



Quarterly Performance Report (QPR)

Reporting Period: 7/1/2025 - 9/30/2025



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.

SPM 1 - Length of Time People Experience Homelessness

Measure 1 looks at the number of days people spend without a home when they're using services like emergency shelters, safe havens, or transitional housing. It calculates both the average and the median (middle) time someone is experiencing homelessness.

SPM 2 - Returns to Homelessness After Finding Permanent Housing

Measure 2 focuses on what happens after someone receives permanent housing. This measure tracks the number (or percentage) of people who, after getting into a permanent home, end up experiencing homelessness again within set time frames (within 6, 12, or 24 months).

SPM 4 - Income and Employment Growth

Measure 4 looks at changes in income for those who stay in the system ("system stayers") and those who exit the system ("system leavers").

SPM 5 - People Experiencing Homelessness For The First-Time

Measure 5 is about people who experience homelessness for the first time. This information assists local agencies work on homelessness prevention strategies.

SPM 7 - Successful Housing Placement and Retention

Measure 7 checks to see how successfully individuals that had successful outcomes from their project and in the case of permanent housing, if they retained the housing.

Local Measure - Average Length of Time to Date of Engagement

This measure provides the duration that it takes for those who are first enrolled in the system and how long it takes for them to engage with a case manager.

Local Measure - Average Rate of Utilization

This looks at how consistently beds and/or units in a homeless services project are occupied over a given period of time.

Local Measure - Rapid Placement into Permanent Housing

This looks at how many people who experience homelessness are moved into a stable long-term housing after entering a homeless services project

Local Measure - Successful Referrals

This focuses on how many referrals were made within the reporting period and from that pool, how many of those had a successful outcome?



Quarter 1 - Homelessness Diversion

Diversion: Project focus is on keeping households out of the traditional homeless system. Requires literal homelessness or at-risk of homelessness and typically very little financial assistance is paired with this intervention.

Reporting Term: 07/01/2025 - 09/30/2025



Public Name: SNAP - Singles Diversion

HMIS Name: SNAP--SSO--Singles Diversion

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Homeless Prevention (EP)



Public Name: Catholic Charities - Family Diversion

HMIS Name: CC--SSO--City Diversion--City HHAA

Grants:

- City of Spokane: Homeless Housing Assistance Act (HHAA)



Spend Down - Homeless Diversion

Q1

Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining

CC--SSO--City Diversion--HHOS

\$61,475.24 38.66% \$97,524.76 61.34%

SNAP--SSO--Singles Diversion

\$14,028.65 20.63% \$53,971.35 79.37%

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

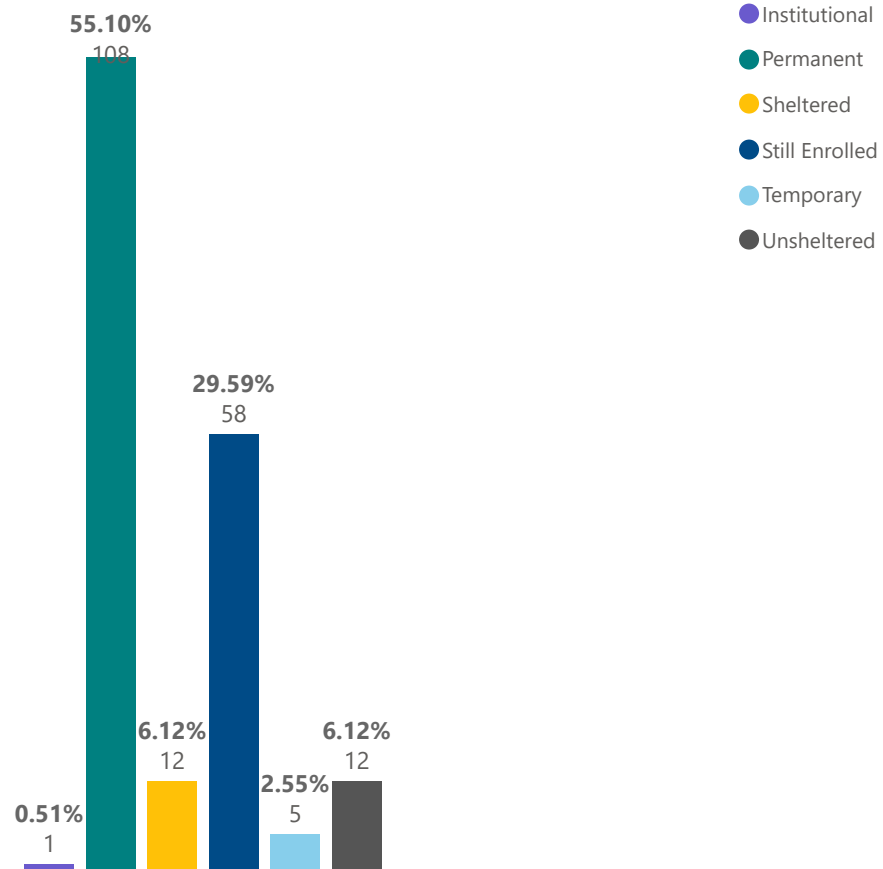


Quarter 1 - Homelessness Diversion Performance Overview

Number of Households Served

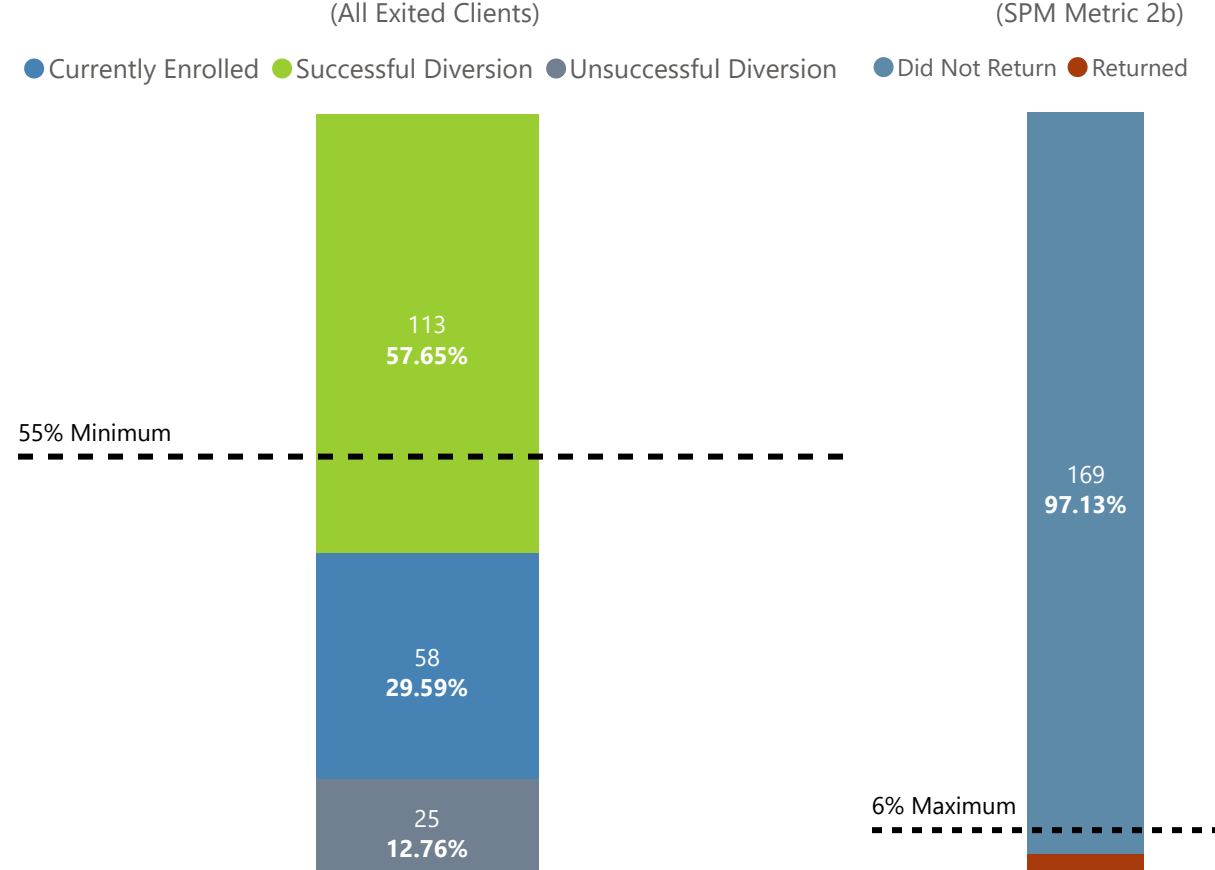
92

Exit Destinations



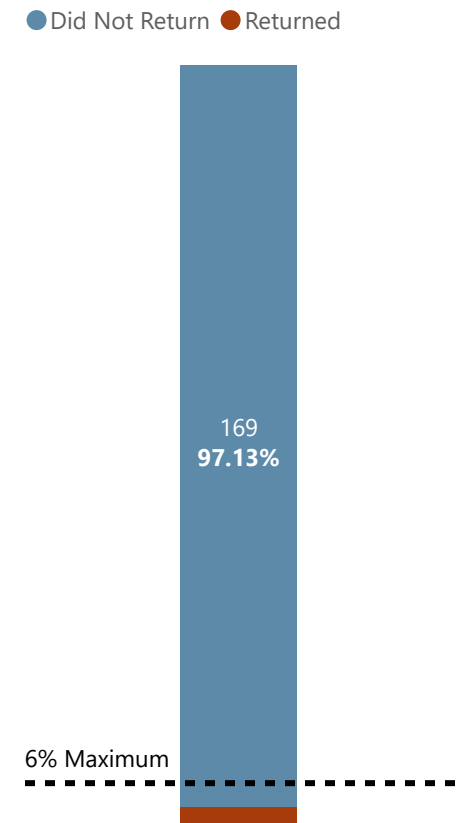
Exits to Permanent Destination

(All Exited Clients)



Returns to Homelessness

(SPM Metric 2b)



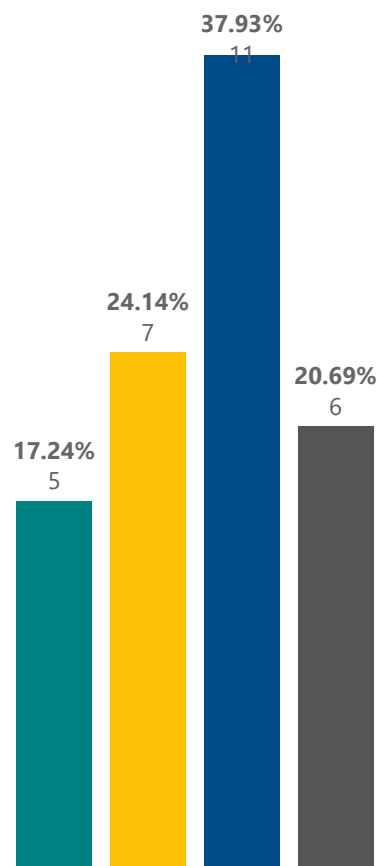


Quarter 1 - Homelessness Diversion SNAP - Singles Diversion

Number of Individuals Served

29

Exit Destinations

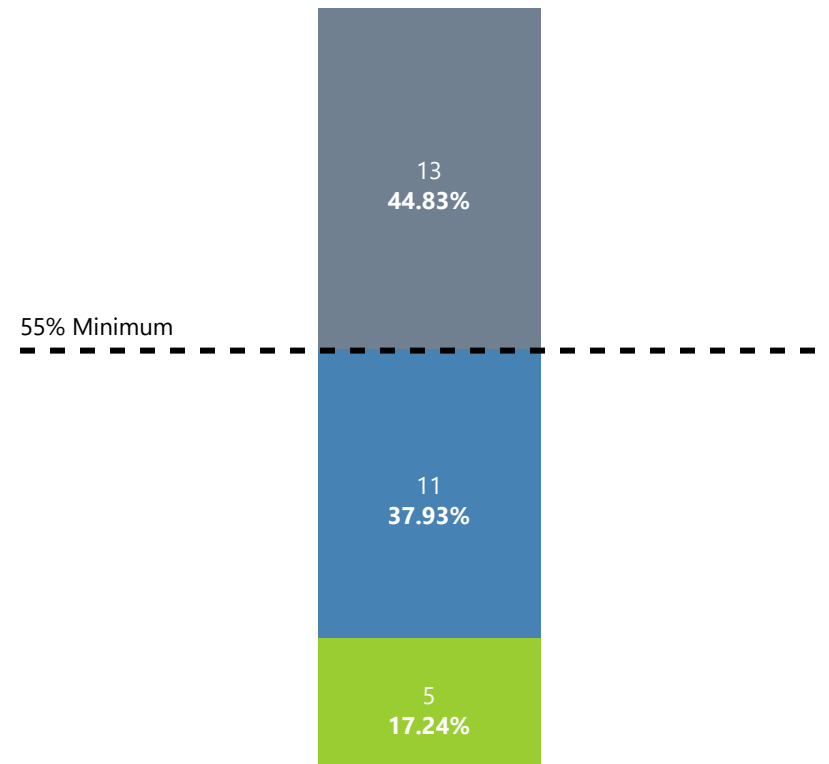


- Permanent
- Sheltered
- Still Enrolled
- Unsheltered

Exits to Permanent Destination

(All Exited Clients)

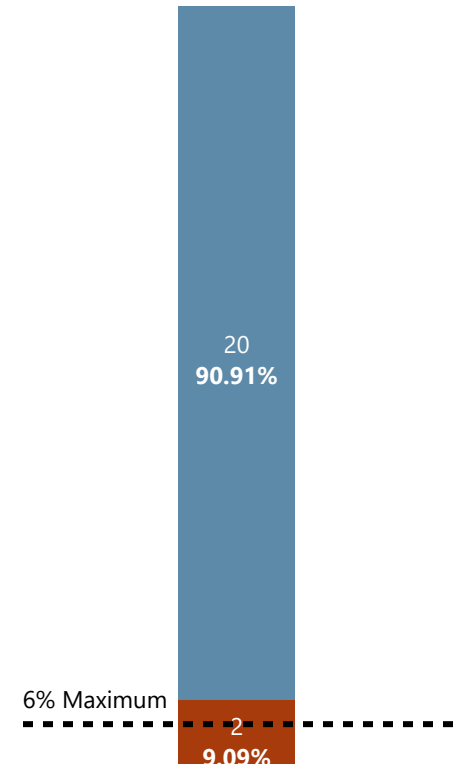
- Currently Enrolled
- Successful Diversion
- Unsuccessful Diversion



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned



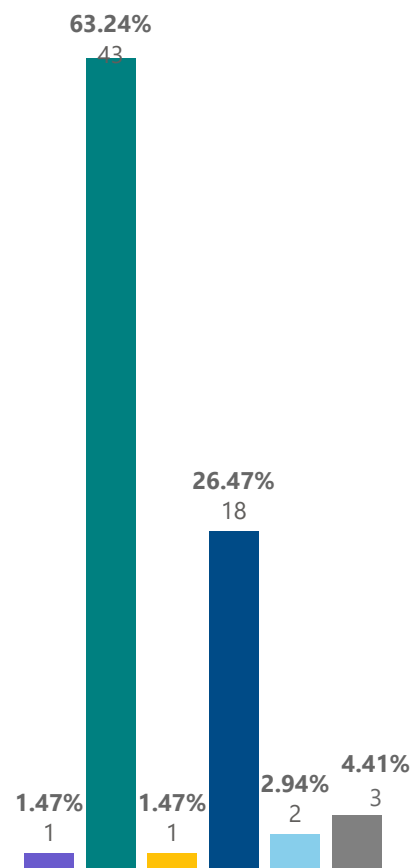


Quarter 1 - Homelessness Diversion Catholic Charities - Family Diversion

Number of Households Served

68

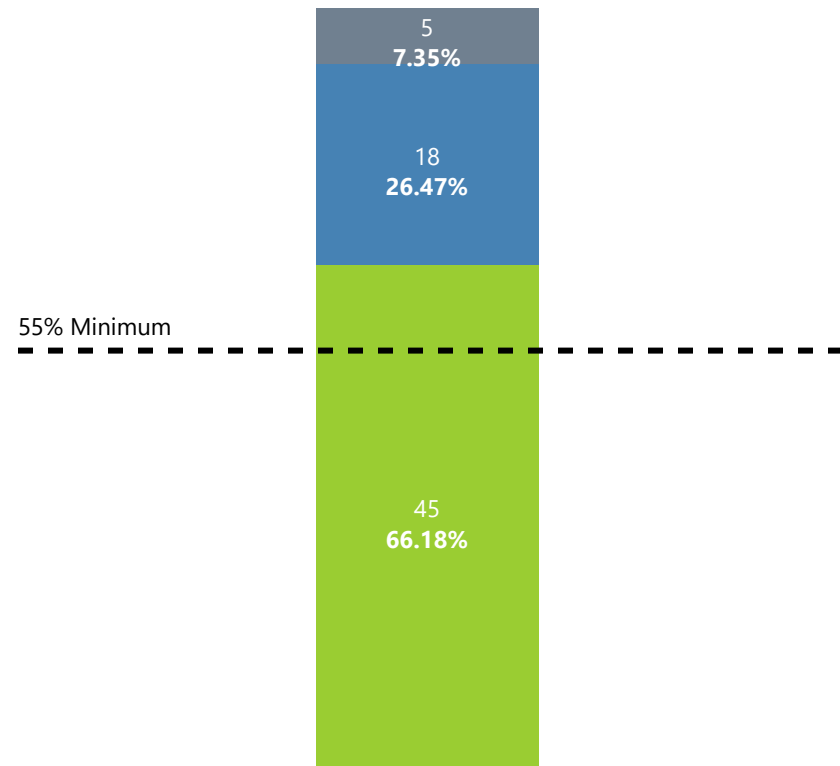
Exit Destinations



Exits to Permanent Destination

(All Exited Clients)

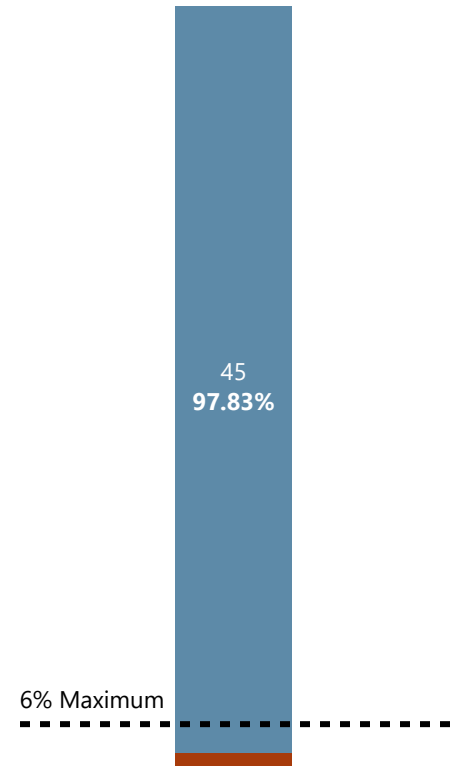
● Institutional ● Permanent ● Sheltered ● Still Enrolled ● Temporary ● Unsheltered
● Currently Enrolled ● Successful Diversion ● Unsuccessful Diversion



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Housing Services PY 2025-26 Quarterly Performance Report

Quarter 1 - Coordinate Entry

Coordinated Entry (CE): The gateway by which households' access projects in the system.
Reporting Period: 07/1/2025 - 09/30/2025



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)



Spend Down - Coordinate Entry

Q1

Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining

CC--CA--HFCA

\$22,883.56 35.21%

\$42,116.44 64.79%

SNAP--CE--Singles

\$4,428.29 9.84%

\$40,571.71 90.16%

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



Quarter 1 - Coordinate Entry Performance Overview

Number of Households Served

910

Average Length of Time from
Assessment to Referral Placement

24

Max: 45 Days

Number of Referrals

164

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

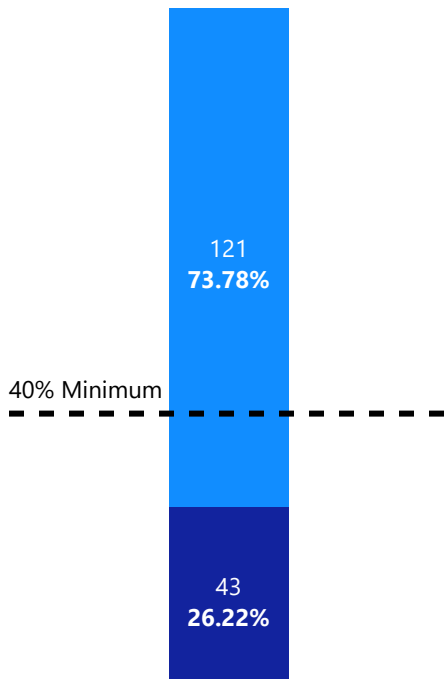
12

Max: 30 Days

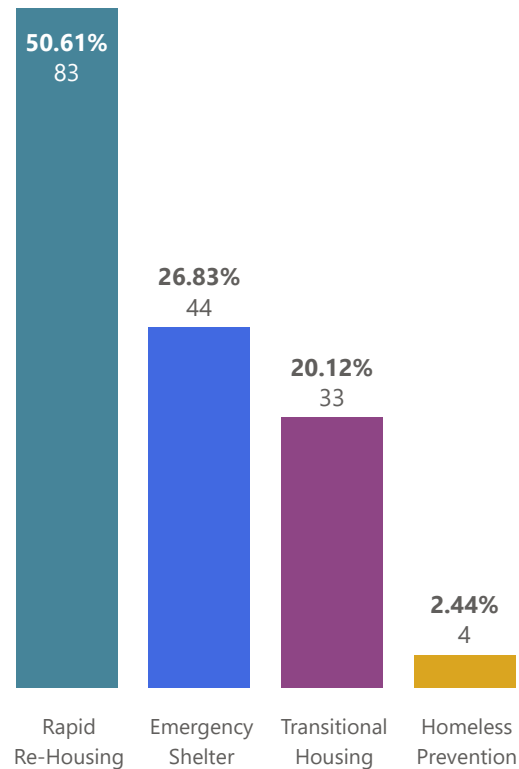
Percent of Referrals with Successful Outcomes

(Local Measure)

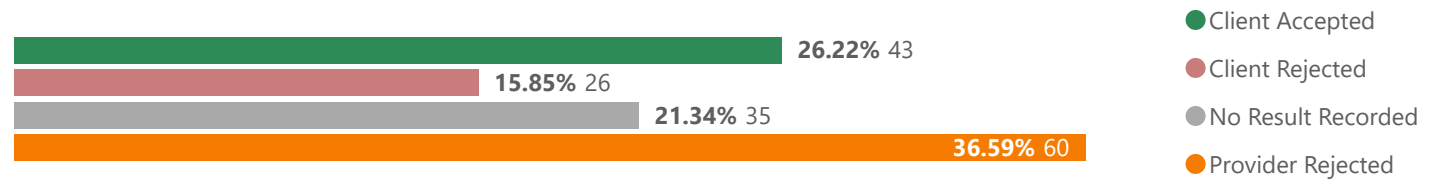
● Successful ● Unsuccessful



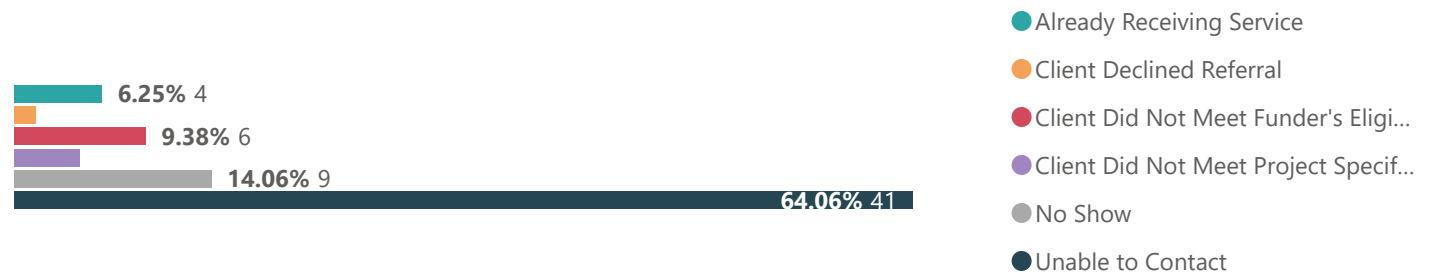
Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 1 - Coordinate Entry

Homeless Families Coordinate Assessment (HFCA)

Number of Households Served

339

Average Length of Time from
Assessment to Referral Placement

17

Max: 45 Days

Number of Referrals

46

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

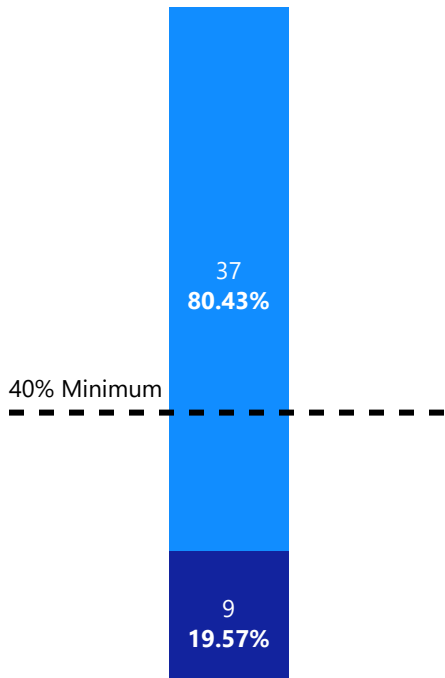
2

Max: 30 Days

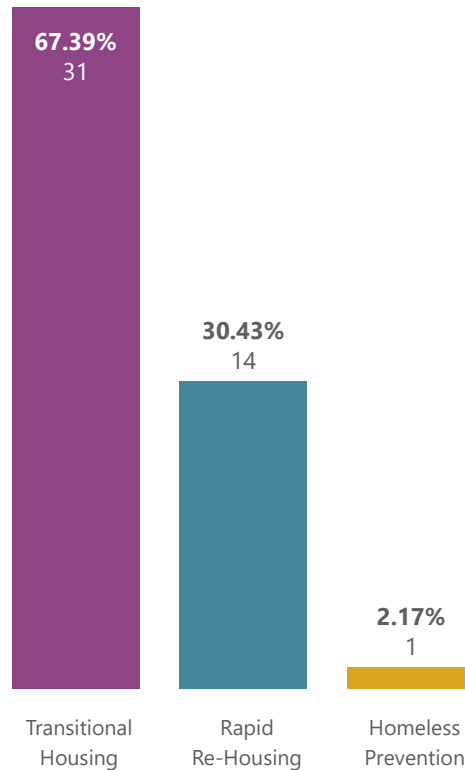
Percent of Referrals with Successful Outcomes

(Local Measure)

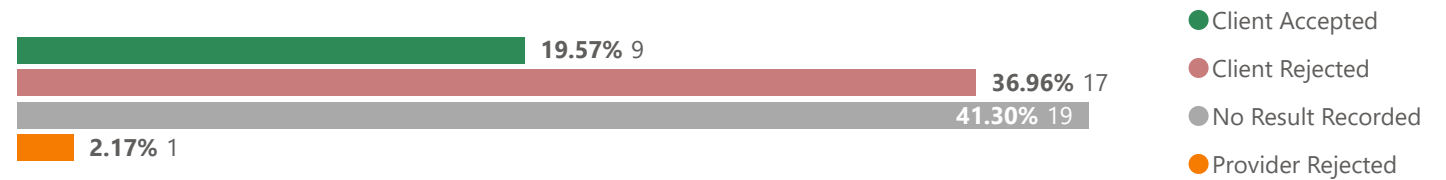
● Successful ● Unsuccessful



Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 1 - Coordinate Entry Singles Coordinated Assessment

Number of Individuals Served

571

Average Length of Time from
Assessment to Referral Placement

27

Max: 45 Days

Number of Referrals

118

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

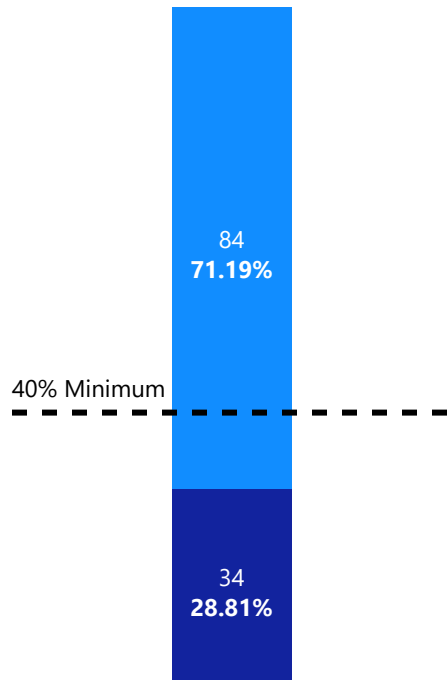
16

Max: 30 Days

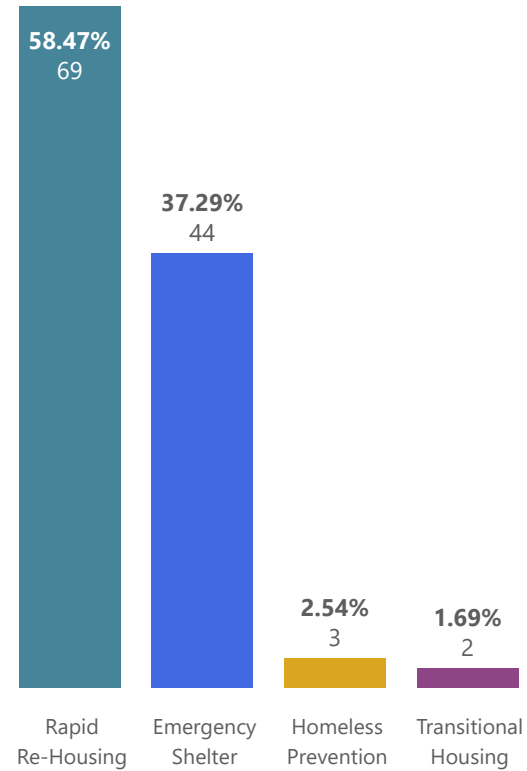
Percent of Referrals with Successful Outcomes

(Local Measure)

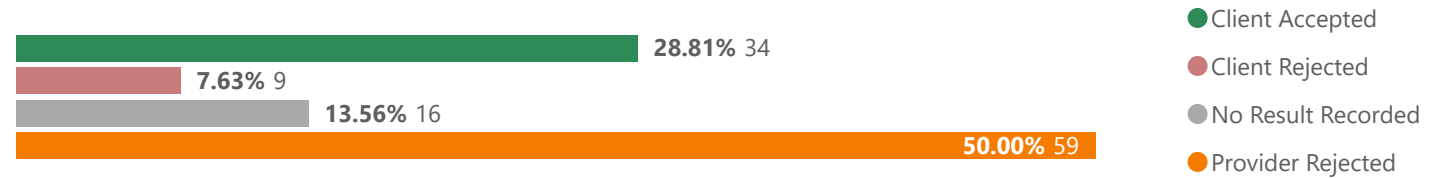
● Successful ● Unsuccessful



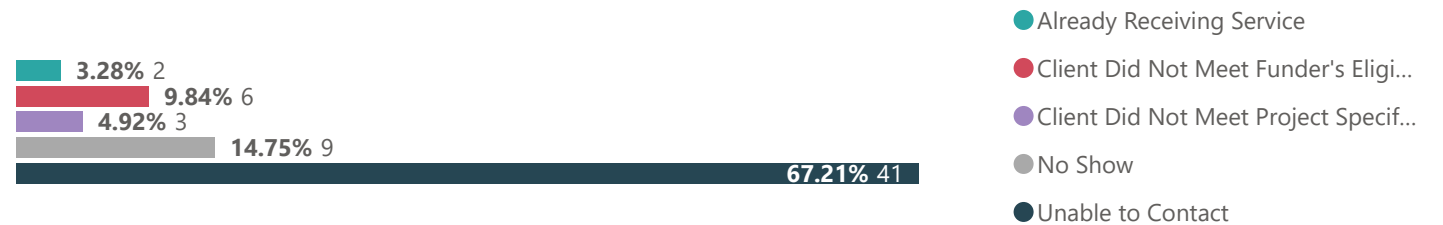
Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 1 - Homeless Prevention

Homeless Prevention (HP): Households who are facing imminent legal eviction due to non-payment of rent. In addition to providing financial assistance, supportive services are also provided to ensure long term stability.

Reporting Period: 07/1/2025 - 09/30/2025



Public Name: HEN Foundational Community Support (FCS) Bridge

HMIS Name: GI--HP--HEN FCS Bridge

Grants:

- WA Dept. Commerce: System Demonstration Grant (SDG) - Housing Essential Needs (HEN) Foundational Community Supports (FCS) Bridge



Public Name: Housing and Essential Needs (HEN)

HMIS Name: GI--HP--HEN

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Housing and Essential Needs (HEN)



Public Name: Esperanza

HMIS Name: NRCC--HP--Esperanza--HHOS

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Spend Down - Homeless Prevention

Q1

Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining

GI--HP--HEN / GI--HP--HEN FCS Bridge

\$733,462.46 22.15% \$2,578,147.54 77.85%

NRCC--HP--Esperanza--HHOS

\$29,706.05 30.06% \$69,124.95 69.94%

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



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

Quarter 1 - Homeless Prevention Performance Overview

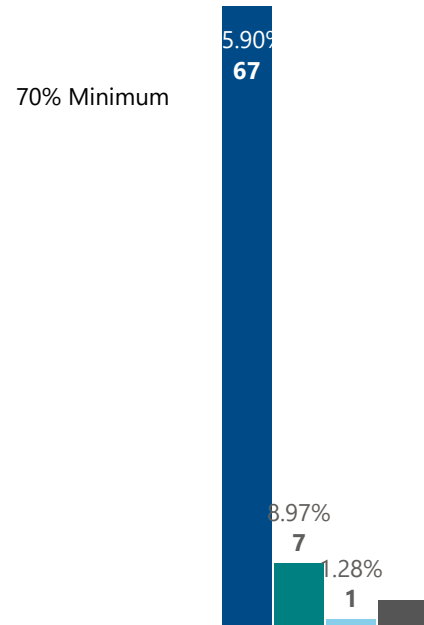
Number of Individuals Served

78

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

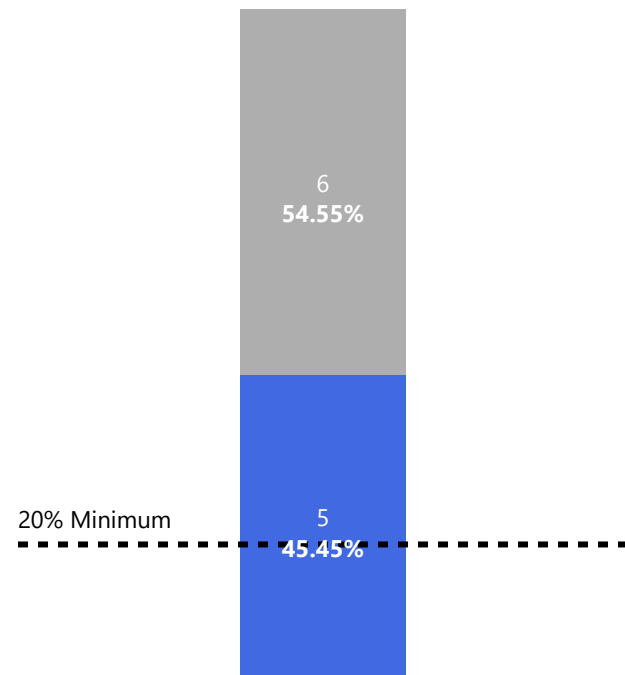
● Currentl... ● Perman... ● Tempor... ● Unshelt...



Employment and Income Growth

(SPM Metric 4.6)

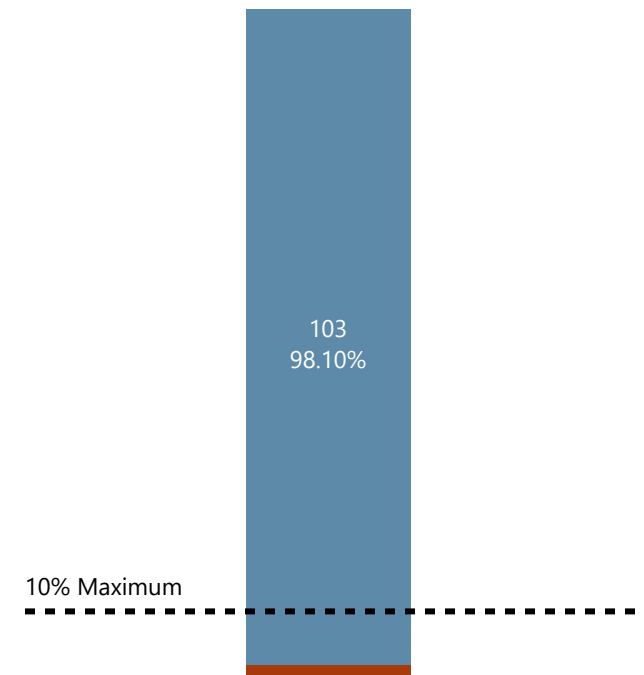
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 1 - Homeless Prevention HEN Foundational Community Support (FCS) Bridge

Number of Individuals Served

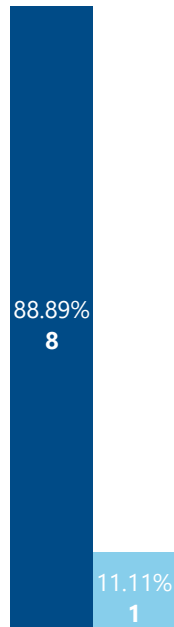
9

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Temporary

70% Minimum

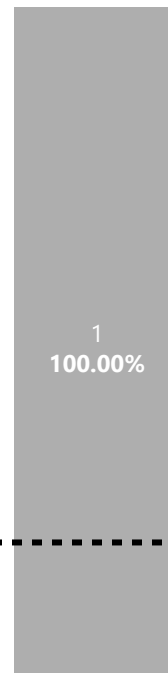


Employment and Income Growth

(SPM Metric 4.6)

● No Increase

20% Minimum



Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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 1 - Homeless Prevention Housing and Essential Needs (HEN)

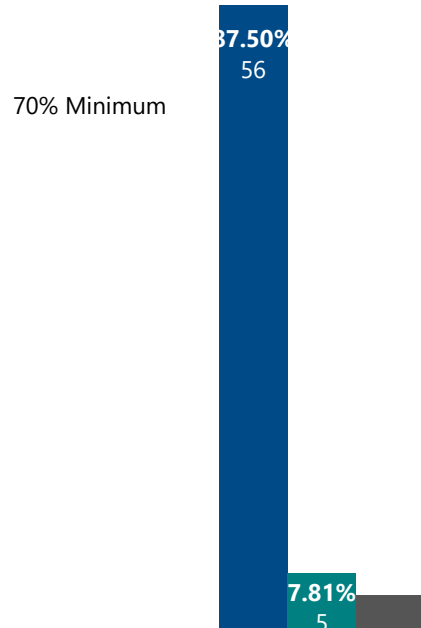
Number of Individuals Served

64

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

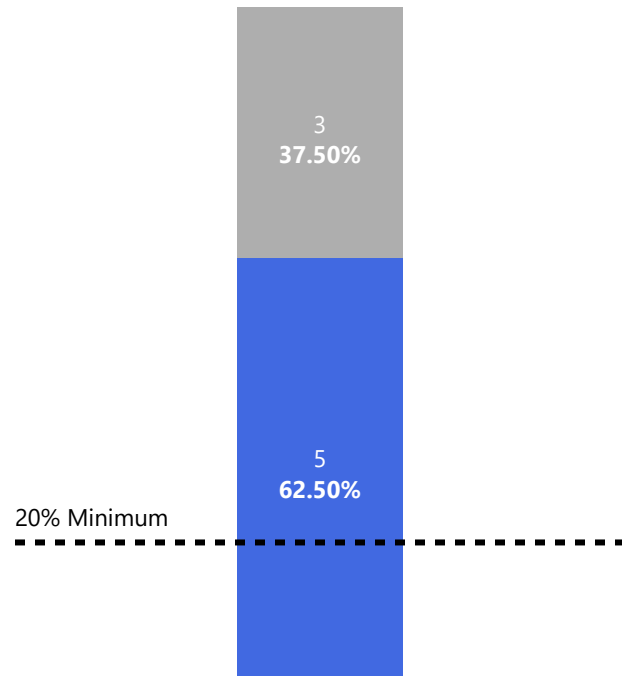
● Currently Enrolled ● Permanent ● Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

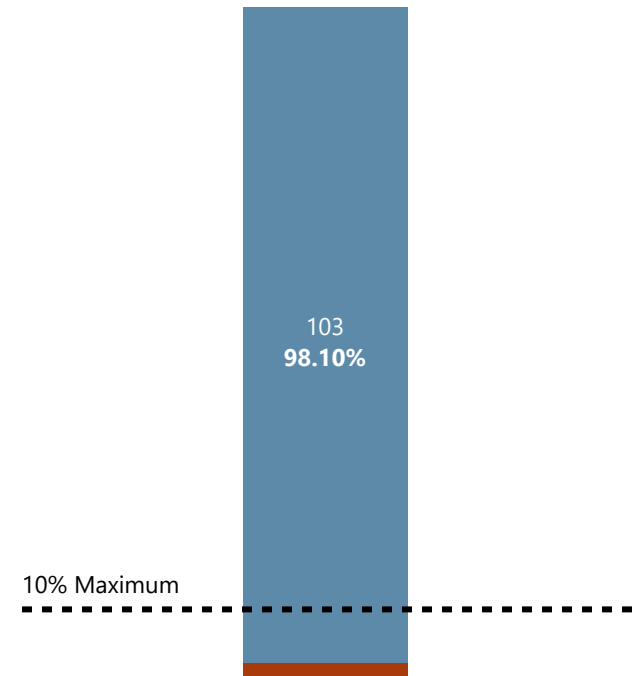
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





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

Quarter 1 - Homeless Prevention

Esperanza

Number of Individuals Served

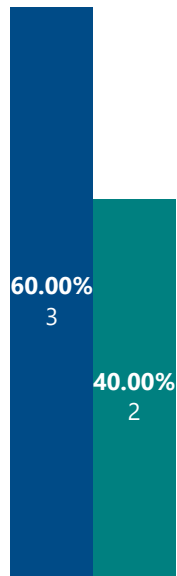
5

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Permanent

70% Minimum

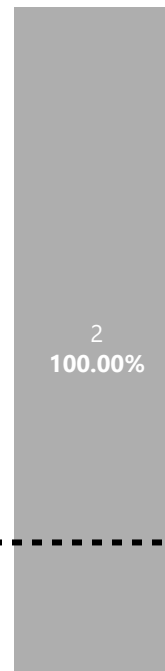


Employment and Income Growth

(SPM Metric 4.6)

● No Increase

20% Minimum



Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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



Housing Services PY 2025-26 Quarterly Performance Report

Quarter 1 - 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: 07/1/2025 - 09/30/2025



Public Name: Transitions - Women's Hearth

HMIS Name:

- TPW--SO--Womens Hearth
- TPW--SSO--Womens Hearth

Grants:

- WA Dept. Commerce: System Demonstrations Grant (SDG) - Standard
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Spend Down - Street Outreach

Q1

Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining

TPW--SO--Womens Hearth



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



Quarter 1 - Street Outreach Performance Overview

Number of Individuals Served

140

Average time from Date of
Engagement to Successful Exit

54

Max: 60 Days

Clients with a Date of Engagement

12

Serving those with Long Length of Homelessness

● No ● Yes

62.88%

37.12%

64% Minimum

Employment and Income Growth

(Clients with a Date of Engagement)

● No Increase

6
100.00%

35% Minimum

Exits from Street Outreach

● Currently Enrolled ● Temporary ● Unsheltered

Min: 55% (Successful Exits)

Min: 40% (Permanent)

Min: 25% (Temporary or Institutional)

95.71%
134

0.71%
1

3.57%
5

Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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 1 - Street Outreach Transitions - Women's Hearth

Number of Individuals Served

140

Average time from Date of
Engagement to Successful Exit

54

Max: 60 Days

Clients with a Date of Engagement

12

Serving those with Long Length of Homelessness

● No ● Yes

62.88%

37.12%

64% Minimum

Employment and Income Growth

(Clients with a Date of Engagement)

● No Increase

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100.00%

35% Minimum

Exits from Street Outreach

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Min: 55% (Successful Exits)

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95.71%
134

0.71%
1

3.57%
5

Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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 1 - Night-by-Night Emergency Shelter

Emergency Shelter (ES): Crisis intervention offering beds to individuals who require immediate shelter due to homelessness.

Reporting Period: 07/1/2025 - 09/30/2025



Public Name: House of Charity Shelter
HMIS Name: CC--ES--HOC Shelter
Inventory: 99 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Families Shelter
HMIS Name: FPS--ES--Families Shelter
Inventory: 55 Beds (Households with at least one adult and one child)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: FPS - Scattered Sites
HMIS Name: FPS--ES--Scattered Sites
Inventory: 15 Beds (Households with at least one adult and one child)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing



Public Name: Recovery Options Center
HMIS Name: CAT--ES--Recovery Options Center
Inventory: 24 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing



Quarter 1 - Night-by-Night Emergency Shelter

Emergency Shelter (ES): Crisis intervention offering beds to individuals who require immediate shelter due to homelessness.

Reporting Period: 07/1/2025 - 09/30/2025



Public Name: Women's Shelter

HMIS Name: JHH--ES--Womens Shelter--Scattered Site

Inventory: 30 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Churches

HMIS Name: JHH--ES--Churches--Scattered Site

Inventory: 60 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Truth Ministries Shelter

HMIS Name: TM--ES--Shelter

Inventory: 50 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing



Public Name: Young Adult Shelter

HMIS Name: VOA--ES--YAS

Inventory: 44 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard



Spend Down - Emergency Shelter - Night-by-Night

Q1

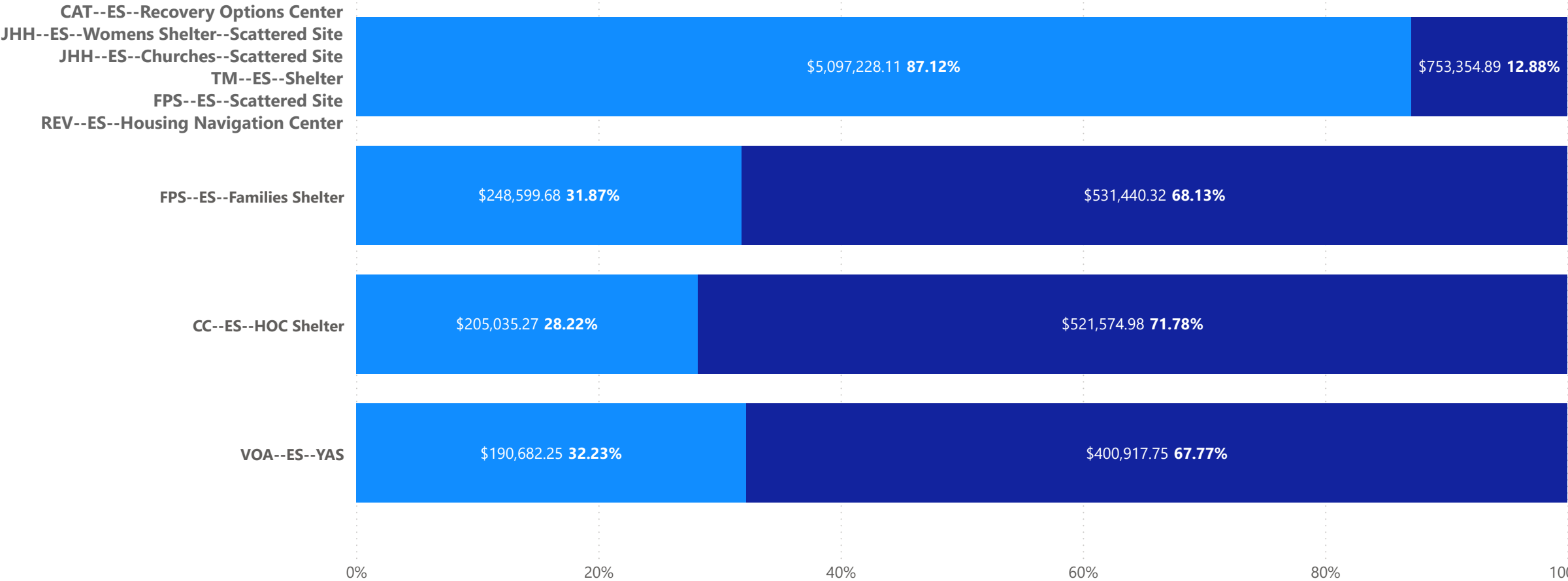
Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





Quarter 1 - Night-by-Night Emergency Shelter Performance Overview

Number of Individuals Served

1055

Length of Time Homeless in ES
(SPM Metric 1a.1)

51

Max: 90 Days

Clients with a Date of
Engagement

380

Average Length of Time to Date
of Engagement (Days)

2

Max: 30 Days

Average Rate of Utilization
(Local Measure)

73%

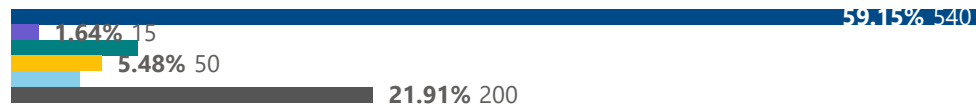
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

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

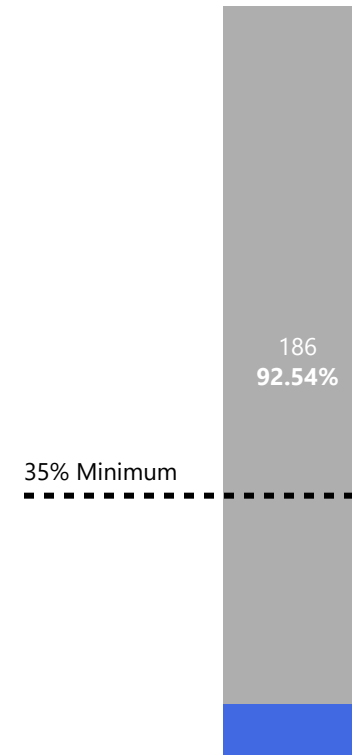
Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(SPM Metric 4.6 - Only w/ Date of Engage.

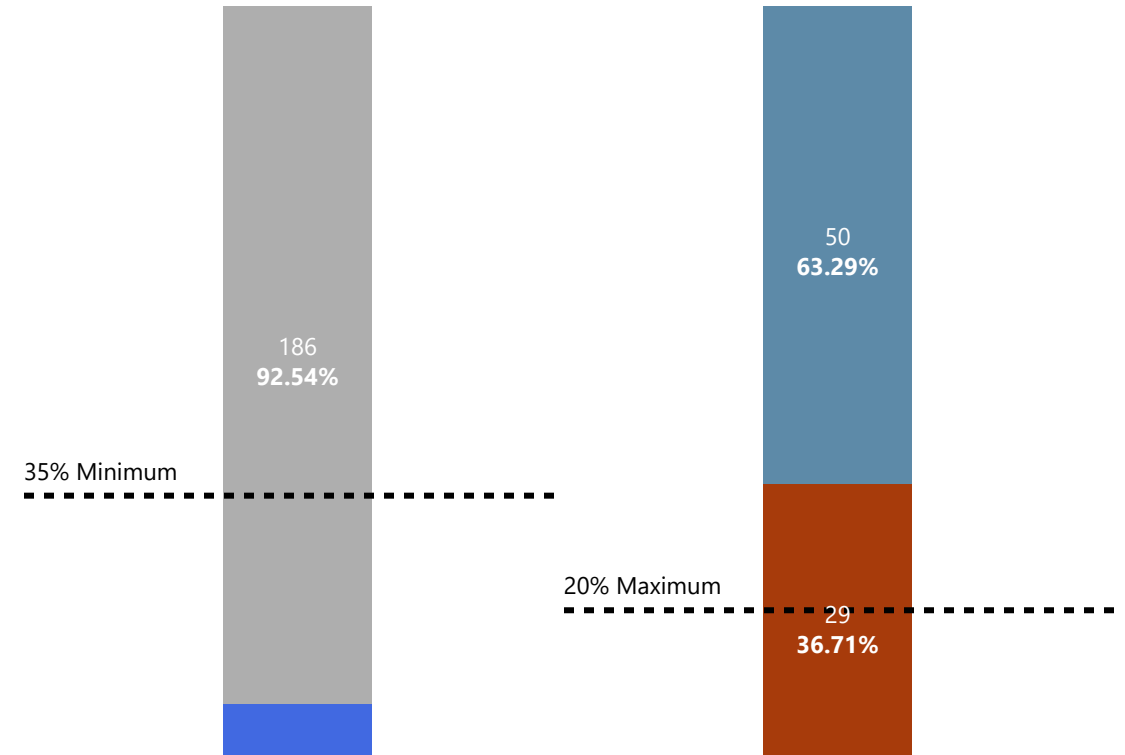
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned



Exits to Permanent Housing

(SPM Metric 7b.1 - Only W/ Date of Engagement)

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





Quarter 1 - Night-by-Night Emergency Shelter House of Charity Shelter

Number of Individuals Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
241	152 Max: 90 Days	2	2 Max: 30 Days	97% Min: 85%

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

- Currently Enrolled
- Permanent
- Unsheltered

Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)

- Currently Enrolled



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagement)

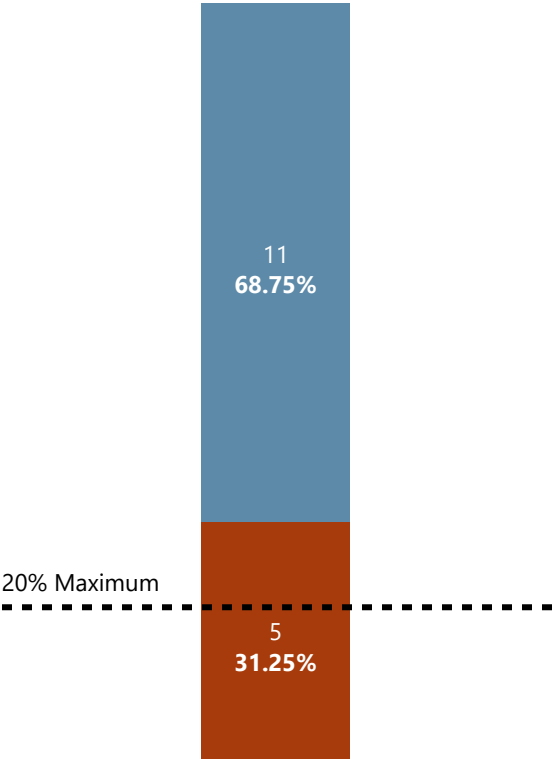
35% Minimum

During the reporting period, no clients who exited with a documented 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)

- Did Not Return
- Returned

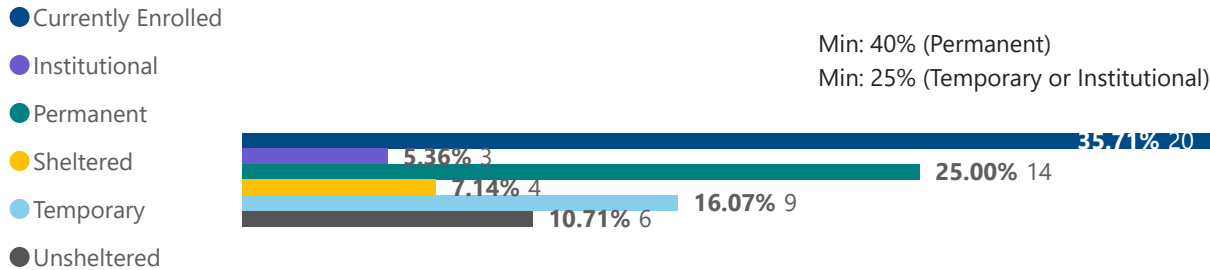




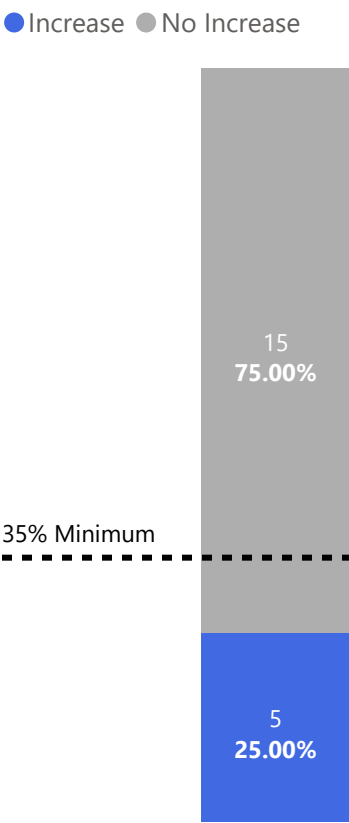
Quarter 1 - Night-by-Night Emergency Shelter Families Shelter

Number of Households Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
56	60 Max: 90 Days	31	5 Max: 30 Days	87% Min: 85%

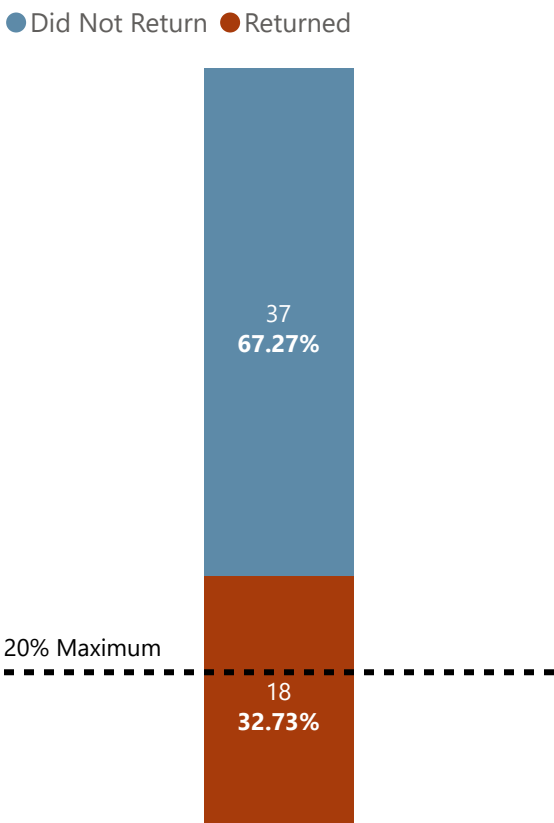
Exits to Permanent Housing
(SPM Metric 7b.1 - All Clients)



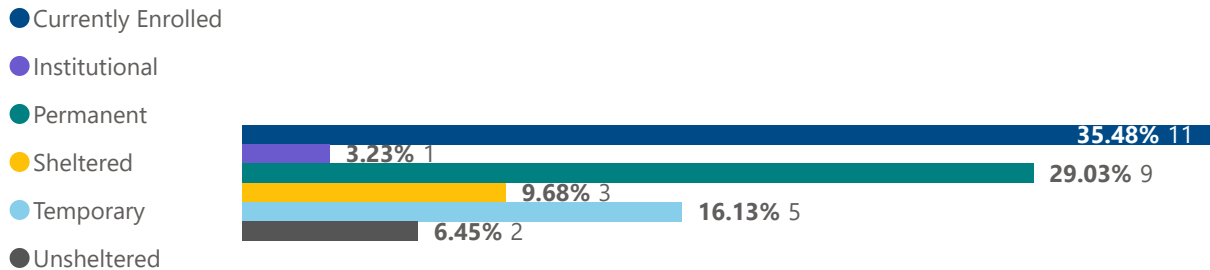
Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engage...



Returns to Homelessness
(SPM Metric 2b)



Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)

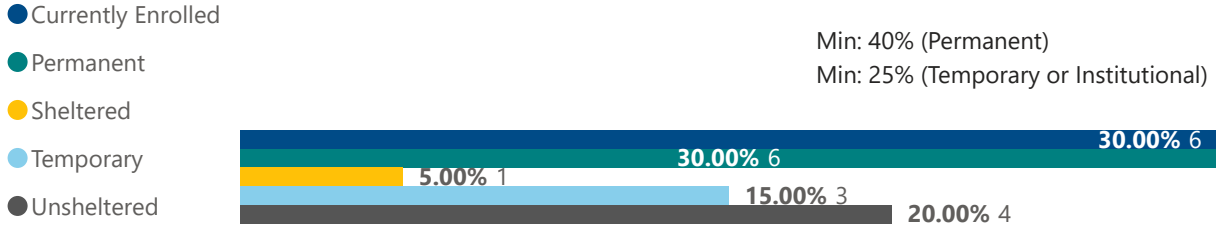




Quarter 1 - Night-by-Night Emergency Shelter FPS - Scattered Sites

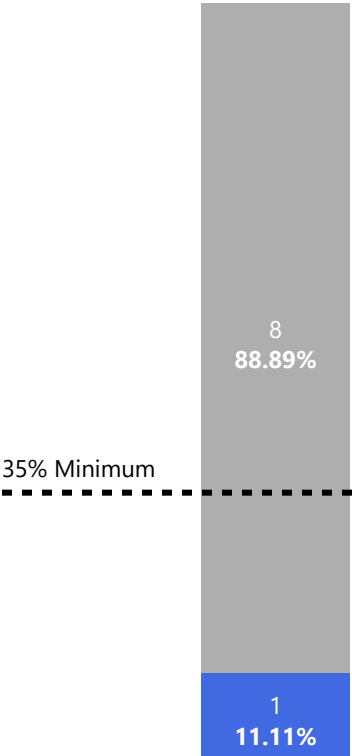
Number of Households Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
20	32 Max: 90 Days	13	4 Max: 30 Days	83% Min: 85%

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



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagement...)

● Increase ● No Increase

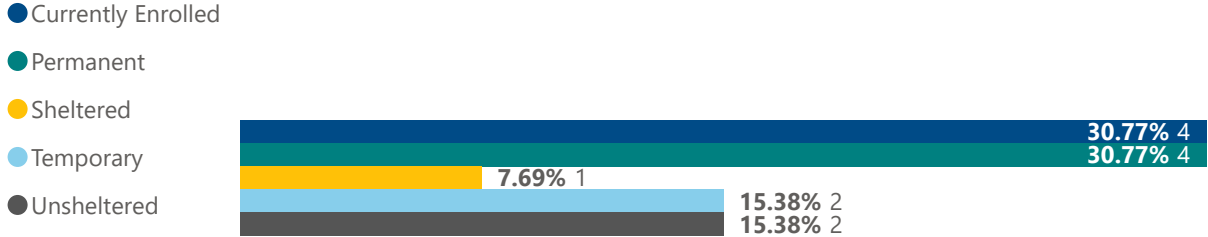


Returns to Homelessness
(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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

Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)





Quarter 1 - Night-by-Night Emergency Shelter Recovery Options Center

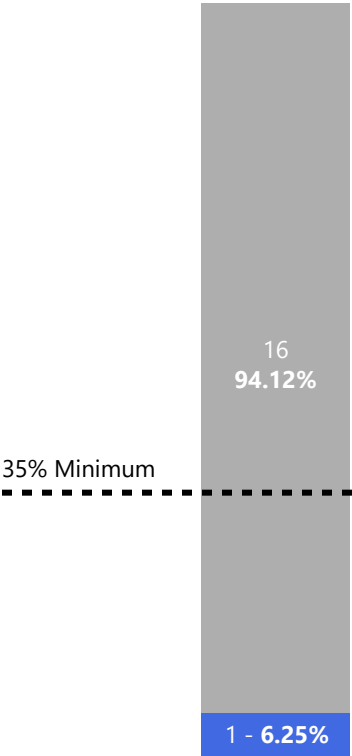
Number of Individuals Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
44	62 Max: 90 Days	34	1 Max: 30 Days	70% Min: 85%

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



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagemen...)

● Increase ● No Increase



Returns to Homelessness
(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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

Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)

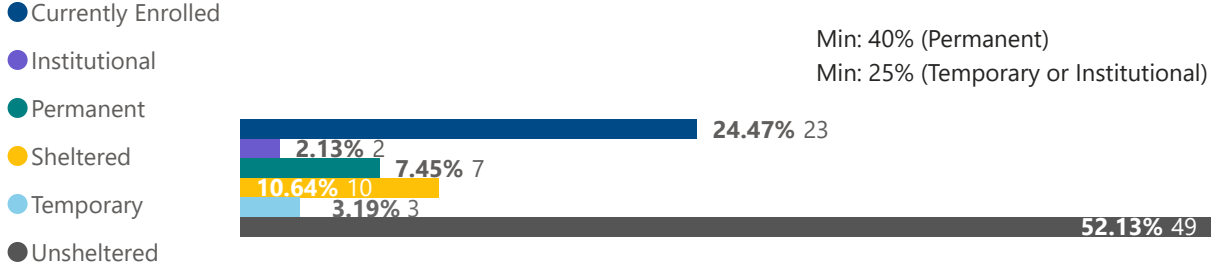




Quarter 1 - Night-by-Night Emergency Shelter Women's Shelter

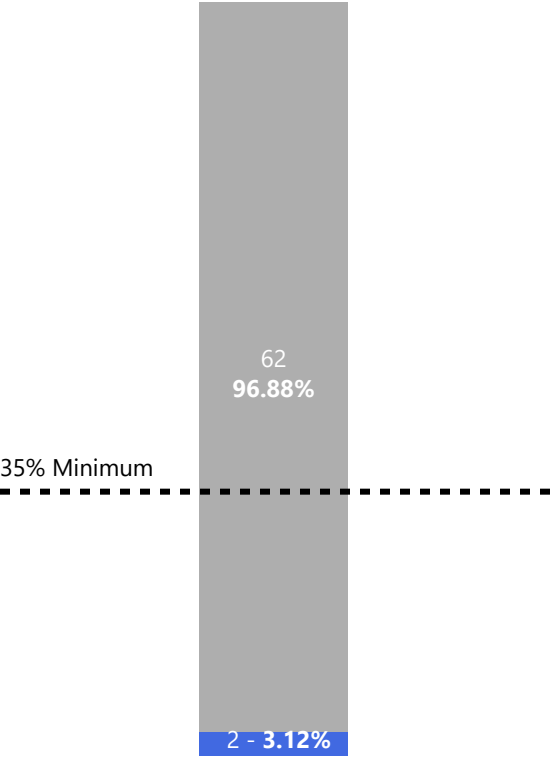
Number of Individuals Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
94	13 Max: 90 Days	85	4 Max: 30 Days	43% Min: 85%

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



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagem...

● Increase ● No Increase

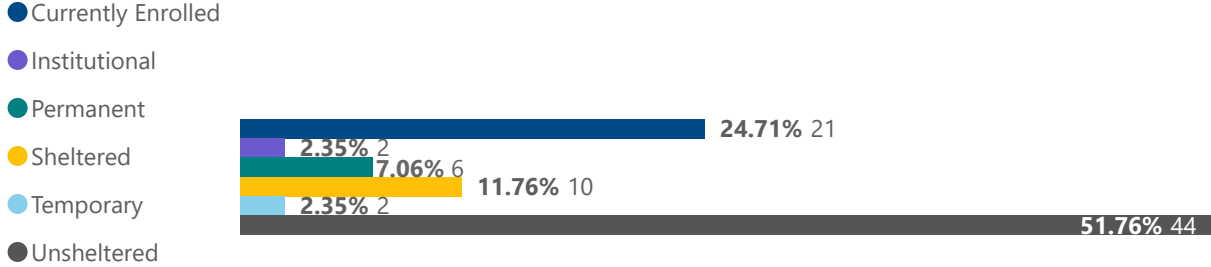


Returns to Homelessness
(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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

Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)

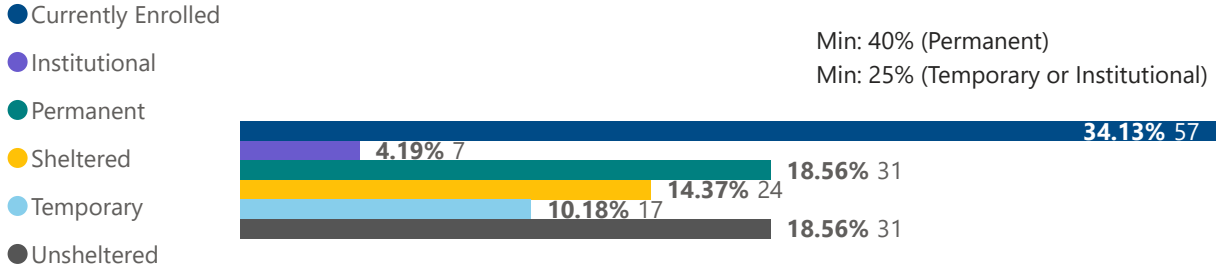




Quarter 1 - Night-by-Night Emergency Shelter Churches

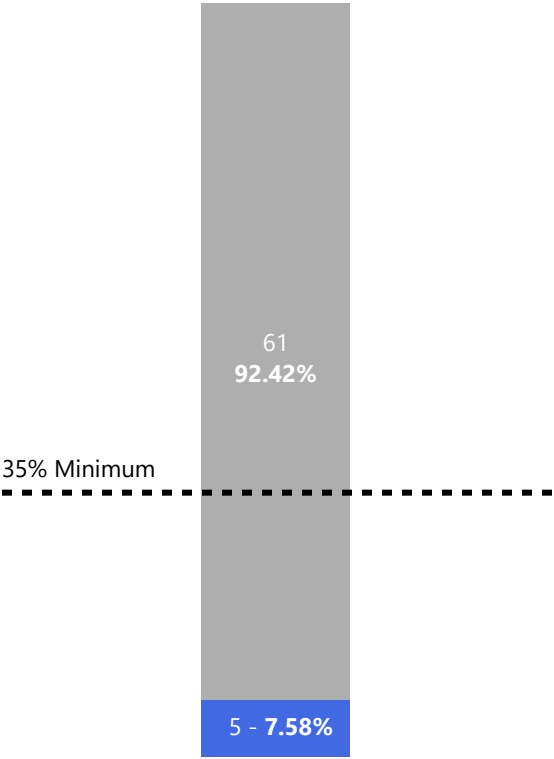
Number of Individuals Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
167	46 Max: 90 Days	95	1 Max: 30 Days	89% Min: 85%

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



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagemen...)

● Increase ● No Increase

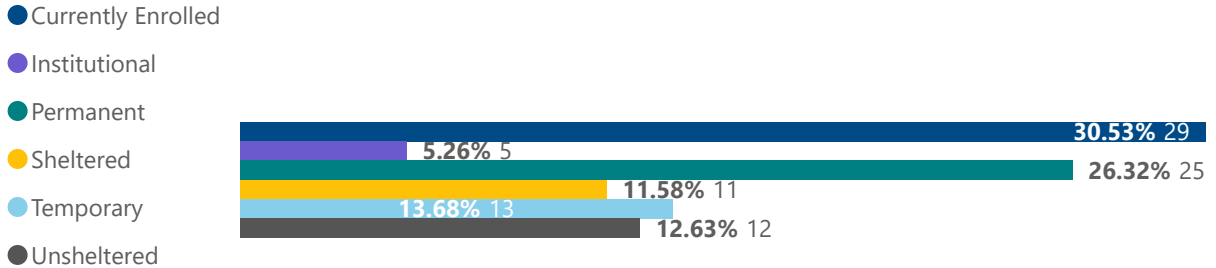


Returns to Homelessness
(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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

Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)

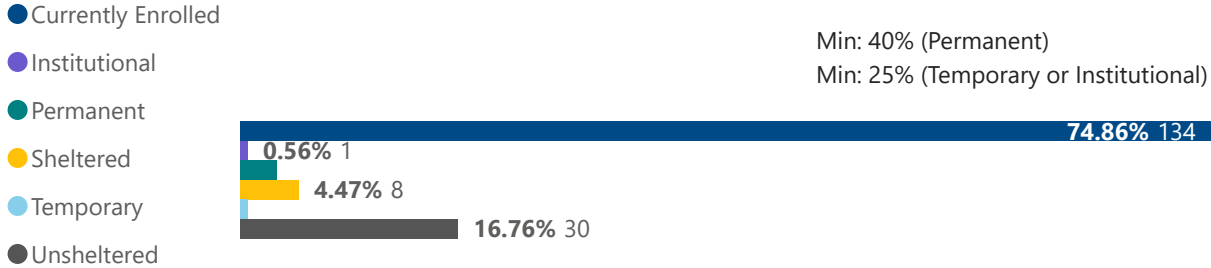




Quarter 1 - Night-by-Night Emergency Shelter Truth Ministries Shelter

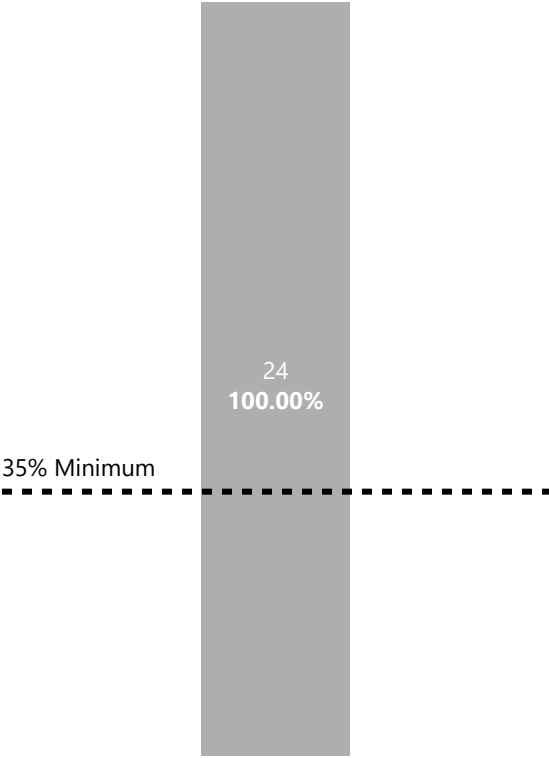
Number of Individuals Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
179	26 Max: 90 Days	100	0 Max: 30 Days	68% Min: 85%

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



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagemen...)

● No Increase

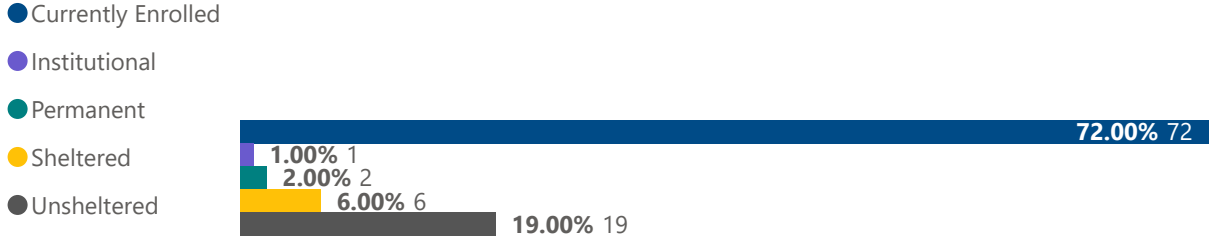


Returns to Homelessness
(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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

Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)

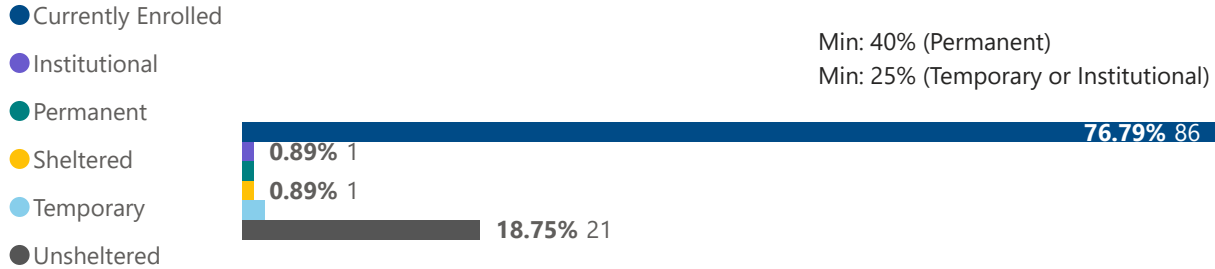




Quarter 1 - Night-by-Night Emergency Shelter Young Adult Shelter

Number of Individuals Served	Length of Time Homeless in ES (SPM Metric 1a.1)	Clients with a Date of Engagement	Average Length of Time to Date of Engagement (Days)	Average Rate of Utilization (Local Measure)
112	38 Max: 90 Days	1	8 Max: 30 Days	44% Min: 85%

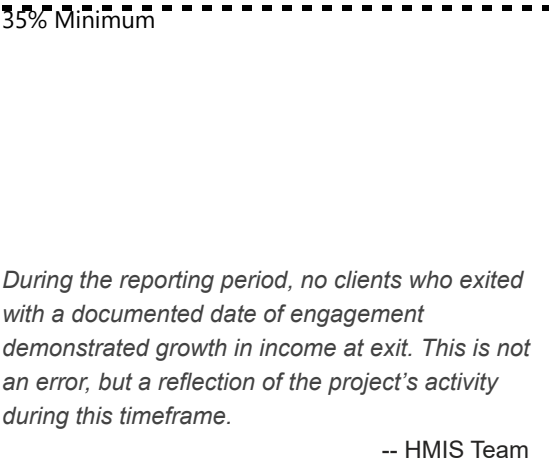
Exits to Permanent Housing
(SPM Metric 7b.1 - All Clients)



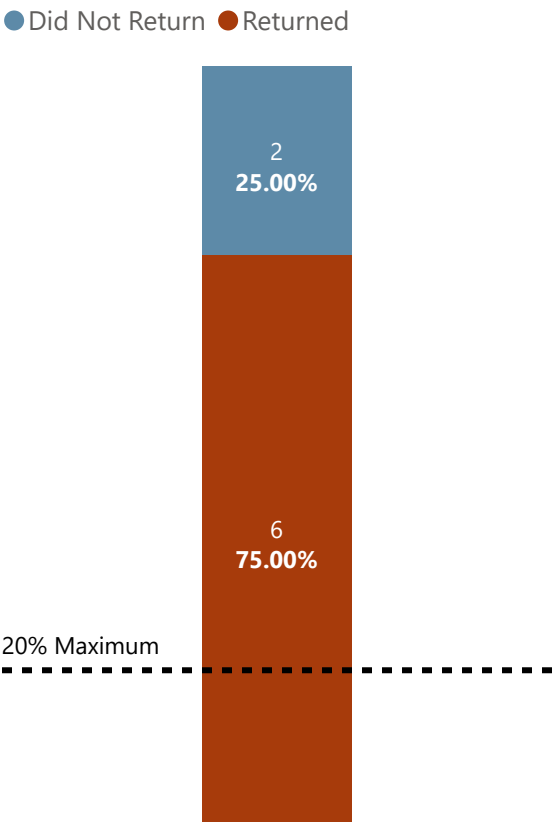
Exits to Permanent Housing
(SPM Metric 7b.1 - Only W/ Date of Engagement)



Employment and Income Growth
(SPM Metric 4.6 - Only w/ Date of Engagement...)



Returns to Homelessness
(SPM Metric 2b)





Quarter 1 - Continuous Stay Emergency Shelter

Emergency Shelter (ES): Crisis intervention offering beds to individuals who require immediate shelter due to homelessness.

Reporting Period: 07/1/2025 - 09/30/2025



Public Name: The Way Out Shelter
HMIS Name: TSA--ES--The Way Out Center
Inventory: 30 Beds (Households without children)

Grants:

- City of Spokane: Homeless Housing Assistance Act (HHAA)
- Spokane County: Homeless Housing Assistance Act (HHAA)
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Crosswalk Youth Shelter
HMIS Name: VOA--ES--Crosswalk Youth Shelter
Inventory: 18 Beds (Households with only children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: DV Shelter
HMIS Name: YWCA--ES--DV Shelter
Inventory: 25 Beds (Households with at least one adult and one child), 6 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard



Public Name: Catalyst
HMIS Name:

- CC--ES--Catalyst--ROW
- CC--ES--Community Catalyst--ROW

Inventory: 80 Beds (Households without children)

Grants:

- WA Dept. Commerce: Right of Way (ROW)



Quarter 1 - Continuous Stay Emergency Shelter

Emergency Shelter (ES): Crisis intervention offering beds to individuals who require immediate shelter due to homelessness.

Reporting Period: 07/1/2025 - 09/30/2025



Public Name: Revive Homes

HMIS Name: REV--ES--Homes--ROW

Inventory: 26 Beds (Households with only children)

Grants:

- WA Dept. Commerce: Right of Way (ROW)



Public Name: Healing Hearts Medical Respite

HMIS Name: JHH--ES--Healing Hearts Medical Respite

Inventory: 30 Beds (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Spend Down - Emergency Shelter - Continuous Stay

Q1

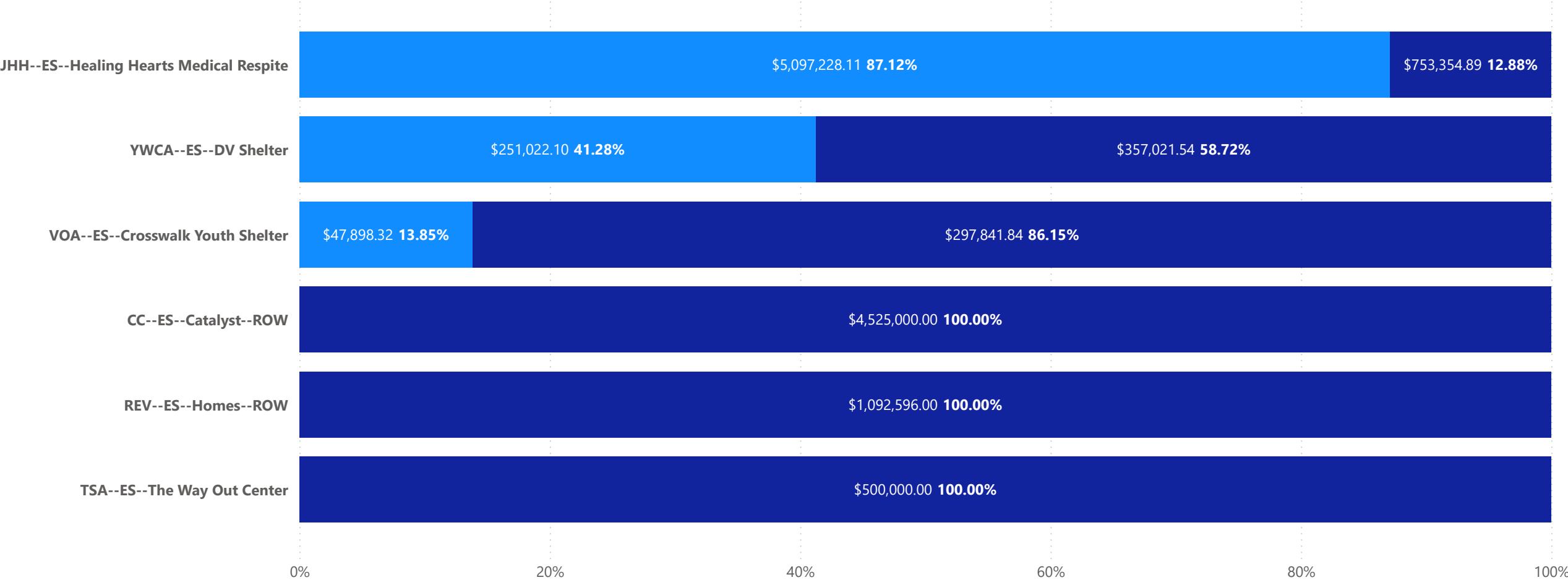
Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





Quarter 1 - Continuous Stay Emergency Shelter Performance Overview

Number of Individuals Served

360

Length of Time Homeless in ES

(SPM Metric 1a.1)

161

Max: 90 Days

Average Rate of Utilization

(Local Measure)

67%

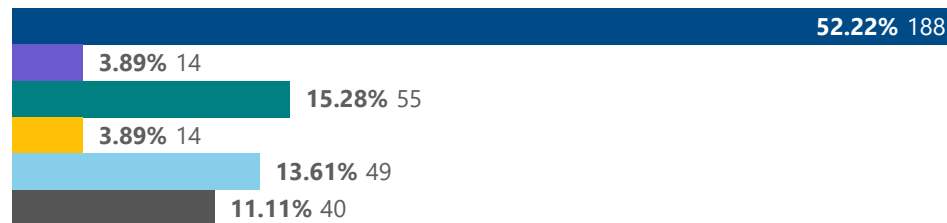
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

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

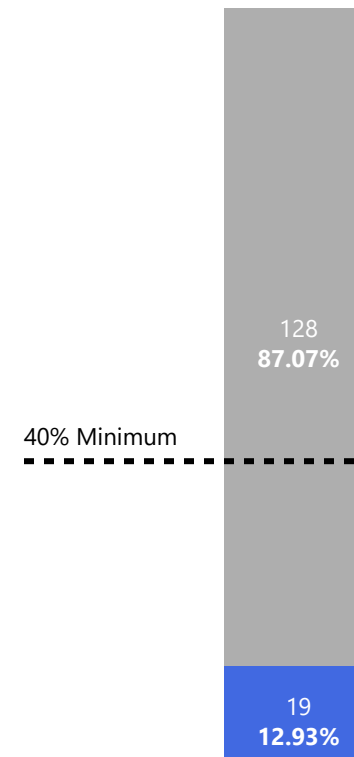
Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(SPM Metric 4.6)

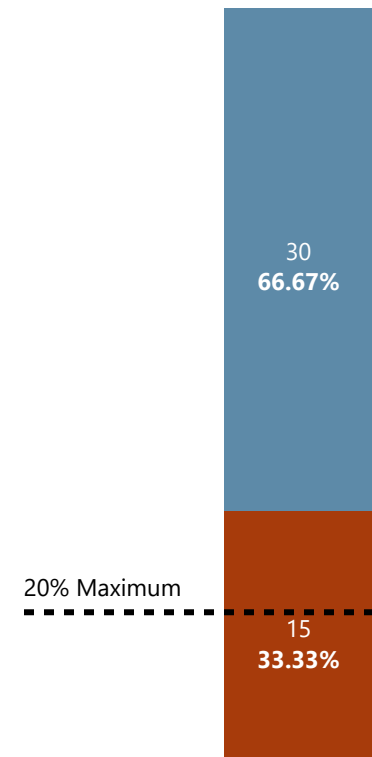
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 1 - Continuous Stay Emergency Shelter The Way Out Shelter

Number of Individuals Served

91

Length of Time Homeless in ES

(SPM Metric 1a.1)

26

Max: 90 Days

Average Rate of Utilization

(Local Measure)

79%

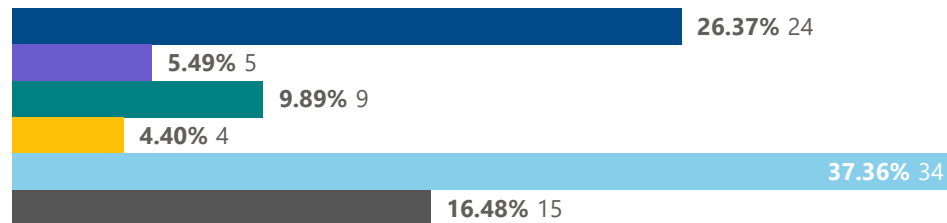
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

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

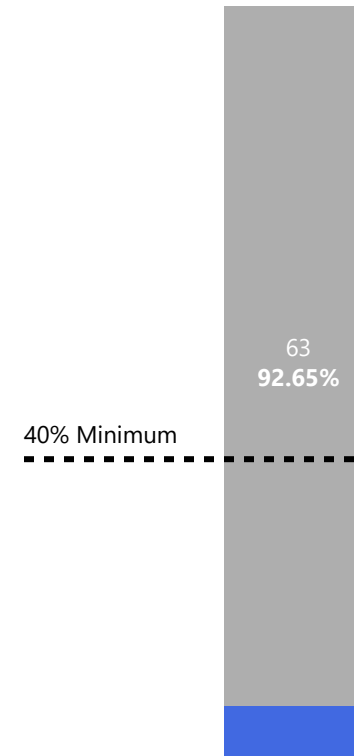
Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(SPM Metric 4.6)

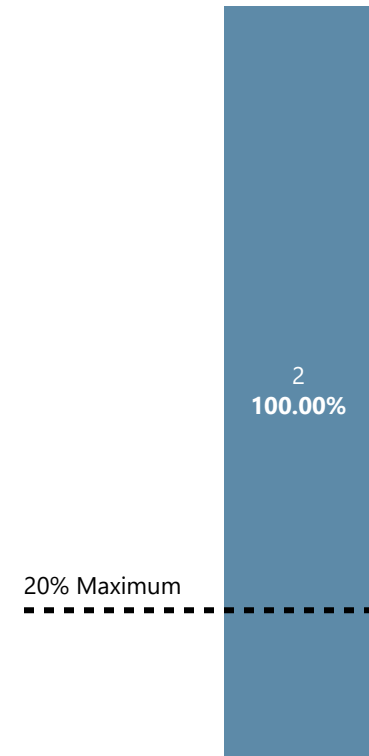
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return





Quarter 1 - Continuous Stay Emergency Shelter Crosswalk Youth Shelter

Number of Individuals Served

56

Length of Time Homeless in ES
(SPM Metric 1a.1)

125

Max: 90 Days

Average Rate of Utilization
(Local Measure)

32%

Min: 85%

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

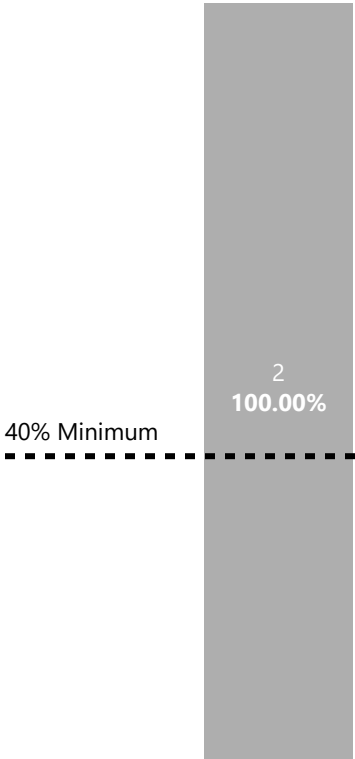
- Currently Enrolled
- Permanent
- Sheltered
- Temporary

Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



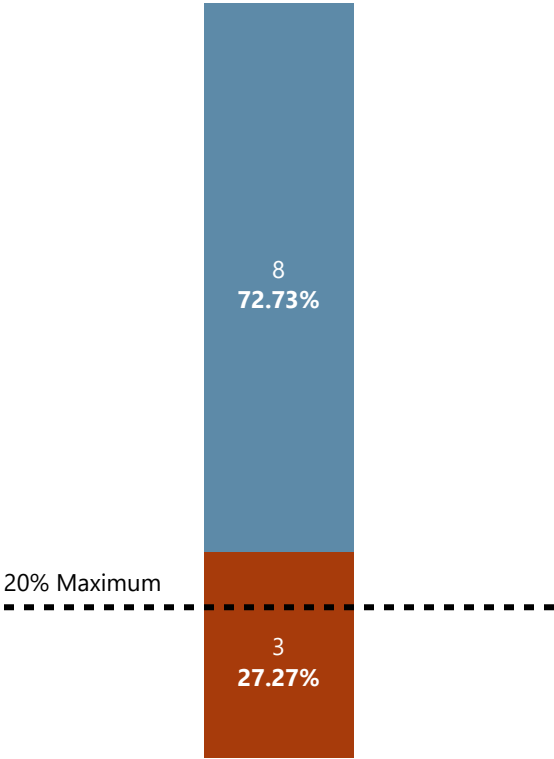
Employment and Income Growth
(SPM Metric 4.6)

- No Increase



Returns to Homelessness
(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 1 - Continuous Stay Emergency Shelter DV Shelter

Number of Individuals Served

73

Length of Time Homeless in ES

(SPM Metric 1a.1)

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

-- HMIS Team

Average Rate of Utilization

(Local Measure)

90%

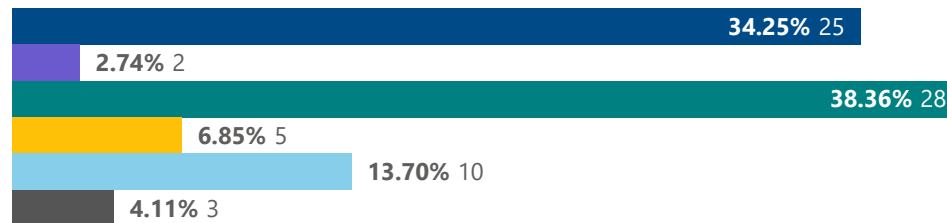
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)

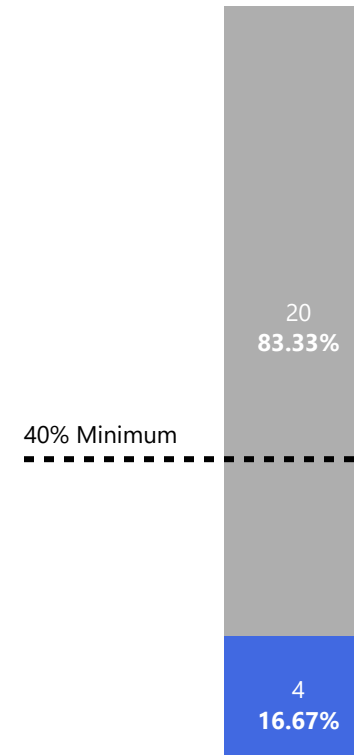
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

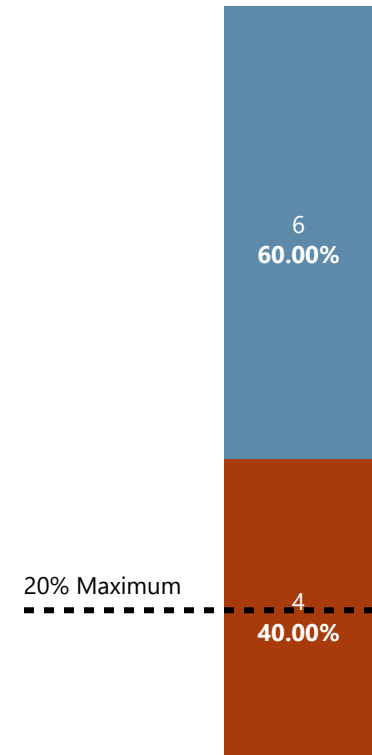
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 1 - Continuous Stay Emergency Shelter Catalyst

Number of Individuals Served

66

Length of Time Homeless in ES
(SPM Metric 1a.1)

373

Max: 90 Days

Average Rate of Utilization
(Local Measure)

70%

Min: 85%

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

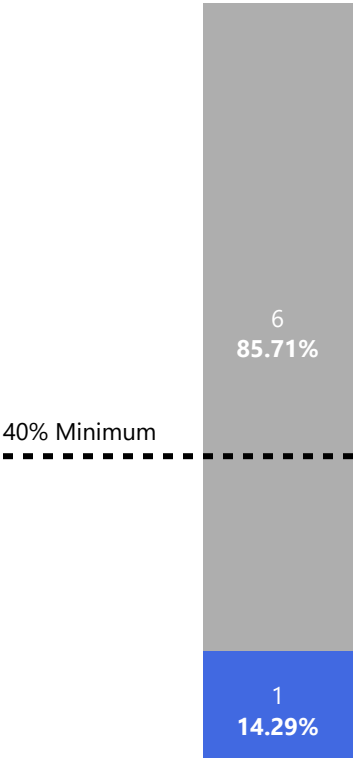
- Currently Enrolled
- Institutional
- Permanent
- Unsheltered

Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth (SPM Metric 4.6)

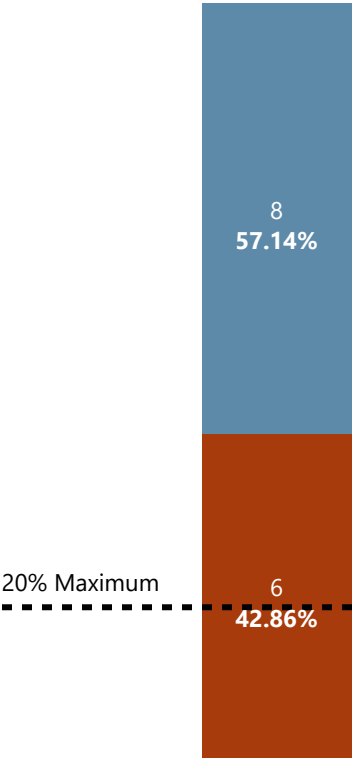
- Increase
- No Increase



40% Minimum

Returns to Homelessness (SPM Metric 2b)

- Did Not Return
- Returned



20% Maximum



Quarter 1 - Continuous Stay Emergency Shelter Revive Homes

Number of Individuals Served

23

Length of Time Homeless in ES
(SPM Metric 1a.1)

399

Max: 90 Days

Average Rate of Utilization
(Local Measure)

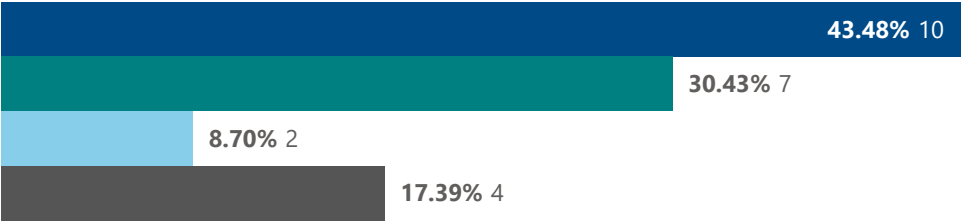
64%

Min: 85%

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

- Currently Enrolled
- Permanent
- Temporary
- Unsheltered

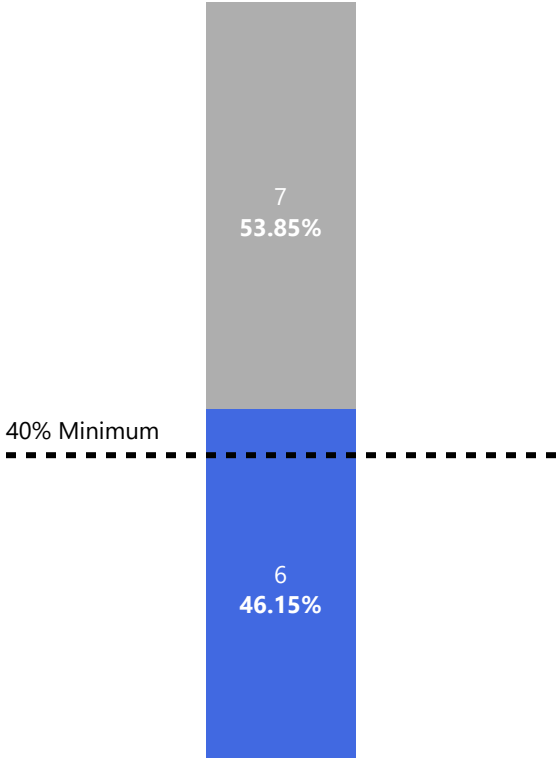
Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth
(SPM Metric 4.6)

- Increase
- No Increase

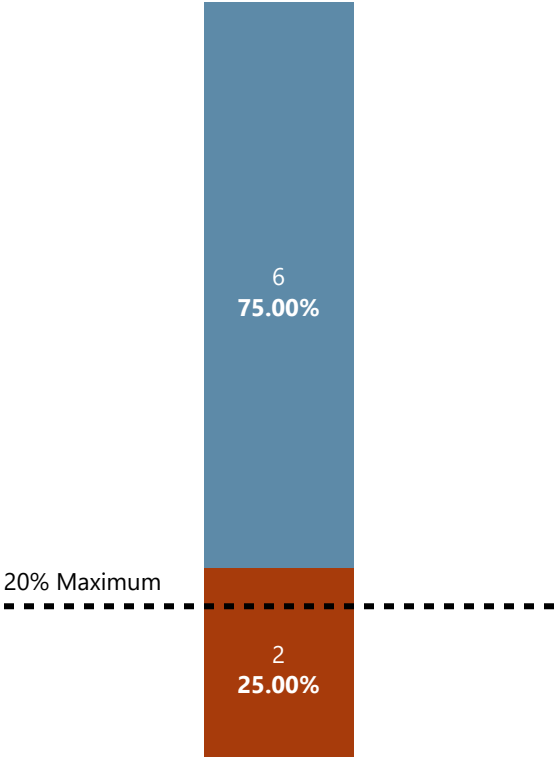
40% Minimum



Returns to Homelessness
(SPM Metric 2b)

- Did Not Return
- Returned

20% Maximum





Quarter 1 - Continuous Stay Emergency Shelter Healing Hearts Medical Respite

Number of Individuals Served

51

Length of Time Homeless in ES
(SPM Metric 1a.1)

59

Max: 90 Days

Average Rate of Utilization
(Local Measure)

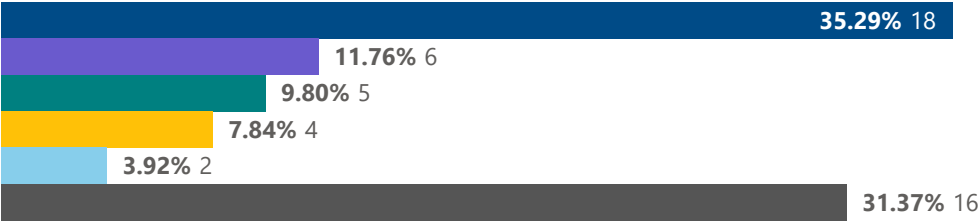
62%

Min: 85%

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

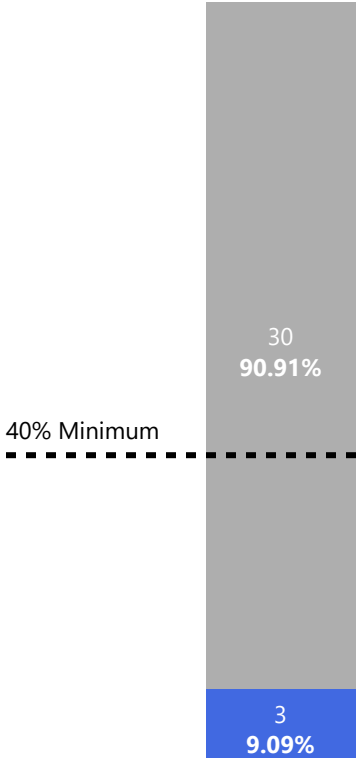
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered

Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth
(SPM Metric 4.6)

- Increase
- No Increase



40% Minimum

Returns to Homelessness
(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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 1 - 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: 07/1/2025 - 09/30/2025



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 / 6 Units (Households with at least one adult and one child), 6 Beds / 6 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



Public Name: Miryam's House
HMIS Name: TPW--TH--Miryams House
Inventory: 6 Beds / 6 Units (Households without children)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Transitional Living Center
HMIS Name: TPW--TH--TLC
Inventory: 18 Beds / 6 Units (Households with at least one adult and one child)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Quarter 1 - 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: 07/1/2025 - 09/30/2025



Public Name: The Way Out Center

HMIS Name: TSA--TH--The Way Out Center

Inventory: 30 Beds / 1 Unit (Households without children)

Grants:

- City of Spokane: Homeless Housing Assistance Act (HHAA)



Spend Down - Transitional Housing

Q1

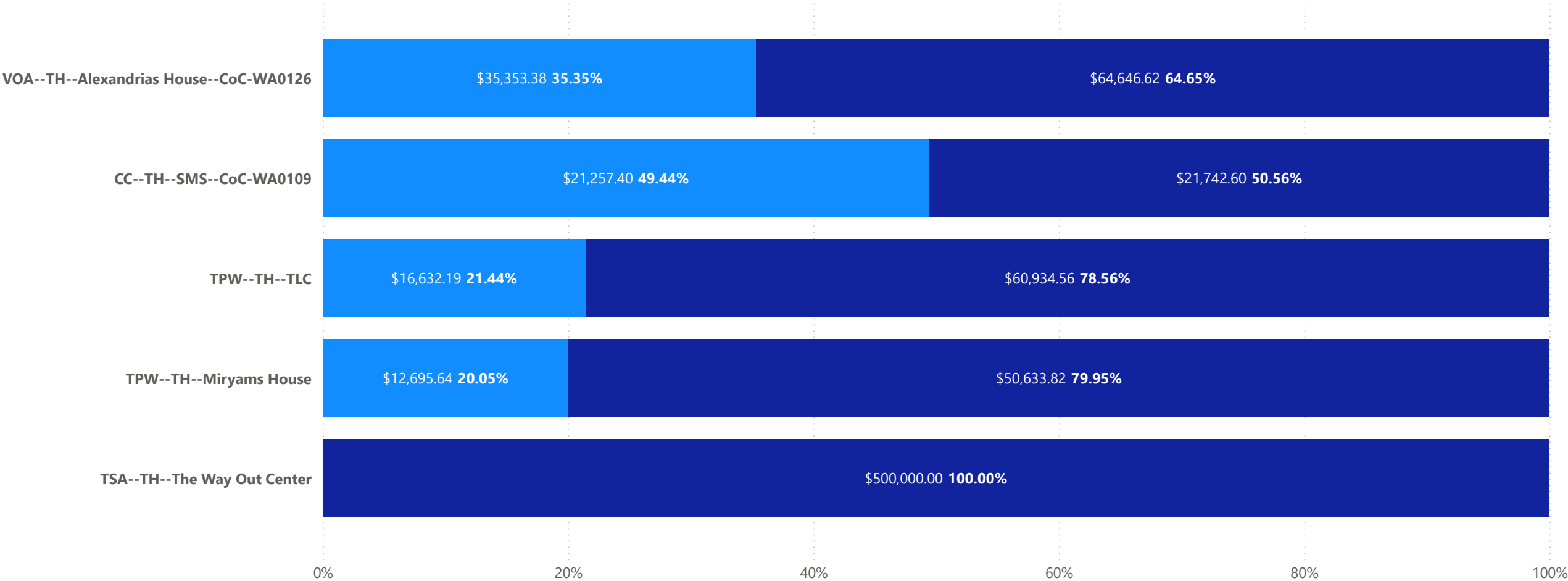
Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





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

Quarter 1 - Transitional Housing Performance Overview

Number of Households Served

102

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

105

Max: 160 Days

Average Utilization Rate
(Bed)

79%

Min: 85%

Average Utilization Rate
(Unit)

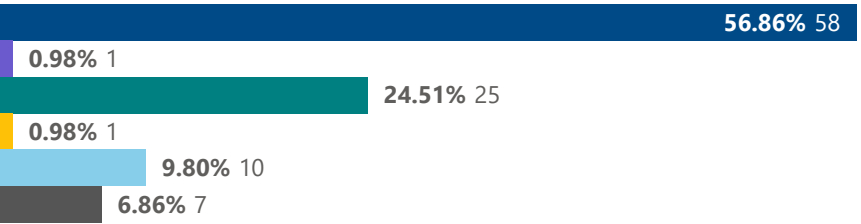
76%

Min: 85%

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

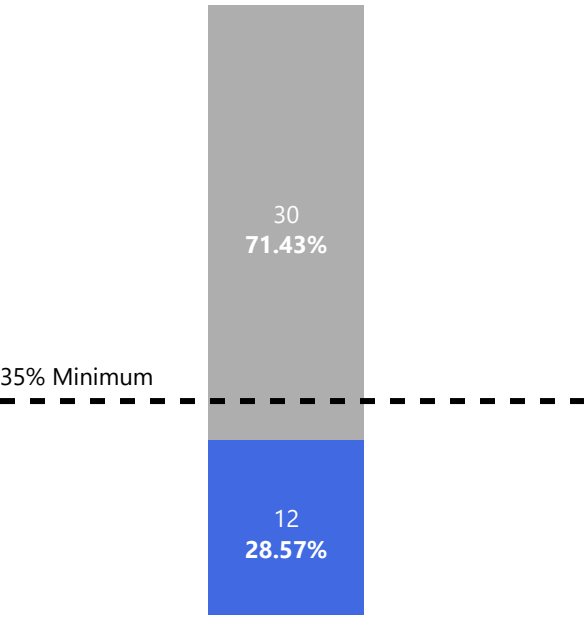
Min: 70% (Permanent)

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



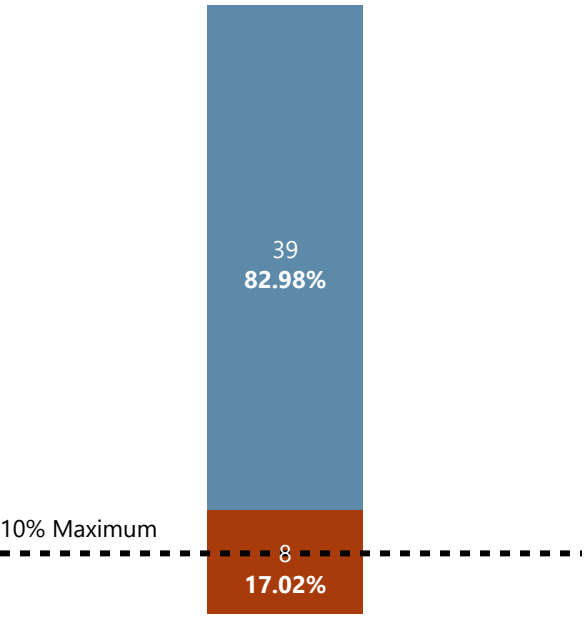
Employment and Income Growth (SPM Metric 4.6)

- Increase
- No Increase



Returns to Homelessness (SPM Metric 2b)

- Did Not Return
- Returned





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

Quarter 1 - Transitional Housing Saint Margaret's Shelter

Number of Households Served

23

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

78

Max: 160 Days

Average Utilization Rate
(Bed)

87%

Min: 85%

Average Utilization Rate
(Unit)

92%

Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 70% (Permanent)

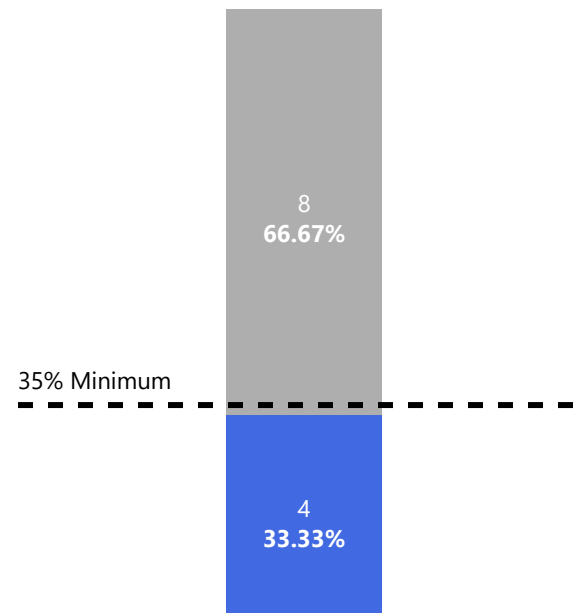
- Currently Enrolled
- Permanent
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

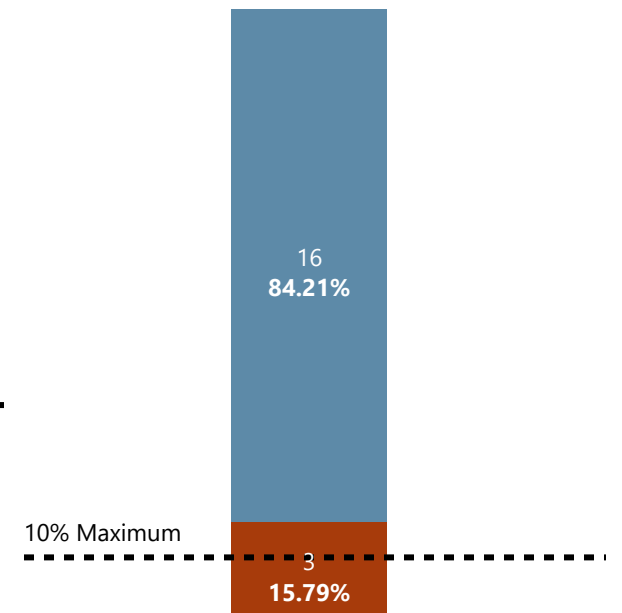
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





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

Quarter 1 - Transitional Housing Alexandria's House

Number of Households Served

5

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

85

Max: 160 Days

Average Utilization Rate
(Bed)

11%

Min: 85%

Average Utilization Rate
(Unit)

8%

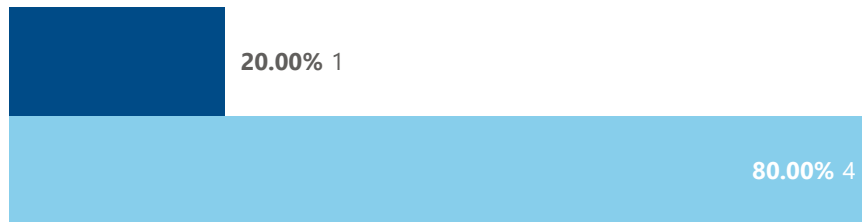
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Temporary

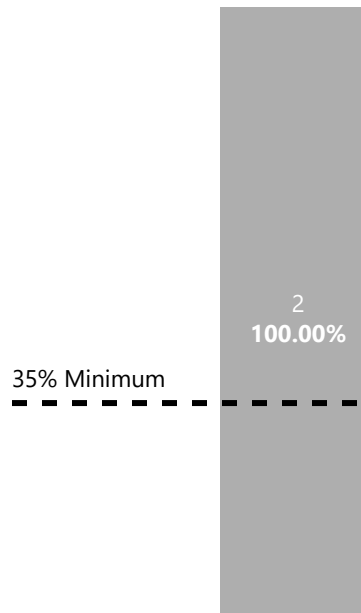
Min: 70% (Permanent)



Employment and Income Growth

(SPM Metric 4.6)

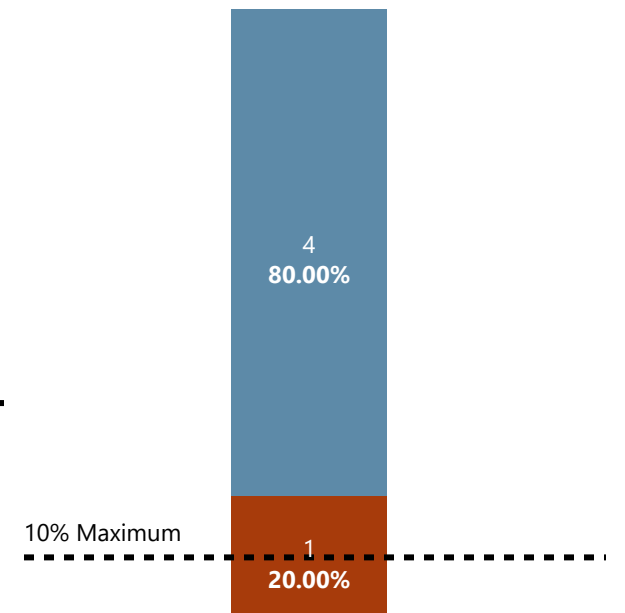
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 1 - Transitional Housing

Miryam's House

Number of Households Served

9

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

169

Max: 160 Days

Average Utilization Rate
(Bed)

94%

Min: 85%

Average Utilization Rate
(Unit)

94%

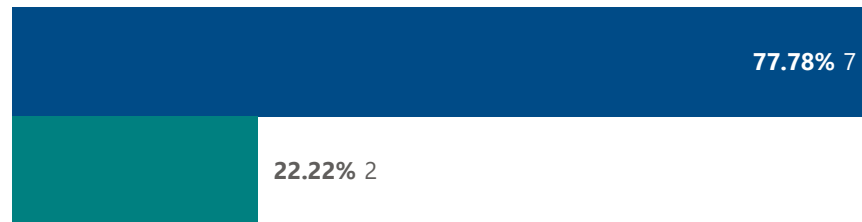
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Permanent

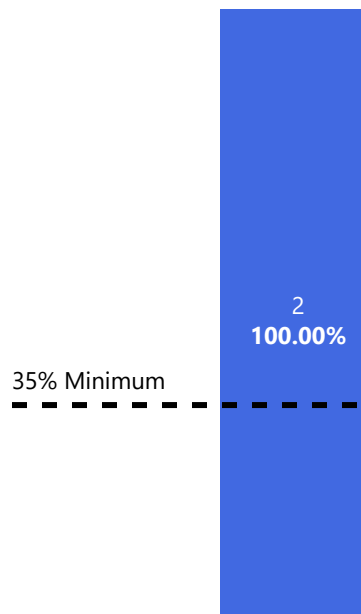
Min: 70% (Permanent)



Employment and Income Growth

(SPM Metric 4.6)

- Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return





Quarter 1 - Transitional Housing Transitional Living Center (TLC)

Number of Households Served

8

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

235

Max: 160 Days

Average Utilization Rate
(Bed)

126%

Min: 85%

Average Utilization Rate
(Unit)

78%

Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Permanent

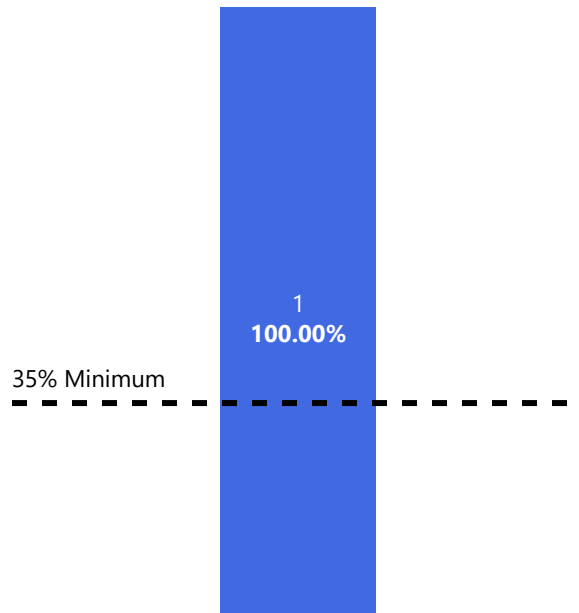
Min: 70% (Permanent)



Employment and Income Growth

(SPM Metric 4.6)

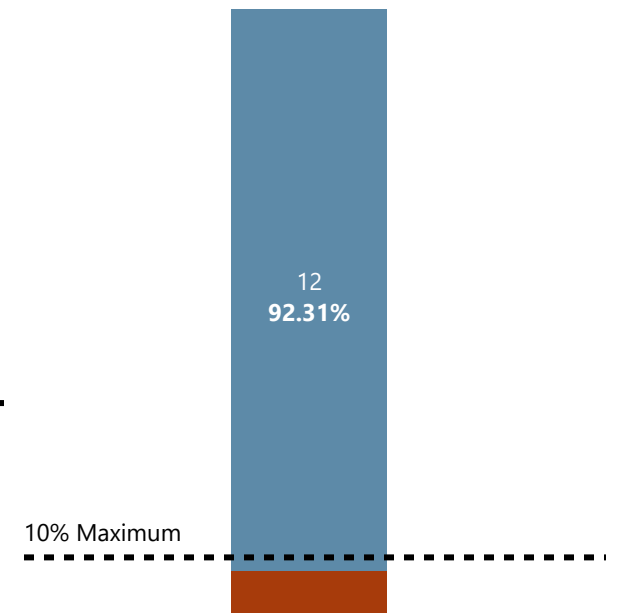
- Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





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

Quarter 1 - Transitional Housing

The Way Out Center

Number of Households Served

57

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

57

Max: 160 Days

Average Utilization Rate
(Bed)

78%

Min: 85%

Average Utilization Rate
(Unit)

78%

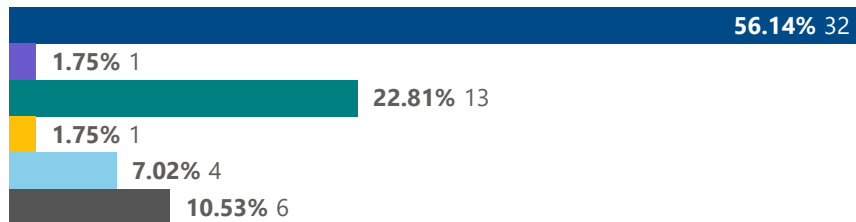
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 70% (Permanent)

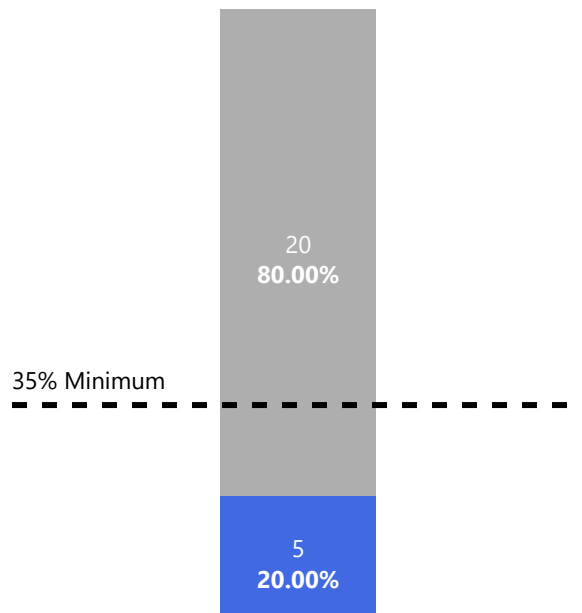
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

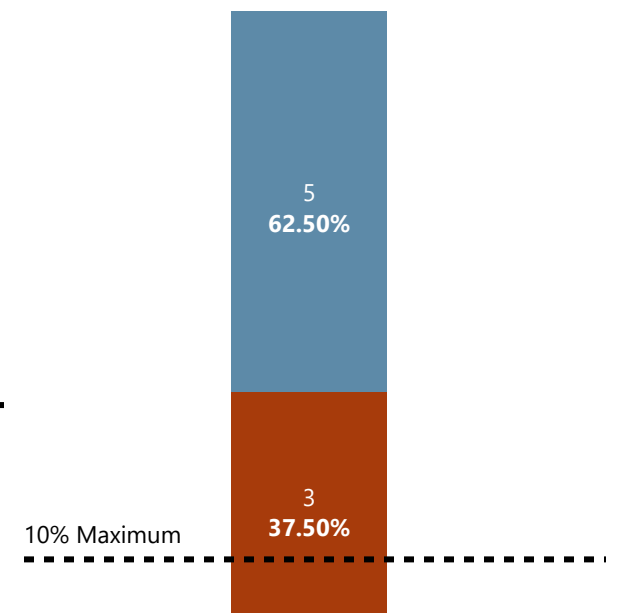
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Housing Services PY 2025-26 Quarterly Performance Report

Quarter 1 - 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: 07/1/2025 - 09/30/2025



Public Name: Families Rapid Rehousing
HMIS Name: CC--RRH--Families--HHOS

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Families Rapid Rehousing (ESG)
HMIS Name: CC--RRH--Families--HHOS-ESG

Grants:

- HUD: Emergency Solutions Grant (ESG) - Rapid Rehousing (RRH)



Public Name: Singles Rapid Rehousing
HMIS Name: SNAP--RRH--Singles--HHOS

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: HEN Foundational Community Support (FCS) Bridge
HMIS Name: GI--RRH--HEN FCS Bridge

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Housing and Essential Needs (HEN)
- WA Dept. Commerce: System Demonstrations Grant (SDG) - Housing and Essential Needs (HEN) Foundational Community Support (FCS)



Housing Services PY 2025-26 Quarterly Performance Report

Quarter 1 - 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: 07/1/2025 - 09/30/2025



Public Name: Housing and Essential Needs
HMIS Name: GI--RRH--HEN

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Housing and Essential Needs



Spend Down - Rapid Re-Housing

Q1

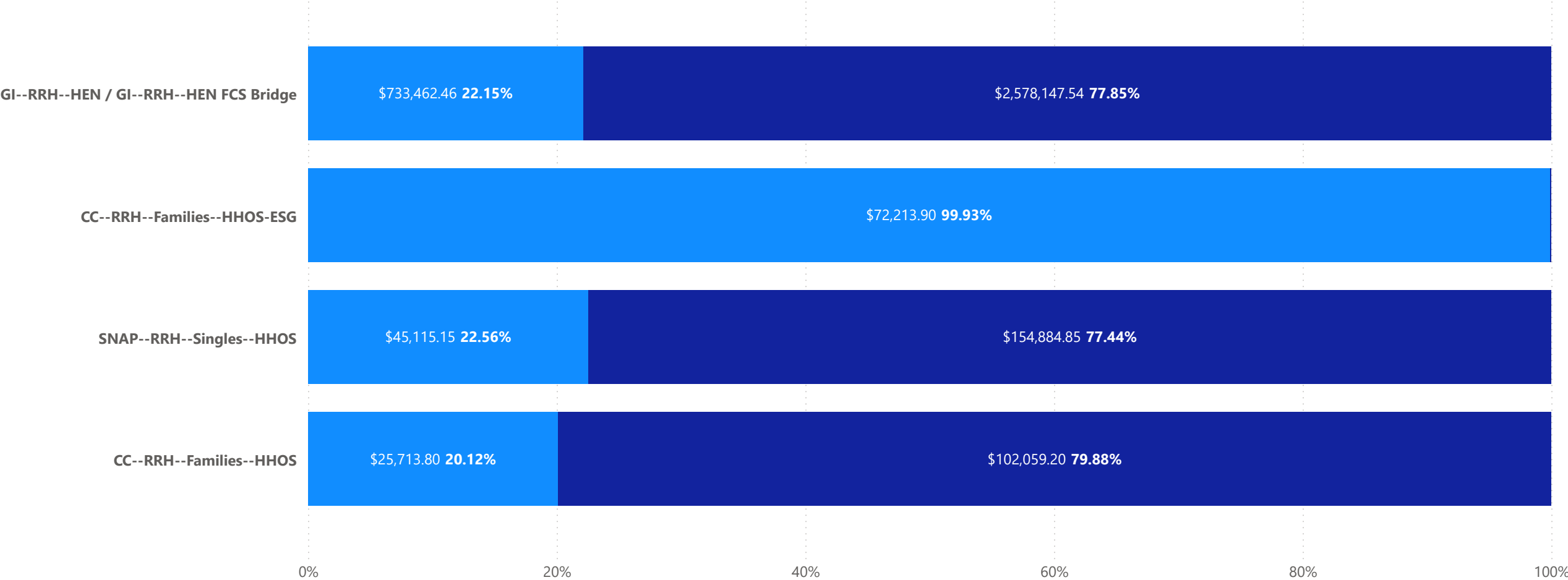
Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





Quarter 1 - Rapid Rehousing Performance Overview

Number of Households Served

189

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

149

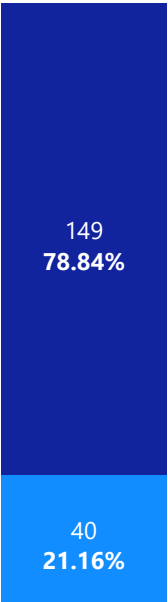
Rapid Placement into Permanent Housing
(Custom Metric)

83

Max: 60 Days

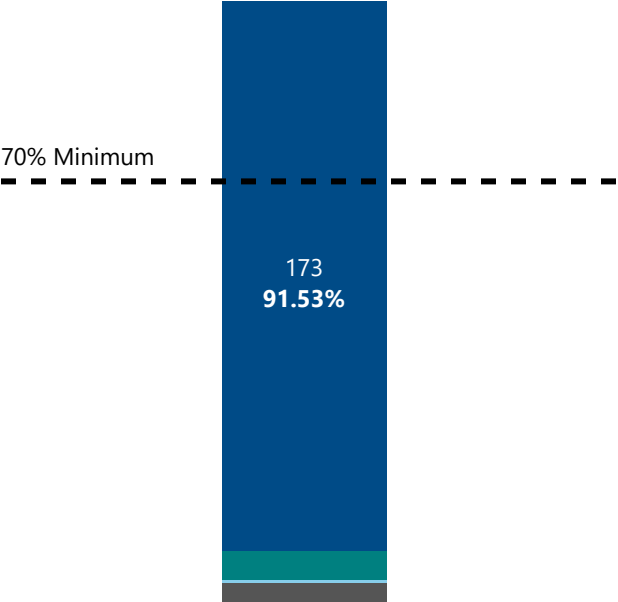
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



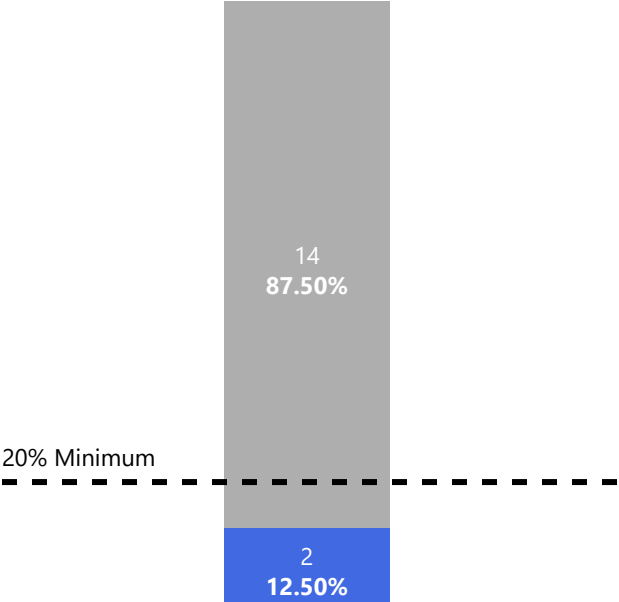
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

● Currentl... ● Perman... ● Tempor... ● Unshelt...



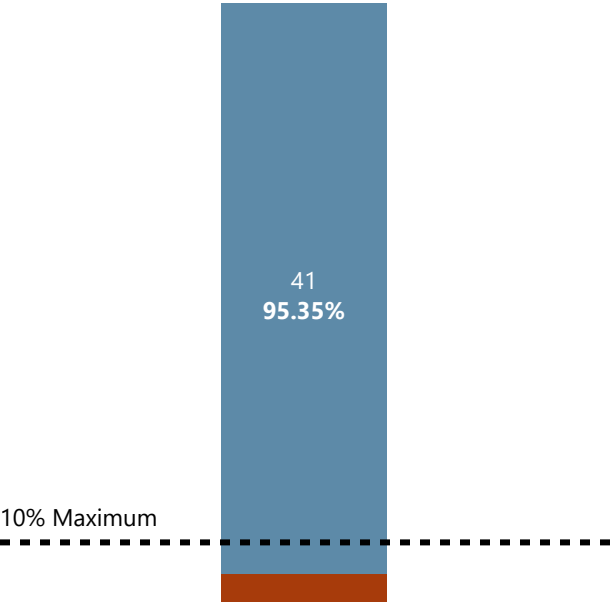
Employment and Income Growth (SPM Metric 4.6)

● Increase ● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return ● Returned





Quarter 1 - Rapid Rehousing Families Rapid Rehousing

Number of Households Served

8

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

5

Rapid Placement into Permanent Housing
(Custom Metric)

11

Max: 60 Days

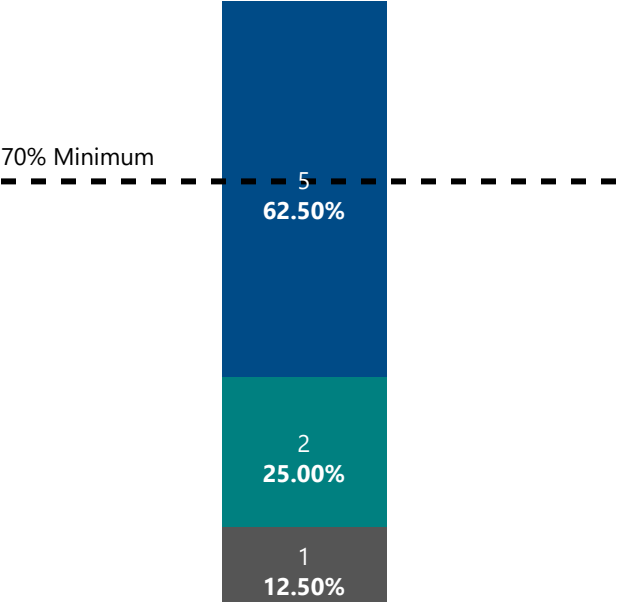
Households Served Moved into Housing
(Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



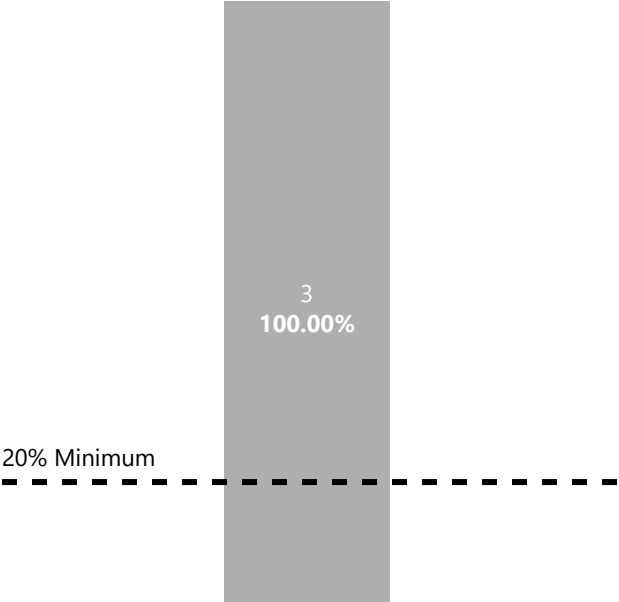
Exits to Permanent Housing
(SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Permanent ● Unsheltered



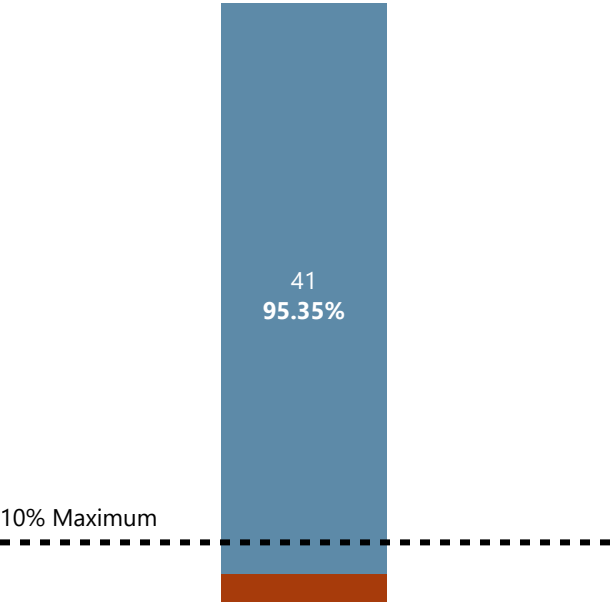
Employment and Income Growth
(SPM Metric 4.6)

● No Increase



Returns to Homelessness
(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 1 - Rapid Rehousing Families Rapid Rehousing (ESG)

Number of Households Served

11

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

11

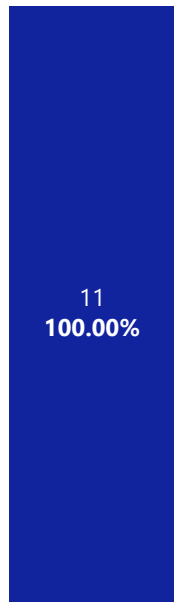
Rapid Placement into Permanent Housing
(Custom Metric)

10

Max: 60 Days

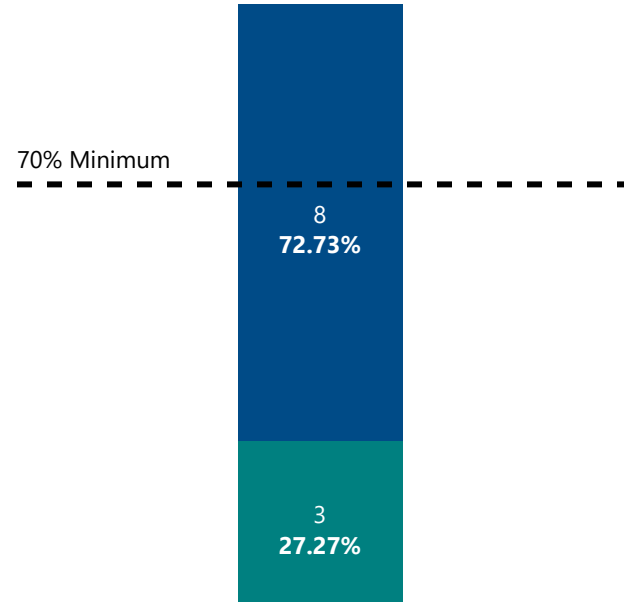
Households Served Moved into Housing
(Currently Housed - May Be Receiving Subsidy)

● Moved-In



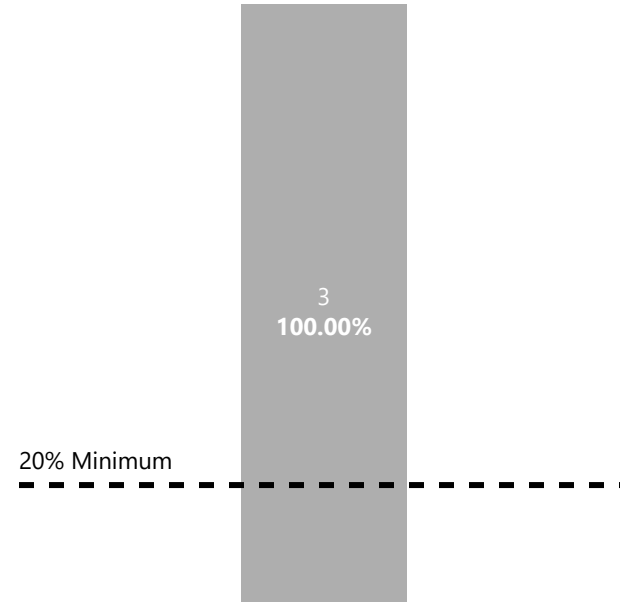
Exits to Permanent Housing
(SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Permanent



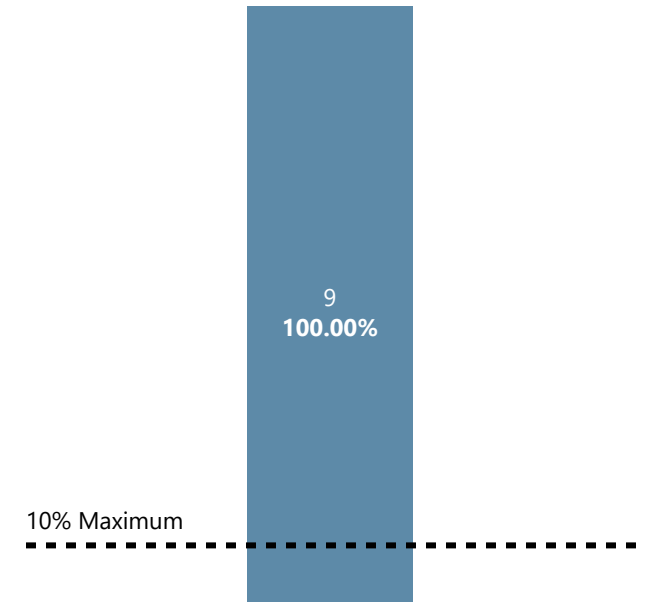
Employment and Income Growth
(SPM Metric 4.6)

● No Increase



Returns to Homelessness
(SPM Metric 2b)

● Did Not Return





Quarter 1 - Rapid Rehousing Singles Rapid Rehousing

Number of Individuals Served

13

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

7

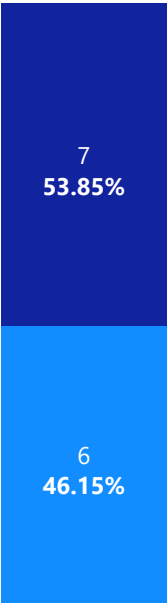
Rapid Placement into Permanent Housing
(Custom Metric)

31

Max: 60 Days

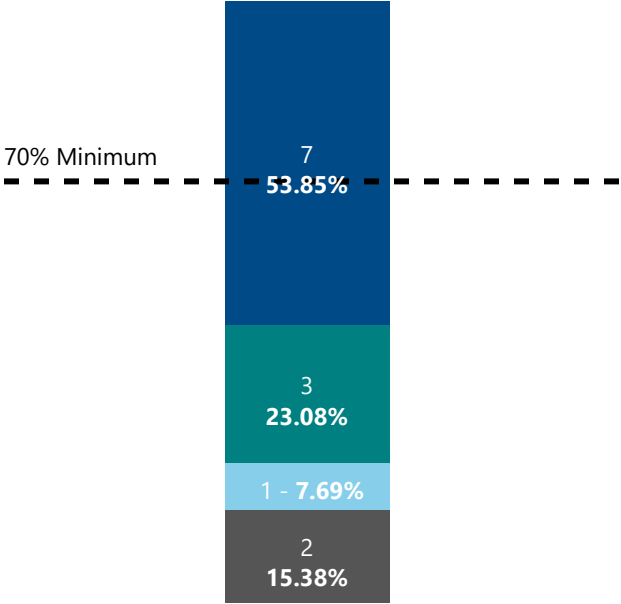
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



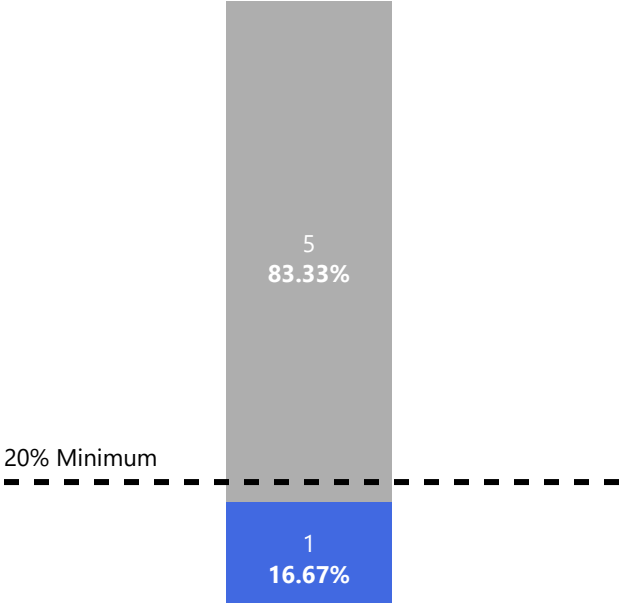
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

● Currentl... ● Perman... ● Tempor... ● Unshelt...



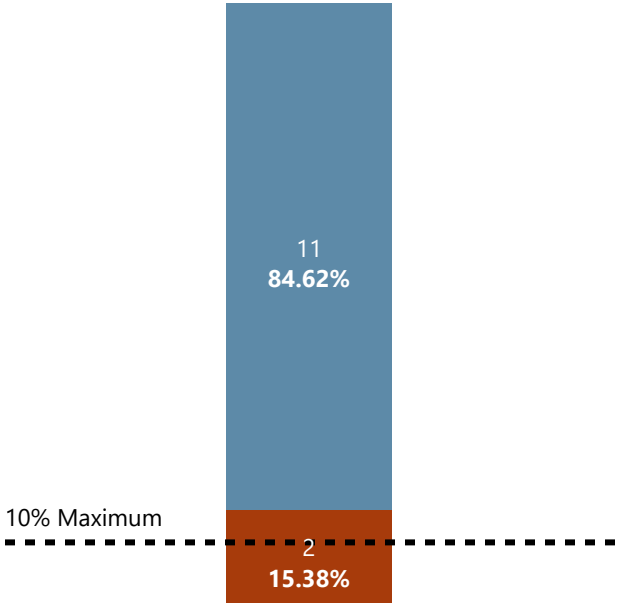
Employment and Income Growth (SPM Metric 4.6)

● Increase ● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return ● Returned





Quarter 1 - Rapid Rehousing

HEN Foundational Community Support (FCS) Bridge

Number of Individuals Served

1

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

No client was reported to have moved into housing during the reporting period.

-- HMIS Team

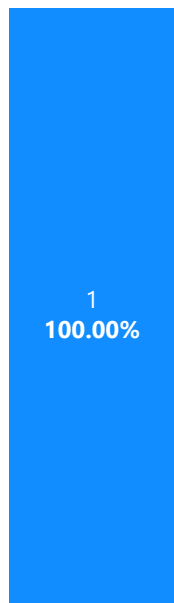
Rapid Placement into Permanent Housing
(Custom Metric)

Due to no client reported to have moved into housing during the reporting period, we are unable to calculate this metric.

-- HMIS Team

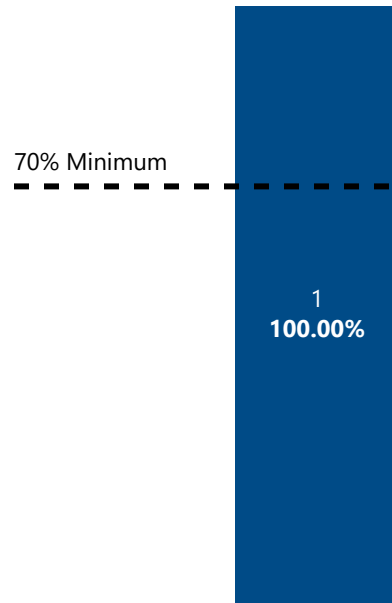
Households Served Moved into Housing
(Currently Housed - May Be Receiving Subsidy)

● Not Moved-In



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

● Currently Enrolled



70% Minimum

Employment and Income Growth
(SPM Metric 4.6)

During the reporting period, no clients exited from this project to demonstrate 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). 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% Minimum

10% Maximum



Quarter 1 - Rapid Rehousing Housing and Essential Needs (HEN)

Number of Individuals Served

156

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

126

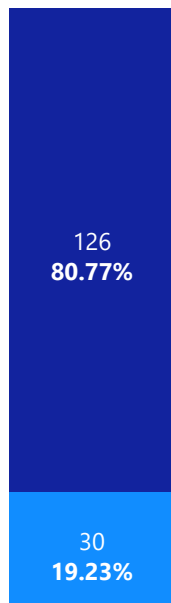
Rapid Placement into Permanent Housing
(Custom Metric)

119

Max: 60 Days

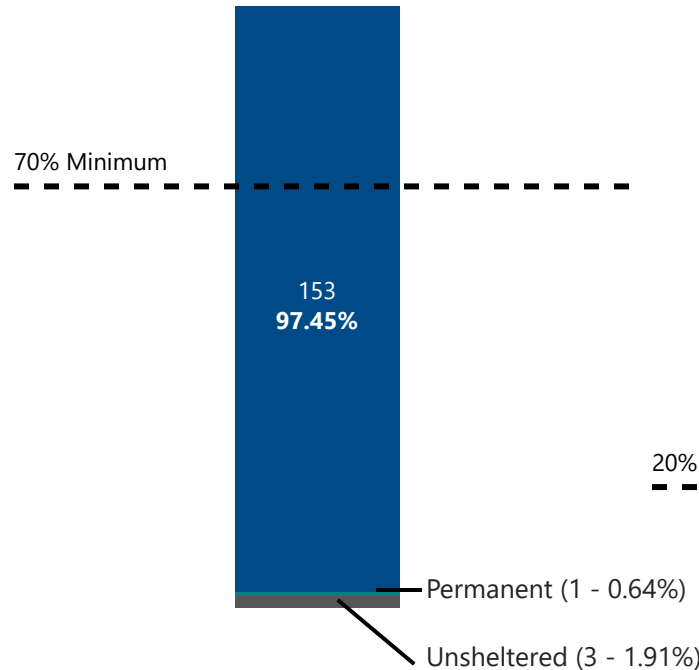
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



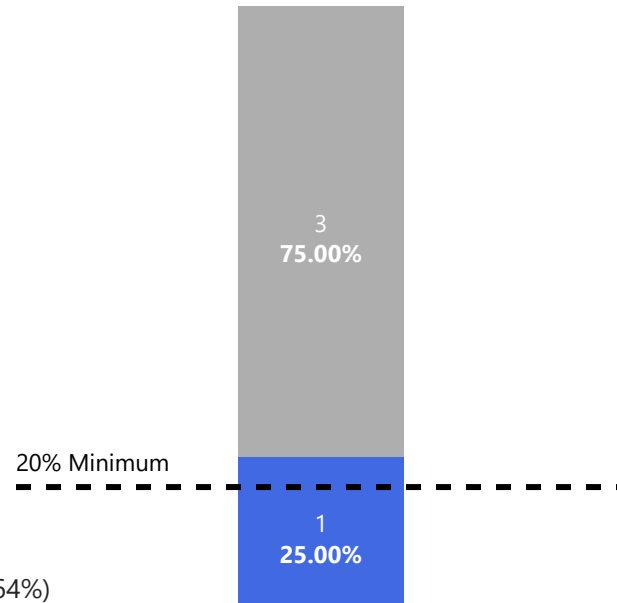
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Permanent ● Unsheltered



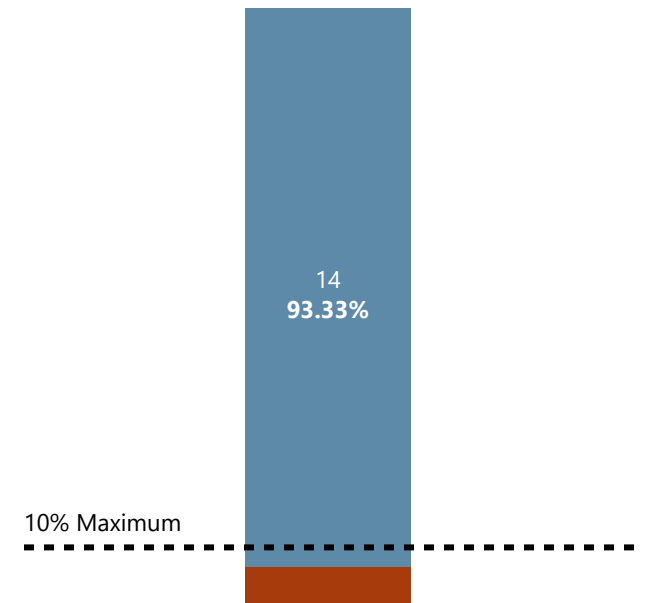
Employment and Income Growth (SPM Metric 4.6)

● Increase ● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return ● Returned





Quarter 1 - 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: 07/1/2025 - 09/30/2025



Public Name: Home Yard Cottages

HMIS Name: TPW--PSH--Home Yard Cottages

Inventory: 50 Beds / 14 Units (Households with at least one adult and one child), 7 Beds / 7 Units (Households without children)

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: PSH - Scattered Sites

HMIS Name:

- VOA--PSH--The Marilee Apts
- VOA--PSH--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



Quarter 1 - 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: 07/1/2025 - 09/30/2025



Public Name: Integrated Case Management (ICM)

HMIS Name: CC--PSH--HHOS

Inventory: 50 Beds / 50 Units (Households without children)

Grants:

- WA Dept. Commerce: System Demonstrations Grant (SDG) - Standard



Public Name: ICM for Chronically Homeless Families

HMIS Name:

- CC--PSH--CHF--HHOS
- CC--PSH--PSH for Families CHG (Consolidated into CHF--HHOS)
- CC--PSH--PSH for Families County CHG (Consolidated into CHF--HHOS)

Inventory: 30 Beds / 10 Units (Households with at least one adult and one child)

Grants:

- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Permanent Supportive Housing for Chronically Homeless Families (CHF)
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Standard



Spend Down - Permanent Supportive Housing

Q1

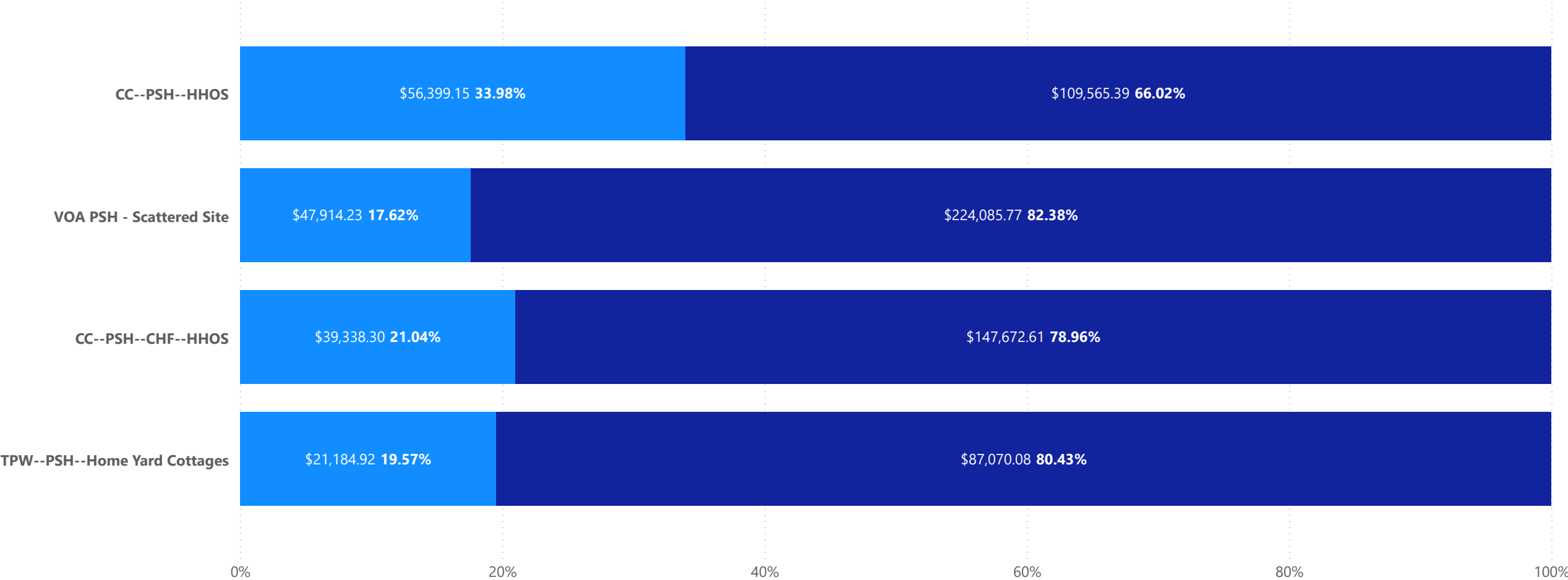
Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





Quarter 1 - Permanent Supportive Housing Performance Overview

Number of Households Served

228

Average Rate of Utilization
(Bed)

63%

Min: 85%

Average Rate of Utilization
(Unit)

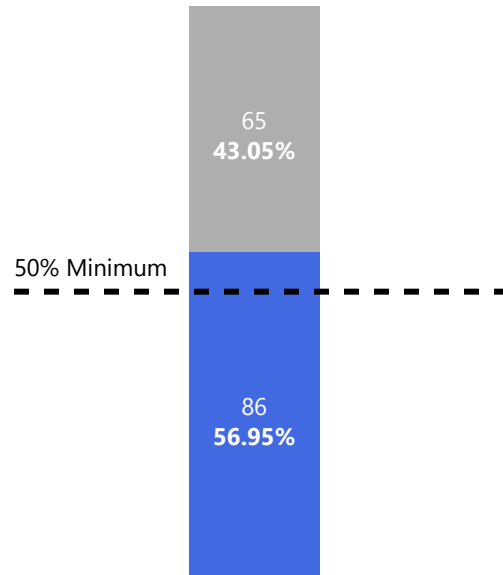
60%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

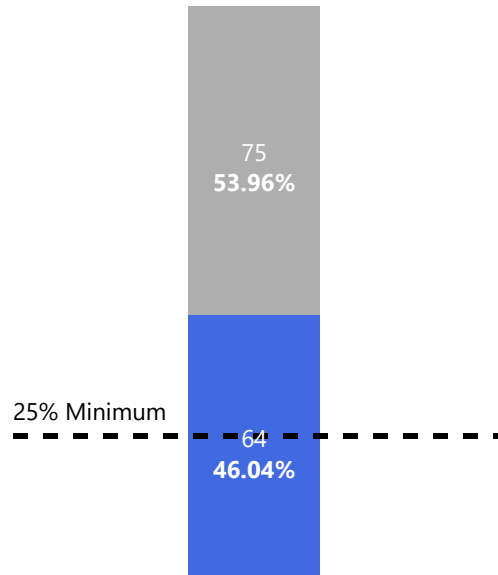
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

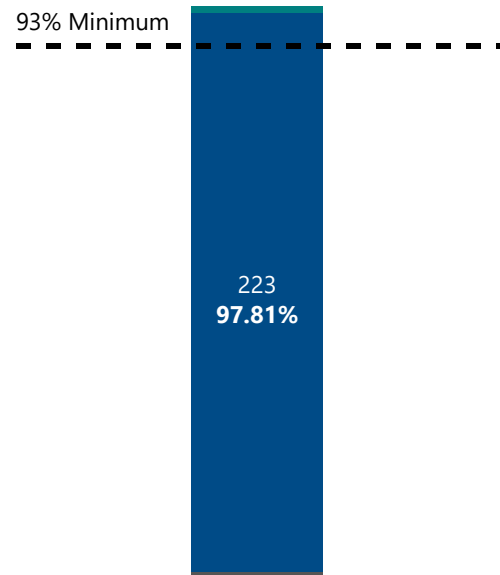
● Increased ● No Increased



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

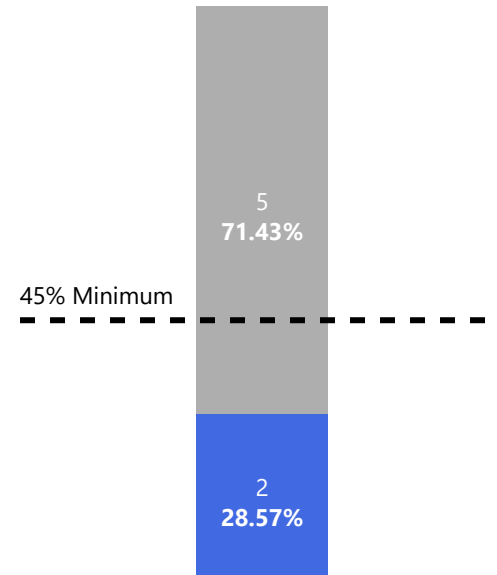
● Permanent ● Retention ● Unsheltered



Employment and Income Growth for Leavers

(SPM Metric 4.6)

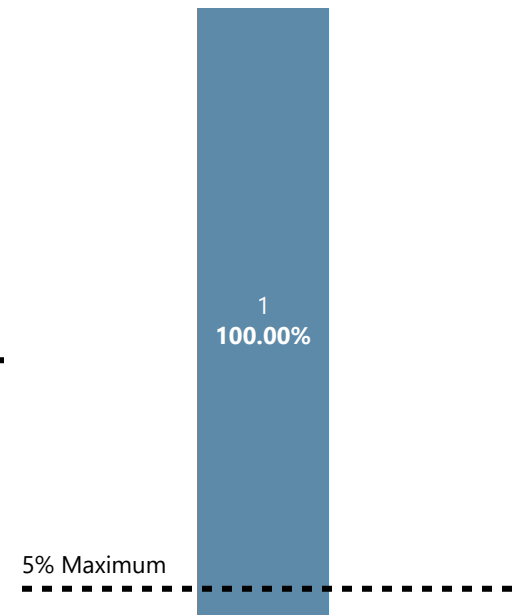
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Quarter 1 - Permanent Supportive Housing Home Yard Cottages

Number of Households Served

23

Average Rate of Utilization
(Bed)

95%

Min: 85%

Average Rate of Utilization
(Unit)

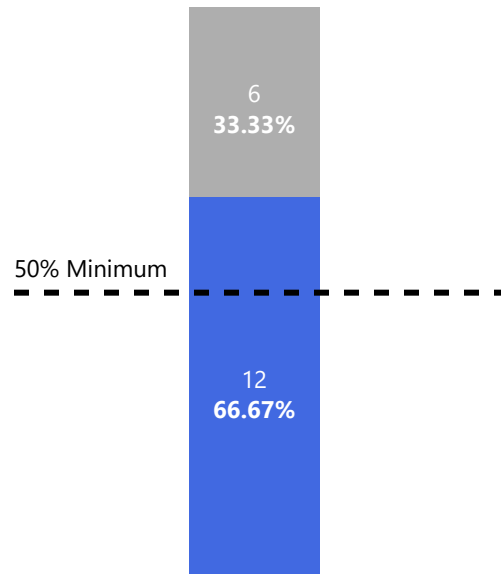
108%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

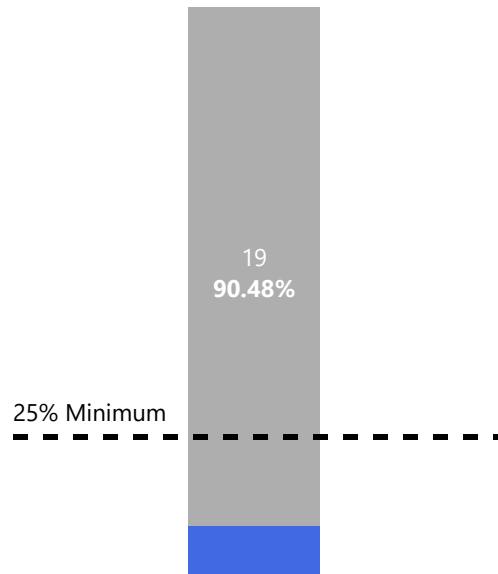
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

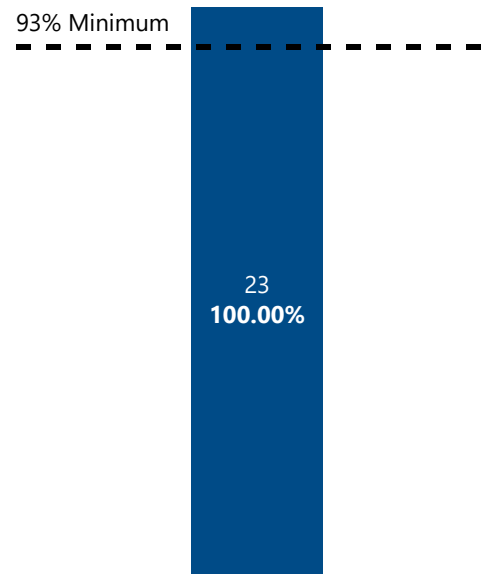
● Increased ● No Increased



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 who exited demonstrated growth in income at exit. This is not an error, but a reflection of the project's activity during this timeframe.

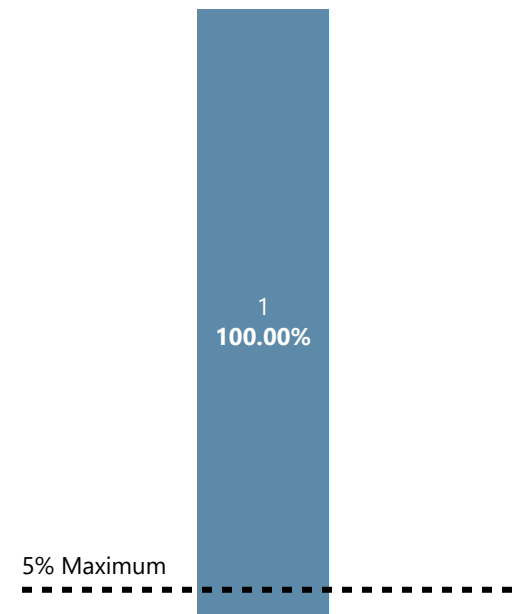
-- HMIS Team

45% Minimum

Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Quarter 1 - Permanent Supportive Housing VOA - Scattered Sites

Number of Households Served

142

Average Rate of Utilization
(Bed)

81%

Min: 85%

Average Rate of Utilization
(Unit)

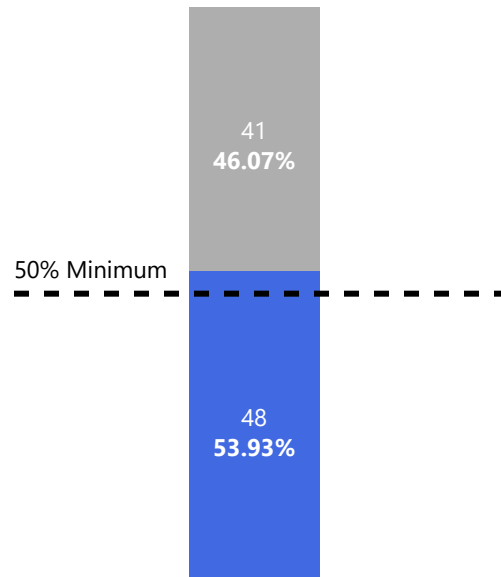
78%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

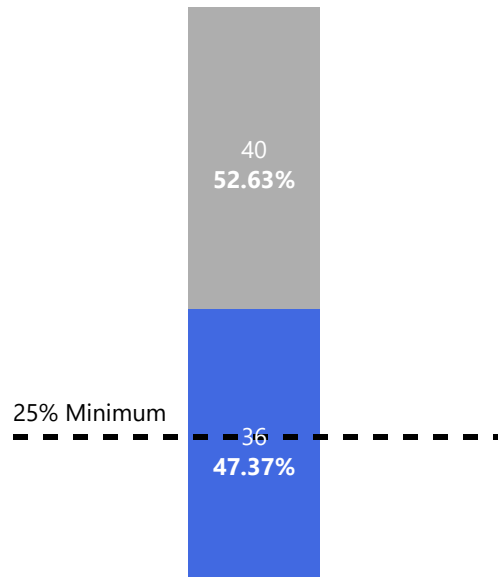
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

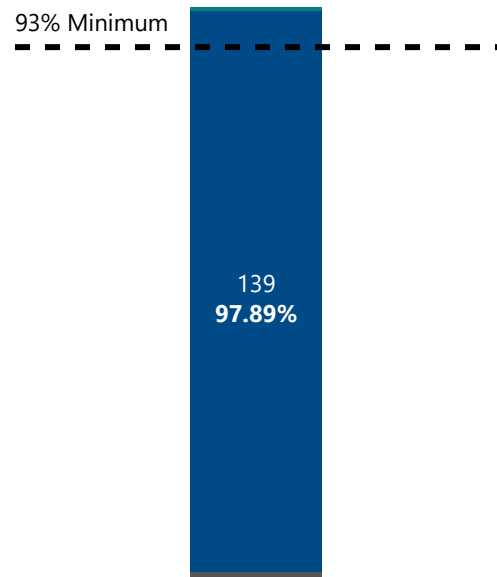
● Increased ● No Increased



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

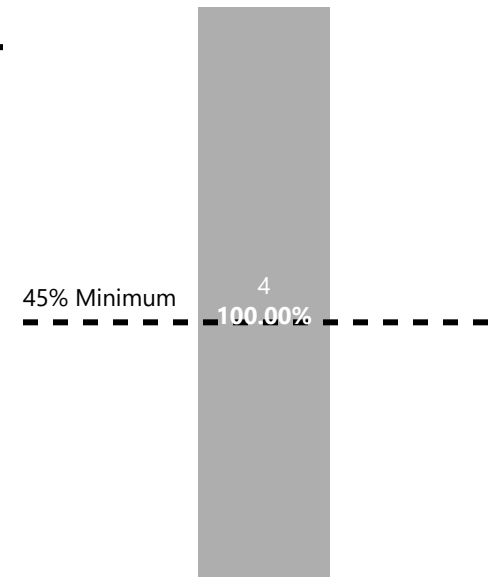
● Permanent ● Retention ● Unsheltered ● No Increase



Employment and Income Growth for Leavers

(SPM Metric 4.6)

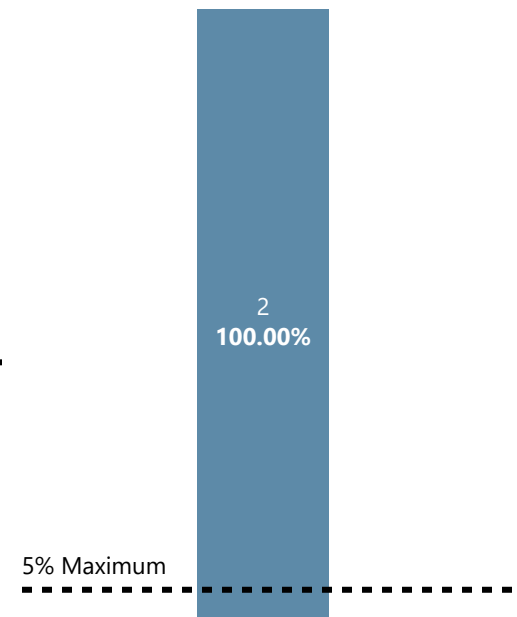
● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Quarter 1 - Permanent Supportive Housing Integrated Case Management (ICM)

Number of Households Served

50

Average Rate of Utilization
(Bed)

106%

Min: 85%

Average Rate of Utilization
(Unit)

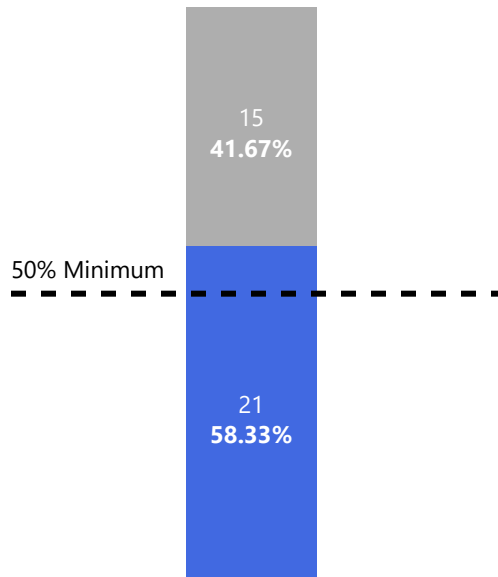
94%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

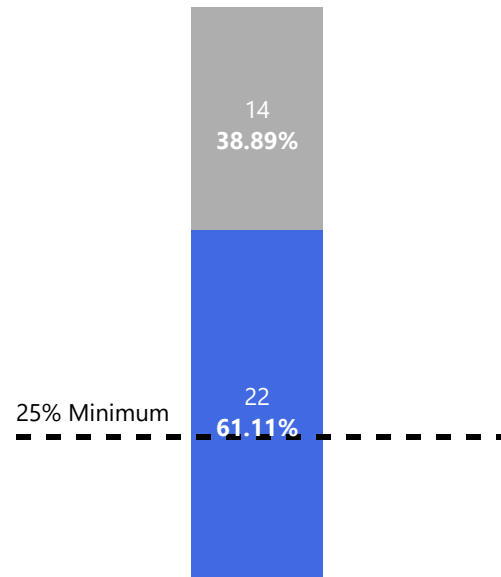
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

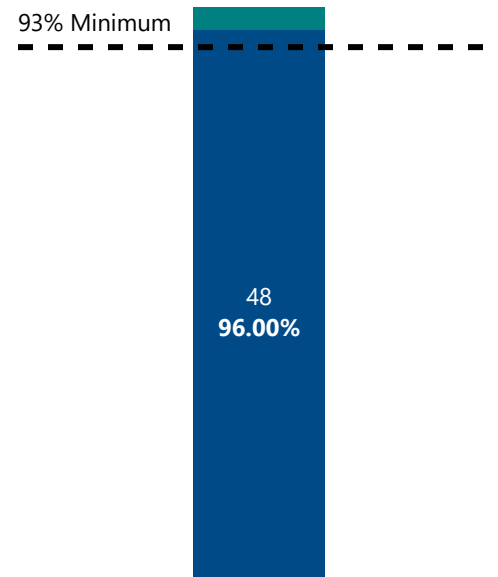
● Increased ● No Increased



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

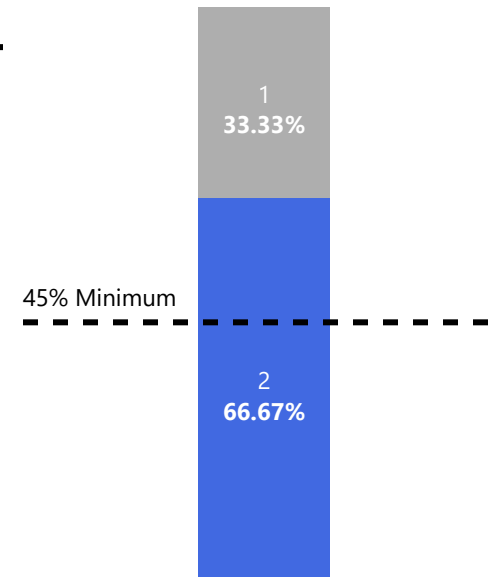
● Permanent ● Retention



Employment and Income Growth for Leavers

(SPM Metric 4.6)

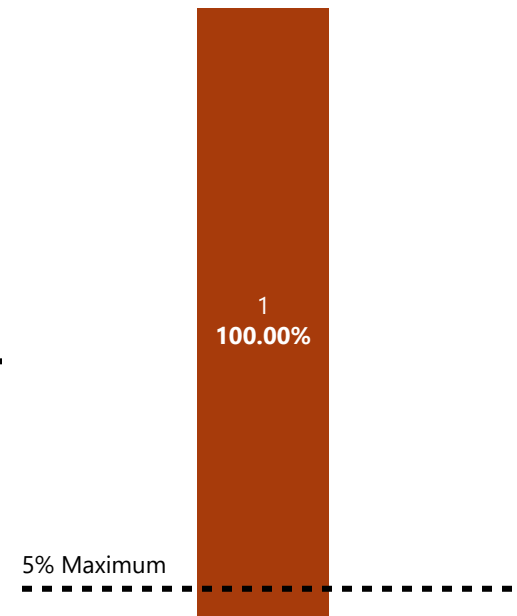
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Returned





Quarter 1 - Permanent Supportive Housing Integrated Case Management for Chronically Homeless Families (CHF)

Number of Households Served

8

Average Rate of Utilization
(Bed)

93%

Min: 85%

Average Rate of Utilization
(Unit)

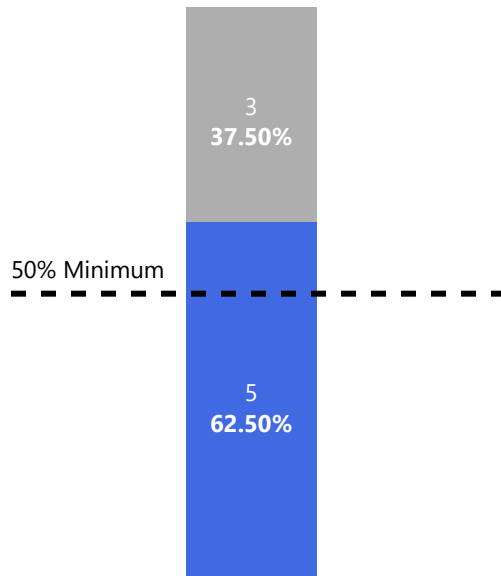
80%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

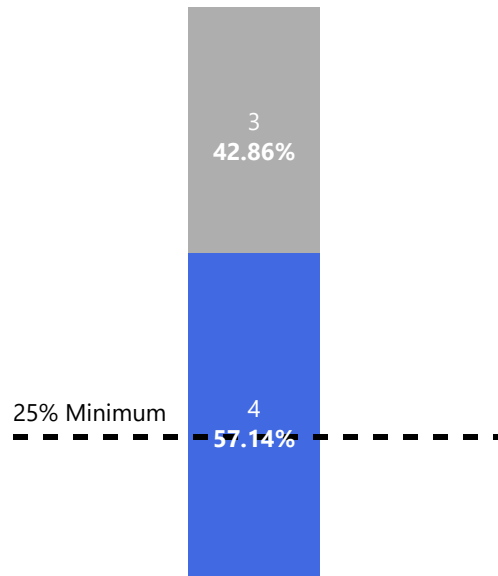
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

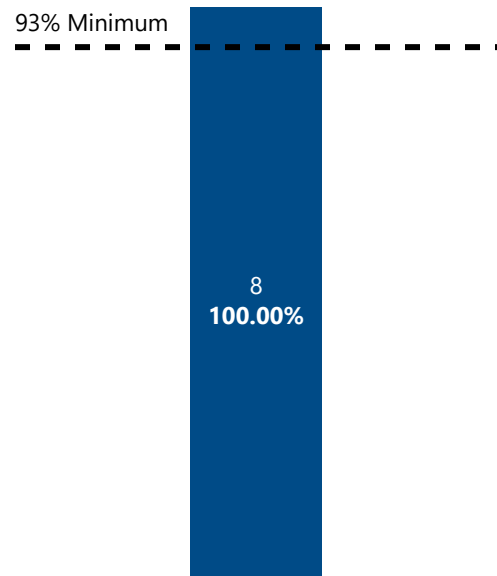
● Increased ● No Increased



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 from this project to demonstrate 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). 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



Housing Services PY 2025-26 Quarterly Performance Report

Quarter 1 - Supportive Services Only

Supportive Services Only (SSO): Providing stand-alone supportive services to specific populations.

Reporting Period: 07/1/2025 - 09/30/2025



Public Name: Children and Family Supportive Services

HMIS Name: FPS--SSO--Children and Family Supportive Services

Grants:

- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Public Name: Transitions - Women's Hearth

HMIS Name:

- TPW--SSO--Womens Hearth
- TPW--SO--Womens Hearth

Grants:

- WA Dept. Commerce: System Demonstrations Grant (SDG) - Standard
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



Spend Down - Supportive Services Only

Q1

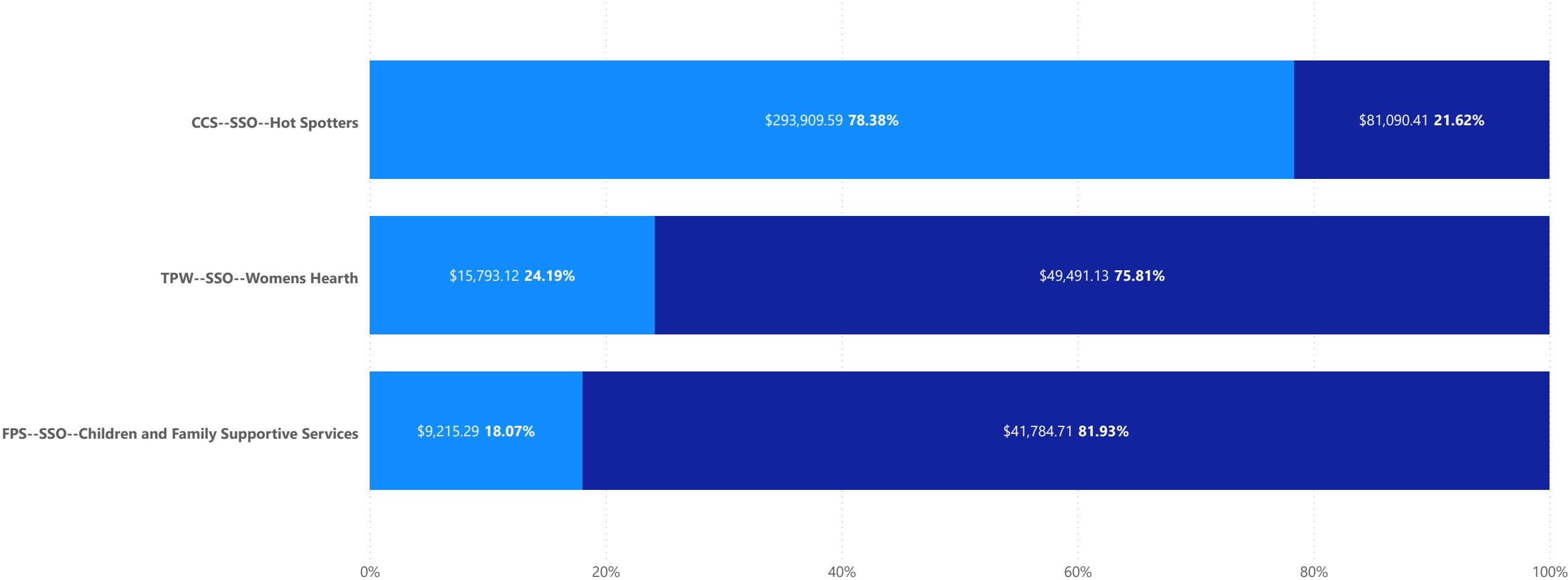
Q2

Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





Quarter 1 - Supportive Services Only Performance Overview

Number of Households Served

434

Average time from Date of
Engagement to Successful Exit

79

Max: 60 Days

Clients with a Date of Engagement

162

Serving those with Long Length of Homelessness

● No ● Yes



Exits

(All Clients)

- Currently Enrolled
- Institutional
- Temporary
- Unsheltered



Exits

(Only W/ Date of Engagement)

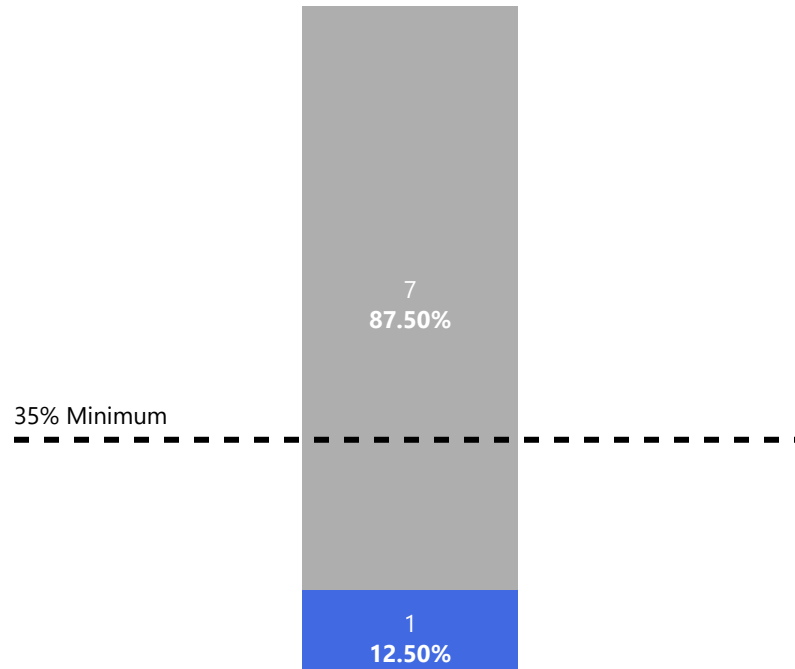
- Currently Enrolled
- Institutional
- Temporary
- Unsheltered



Employment and Income Growth

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

- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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 1 - Supportive Services Only Children and Family Supportive Services

Number of Households Served

20

Average time from Date of
Engagement to Successful Exit

164

Max: 60 Days

Clients with a Date of Engagement

9

Serving those with Long Length of Homelessness

● No ● Yes

24.65%

75.35%

64% Minimum

Exits

(All Clients)

● Currently Enrolled
● Institutional



Exits

(Only W/ Date of Engagement)

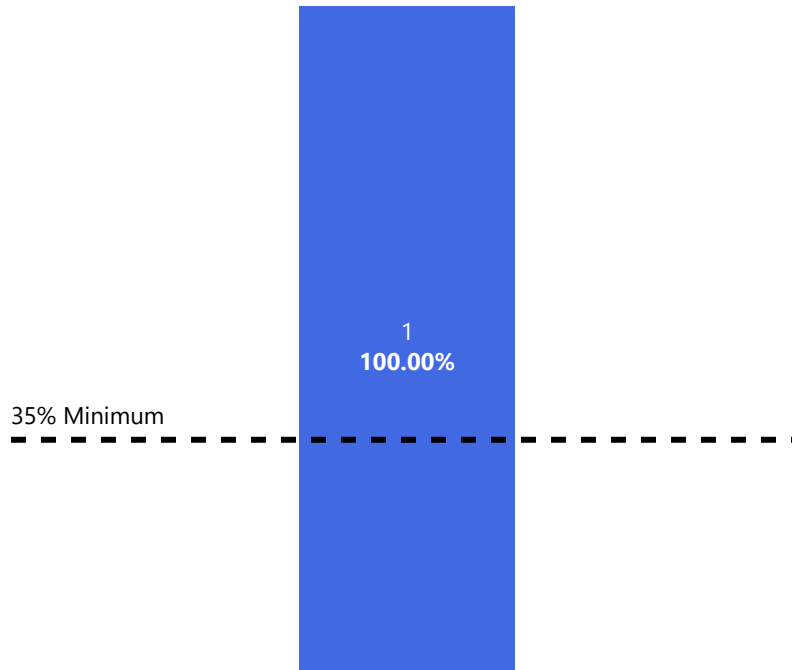
● Currently Enrolled
● Institutional



Employment and Income Growth

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

● Increase



Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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 1 - Supportive Services Only Transitions - Women's Hearth

Number of Individuals Served

332

Average time from Date of
Engagement to Successful Exit

37

Max: 90 Days

Clients with a Date of Engagement

81

Serving those with Long Length of Homelessness

● No ● Yes

63.69%

36.31%

64% Minimum

Exits

(All Clients)

- Currently Enrolled
- Temporary
- Unsheltered



Exits

(Only W/ Date of Engagement)

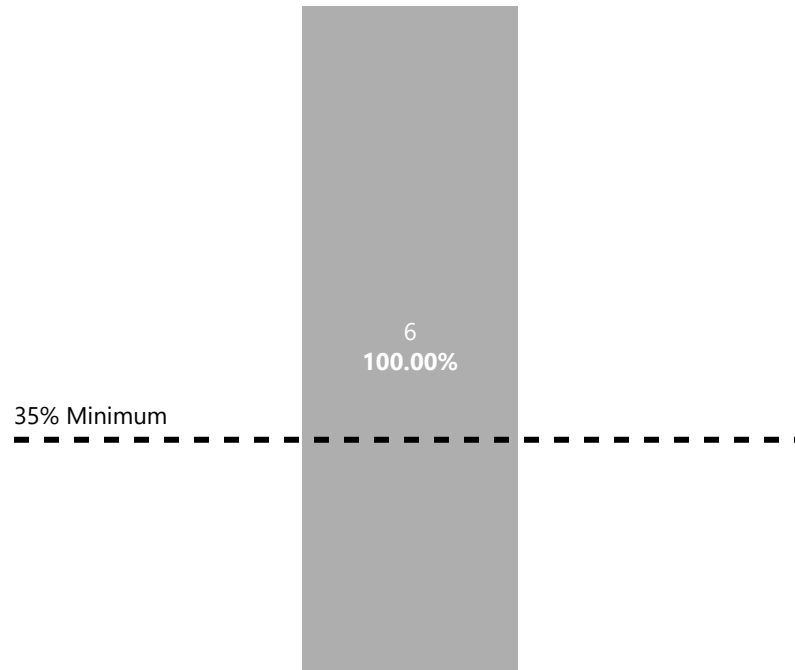
- Currently Enrolled
- Temporary
- Unsheltered



Employment and Income Growth

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

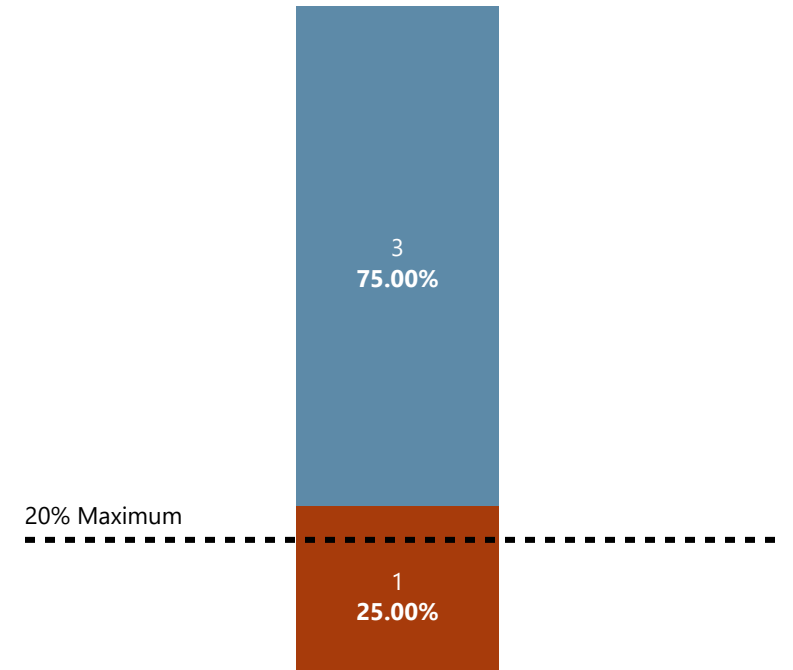
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did not Return
- Returned





Quarter 1 - Supportive Services Only Hot Spotters

Number of Individuals Served

82

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

72

Serving those with Long Length of Homelessness

● No ● Yes

83.83%

16.17%

Exits

(All Clients)

● Currently Enrolled

● Unsheltered



Exits

(Only W/ Date of Engagement)

● Currently Enrolled

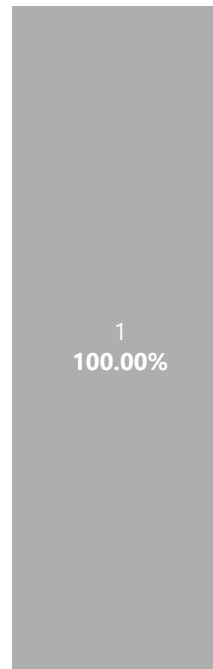
● Unsheltered



Employment and Income Growth

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

● No Increase



Returns to Homelessness

(SPM Metric 2b)

No clients exited from this project during the reporting period (shifted two years). 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

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:
CC—TH—SMS—CoC— WA0109	Transitional Housing	7/1/2025-6/30/2026	11/19/25

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
Employment and Growth	35%	33.33	1.67
Returns to Homelessness	10%	15.79%	5.79%

- Performance fell short of the 35% standard by 1.67%. This quarter marks the first time the metric included only Heads of Household (HOHs), which contributed to not meeting the target.
- For returns to homelessness, the rate is 15.79%, exceeding the 10% goal. All returns were due to fleeing domestic violence, a recurring challenge throughout the cycle. SMS leadership is actively collaborating with survivor services to ensure clients and staff have the necessary resources to support long-term stability.

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 are assisting families with daycare enrollment to remove barriers to employment. Case managers are actively connecting clients with local employment agencies, including **Compass** and **Career Paths**, to support job placement and career development.
- A new case manager with expertise in supporting domestic violence (DV) survivors has been hired. This addition strengthens our ability to provide tailored resources and guidance for DV-affected clients. SMS leadership is collaborating with DV service providers to improve long-term stability and reduce returns to homelessness. Additional staff training is being coordinated with DV agencies to ensure team members are equipped to meet the unique needs of survivors.
-

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

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CC-CA-HFCA	Coordinated entry	7/1/25-6/30/26	11/4/25

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%	19.57	20.43
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[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 project's percentage of referrals resulting in successful outcomes was 19.57%, falling significantly short of the 40% performance standard. Upon review, we identified that a substantial number of referrals were recorded without corresponding outcome data, categorized as "no result recorded." This data gap has artificially suppressed our success rate and does not accurately reflect the actual outcomes achieved.

Several contributing factors have been identified:

- **Data Entry Inconsistencies:** Staff and satellite partners have not consistently recorded Coordinated Entry (CE) Events and referral outcomes in a timely or complete manner, leading to missing or incomplete data.
- **Training Gaps:** Variability in staff understanding of data entry protocols and system navigation has resulted in inconsistent documentation practices.
- **System Limitations:** Some technical challenges within the data entry system may have contributed to difficulties in accurately capturing referral outcomes.

These factors combined have led to an underrepresentation of successful referrals in our reporting, thereby impacting our performance metrics. We are addressing these issues through targeted interventions to ensure data integrity and improve overall performance outcomes.

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.

To address the identified performance gaps, the following actions have been implemented:

- **Enhanced Staff and Partner Training:** Refresher training sessions are being conducted for both internal staff and satellite partners to reinforce proper documentation practices, with a focus on accurately recording CE Events and referral outcomes.
- **Bi-Monthly Data Quality Monitoring:** Regular bi-monthly reports are now being generated and reviewed to monitor data entry accuracy and identify any gaps in real time.
- **Standardized Data Entry Protocols:** Clear guidelines and checklists have been developed and disseminated to ensure consistency in how referral outcomes are documented across all sites.
- **Technical Support and Troubleshooting:** Collaboration with the system administrator is underway to identify and resolve any technical issues that may be impeding accurate data entry.

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 be implemented immediately with internal staff. Satellite sites will be addressed in November at a satellite training and reinforced at the CE Symposium in December.

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-RRH- Families- CoC-WA0288	.Rapid Rehousing	8/1/25-10/31/25	12/23/25

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 PH	70%	66.67%	-3.33%
Returns to Homelessness	10%	16.05%	-6.05%
[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.

- Exits to permanent housing (PH) there was a variance of -3.33% from the performance standard of 70%. During this period, staffing shortages impacted overall outcomes. Additionally, several high-barrier families presented significant challenges to successful housing placements.

➤ Returns to Homelessness had a variance of -6.05% from the performance standard of 20%. There were three families, two of which were large families, that returned to homelessness because they 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.

To increase our outcome to PH we are working with clients that have high barriers to write appeal letters to property management companies explaining what caused the barrier and how they are working with RRH to ensure they have a support system if a situation occurs that could affect their housing.

For our 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.

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: CC-RRH-Families-HHOS
 Service Type: .Rapid Rehousing
 Reporting Period: 7/1/25-6/30/26.
 Date Submitted: 11/4/25

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 PH	70%	25%	-45%
Employment and Income Growth	20%	0%	-20%
[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.

Exits to PH: This metric reflects every active enrollment in this RRH project during the period of time vs. accessing the RRH exited families and their destination variable. 25% exits to Permanent Housing does not meet the performance target of 70%; however, another 62.5% (4 households) are currently still permanently housed and actively enrolled in the project/still receiving assistance—so the logic behind how this standard is calculated does not reflect the specific intent behind this metric. Additionally, two of these households are anticipated to exit successfully in the next week.

With these additional households on target to exit to permanent housing destinations this metric will soon exceed the 70% target.

Employment Growth did not meet the performance target of 20%. During the performance period, 2 households exited. While none of these households increased their income, this small number of exits impacted the performance outcome. As this is Q1 of the grant period, more households will be served and exited throughout the grant cycle, which will improve the performance outcomes. The families who have exited struggled to increase income due to barriers in accessing childcare including long waitlists and travel time to childcare facilities with openings, lack of transportation and access to public transportation.

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 recognize how important increasing income is to a household's long-term stability; to assist their efforts we will provide the following support:

- Assist client with getting on waiting lists for childcare.
- Establish relationships with childcare providers to ensure direct access to openings as they arise.
- Provide or assist with access to bus passes for job interviews and training.
- Connect clients to supportive employment and workforce development resources such as Career Path and Compass.

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: PSH Service Type: HHOS Reporting Period: Q1 Date Submitted: 11/5/2025

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	5%	100%	95% (n = 1)
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[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.

There was one client who returned to homelessness. On August 02, 2023, this individual moved out of a PSH property into a property not owned by Catholic Charities (CCEW), and at the same time transferred to a different service provider. CCEW was not working directly with this client at the time they returned 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.

In this particular case, it appears the client had worked with a different supportive housing service provider after they exited in 2023, so we do not have the particular details on how that placement ended. Nevertheless, our organization remains committed to leveraging strategic partnerships and recently developed systems to identify early any client who is showing signs of destabilization, and apply strategically designed interventions to help stabilize, and hopefully preserve their existing housing. If a client's current housing solution is not able to be preserved, our dedicated team will work hand in hand with the client to help identify a stable housing situation for them to move into, and our supportive services for that client would continue.

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.

We remain committed to constantly evaluating the performance of staff, systems and practices to optimize the stabilization services we provide for our clients. This effort is ongoing.

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:
Catalyst	Continuous Stay Emergency Shelter	Q1 2025-26	11/4/25

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
Rate of Utilization (Local Measure)	85%	70%	-15%
Length of Time Homeless in ES (SPM Metric 1a.1)	90 days	373 days	+283 Days
Employment and Income Growth (SPM Metric 4.6)	40%	14.29%	-25.71%
Return to Homelessness (SPM Metric 2b)	20% max	42.86%	-22.86%

Explanation of the Variance

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

- Rate of Utilization- Our current 70% utilization rate did not meet performance standards due to Catalyst referrals being strictly limited to only ERP designated sites, and referrals have not been sent over since June 2025, thus leading to a current 70% utilization rate.
- Length of time- 373 days. We have continued to use a progressive programmatic approach to support moving individuals through the program; however, Commerce was very clear that length of stay was not a factor for exiting a ERP participant from the program prior to July 2025. Due to this structure, we have several very long-term participants we are working diligently to get housed, with the goal of being able to achieve an overall shorter length of stay for current and future participants.
- Employment or Income Growth at Time of exit- our current 14.29% income benchmark is below performance standards by 25.71%, primarily due to a two factors (1) income has been self – reported, prior to July 1st 2025, which has led to an impact on validated income growth; (2) ERP outcomes historically focused on stable housing post encampment. We are proud to report—based upon this focus, in Q1—we had 4/7=57% participants exit to permanent housing. We will look to see increased success with income growth in the upcoming quarters as we expand our Care Coordinator efforts to track, and diligently support both our housing-focused services, as well as both in-house & community-based supportive employment programs.
- Returns to Homelessness: Our target Goal is 20%- we had a 42.86% Return to Homelessness rate. This is inclusive of 14 households who moved into permanent housing between July of 23' and September of 23'. Eight of them have retained their housing and 6 have re-entered the homeless system via HMIS in some capacity. Key variables impacting long term housing stability include no sustainable long-term support service program for households post-Catalyst. This lack of permanent supportive housing with wrap-around services leaves a gap in stabilizing support that we have seen to be invaluable for households during their stay at Catalyst. Follow ups are provided for all households once they leave; however, often time participants who exited declined any formal service follow up. Having on-site service directly available for households to access if/when needed—in long-term permanent housing—is a missing variable that is critical to solve for in our community, and for this ERP population.

Steps Taken to Improve Performance

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

- Current rate of Utilization (70%) should increase based upon the newly activated Outreach teams and resuming identification of encampments, which will lead to more referrals to fill our current vacancies and lead to achieving our 85% benchmark. *ERP Legislative funds require that all ERP units be filled with ERP designated sites.
- Length of time in ES will decrease from 373 to closer to 90 days via the following actions: (1) Informing/educating participants as to new guidelines for length of stay expectations and moving them into the newly available ERP PSH units (Revive and El Estero) (2) and continuing to connect to other affordable housing resources as available in the community.
- Employment and Income Growth at time of exit- In order to increase from our current rate of 14.29 to 40%, Catalyst Housing Care Coordinators are emphasizing the need to increase income for household sustainability and providing specific resources to support growth in this area. We will also continue to provide Employment opportunities and training--partnering with Dignified Workday and programs such as SEEN (Spokane Entrepreneurship and Empowerment Network), etc. Finally, we are looking to launch an on-site FCS Supportive Employment program.
- Returns to Homelessness: We have increased our focus on engaging SUD and Behavioral Health on-site prior to graduation, in the hopes of creating additional stabilizing factors prior to exit. We will also look to increase the warm handoffs to FCS Supportive Housing services in order to help provide stabilizing service support for households who exit to non-PSH units.

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.

- Rate of Utilization- with the new ERP outreach team and referrals coming online, we should increase our utilization during Q2 to align more closely with funder mandates.
- Length of time- will decrease over the next quarter and should near or in compliance prior to the end of Q3
- Employment and Income Growth at time of exit- I anticipate this increasing with BVS, as we are better able to track participants benefits and move away from self-reporting and to come in or near compliance by the end of Q2
- Returns to Homelessness should decrease as the results of these programmatic changes begin to show. Q2 and Q3 should display movement towards coming into alignment with the 20% expectation.

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.).

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:
ROC Shelter	ES Night-by-night	7/1/2025-9/30/2025	12/8/2025

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
SPM 7b.1	40%	2.94%	37.06%
SPM 4.6	35%	6.25%	28.75%
[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.

SPM Metric 7b.1 – This metric describes exits to permanent housing. While it is ideal to exit folks from the emergency setting into permanent housing, this is an ambitious goal in practice. Nearly all of the folks who utilize the ES here struggle with co-occurring SUD, Mental health, and social barriers that make permanent housing difficult at best. Many of the individuals served here need stabilization services to be able to even consider the next steps toward permanence. Many of these folks do not have ID or income. And most all would benefit from establishment of primary care, mental health, and or substance use counseling. These are all services that CAT Spokane provides, but the nature of the ES and the funding source require that we cannot make participation in services a requirement. The ES is low-barrier. Many clients do participate, meet with case managers, SUDP counselors, etc.... but there is so much work to do. For many, until many of the barriers can be addressed, the maintenance of a permanent residence is simply not conceivable. Additionally, many folks have bad or no credit, no income, criminal history, evictions, etc., and there is very little available by way of subsidy or client assistance due to the lack of SHA vouchers at this time. The work continues. But there are many barriers, and these folks are just trying to survive.

SPM Metric 4.6 – This metric describes the number of participants that increase income and employment during their time at the ES. As described above, there are many barriers to this. The first being that the funding source demands low barrier entry and participation cannot be compelled. Employment services ARE offered. But there are, in many cases, other priorities that must be addressed prior to gaining any kind of benefits or being able to maintain employment. SUD and MH issues need to be addressed in many cases. Also, as with housing, there are background issues such as criminal history that sometimes need addressed. Many folks are already on ABD and awaiting SSI, but this is a long process in many cases. This is something that the case management staff address with the clients if the clients are engaged. However, this is external to the ES, as there is not funding for this project to have a specialized staff that can focus on this. The staff allotted the ES are barely enough to simply keep eyes on everyone and ensure meals are completed. As with obtaining permanent housing, many issues just have to be addressed first, or there is a much greater than zero chance that the client will lose the employment and or housing.

We at CAT try hard to take a holistic approach and see all clients as individuals and meet their needs as such. There is just a lot to do. Our priority for the ES must be the safety of the clients, facilities, and staff. Though we are providing services to help any client who is motivated to get to the next step.

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 offer services to ALL clients upon intake into the ES. This includes SUD, Peer, and housing & Employment. We provide groups and classes and case management. We offer MAT services on-site. We continue to strive to meet the needs of every individual, and we are constantly seeking grants and expanding our services to provide more and better options to help the clients be successful. Our MAT clinic is currently in the process of expansion and will be a big help to the stabilization of many clients. We are also expanding peer and FCS services. Anyone who wants to participate is able to do so, and encouraged to do so

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.*

We have set up internal incentives for the SUD, Peer, and FCS housing and employment teams to help motivate them to go above and beyond to help meet the need. We have also onboarded new staff – both providers and management. I am not certain that we will get to compliance, but I wish to see improvement by the next QPR.....and continued improvement every 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.*

The largest barrier is simply the nature of the program. This is not a housing and employment project. It is an Emergency Shelter. We are simply providing an emergency place to stay for folks who are in crisis most of the time. We are not funded well enough to provide intensive services to each client, and must use alternate projects to try and meet those needs. We also CANNOT compel anyone to engage, per the funding source. But, as always, additional resources will always contribute to more intensive services and better outcomes. At what point this reaches a point of diminishing returns is for someone much smarter than me to decide. I would also like to see additional trainings for all of the staff that can help them to identify paths toward these KPI's. What is working for others? What is not working for anyone? How is the larger system faring? Etc....

Direct Client Assistance for those that are at a place to be successful would be a huge help.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
FPS-ES_families Shelter.	Emergency Shelter	Q1 PY 2025-26	11/19/2025

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
Employment and income growth	35% Max	25%	10%
Returns to Homelessness	20% Max	32.73%	12.73%
[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 variance in employment growth and income is primarily due to the dimensions of the households served during the period, combined with external economic factors. Typically, when a household enters our shelter, those of the family members that can work are employed. During this period Spokane saw a slowing in job growth, and an increase in unemployment (source: Spokane workforce council).

The variance in Returns to homelessness is an artifact of the multiple shelter grants FPS utilizes. This grant showed a 32.7 percent return to homelessness, and our other shelter program had a return rate of 0 percent. Had families been enrolled in different programs, the returns would have been balanced,

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 have increased the amount of employment support offered to families, through classes, mock interviews, and increasing the number of computers available for household job search.

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.

Initial indicators from internal Q2 data suggest an increase in income numbers

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

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Project Information

Project Name: Service Type: Reporting Period: Date Submitted:
Click or tap here to enter text. Click or tap here to enter text. Q1 PY 2025-26 11/19/2025

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
Employment and income growth	35% Min	11.1 %	23.9%
Average Rate of Utilization	85% Min	83%	2%
[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 variance in employment growth and income is primarily due to the dimensions of the households served during the period, combined with external economic factors. Typically, when a household enters our shelter, those of the family members that can work are employed. During this period Spokane saw a slowing in job growth, and an 11.4% increase in unemployment (source: Spokane workforce council).

The minor variance in Utilization is an artifact of the multiple grants FPS utilizes for shelter. While not the only other grant utilized by FPS, the other grant reported on during this period (FPS-ES-Families shelter) had a utilization of rate 87%, when taken as a whole, and adjusted for number of families served, the overall utilization rate would be around 86%

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 have increased the amount of employment support offered to families, through classes, mock interviews, and increasing the number of computers available for household job search.

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.

Initial indicators from internal Q2 data suggest an increase in income numbers

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

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Project Information

Project Name:

FPS-SSO Children and
Family Supportive
Services

Service Type:
SSO

Reporting Period:
Q1 PY 2025-26

Date Submitted:
11/19/2025

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
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[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.

No negative variances existed during this reporting period

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.

Click or tap here to enter text.

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.

Click or tap here to enter text.

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:
JHH-ES-Healing Hearts	ES-Continuous	Quarter 1 2025	11/6/2025
Medical Respite	Stay	7/1/2025 to 9/30/2025	

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	40%	7.45	32.55
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[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.

In Quarter One, the Medical Respite and Recuperative Care Program served 51 individuals recovering from hospitalizations, surgeries, and acute medical conditions that could not be safely managed while unhoused. At the time of reporting, 18 participants (35%) remained actively enrolled. Among those discharged, 8 individuals (15.7%) transitioned into long-term care facilities, 1 (2%) moved to another shelter after stabilizing, 1 (2%) entered substance use treatment, 4 (7.8%) were safely connected to domestic violence safe havens, 2 (3.9%) temporarily reunited with family or friends, and 9.8% secured permanent housing. Because this is a medical-model program, permanent housing is not always the most suitable or immediate outcome; instead, participants move into settings that best support their ongoing health needs. The primary goal is stabilization, safe recovery, and placement in the most medically and personally sustainable environment for each individual.

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.

To strengthen sustainable housing outcomes, we are refining our discharge planning to better align each guest's medical needs with the most appropriate next step in care. We will begin housing navigation earlier in the stay and use individualized "Stability Before Housing" recovery tracks to ensure that medical recovery and housing preparation happen in parallel. We are also developing a Warm Buyer Housing Network, building relationships with assisted living facilities, supportive housing programs, and flexible landlords who understand the health needs of our guests. In addition, we are establishing a Medical Priority Pathway for supportive housing placements and improving how we track medical and housing placement matching to ensure each guest moves into an environment that supports long-term stability. These steps prioritize health, safety, and sustainability, rather than simply speed of discharge.

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.

Phase 1: Foundation & Preparation (Weeks 1–4)

- Week 1: Introduce improvement plan to staff and Providence case management team.
- Week 2: Begin housing navigation earlier by adding brief housing screening during the first 3–5 days of intake.
- Week 3: Launch Stability Before Housing recovery tracks (Medical Stabilization / Documentation & Benefits / Housing Navigation).
- Week 4: Create a shared tracking sheet with Providence to match medical needs to housing types (e.g., PSH, ALF, Safe Haven, SUD treatment, Family reunification).

Phase 2: Relationship & Pathway Building (Weeks 5–8)

- Week 5: Begin outreach to assisted living facilities and adult family homes for warm introductions.
- Week 6: Meet with supportive housing providers to create a Medical Priority Pathway for medically vulnerable guests.
- Week 7: Start building the Warm Buyer Housing Network by contacting landlord coalitions, faith-based property owners, and property managers.
- Week 8: Update discharge workflows to ensure warm hand-offs (not cold referrals) to next placement providers.

Phase 3: Implementation & Adjustment (Weeks 9–12)

- Week 9: Begin weekly on-site joint case review meetings with Providence housing and medical staff.
- Week 10: Start documenting housing progress and barriers in new shared case tracking format.
- Week 11: Conduct 30-day follow-up calls/check-ins for recently discharged guests to support housing retention.
- Week 12: Evaluate outcomes, identify gaps, and adjust placement pathways where needed.

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.

To further strengthen sustainable outcomes for guests discharging from Medical Respite and Recuperative Care, we request consideration of how assisted living placements are categorized in reporting. Many of the individuals served in this program have chronic and progressive medical conditions that make returning to independent living unrealistic or unsafe. When a guest transitions into an Assisted Living Facility (ALF) or Adult Family Home, they are not temporarily housed; they are placed in a stable, long-term care setting where their medical, functional, and daily living needs can be supported for the remainder of their life. These individuals do not return to homelessness, and these placements represent a successful, secure, and medically appropriate permanent outcome. We recommend that assisted living transitions be recorded as Permanent Housing – Long-Term Care Placement to more accurately reflect the sustainability and stability achieved through these discharges. Re-classifying these placements will ensure data more accurately aligns with the medical realities and long-term health trajectories of the population served.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
JHH-ES-Womens Shelter	Night-by-Night	Quarter one	November 6, 2025
Scattered Site	Emergency Shelter	7/1/2025 -9/30/2025	

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	40%	7.45%	32.55%
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[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.

Jewels Helping Hands' women's program is a low-barrier overnight shelter, which means we provide a safe place to sleep, rest, and stabilize during nighttime hours. While this model meets an essential need, it also creates unique challenges in supporting case management and permanent housing outcomes. Because case managers visit during open hours (typically after most agencies are already closed for the day), they are often unable to make same-day referrals or live phone contacts with housing and service providers. Women are encouraged to complete follow-up calls the next day during business hours; however, spending the day outside while trying to prioritize appointments, transportation, and basic needs can make follow-through more difficult. Even with these barriers, meaningful progress is happening. Out of 94 women served this quarter, 12 (12.8%) transitioned into 24-hour shelters, 2 (2.1%) moved into transitional housing, 2 (2.1%) entered long-term substance use treatment, and 1 (1.1%) moved into a domestic violence Safe Haven. Additionally, 7 women (7.45%) secured permanent housing. In total, 24 women (25.5%) made meaningful progress toward increased safety, stability, or long-term housing solutions. These outcomes show that, even within the limitations of an overnight-only model, women are actively engaging in services, building connections, and taking courageous steps forward.

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.

These are strategies that we have started to implement and will keep developing to improve performance results. We have increased the number of Coordinated Entry assessments done on-site so that more women enter the regional housing prioritization system earlier in their stay. We are also making regular referrals to the Housing Navigation Center, where guests can get case management, document support, and follow-up during regular business hours when housing providers and partnering agencies are available. Additionally, staff are participating in Diversion Training to expand our ability to help guests find safe and realistic housing options within their existing support networks. We are also working to build community partnerships and encourage more service providers to visit the center, though we recognize that scheduling outside of standard business hours is an ongoing challenge. These efforts form a foundation we will continue to grow, refine, and coordinate as we aim for better housing stability results for the women we serve.

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.*

In Weeks 1 and 2, Jewels Helping Hands will continue to strengthen housing-focused support by increasing the number of Coordinated Entry assessments completed on-site and establishing a consistent schedule for the Peer Navigator to engage with guests. During this time, three staff members will complete Diversion Training so that housing planning and conversation strategies can start earlier in each woman's stay. We will also increase referrals to the Housing Navigation Center, where guests can get case management and follow-up services during regular business hours.

In Weeks 3 to 6, we will coordinate warm transitions for guests moving from the overnight shelter to the Housing Navigation Center. This will support ongoing housing steps, documentation, income verification, and application follow-through. Staff will also start using a simple housing next-step checklist to ensure progress is steady and clear. During this period, we will focus our engagement on guests who have been in the shelter the longest to help regain momentum toward housing.

In Weeks 4 to 8, more staff will attend Diversion Training, expanding our team's ability to support housing pathways and explore safe alternatives when possible. We will keep reaching out to community partners to encourage onsite engagement when we can, while recognizing that evening program hours limit partner availability and that many coordinated services will go through daytime Navigation Center support.

By Month 3, we will review our internal data on Coordinated Entry assessments, referrals, and positive exits. This will help us understand what is working well and where we need to make changes. Our main goal is to keep increasing the number of permanent housing exits each quarter, gradually improving outcomes while acknowledging the unique challenges of supporting case management within a low-barrier, overnight-only women's shelter.

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.*

The overnight-only model presents challenges. Most housing and support providers are closed when staff and guests are present. This makes timely referrals and follow-up harder. Expanding low-barrier 24/7 shelter options would allow women to get daytime support, case management, and the stability they need to move forward with their housing plans. Additionally, starting a landlord risk mitigation program could motivate more property owners to rent to women exiting homelessness. City-led landlord engagement efforts could help reduce stigma and broaden available housing options. Together, these supports would improve permanent housing outcomes for the women's shelter program.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
JHH-ES-Churches	Night-by-Night	Quarter One	Click or tap to enter a date.
Scattered Site	Emergency Shelter	7/1/2025 – 9/30/2025	

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	40%	18.56%	-21.44%
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]
[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.

During the first quarter of 2025, Jewels Helping Hands provided shelter, stabilization, and support services to individuals moving from homelessness to safety and permanent housing. Of the people served this quarter, 18.56% found permanent housing. This is a notable increase from the 14.9% housing rate reported in the fourth quarter and shows continued growth in our housing navigation results. Furthermore, 15.91% moved to shelters that better fit their needs, and 6.82% reunited with friends or family while still working toward stable housing. 3.41% entered long-term substance use treatment programs. 2.84% moved into extended hospital or psychiatric care, and another 2.84% accessed Safe Haven placements for domestic violence support. 0.57% transitioned into transitional housing, and 0.57% utilized motel-based stabilization for immediate safety. Overall, about 52% of all individuals served took meaningful steps forward on their journey toward stability, safety, and recovery.

It is crucial to acknowledge that Jewels Helping Hands is often the first step to living indoors after being outside for a while. The route to housing doesn't always look like a straightforward "permanent housing" outcome. For many, early progress may mean reconnecting with family, seeking medical or psychiatric support, entering treatment, or moving to a safer shelter. Each of these transitions shows real progress and helps rebuild the foundation needed for long-term housing success.

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.

Since Jewels Helping Hands has seen a slight increase in permanent housing outcomes this quarter, we plan to keep building on the strategies that helped us make this progress. Our Peer Navigator will now be

scheduled regularly at each site to ensure consistent housing-focused engagement, motivation, and support. We will also significantly increase Coordinated Entry assessments, so more guests are entered into the regional housing system earlier in their shelter stay. Additionally, we have started rotating long-stayers between sites to provide a "reset" in their environment and expectations. This can help re-engage individuals whose progress may have stalled. Our team is also taking part in Diversion Training to improve our ability to help individuals find safe, realistic housing options within their existing support networks. This approach is known to reduce time spent in shelter and increase positive exits. By strengthening consistency, engagement, and housing-focused problem solving, we aim to keep improving our permanent housing outcomes in the upcoming quarter.

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.*

In Weeks 1 and 2, Jewels Helping Hands will set up consistent housing-focused support by creating a regular Peer Navigator schedule at each shelter and increasing Coordinated Entry assessments to twice a week. During this time, three staff members will complete Diversion Training to start including diversion conversations early in the guest engagement process.

In Weeks 3 to 6, we will begin rotating long-stayers into new environments to help re-engage guests whose progress has stalled. Staff will use a standardized housing next-step checklist to make sure all required documents and application steps are completed on time and consistently.

In Weeks 4 to 8, more staff will attend Diversion Training, making diversion strategies part of daily operations at both sites. Diversion will be used during intake and throughout guest engagement to create more positive housing exit pathways.

In Month 2, bi-weekly Housing Progress Review Meetings will start, enabling the Peer Navigator and Center Supervisors to coordinate progress, address barriers, and stop guests from getting stuck in shelter.

In Months 2 and 3, staff will introduce Housing Readiness Packets that include document checklists, budgeting tools, and landlord communication support to boost guest readiness for housing opportunities.

By Month 3, program data will be reviewed to evaluate progress, strengthen effective strategies, and make adjustments as needed. The overall goal is to keep increasing permanent housing exits each quarter and work toward reaching the 40% permanent housing standard.

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.*

One ongoing challenge in increasing permanent housing outcomes is the limited availability of affordable rental units in the current housing market. Even when guests complete all necessary steps, such as obtaining identification documents, establishing income, and working through the housing navigation process, there are simply not enough housing options available. Many landlords remain hesitant to lease to individuals transitioning from shelters. One idea to support better outcomes is to strengthen engagement with landlords and build relationships. This could include hosting landlord information sessions or meet-and-greet events to reduce stigma and foster trust. Another idea is to explore a support model that reduces the risks for landlords. This model would address property owner concerns and encourage more landlords to partner with shelters in housing stabilization efforts. By expanding relationships with landlords and tackling the barriers created by

limited housing inventory, we can increase the number of successful permanent housing placements over time.

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:
Singles Diversion	Diversion	7/1/25-9/30/25	11/4/25

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
SPM 7b.1 – Exits to Permanent Housing	55% Minimum	55%	
SPM Metric 2b – Returns to Homelessness	6% Maximum	9%	3%

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.

Two returns to system are recorded during this performance period. One client was staying with family and received assistance applying for apartments, job search assistance for her and her son, and connections to mental health resources. The client stopped engaging after several appointments.

The second return reflects a client who transitioned from Diversion into a Deposit Assistance program. The change of enrollment type created the appearance of return, though the client has since become stably housed.

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.

Diversion conversations often involve stepping into the unknown with clients. Whether resources or a viable strategy out of homelessness are discovered is difficult to predict, which may result in the client needing to access additional services. We still encourage our case managers to engage in these services with clients, even at the risk of it appearing to negatively affect our performance metrics.

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.

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.*

SNAP supports a recent initiative by the CHHS department to investigate a means to allow shallow or one-time subsidy as a component of Diversion projects paid by local recording fees. Shallow flexible subsidy greatly improves the efficacy of diversion efforts.

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:
Revive ES Homes	Homeless Services	07-01-25 – 09-30-2025	11/04/2025

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
7b.1	55%	30.43%	24.57%
1a.1	90	399	309
Utilization Rate	85%	64%	21%
2b	20%	25%	5%

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.

During the reporting period of July 1 to September 30, 2025, Revive ES Homes experienced several challenges that contributed to underperformance across key metrics. Warmer seasonal conditions led to a decreased interest among clients in remaining indoors, which directly impacted on our utilization rate and engagement in services. Additionally, many clients entering the program were in acute crisis and required extended time to stabilize before engaging in housing-focused services, which affected our housing placement and length-of-stay metrics. Encampments not being deemed also contributed to low utilization rates. Lack of housing options has also contributed.

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 have increased engagement efforts to encourage clients to remain engaged with indoor services. Continuing to strengthen collaboration with community partners.

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.

10.01.25 Opening of PHS units and renewal of ERP outreach contract will lead to more encampments being deemed and a higher number of clients that will qualify for ERP specific programs
Improvements should be seen over the next reporting period.

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.*

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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:
Singles Rapid Rehousing	Rapid Rehousing	7/1/25-9/30/25	11/4/2025

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
SPM Metric 4.6 Employment and Income Growth	20% Minimum	16%	4%
SPM Metric 2b – Returns to Homelessness	10% Maximum	15%	5%

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.

Clients in the singles system frequently have a disabling condition and are on fixed incomes such as SSI or SSDI. While case managers use a variety of strategies to help clients enhance their incomes, they must often work within the constraints of fixed incomes, instead helping clients to manage their resources to achieve housing stability. Such efforts to help clients manage their existing resources are not captured within the performance data.

The current quarter records two returns to the system. One client voluntarily left the program stating they were not yet ready to pursue housing. Another did not return after their initial intake. Returns to system are always regrettable but reflect the fact that Rapid Rehousing may not suit every client's situation.

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 clients that are looking for work, we have worked to improve our referral process for employment resources, including rapidly expanding day labor services. For clients employed or on fixed incomes alike, case managers utilize a budgeting tool that is completed monthly per client, with the goal of reducing expenses until a client can stably maintain their housing alongside other expenditures. This budget tool has been improved and expanded in recent months.

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.*

We continue to work on improving our practices and training staff to be able to meet the needs of our clients amidst challenging times.

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.*

RRH was originally envisioned as mid-intensity intervention to help clients transition out of homelessness and into the private rental market. The removal of Permanent Supportive Housing from the common waiting pool, the loss of vouchers and heavy competition over a small supply of super-affordable units have all challenged the fundamentals of the RRH model. The 5 Year Plan recognizes that current prioritization standards leave few resources for those of low-to-mid acuity while matching higher acuity clients to interventions that were not necessarily designed to meet their needs.

SNAP supports efforts to examine the role RRH currently plays in our system, to revisit prioritization to create a more balanced strategy, and initiatives to provide additional supports to high need clients living in rental settings.

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:
SHCA	CE	7/1/25 – 9/30/25	11/4/25

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 Length of Time from Date of Referral Placement to Referral Outcome	30 Days	38 Days	8 Days
Percent of Referrals with Successful Outcomes	40%	28%	12%
[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.

Once a Coordinated Entry referral is served, providers reach out to participants to schedule an intake. This can be a lengthy and challenging process as unhoused households often face challenges in maintain a consistent method of contact throughout the enrollment period. Providers must make a minimum of three contact attempts over at least a one-week period. The initial contact window may be extended and there is no mandatory maximum amount of time a referral may be open. This may result in referrals being open for extended periods of time rather than closed out.

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.

All providers who receive CE referrals are receiving refresher training and materials on accepting CE referrals. A uniform policy for referral closeout should be developed to ensure that referral data is not skewed by referrals that need to be closed out. We will continue to request that all providers use the “Next Steps” form that encourages clients to return to the provider to update their contact information in the event of changes.

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.

CE Providers are receiving refresher training as part of the current MOU resigning process.

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.*

Coordinated Entry enrollments are active for 90 days, during which time clients must maintain a stable means of contact. This can be challenging for many unhoused individuals. Services that provide free or affordable smartphones are a vital resource. Alternatives like community voicemail or HMIS notifications may also help reduce the number of referrals that fail due to contact difficulties.

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:
<i>The Way Out Center</i>	CS ES	Quarter 1 2025-2026	11/7/2025

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
7b.1	55%	9.8%	45.2%
4.6	40%	7.3%	32.7%
2b	20% Max	33%	13%

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.

Individuals experiencing homelessness have limited options for low-income Permanent Housing in Spokane County. Income sources are predominately fixed (public benefits) upon check-in to the program and due to circumstances increasing income is not an option at this time. Returns to Homelessness have increased due to the inability or unwillingness to refrain from illegal and recreational substances, unwillingness to follow rule and requirements of the program, and lack of progress toward perm housing.

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.

TWOC has attempted to decrease the time from application to placement by streamlining processes and completing required paperwork at placement instead of application.

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.

By end of Q2 TWOC plans to reach 85% occupancy rate by decreasing barriers to access with setting aside 5 "emergency beds" to determine if participation in program is desired.

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.*

Change to the min and max requirements at the Emergency Shelter level for the CS Program would better reflect the transition to TH Beds within TWOC Program Style.

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: The Way Out Center Service Type: TH Reporting Period: Q1 2025-2026 Date Submitted: 11/7/2025

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
7b.1	70%	22.8%	47.2%
4.6	35%	20%	15%
2b	10%	37.5%	27.5%

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.

Individuals experiencing homelessness have limited options for low-income Permanent Housing in Spokane County. Income sources are predominately fixed (public benefits) upon check-in to the program and due to circumstances increasing income is not an option at this time. Returns to Homelessness have increased due to the inability or unwillingness to refrain from illegal and recreational substances, unwillingness to follow rule and requirements of the program, and lack of progress toward perm housing. Past interventions without funded follow-up and aftercare continue to cause recidivism.

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.

Consistent Case Management Services to address the barriers to housing, including past evictions, and ensuring income increasing opportunities are presented.

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.

By end of Q2, TWOC will have offered 4 opportunities to learn about income increasing opportunities that include supported employment, subsidized employment, job training and independent employment options that support economic independence without completely losing public benefits (SSI/SSDI).

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.*

Collaboration with Social Security Administration to provide information regarding successful access to the Plan to Work Program.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:

TPW—PSH—Home Yard
Cottages

Service Type:

PSH

Reporting Period:

7/1/2025 - 9/30/2025

Date Submitted:

11/3/2025

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
Annual Income Growth and/or Non-Cash Benefits	25%	9.52%	15.48

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 current performance reflects only the households that chose to disclose to case managers any changes in income and/or benefits. Since case management is a voluntary service, households are not required to report these changes.

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.

N/A: We cannot force households to report changes in income or benefits; we ask, but do not require it.

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.

N/A

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: TPW—SSO—Womens
Hearth

Service Type: SSO

Reporting Period: 7/1/2025-9/30/2025

Date Submitted: 11/4/2025

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
Employment and Income Growth	35%	100%	65
Returns to Homelessness	20%	25%	5

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.

Employment and Income Growth – For Q1, only one client was counted in “Employment and Income Growth” metric. This client’s date of engagement was the same as their exit date, therefore, there was no opportunity for employment or income growth. We often must complete exit assessments for clients without them present because they have disappeared. In these situations, we must exit the client without knowing whether they have had employment or income growth. Further, a large portion of the clients that we provide services to live on fixed incomes such as SSI or SSDI. In these cases, there is no room for income growth outside of annual COLA increases.

Returns to Homelessness – This metric is looking at clients who exited the project two years prior to the reporting period. We are focused on meeting our clients where they are at and bridging the gap between housing, employment services, mental health support, SUD resources, etc. Not all clients we work with are interested in permanent housing and while we work to support all of our clients case management goals, self determination sometimes leads individuals to become unhoused. Further, many of the clients enrolled in our supportive services only project are housed at the time that they engage in case management and maintain their housing until they are exited. Our case management services do not focus solely on becoming housed but on empowering clients to engage in mental health services, to seek employment, to apply for SSI or SSDI, to access legal support in order to stabilize unstable housing, etc.

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 continue to report true and accurate data to the best of our knowledge. We have had staffing changes within our case management team over the previous year which has impacted our capacity to maintain the large volume of HMIS data that we are responsible for. To address any gaps in knowledge, we are working towards providing HMIS users at the Women’s Hearth training specific to the QPR and MDQR process to ensure that all staff that utilize HMIS

are properly maintaining client record information from date of engagement to exit date. We are aware that there is a discrepancy between the total number of clients that are currently reflected in “Returns to Homelessness” in this QPR vs the total number of clients that should be counted under this SPM and are working to resolved this discrepancy.

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.*

N/A

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: TPW-SO-Womens Hearth Service Type: SO Reporting Period: 7/1/2025-9/30/2025 Date Submitted: 11/4/2025

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
Employment and Income Growth	35%	100%	65

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.

For Q1, only one client was counted in “Employment and Income Growth” metric. This client’s date of engagement was the same as their exit date, therefore, there was no opportunity for employment or income growth. Due to the nature of our street outreach project, we often must complete exit assessments for clients without them present because they have disappeared. In these situations, we must exit the client without knowing whether they have had employment or income growth. Many of the clients that we provide street outreach services to live on fixed incomes such as SSI or SSDI. In these cases, there is no room for income growth outside of annual COLA increases. Additionally, case management is a voluntary service at the Women’s Hearth and clients are not required to report changes to employment or income in order to receive services.

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 continue to report true and accurate data to the best of our knowledge. We have had staffing changes within our case management team over the previous year which has impacted our capacity to maintain the large volume of HMIS data that we are responsible for. To address any gaps in knowledge, we are working towards providing HMIS users at the Women’s Hearth training specific to the QPR and MDQR process to ensure that all staff that utilize HMIS are properly maintaining client record information from date of engagement to exit date.

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.

N/A

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:
TPW—TH—Miryam's House	Transitional Housing	7/1/2025 - 9/30/2025	11/3/2025

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	70%	22.22%	47.78

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.

Participants are needing to stay at Miryam's House longer due to the lack of affordable housing and/or housing vouchers.

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 are assisting participants with getting on the waitlists for income-based and/or PSH and are exploring alternative housing options such as roommates or living with family. We are also empowering participants to obtain employment and/or educational goals so they can afford stable permanent housing on their own.

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 is difficult to estimate as it depends on several external factors. We are anticipating two additional move outs to permanent housing by the end of the year.

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.

Affordable housing and/or housing vouchers.

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:
TPW—TH—TLC	Transitional Housing	7/1/2025 - 9/30/2025	11/3/2025

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	70%	12.5%	57.5

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.

Families are needing to stay at TLC longer due to the lack of affordable housing and/or housing vouchers.

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 are focusing on empowering participants to obtain employment and/or educational goals so they can afford stable permanent housing on their own. Several participants have enrolled in continuing education and skills training programs. Others have obtained or are working on obtaining full-time employment.

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 is difficult to estimate as it depends on several external factors.

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.

Affordable housing and/or housing vouchers.

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—ES—YAS -Q1	Emergency Shelter	7/1/2025 – 9/30/2025	11/5/2025

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	40% Minimum	.88%	39.12%
Employment and Income Growth	35% Minimum	0%	35%
Returns to Homelessness	20% Maximum	75%	55%

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 have had some challenges getting clients to show up for meetings with the housing team to find them permanent housing.

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 have started focusing on our care plans to ensure they have a path to housing in the shelter. We also have started some implementing community partners like SCC to come and engage with the clients we serve.

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 is already being worked on and should improve by next reporting period.

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:
Permanent Supportive Housing VOA Scattered Site	Permanent Supportive Housing	7/1/2025 to 9/30/2025	11/4/2025

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 Bed Utilization	Min. 85%	[81%	4%

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 primary factor contributing to the inability to meet utilization standards is the extensive damage identified in units following tenant move-outs. Consequently, maintenance teams have required 30 days or more to complete the necessary repairs and unit turnovers. Further, there was severe damage to 3 units from flooding that needed to be addressed.

In addition, the referral process has presented ongoing challenges. Several referred applicants have been unresponsive to outreach efforts from the leasing team or have failed to submit the required documentation in a timely manner. These issues have resulted in referrals being returned and replacement referrals requested, which has further delayed the leasing process and impacted overall lease-up timeliness.

Steps Taken to Improve Performance

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

The Leasing and Maintenance teams continue to make concerted efforts to fill vacant units within the targeted 30-day timeframe. During the reporting period, however, extenuating circumstances impacted this goal. The lower-level (3 units) at Hope House East experienced flooding, which caused extensive damage and required a longer-than-usual repair period. All necessary remediation work has since been completed, and no further issues are anticipated that would delay future unit turnovers.

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 issue has been corrected.

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:
VOA—ES—Crosswalk Youth Shelter	Emergency Shelter	7/1/2025 – 9/30/2025	11/4/2025

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
Employment and Income Growth	40% Minimum	100%	60%
Returns to Homelessness	20% Maximum	27.27%	7.27%
Exits to Permanent Housing	55% Minimum	3.57%	51.43%

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.

It can be tough to get a youth enrolled into permanent housing due to the age group only being 13-17 for crosswalk. We do our best to make sure the youth have a plan upon exiting the program. We also have been severely understaffed in the last few months.

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 have recently moved location to a newer facility and have really been working with community partners to provide employment and income resources. We also have a large group of new staff that will be joining the team on the 11/14/2025

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.

I would like to say at the beginning of the new year we should start seeing improvement with new staff getting trained during this time

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:
VOA—TH—Alexandria's House	Transitional Housing.	7/1/2025 – 9/30/2025	11/5/2025

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	70% Minimum	20%	50%
Employment and Income Growth	35% Minimum	100%	65%
Returns to Homelessness	10% Maximum	20%	10%

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 recently have experienced a change in the age group we can serve at Alexandria's House. This change has shortened the age requirement clients can be to stay at Alex's House. Due to this we have been seeing a lot less referrals for the program.

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 are working with licensing to help expand the population we can work with at Alex's House to get more client into the program. We also will be remodeling Alex's House in January to hopefully improve this as well.

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.

June of 2026 is when Alex's House remodel should be completed and will have a large focus on this program.

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:
YWCA DV Shelter	Entry/Exit Shelter	7/1/2024-6/30/2025	10/31/2025

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	20%	40%	20%
Increased income from Start to Exit	40%	17%	23%
[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.

Thank you for the opportunity to share an update on our housing program outcomes and to provide clarification regarding how our shelter's performance is currently assessed. We are committed to providing high-quality, trauma-informed services to survivors of intimate partner domestic violence. Our focus remains on ensuring safety, dignity, and long-term well-being for every individual and family in our care. We value our continued partnership with the City and County and appreciate your investment in this critical work.

Metric 1: We understand the importance of tracking returns to homelessness. However, in the context of DV programs, the metric may require adjustments to ensure it reflects the safety –driven decisions survivors must make, rather than implying program performance or survivor fault. Survivors often re-enter homelessness not due to service failure, but because of perpetrator behavior, lack of safe housing options, and ongoing safety risks.

In the past 3 months, our program saw 2 households return to homelessness after permanent housing. These individuals came from Additional structural and systemic barriers influencing this outcome include:

- ☐ Safety-driven instability: Survivors may flee housing voluntarily if located by an abuser or if the environment feels unsafe, regardless of housing permanency status.
- ☐ Barriers related to trauma and abuse: Economic abuse, poor rental history, and ongoing court involvement continue to destabilize survivors long after shelter exit.

This "returns to homeless" metric doesn't account for these realities and risks, mischaracterizing survivor decisions to prioritize safety as "failures."

Metric 2: This performance measure continues to be a challenge for emergency domestic violence shelter programs due to the nature of the population served and the crisis context in which participants enter shelter. Our program's focus during shelter stay is primarily on safety stabilization, connection to resources, and developing longer-term housing and economic plans. Survivors often enter with limited or no access to financial resources, are actively fleeing abuse, and may be ineligible or unable to safely engage in employment during their stay.

While we have strengthened data collection and exit follow-up, the 40% income increase standard is a challenge with the short-term, crisis-oriented design of domestic violence shelter programs. Our Q1 rate of 16.67% reflects both the short average length of stay

and the fact that many survivors transition directly into housing or other stabilization programs where income growth occurs after exit.

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.*

Metric 1. We have implemented several strategies to support long term stabilization for survivors in order to reduce returns to homelessness, particularly when they are driven by safety threats or systemic barriers:

☐ Aftercare support: All survivors exiting services are offered enrollment into our aftercare program, which provides advocacy and support services for up to six months post-exit. This includes safety planning, systems navigation, and emotional support.

☐ Responsive re-engagement: We 100% support re-engaged back into our shelter after sharing new or escalating safety concerns.. Returns to services reflects a trauma-informed and survivor-led decision to prioritize safety — not a program failure.

☐ Warm referrals to DV-specific housing: When possible, we connect survivors to longer-term supportive housing programs tailored to those fleeing violence.

☐ Improved exit safety planning: We've strengthened our individualized safety plans for all exiting households, especially for those with known abuser threats, high LAP scores, or ongoing stalking. These actions reflect a deep commitment to long-term stability, even as systemic gaps — including reduced housing resources and loss of federal benefits — continue to threaten survivors' ability to remain safely housed.

Metric 2: Our team is taking several actions to improve the accuracy and consistency of data capture around income changes:

- **Data integrity review:** We identified that income updates were not consistently being entered at exit. Staff have received retraining on data entry and documentation to ensure all changes are accurately captured.
- **Integration with housing programs:** We've strengthened coordination between shelter advocates and our housing case management teams so that any income or benefit increases occurring during transition are captured.
- **Expanded advocacy:** We are increasing our focus on economic advocacy, including connection to benefits, rapid employment resources, and financial empowerment programming for those for whom it is safe and feasible.

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.*

Metric 1. Given the realities of our staffing capacity and the complexity of serving survivors of domestic violence, we are focusing on two achievable, high-impact strategies over the next year:

Timeline Action

By December 2025

Complete a targeted review of the households who returned to homelessness after exiting to permanent housing. This will help us better understand patterns related to safety, housing type, benefit loss, or other destabilizing factors.

By June
2026

Strengthen and formalize our aftercare services tracking to ensure that when survivors return due to safety concerns, it is documented appropriately and used to inform individual and system-level responses. This will also support more accurate reporting of safety-driven service re-engagement. These two steps will help us improve data accuracy, deepen survivor-centered safety planning, and ensure that returns to services are not mischaracterized as programmatic challenge.

Metric 2:

- **Q2 (current):** Continue data quality checks monthly to ensure that income changes are consistently captured at exit.
- **Q4:** Evaluate outcomes and assess whether additional program or data system adjustments are needed. We will continue to advocate for performance standards that better reflect the crisis nature and safety focus of DV shelter programming.

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're asking the City to consider a more trauma-informed approach to the "return to homelessness" metric for DV programs. Survivors return to our safe shelter due to ongoing safety threats could be reinforcing a victim-blaming narrative.

We'd appreciate your support with:

- ☐ Revisiting the metric to account for safety-driven returns and household-level data
- ☐ Allowing narrative/context in reports so safety-related re-engagements are not penalized
- ☐ Forming a DV-specific workgroup or listening session to collaboratively explore better-aligned measures
- ☐ Advocating for housing resources (like vouchers and DV-specific subsidies) to reduce preventable returns
- ☐ Recognition of room-based occupancy as a more accurate measure for family DV shelters, or flexibility in how occupancy is assessed in the context of survivor safety and program design.

Thank you again for your partnership and continued investment in this life-saving work. We remain committed to continuous improvement and to ensuring that survivors of domestic violence have the safest and most stable housing outcomes possible.