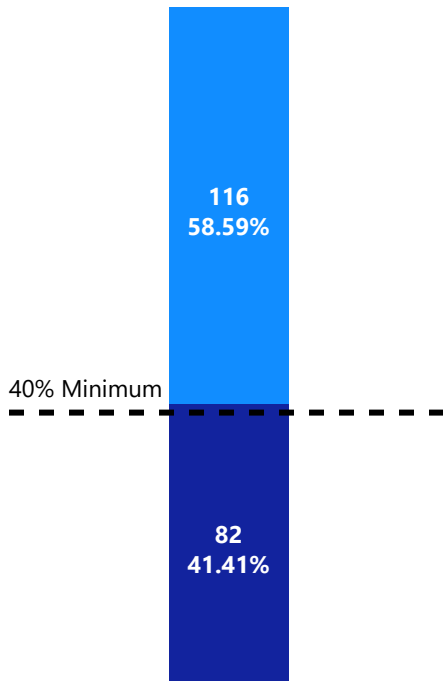
21

Max: 30 Days

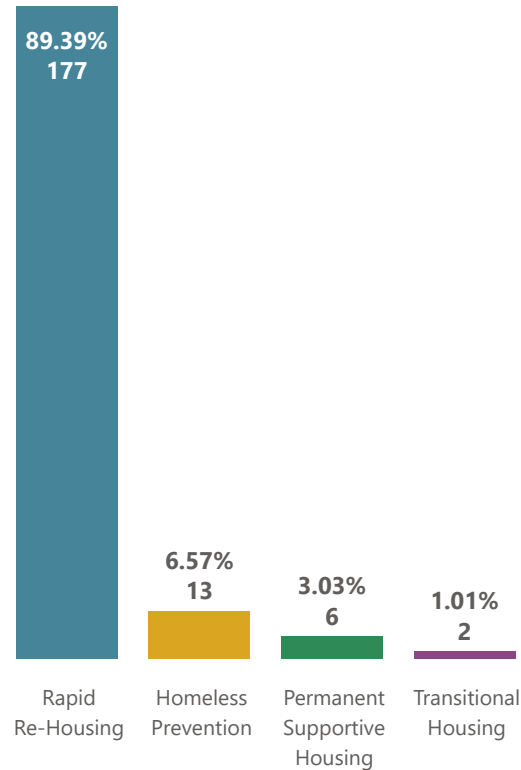
Percent of Referrals with Successful Outcomes

(Local Measure)

● Successful ● Unsuccessful



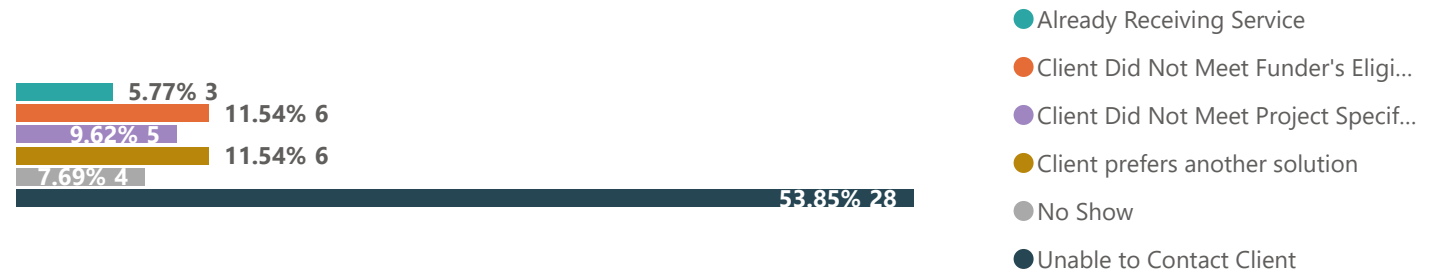
Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 2 - Coordinated Entry Youth & Young Adult Coordinated Entry (YYA CE)

Number of Individuals Served

Projected Individuals Served: 200

139

Number of Referrals

33

Average Length of Time from Assessment to Referral Placement

27

Max: 45 Days

Average Length of Time from Date of Referral Placement to Referral Outcome

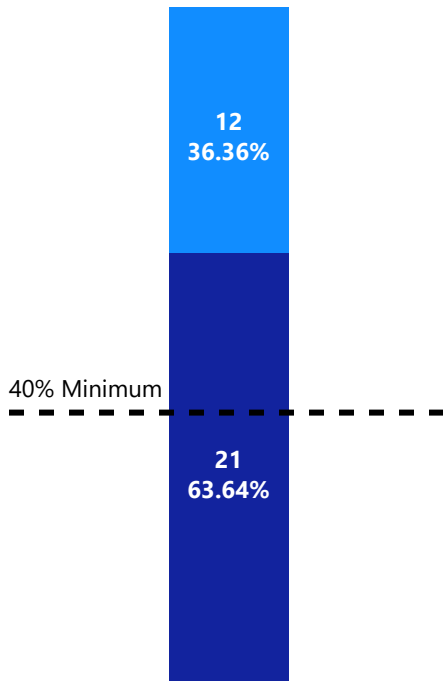
5

Max: 30 Days

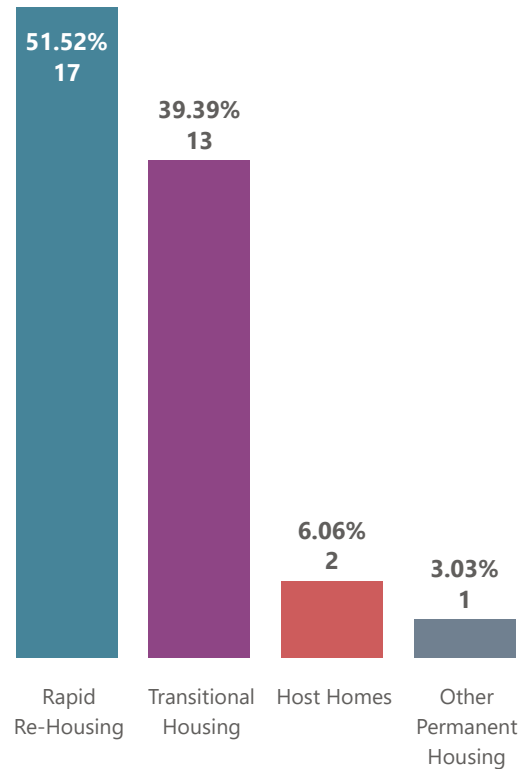
Percent of Referrals with Successful Outcomes

(Local Measure)

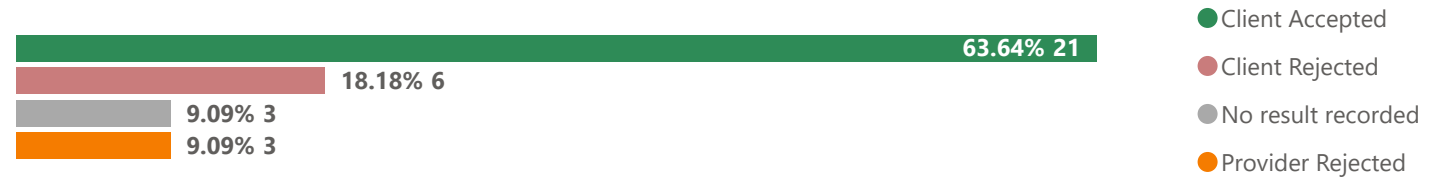
● Successful ● Unsuccessful



Referrals by Project-Type



Referral Results



Rejection Reason





Housing Services PY 2025-26 Quarterly Performance Report

Quarter 2 - Street Outreach

Street Outreach (SO): Providing case management to those who are unsheltered with the goal to exit them into Emergency Shelter, Transitional Housing, Permanent Supportive Housing or treatment facilities (if needed/requested).

Reporting Period: 08/1/2025 - 01/31/2026



Public Name: Volunteers of America - Street Outreach (YHDP)

HMIS Name: VOA--SO--YHDP

Grants:

- HUD: Continuum of Care (CoC) - Youth Homelessness Demonstration Program (YHDP)



Spend Down - Street Outreach



Q1

Q2

Q3

Q4

August September October November December January February March April May June July

● Sum of Total Spent ● Sum of Total Remaining

VOA--SO--YHDP

\$190,644 100.00%

0% 20% 40% 60% 80% 100%



Quarter 2 - Street Outreach Performance Overview

Number of Individuals Served

15

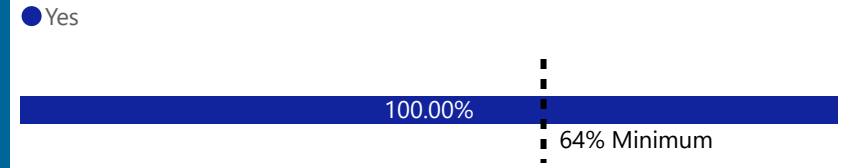
Average time from Date of Engagement to Successful Exit

No Client exited successfully from this project that had a Date of Engagement.
-- HMIS Team

Clients with a Date of Engagement

No Client have a recorded Date of Engagement.
-- HMIS Team

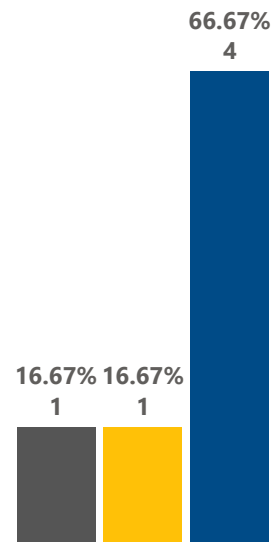
Serving those with Long Length of Homelessness



Exits from Street Outreach

● Currently Enrolled ● Sheltered ● Unsheltered

Min: 55% (Successful Exits)
Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(Clients with a Date of Engagement)

During the reporting period, no clients who exited with a date of engagement demonstrated growth in income at exit. This is not an error, but a reflection of the project's activity during this timeframe.

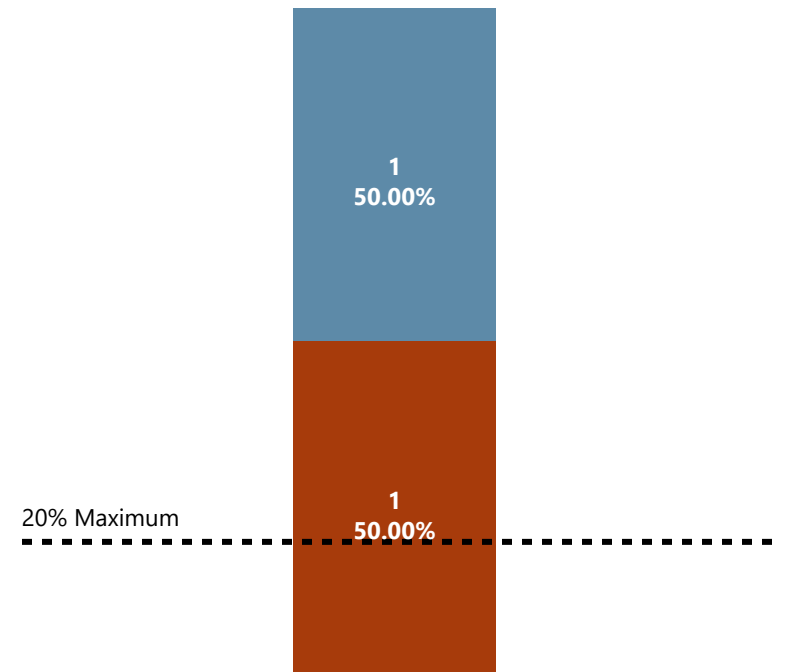
-- HMIS Team

35% Minimum

Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Street Outreach Volunteers of America - Street Outreach (YHDP)

Number of Individuals Served

15

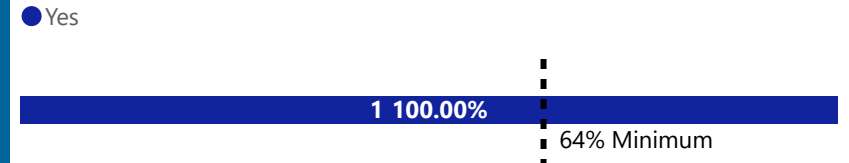
Average time from Date of Engagement to Successful Exit

No Client exited successfully from this project that had a Date of Engagement.
-- HMIS Team

Clients with a Date of Engagement

No Client have a recorded Date of Engagement.
-- HMIS Team

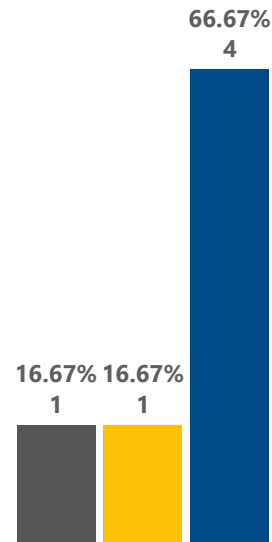
Serving those with Long Length of Homelessness



Exits from Street Outreach

● Currently Enrolled ● Sheltered ● Unsheltered

Min: 55% (Successful Exits)
Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(Clients with a Date of Engagement)

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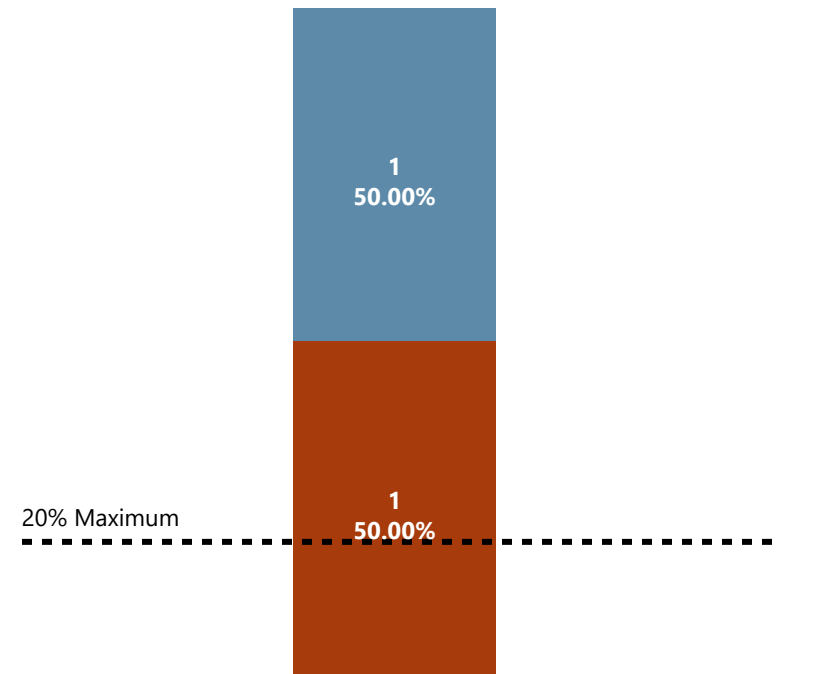
-- HMIS Team

35% Minimum

Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Transitional Housing

Transitional Housing (TH): One-to-Two year program offering intensive case management. Helps stabilize households and prepare them for independent living. Units are pre-identified.

Reporting Period: 08/1/2025 - 01/31/2026



Public Name: Saint Margaret's Shelter
HMIS Name: CC--TH--SMS--CoC-WA0109
Inventory: 36 Beds / 12 Units (Households with at least one adult and one child)

Grants:

- WA Dept. Commerce: System Demonstration Grant (SDG) - Standard
- HUD: Continuum of Care (CoC) - Transitional Housing



Public Name: Alexandria's House
HMIS Name: VOA--TH--Alexandrias House--CoC-WA0126
Inventory: 6 Beds / 3 Units (Households with at least one adult and one child), 6 Beds / 3 Units (Households with only children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)
- HUD: Continuum of Care (CoC) - Transitional Housing



Spend Down - Transitional Housing

Q1

Q2



Q3

Q4

August September October November December January February March April May June July

● Sum of Total Spent ● Sum of Total Remaining

CC--TH--SMS--CoC-WA0109

\$23,822.69 36.83%

\$40,852.31 63.17%

VOA--TH--Alexandrias House--CoC-WA0126

\$13,323.45 18.50%

\$58,680.55 81.50%

0% 20% 40% 60% 80% 100%



Quarter 2 - Transitional Housing Performance Overview

Number of Households Served

29

Average Length of Time Homeless (Days)
(SPM Metric 1a.2)

100

Max: 160 Days

Average Utilization Rate
(Bed)

48%

Min: 85%

Average Utilization Rate
(Unit)

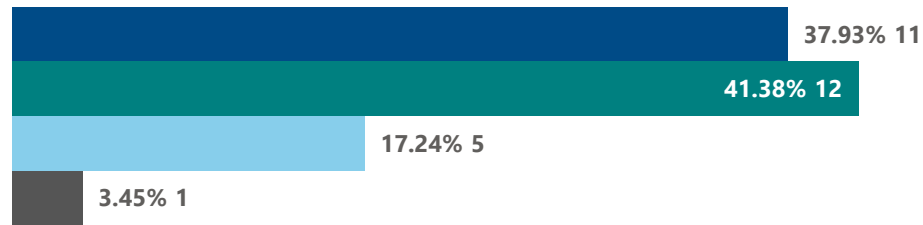
58%

Min: 85%

Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

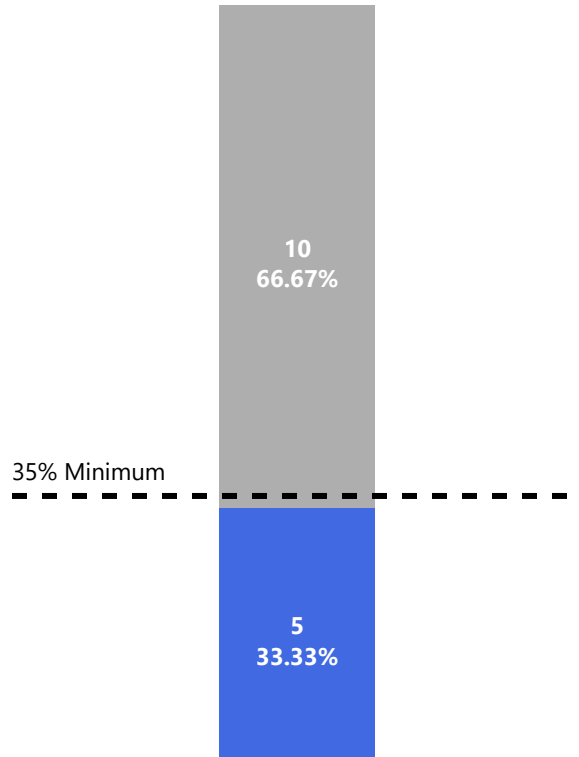
Min: 70% (Permanent)

- Currently Enrolled
- Permanent
- Temporary
- Unsheltered



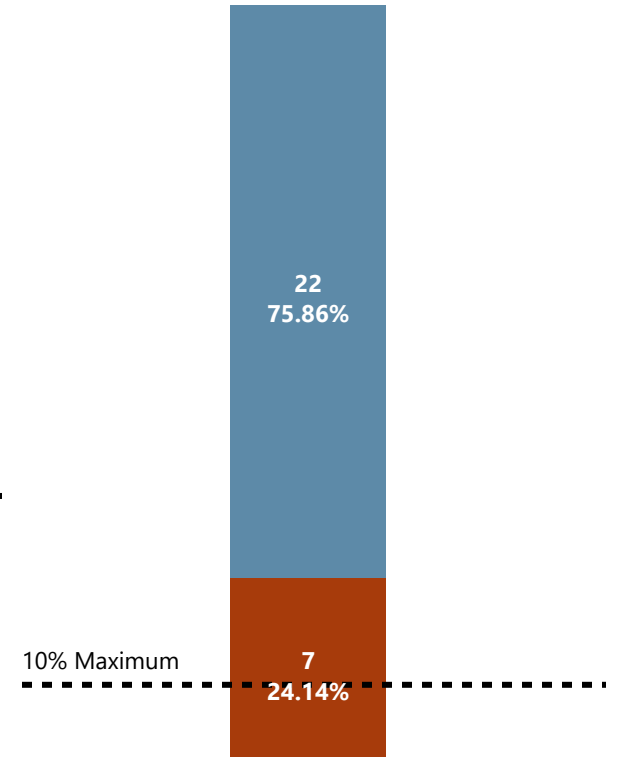
Employment and Income Growth (SPM Metric 4.6)

- Increase
- No Increase



Returns to Homelessness (SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Transitional Housing Catholic Charities - Saint Margaret's Shelter

Number of Households Served

24

Average Length of Time Homeless (Days)
(SPM Metric 1a.2)

106

Max: 160 Days

Average Utilization Rate
(Bed)

81%

Min: 85%

Average Utilization Rate
(Unit)

89%

Min: 85%

Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

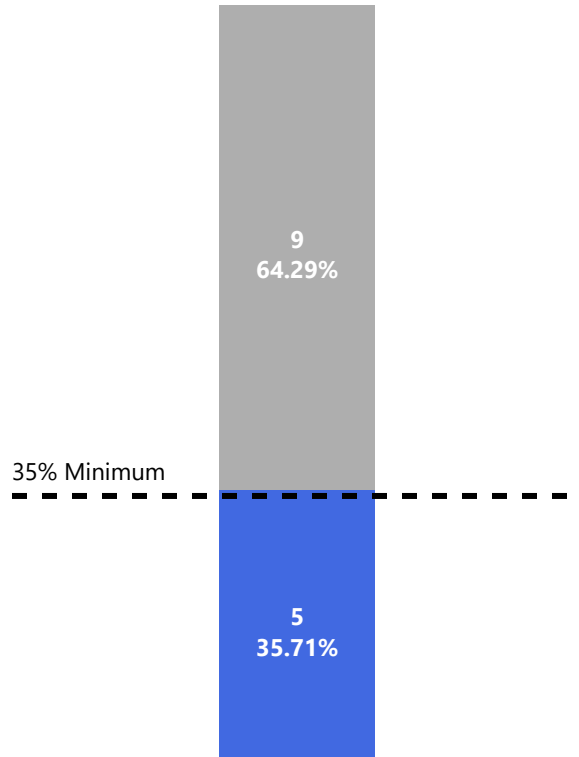
Min: 70% (Permanent)

- Currently Enrolled
- Permanent
- Temporary
- Unsheltered



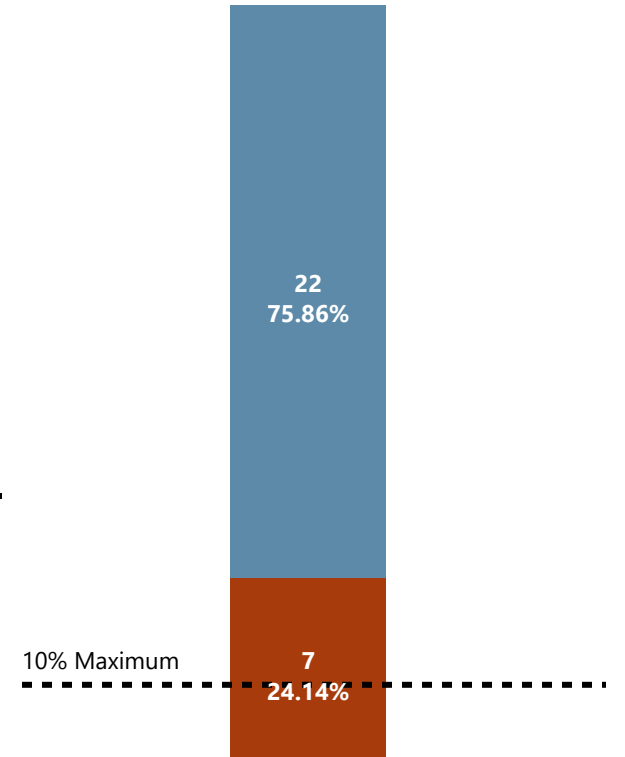
Employment and Income Growth (SPM Metric 4.6)

- Increase
- No Increase



Returns to Homelessness (SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Transitional Housing Volunteers of America - Alexandria's House

Number of Households Served

5

Average Length of Time Homeless (Days)
(SPM Metric 1a.2)

41

Max: 160 Days

Average Utilization Rate
(Bed)

15%

Min: 85%

Average Utilization Rate
(Unit)

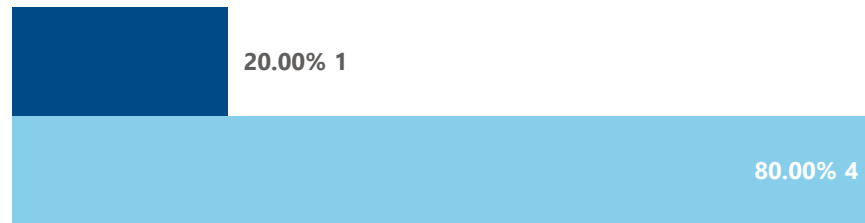
28%

Min: 85%

Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

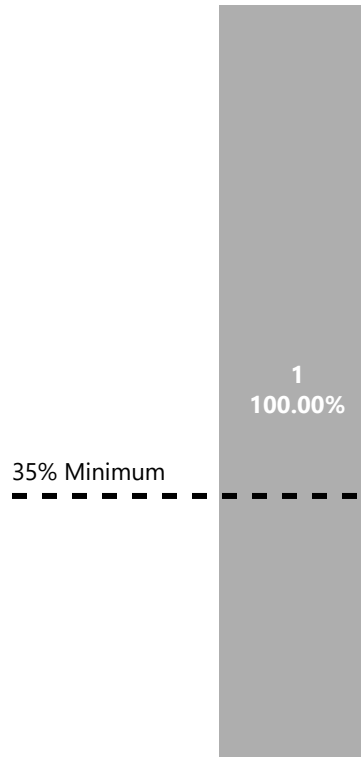
Min: 70% (Permanent)

- Currently Enrolled
- Temporary



Employment and Income Growth (SPM Metric 4.6)

- No Increase



Returns to Homelessness (SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

10% Maximum



Quarter 2 - Rapid Rehousing

Rapid Rehousing (RRH): Short to medium term rental assistance paired with case management. Households compete for housing in the open market as any other potential tenant.
Reporting Period: 08/1/2025 - 01/31/2026



Public Name: Families Rapid Rehousing
HMIS Name: CC--RRH--Families--CoC--WA0288

Grants:

- HUD: Continuum of Care (CoC) - Rapid Rehousing (RRH)



Public Name: Singles Rapid Rehousing
HMIS Name: SNAP--RRH--Families--CoC--WA0331

Grants:

- HUD: Continuum of Care (CoC) - Rapid Rehousing (RRH)



Public Name: Rapid Rehousing for Survivors of DV
HMIS Name:

- YWCA--RRH--Survivors of DV--WA0353
- YWCA--RRH--WA0420--RRH for Survivors of DV (Consolidated Into WA0353)

Grants:

- HUD: Continuum of Care (CoC) - Rapid Rehousing (RRH)



Spend Down - Rapid Re-Housing



Q1

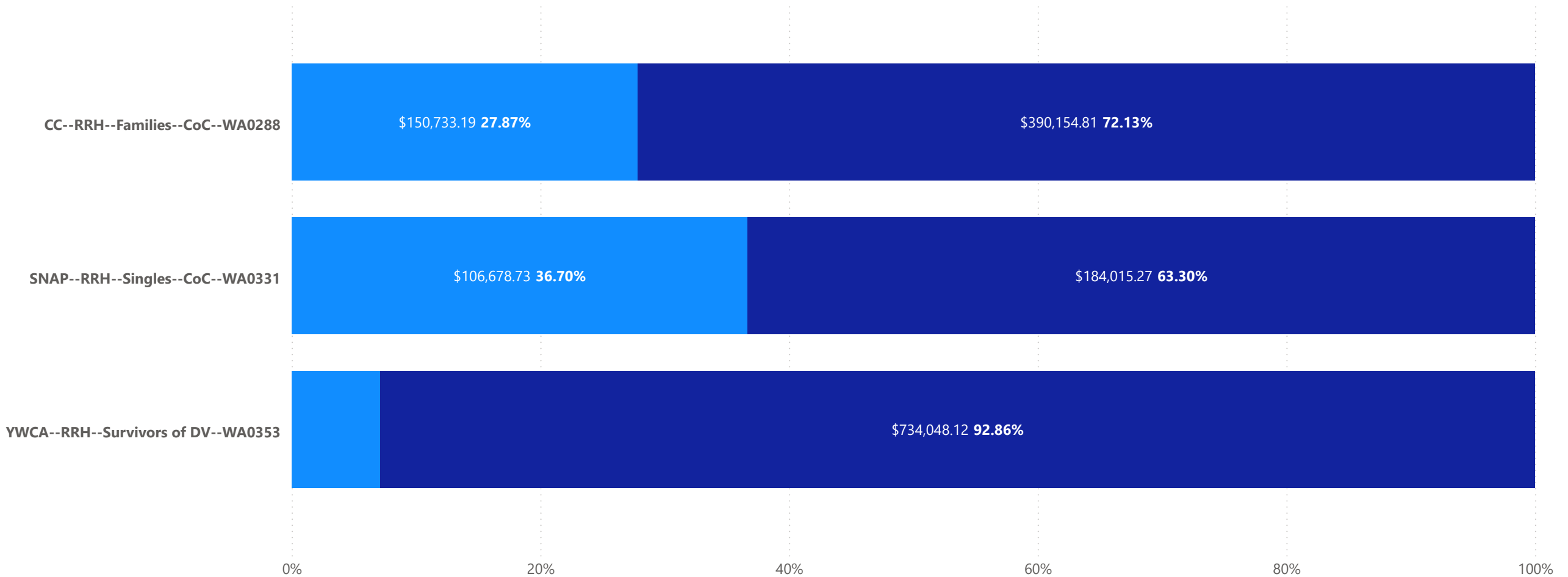
Q2

Q3

Q4

August September October November December January February March April May June July

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Rapid Rehousing Performance Overview

Number of Households Served

137

Households Served Moved into Housing
(Currently Housed - May be Receiving Subsidy)

106

Rapid Placement into Permanent Housing
(Custom Metric - Days)

49

Max: 60 Days

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

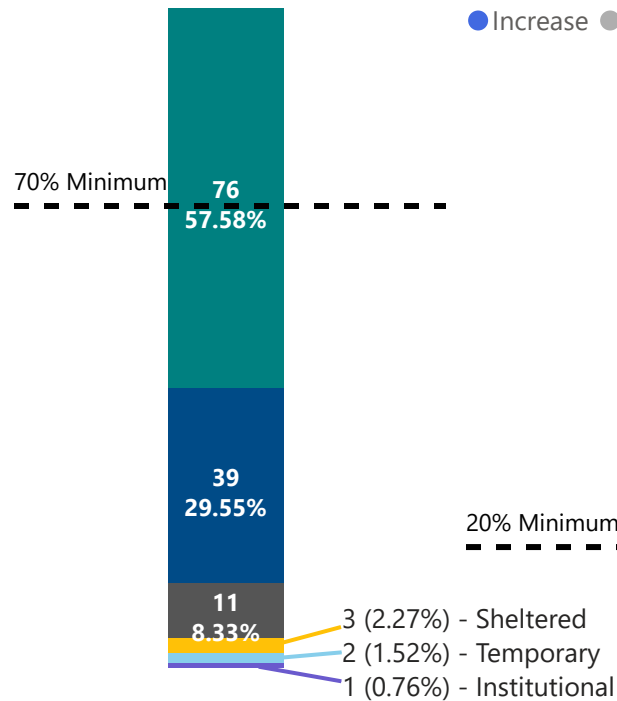
● Moved-In ● Not Moved-In



Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

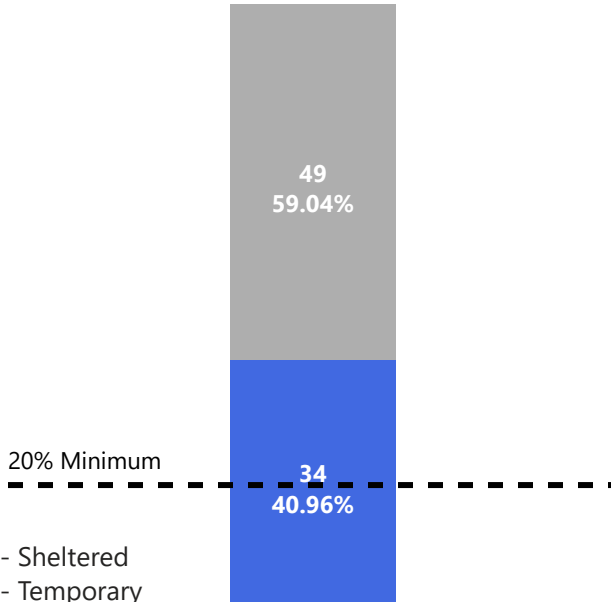
● Currently ...
 ● Institutional
 ● Permanent
 ● Sheltered
 ● Temporary
 ● Unshelter...



Employment and Income Growth

(SPM Metric 4.6)

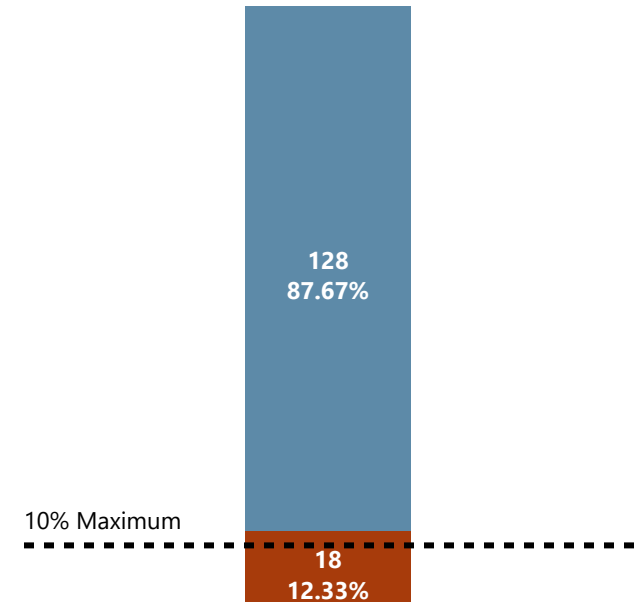
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Rapid Rehousing Catholic Charities - Families Rapid Rehousing

Number of Households Served

55

Households Served Moved into Housing
(Currently Housed - May be Receiving Subsidy)

42

Rapid Placement into Permanent Housing
(Custom Metric - Days)

49

Max: 60 Days

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

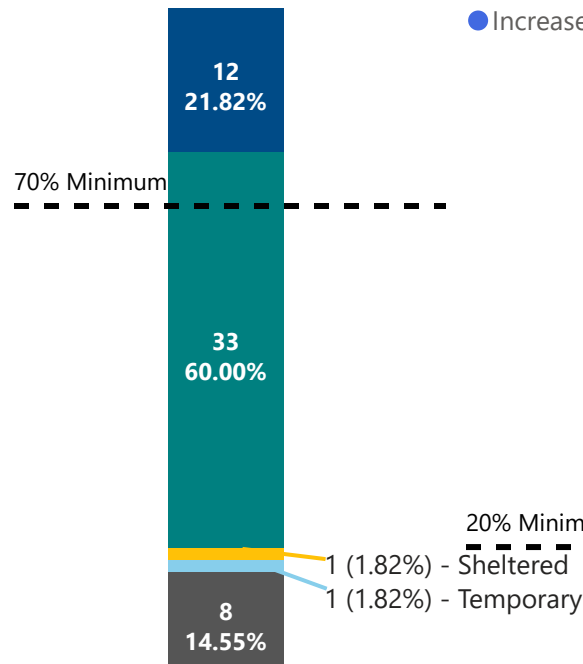
● Moved-In ● Not Moved-In



Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

● Currently ...
● Permanent
● Sheltered
● Temporary
● Unshelter...



Employment and Income Growth

(SPM Metric 4.6)

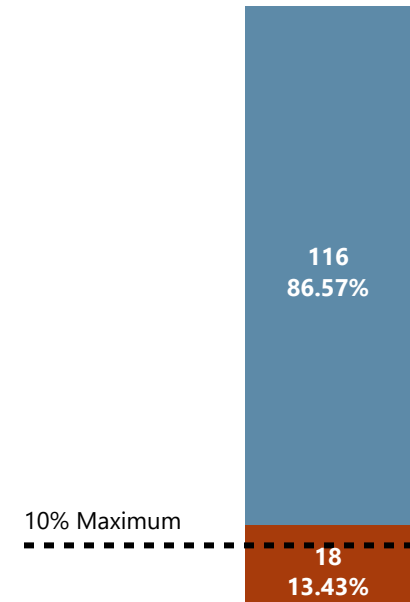
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Rapid Rehousing SNAP - Singles Rapid Rehousing

Number of Individuals Served

31

Households Served Moved into Housing
(Currently Housed - May be Receiving Subsidy)

18

Rapid Placement into Permanent Housing
(Custom Metric - Days)

53

Max: 60 Days

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

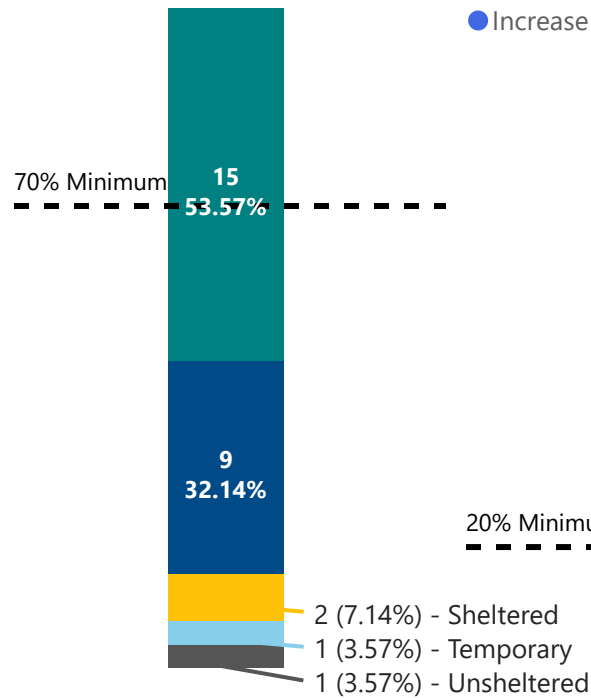
● Moved-In ● Not Moved-In



Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

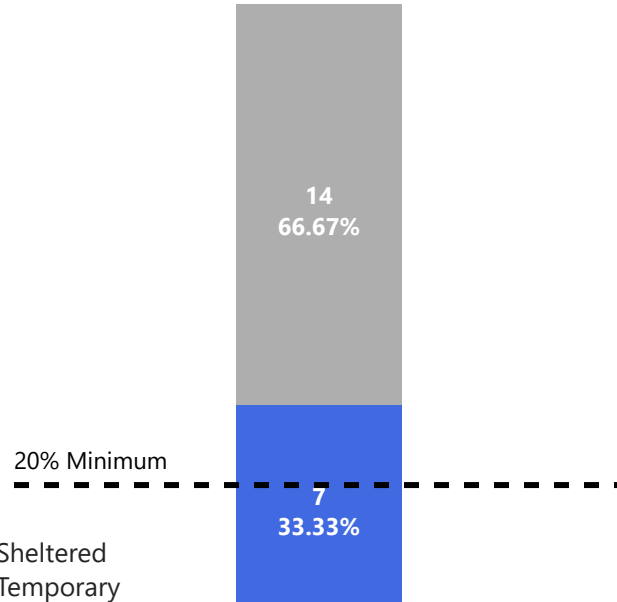
● Currently ...
● Permanent
● Sheltered
● Temporary
● Unshelter...



Employment and Income Growth

(SPM Metric 4.6)

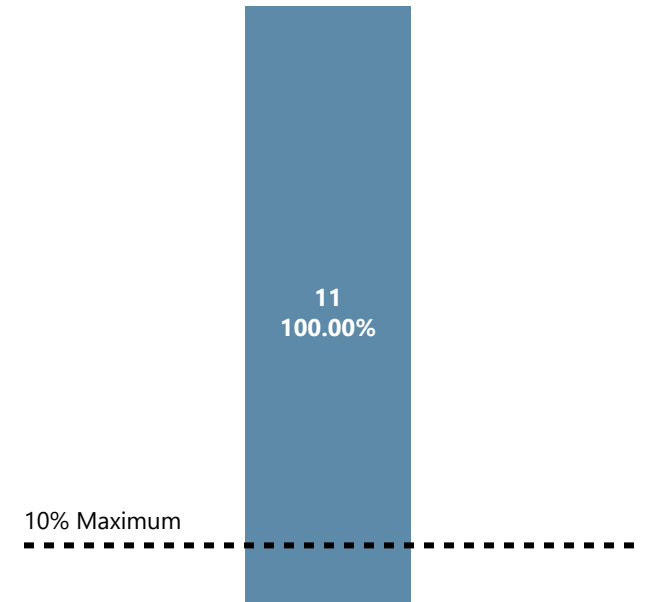
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Quarter 2 - Rapid Rehousing YWCA - Rapid Rehousing for Survivors of DV

Number of Households Served

53

Households Served Moved into Housing
(Currently Housed - May be Receiving Subsidy)

46

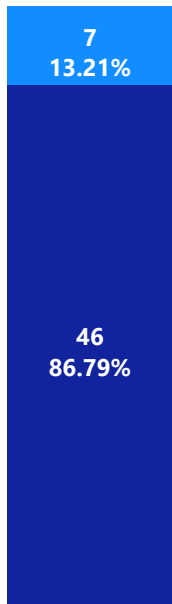
Rapid Placement into Permanent Housing
(Custom Metric - Days)

We are unable to surface this data as the YWCA uses a comparable database.

-- HMIS Team

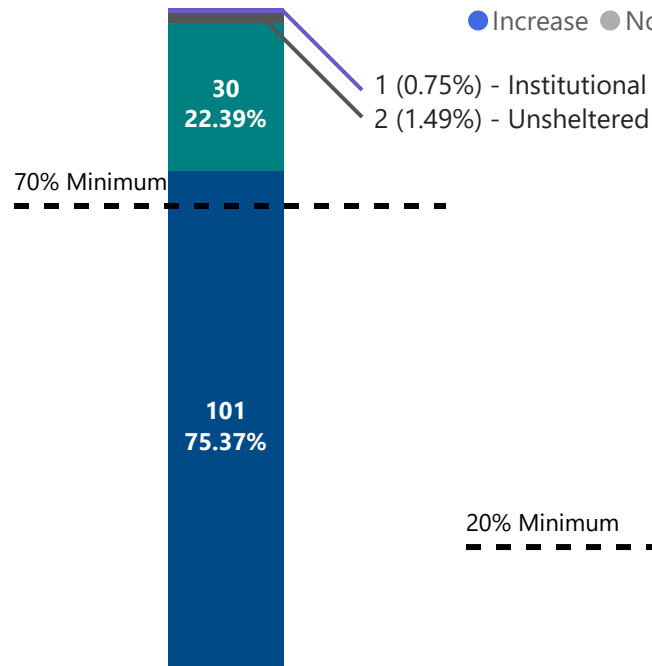
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



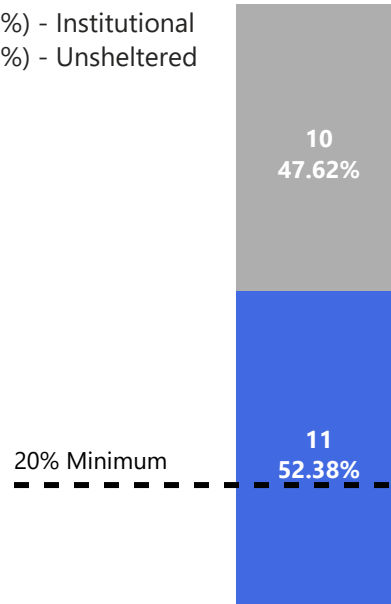
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

● Currently ...
● Institutional
● Permanent
● Unshelter...



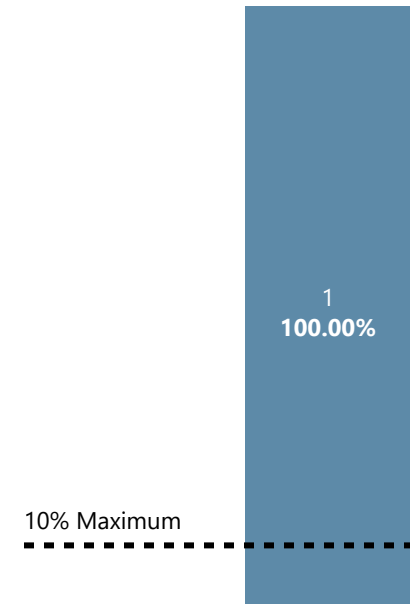
Employment and Income Growth (SPM Metric 4.6)

● Increase ● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return





Quarter 2 - Transitional Housing & Rapid Rehousing

Transitional Housing & Rapid Rehousing (TH/RRH): A hybrid project model introduced by HUD in 2017 that combines short-term transitional housing with rapid re-housing support. It offers temporary shelter, financial assistance, and participant-driven services to help individuals quickly transition into permanent housing.

Reporting Period: 08/1/2025 - 01/31/2026



Public Name: VOA - TH & RRH
HMIS Name: VOA--TH--YHDP, VOA--RRH--YHDP
Inventory: 11 Units (Households without children)

Grants:

- HUD: Continuum of Care (CoC) - YHDP



Public Name: FPS - TH & RRH
HMIS Name: FPS--TH--YHDP, FPS--RRH--YHDP
Inventory: 2 Units (Households with at least one adult and one child)

Grants:

- HUD: Continuum of Care (CoC) - YHDP



Spend Down - Transitional Housing & Rapid Rehousing

Q1

Q2



Q3

Q4

August September October November December January February March April May June July

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Transitional Housing & Rapid Rehousing Performance Overview

Number of Households Served	Avg. LoT Homeless (Days) (TH - SPM Metric 1a.2)	Average Utilization Rate (TH - Bed)	Average Utilization Rate (TH - Unit)	Households Served Moved into Housing	Rapid Placement into Permanent Housing Max: 60 Days
119	Max: 160 Days 241	Min: 85% 106%	Min: 85% 106%	74	55

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

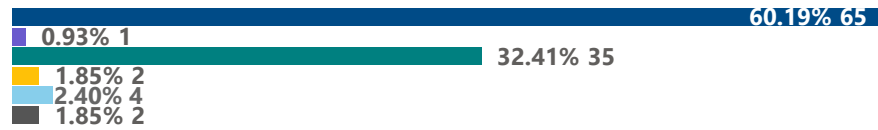
● Moved-In ● Not Moved-In



- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered

Exits to Permanent Housing (TH)

(SPM Metric 7b.1 - All Clients)



Exits to Permanent Housing (RRH)

(SPM Metric 7b.1 - All Clients)

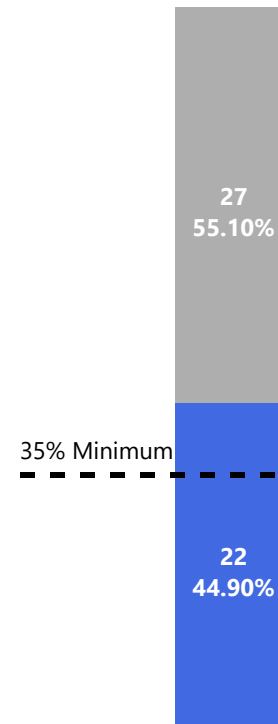
- Currently Enrolled
- Permanent



Employment and Income Growth

(SPM Metric 4.6)

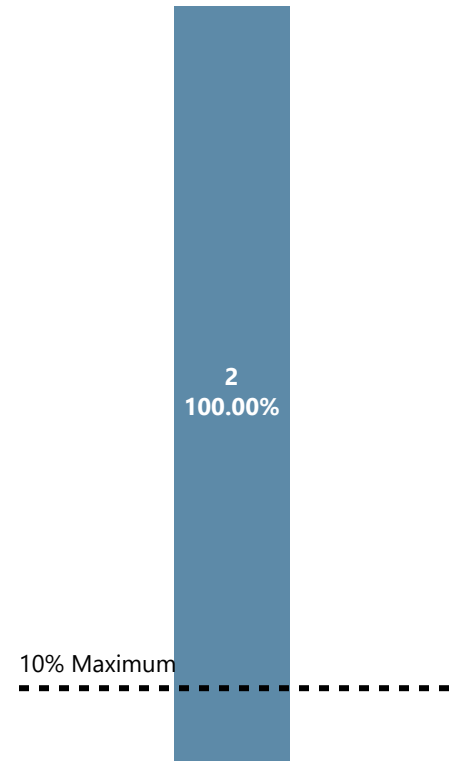
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Quarter 2 - Transitional Housing & Rapid Rehousing Family Promise of Spokane - YHDP

Number of Households Served

36

Avg. LoT Homeless (Days)
(TH - SPM Metric 1a.2)

Max: 160 Days

138

Average Utilization Rate
(TH - Bed)

Min: 85%

117%

Average Utilization Rate
(TH - Unit)

Min: 85%

125%

Households Served Moved into Housing

23

Rapid Placement into Permanent Housing

Max: 60 Days

68

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

Moved-In Not Moved-In



Currently Enrolled
Permanent
Unsheltered

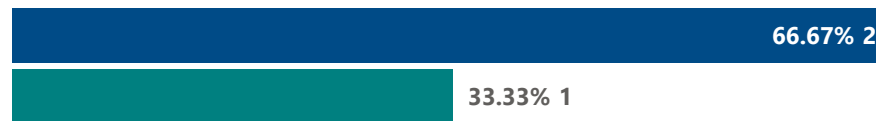
Exits to Permanent Housing (TH)

(SPM Metric 7b.1 - All Clients)



Exits to Permanent Housing (RRH)

(SPM Metric 7b.1 - All Clients)

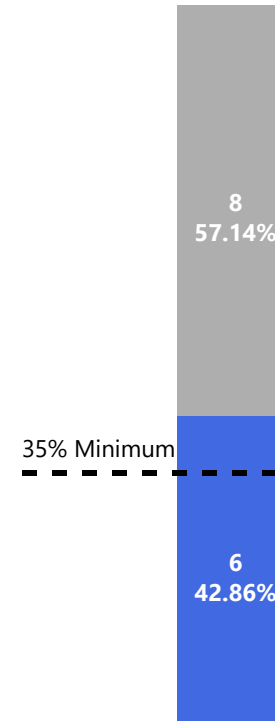


Currently Enrolled
Permanent

Employment and Income Growth

(SPM Metric 4.6)

Increase No Increase



35% Minimum

Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

10% Maximum



Quarter 2 - Transitional Housing & Rapid Rehousing Volunteers of America - YHDP

Number of Households Served

83

Avg. LoT Homeless (Days)
(TH - SPM Metric 1a.2)

Max: 160 Days

303

Average Utilization Rate
(TH - Bed)

Min: 85%

91%

Average Utilization Rate
(TH - Unit)

Min: 85%

91%

Households Served Moved into Housing

51

Rapid Placement into Permanent Housing

Max: 60 Days

63

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

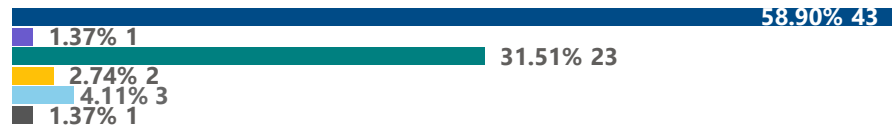
Moved-In Not Moved-In



- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered

Exits to Permanent Housing (TH)

(SPM Metric 7b.1 - All Clients)



Exits to Permanent Housing (RRH)

(SPM Metric 7b.1 - All Clients)

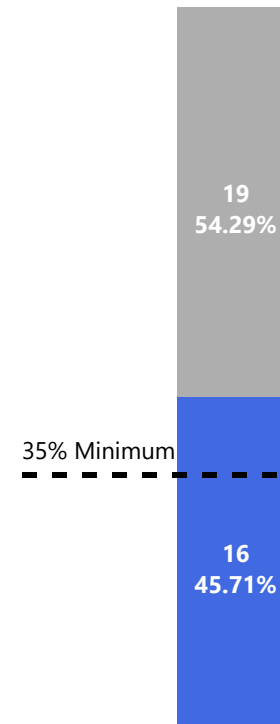
- Currently Enrolled



Employment and Income Growth

(SPM Metric 4.6)

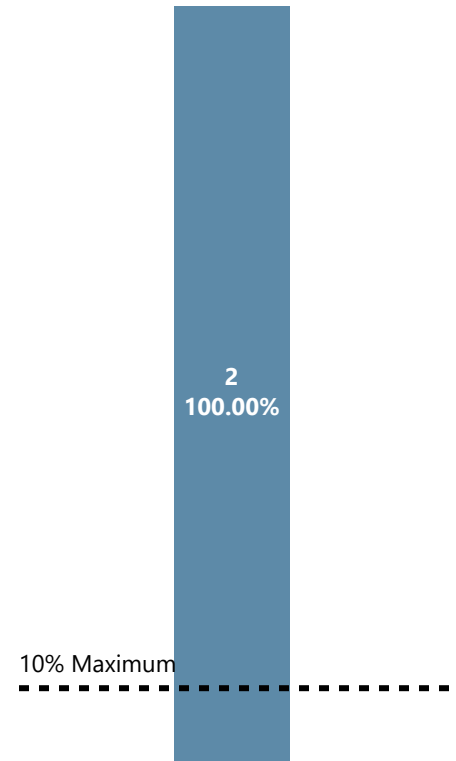
Increase No Increase



Returns to Homelessness

(SPM Metric 2b)

Did Not Return





Quarter 2 - Permanent Supportive Housing

Permanent Supportive Housing (PSH): Permanent subsidy paired with case management. Most PSH units offer a Housing Choice Voucher after one-year of successful tenancy. Units are pre-identified.

Reporting Period: 08/1/2025 - 01/31/2026



Public Name: PSH Scattered Sites
HMIS Name: CC--PSH--WA0512
Inventory: 105 Beds / 35 Units (Households with at least one adult and one child)

Grants:

- HUD: Continuum of Care (CoC) - Permanent Supportive Housing



Public Name: PSH Consolidation WA0374
HMIS Name:

- CC--PSH--WA0374
- CC--PSH--WA0285 (Consolidated Into WA0374)
- CC--PSH--WA0418 (Consolidated Into WA0374)

Inventory: 90 Beds / 90 Units (Households without children)

Grants:

- HUD: Continuum of Care (CoC) - Permanent Supportive Housing



Public Name: PSH - Scattered Sites WA0130
HMIS Name:

- VOA--PSH--WA0130
- VOA--PSH--The Marilee Apts (Consolidated Into WA0130)
- VOA--PSH--Hope House East (Consolidated Into WA0130)
- VOA--PSH--Hope House West (Consolidated Into WA0130)
- VOA--PSH--WA0111 (Consolidated Into WA0130)
- VOA--PSH--WA0457 (Consolidated Into WA0130)
- VOA--PSH--WA0511 (Consolidated Into WA0130)

Inventory: 156 Beds / 156 Units (Households without children)

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)
- HUD: Continuum of Care (CoC) - Permanent Supportive Housing



Spend Down - Permanent Supportive Housing

Q1

Q2

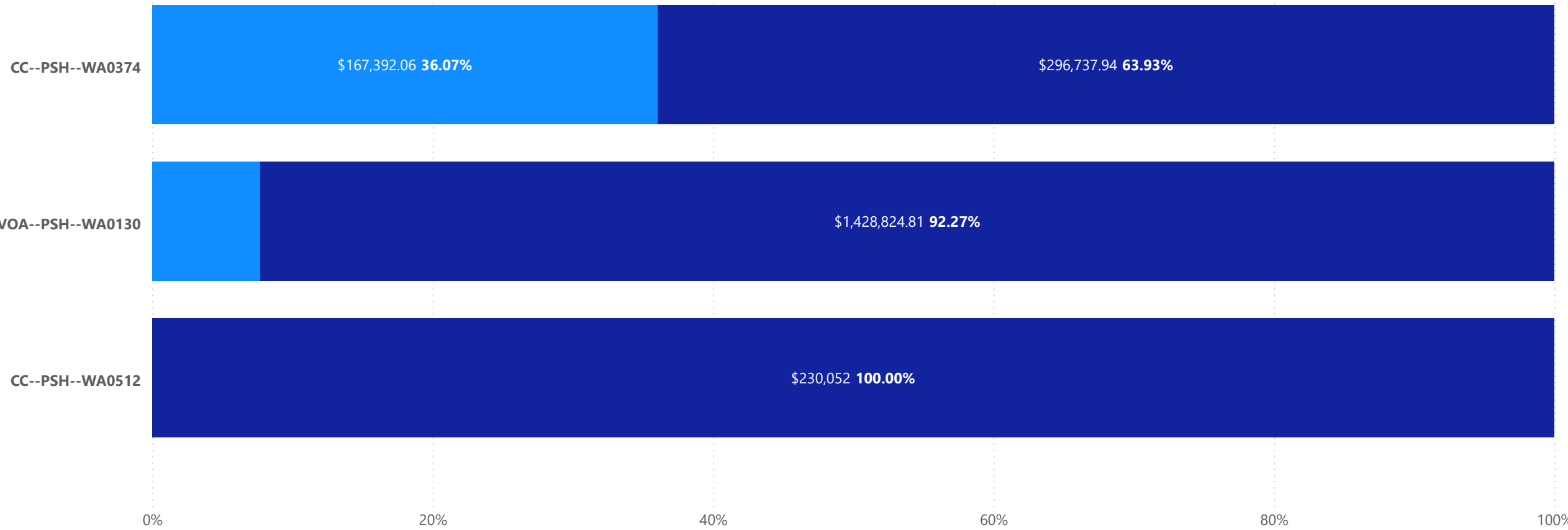


Q3

Q4

August September October November December January February March April May June July

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Permanent Supportive Housing Performance Overview

Number of Households Served

266

Average Rate of Utilization
(Bed)

84%

Min: 85%

Average Rate of Utilization
(Unit)

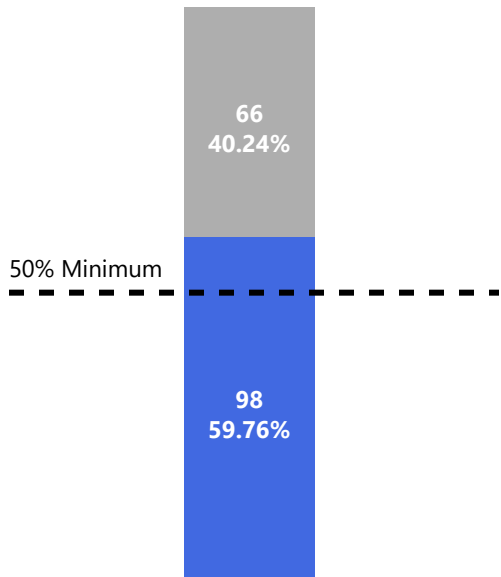
84%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

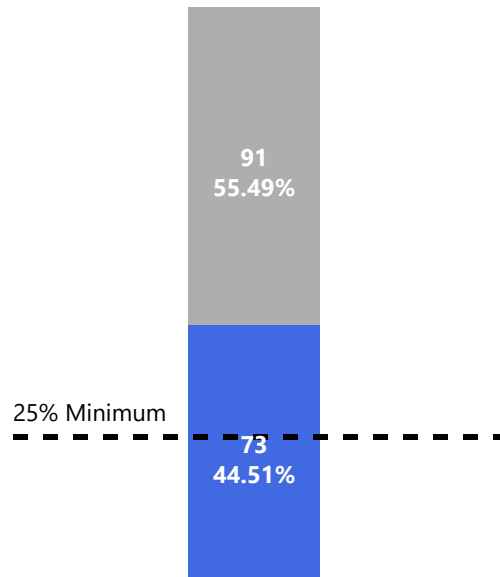
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

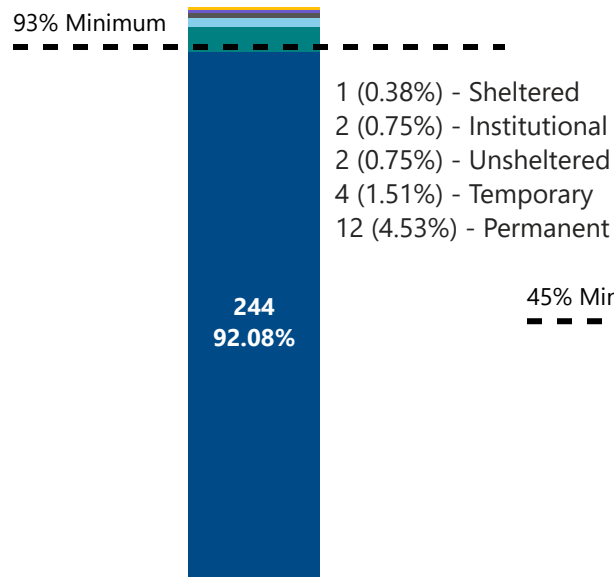
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

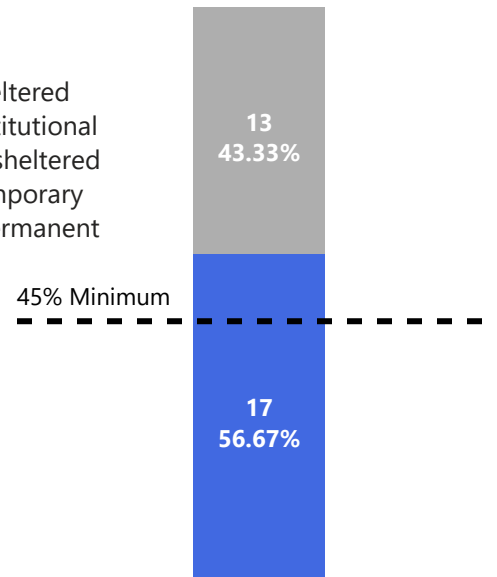
● Institutional ● Permanent



Employment and Income Growth for Leavers

(SPM Metric 4.6)

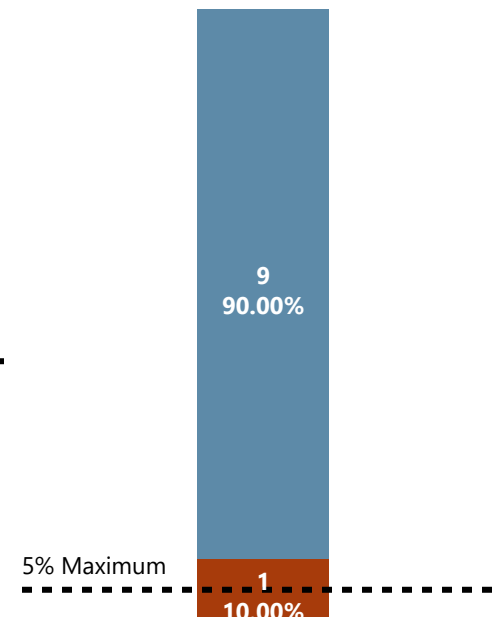
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Permanent Supportive Housing Catholic Charities - PSH Scattered Sites WA0512

Number of Households Served

36

Average Rate of Utilization
(Bed)

90%

Min: 85%

Average Rate of Utilization
(Unit)

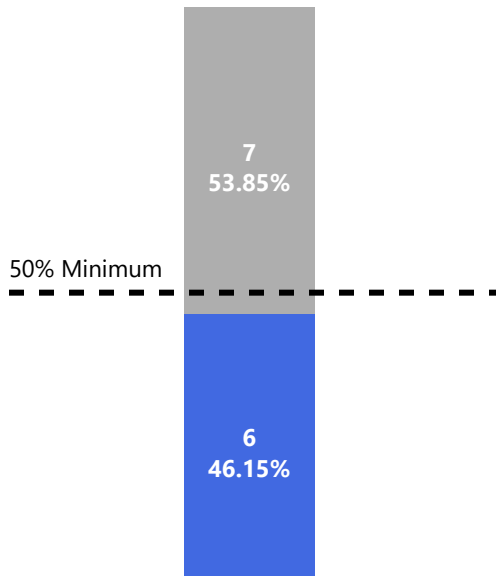
88%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

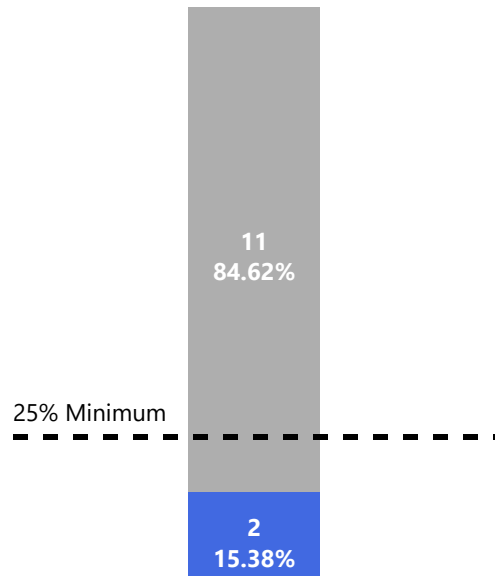
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

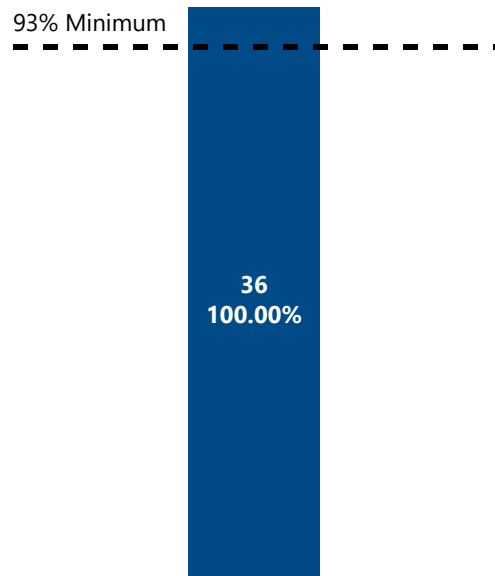
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

● Retention



Employment and Income Growth for Leavers

(SPM Metric 4.6)

During the reporting period, no clients exited the project. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

45% Minimum

5% Maximum



Quarter 2 - Permanent Supportive Housing Catholic Charities - PSH Consolidated WA0374

Number of Households Served

85

Average Rate of Utilization
(Bed)

84%

Min: 85%

Average Rate of Utilization
(Unit)

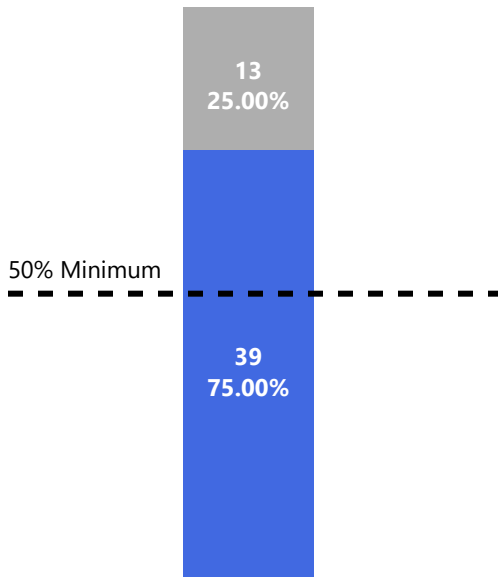
79%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

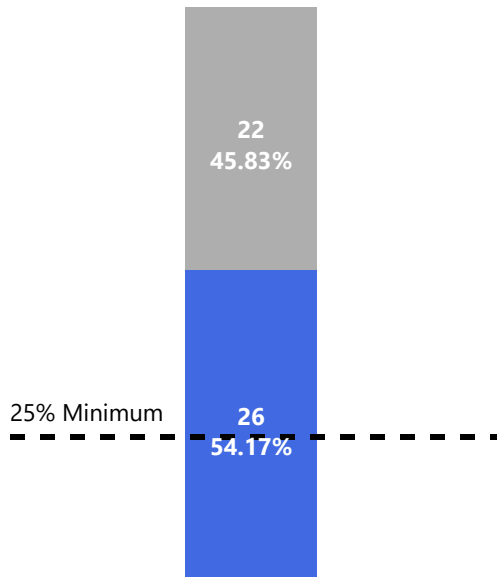
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

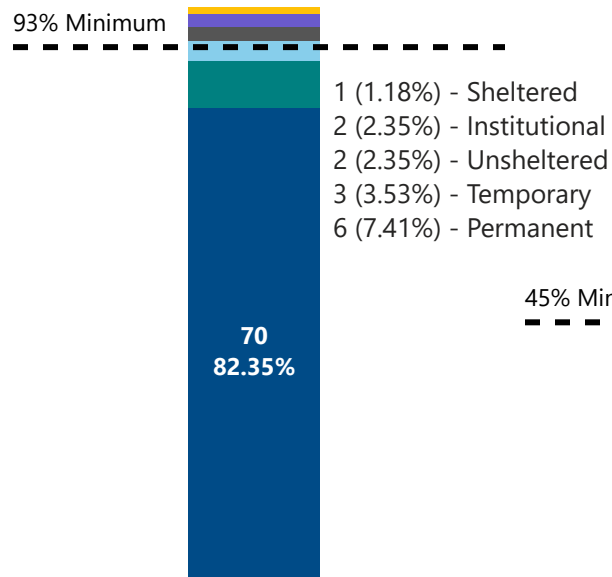
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

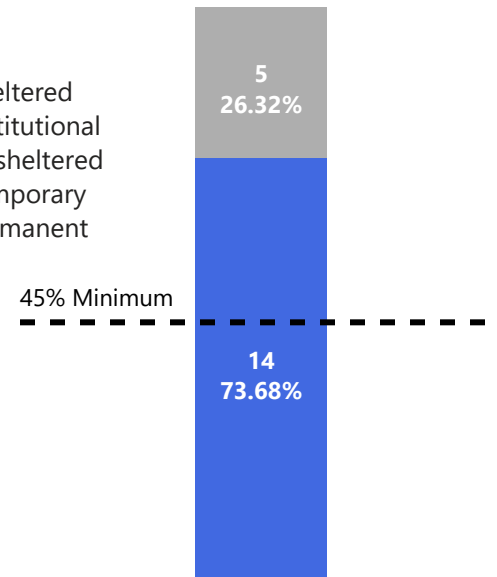
● Institutional ● Permanent



Employment and Income Growth for Leavers

(SPM Metric 4.6)

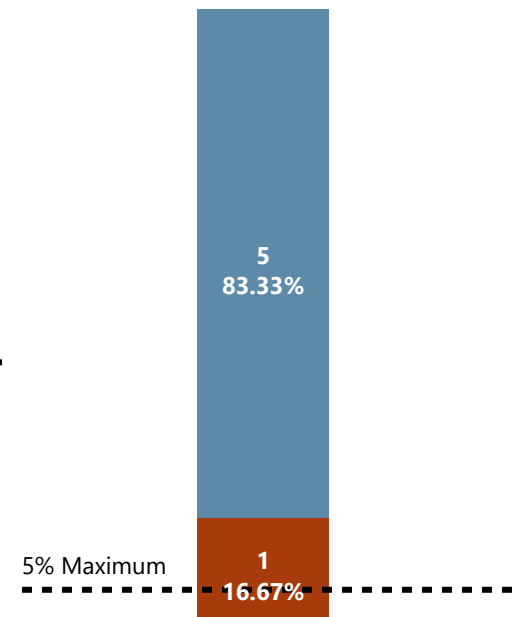
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Permanent Supportive Housing Volunteers of America - PSH Scattered Sites WA0130

Number of Households Served

145

Average Rate of Utilization
(Bed)

82%

Min: 85%

Average Rate of Utilization
(Unit)

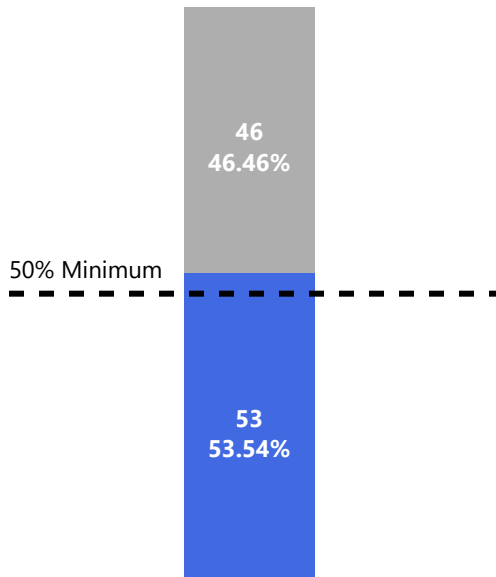
80%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

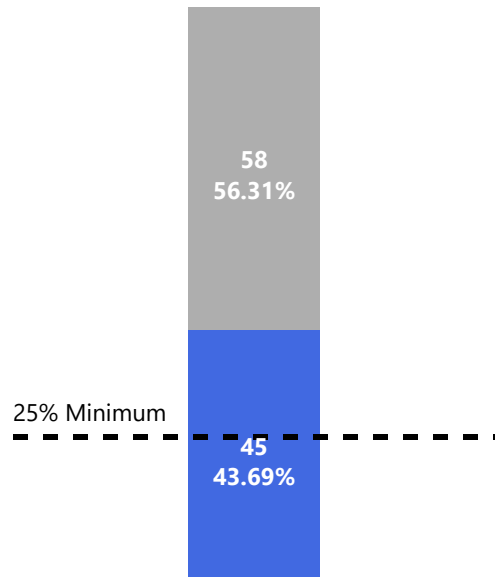
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

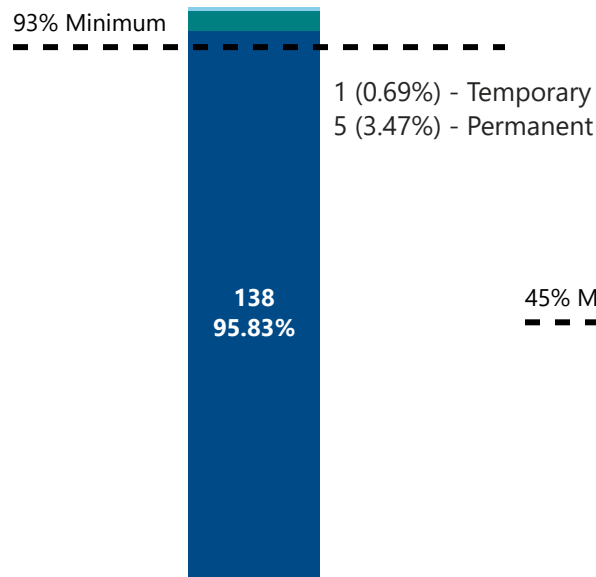
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

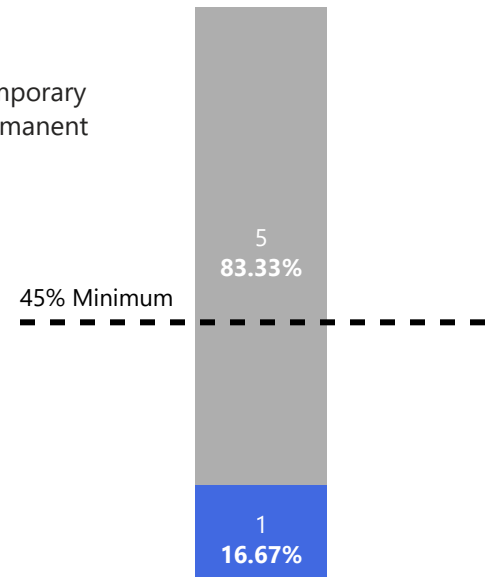
● Permanent ● Retention ● Temporary



Employment and Income Growth for Leavers

(SPM Metric 4.6)

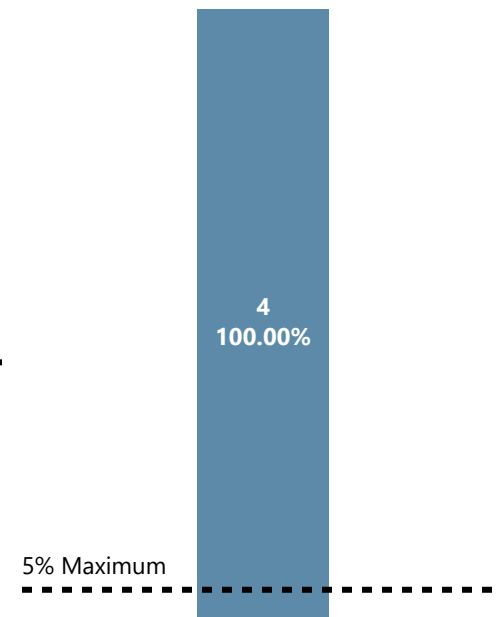
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Housing Services (CoC) PY 2025-26 Quarterly Performance Report

Quarter 2 - Supportive Services Only

Supportive Services Only (SSO): Providing stand-alone supportive services to specific populations.
Reporting Period: 08/1/2025 - 01/31/2026



Public Name: Host Homes (YHDP)
HMIS Name: CC--SSO--Host Homes--YHDP

Grants:

- HUD: Continuum of Care (CoC) - YHDP



Spend Down - Supportive Services Only

Q1

Q2



Q3

Q4

August

September

October

November

December

January

February

March

April

May

June

July

● Sum of Total Spent ● Sum of Total Remaining

CC--SSO--Host Homes--YHDP

\$77,919 100.00%

0%

20%

40%

60%

80%

100%



Quarter 2 - Supportive Services Only Performance Overview

Number of Individuals Served

8

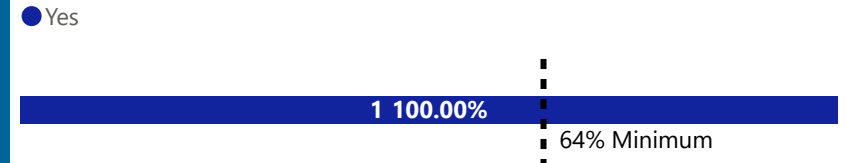
Average time from Date of Engagement to Successful Exit

No Client exited successfully from this project that had a Date of Engagement.
-- HMIS Team

Clients with a Date of Engagement

No Client have a recorded Date of Engagement.
-- HMIS Team

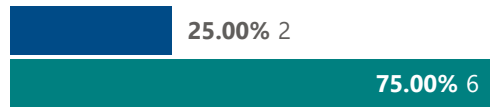
Serving those with Long Length of Homelessness



Exits

(All Clients)

- Currently Enrolled
- Permanent



Exits

(Only W/ Date of Engagement)

During the reporting period, no clients who exited had a date of engagement. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

Employment and Income Growth

(SPM Metric 4.6 - Only W/ Date of Engagement)

During the reporting period, no clients who exited with a date of engagement demonstrated growth in income at exit. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

35% Minimum

20% Maximum



Quarter 2 - Supportive Services Only Catholic Charities - Host Homes (YHDP)

Number of Individuals Served

8

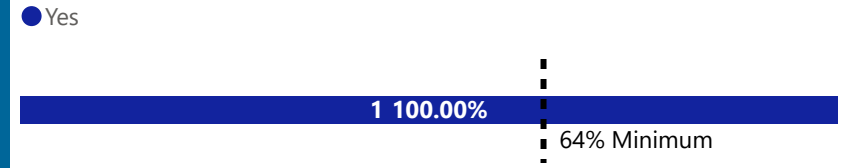
Average time from Date of Engagement to Successful Exit

No Client exited successfully from this project that had a Date of Engagement.
-- HMIS Team

Clients with a Date of Engagement

No Client have a recorded Date of Engagement.
-- HMIS Team

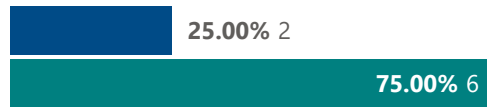
Serving those with Long Length of Homelessness



Exits

(All Clients)

- Currently Enrolled
- Permanent



Exits

(Only W/ Date of Engagement)

During the reporting period, no clients who exited had a date of engagement. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

Employment and Income Growth

(SPM Metric 4.6 - Only W/ Date of Engagement)

During the reporting period, no clients who exited with a date of engagement demonstrated growth in income at exit. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

35% Minimum

Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

20% Maximum



Quarter 2 - Unknown Exits All Projects

Program Name	VOA--SO--YHDP		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients
Unknown	9	60.00%	9	60.00%
Currently Enrolled	4	26.67%	4	26.67%
Sheltered	1	6.67%	1	6.67%
Unsheltered	1	6.67%	1	6.67%
Total	15	100.00%	15	100.00%

Program Name	CC--TH--SMS--CoC-WA0109		VOA--TH--Alexandrias House--CoC-WA0126		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Currently Enrolled	21	27.27%	1	1.30%	22	28.57%
Permanent	35	45.45%	1	1.30%	36	46.75%
Temporary	7	9.09%	5	6.49%	12	15.58%
Unsheltered	7	9.09%			7	9.09%
Total	70	90.91%	7	9.09%	77	100.00%



Quarter 2 - Unknown Exits All Projects

Program Name	CC--RRH--Families--CoC--WA0288		SNAP--RRH--Singles--CoC--WA0331		YWCA--RRH--WA0353 and WA0453		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown			3	0.88%	2	0.59%	5	1.47%
Currently Enrolled	37	10.88%	9	2.65%	101	29.71%	147	43.24%
Institutional					1	0.29%	1	0.29%
Permanent	108	31.76%	15	4.41%	30	8.82%	153	45.00%
Sheltered	2	0.59%	2	0.59%			4	1.18%
Temporary	2	0.59%	1	0.29%			3	0.88%
Unsheltered	24	7.06%	1	0.29%	2	0.59%	27	7.94%
Total	173	50.88%	31	9.12%	136	40.00%	340	100.00%

Program Name	FPS--RRH--YHDP		FPS--TH--YHDP		VOA--RRH--YHDP		VOA--TH--YHDP		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown	3	1.64%			9	4.92%	4	2.19%	13	7.10%
Currently Enrolled	55	30.05%	6	3.28%	43	23.50%	9	4.92%	99	54.10%
Institutional					1	0.55%			1	0.55%
Permanent	30	16.39%	3	1.64%	23	12.57%			56	30.60%
Sheltered					2	1.09%			2	1.09%
Temporary	1	0.55%			3	1.64%			4	2.19%
Unsheltered	8	4.37%	1	0.55%	1	0.55%			9	4.92%
Total	97	53.01%	10	5.46%	82	44.81%	13	7.10%	183	100.00%



Quarter 2 - Unknown Exits All Projects

Program Name		VOA--PSH--WA0130		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	
Unknown	1	0.67%	1	0.67%	
Permanent	5	3.36%	5	3.36%	
Retention	142	95.30%	142	95.30%	
Temporary	1	0.67%	1	0.67%	
Total	149	100.00%	149	100.00%	

Program Name		CC--SSO--Host Homes--YHDP		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	
Currently Enrolled	2	25.00%	2	25.00%	
Permanent	6	75.00%	6	75.00%	
Total	8	100.00%	8	100.00%	

Homeless Service Provider Narrative Response Worksheet

Instructions

Complete this worksheet for each project that does not meet the minimum performance standard for any metric in accordance with the Spokane Regional 5-Year Plan. Submit worksheet to the assigned program professional(s) listed in the email.

Project Information

Project Name: CC—CA--HFCA	Service Type: Coordinated Entry	Reporting Period: 08/01/2025- 01/31/2026	Date Submitted: 2/25/26
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Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Percentage of Referrals with Successful Outcomes	40%	15.63%	-24.37
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

Include any challenges, barriers, or external factors that may have contributed to the underperformance (e.g., funding shortages, staffing challenges, changes in local demographics, etc.). If applicable, explain whether any data collection or reporting issues may have impacted performance.

- The percentage of referrals with successful outcomes was 15.63% resulting in a variance of -24.37. There continue to be referrals left in HMIS with no result recorded. HFCA decentralized with satellite sites becoming responsible for their own data entry. While this provides the opportunity potentially for more households to be served it requires HFCA to provide additional oversight to satellites to ensure complete and accurate data entry in HMIS.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.

- In the next quarter we will ensure that staff and satellite sites will utilize the CE Event and record referral outcomes in a timely manner. We will run bi-weekly reports to ensure the outcomes are recorded correctly. Intake staff and satellites will receive additional training if they are not entering the information.
- With each referral sent out we will include a one-sheet guide on how to accept and record referrals.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

Identify any milestones or specific dates by which key actions or improvements are expected.

- The above will immediately implemented.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.

➤ Click or tap here to enter text.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CC—TH—SMS—CoC- WA0109	Transitional Housing	08/01/2025- 01/31/2026	2/25/26

Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
<i>Average Utilization per bed</i>	85%	81%	-4%
<i>Returns to Homelessness</i>	10%	24.14%	14.4%

- For returns to homelessness, the reported rate is 24.14% which exceeds the 10% goal. This variance is attributed to families reentering the homeless' system during the reporting period. These families returning were due to domestic violence incidents and moving with relatives or friends but later determined the living situation was not stable and had to move. These circumstances resulted in a return to homelessness.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.

- Case managers have received and will continue to receive ongoing training on domestic violence awareness, safety planning, and trauma-informed practices to better support clients in identifying and transitioning into safe, stable housing environments. Strengthening staff competency in this area is a key priority.
- Case managers are placing increased emphasis on supporting clients in securing independent, permanent housing rather than arrangements with family or friends, which can sometimes lead to unstable or unsafe situations. This shift is intended to reduce the likelihood of clients returning homelessness due to breakdowns in informal living arrangements.
- Average utilization of beds did not meet 85% minimum the reported rate was 81% for a -4% variance. This is due to a unit being utilized but the size of the family being less than the standard three per room we average this outcome on.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

Identify any milestones or specific dates by which key actions or improvements are expected.

- This will be implemented immediately; improvements should be made in the next quarter.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.



Homeless Service Provider Narrative Response Worksheet

Instructions

Complete this worksheet for each project that does not meet the minimum performance standard for any metric in accordance with the Spokane Regional 5-Year Plan. Submit worksheet to the assigned program professional(s) listed in the email.

Project Information

Project Name: CC-RRH-CoC- WA0288	Service Type: .Rapid Rehousing	Reporting Period: 8/1/25-1/31/26	Date Submitted: 2/25/26
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Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Returns to Homelessness	10%	13.43	-3.43%

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

Returns to Homelessness had a variance of -3.43 from the performance standard of 10%. All the families that returned to homelessness were fleeing domestic violence.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.

For returns to homelessness, we will work with clients to connect them to agencies that serve domestic violence survivors, and we will do additional training on domestic violence with our staff. These efforts are intended to enhance long-term housing stability and reduce recidivism into homelessness.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards. Identify any milestones or specific dates by which key actions or improvements are expected.

- The above strategies will be immediately employed, and improvements should be seen by mid cycle.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.

➤ Click or tap here to enter text.

Homeless Service Provider Narrative Response Worksheet

Instructions

Complete this worksheet for each project that does not meet the minimum performance standard for any metric in accordance with the Spokane Regional 5-Year Plan. Submit worksheet to the assigned program professional(s) listed in the email.

Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CoC-CC-PSH-WA0374	PSH	Q2	2/24/2026

Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Average Rate of Utilization (Bed)	85%	84%	1%
Average Rate of Utilization (Unit)	85%	79%	6%
Exits to or Retention of Permanent Housing	93%	89.76%	3.24%
Returns to Homelessness	5% Maximum	16.67%	11.67% (n = 1)

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

- Include any challenges, barriers, or external factors that may have contributed to the underperformance (e.g., funding shortages, staffing challenges, changes in local demographics, etc.). If applicable, explain whether any data collection or reporting issues may have impacted performance.

Average Rate of Utilization (Beds/Units):

CCEW is highly committed to making every effort possible to maximize utilization of our housing units. From the time a unit is vacated, there is often a need to clean and rehabilitate the unit before it is ready for a new occupant. Once a unit is ready, our agency works to locate individuals in the community whose voucher has been initiated and assist those individuals with the requisite paperwork for them to be successfully housed in one of our properties. Occasionally, we are unable to locate the individual within the community and therefore start the process anew with another voucher recipient. Unfortunately, this process sometimes requires a substantial length of time to complete, resulting in a lower utilization rate than we would desire.

Exits to or Retention of Permanent Housing:

There were a few unique circumstances included in this sample that led to clients exiting from permanent housing. Of the few who did exit under unfavorable conditions, for a couple cases our staff were able to provide ongoing support sufficient for these individuals to retain their vouchers and successfully re-secure permanent housing. Other factors relating to client choice impacted our ability to keep our numbers closer to 100%, including one individual's decision to move out of state. While some of these outcomes do not contribute to our metric of success, they often still reflect a client's achievement of a client's housing-related goal.

Returns to Homelessness

From among this small sample, just one client returned to homelessness. This client exited our program in November 2023 with her housing voucher to another permanent housing provider. At that point in time we were no longer able to maintain contact with this individual in order to provide supportive services. Consequently, we are unaware of the reasons why this individual ended up returning to homelessness.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

- *Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.*

Average Rate of Utilization (Beds/Units):

CCEW is constantly working to refine efforts to clean/rehabilitate housing units as quickly as possible. Our agency has dedicated staff performing this work, and we also often engage local contractors to expedite the restoration of a vacated unit. Additionally, our agency created a role within our PSH program specifically designed to help locate voucher recipients and assist them with the completion of all the required documentation, sufficient to sign a lease and move into a property.

Exits to or Retention of Permanent Housing:

Naturally, CCEW will continue to work with individuals to stabilize, and receive recovery services, if needed. We've significantly enhanced our Crisis Response process to intervene more quickly when threats to housing stability are presented. CCEW's Crisis Response Team utilizes support from Housing Services, our security and safety staff (CAREs), our PSH staff on site (OSHS), and our Crisis Response Peers. In short, when there is a safety concern observed by our CAREs team, if a property manager issues a "Comply or Vacate" notice for any reason, or if our OSHS team observes one of our clients demonstrating behaviors indicative that they may be destabilizing, we immediately engage our multi-departmental Crisis Response Team.

Additionally, the Onsite Supportive Housing Services (OSHS) program at CCEW has implemented new systems for hiring, training, and supervision of staff, all with built-in targets for enhancing performance standards for all staff. Furthermore, we have refined our data-tracking systems and management tools to allow us real-time insights for our client services to ensure that we are maintaining frequent, high-quality contact with our clients. These changes are all part of a strategic effort to enhance the culture and performance of our program. Key indicators of success will be our staff retention numbers, statistics for client engagement, and of course, client-specific metrics such as Returns to Homelessness, Employment and Income Growth, Exits to or Retention of Permanent Housing, etc. Over the last couple of years, we have observed significant increases in these metrics, and expect to see continued improvement.

Returns to Homelessness

OSHS staff will continue to engage as often as possible with clients in support of their goals to stabilize in all chosen areas of their life. We will also continue to collaborate with staff from other departments to immediately report any concerns that may arise and deploy our Crisis Response Team to work in tandem with other PSH staff to address any potential barriers to their housing security. These efforts often rely on key partnerships with other service providers throughout our community, including, but not limited to mental health service providers, recovery-based programs, and other specialized-care providers.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

- *Identify any milestones or specific dates by which key actions or improvements are expected.*

Across all data/metrics, including those where we are performing above standard, we expect to see continued improvement in our performance for this grant over the next six months.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

- *If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.*

N/A

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CoC-CC-PSH-WA0512	PSH	Q2	2/24/2026

Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Income Growth for Stayers	50%	46.15%	3.85%

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

➤ Include any challenges, barriers, or external factors that may have contributed to the underperformance (e.g., funding shortages, staffing challenges, changes in local demographics, etc.). If applicable, explain whether any data collection or reporting issues may have impacted performance.

Income Growth for Stayers and Leavers:

There are significant barriers for our clients to assist with income growth. Healthcare needs and disability have some impact on a client's ability to pursue certain options to increase income. Most notably perhaps, amongst all barriers, is a client's unfamiliarity with benefit structures and their corresponding fear of losing such benefits with any changes to their overall circumstances. Clients speak directly to these fears, citing the trauma of being homeless and not wanting to do anything that would put their housing stability at risk. We are actively addressing these barriers to improve the overall metrics (see below). Additionally, with annual income assessments for many of our participants taking place later in the calendar year, we anticipate the end-of-year figures to be substantially higher, reflecting changes in benefits for recipients who receive cost-of-living-adjustments in their benefits/income at the start of the new calendar year.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

➤ Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.

Income Growth for Stayers:

1. In 2025, CCEW re-instituted a Supportive Employment (SE) program, hiring a Supportive Employment Specialist. We have devoted a significant amount of time and resources training our new staff member, helping them, among other things, to get certified in benefits management, which typically

presents as the most significant barrier to assisting people with stabilization through new employment. Naturally, the path toward greater stability for our clients may ideally involve a reduced need for the support of government benefits, but prematurely exiting from those programs may ultimately be counterproductive to the greater effort. It is our objective to help our clients successfully achieve their income-related goals in hopes that they can have the dignity that comes from supporting themselves as much as possible. Additionally, our Supportive Employment Specialist has been developing relationships with local employers, and developing the internal systems needed to support a successful Supportive Employment program. We believe the investments made into our SE program will continue to yield strong improvements in the stabilization and increase of income for clients, much as they have so far.

2. Our Onsite Supportive Housing Services program has created a task-force, composed of key staff from across the department, to identify a comprehensive list of ways we can assist clients with their goals to increase their income, and to develop a strategic and systemic approach across our spectrum of services to engage clients, staff and community partners, navigating barriers and ultimately creating significant impact toward the goal of growing the income of our clients. This team spent six months developing a comprehensive approach to assisting our clients and began training staff across our entire department in January 2026. This task force continues to provide training for each position within our department sufficient for us to deliver these services to every client we serve. We anticipate our year-over-year metrics to be much improved in this category next year, much as they were for us over the past 12 months.
3. In 2025, in partnership with Notre Dame University and Gonzaga University, CCEW launched the SEEN Program: a small-business incubation program, targeting individuals in underserved populations who desire to start a small business. For our first cohort, CCEW recruited 52 participants, many of whom reside in CCEW's PSH properties. Of the 52 participants in the cohort, 38 graduated from our 6-week educational program, culminating in participants developing business plans, receiving project-based support from Gonzaga students, and being connected with a mentor from our local business community. Of our 38 graduates, 31 applied for and received start-up grants, allowing them to cover the expense of filing for a new business and securing tools and/or supplies needed to launch their new enterprise. The vast majority of our graduates have officially launched new businesses and will continue to receive support as needed from CCEW. It is our hope to continue providing an entrepreneurship program for underserved individuals in our community who have a dream of starting a new business.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

- *Identify any milestones or specific dates by which key actions or improvements are expected.*

Income Growth for Stayers:

We are expecting significant improvement in this performance measure by the end of Q4.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

- *If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.*

N/A

Homeless Service Provider Narrative Response Worksheet

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
VOA—TH—Alexandrias	Transitional Housing	8/1/2025 - 1/31/2026	2.25.26

Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Exits To Permanent Housing	Min 70%	20%	50%
Avg Utilization Rate (Bed)	Min 85%	15%	70%
Avg Utilization Rate (Unit)	Min 85%	14%	71%
Avg Length Of Stay	Max 160 Days	41 Days	N/A
Employment & Income Growth	Min 35%	No Increase	35%

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

➤ Include any challenges, barriers, or external factors that may have contributed to the underperformance (e.g., funding shortages, staffing challenges, changes in local demographics, etc.). If applicable, explain whether any data collection or reporting issues may have impacted performance.

- **Exits to Permanent Housing:** Alexandria’s House has a sister program that we transition our clients into called Aston Bleck, which does not count as permanent housing. We transition the moms and babies into Aston Bleck once they turn 18. This helps keep continuity with their care. The moms get to keep their same care teams of professionals, Case Managers, Counselor and all staff for the moms and their babies. This is an important next step for our young moms who are just getting their feet under them and need additional time to practice in a safe environment.
- **Avg Utilization Rate (unit) & (Bed):** Alexandria’s House underwent a new licenser in the year 24 and the age range changed from serving up to the age of 21 and is now only up to the age of 21 if the young mom is in extended foster care. Since this change, the program had many vacancies do our avg age of clients being 17 and up and not being a part of foster care we saw a substantial decrease in referrals. We had a period where we had zero clients in the house.

VOA has been working this last year to do intentional outreach and provide education on our program to Washington State and all community spaces we are in throughout the state to generate more referrals to Alexandria’s House. Working with our state officials to change language within the WAC to exclude “up to the age of 21 if the young mom is in extended foster care” and have it be up to the age of 21 regardless if they are in extended foster care or not.

Additionally, our utilization rate should hopefully be increasing for Q3 as we have consistently been receiving referrals and will be at 4 clients as of March 2nd.

- **Employment & Income Growth:** During this reporting period, the program did not meet certain performance metrics due to staffing disruptions, organizational restructuring, and reduced bed capacity. The program experienced an extended vacancy in the Case Manager position prior to and during the start of the contract year. This gap significantly limited-service delivery capacity and delayed implementation of core case management functions, including housing stabilization planning, employment and income support, and documentation compliance. As a result, participant engagement and measurable progress toward performance outcomes were impacted. Additionally, the organization underwent internal restructuring during this period. While intended to strengthen long-term operational stability, the transition temporarily affected onboarding and resource access for the newly hired Case Manager. The new staff member did not initially have full access to established workflows, historical program knowledge, and administrative infrastructure necessary to operate at full efficiency. This contributed to delays in consistent service delivery and performance tracking.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

- *Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.*
- **Staffing Stabilization:** The Case Manager position has now been filled, and retention strategies are in place to ensure continuity of services.
- **Structured Onboarding & Training:** A formal onboarding process has been implemented, including CoC compliance training, HMIS training, and clear performance expectations tied to contract metrics.
- **Supervisory Oversight & Technical Support:** Increased supervisory check-ins and program-level oversight have been established to ensure case documentation, service delivery, and outcome tracking are occurring consistently.
- **Process Standardization:** Internal workflows, case management templates, and tracking tools have been standardized to support efficiency and compliance.
- **Low utilization:** To address low utilization resulting from licensure and eligibility changes, VOA has engaged in intentional outreach and education efforts statewide. Staff have increased communication with referral partners, community agencies, and systems stakeholders to clarify program eligibility, services, and referral pathways.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

- *Identify any milestones or specific dates by which key actions or improvements are expected.*

With staffing stabilized and operational systems strengthened, the program anticipates improved participant outcomes and performance metric achievement in upcoming quarters. The restructuring period, while disruptive, has positioned the program for stronger long-term stability and service delivery.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

- *If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.*

We still have 1 vacancy at Alexandria's House, please spread the word.

Homeless Service Provider Narrative Response Worksheet

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Project Information

Project Name: VOA PSH Scattered Sites WA0130	Service Type: PSH	Reporting Period: 8/1/2025 to 1/31/2026	Date Submitted: 2/18/2026
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Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Average Rate of Utilization (Bed)	85%	82%	3%
Average Rate of Utilization (Unit)	85%	80%	5%
Employment and Income Growth for Leavers	45%	16.67%	28.33%

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

- *Include any challenges, barriers, or external factors that may have contributed to the underperformance (e.g., funding shortages, staffing challenges, changes in local demographics, etc.). If applicable, explain whether any data collection or reporting issues may have impacted performance.*

Average Rate of Utilization (Beds and Units)

The Average Rate of Utilization for both beds and units fell slightly below the Performance Standards by 3% and 5%, respectively. This underperformance is primarily attributable to reconstruction and extended unit downtime at the original Hope House site located at 111 W. 3rd Ave in Spokane.

During the reporting period, several units were offline due to standard turnover activities, including general repairs, painting, and deep cleaning required to meet rent-ready standards. However, ongoing staffing shortages and delays in coordinating with available maintenance personnel and external vendors significantly extended the turnover timeline. As a result, multiple units remained offline for more than 90 days.

In addition, two units remained vacant due to the need for critical structural repairs to ensure safety and habitability. These repairs involved foundational or load-bearing components and required engineering assessments, permitting, and coordination with specialized contractors. The scope and complexity of this work, combined with contractor availability and inspection timelines, resulted in vacancy periods exceeding 90 days.

Employment and Income Growth for Leavers

Employment and income growth among project leavers did not meet the Performance Standard of 45% with a variance of 28.33% during the reporting period. This variance is attributable to the circumstances under

which participants exited the program. Of the six leavers, five were exited due to eviction related to lease noncompliance or no exit assessment was completed. This limited the opportunity for planned transitions or employment and income advancement. The remaining participant exited through a mutual termination agreement and reported an increase in their employment and income growth.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

- *Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.*

Utilization Rate – Beds and Units

To reduce extended unit downtime, the project has prioritized completion of all units currently offline due to standard turnover and structural repairs. Maintenance coordination procedures have been revised to improve communication and scheduling among property management, internal maintenance staff, and external vendors. Temporary vendor support and expanded contractor agreements are being utilized to address staffing shortages and prevent prolonged vacancies.

Employment and Income Growth for Leavers

To improve employment and income outcomes and reduce unplanned exits, the project has strengthened lease compliance supports and early intervention strategies for participants at risk of eviction. Case management now includes increased monitoring, budgeting support, and referrals to employment and benefits resources. Exit planning and HMIS data collection procedures have also been updated to improve documentation of employment and income outcomes whenever possible.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

- *Identify any milestones or specific dates by which key actions or improvements are expected.*

VOA anticipates completing all standard unit turnovers by the next reporting period. Units requiring significant structural repairs are expected to be brought back online by the final QPR of the program year, pending completion of repairs and required inspections.

Timeline:

- **Next reporting period:** Complete standard unit turnovers.
- **Final QPR of the year:** Return units requiring structural repairs to service.

To address the lack of employment and income growth among project leavers, the project will implement increased case management support for participants in the PSH project beginning in the next reporting period, with a focus on benefits stabilization, employment referrals, and early intervention to support housing stability.

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

- *If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.*

N/A

Homeless Service Provider Narrative Response Worksheet

Instructions

Complete this worksheet for each project that does not meet the minimum performance standard for any metric in accordance with the Spokane Regional 5-Year Plan. Submit worksheet to the assigned program professional(s) listed in the email.

Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
VOA—SO--YHDP	Street Outreach	8/1/2025 – 1/31/2026	2/25/26

Metric(s) Not Meeting Minimum Performance Standards

Please list and explain which specific metrics for the project are not meeting the minimum performance standards.

Metric	Performance Standard	Current Performance	Variance from Standard
Exits from Street Outreach	Min 70%		[Enter Variance]
Returns to Homelessness	Max 10%		[Enter Variance]
Employment and Income Growth	Min 35%	0%	35%

Explanation of the Variance

Describe why the project has not met the minimum performance standard for each listed metric.

➤ Include any challenges, barriers, or external factors that may have contributed to the underperformance (e.g., funding shortages, staffing challenges, changes in local demographics, etc.). If applicable, explain whether any data collection or reporting issues may have impacted performance.

We did not meet our performance standard primarily due to the significant instability experienced by the youth we serve. Maintaining consistent contact is often challenging, as participants may lose access to phones, relocate frequently, experience incarceration, or secure housing without notifying staff. As a result, some program exits occur because contact is lost rather than because goals have been fully achieved. Additionally, while a core objective of the program is to connect youth to age-appropriate emergency shelter to ensure immediate safety, emergency shelter placements do not count as permanent housing outcomes. Although these placements are critical steps toward stability, they do not meet the standard tied to permanent housing placements. We continue to encourage and support youth in completing housing and coordinated entry assessments to improve long-term housing outcomes, but engagement barriers and participant readiness can impact overall performance results.

Steps Taken to Improve Performance

Provide a detailed description of actions your program has taken to address the performance gap.

➤ Include any adjustments to strategies, new practices, or interventions being implemented. Outline any staffing changes, training initiatives, or partnerships that have been developed to improve performance.

We will strengthen ongoing contact with participants to reduce exits due to loss of contact. Outreach staff will collect multiple forms of communication at intake, including alternate contacts and service provider connections. We will increase field-based follow-up efforts at known locations and implement more structured and frequent check-ins.

Timeline for Improvement

Provide a clear timeline outlining the steps you plan to take to bring the project into compliance with the minimum performance standards.

➤ *Identify any milestones or specific dates by which key actions or improvements are expected.*

- Reduced rate of exits categorized as “Destination Unknown / Client Disengaged”
- Improved HMIS data completeness and timeliness
- Increased length of enrollment and service engagement

Additional Support or Resources Needed

Identify any resources, support, or assistance you may need to improve performance (e.g., additional funding, technical assistance, increased staffing, etc.).

➤ *If applicable, provide recommendations for how the program or system could be better supported at a local, regional, or state level to achieve success.*