



Quarterly Performance Report (QPR)

HHOS Quarter: 2

Reporting Period: 7/1/2025 - 12/31/2025



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.

System Performance Measures (SPM):

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

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

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

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

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

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

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

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

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

Project Narratives:

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



What is the QPR?

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Local Measures:

Average Length of Time to Date of Engagement

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

Average time from Date of Engagement to Successful Exit

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

Average Rate of Utilization

This measure varies depending on the project type.

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

Returns to Homelessness (Homeless Diversion)

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

Returns to Homelessness (Homeless Prevention)

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

Servicing those with Long Lengths of Homelessness

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

Exits to Permanent Housing (Homeless Prevention)

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



What is the QPR?

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

Local Measures:

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

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

Rapid Placement into Permanent Housing

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

Annual Income Growth and/or Non Cash Benefits

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

Successful Referrals (Coordinated Entry)

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

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

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

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

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



Quarter 2 - 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 - 12/31/2025



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

\$90,863.68 57.15%

\$68,136.32 42.85%

SNAP--SSO--Singles Diversion

\$23,227.53 34.16%

\$44,772.47 65.84%

0%

20%

40%

60%

80%

100%



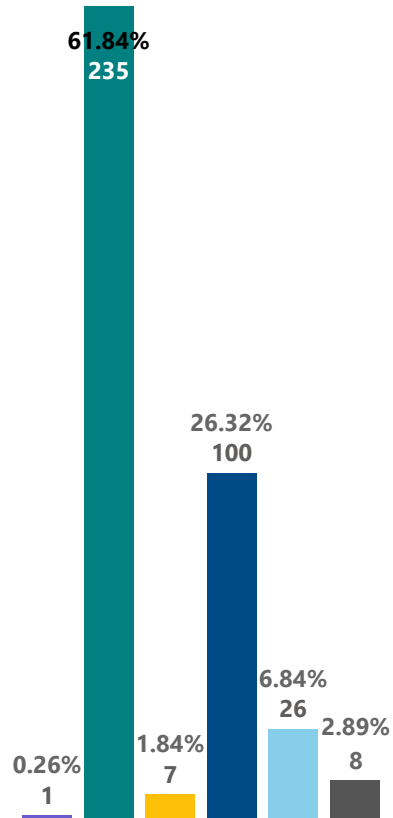
Quarter 2 - Homelessness Diversion Performance Overview

Number of Households Served

167

Exit Destinations

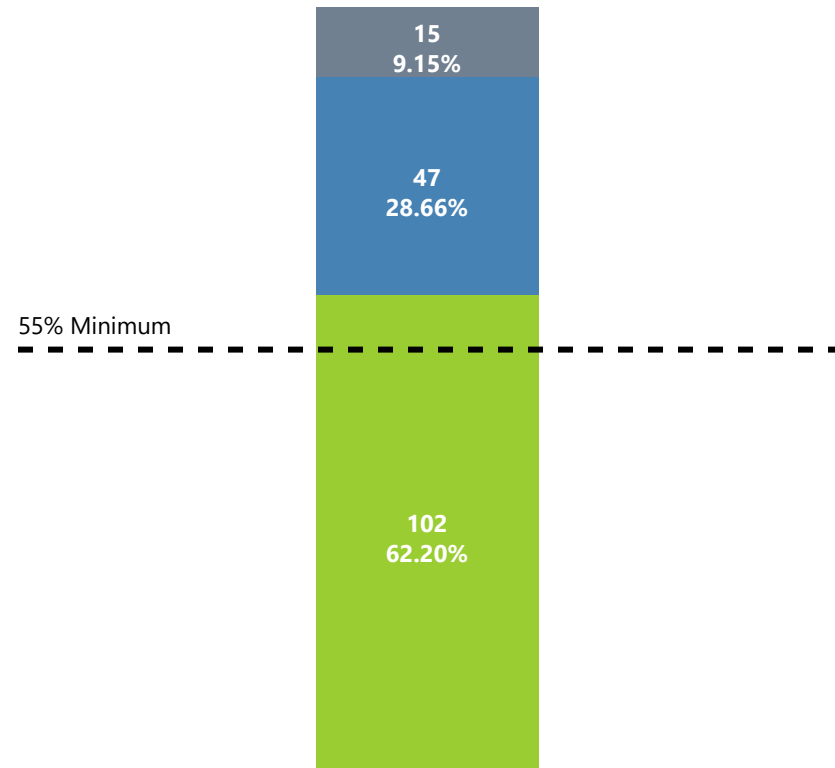
- Institutional
- Permanent
- Sheltered
- Still Enrolled
- Temporary
- Unsheltered



Successful Diversion

(All Exited Clients)

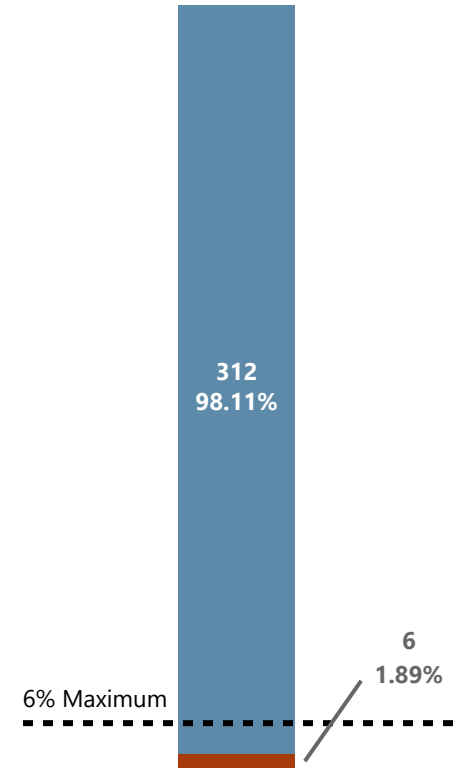
- Currently Enrolled
- Successful Diversion
- Unsuccessful Diversion



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





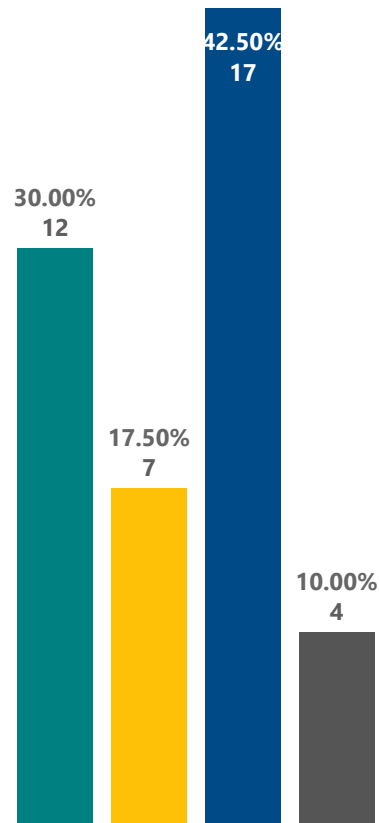
Quarter 2 - Homelessness Diversion SNAP - Singles Diversion

Number of Individuals Served

44

Exit Destinations

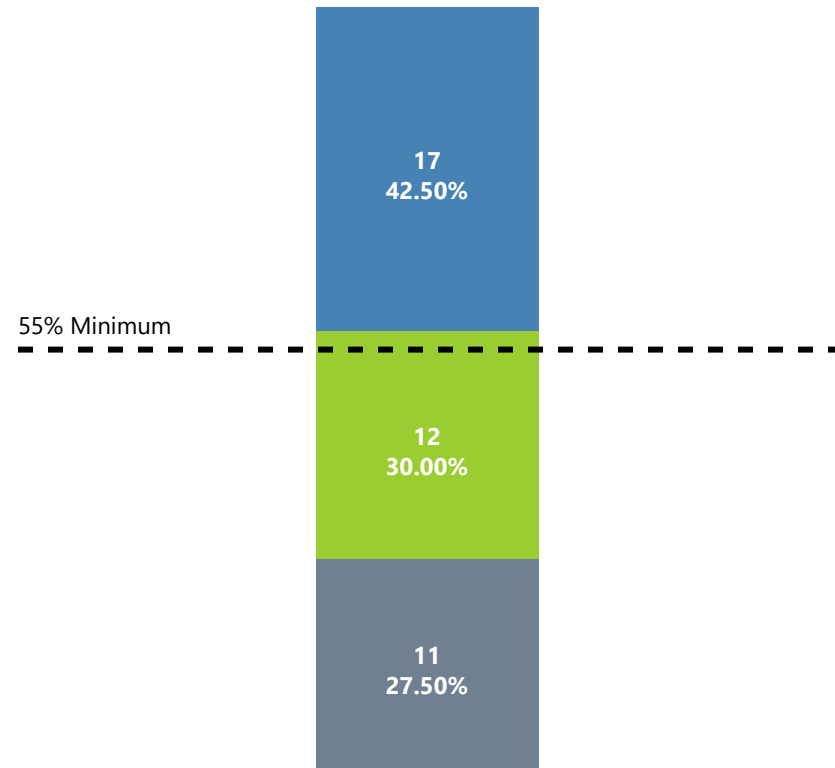
- Permanent
- Sheltered
- Still Enrolled
- Unsheltered



Successful Diversion

(All Exited Clients)

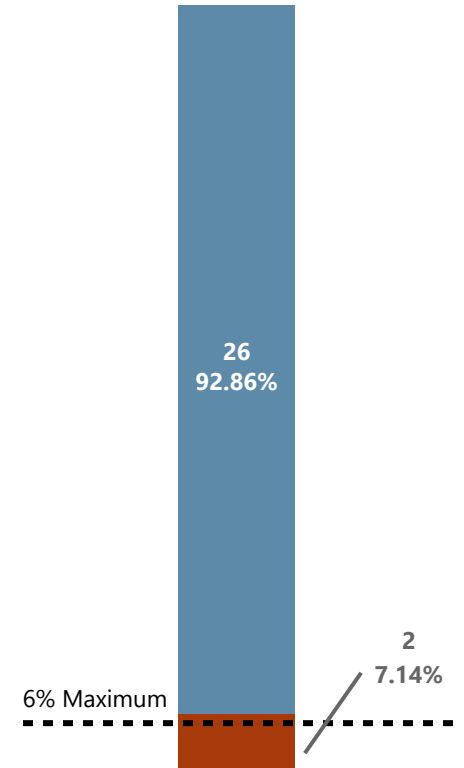
- Currently Enrolled
- Successful Diversion
- Unsuccessful Diversion



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





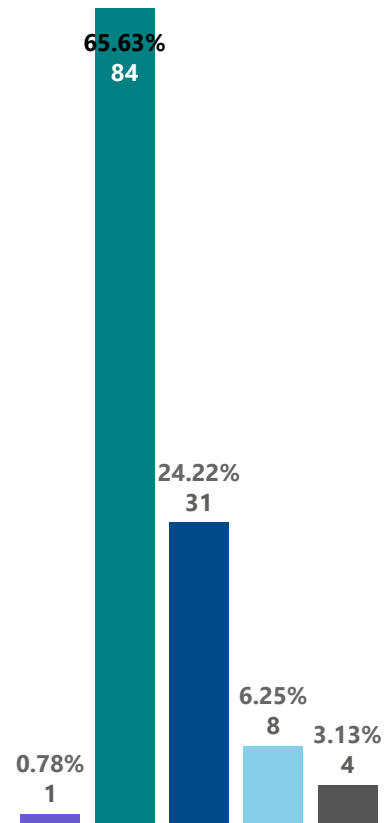
Quarter 2 - Homelessness Diversion Catholic Charities - Family Diversion

Number of Households Served

128

Exit Destinations

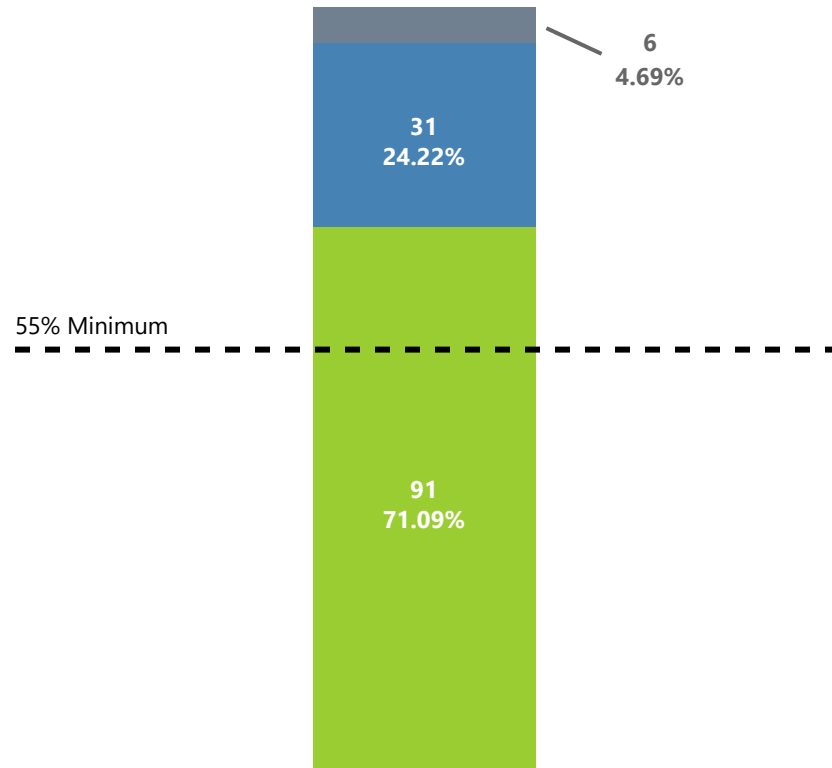
- Institutional
- Permanent
- Still Enrolled
- Temporary
- Unsheltered



Successful Diversion

(All Exited Clients)

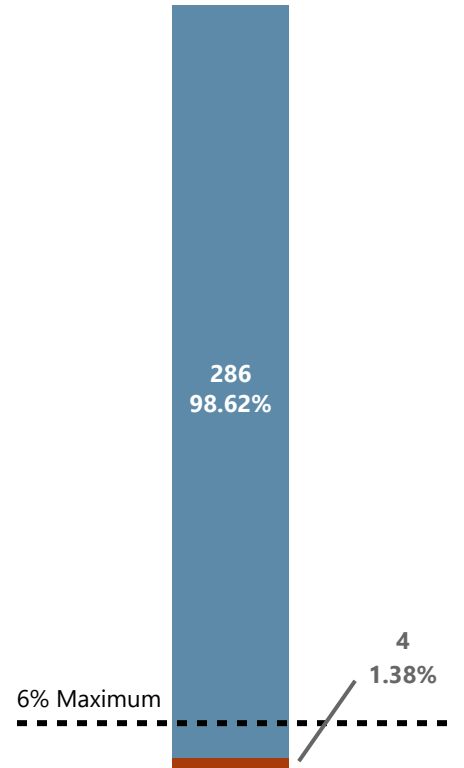
- Currently Enrolled
- Successful Diversion
- Unsuccessful Diversion



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Coordinated Entry

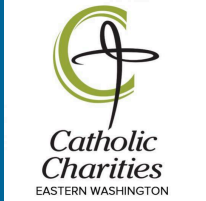
Coordinated Entry (CE): The gateway by which households' access projects in the system.
Reporting Period: 07/1/2025 - 12/31/2025



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 - Coordinated 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

\$35,127.59 54.04%

\$29,872.41 45.96%

SNAP--CE--Singles

\$13,624.47 30.28%

\$31,375.53 69.72%

0%

20%

40%

60%

80%

100%



Quarter 2 - Coordinated Entry Performance Overview

Number of Households Served

1467

Number of Referrals

314

Average Length of Time from
Assessment to Referral Placement

29

Max: 45 Days

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

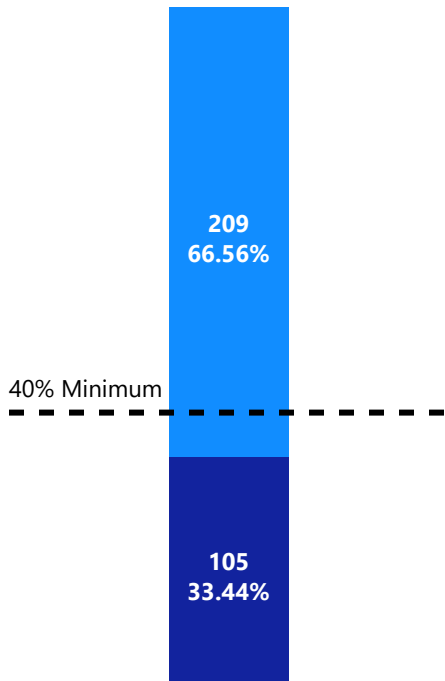
17

Max: 30 Days

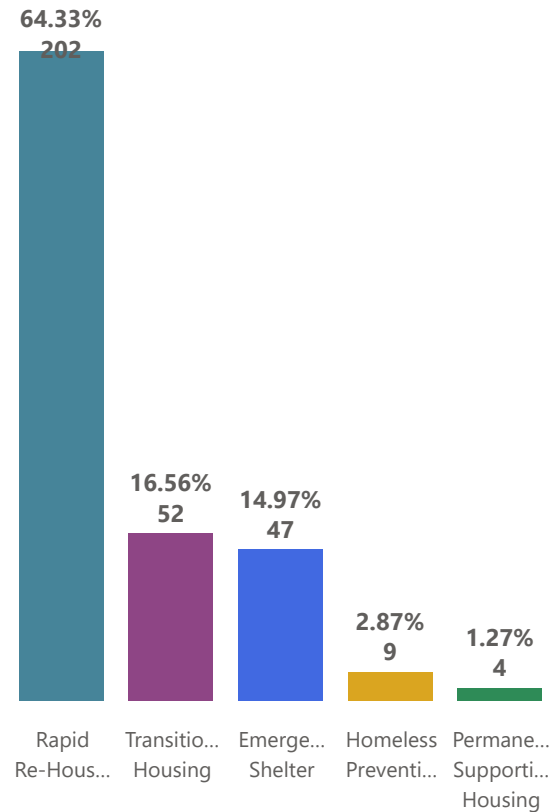
Percent of Referrals with Successful Outcomes

(Local Measure)

● Successful ● Unsuccessful



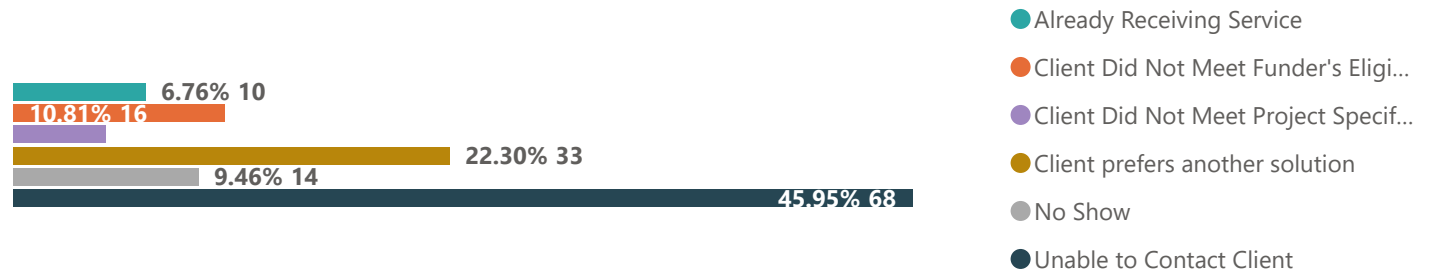
Referrals by Project-Type



Referral Results



Rejection Reason





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

Number of Households Served

Projected Households Served: 1511

507

Number of Referrals

69

Average Length of Time from Assessment to Referral Placement

20

Max: 45 Days

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

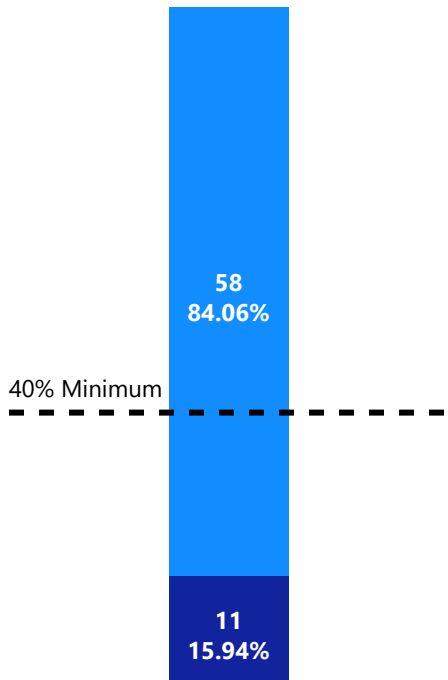
6

Max: 30 Days

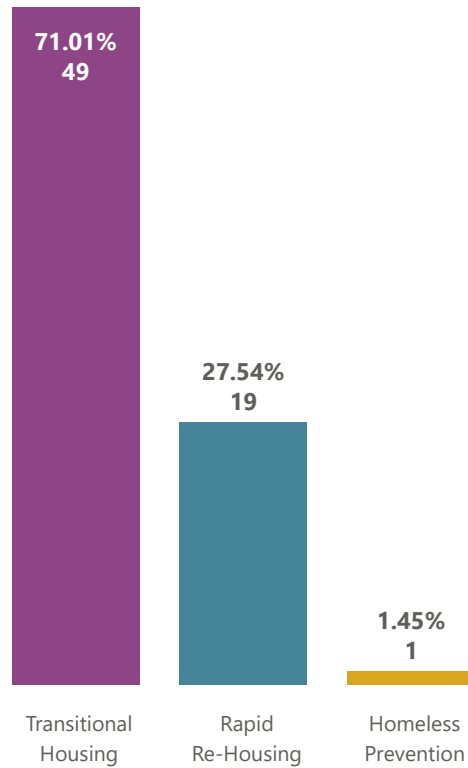
Percent of Referrals with Successful Outcomes

(Local Measure)

● Successful ● Unsuccessful



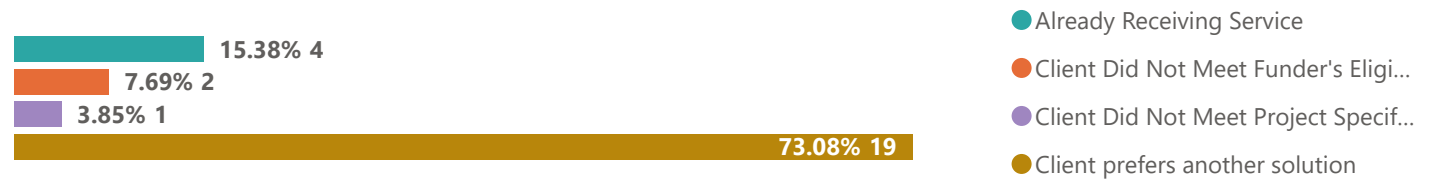
Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 2 - Coordinated Entry Singles Coordinated Assessment

Number of Individuals Served

Projected Individuals Served: 1200

967

Number of Referrals

245

Average Length of Time from
Assessment to Referral Placement

32

Max: 45 Days

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

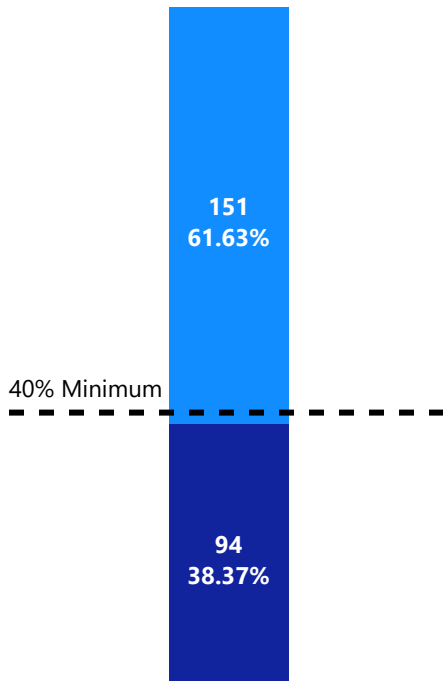
20

Max: 30 Days

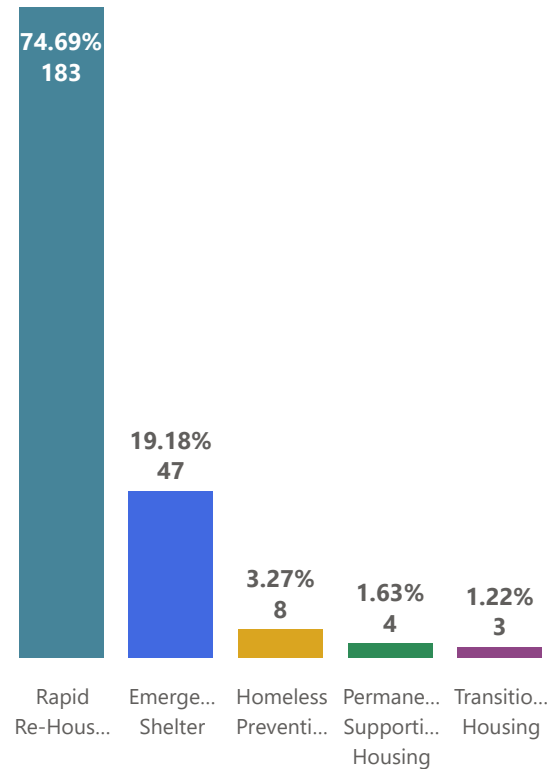
Percent of Referrals with Successful Outcomes

(Local Measure)

● Successful ● Unsuccessful



Referrals by Project-Type



Referral Results



Rejection Reason





Quarter 2 - 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 - 12/31/2025



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

\$1,494,774.84 45.14%

\$1,816,835.16 54.86%

NRCC--HP--Esperanza--HHOS

\$74,506.83 75.39%

\$24,324.17 24.61%

0%

20%

40%

60%

80%

100%



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

Quarter 2 - Homeless Prevention Performance Overview

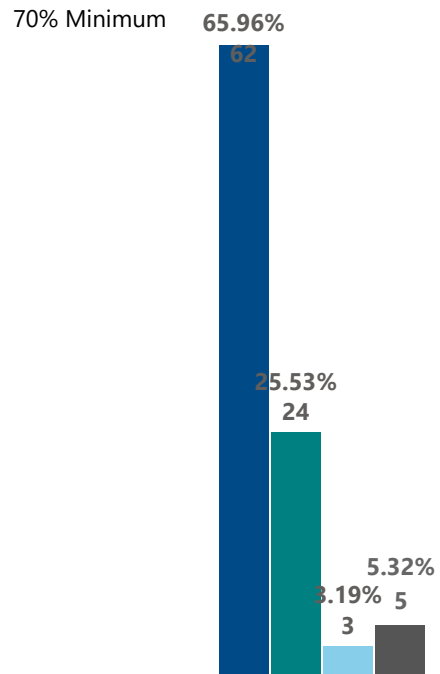
Number of Individuals Served

95

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

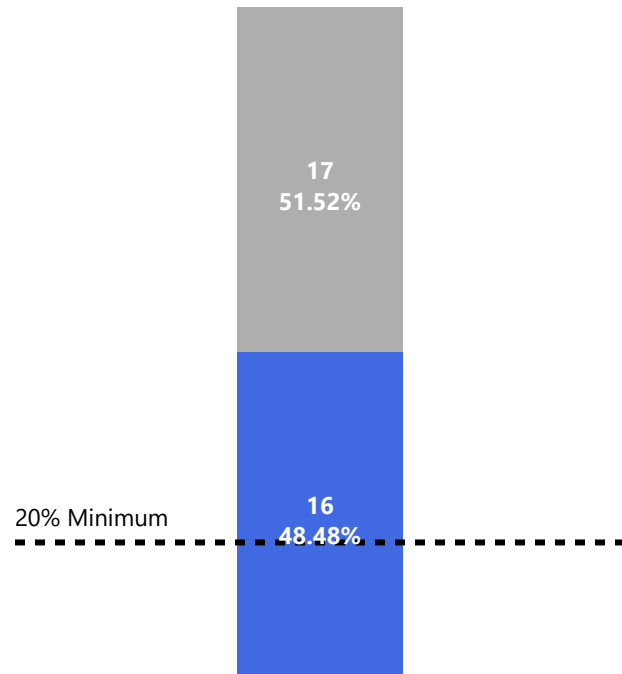
● Currentl... ● Perman... ● Tempor... ● Unshelt...



Employment and Income Growth

(SPM Metric 4.6)

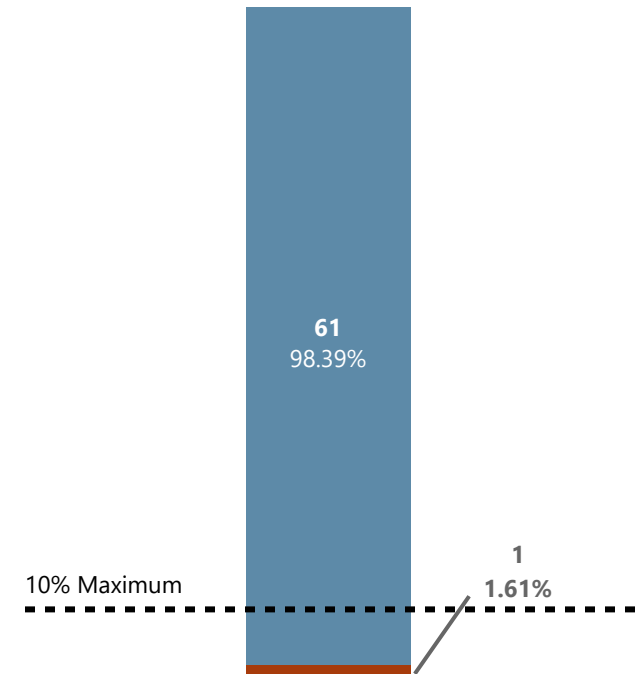
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Homeless Prevention Goodwill - HEN Foundational Community Support (FCS) Bridge

Number of Individuals Served

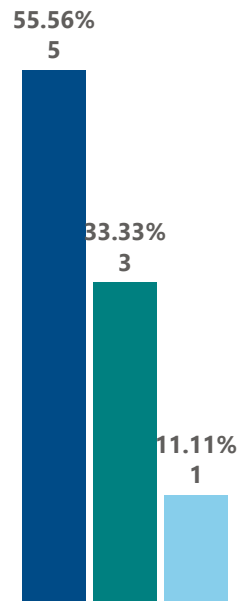
9

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Permanent ● Temporary

70% Minimum

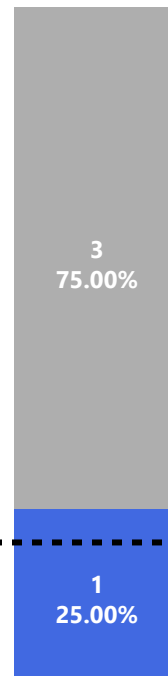


Employment and Income Growth

(SPM Metric 4.6)

● Increase ● No Increase

20% Minimum



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return

10% Maximum





Quarter 2 - Homeless Prevention Goodwill - Housing and Essential Needs (HEN)

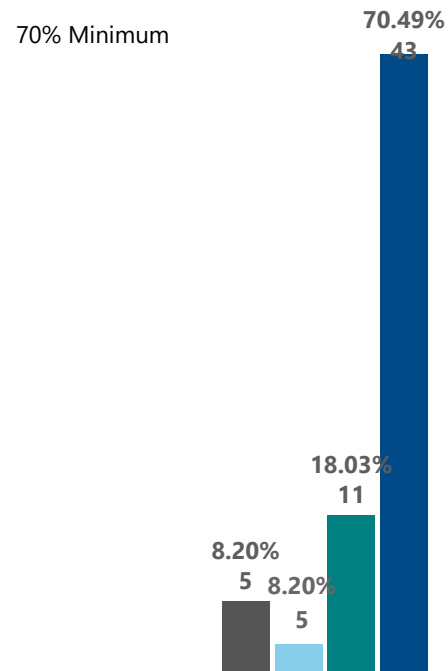
Number of Individuals Served

62

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

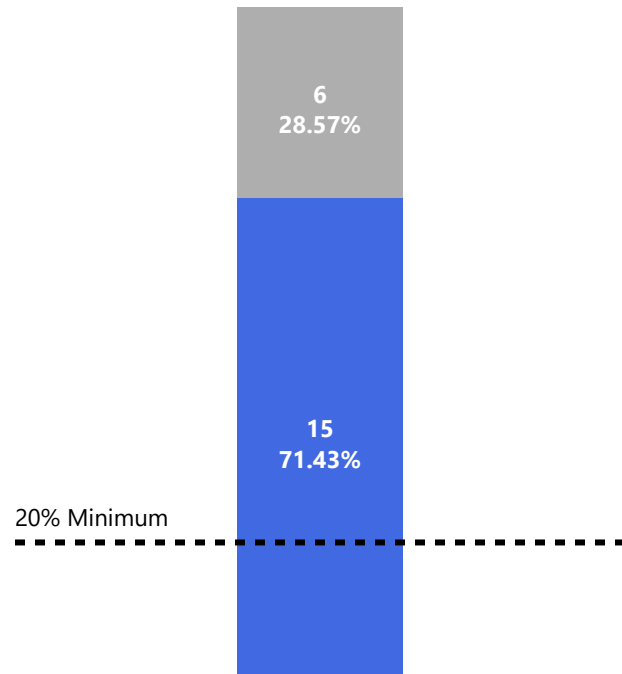
● Currentl... ● Perman... ● Tempor... ● Unshelt...



Employment and Income Growth

(SPM Metric 4.6)

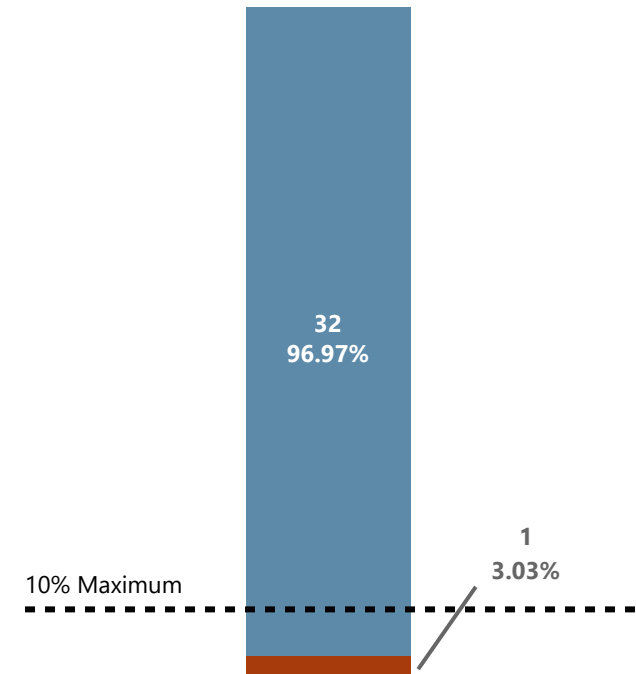
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Homeless Prevention Nuestra Raices - Esperanza

Number of Individuals Served

24

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

● Currently Enrolled ● Permanent

70% Minimum

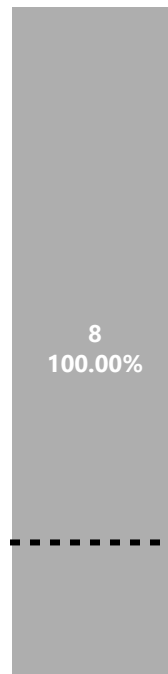


Employment and Income Growth

(SPM Metric 4.6)

● No Increase

20% Minimum

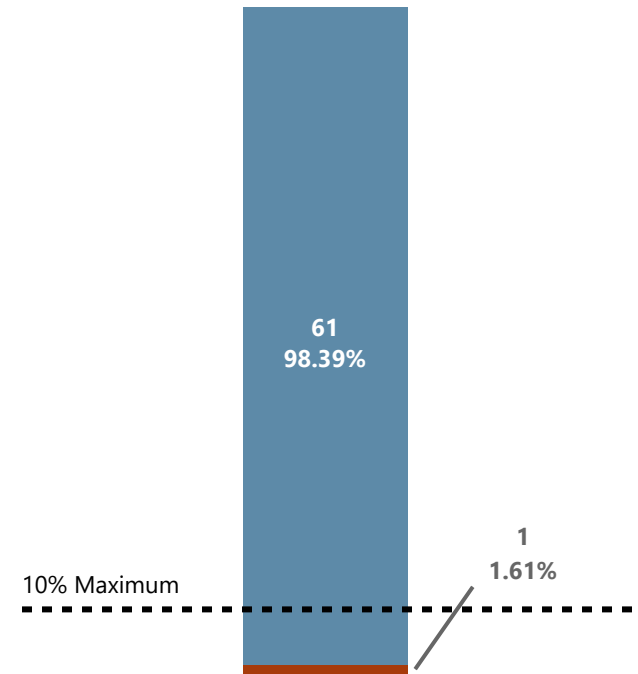


Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned

10% Maximum





Quarter 2 - Street Outreach

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

Reporting Period: 07/1/2025 - 12/31/2025



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)



Public Name: City Street Outreach

HMIS Name: CC--SO--City Street Outreach

Grants:

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

CC--SO--City Street Outreach

\$116,701.02 20.89%

\$442,002.98 79.11%

TPW--SO--Womens Hearth

\$45,533.39 45.53%

\$54,466.61 54.47%

0%

20%

40%

60%

80%

100%



Quarter 2 - Street Outreach Performance Overview

Number of Individuals Served

270

Average time from Date of Engagement to Successful Exit

10

Max: 60 Days

Clients with a Date of Engagement

76

Serving those with Long Length of Homelessness

● No ● Yes



Exits from Street Outreach

● Currently Enrolled ● Sheltered ● Temporary ● Unsheltered

Min: 55% (Successful Exits)

Min: 40% (Permanent)

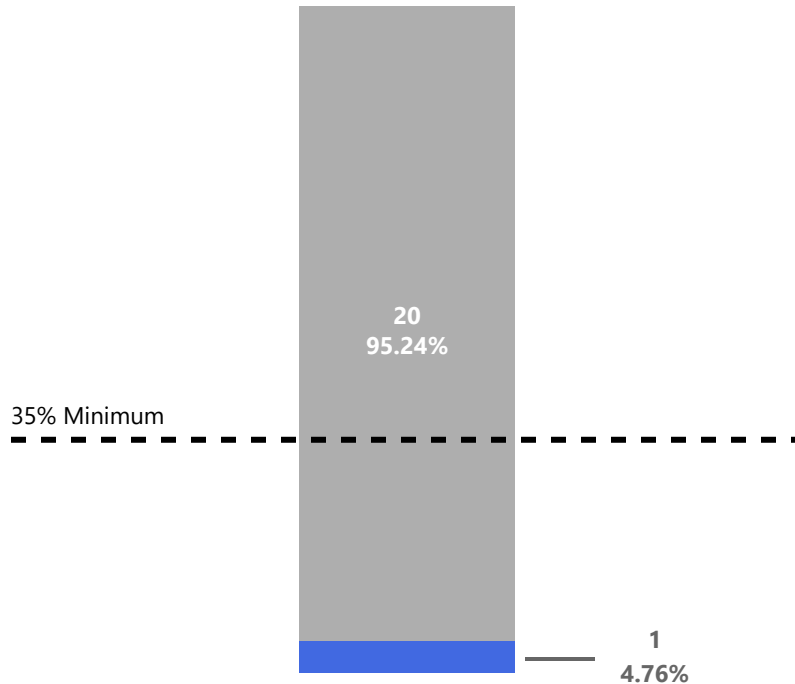
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(Clients with a 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 back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

20% Maximum



Quarter 2 - Street Outreach Transitions - Women's Hearth

Number of Individuals Served

166

Average time from Date of Engagement to Successful Exit

73

Max: 60 Days

Clients with a Date of Engagement

16

Serving those with Long Length of Homelessness

● No ● Yes



Exits from Street Outreach

● Currently Enrolled ● Temporary ● Unsheltered

Min: 55% (Successful Exits)

Min: 40% (Permanent)

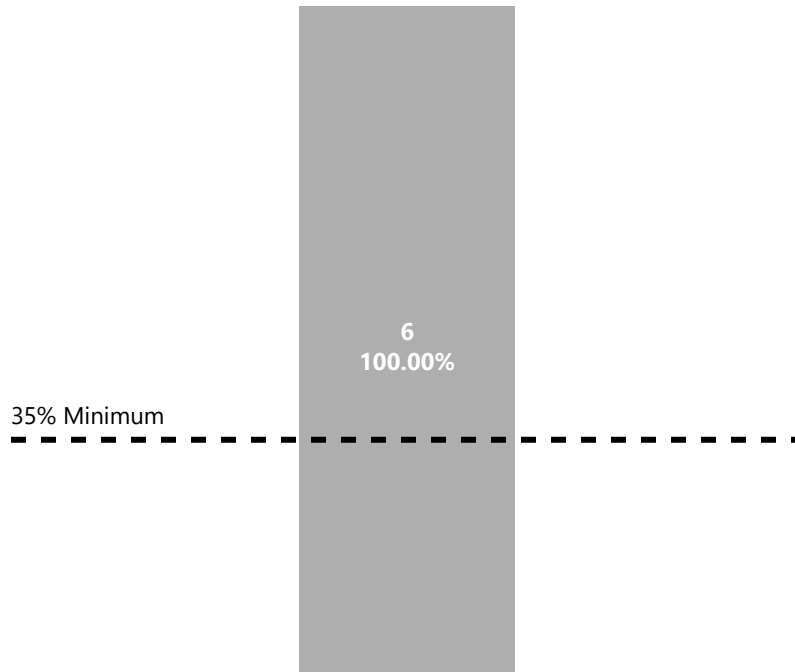
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(Clients with a Date of Engagement)

● No Increase



Returns to Homelessness

(SPM Metric 2b)

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

-- HMIS Team

20% Maximum



Quarter 2 - Street Outreach Catholic Charities - City Street Outreach

Number of Individuals Served

104

Average time from Date of Engagement to Successful Exit

4

Max: 60 Days

Clients with a Date of Engagement

60

Serving those with Long Length of Homelessness

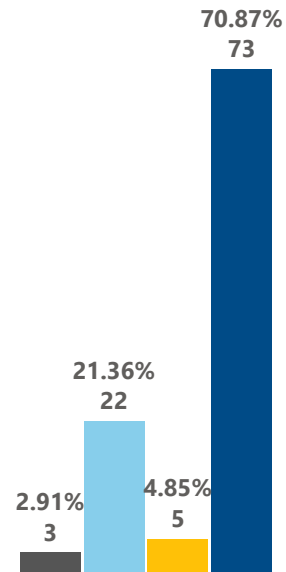
No Yes



Exits from Street Outreach

● Currently Enrolled ● Sheltered ● Temporary ● Unsheltered

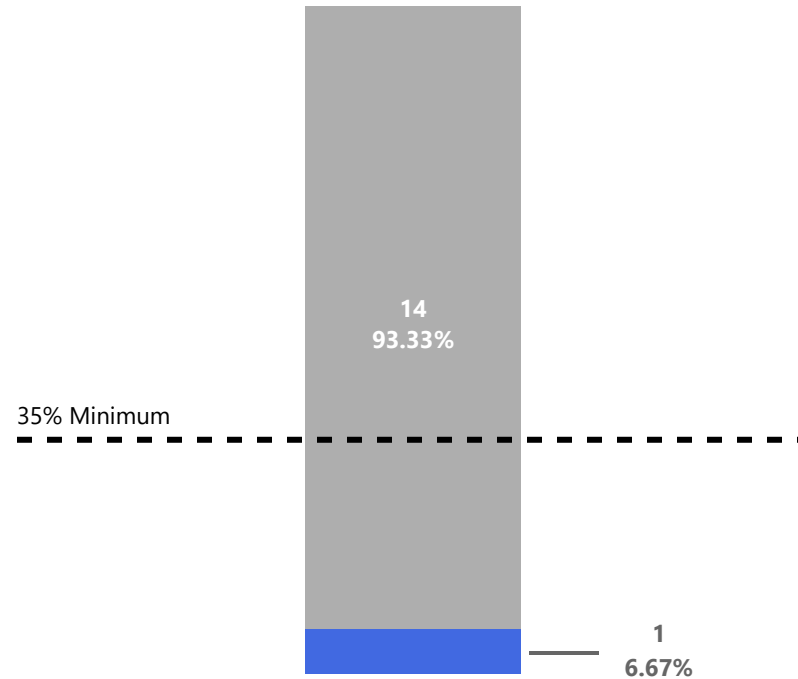
Min: 55% (Successful Exits)
Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(Clients with a 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 back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

20% Maximum



Quarter 2 - 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 - 12/31/2025



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 2 - 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 - 12/31/2025



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: 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

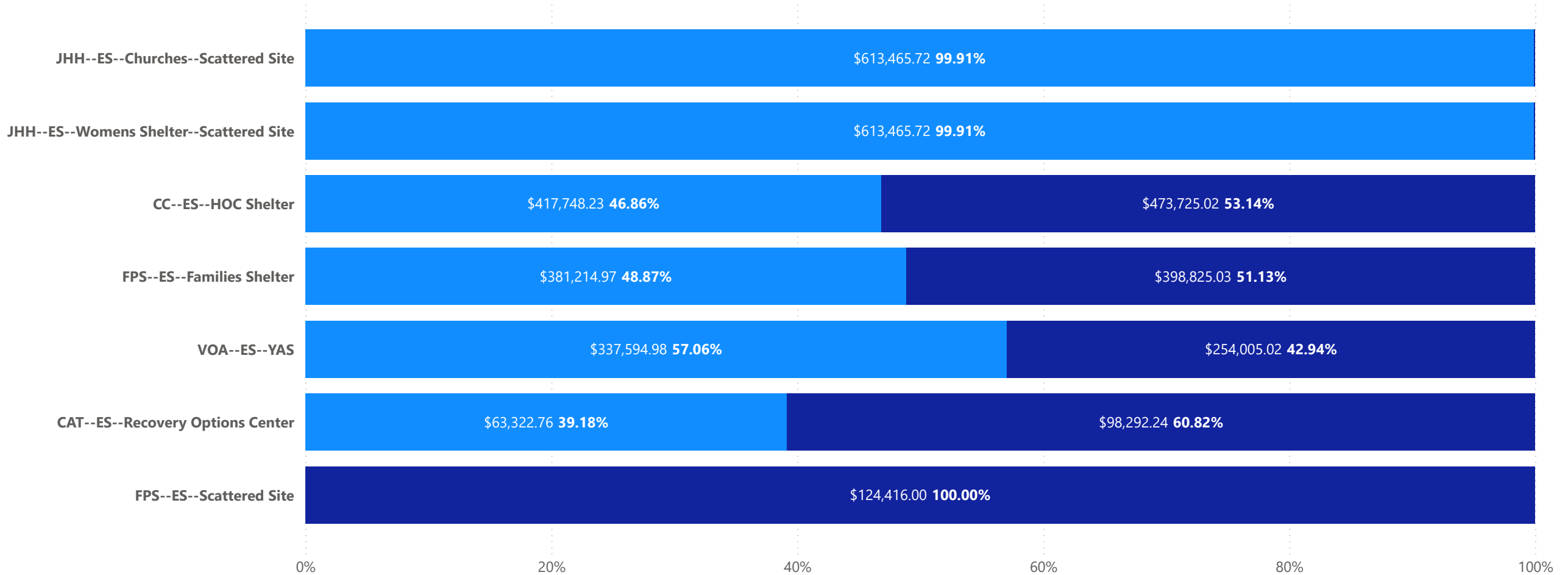


Q3

Q4

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

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Night-by-Night Emergency Shelter Performance Overview

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)

1138

78

Max: 90 Days

462

2

Max: 30 Days

76%

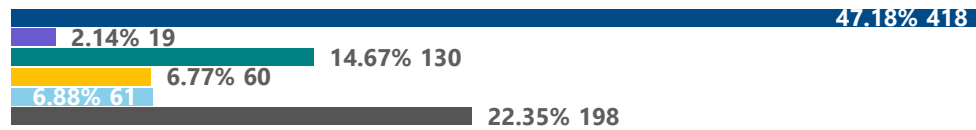
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

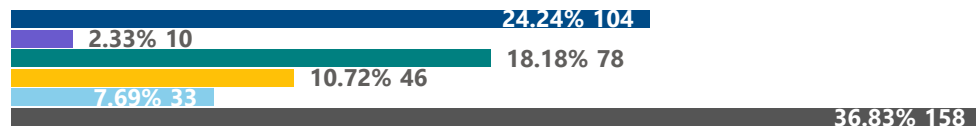
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Exits

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

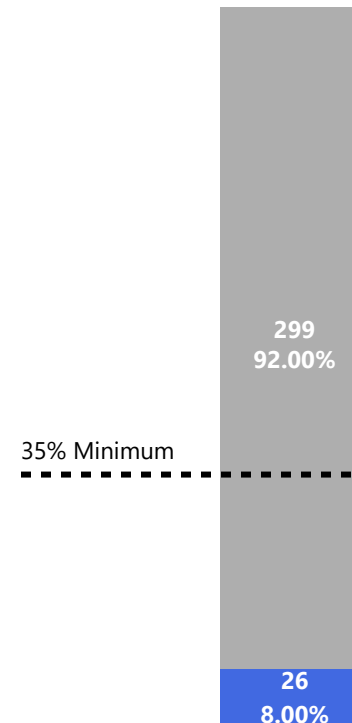
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

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

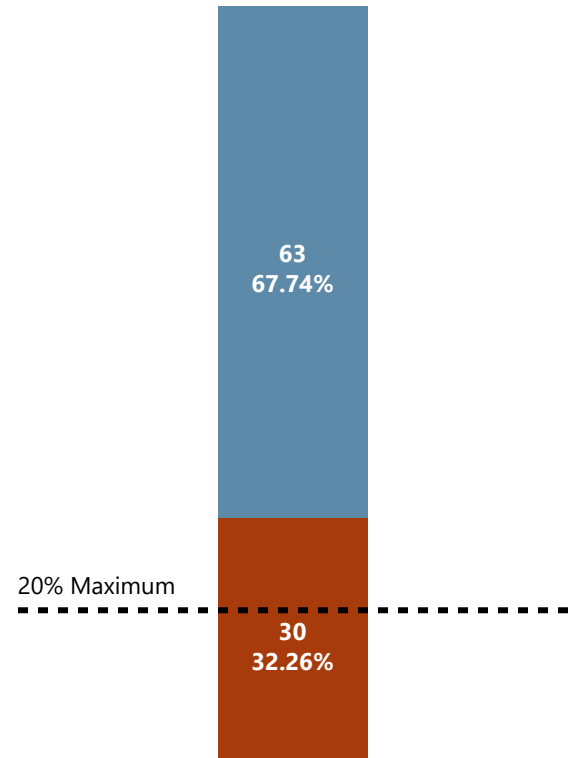
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Night-by-Night Emergency Shelter Catholic Charities - House of Charity Shelter

Number of Individuals Served

325

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

140
Max: 90 Days

Clients with a Date of Engagement

3

Average Length of Time to Date of Engagement (Days)

1
Max: 30 Days

Average Rate of Utilization
(Local Measure)

98%
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Institutional
- Permanent

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



Exits

(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

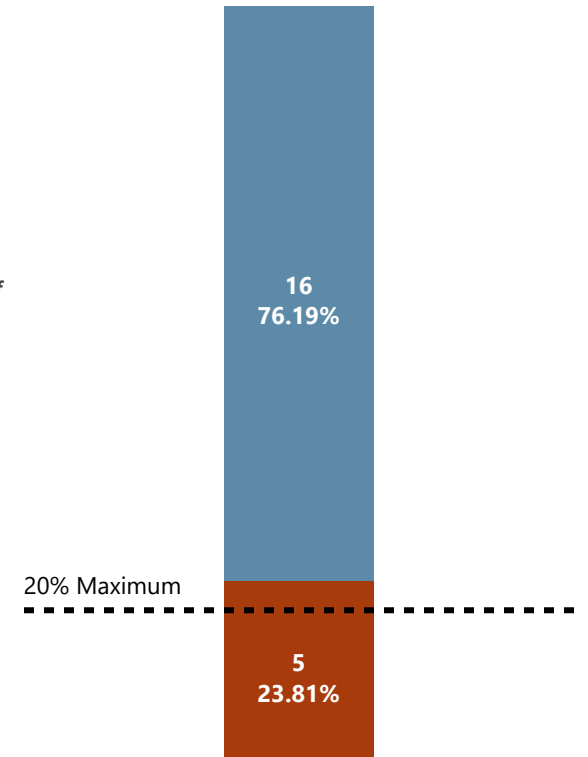
During the reporting period, no clients who exited with a date of engagement demonstrated growth in income at exit. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Night-by-Night Emergency Shelter Family Promise of Spokane - 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)

81

64

Max: 90 Days

50

5

Max: 30 Days

95%

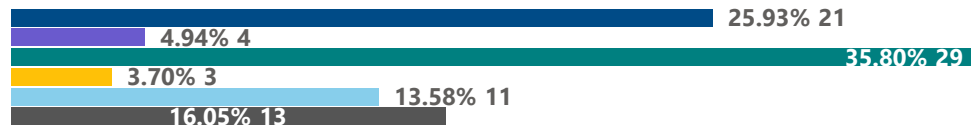
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

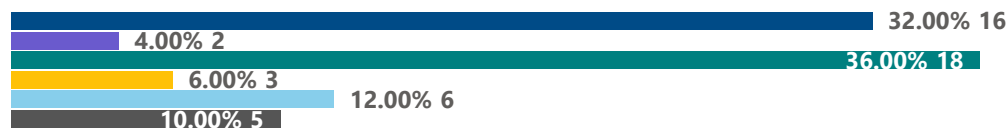
Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Exits

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

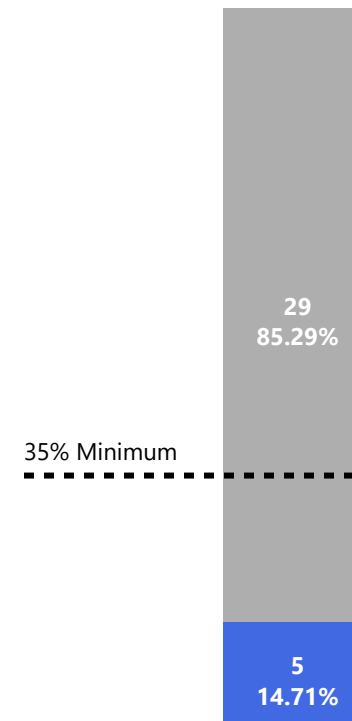
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

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

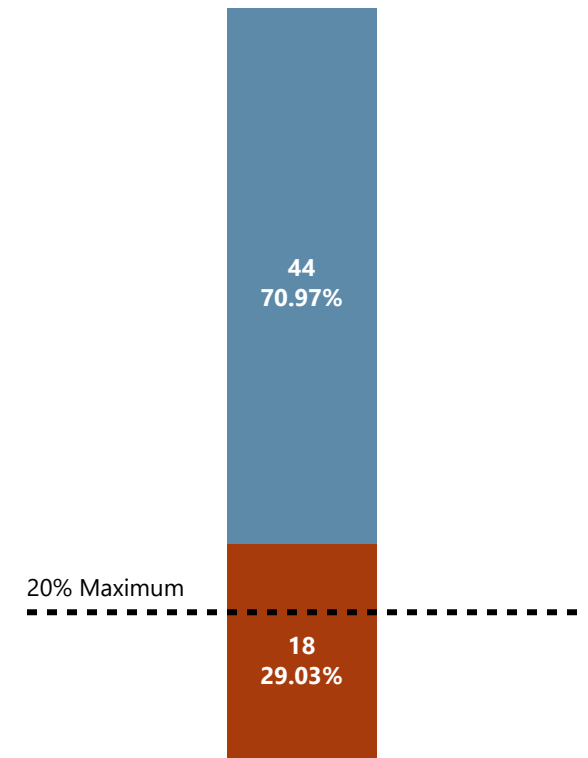
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Night-by-Night Emergency Shelter Family Promise of Spokane - 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)

27

46
Max: 90 Days

18

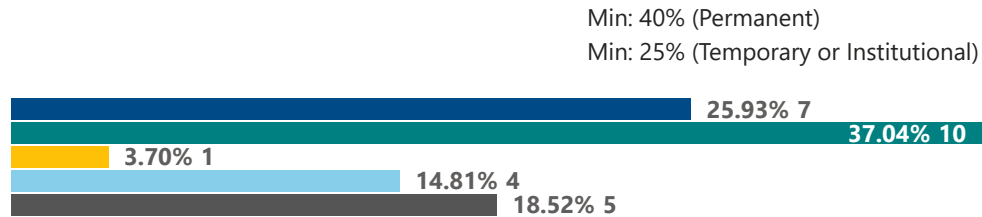
4
Max: 30 Days

81%
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Permanent
- Sheltered
- Temporary
- Unsheltered

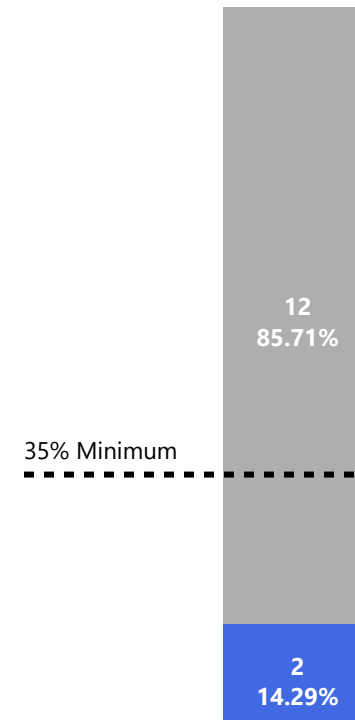


Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)

Employment and Income Growth

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

- Increase
- No Increase



35% Minimum

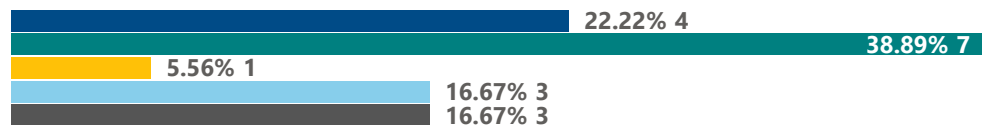
No clients exited from this project during the reporting period (shifted two years back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

Exits

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

- Currently Enrolled
- Permanent
- Sheltered
- Temporary
- Unsheltered



20% Maximum



Quarter 2 - Night-by-Night Emergency Shelter Compassionate Addictive Treatment - Recovery Options Center

Number of Individuals Served

67

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

70

Max: 90 Days

Clients with a Date of Engagement

57

Average Length of Time to Date of Engagement (Days)

1

Max: 30 Days

Average Rate of Utilization
(Local Measure)

78%

Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

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



Exits

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

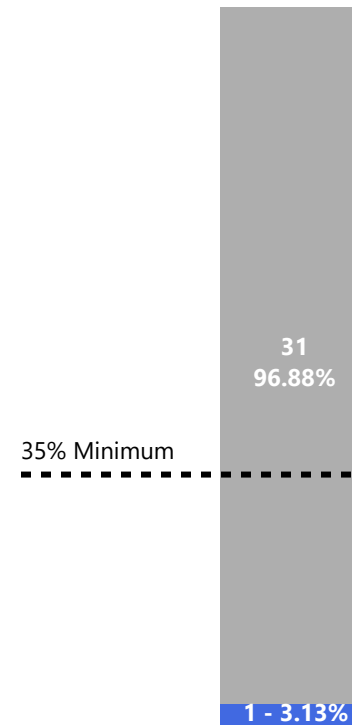
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



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 back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

20% Maximum

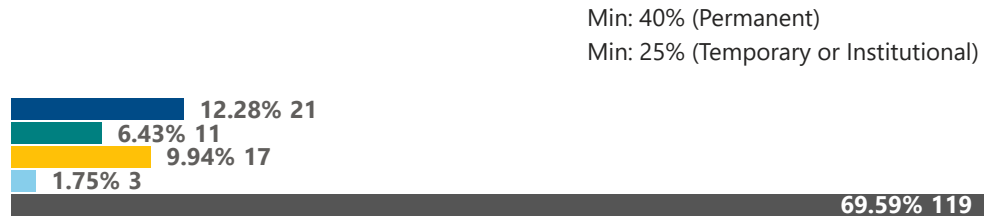


Quarter 2 - Night-by-Night Emergency Shelter Jewels Helping Hands - Women's Shelter

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)
171	15 Max: 90 Days	162	2 Max: 30 Days	44% Min: 85%

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

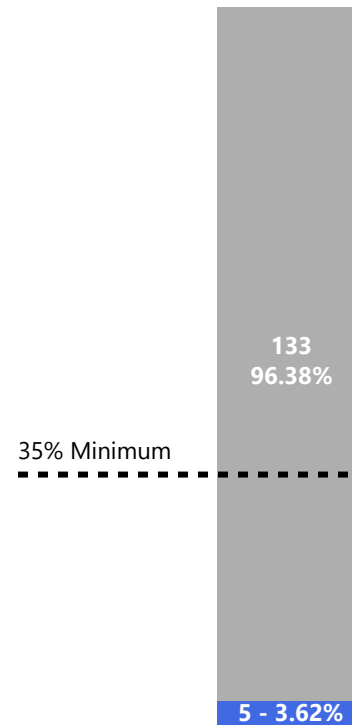
- Currently Enrolled
- Permanent
- Sheltered
- Temporary
- Unsheltered



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

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 back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

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

- Currently Enrolled
- Permanent
- Sheltered
- Temporary
- Unsheltered



35% Minimum

20% Maximum



Quarter 2 - Night-by-Night Emergency Shelter Jewels Helping Hands - Churches

Number of Individuals Served

217

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

76

Max: 90 Days

Clients with a Date of Engagement

138

Average Length of Time to Date of Engagement (Days)

0

Max: 30 Days

Average Rate of Utilization
(Local Measure)

91%

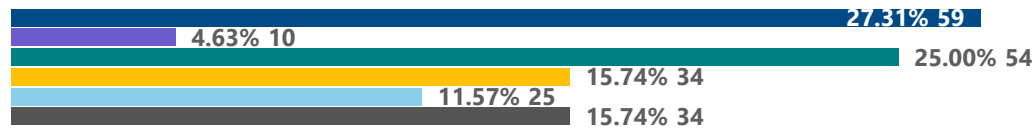
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

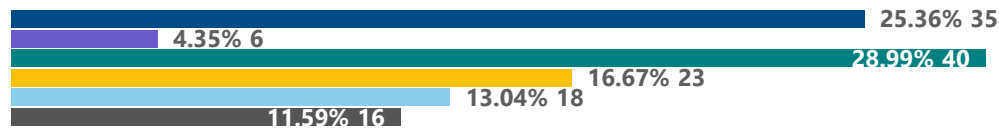
Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)



Exits

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

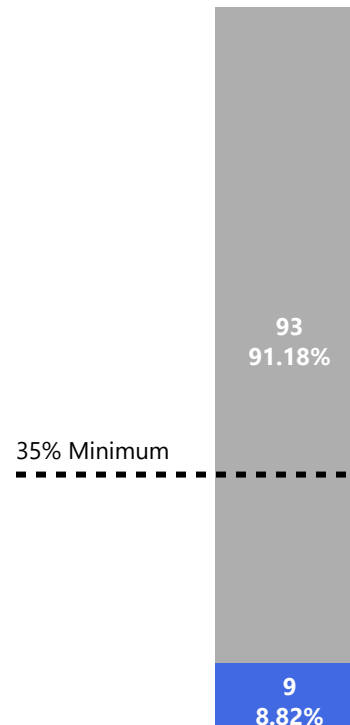
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

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

- Increase
- No Increase



35% Minimum

Returns to Homelessness

(SPM Metric 2b)

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

-- HMIS Team

20% Maximum



Quarter 2 - Night-by-Night Emergency Shelter Volunteers of America - Young Adult Shelter

Number of Individuals Served

118

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

57

Max: 90 Days

Clients with a Date of Engagement

1

Average Length of Time to Date of Engagement (Days)

8

Max: 30 Days

Average Rate of Utilization
(Local Measure)

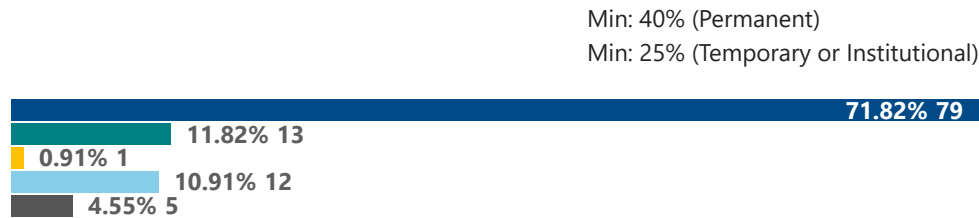
50%

Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Permanent
- Sheltered
- Temporary
- Unsheltered

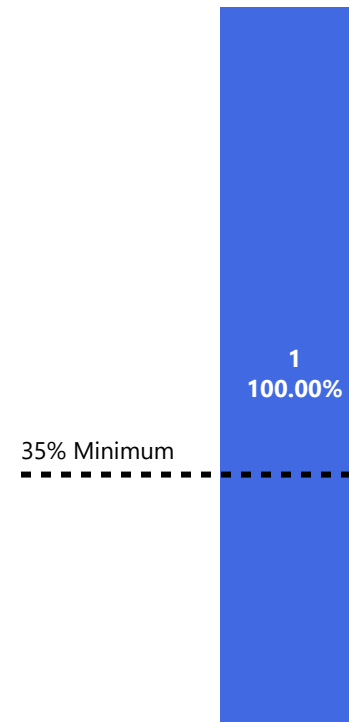


Min: 40% (Permanent)
Min: 25% (Temporary or Institutional)

Employment and Income Growth

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

- Increase

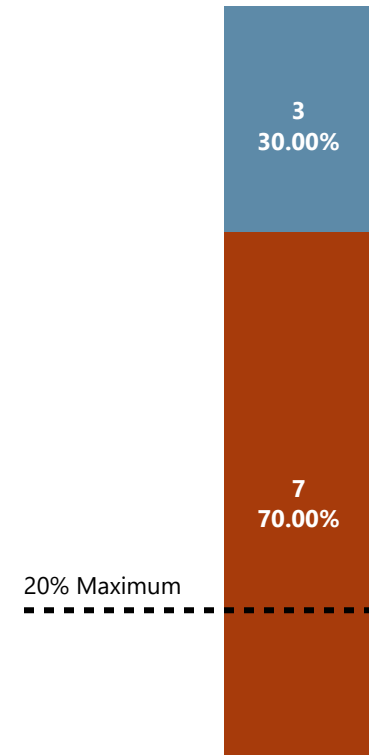


35% Minimum

Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned



20% Maximum

Exits

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

- Permanent





Quarter 2 - 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 - 12/31/2025



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:

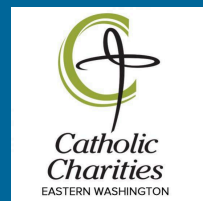
- WA Dept. Commerce: Consolidated Homeless Grant (CHG) - Emergency Housing
- WA Dept. Commerce: Homeless Housing Assistance Act (HHAA)



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 2 - 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 - 12/31/2025



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

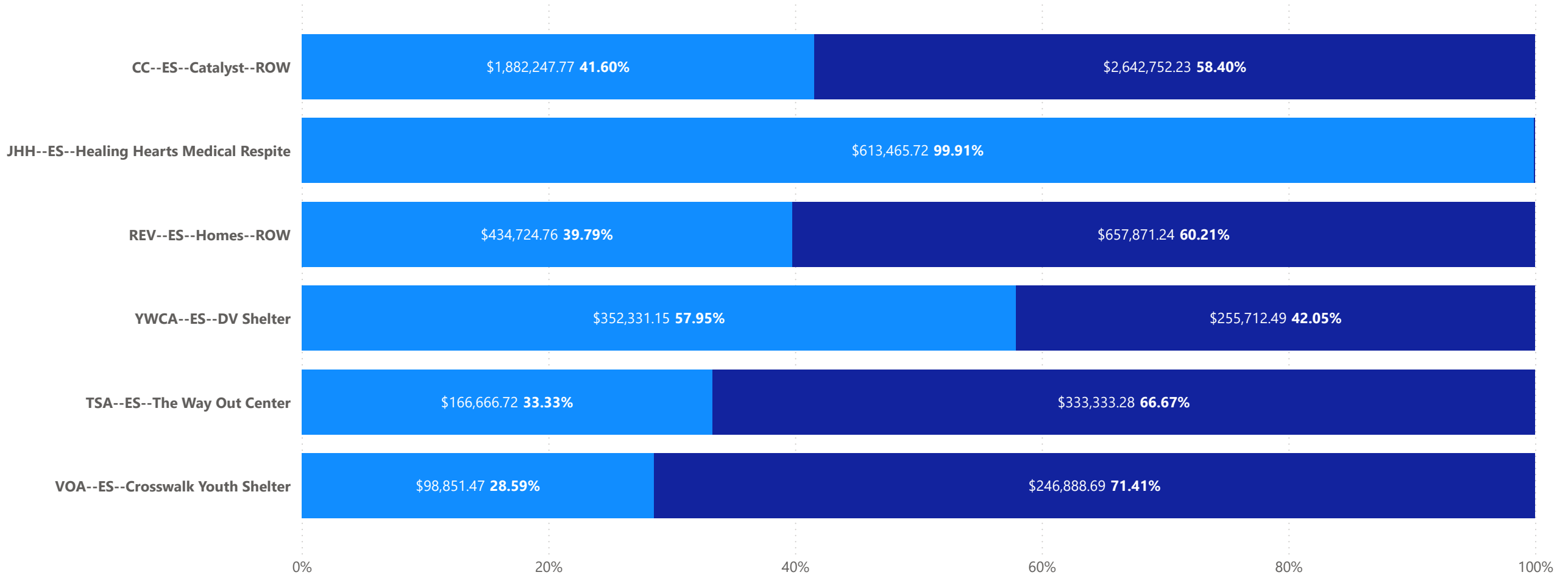
March

April

May

June

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Continuous Stay Emergency Shelter Performance Overview

Number of Individuals Served

583

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

130

Max: 90 Days

Average Rate of Utilization
(Local Measure)

68%

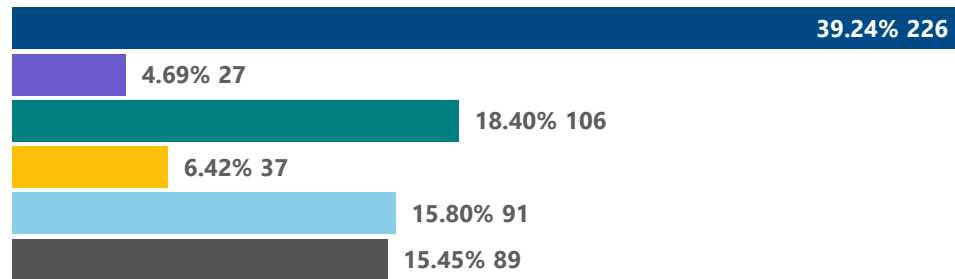
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

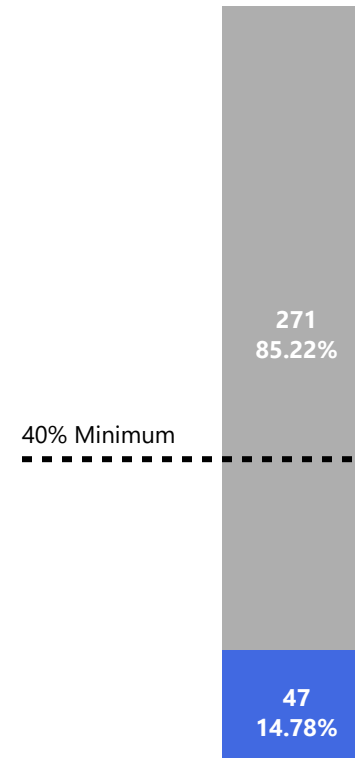
Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)



Employment and Income Growth

(SPM Metric 4.6)

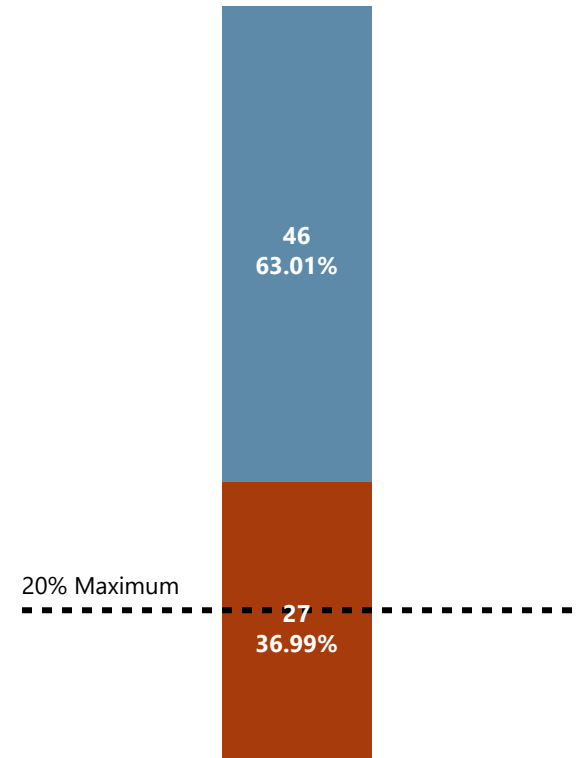
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Continuous Stay Emergency Shelter The Salvation Army - The Way Out Shelter

Number of Individuals Served

184

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

28

Max: 90 Days

Average Rate of Utilization
(Local Measure)

92%

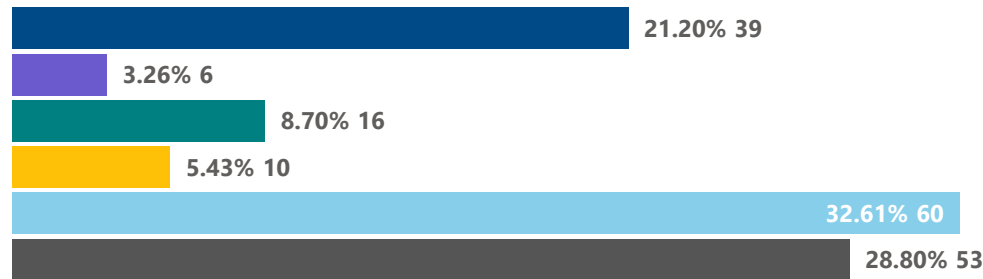
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

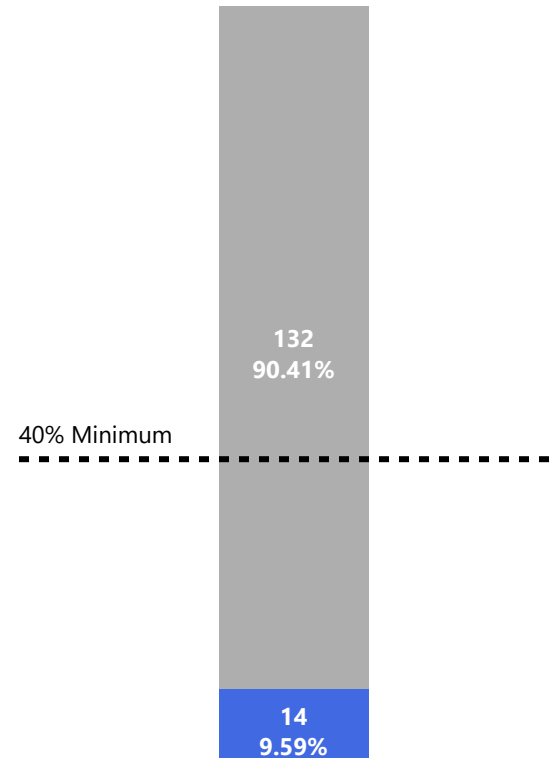
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

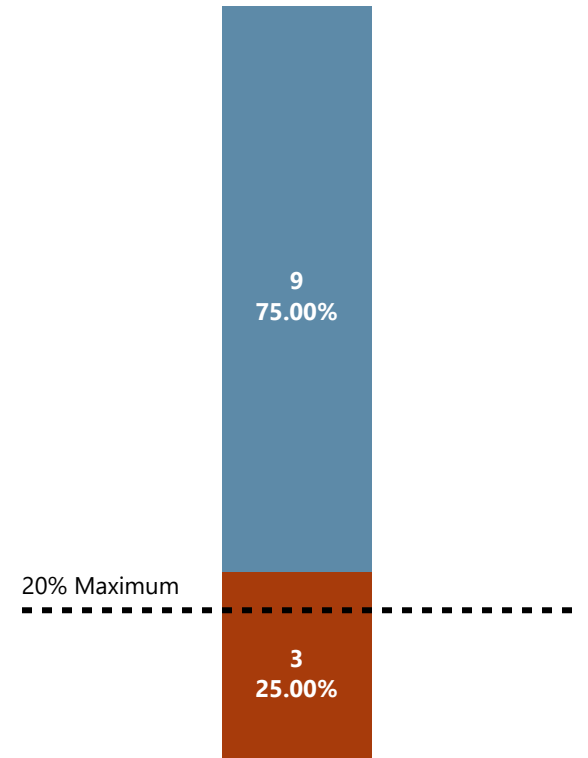
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Continuous Stay Emergency Shelter Volunteers of America - Crosswalk Youth Shelter

Number of Individuals Served

78

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

138

Max: 90 Days

Average Rate of Utilization
(Local Measure)

48%

Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

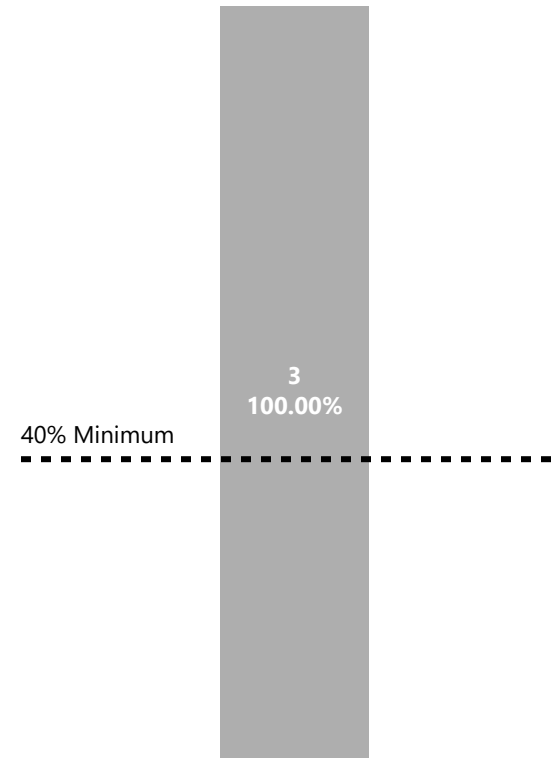
- Currently Enrolled
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

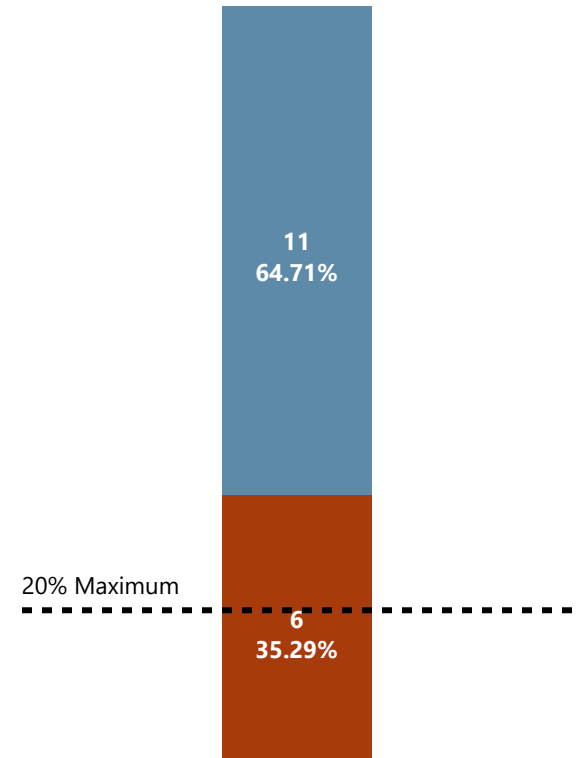
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Continuous Stay Emergency Shelter YWCA - DV Shelter

Number of Individuals Served

130

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)

87%

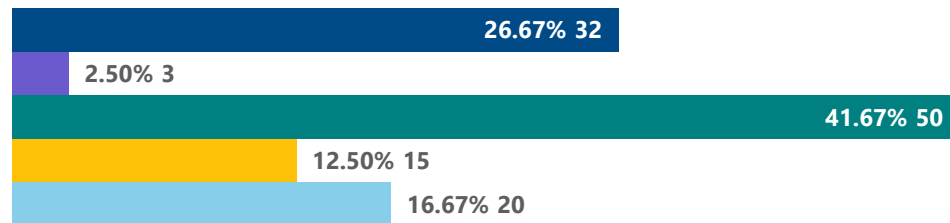
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

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

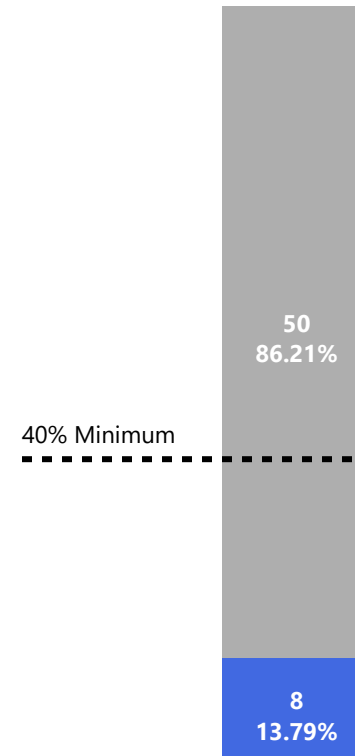
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary



Employment and Income Growth

(SPM Metric 4.6)

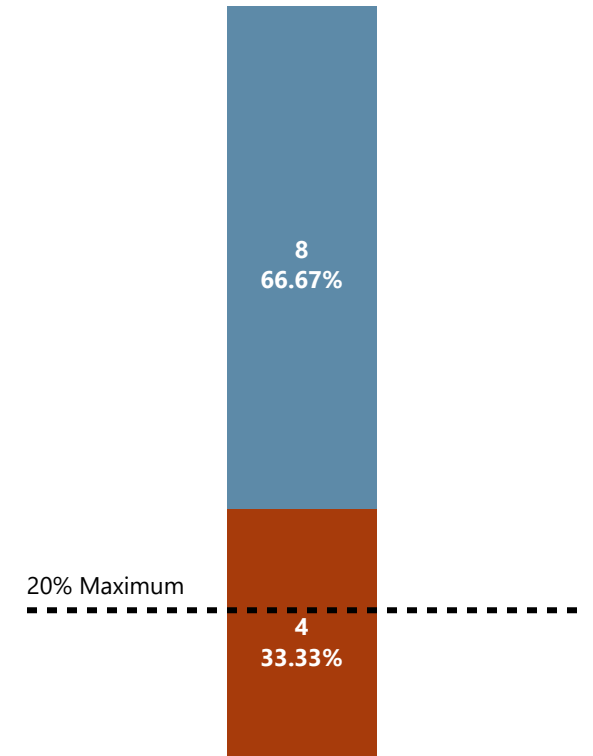
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Continuous Stay Emergency Shelter Catholic Charities - Catalyst

Number of Individuals Served

82

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

350

Max: 90 Days

Average Rate of Utilization
(Local Measure)

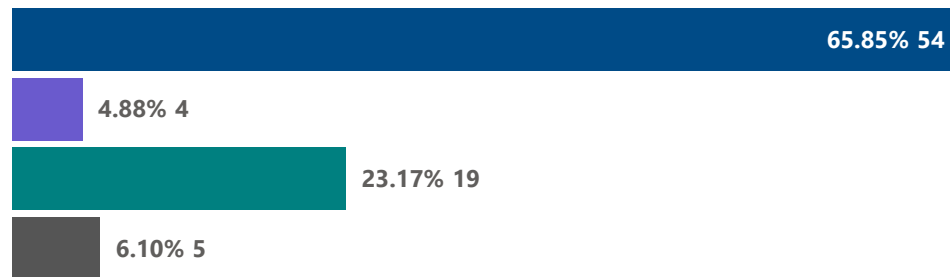
68%

Min: 85%

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

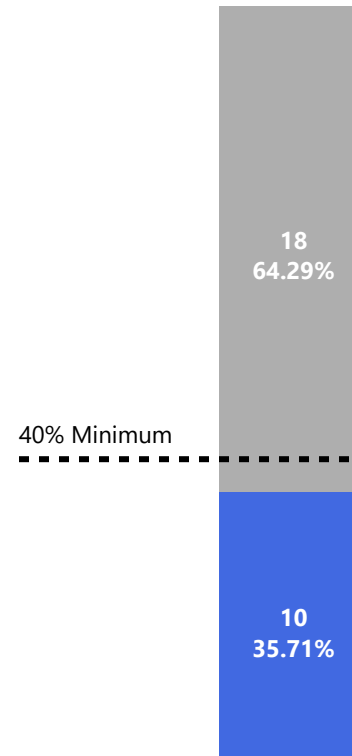
Min: 55% (Permanent)
Min: 25% (Temporary or Institutional)

- Currently Enrolled
- Institutional
- Permanent
- Unsheltered



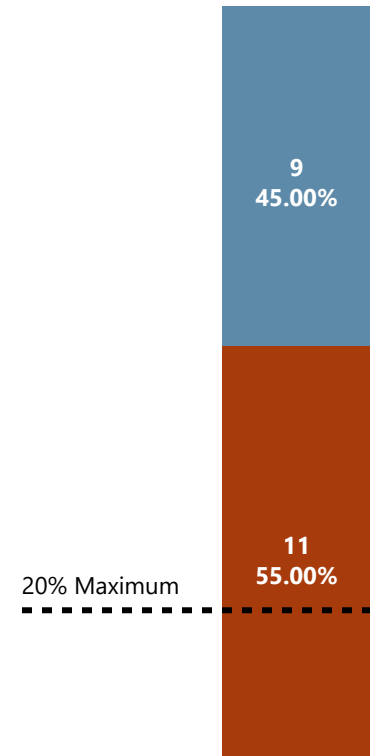
Employment and Income Growth (SPM Metric 4.6)

- Increase
- No Increase



Returns to Homelessness (SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Continuous Stay Emergency Shelter Revive Counseling - Revive Homes

Number of Individuals Served

33

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

303

Max: 90 Days

Average Rate of Utilization
(Local Measure)

53%

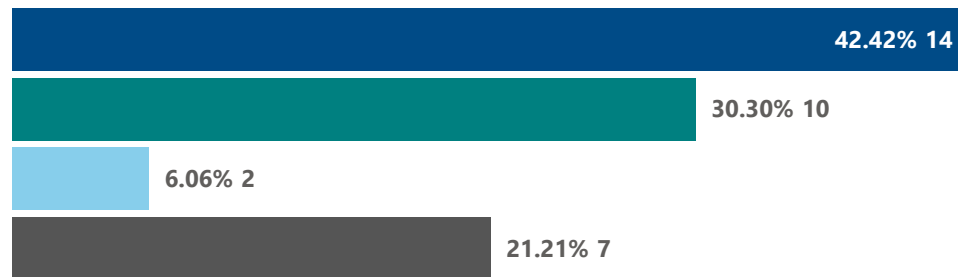
Min: 85%

Exits

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Permanent
- Temporary
- Unsheltered

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

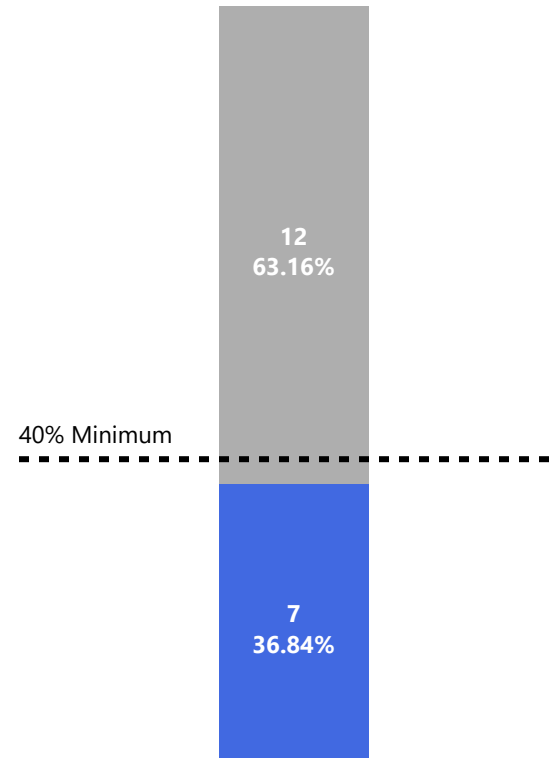


Employment and Income Growth

(SPM Metric 4.6)

- Increase
- No Increase

40% Minimum

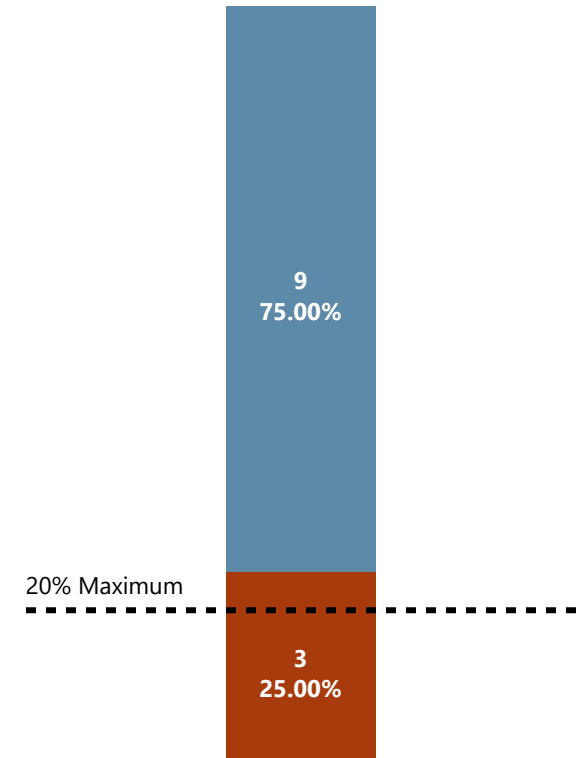


Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned

20% Maximum





Quarter 2 - Continuous Stay Emergency Shelter Jewels Helping Hands - Healing Hearts Medical Respite

Number of Individuals Served

80

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

58

Max: 90 Days

Average Rate of Utilization
(Local Measure)

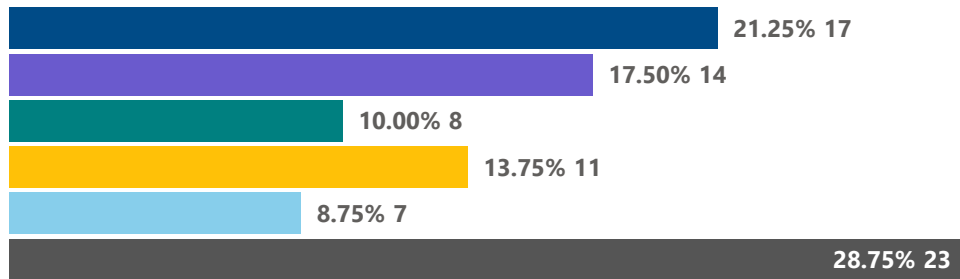
58%

Min: 85%

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

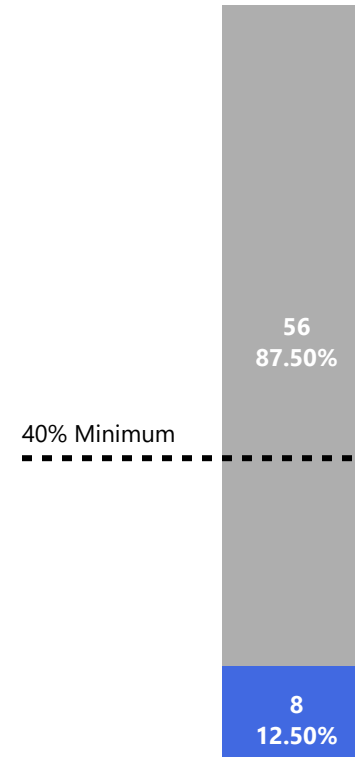
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered

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)

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

-- HMIS Team



Quarter 2 - Transitional Housing

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

Reporting Period: 07/1/2025 - 12/31/2025



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 / 3 Units (Households with at least one adult and one child), 6 Beds / 3 Units (Households with only children)

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



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 2 - Transitional Housing

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

Units are pre-identified.

Reporting Period: 07/1/2025 - 12/31/2025



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

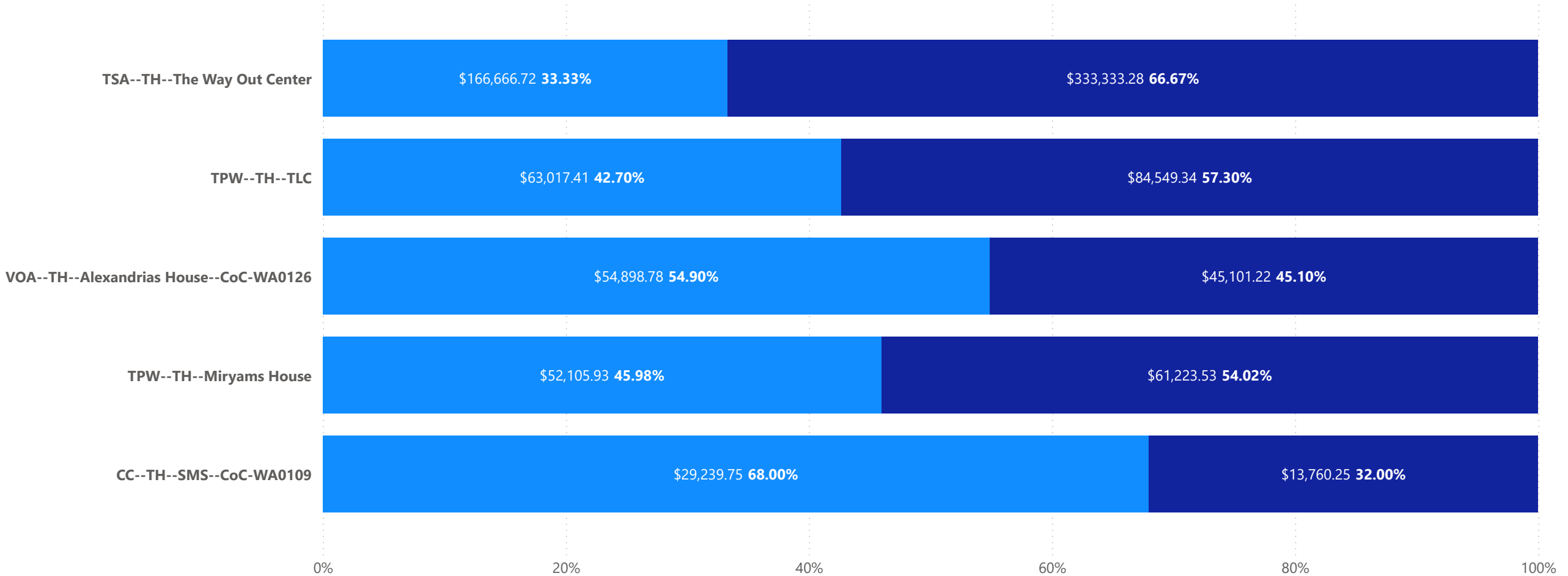
March

April

May

June

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Transitional Housing Performance Overview

Number of Households Served

128

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

124

Max: 160 Days

Average Utilization Rate
(Bed)

79%

Min: 85%

Average Utilization Rate
(Unit)

78%

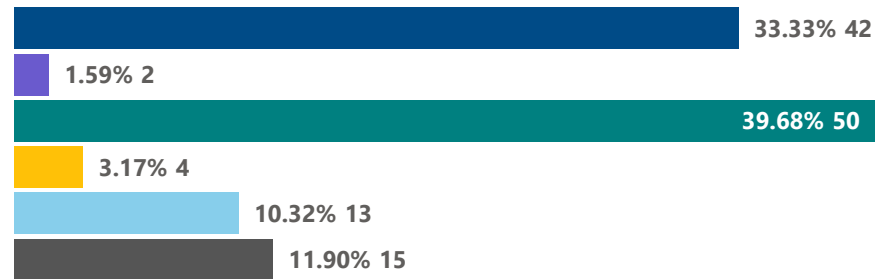
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 70% (Permanent)

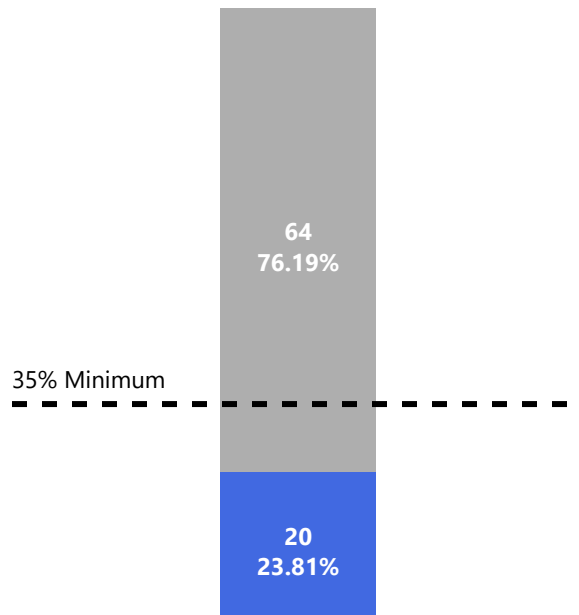
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

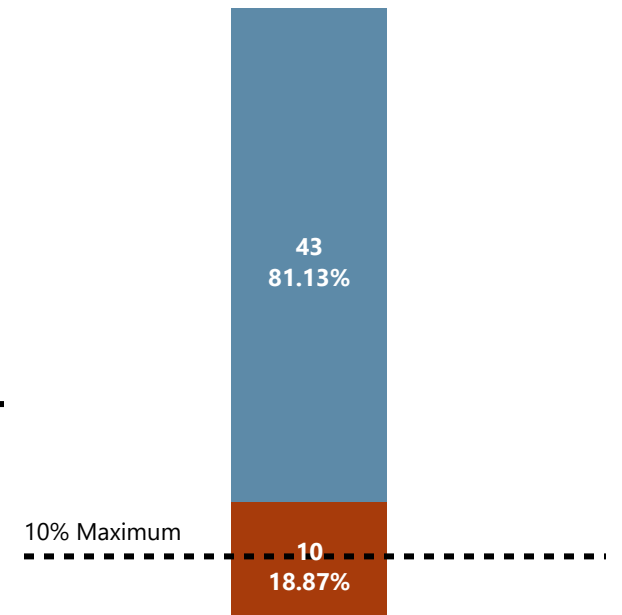
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





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

Number of Households Served

29

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

101

Max: 160 Days

Average Utilization Rate
(Bed)

84%

Min: 85%

Average Utilization Rate
(Unit)

90%

Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 70% (Permanent)

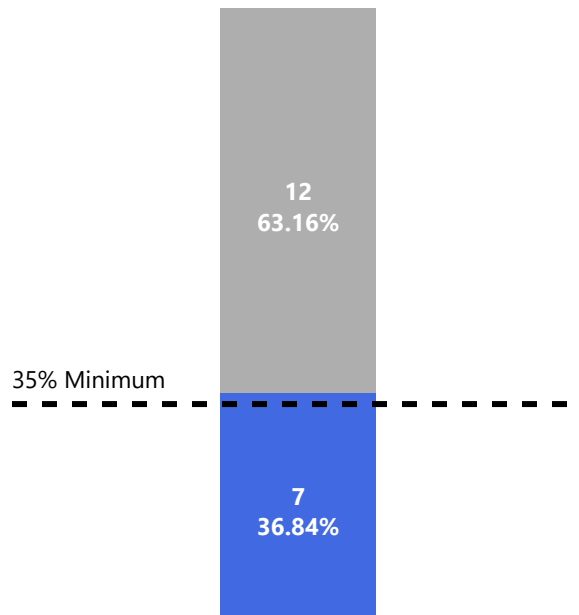
- Currently Enrolled
- Permanent
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

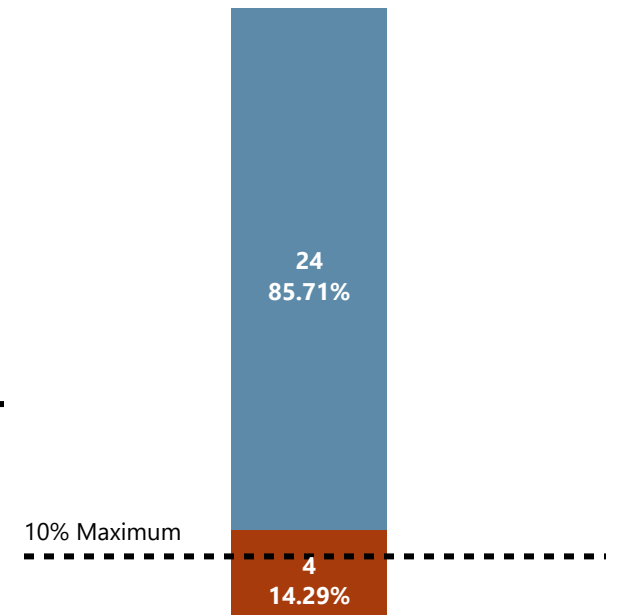
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





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

Number of Households Served

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

Average Utilization Rate
(Bed)

Average Utilization Rate
(Unit)

6

92

Max: 160 Days

13%

Min: 85%

22%

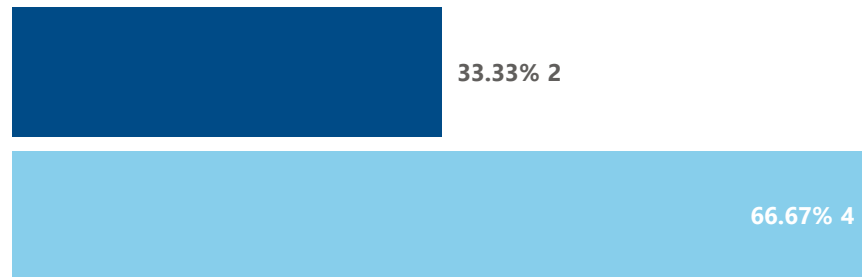
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Temporary

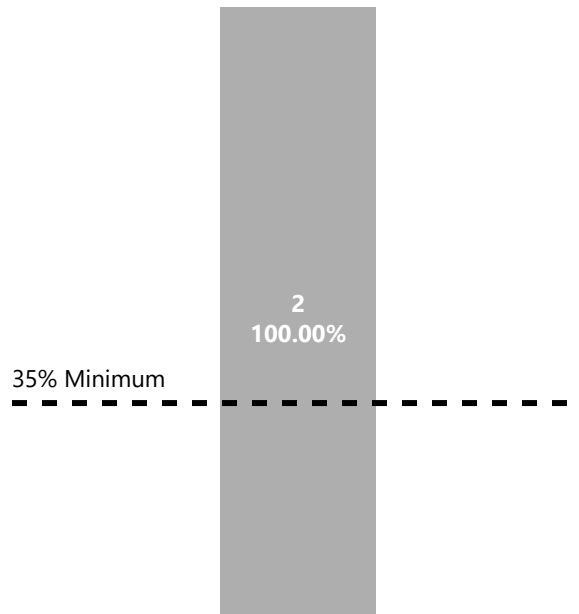
Min: 70% (Permanent)



Employment and Income Growth

(SPM Metric 4.6)

- No Increase



Returns to Homelessness

(SPM Metric 2b)

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

-- HMIS Team

10% Maximum



Quarter 2 - Transitional Housing Transitions - Miryam's House

Number of Households Served

9

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

193

Max: 160 Days

Average Utilization Rate
(Bed)

97%

Min: 85%

Average Utilization Rate
(Unit)

97%

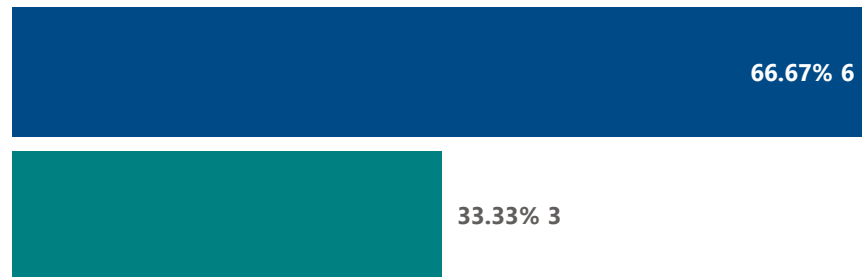
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 70% (Permanent)

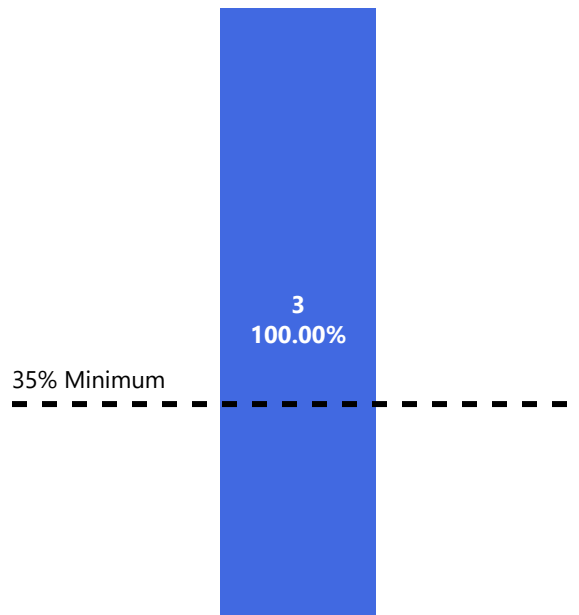
- Currently Enrolled
- Permanent



Employment and Income Growth

(SPM Metric 4.6)

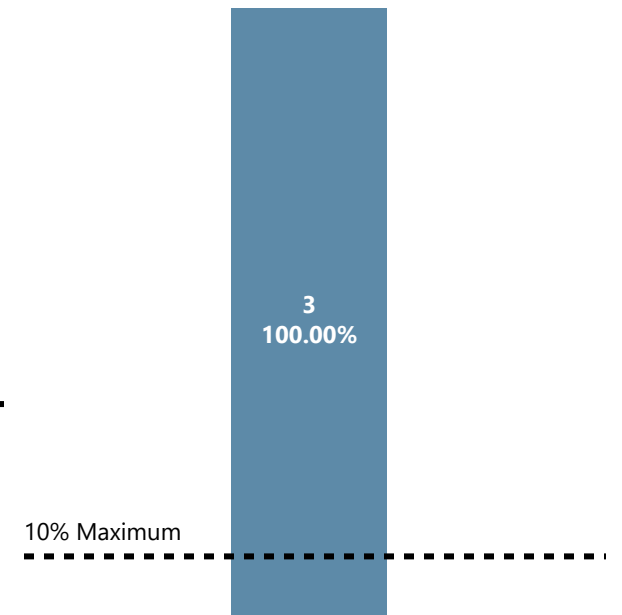
- Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return





Quarter 2 - Transitional Housing Transitions - Transitional Living Center (TLC)

Number of Households Served

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

Average Utilization Rate
(Bed)

Average Utilization Rate
(Unit)

8

292

Max: 160 Days

122%

Min: 85%

80%

Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

- Currently Enrolled
- Permanent

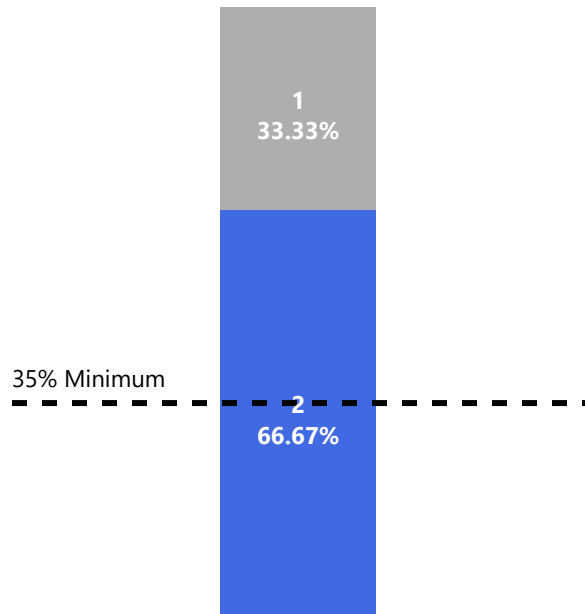
Min: 70% (Permanent)



Employment and Income Growth

(SPM Metric 4.6)

- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

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

-- HMIS Team

10% Maximum



Quarter 2 - Transitional Housing The Salvation Army - The Way Out Center

Number of Households Served

76

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

73

Max: 160 Days

Average Utilization Rate
(Bed)

80%

Min: 85%

Average Utilization Rate
(Unit)

80%

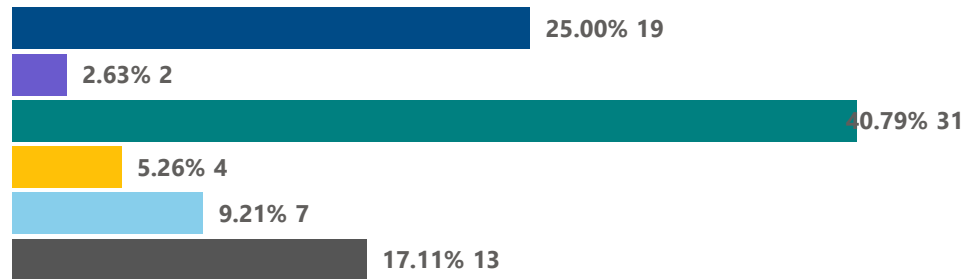
Min: 85%

Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

Min: 70% (Permanent)

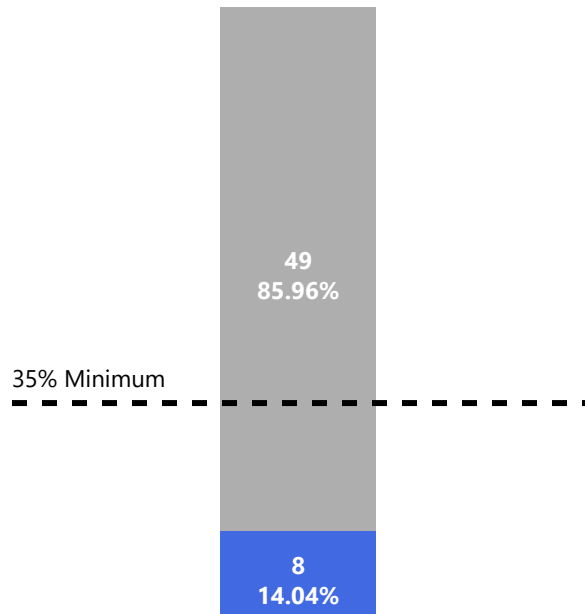
- Currently Enrolled
- Institutional
- Permanent
- Sheltered
- Temporary
- Unsheltered



Employment and Income Growth

(SPM Metric 4.6)

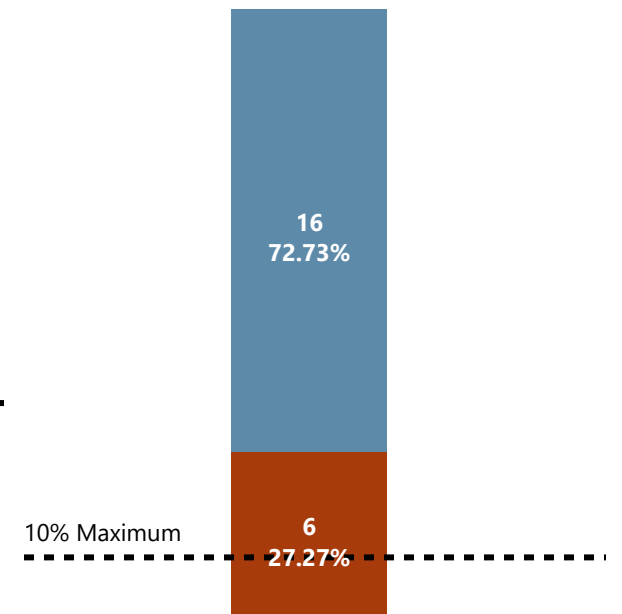
- Increase
- No Increase



Returns to Homelessness

(SPM Metric 2b)

- Did Not Return
- Returned





Quarter 2 - Rapid Rehousing

Rapid Rehousing (RRH): Short to medium term rental assistance paired with case management. Households compete for housing in the open market as any other potential tenant.
Reporting Period: 07/1/2025 - 12/31/2025



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)



Quarter 2 - Rapid Rehousing

Rapid Rehousing (RRH): Short to medium term rental assistance paired with case management. Households compete for housing in the open market as any other potential tenant.
Reporting Period: 07/1/2025 - 12/31/2025



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

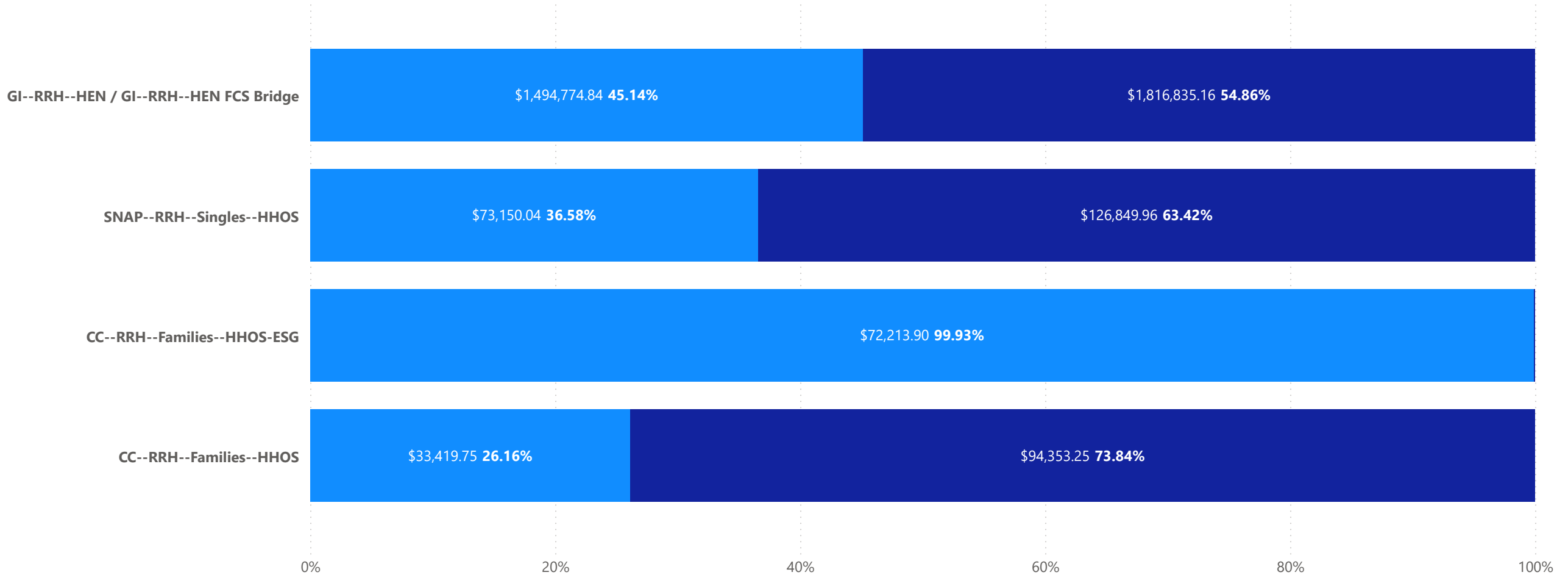
March

April

May

June

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Rapid Rehousing Performance Overview

Number of Households Served

202

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

162

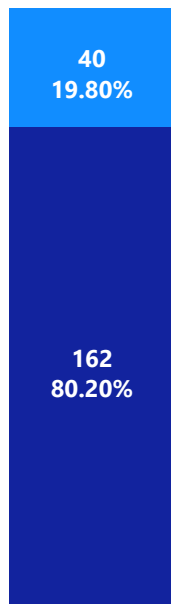
Rapid Placement into Permanent Housing
(Custom Metric - Days)

88

Max: 60 Days

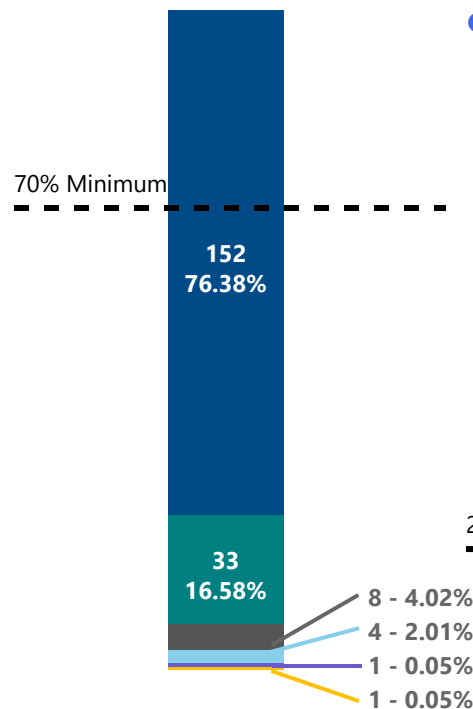
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



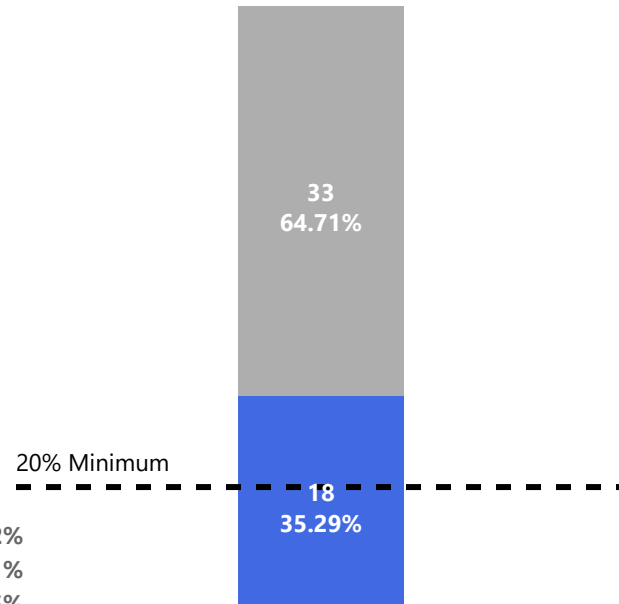
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

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



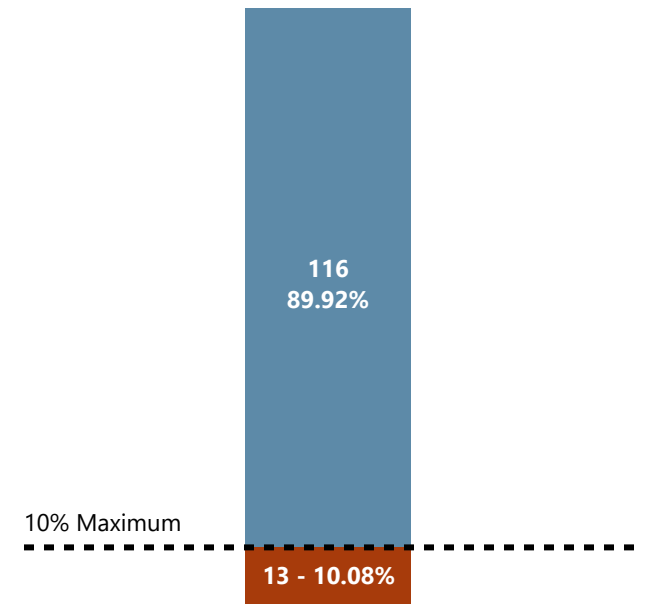
Employment and Income Growth (SPM Metric 4.6)

● Increase ● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Rapid Rehousing Catholic Charities - Families Rapid Rehousing

Number of Households Served

8

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

7

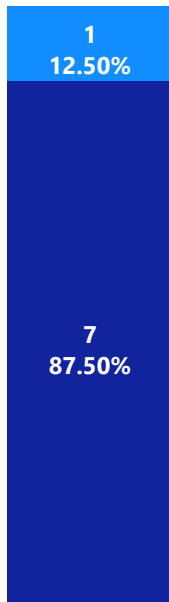
Rapid Placement into Permanent Housing
(Custom Metric - Days)

10

Max: 60 Days

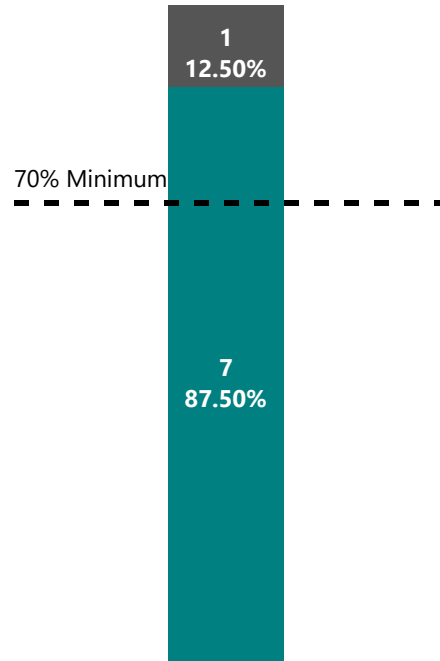
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



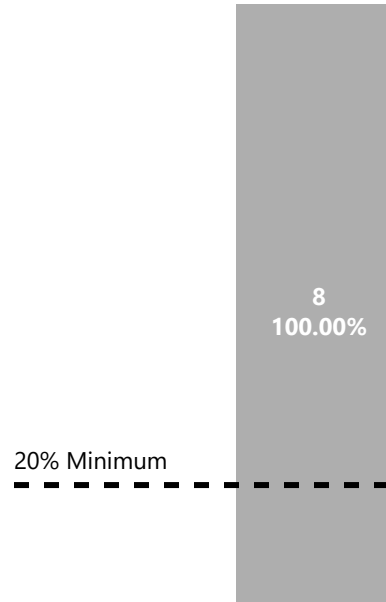
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

● Permanent ● Unshelter...



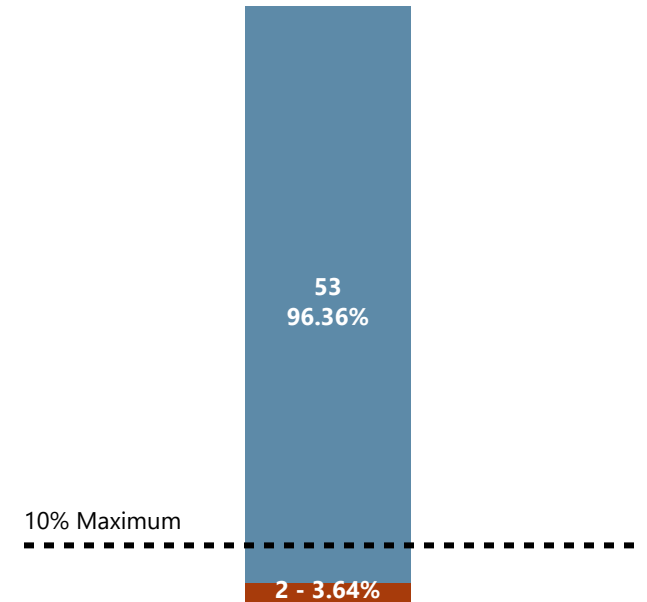
Employment and Income Growth (SPM Metric 4.6)

● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Rapid Rehousing Catholic Charities - Families Rapid Rehousing (ESG)

Number of Households Served

11

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

11

Rapid Placement into Permanent Housing
(Custom Metric - Days)

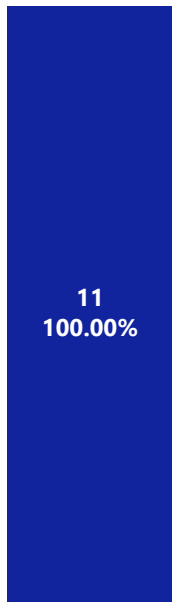
10

Max: 60 Days

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

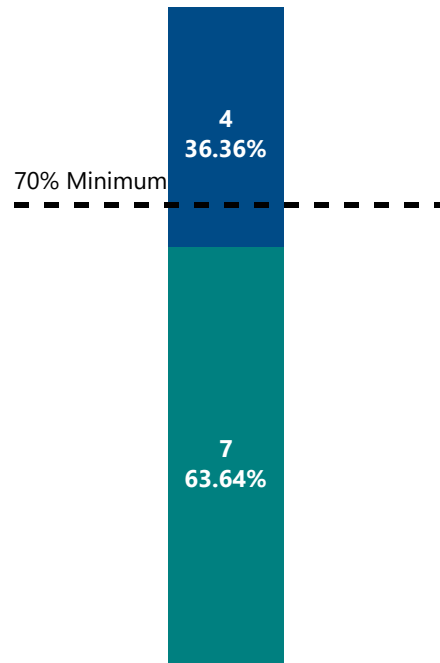
● Moved-In



Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

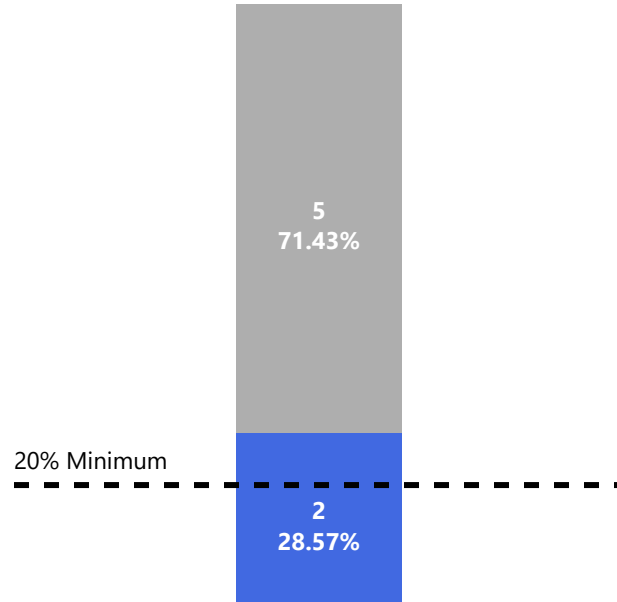
● Currently ...
● Permanent



Employment and Income Growth

(SPM Metric 4.6)

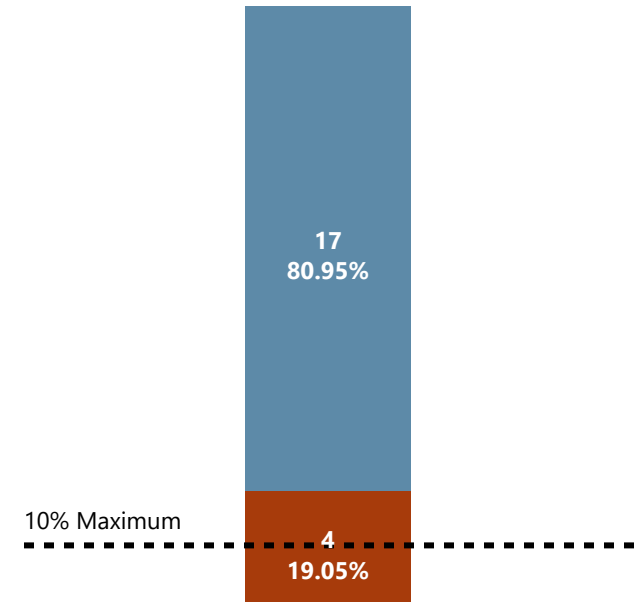
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - Rapid Rehousing SNAP - Singles Rapid Rehousing

Number of Individuals Served

20

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

9

Rapid Placement into Permanent Housing
(Custom Metric - Days)

25

Max: 60 Days

Households Served Moved into Housing

(Currently Housed - May Be Receiving Subsidy)

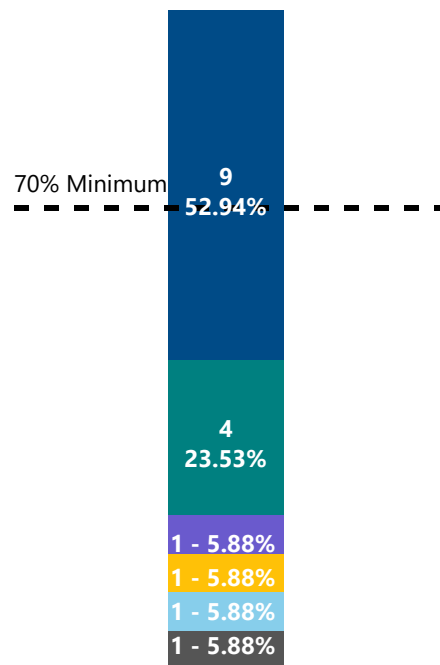
Moved-In Not Moved-In



Exits to Permanent Housing

(SPM Metric 7b.1 - All Clients)

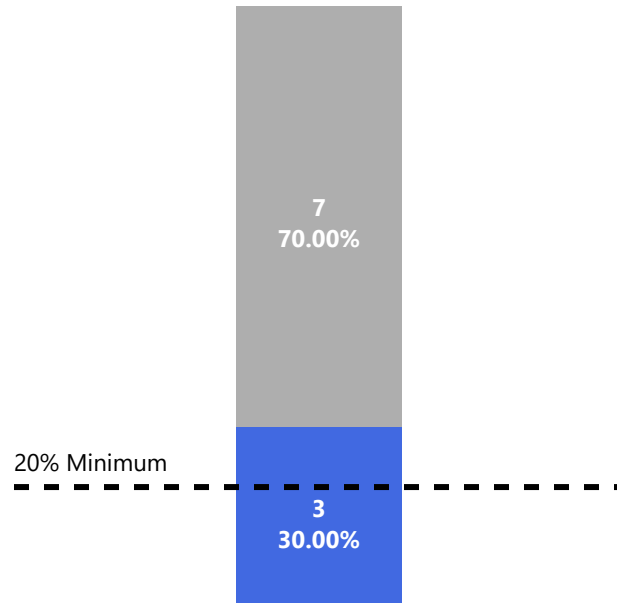
- Currently ...
- Institutional
- Permanent
- Sheltered
- Temporary
- Unshelter...



Employment and Income Growth

(SPM Metric 4.6)

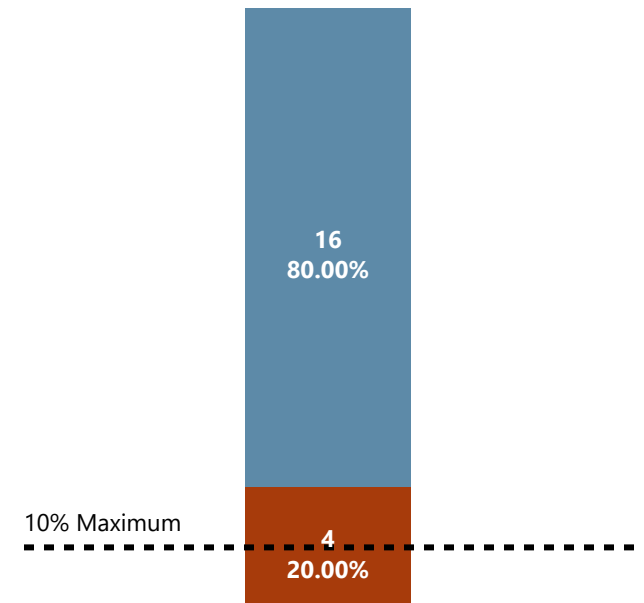
Increase No Increase



Returns to Homelessness

(SPM Metric 2b)

Did Not Return Returned





Quarter 2 - Rapid Rehousing Goodwill - HEN Foundational Community Support (FCS) Bridge

Number of Individuals Served

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

Rapid Placement into Permanent Housing
(Custom Metric - Days)

1

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

-- HMIS Team

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)

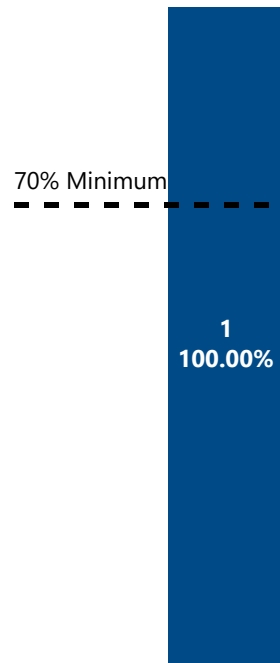
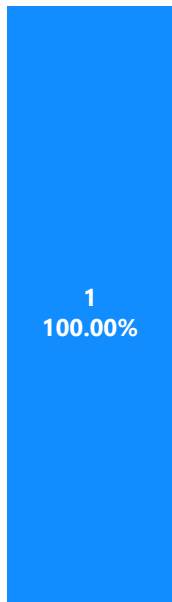
Exits to Permanent Housing
(SPM Metric 7b.1 - All Clients)

Employment and Income Growth
(SPM Metric 4.6)

Returns to Homelessness
(SPM Metric 2b)

● Not Moved-In

● Currently ...



70% Minimum

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

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

-- HMIS Team

20% Minimum

10% Maximum



Quarter 2 - Rapid Rehousing Goodwill - Housing and Essential Needs (HEN)

Number of Individuals Served

162

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

135

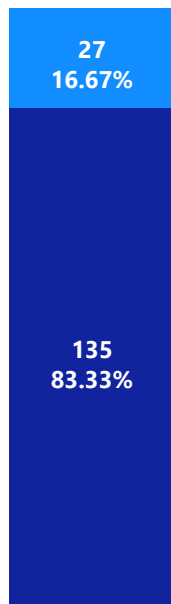
Rapid Placement into Permanent Housing
(Custom Metric - Days)

128

Max: 60 Days

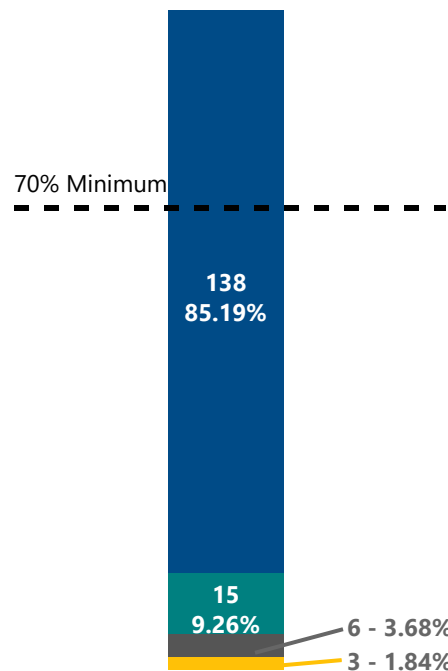
Households Served Moved into Housing (Currently Housed - May Be Receiving Subsidy)

● Moved-In ● Not Moved-In



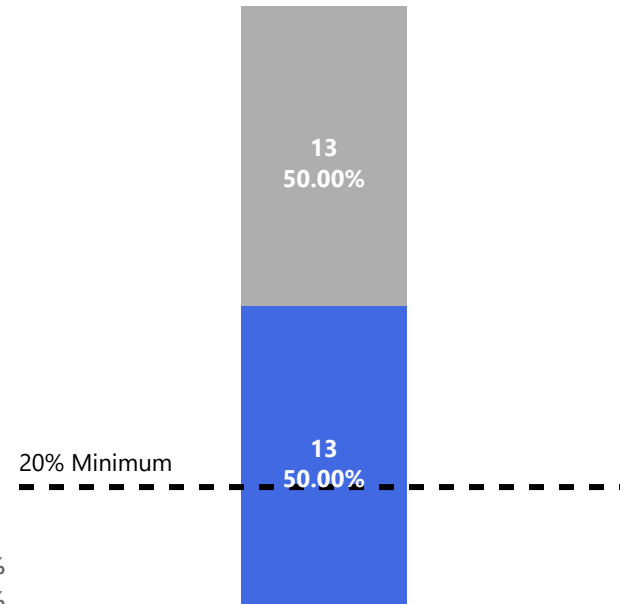
Exits to Permanent Housing (SPM Metric 7b.1 - All Clients)

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



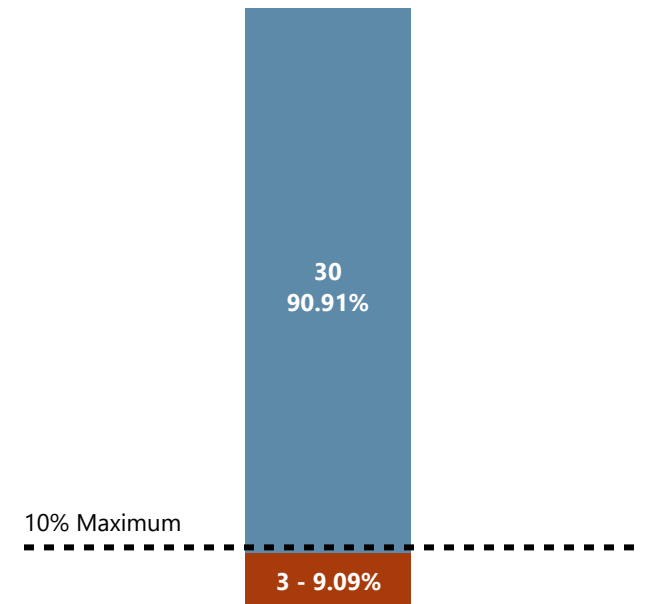
Employment and Income Growth (SPM Metric 4.6)

● Increase ● No Increase



Returns to Homelessness (SPM Metric 2b)

● Did Not Return ● Returned





Quarter 2 - 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 - 12/31/2025



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 2 - Permanent Supportive Housing

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

Reporting Period: 07/1/2025 - 12/31/2025



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

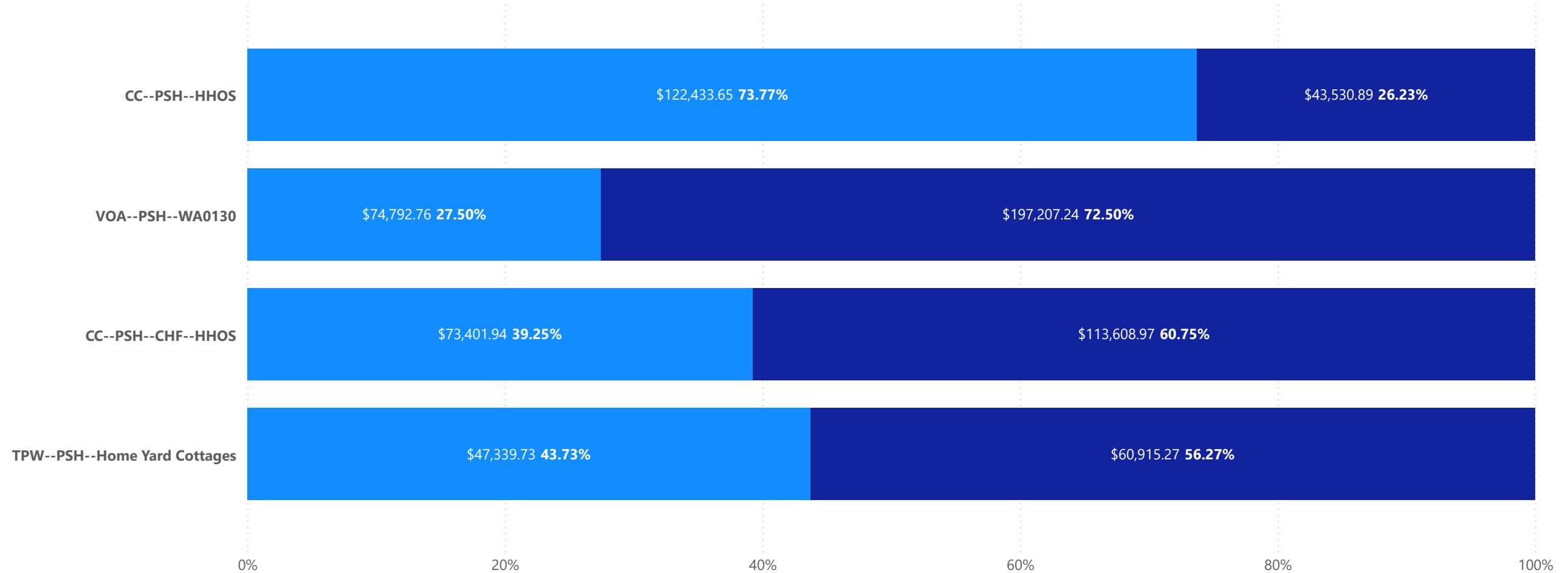
March

April

May

June

● Sum of Total Spent ● Sum of Total Remaining





Quarter 2 - Permanent Supportive Housing Performance Overview

Number of Households Served

242

Average Rate of Utilization
(Bed)

74%

Min: 85%

Average Rate of Utilization
(Unit)

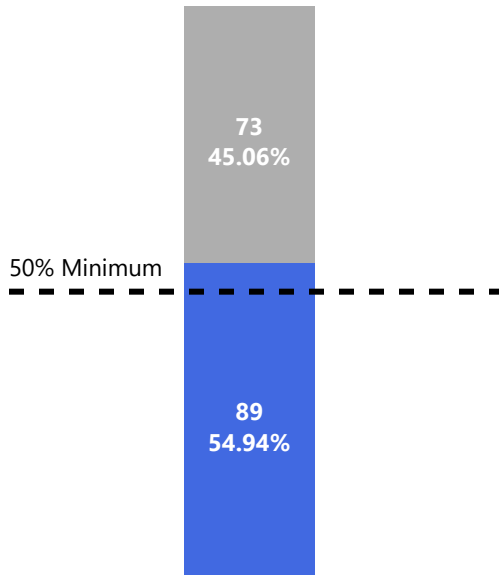
72%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

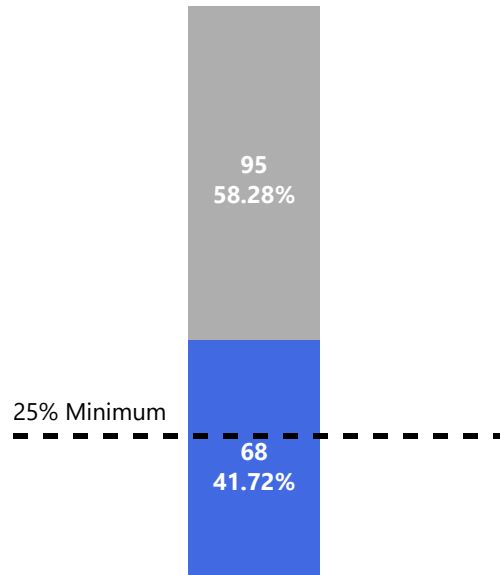
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

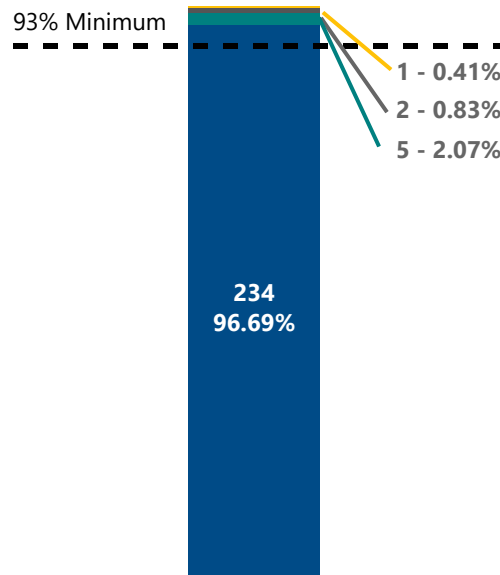
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

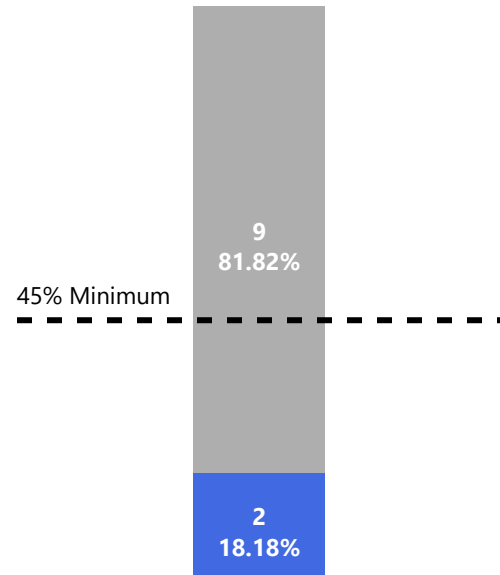
● Permanent ● Retention



Employment and Income Growth for Leavers

(SPM Metric 4.6)

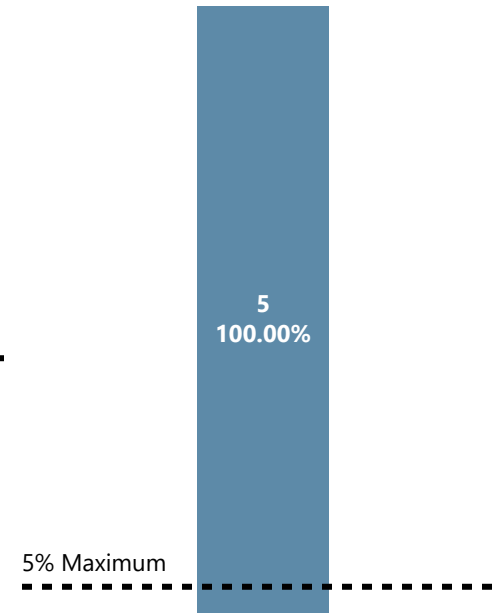
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





Quarter 2 - Permanent Supportive Housing Transitions - Home Yard Cottages

Number of Households Served

23

Average Rate of Utilization
(Bed)

92%

Min: 85%

Average Rate of Utilization
(Unit)

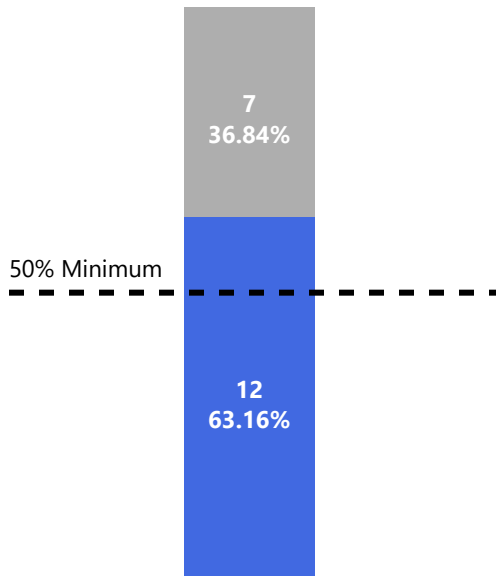
106%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

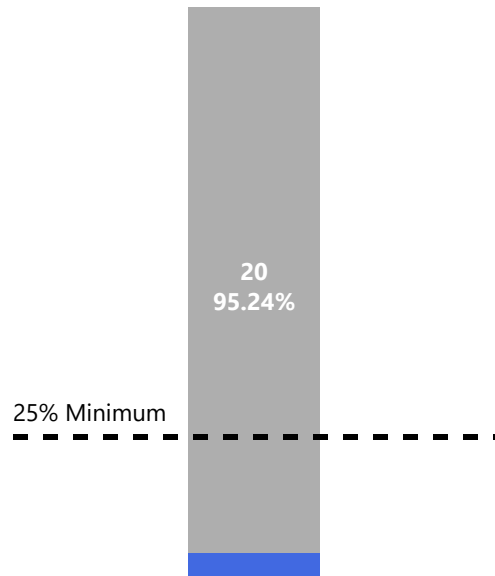
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

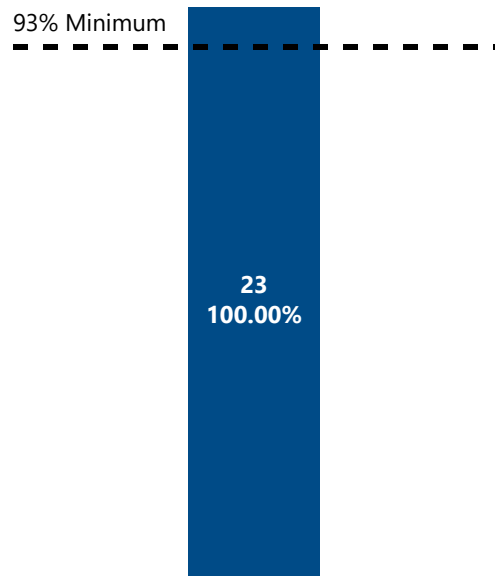
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

● Retention



Employment and Income Growth for Leavers

(SPM Metric 4.6)

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

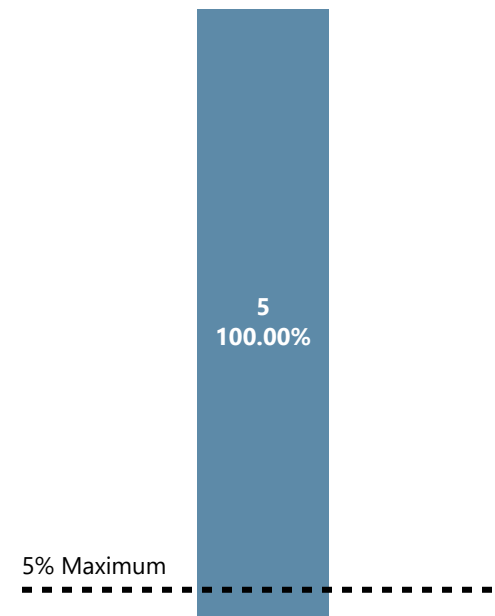
-- HMIS Team

45% Minimum

Returns to Homelessness

(SPM Metric 2b)

● Did Not Return





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

Number of Households Served

143

Average Rate of Utilization
(Bed)

81%

Min: 85%

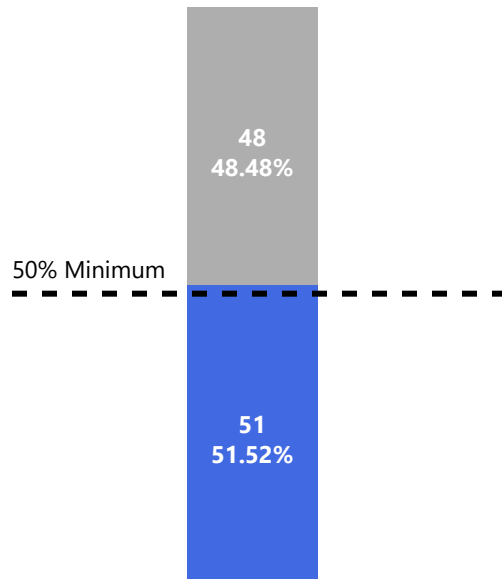
Average Rate of Utilization
(Unit)

79%

Min: 85%

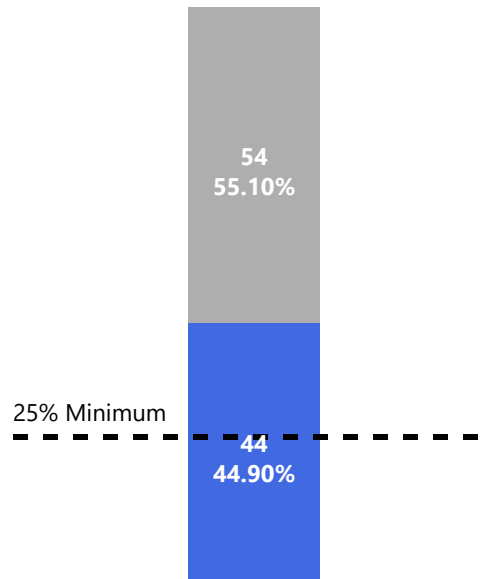
Employment and Income Growth for Stayers
(SPM Metric 4.3)

● Increase ● No Increase



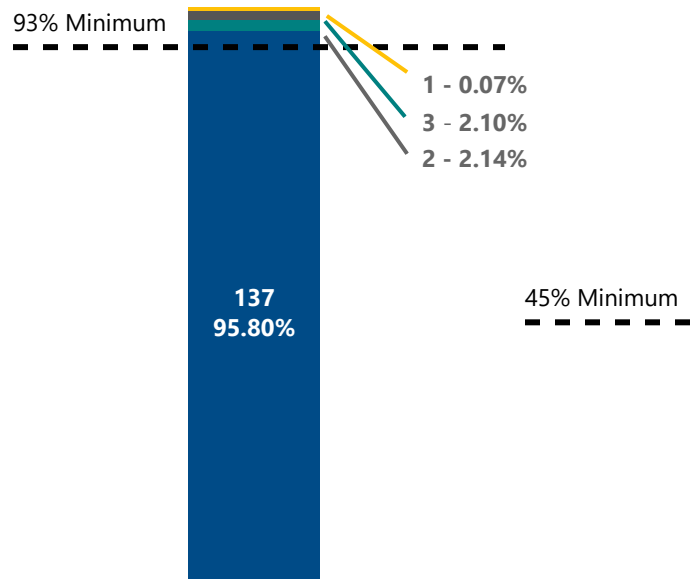
Annual Income Growth and/or Non-Cash Benefits
(Local Measure)

● Increase ● No Increase



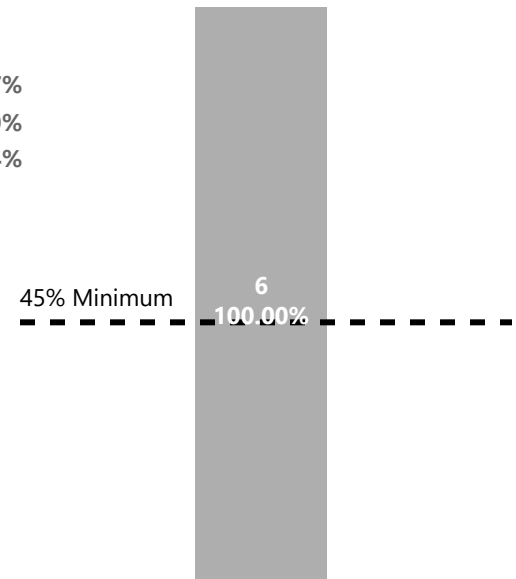
Exits to or Retention of Permanent Housing
(SPM Metric 7b.2)

● Permanent ● Retention ● No Increase



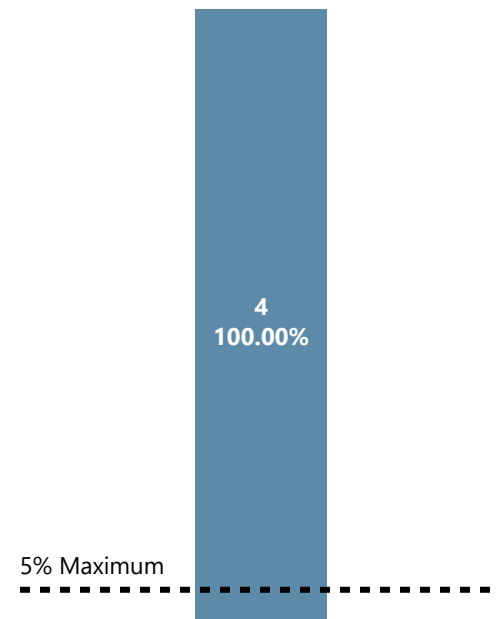
Employment and Income Growth for Leavers
(SPM Metric 4.6)

● No Increase



Returns to Homelessness
(SPM Metric 2b)

● Did Not Return





Quarter 2 - Permanent Supportive Housing Catholic Charities - Integrated Case Management (ICM)

Number of Households Served

51

Average Rate of Utilization
(Bed)

107%

Min: 85%

Average Rate of Utilization
(Unit)

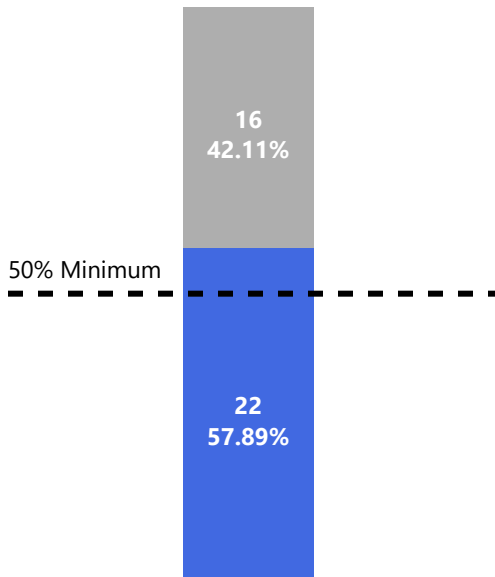
95%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

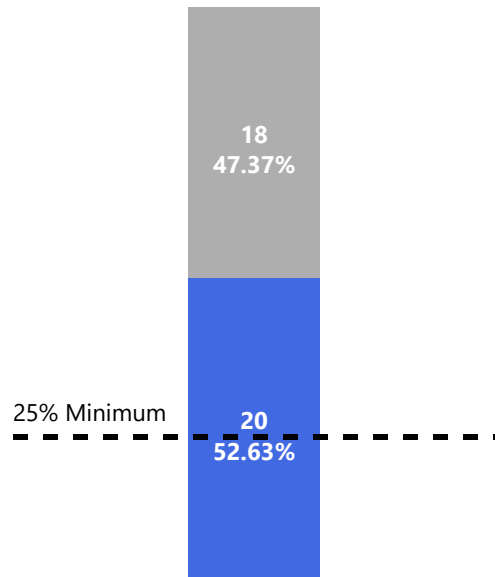
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

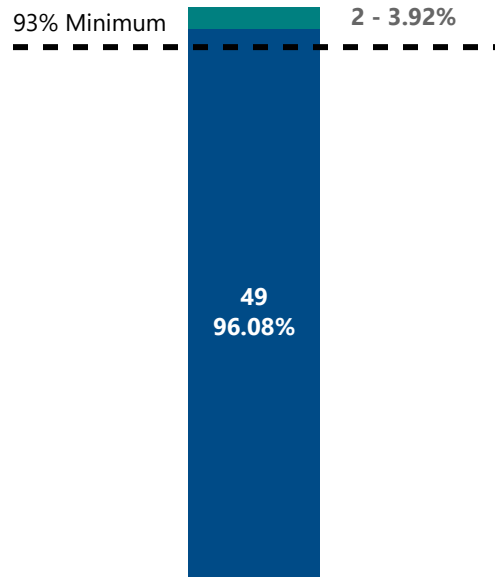
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

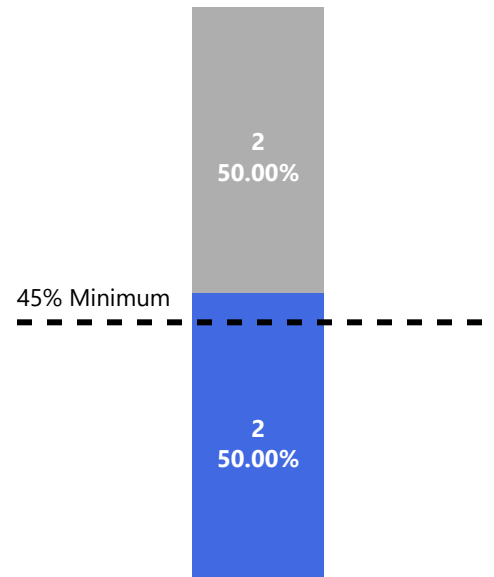
● Permanent ● Retention



Employment and Income Growth for Leavers

(SPM Metric 4.6)

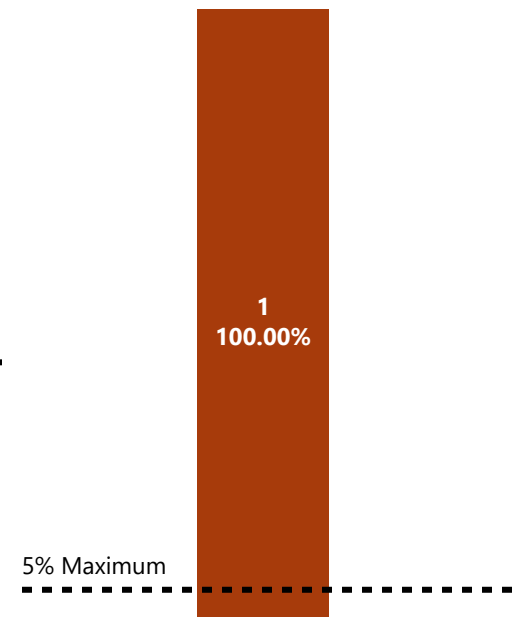
● Increase ● No Increase



Returns to Homelessness

(SPM Metric 2b)

● Returned





Quarter 2 - Permanent Supportive Housing Integrated Case Management for Chronically Homeless Families (CHF)

Number of Households Served

8

Average Rate of Utilization
(Bed)

90%

Min: 85%

Average Rate of Utilization
(Unit)

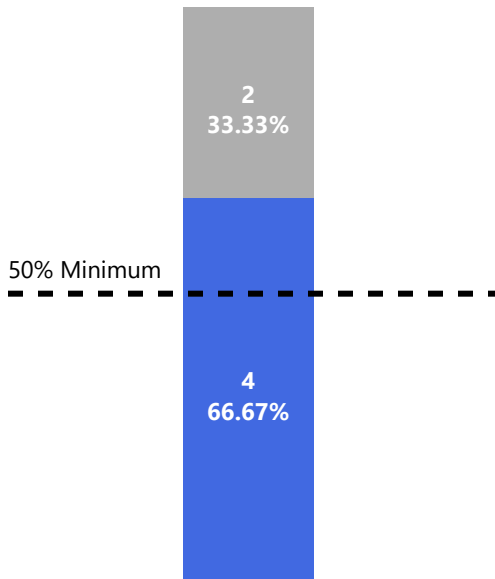
80%

Min: 85%

Employment and Income Growth for Stayers

(SPM Metric 4.3)

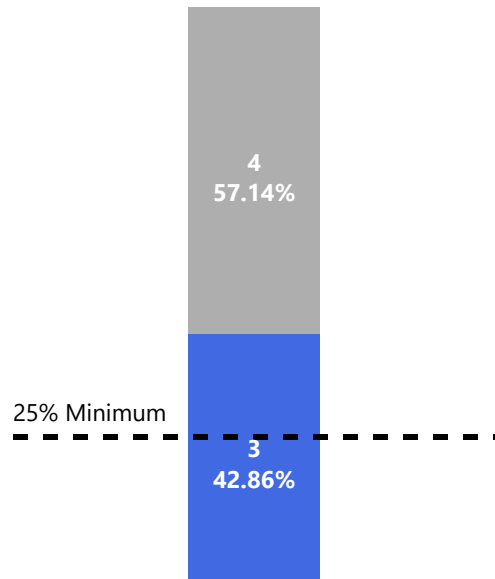
● Increase ● No Increase



Annual Income Growth and/or Non-Cash Benefits

(Local Measure)

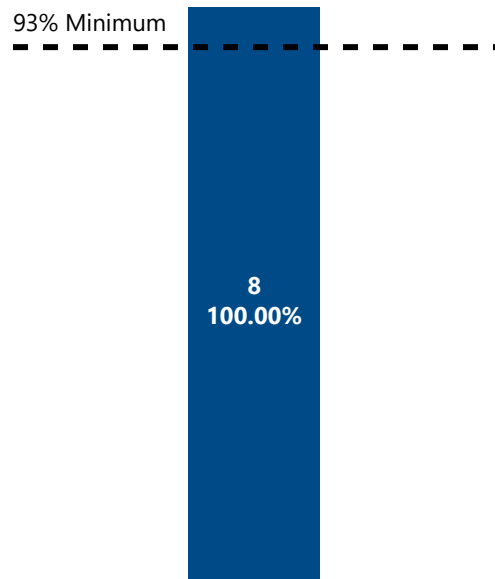
● Increase ● No Increase



Exits to or Retention of Permanent Housing

(SPM Metric 7b.2)

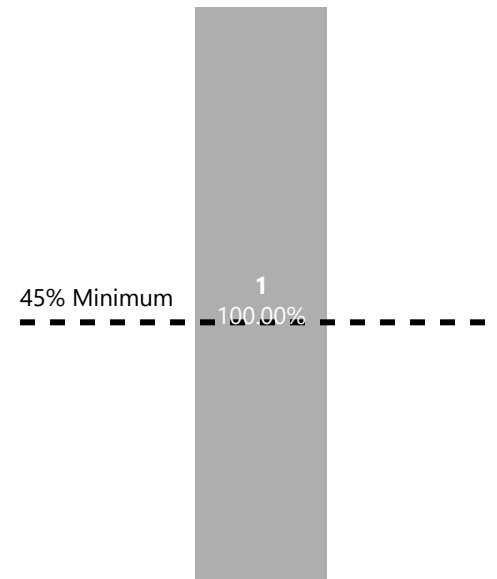
● Retention



Employment and Income Growth for Leavers

(SPM Metric 4.6)

● No Increase



Returns to Homelessness

(SPM Metric 2b)

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

-- HMIS Team

5% Maximum



Quarter 2 - Supportive Services Only

Supportive Services Only (SSO): Providing stand-alone supportive services to specific populations.
Reporting Period: 07/1/2025 - 12/31/2025



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

TPW--SSO--Womens Hearth

\$32,592.71 49.92%

\$32,691.54 50.08%

FPS--SSO--Children and Family Supportive Services

\$22,646.97 44.41%

\$28,353.03 55.59%

0%

20%

40%

60%

80%

100%



Quarter 2 - Supportive Services Only Performance Overview

Number of Households Served

486

Average time from Date of Engagement to Successful Exit

177

Max: 60 Days

Clients with a Date of Engagement

169

Serving those with Long Length of Homelessness

● No ● Yes



Exits

(All Clients)

- Currently Enrolled
- Institutional
- Permanent
- Temporary
- Unsheltered



Exits

(Only W/ Date of Engagement)

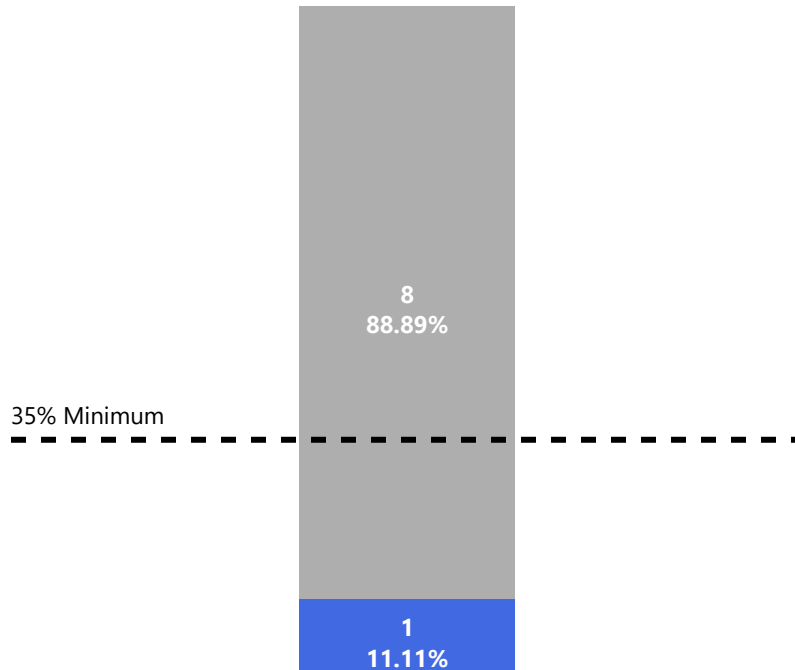
- Currently Enrolled
- Institutional
- Permanent
- Temporary
- Unsheltered



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 back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

20% Maximum



Quarter 2 - Supportive Services Only Family Promise of Spokane - Children and Family Supportive Services

Number of Households Served

36

Average time from Date of Engagement to Successful Exit

229

Max: 60 Days

Clients with a Date of Engagement

9

Serving those with Long Length of Homelessness

● No ● Yes

3 18.21%

7 81.79%

64% Minimum

Exits

(All Clients)

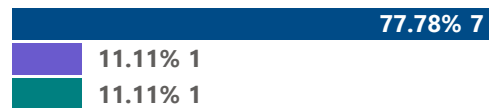
- Currently Enrolled
- Institutional
- Permanent



Exits

(Only W/ Date of Engagement)

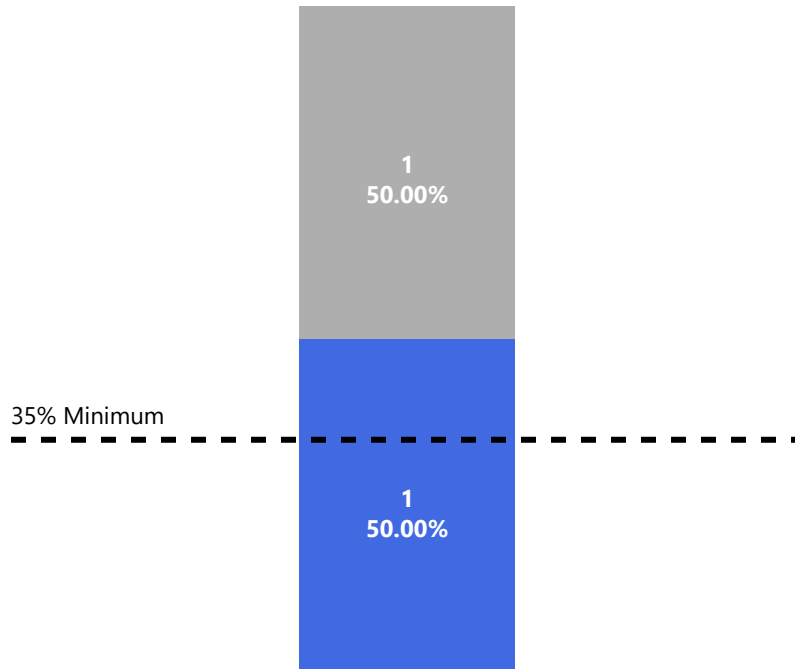
- Currently Enrolled
- Institutional
- Permanent



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 back). As a result, there is no data available for Returns to Homelessness. This is not an error, but a reflection of the project's activity during this timeframe.

-- HMIS Team

20% Maximum



Quarter 2 - Supportive Services Only Transitions - Women's Hearth

Number of Individuals Served

374

Average time from Date of Engagement to Successful Exit

73

Max: 90 Days

Clients with a Date of Engagement

88

Serving those with Long Length of Homelessness

● No ● Yes



Exits

(All Clients)

- Currently Enrolled
- Temporary
- Unsheltered



Exits

(Only W/ Date of Engagement)

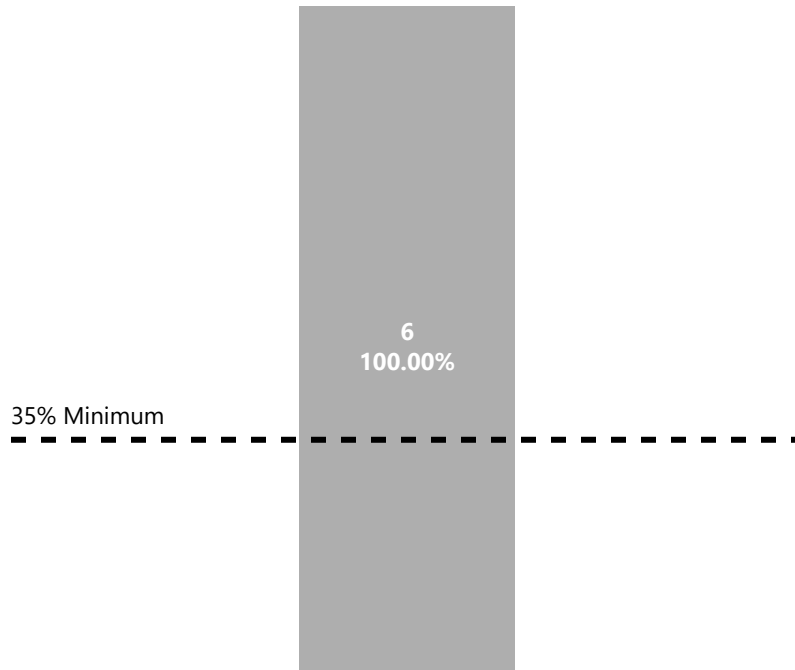
- Currently Enrolled
- Temporary
- Unsheltered



Employment and Income Growth

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

- No Increase



Returns to Homelessness

(SPM Metric 2b)

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

-- HMIS Team

20% Maximum



Quarter 2 - Unknown Exits All Projects

Program Name	CC--SSO--City Diversion--HHOS		SNAP--SSO--Singles Diversion		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown			4	1.04%	4	1.04%
Institutional	1	0.26%			1	0.26%
Permanent	223	58.07%	12	3.13%	235	61.20%
Sheltered			7	1.82%	7	1.82%
Still Enrolled	83	21.61%	17	4.43%	100	26.04%
Temporary	26	6.77%			26	6.77%
Unsheltered	7	1.82%	4	1.04%	11	2.86%
Total	340	88.54%	44	11.46%	384	100.00%

Program Name	GI--HP--HEN		GI--HP--HEN FCS Bridge		NRCC--HP--Esperanza--HHOS		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown	1	1.05%					1	1.05%
Currently Enrolled	43	45.26%	5	5.26%	14	14.74%	62	65.26%
Permanent	11	11.58%	3	3.16%	10	10.53%	24	25.26%
Temporary	2	2.11%	1	1.05%			3	3.16%
Unsheltered	5	5.26%					5	5.26%
Total	62	65.26%	9	9.47%	24	25.26%	95	100.00%



Quarter 2 - Unknown Exits All Projects

Program Name	CC--SO--City Street Outreach		TPW--SO--Womens Hearth		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown	1	0.37%	1	0.37%	2	0.74%
Currently Enrolled	73	27.04%	160	59.26%	233	86.30%
Sheltered	5	1.85%			5	1.85%
Temporary	22	8.15%	1	0.37%	23	8.52%
Unsheltered	3	1.11%	4	1.48%	7	2.59%
Total	104	38.52%	166	61.48%	270	100.00%

Program Name	CAT--ES--Recovery Options Center		CC--ES--HOC Shelter		FPS--ES--Families Shelter		FPS--ES--Scattered Site		JHH--ES--Churches--Scattered Site		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown			111	12.36%					1	0.11%	112	12.47%
Currently Enrolled	27	3.01%	204	22.72%	58	6.46%	15	1.67%	59	6.57%	362	40.31%
Institutional	4	0.45%	1	0.11%	6	0.67%	1	0.11%	10	1.11%	21	2.34%
Permanent	4	0.45%	9	1.00%	96	10.69%	23	2.56%	54	6.01%	186	20.71%
Sheltered	4	0.45%			15	1.67%	3	0.33%	34	3.79%	56	6.24%
Temporary	6	0.67%			40	4.45%	9	1.00%	25	2.78%	80	8.91%
Unsheltered	22	2.45%			35	3.90%	10	1.11%	34	3.79%	101	11.25%
Total	67	7.46%	325	36.19%	250	27.84%	61	6.79%	217	24.16%	898	100.00%



Quarter 2 - Unknown Exits All Projects

Program Name	JHH--ES--Womens Shelter--Scattered Site		VOA--ES--YAS		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown			9	3.11%	9	3.11%
Currently Enrolled	21	7.27%	79	27.34%	100	34.60%
Permanent	11	3.81%	13	4.50%	24	8.30%
Sheltered	17	5.88%	1	0.35%	18	6.23%
Temporary	3	1.04%	12	4.15%	15	5.19%
Unsheltered	119	41.18%	5	1.73%	124	42.91%
Total	171	59.17%	119	41.18%	289	100.00%

Program Name	CC--ES--Catalyst--ROW		JHH--ES--Healing Hearts Medical Respite		REV--ES--Homes--ROW		TSA--ES--The Way Out Center		VOA--ES--Crosswalk Youth Shelter		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown									1	0.22%	1	0.22%
Currently Enrolled	54	11.92%	17	3.75%	14	3.09%	39	8.61%	70	15.45%	194	42.83%
Institutional	4	0.88%	14	3.09%			6	1.32%			24	5.30%
Permanent	19	4.19%	8	1.77%	10	2.21%	16	3.53%	3	0.66%	56	12.36%
Sheltered			11	2.43%			10	2.21%	1	0.22%	22	4.86%
Temporary			7	1.55%	2	0.44%	60	13.25%	2	0.44%	71	15.67%
Unsheltered	5	1.10%	23	5.08%	7	1.55%	53	11.70%	1	0.22%	88	19.43%
Total	82	18.10%	80	17.66%	33	7.28%	184	40.62%	78	17.22%	453	100.00%



Quarter 2 - Unknown Exits All Projects

Program Name	YWCA--ES--DV Shelter		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients
Unknown	10	7.69%	10	7.69%
Currently Enrolled	32	24.62%	32	24.62%
Institutional	3	2.31%	3	2.31%
Permanent	50	38.46%	50	38.46%
Sheltered	15	11.54%	15	11.54%
Temporary	20	15.38%	20	15.38%
Total	130	100.00%	130	100.00%

Program Name	CC--TH--SMS--CoC-WA0109		TPW--TH--Miriams House		TPW--TH--TLC		TSA--TH--The Way Out Center		VOA--TH--Alexandrias House--CoC-WA0126		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown					6	2.90%					6	2.90%
Currently Enrolled	25	12.08%	6	2.90%	19	9.18%	19	9.18%	2	0.97%	71	34.30%
Institutional					1	0.48%	2	0.97%			3	1.45%
Permanent	39	18.84%	3	1.45%	5	2.42%	31	14.98%	1	0.48%	79	38.16%
Sheltered							4	1.93%			4	1.93%
Temporary	9	4.35%					7	3.38%	6	2.90%	22	10.63%
Unsheltered	9	4.35%					13	6.28%			22	10.63%
Total	82	39.61%	9	4.35%	31	14.98%	76	36.71%	9	4.35%	207	100.00%



Quarter 2 - Unknown Exits

All Projects

Program Name	CC--RRH--Families--HHOS		CC--RRH--Families--HHOS-ESG		GI--RRH--HEN		GI--RRH--HEN FCS Bridge		SNAP--RRH--Singles--HHOS		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown									3	1.20%	3	1.20%
Currently Enrolled			13	5.22%	139	55.82%	1	0.40%	9	3.61%	162	65.06%
Institutional									1	0.40%	1	0.40%
Permanent	21	8.43%	28	11.24%	15	6.02%			4	1.61%	68	27.31%
Sheltered									1	0.40%	1	0.40%
Temporary					3	1.20%			1	0.40%	4	1.61%
Unsheltered	3	1.20%			6	2.41%			1	0.40%	10	4.02%
Total	24	9.64%	41	16.47%	163	65.46%	1	0.40%	20	8.03%	249	100.00%

Program Name	CC--PSH--CHF--HHOS		CC--PSH--HHOS		TPW--PSH--Home Yard Cottages		VOA--PSH--WA0130		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Permanent	3	1.03%	3	1.03%			3	1.03%	9	3.10%
Retention	26	8.97%	56	19.31%	55	18.97%	141	48.62%	278	95.86%
Sheltered							1	0.34%	1	0.34%
Unsheltered							2	0.69%	2	0.69%
Total	29	10.00%	59	20.34%	55	18.97%	147	50.69%	290	100.00%



Quarter 2 - Unknown Exits All Projects

Program Name	CCS--SSO--Hot Spotters		FPS--SSO--Children and Family Supportive Services		TPW--SSO--Womens Hearth		Total	
Exit Destination	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients	# of Clients	% of Clients
Unknown	7	1.18%	5	0.85%	1	0.17%	13	2.20%
Currently Enrolled	74	12.52%	124	20.98%	368	62.27%	566	95.77%
Institutional			2	0.34%			2	0.34%
Permanent			4	0.68%			4	0.68%
Temporary					1	0.17%	1	0.17%
Unsheltered	1	0.17%			4	0.68%	5	0.85%
Total	82	13.87%	135	22.84%	374	63.28%	591	100.00%

Homeless Service Provider Narrative Response Worksheet

Instructions

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

Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
ROC Shelter	ES – Night by Night	7/1/2025 – 12/31/2025	2/9/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
7b.1	40% Perm 25%Temp	Perm=6.25% Temp= 18.75%	Perm= 33.75% Temp= 6.25%
4.6	35%	3.23%	21.77%
[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, 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. 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.

For both metrics, I do not mean to imply that all efforts are not being made by our staff to support our clients to reach the next step. There are simply many barriers. We have implemented many practices that will see significant improvement in these metrics for the next quarter. As today is 2/9/2026, we are already well into the next quarter, and I anticipate a significant uptick in performance metrics for this upcoming report.

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.*

CAT Spokane takes a comprehensive approach to the clients we serve. As such, we have many programs that are offered to our clients in-house, and we have seen significant participation and utilization as of late. We have increased communication and coordination between all programs – meaning the counselors speak to the shelter, who speak to the case managers, who speak to the MAT providers. This is creating an environment that allows us to be dynamic in our approach to meeting the clients needs, whatever they may be. Better documentation is also imperative and is something that we are prioritizing.

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 at CAT Spokane are ALWAYS improving. Our timeline for improvement is every single day. As noted above, we have already seen significant improvement in engagement and all metrics for this next quarter, and I am very hopeful that the exits to better housing AND the increased employment/income metrics will be reached. The income metric will be close, as it IS tough to maintain gainful employment while living in a shelter. But we have clients and staff with the heart to do it anyway. And we are supporting each other in that.

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 to reaching the metrics for this program, ironically enough, is the funding source. We cannot compel anyone to participate, nor exit anyone for non-participation. As a low barrier emergency shelter, our priorities are simply safety, and the survival of our clients who are among this communities most vulnerable. As such, there will always be some subset of this population who are simply not interested in participating fully in the services we offer. However, we continue to strive to motivate and inspire them everyday. And improve the skills to do so everyday as well.

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: Catalyst	Service Type: Continuous Stay Emergency Shelter	Reporting Period: Q2 2025-26	Date Submitted: 2/9/26
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Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Rate of Utilization (Local Measure)	85%	62%	-23%
Length of Time Homeless in ES (SPM Metric 1a.1)	90 days	350 days	+260days
Employment and Income Growth (SPM Metric 4.6)	40%	35.71%	-4.29%
Return to Homelessness (SPM Metric 2b)	20% max	55%	-35%

Explanation of the Variance

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

- Rate of Utilization- not met due to Catalyst referrals being strictly limited to only ERP designated sites, we had 19 graduations during this period and we had only 12 move ins via referrals from ERP sites.
- Length of time- 350 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 participant from the program. 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. Our average decreased 25 days during this quarter and we anticipate further decreases in that average over the next 2 quarters.
- Employment or Income Growth at Time of exit- our current 35.71% income benchmark is below performance standards by 4.29%. We had an increase of 20% over last quarter primarily due to our Care Coordinator efforts to track, and diligently support both our in-house pre-employment training opportunities, as well as community-based programs. We are proud to report—based upon this focus, in Q2—we had 19/28 68% of participants exit to permanent housing.
- Target Goal is 20%- we had a 55% Return to Homelessness out of the 20 people who graduated between October of 23' and December of 23' 9 of them have retained their housing. Related variables include only engaging with graduates for 90 days post-Catalyst on a voluntary basis. This lack of obligation to services leaves a potential gap in stabilizing support that could help keep folks housed over a longer time, as early this was early on in the Catalyst Program. Often times those participants who graduated declined to follow up with the program.

Steps Taken to Improve Performance

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

- Current rate of Utilization (62%) 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 through ERP designated sites.
- Length of time in ES will decrease from 350 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) stay, (2) and continuing to connect to other housing resources as available in the community.
- Employment and Income Growth at time of exit- In order to increase from our current rate of 35.71% to 40%, Catalyst Housing Care Coordinators will continue 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 a second SEEN (Spokane Entrepreneurship and Empowerment Network) cohort this spring. Finally, we are looking into partnering with PEPP for a cohort in the spring, as well.
- We increased focus on engaging SUD and Behavioral Health on-site prior to graduation (still on a voluntary basis). Catalyst implemented a phased approach to help direct Care Coordination with participants- focusing on Behavioral and Physical Health needs initially and then moving to rental education and budgeting education as the program became more established.

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 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- this has increased 20.5% with access to BVS, as we are better able to track participants benefits and move away from self-reporting and we should continue to have increases in this area over the next quarter.
- Returns to Homelessness should decrease as the results of these programmatic changes begin to show. 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

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CC—CA--HFCA	Coordinated Entry	7/1/25-12/31/25	2/11/26

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Percentage of Referrals with Successful Outcomes	40%	15.94%	-24.06
[Enter Metric]	[Enter Standard]	[Enter Performance]	[Enter Variance]

Explanation of the Variance

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

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

- The percentage of referrals with successful outcomes was 15.94% resulting in a variance of -24.06. There continue to be referrals left in HMIS with no result recorded. HFCA decentralized with satellite sites becoming responsible for their own data entry. While this provides the opportunity potentially for more households to be served it requires HFCA to provide additional oversight to satellites to ensure complete and accurate data entry in HMIS.

Steps Taken to Improve Performance

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

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

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

Timeline for Improvement

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

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

- The above will immediately implemented.

Additional Support or Resources Needed

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

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

➤ Click or tap here to enter text.

Homeless Service Provider Narrative Response Worksheet

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CC—ES—HOC Shelter	Night-by Night	7/1/25-12/31/25	2/9/26

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Length of Time Homeless in ES (SPM Metric 1a.1)	90 days	140 days	+50 days
Exits to Permanent Housing (SPM Metric 7b.1)	40%	4.21%	-35.79%
Exits to Temporary or Institutional Settings (SPM Metric 7a.1)	25%	0.47%	-24.53%
Returns to Homelessness (SPM Metric 2b)	Max. 20%	23.81%	3.81%
Employment and Income Growth (SPM Metric 4.6)	35%	-	n/a

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.

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

Clients are remaining in our shelter longer because of limited housing availability, high screening standards, and limited behavioral health services.

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

There are insufficient PSH options for clients, longer wait times for low-income housing, and clients are requiring more support before housing placement is possible.

Exits to Temporary or Institutional Settings (SPM Metric 7a.1)

Temporary or Institutional Settings are also limited for clients who need those settings, much like permanent housing options.

Returns to Homelessness (SPM Metric 2b)

Low-income clients who don't have a stable rental situation with a subsidy are constantly at risk of becoming homeless again if they lose their income, because it's typically not sufficient to set aside savings in case of emergency.

Employment and Income Growth (SPM Metric 4.6)

This data was not fully captured this quarter due to limitations and incomplete documentation. Clients don't always provide staff with income information, even during client engagement activities. Staff turnover also caused limitations in data reporting.

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.*

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

We will continue to strengthen relationships with landlords, focus on housing readiness, and assist clients in seeking out behavioral health services.

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

We will continue to assist clients with finding permanent housing options that fit their needs. We will regularly engage with landlords to get updated availability for housing options.

Exits to Temporary or Institutional Settings (SPM Metric 7a.1)

We will work on improving coordination with detox, inpatient treatment, and behavioral health.

Returns to Homelessness (SPM Metric 2b)

We will ensure that our housing plans include post-exit support and income to create more stability.

Employment and Income Growth (SPM Metric 4.6)

We will conduct additional staff training on HMIS data entry by the end of February 2026. We will also ensure that clients are provided with resources for accessing employment resources.

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.*

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

We will make it a point to continue to improve landlord relationships this quarter.

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

We will ensure that clients are housing ready this quarter as we are assisting them with finding appropriate options.

Exits to Temporary or Institutional Settings (SPM Metric 7a.1)

We will coordinate with external providers to give us updated information on how to enroll clients in their services, including coming on site to offer services over the next two quarters.

Returns to Homelessness (SPM Metric 2b)

We will offer clients who are exiting the shelter access to our contact information as they are trying to navigate their new housing and will make sure that our engagement with them includes asking them about their income as they are moving out to housing starting in February.

Employment and Income Growth (SPM Metric 4.6)

We will provide additional HMIS training to all new and current staff this month in February 2026.

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 would benefit from recorded training sessions specific to data management that we could utilize for new staff.
- We would benefit from dedicated housing resources for our clients that we could utilize to place them into permanent housing.
- The community would benefit from additional housing resources that assist clients with disabilities and criminal history.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
PSH	HHOS	Q2	2/11/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Returns to Homelessness	5%	100% (n=1)	95%
[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.

Over the past two years, we have had one person exit from this program who eventually returned to the homeless system. This client moved from one of our PSH properties to an apartment complex outside of our agency on 08/01/23, and had requested to work with another provider.

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.

Because this individual elected to move into permanent housing outside of our agency and pursue services with another SH provider, we were unable to maintain services for them. However, in the related situation that a client moves but wants to continue services, we have instituted and refined our move-on strategy to have a focus on ensuring that clients have maximum choice in housing, while still having access to services. We feel this strategy will enable us to have the results we're looking for in this measure as we move forward.

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.*

We are unable to identify any other support needs at this time.

Homeless Service Provider Narrative Response Worksheet

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
PSH	CFH-HHOS	Q2	2/11/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Employment and Income Growth for Leavers	45%	0% (n=1)	45%
Avg. Rate of Utilization (Unit)	85%	80%	5%
[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.

Employment and Income Growth for Leavers: Of the 8 households served, only one was exited from the program because the client passed away. This client had lost their employment income, and had identified that they were disabled. We were working with this client to apply for ABD/SSI when they passed away.

Average Rate of Utilization (Unit): Due to funding uncertainty within the system for chronically homeless families, we have temporarily paused taking new referrals through HFCA.

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.

Employment and Income Growth for Leavers: We have a Supported Employment Specialist who can work with clients of this program. Additionally, we are rolling out an initiative this year designed to enhance PSH service specifically designed to promote increased income for clients across all of our PSH programs. We anticipate this initiative resulting in higher outcomes in this measure.

Average Rate of Utilization: We have been working with Coordinated Entry to receive referrals for this program as we have had openings in the past. However, there is currently some uncertainty about the potential for future funding for this type of service and population, so we are temporarily pausing CE referrals until we have more certainty surrounding the future viability of this funding to avoid negative system-wide impacts for this population.

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.*

Employment and Income Growth for Leavers: N/A

Average Rate of Utilization: We will resume referrals if we receive clarity on future funding.

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.*

None needed at this time.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CC-RRH- Families- HHOS ESG	.Rapid Rehousing	7/1/25-12/31/25	2/11/25

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%	63.64%	-6.36%
Returns to Homelessness	10%	19.05%	-9.05%
[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 -6.36% from the performance standard of 70%. During this period, staffing shortages impacted overall outcomes.

➤ 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.

Exits to permanent housing were -6.36 percentage points below the established performance target, primarily due to staffing shortages during the reporting period. To address this gap, we are actively working to increase staffing levels and stabilize program coverage. In the interim, we are strategically adjusting caseload distribution among current staff to maximize housing navigation efforts and increase exits to permanent housing. These steps are intended to improve service delivery efficiency and bring performance outcomes back in alignment with established targets.

For returns to homelessness, we will work with clients to connect them to agencies that serve domestic violence survivors, and we will do additional training on domestic violence with our staff. We will also prioritize increasing household income as a key strategy for sustaining permanent housing. Case managers will assist clients with resume development, job search preparation, and interview readiness, and will connect clients to local employment agencies and workforce programs to improve access to stable employment opportunities. These efforts are intended to enhance long-term housing stability and reduce recidivism into homelessness.

Timeline for Improvement

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

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

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

Additional Support or Resources Needed

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

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

Click or tap here to enter text.

Homeless Service Provider Narrative Response Worksheet

Instructions

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

Project Information

Project Name: CC-RRH- Families- HHOS	Service Type: .Rapid Rehousing	Reporting Period: 7/1/25-12/31/25	Date Submitted: 2/11/25
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Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
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.

- The project did not meet the minimum standard of 20% increase in income growth. The variable was -20%. The majority of the clients had a source of income entrance but did not increase that income and two decreased the income.

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 prioritize increasing household income as a key strategy for sustaining permanent housing. Case managers will assist clients with resume development, job search preparation, and interview readiness, and will connect clients to local employment agencies and workforce programs to improve access to stable employment opportunities. These efforts are intended to enhance long-term housing stability.

Timeline for Improvement

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

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

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

Additional Support or Resources Needed

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

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

Click or tap here to enter text.

Homeless Service Provider Narrative Response Worksheet

Instructions

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

Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
CC—TH—SMS—CoC— WA0109	Transitional Housing	07/01/2025- 12/31/2025	2/11/26

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
<i>Returns to Homelessness</i>	10%	14.29%	4.29%

- For returns to homelessness, the reported rate is 14.29%, which exceeds the 10% goal. This variance is attributed to two families reentering the homeless' system during the reporting period. One family experienced a domestic violence incident, and another moved in with relatives but later determined the living situation was unsafe. Both circumstances resulted in a return to homelessness.

Steps Taken to Improve Performance

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

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

- Case managers have received and will continue to receive ongoing training on domestic violence awareness, safety planning, and trauma-informed practices to better support clients in identifying and transitioning into safe, stable housing environments. Strengthening staff competency in this area is a key priority.
- Case managers are placing increased emphasis on supporting clients in securing independent, permanent housing rather than arrangements with family or friends, which can sometimes lead to unstable or unsafe situations. This shift is intended to reduce the likelihood of clients returning to homelessness due to breakdowns in informal living arrangements.

Timeline for Improvement

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

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

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

Additional Support or Resources Needed

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

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



Homeless Service Provider Narrative Response Worksheet

Instructions

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

Project Information

Project Name:

FPS--SSO--Children
and Family Supportive
Services Q2 QPR
2025-26

Service Type:
SSO

Reporting Period:
7/1/2025 -
12/31/2025

Date Submitted:
2/16/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Average time to successful exit	60 days	229 days	169 days
Income Growth	35%	14.29%	20.71%
Serving those with long length of homelessness	64%	18.21%	41.89%

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.

Our average time to successful exit variance is a combination of two factors: Families needing to be exited in HMIS, and the loss of two of the case managers working on this program.

Our percent of long-term homeless served is primarily due to our service population, and where we are engaging with them. Families, especially those with school age children, tend to bounce from situation to situation, rather than experiencing long continuous lengths

Investigating the cause of the income growth variance, has revealed a data collection and recording issue on the direct service side. Until that is corrected, it is unknown whether the variance is due to poor data quality, or reflects a program performance issue.

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.

The case managers supporting this program are being replaced, and exits are being audited and corrected, and the exit audit rhythm has been increased.

Correcting the percentage served that have a long length of homelessness will be a challenge. A good first step is new training for staff on homeless definitions, and identifying false gaps in homelessness, eg, homeless for 90 days in car (type 1.1), followed by a brief period in a hotel or motel paid by a charitable organization, (type 1.2), followed by another period in a car. Some of those may be being incorrectly classified as two events, rather than three events equaling a contiguous time period

Enhanced data collection and recording standards have been implemented as of today, and data quality for that will be monitored until the next QPR

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.*

Hiring is already underway, and once suitable candidates are identified, onboarding typically takes 15 days. Audit rhythm of exits has already been increased.

Enhanced training on definitions will be developed, and training will take place before the end of March.

The new data collection and recording procedures have already been implemented

Additional Support or Resources Needed

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

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

Any increase to the community in available housing resources is needed, particularly flexible funding.

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:

FPS--ES--Families
Shelter Q2 QPR
2025-26

Service Type:
ES

Reporting Period:

7/1/2025 -
12/31/2025

Date Submitted:

2/16/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent	40%	35.8%	4.2%
Income Growth	35%	17.71%	27.29%
Returns to Homelessness	20%	29%	9%

Explanation of the Variance

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

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

Exits to permanent have suffered in the first 2 Quarters of FY26. This can primarily be traced to a community-wide reduction in resources. Reductions in funding, both for staff and for move-in-costs as well as barrier removal, plus the loss of Housing choice vouchers have all had an effect. Our 1 year ETP rate for 2025 was 42%, which means the dropoff happened in the last 6 months. This can be traced to downstream effects from federal level changes, reductions in funding for our organization, and delays in contracting.

Investigating the cause of the income growth variance, has revealed a data collection and recording issue on the direct service side. Until that is corrected, it is unknown whether the variance is due to poor data quality, or reflects a program performance issue.

Returns to homelessness show a 9% variance over program goal. Much of this is an artifact of the multiple grants, as our other grant shows 0 Returns. Averaged out, our overall Return rate is 22%. Across those families, the average stay was 32 days, and the median stay was 6 days, suggesting families that did not remain long enough to engage fully in 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.

FPS is currently pursuing alternate funding resources to mitigate the loss in vouchers, and money for direct assistance rehousing.

Enhanced data collection and recording standards have been implemented as of today, and data quality for that will be monitored until the next QPR

Improving engagement will be key in overcoming the RTH variance. We are seeking to replace lost staff, to increase the number of case managers available to shelter families.

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 timeline for securing alternate funding, and increased flexible funding is uncertain as grant applications vary, as do response times. Approximately \$400k in new grant applications have occurred in the last 3 months, so depending on award dates and contracting periods, we should see some positive affect within the next 6 months

The new data collection and recording procedures have already been implemented

Hiring is underway to fill the missing CM seats. Typical FPS hiring and onboarding is 15 days, once suitable candidates have been found

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.*

Any increase to the community in available housing resources is needed, particularly flexible funding.

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:
FPS--ES--Scattered Site Q2 QPR 2025-26	ES	7/1/2025 - 12/31/2025	2/16/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent	40%	37.04	2.96%
Income Growth	35%	14.29%	20.71%

Explanation of the Variance

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

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

Exits to permanent have suffered in the first 2 Quarters of FY26. This can primarily be traced to a community-wide reduction in resources. Reductions in funding, both for staff and for move-in-costs as well as barrier removal, plus the loss of Housing choice vouchers have all had an effect. Our 1 year ETP rate for 2025 was 42%, which means the dropoff happened in the last 6 months. This can be traced to downstream effects from federal level changes, reductions in funding for our organization, and delays in contracting.

Investigating the cause of the income growth variance, has revealed a data collection and recording issue on the direct service side. Until that is corrected, it is unknown whether the variance is due to poor data quality, or reflects a program performance issue.

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.

FPS is currently pursuing alternate funding resources to mitigate the loss in vouchers, and money for direct assistance rehousing.

Enhanced data collection and recording standards have been implemented as of today, and data quality for that will be monitored until the next QPR

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 timeline for securing alternate funding, and increased flexible funding is uncertain as grant applications vary, as do response times. Approximately \$400k in new grant applications have occurred in the last 3 months, so depending on award dates and contracting periods, we should see some positive affect within the next 6 months

The new data collection and recording procedures have already been implemented

Additional Support or Resources Needed

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

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

Any increase to the community in available housing resources is needed, particularly flexible funding.

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: JHH-ES-Churches Scattered Sites	Service Type: NbN ES	Reporting Period: Q2.	Date Submitted: 2/9/26
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Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent Housing	40%	25%	15%
<i>Exits to Temporary or Institutional</i>	25%	11.57%	13.43%
Employment and Income Growth	35%	8.82%	26.18%

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.

To start off we had huge internal staffing changes from the bottom up that has been a huge challenge and we basically have almost all new staff in the shelters and managing them. We have gone through several shelter managers and lost our Director as well so please keep that in mind. We also re structured our shelter schedules to be more effective for staffing.

For exits to permanent housing: In the shelters we have seen a few different reasons for this, Lack of available housing resources for starters. Too high of rent prices for the folks on fixed incomes. We also have found that our shelters are being used as long term living situations and folks are not wanting to actively participate in finding a better housing solution, while we do have peer support to assist in helping navigate folks she is met with a lot of resistance and a very long case load. We also have been doing snap coordinated entries and folks have been getting pulled that way but it is a long wait list and some people that should qualify are not scoring high enough to be pulled.

For exits to temporary living situations: exits to temporary housing has proven to be difficult because most guests have burnt those bridges of being able to live with any family member or friends.

For Employment and Income growth, we continuously run into a couple common issues with guests not engaging long enough to get core documents to be able to obtain employment. Another barrier is guests in active use who aren't willing or ready to get off of substances so they can be functioning well enough to obtain employment. As for folks on SSI or SSDI they usually already have it and there already at their max amount to be received.

I feel that we also miss alot of potential positive outcomes upon exiting because for the foplks we provide services to they can sometimes not communicate with us what is going on in their lives so we can capture it. The guests

are not thinking about our data like we are and shelter staff usually are busy with day to day operations and all the things that come with that so we miss a lot of those potentially positive outcomes. I will also say that sometimes it would seem that when some individuals leave abruptly without communicating they are exited to the streets for us only to find out later on they had a better living situation come up so they leave without telling us.

To finish I'd like to also say that the majority of exits from the shelters are either people that just don't come back or folks that are being exited for not following the rules of the shelter or even arrested and have no way of telling us.

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 our exits to permanent housing and Temporary housing We have our peer support who comes into each shelter to try and help navigate folks to a case manager and also help with navigation them getting their core documents. We also have stressed to shelter staff the importance of getting an exit interview with folks when they leave when we are able to. We are also exploring having SNAP come in to do CE with folks as well. We also are encouraging folks to try and mend hurt relationships with family to try and rebuild relationships enough to where they could get back home to loved ones.

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For employment and income Growth: We have our peer support in the shelters daily to try and navigate guests towards collecting their core documents as well as guiding them towards a MAT program to assist with any substance issues to be able to maintain employment. Our peer support also provides transportation to interviews and appointments.

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 believe are over the hardest growing pains of our internal changes so we should be well on our way to making improvements to our data already.

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.*

NA

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:
JHH-ES-Healing Hearts Medical Respite	Continuous Stay ES- Respite	Q2	2/9/26

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent Housing	55%	10%	45%
Exits To Institutional	25%	17.50%	7.50%
Exits To Temporary	25%	8.75%	16.25%
Employment and Income Growth	40%	12.50%	27.50%

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.

To start off we had huge internal staffing changes from the bottom up of our organization so that has been a huge challenge.

Challenges and Priorities at Healing Hearts

The core mission at Healing Hearts is predicated on the understanding that guests are primarily here due to significant medical issues. Consequently, the absolute priority is the recovery and stabilization of the guests' health. This emphasis is critical because, without achieving a foundational level of health, the long-term goal of sustained, independent housing becomes unattainable. For a subset of guests, their time at Healing Hearts serves as a period of acute medical recuperation, after which they are able to return to their prior living situations once they are medically stable.

Barriers to Exits to Permanent Housing

Exiting guests into permanent housing is hampered by a complex interplay of systemic and personal challenges within the current shelter system and wider housing market:

- **Scarcity and Cost:** The most significant systemic obstacle is the profound scarcity of affordable, available housing resources. This is exacerbated by high rental costs across the market, which render many options completely unaffordable, particularly for clients who are living on fixed or limited incomes, such as Social Security or disability payments.
- **The Elderly Population:** This challenge is amplified for the elderly population, which constitutes a large portion of our guests. Their fixed, often minimal incomes put them at a severe disadvantage in the highly competitive and costly rental market.
- **Health and Independence Trade-offs:** An additional personal barrier arises when guests, especially the elderly, desire to maintain their independence but face significant difficulties performing Activities of Daily Living (ADLs). This inability to independently manage personal care and household tasks often disqualifies them from certain housing options or makes independent living untenable without substantial in-home support, which can be difficult to secure and fund.

Difficulties in Exits to Institutional Housing

Transitioning guests to institutional settings, such as assisted living or skilled nursing facilities, presents a distinct set of obstacles, largely revolving around personal autonomy and financial disincentives:

- **Financial Disincentive:** A major deterrent for guests is the financial requirement associated with many institutional settings, which often necessitates surrendering the majority of their fixed income (e.g., pension, Social Security) in exchange for residency. This loss of control over their personal finances is a significant point of resistance.
- **Loss of Autonomy and Control:** Guests express a strong desire to maintain their independence. They resist moving to environments where they perceive they will be confined, subject to an extensive set of strict rules, and constantly ruled over or micromanaged by facility operators. They prioritize the freedom to set their own schedules and make their own daily decisions—to do "what they want when they want."

Challenges in Exits to Temporary Housing or Family/Friend Situations

Finding suitable temporary housing, often with family or friends, faces difficulties primarily related to the high medical needs and personal care requirements of the guests:

- **High Medical and Care Requirements:** Many guests at Healing Hearts have medical conditions that require a level of care that is simply too much for individuals or families who might otherwise be willing to take them in. The burden of managing medications, appointments, and general health supervision often exceeds the capacity of informal caregivers.
- **ADL Struggles:** The difficulties guests face with Activities of Daily Living (ADLs) are also a significant deterrent for temporary hosts. Providing assistance with tasks like bathing, dressing, and mobility can

be physically and emotionally taxing for those who are not professional caregivers.

- **Lack of Social Support Network:** Compounding these issues is the fact that many of the guests, being later in age, have limited or fractured social support networks. A large number simply do not have any viable family or friends who are in a position—geographically, financially, or physically—to take them in, closing off a common temporary housing pathway.

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 partnered with Providence for this Facility and they do all the case management so we will continue to work with them i know they do everything they can to maximize good outcomes. They have a good working relationship with Aging and Long-term Care and do their best to get guests who want to get that help as quickly as possible.

Timeline for Improvement

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

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

We plan to see improvement by next QPR

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.*

NA

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: JHH-ES-Womens shelter-scattered site	Service Type: NbN ES	Reporting Period: Q2	Date Submitted: 2/9/26
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Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent Housing	40%	6.43%	33.57%
Exits to Temporary Housing	25%	1.75%	23.25%
Employment and income Growth	35%	3.62%	31.38%

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.

To start off we had huge internal staffing changes from the bottom up that has been a huge challenge and we basically have almost all new staff in the shelters and managing them. We have gone through several shelter managers and lost our Director as well so please keep that in mind. We also re structured our shelter schedules to be more effective for staffing.

This Project has its own challenges due to only being open 6pm to 6am so majority of the time they are winding down from the day then resting then having to leave again. So our peer support is only able to stop in once a week and even then everything is closed so its extremely difficult to help out guests. Our peer support has met with guests at the navigation center during the day to assist with thing though. Staff also doesn't have the ability to get to know whats going on in each individuals life due to majority of time with them is when they are asleep.

Exits to permanent housing face several challenges within the shelter system. Primarily, there is a scarcity of available housing resources, and high rental costs make options unaffordable for clients on fixed incomes. Furthermore, we have observed that some individuals are using shelters as long-term residences and are resistant to actively seeking better housing solutions. While we provide peer support to assist with navigation, our peer support specialist encounters significant resistance and manages an extensive caseload. Finally, clients are being referred through the SNAP coordinated entry process; however, this involves a lengthy waiting list, and some individuals who should qualify are not achieving a high enough score for placement.

For exits to temporary living situations: exits to temporary housing has proven to be difficult because most guests have burnt those bridges of being able to live with any family member or friends. Securing exits to temporary living situations presents a challenge, as many guests have exhausted the option of staying with family or friends due to strained relationships.

.A couple of common issues impede employment and income growth. First, guests often don't engage long enough to secure the core documents needed for employment. Second, guests in active substance use are not ready or willing to stop, which prevents them from functioning well enough to obtain work. Guests already on SSI or SSDI are already receiving their maximum benefit.

We also often miss potential positive exit outcomes because guests sometimes fail to communicate life changes, making data capture difficult. Guests are not focused on our data needs, and shelter staff are often too busy with daily operations to capture this information. Additionally, some individuals leave abruptly without communicating, leading us to assume they are exited to the streets, only to later find out they secured a better living situation.

To finish id like to also say that the majority of exits from the shelters are either people that just dont come back or folks that are being exited for not following the rule of the shelter.

In conclusion, most shelter exits occur either because individuals do not return or because they are exited for violating shelter rules or are even arrested and have no way of telling us.

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.*

Its difficult to make any substantial progress to our outcomes because of how the shelter operations is set up. We essentially are a place for the women to lay their heads and thats it. We do make efforts to help them but again most guests are not in a place to make substantial progress. We also transfer guests who are trying to do better to our 24HR shelters when we are able to so they can get the support needed sop some of the data is claimed by our Church's enrollment and not reflected here because of separation of projects in HMIS.

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 talked with staff about trying to capture positive data so we hope to see an increase by next QPR

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.*

NA

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	07/01/2025-12/31/2025	02/09/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
7b.1	55%	30.30%	24.7%
1a.1	90 days	303 days	213 days
Utilization Rate	85%	53%	32%
4.6	40%	36.84%	3.16%
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.*

Exits to permanent housing continue to fall short of expected targets due to multiple contributing factors. Overall housing availability remains limited in the region, and delays in obtaining required documentation, a lack of HCVs for individuals with no or low income, and supporting clients with complex needs further extend the length of stay. Our program prioritizes client stability and long-term success, which often requires additional time before clients are fully prepared to transition to permanent housing. Another primary challenge is the limited number landlords willing to rent to individuals with some of the barriers faced by our ERP population. On top of the individuals' significant housing barriers—such as prior evictions, income restrictions, poor rental history, and criminal backgrounds—many individuals are taking time to recover and build a strong foundation in recovery with the community in our ES houses, which has led to many not wanting to feel rushed to move on to permanent housing where they would potentially be living alone. Revive plans to do better with these metrics in the future, as we have implemented a "phase" approach to housing stability that is inspiring house guests to work with their case manager to achieve the measurable goals and steps outline in the phases.

Low ERP eligible referral volume also created a barrier with being able to meet the utilization rate metric. The increase in encampment deeming in the last 2 months of the year helped to fill the beds. We should be meeting this metric presently and will continue to meet it through next reporting period.

Employment and income growth have also been affected by client barriers, including various disabilities that make it difficult for clients to begin working or the impact that their substance use disorders have had on their

employment goals. Many new clients who entered our beds in the last month of the year did not have any income or resources but have started working with our employment specialists to engage in employment. Additionally, our case managers are working closely with individuals to increase their disability income through DSHS and SSA programs as they are stabilizing in the houses.

Returns to homelessness have primarily been associated with clients who exited the program prior to giving our case managers enough time to help with stabilization needed to enter 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.*

Strengthen housing access and landlord engagement, increase support for clients with significant housing barriers, reduce returns to homelessness related to behavioral issues by working towards increased access to mental health services and crisis intervention supports, work with local employers and agencies to help with employment, work towards strengthening communication with referral partners, provide updated program information. Working with clients to prioritize stability support for clients with complex needs who have recently come in from encampments while supporting clients who have more quickly met phased goals toward permanent housing faster.

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.*

Improvements should be seen over the next reporting period. New referrals are coming in from encampments, the new phased approach to house stability has engaged clients who have not recently been interested in engaging in the housing process and we are building a stronger team of case managers/housing specialists who will increase landlord development outreach.

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.*

It was mentioned at a recent meeting that additional funds may be available to support facility or program needs. If additional funding is available to support staff training, our team would love to learn more about housing and behavioral health topics from outside facilitators or city trainers.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
Singles Rapid Rehousing (HHOS)	Rapid Rehousing	7/1/2025-12/31/25	2/6/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
SPM 2b Returns to Homelessness	<i>10% Maximum</i>	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.*

Metric 2b records returns to the homelessness system over a rolling two year period. The report indicates four returns over this period for this project, reflecting clients who have re-engaged the system. As a temporary subsidy program, Rapid Rehousing projects are guided by Progressive Engagement principles, which seek to provide an appropriate amount of subsidy—neither too little nor too much—with the goal of clients being able to take over responsibility for their housing at an appropriate time. Moreover, case management should continue until clients are able to maintain the terms of their lease without ongoing supports. As such, no two households will be alike in terms of when it is appropriate to graduate from the program. The challenge of such a system is that supports may be removed too quickly, or barriers that were addressed may re-emerge post-exit and result in destabilization or loss of housing. This is a challenge inherent in providing a non-permanent subsidy project, and one we are continually looking to improve within our RRH projects.

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 work to make sure that units selected by clients work within their long-term plan for stability post-program. This includes identifying housing that is realistic and working with clients to ensure they have addressed financial and non-financial barriers before moving towards graduation. This includes clients receiving shallower subsidy through move-in cost assistance: the project will evaluate a household's history to indicate whether shallow subsidy is likely to be successful and provide more supports as necessary.

Our post-tenancy policies include ongoing support for all clients previously served by our project regardless of timeframe. These include counseling, landlord mediation, budgeting, etc. Likewise, landlords are encouraged to engage case managers if they are experiencing issues with tenants struggling to comply with their leases. Building trust with landlords will encourage them to reach out to former case managers first before moving towards eviction action.

Lastly, we will work to encourage clients to engage with emerging resources for Homeless Prevention to help pay arrears and re-establish financial stability.

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.*

These are ongoing project improvement efforts that will continue throughout the project term.

Additional Support or Resources Needed

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

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

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
SHCA	CE	7/1/2025 – 12/31/25	2/9/26

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Percent of Referrals with Successful Outcomes	40%	31.27%	9%
[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.*

Low Coordinated Entry (CE) referral success rates primarily reflect the challenges in maintaining consistent contact with unhoused clients from the period of assessment to referral. This period may extend to up to 90 days, during which time clients may lose and replace cell phones, or undergo a change in circumstances which makes contact difficult.

As mobile phones have become the standard form of communication, clients in both sheltered and unsheltered situations report difficulties in maintaining the same phone and same phone number for an extended period of time. Phones are often damaged, lost or stolen, resulting often in a new phone number once replaced. Further, funding to replace phones has decreased and phone replacement events are occurring with less frequency. When new numbers are obtained, clients must remember to return to a provider and update their contact records.

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.*

Improving the ability of the CE system to stay in contact with clients is a high priority for system improvement. CE staff met on January 8th to discuss the issue and brainstorm solutions. A training email was sent to SHCA participating providers outlining the goal of improving referral contact rates. Assessors were reminded to inform all clients of the need to immediately contact the project upon changes in contact information. Future changes may include updates to the CE workflow in HMIS to improve compliance.

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.*

SHCA is a large project with over 130 assessors across over a dozen agencies. SNAP will be conducting desk monitoring of CE satellites in 2026 to identify issues, gather feedback and improve the uniformity of services.

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.*

Services that provide free or reduced-cost cell phones are an important but easily overlooked aspect of the homeless response system. Investments in other initiatives such as community voicemail, or a customer messaging platform could greatly improve the ability of providers to stay in touch with households experiencing homelessness.

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—PSH—Home
Yard
Cottages

Service Type:
PSH

Reporting Period:
7/1/2025 - 12/31/2025

Date Submitted:
2/9/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Annual Income Growth and/or Non-Cash Benefits	25%	4.76%	20.24%
[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.

Performance appears lower because income and benefit increases are only recorded when residents voluntarily report these changes to case managers. Since case management is voluntary and some residents choose limited engagement or do not disclose updates, the documented data does not fully reflect all positive changes that may have occurred.

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 the last reporting period, the program has strengthened staffing and onsite support to improve resident engagement and data accuracy. A full-time case manager has been hired to increase resident contact, support income and benefit reporting, and provide more consistent service delivery. We also now have a full-time Program Director who oversees program operations, ensures adherence to performance standards, and supports quality assurance. In addition, onsite property management is available two days per week, improving communication with residents and helping staff identify changes that may impact performance metrics more quickly.

Timeline for Improvement

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

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

With the addition of a full-time case manager, a full-time Program Director, and onsite property management twice weekly, we expect to see measurable improvement over the next two reporting periods. Increased staffing capacity is already strengthening resident engagement and improving our ability to document income and benefit changes in real time. We anticipate continued progress within the next 3–6 months as staff build rapport with residents, establish consistent service routines, and refine data-tracking practices.

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 program would benefit from continued funding to maintain stable staffing, as well as additional training and technical assistance to strengthen HMIS data entry and resident engagement. Improved access to community behavioral-health and benefits-processing resources would also help residents stabilize more quickly and allow staff to document changes more accurately.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
Miryam's House	Transitional Housing	7/1/25- 12/31/25	2/3/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent Housing	70%	33.33%	36.67%
[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.

By the end of the reporting period 6 individuals were still living at Miryam's House. Of those, one has since moved into permanent housing, one is awaiting a move-in date, and one is actively searching for 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 been building relationships with property management companies and private landlords.

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 expect to have three more exits to permanent housing by the end of 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.

More permanent housing!

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	7/1/25- 12/31/25	2/9/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Exits to Permanent Housing	70%	16.67%	53.33%
[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.

Only one participant obtained permanent housing during this reporting period. Of the 5 who remain in the program, 2 are ready to exit the program but are facing difficulties finding affordable 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 been building relationships with property management companies and private landlords.

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 are hoping to have two additional move outs to permanent housing by the end of 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.

More affordable permanent housing options for households of 2-3.

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name: TPW—SO—Womens
Hearth

Service Type: SO

Reporting Period: 7/01/2025-12/31/2025

Date Submitted: 2/16/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
<i>Employment and Income Growth</i>	35%	100%	65
[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.

Employment and 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 working with our staff to ensure that our site continues to maintain true and accurate data collection. As referenced in our Q1 QPR submission, staffing changes within the Women’s Hearth’s case management team throughout the previous 12 months have created various data collection barriers for our site. As of 2026, the Women’s Hearth staff have implemented bi-weekly data strategy meetings to ensure that all data is entered promptly and that concerns and corrections are addressed more efficiently, with one goal being improving outcomes in our system performance measures.

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 Women’s Hearth case management team, along with the support of Women’s Hearth management staff, is implementing some changes to our internal auditing process, intending to capture program participants’

assessments in a more consistent and timely manner and facilitate the opportunity to capture changes to clients' circumstances more frequently than we are currently able, although we do not have an exact timeline for bringing our projects into compliance at this point in 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.*

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—SSO—Womens Hearth
 Service Type: SSO
 Reporting Period: 7/01/2025-12/31/2025
 Date Submitted: 2/16/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
<i>Employment and Income Growth</i>	35%	100%	65
<i>Returns to Homelessness</i>	20%	N/A	<i>N/A (no clients exited from this project during reporting period (shifted two years))</i>
[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.

Employment and 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.

Returns to Homelessness: N/A (no clients exited from this project during reporting period (shifted two years)).

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 working with our staff to ensure that our site continues to maintain true and accurate data collection. As referenced in our Q1 QPR submission, staffing changes within the Women’s Hearth’s case management team throughout the previous 12 months have created various data collection barriers for our site. As of 2026, the Women’s Hearth staff have implemented bi-weekly data strategy meetings to ensure that all data is entered promptly and that concerns and corrections are addressed more efficiently, with one goal being improving outcomes in our system performance measures.

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 Women's Hearth case management team, along with the support of Women's Hearth management staff, is implementing some changes to our internal auditing process, intending to capture program participants' assessments in a more consistent and timely manner and facilitate the opportunity to capture changes to clients' circumstances more frequently than we are currently able, although we do not have an exact timeline for bringing our projects into compliance at this point.

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: CS ES The Way Out Center Service Type: HHOS PY 2025-2026 Reporting Period: Q2 Date Submitted: 02/09/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
7b.1	25%	32.61	7.61
7b.1	55%	8.7	46.3
4.6	40%	9.59	30.41

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.

TWOC did not meet the matrix in part because the measures assume income growth and housing mobility that are unrealistic for individuals living on fixed or extremely limited incomes. The local housing market offers very few affordable units that match the needs of this population, creating barriers that are outside of our control. These structural limitations make progress appear lower than expected, even though the challenges stem from external economic conditions rather than program performance.

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 continue to offer opportunities for increasing opportunities, including welcoming community partners who specialize in educating those with fixed incomes how they can work without losing essential benefits to better compete in the very tight housing market in Spokane County.

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 will continue to adjust expectations and provide opportunities for increasing income and housing stability through our community partnerships.

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.*

Additional affordable housing not located in the downtown core with effective wrap around services that promote more independent housing options.

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:
CS TH The Way Out Center	HHOS PY 2025-2026	Q2	02/09/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
7b.1	70%	40.7	29.3
4.6	35%	14.04	20.96
2b	10%	27.27	17.27

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.

TWOC did not meet the matrix in part because the measures assume income growth and housing mobility that are unrealistic for individuals living on fixed or extremely limited incomes. The local housing market offers very few affordable units that match the needs of this population, creating barriers that are outside of our control. These structural limitations make progress appear lower than expected, even though the challenges stem from external economic conditions rather than program performance.

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 continue to offer opportunities for increasing opportunities, including welcoming community partners who specialize in educating those with fixed incomes how they can work without losing essential benefits to better compete in the very tight housing market in Spokane County.

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 will continue to adjust expectations and provide opportunities for increasing income and housing stability through our community partnerships.

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.*

Additional affordable housing not located in the downtown core with effective wrap around services that promote more independent housing options.

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—TH—Alexandria’s House	Transitional Housing	7/1/2025 – 12/31/2025	2/11/2025

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	Min 70%	33.33%	36.66%
Employment and Income Growth	Min 35%	100%	+65%
Returns to Homelessness	Max 10%	N/A	N/A

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 a recent uptick in clients at Alex’s House over the last 2 months. Some of these clients come to Alex’s House being close to aging out of the program. We do have a full house currently and should see this improve next quarter. We are also in the process of moving the clients temporarily for a renovation. In the meantime we will still provide all the same resources.

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 implementing a new intake process to better address all the participants needs at the time of intake. This way we can ensure proper follow-up is being done as soon as possible

Timeline for Improvement

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

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

This data should be in compliance following the next QPR. These data should show an increase into the Aston Bleck 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.*

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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:
VOA—ES—Crosswalk Youth Shelter	Emergency Shelter	7/1/2025 – 12/31/2025	2/11/2025

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	Min 55%	3.9%	51.1%
Employment and Income Growth	Min 40%	100%	+60%
Returns to Homelessness	Max 20%	35.29%	15.29%

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.

Returns to Homelessness

Many of our returns to homelessness are due to clients exiting the shelter without informing staff of their plans or destination. In most cases, clients leave unexpectedly and do not return, making it difficult to track their housing status or provide continued support.

Exits to Permanent Housing

We have identified clients who are still enrolled in the program who should not be. We have a new member of the team focusing on data clean up for Crosswalk. This should improve in the next quarter.

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 our exits to permanent housing, we have begun implementing new strategies to improve care delivery for individuals currently enrolled in emergency shelter. A dedicated supervisor will now support case managers and staff in maintaining consistent communication and accurate information sharing with participants—including tracking destination information to the extent possible before clients leave, especially in cases of abrupt or unplanned exits. We have also introduced a case management tracking sheet to monitor each client's individual needs, goals, and progress, ensuring a more tailored and accountable approach. Additionally, we will/ have been holding case conferencing meetings within our housing program teams and shelter case managers within VOA to coordinate next steps and support clients in successfully transitioning to permanent housing and or reconciling with their families permanently

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 anticipate seeing measurable improvement in exits to permanent housing within the next 60 to 90 days. During this period, we will focus on strengthening case management practices, enhancing communication protocols with our young people and making sure if they do not abruptly exit without knowing where they are exiting to that we have a way to contact them. Progress will be tracked through our weekly case management meetings.

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: VOA PSH Scattered Sites	Service Type: PSH	Reporting Period: 7/1/2025 to 12/31/2025	Date Submitted: 2/4/2026
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Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Average Rate of Utilization (Bed)	85%	81%	4%
Average Rate of Utilization (Unit)	85%	79%	6%
Employment and Income Growth for Leavers	45%	0%	45%

Explanation of the Variance

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

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

Average Rate of Utilization (Beds and Units)

The Average Rate of Utilization for both beds and units fell slightly below the Performance Standards by 4% and 6%, respectively. This underperformance is primarily attributable to reconstruction and extended unit downtime at the original Hope House site located at 111 W. 3rd Ave in Spokane.

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

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

Employment and Income Growth for Leavers

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

the program. Of the four leavers, three were exited due to eviction related to lease noncompliance, which limited the opportunity for planned transitions or employment and income advancement. The remaining participant exited through a mutual termination agreement but did not complete an exit interview; therefore, employment and income outcomes could not be determined.

Steps Taken to Improve Performance

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

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

Utilization Rate – Beds and Units

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

Employment and Income Growth for Leavers

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

Timeline for Improvement

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

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

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

Timeline:

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

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

Additional Support or Resources Needed

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

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

N/A

Homeless Service Provider Narrative Response Worksheet

Instructions

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Project Information

Project Name:	Service Type:	Reporting Period:	Date Submitted:
VOA—ES—Young Adult Shelter	Emergency Shelter	7/1/2025 – 12/31/2025	2/11/25

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 Permanent Housing	Min 40%	11.82%	28.18%
Employment and Income Growth	Min 35%	100%	+65%
Returns to Homelessness	Max 20%	70%	50%

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.

Returns to Homelessness

Clients leave the shelter without informing staff of their plans or destination. In many instances, these exits are abrupt and unplanned, and clients do not return, making it difficult to accurately track their current 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.

To strengthen our exits to permanent housing, we have begun implementing new strategies to improve care delivery for individuals currently enrolled in emergency shelter. A dedicated supervisor will now support case managers and staff in maintaining consistent communication and accurate information sharing with participants, including tracking destination information to the extent possible before clients leave, especially in cases of abrupt or unplanned exits.

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 anticipate seeing measurable improvement in exits to permanent housing within the next 60 to 90 days. During this period, we will focus on strengthening case management practices, enhancing communication protocols, and deepening collaboration with housing partners. Progress will be tracked through our weekly clinical meetings that track clients goals as they relate to their care plan and monthly data

audits to ensure accountability and identify trends or barriers early.

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	Continuous Stay Emergency SHetler	Q2 7/1/25-12/31/25	2/6/2026

Metric(s) Not Meeting Minimum Performance Standards

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

Metric	Performance Standard	Current Performance	Variance from Standard
Returns to Homelessness	20%	33%	13%
Employment and Income Growth	40%	14%	26%

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 6 months, our program saw 2 households return to homelessness after permanent housing. Additional structural and systemic barriers influencing this outcome includes:

- ☑ 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 does not 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 Q2 rate of 13% 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

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.

☑ **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: To address the performance gap in income growth at exit, our program has implemented several strategies to better support survivor economic stabilization while recognizing the crisis-driven and short-term nature of DV shelter stays:

- **Improved income data tracking:** We have strengthened documentation practices to ensure income sources (including benefits, child support, and employment) are accurately updated throughout shelter stay and at exit.
- **Earlier connection to benefits and financial resources:** Advocates support survivors in accessing immediate income-related resources such as TANF, SNAP, Crime Victims Compensation, and Social Security benefits when eligible.
- **Enhanced referrals to employment and workforce partners:** Survivors who are safe and interested are connected to community-based employment and training programs for longer-term economic stability.
- **Exit planning with an economic lens:** In addition to housing-focused planning, staff incorporate financial stabilization goals into exit planning, particularly for survivors transitioning into longer-term housing or supportive programs.

These efforts reflect our commitment to strengthening survivor economic outcomes while prioritizing safety and stabilization during short-term shelter and hotel placements.

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:

- **Immediately and ongoing:** All households exiting to permanent housing will continue to receive individualized exit safety planning, with attention to ongoing risk factors such as stalking, active protection orders, or known perpetrator threats.
- **Ongoing (0–6 months post-exit):** Survivors are offered voluntary enrollment in aftercare services for up to six months following exit, including safety planning, advocacy, and systems navigation to support long-term housing stability.

- **Continuous review:** Any instances of return to homelessness will be reviewed on an ongoing basis to identify safety-related or systemic barriers and strengthen follow-up support where possible.

These actions reflect our commitment to survivor safety and housing stability, while recognizing that returns to homelessness in DV contexts are often driven by external safety threats and structural housing gaps beyond program control.

Metric 2: Given the short-term, crisis-oriented nature of emergency shelter and hotel placements, our improvement efforts focus on strengthening income-related assessment, benefits connection, and documentation practices rather than expecting significant income growth within brief stays.

- **Immediately and ongoing:** Continue improved income data collection at entry and exit, ensuring all income sources and benefits are accurately documented.
- **Over the next quarter:** Reinforce advocate workflows for early benefits screening and referrals (TANF, SNAP, SSI, Crime Victims Compensation) so survivors are connected to financial resources as quickly as safety allows.
- **Ongoing:** Monitor income outcome reporting for accuracy and identify opportunities to strengthen connections to longer-term economic support through partner programs and aftercare.

These steps reflect realistic, DV-informed improvements while recognizing that meaningful income increases often occur after survivors exit crisis shelter into longer-term stabilization settings.

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.*

Additional system-level supports would strengthen survivor housing stability, including expanded access to DV-informed supportive housing and post-exit financial assistance. We also continue to recommend a City-facilitated DV-specific workgroup that centers victim service provider expertise to ensure performance measures and housing strategies reflect the safety-driven realities survivors face after exiting to permanent housing.