Spokane City/County Continuum of Care

5-Year Strategic Plan
to Prevent and End Homelessness

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2025-2030

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1. Acronyms

ACI	Anchor Community Initiative
AHAR	Annual Homeless Assessment Report
APP	Annual Performance Plan
APR	Annual Performance Report
ARPA	American Rescue Plan Act
BNL	By-Name List
CA	Collaborative Applicant
CAP	Corrective Action Plan
CDBG	Community Development Block Grant Program (CPD Program)
CE	Coordinated Entry
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
CHHS	Community, Housing, and Human Services (a City of Spokane Department)
CoC	Continuum of Care approach to assistance to the homeless
Cognizant Agency	The Federal agency responsible for negotiating with a grant recipient on behalf of all federal agencies the recipient receives funds from
Collaborative Applicant	The party responsible for applying on behalf of the region for CoC funds
Continuum of Care	Federal program stressing permanent solutions to homelessness
Con Plan	Consolidated Plan; a locally developed plan for housing assistance and urban development under the Community Development Block Grant and other CPD programs
CPD	Community Planning & Development
DCYF	Division of Children, Youth, and Families
Discretionary Grants	Federal agency can exercise judgment in selecting the recipient through a competitive grant process
EPLS	Excluded Parties List System
ES	Emergency Shelter
ESG	Emergency Shelter Grants (CPD Program)
Fair Housing Act	1968 act (amended in 1974 and 1988) providing HUD Secretary with fair housing enforcement and investigation responsibilities
Federal Fiscal Year	Begins on October 1 and ends on September 30 of the next calendar year
Federal Register	The official journal of the Federal Government.
FMR	Fair Market Rate (maximum rent for Section 8 rental assistance)

Formula Grants	A formula grant is a type of mandatory grant that is awarded based on statistical criteria for specific types of work. The authorizing legislation and regulations define these statistical criteria and the amount of funds to be distributed. So, the term "formula" refers to the way the grant funding is allocated to recipients.
FUP	Family Unification Program
Grantee	
HCDAC	Housing and Community Development Advisory Board for Spokane County CSHCD
HEARTH Act	Homeless Emergency and Rapid Transition to Housing Act
HHAA	Homeless Housing Assistance Act
HIC	Housing Inventory Chart
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HOPWA	Housing for People Living with HIV/AIDs
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	HUD-Veterans Affairs Supportive Housing program
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual, More (sexualities, sexes, and genders)
Mandatory Grants	Grants a federal agency is required to award if the recipient meets the qualifying conditions
McKinney-Vento Act	Federal Legislation providing a range of services to homeless people
MOU	Memorandum of Understanding
NAEH	National Alliance to End Homelessness
NOFA	Notice of Funding Availability
OMB	Office of Management & Budget
PATH	Prevention Assistance and Temporary Housing (Homeless program)
P&Ps	Policies and Procedures
PH	Permanent Housing
PSH	Permanent Supportive Housing
Recipient	Direct recipient of funds from Federal Agency
RFP	Request for Proposal
RRH	Rapid Re-housing
S+C	Shelter Plus Care
SHP	Supportive Housing Program
SOAR	SSI/SSDI Outreach, Access, and Recovery
SRC	Spokane Resource Center: A HUD EnVision Center
SRO	Single Room Occupancy Program
Sub-Grantee	An agency who receives pass-through funding to operate a project
Sub-Recipient	Indirect recipient of Federal Funds through a pass-through agency (Recipient)
TBRA	Tenant-Based Rental Assistance
TH	Transitional Housing
UFA	Unified Funding Agency
USC	United States Code
YAB	Youth Advisory Board
YHDP	Youth Homeless Demonstration Grant

YHSI	Youth Homelessness System Improvement
YouthBuild	HUD program to promote apprenticeships for needy youth in building trades
YYA	Youth (17 and under) and Young Adults (18 to 24-years)

2. Introduction

2.1. *Alignment with the Continuum of Care Mission*

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

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

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

2.2.1. Governance

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

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

There are also six standing committees (Executive,, HMIS, and RFP, Coordinated Entry, and Diversion, Equity) and four population-specific sub-committees (Youth, Families, Single Adults, and Veterans). These committees and sub-committees consist of front-line staff, people with lived homeless experience, and experts that advise the CoC Board and help to guide the homeless crisis response system.

In 2019, the Spokane City/County Continuum of Care was awarded Unified Funding Agency (UFA) designation. This is a prestigious designation, and is awarded because of the Collaborative Applicant's expertise in financial management, monitoring and evaluation, governance, and strategic leadership. UFA communities have increased control over certain federal funding streams, leading to better ability to manage projects locally and allocate funds to meet changing needs.

2.2.2. Regional Integration

The CoC is a regional body, consisting of twelve cities and towns, along with unincorporated areas throughout Spokane County. As such, our CoC continues to strive for regional solutions that meet the specific needs of those experiencing homelessness in each of those parts of the county, including both urban and rural environments. This includes local governments coming together to address the varying needs of both rural and urban communities and their response to

homelessness. It is critical that strategies address gaps and opportunities throughout the region. This has included representation from the City of Spokane, the City of Spokane Valley, and Spokane County on the CoC Board, as well as partnering on surveys/data collection and analysis to ensure the geographic diversity of the region is considered in program design and to streamline access to services for people most in need.In 2023, efforts to develop a Regional Homeless Collaborative were initiated to increase collaboration, and strategic coordination of regional resources. This effort has built deeper collaboration with the homeless and housing funding coordination between the City of Spokane, Spokane County and the city of Spokane Valley.

2.2.3. Partnership and Community Engagement

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

The CoC Board has focused on engaging the business community in discussions and planning for a variety of strategies to address a multitude of community needs (e.g. partnerships between business and service agencies, mentorship, training for staff on homelessness, and employment/skills training for clients), creating a position on the CoC Board to be held by a business representative to ensure that lens is considered in all conversations, and continuing to provide training and education on the homeless community to all business that request it. Further with the opioid epidemic and its intersection with homelessness, continued work with emergency services, healthcare systems, will need to be further strengthened and deeper coordination between the homeless systems and healthcare systems.

2.2.4. Service Delivery

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

The system has also invested significantly in training opportunities for all of the service providers within the homeless crisis response system. For example, in 2019, the system invested in training approximately 50 service providers in Diversion strategies, with half being trained as trainers, to move our system towards Diversion First, a national best practice in helping people self-resolve their

homelessness. Since then, community-wide training continues to get as many trained in Diversion, as more partners strive to adopt and integrate these strategies into their service delivery model.

In June of 2018, the Spokane Resource Center was designated a U.S. Department of Housing and Urban Development (HUD) EnVision Center site – one of only 17 in the country. This came on the heels of a year's worth of planning and design for an integrated social services site that would offer wrap-around services to people at risk of becoming homeless and that could offer prevention resources. With the recognition that single adult homelessness is the fastest growing homeless population nationally and that people are becoming homeless for the first time in greater numbers than in previous years, having a site dedicated to addressing these needs is increasingly critical.

2.2.5. Funding and Resources

Secure Sustainable Funding: Identify and secure diverse funding streams, including federal, state, local, and private sources, to support long-term initiatives.
Leverage Public-Private Partnerships: Encourage collaboration between public entities and private sector partners to maximize resource availability and impact.

2.2.6. Encampments

In 2022-2023, Spokane had the largest encampment in Washington State. Over 600 people camped on Washington Department of Transportation (WSDOT) land, locally this became known as Camp Hope. This created significant safety and public health challenges for the neighborhood The camp was decommissioned using significant funding from the State Department of Commerce. While there were significant challenges at Camp Hope, services brought to the encampment assisted in hundreds of homeless individuals attaining their state IDs, enrollment in Health Care, phones, food benefits, and medical care on site. Additionally, the investment of Department of Commerce funds created several new projects including an 80-unit supportive emergency shelter program, a 16 bed sobering center and scattered transitional houses.

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

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

2.2.7. Affordable Housing

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

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

A Landlord Liaison Committee was developed to address the needs of clients and to work with landlords to rent to those being served through homeless program dollars. This Committee, which has representatives from the Spokane Housing Authority and local homeless housing providers, has organized public trainings, held meetings, supported clients through landlord negotiations, and supported housing search. This Committee has been effective and continues to improve its strategies to engage landlords in ways that lead to people getting successfully housed.

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

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

2.2.8. Aging Population

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

2.2.9. Data-Driven Solutions

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

The City of Spokane has moved towards performance-based funding in its most recent five-year funding cycle for state and local funds. As part of this, the City of Spokane released a Performance Management Plan that was approved by the CoC Board. The Performance Management Plan sets both minimum performance standards, as well as performance targets for all homeless service projects[1]. As outlined in the plan, quarterly performance reports will be shared with the CoC Board and will be posted on the City of Spokane's website. Funding decisions will be made, in part, based on performance achieved by projects on an annual basis, ensuring that the community is investing in interventions that are meeting or exceeding outcomes for our system.

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[1] See Attachment 3.

2.3.   Objectives of the 5-Year Strategic Plan

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

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

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

3.1.   Introduction

Since its inception, the Spokane City/County Continuum of Care (CoC) has made major system-wide changes to better address homelessness. One of the achievements was developing a Coordinated Entry (CE) system with separate and distinct components designed to each better serve homeless families, youth and single individuals.

Spokane was an early adopter of the CE system. Implemented in 2012, CE utilizes Homeless Management Information System (HMIS) to identify individuals living in homelessness by linking them to the resources necessary to support movement to permanent housing. The CE system gained national recognition by the National Alliance to End Homelessness (NAEH) for utilizing Housing First principles, expanding access to satellite sites, and comprehensively assessing and prioritizing families by vulnerability and severity of needs.

In Spokane County, CE began with one coordinated access point that included referrals for single adults (including chronically homeless and veterans), households with minor children, and youth. There are significant racial disparities among the homeless population in our community that must be addressed. Acknowledging that racial and ethnic disparities persist and result in disproportionate impacts for people of color, immigrant and the refugee communities a number of social determinants of well-being is a foundational component of working towards racial equity in our community.

After three years of assessment and revision to ensure effectiveness, the CoC began replicating this best practice model to establish a CE system for households with children ("families"). This meant two coordinated access points were operational: one for single adults and one for families. Each CE system component offers intake, assessment, referrals, housing placement and diversion, and supportive services all under one roof. Satellite sites throughout the county create a "no wrong door" approach to this centralized and integrated one-stop crisis response system that expedites linkage to housing and supports.

In 2016, the CE system adopted an innovative homeless diversion program, enabling the CoC to divert, streamline, and improve assessment processes. This system has resulted in shorter waiting lists, elimination of barriers to housing placement, and maximized use of resources.

In 2023, a new Youth centered YYA (Youth and Young Adult) entry system was added to CE. The YYA CE is administered by VOA, a youth and young adult provider. Young adults may continue to enter through either the singles or families system, depending on family status and age, both of which have adopted changes to better serve youth. These changes include but are not limited to: youth-specific walk-in hours to create safer, more

welcoming environments and the introduction of satellite sites for youth to be assessed in locations they already frequent (e.g. unaccompanied youth shelter and drop-in centers).

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

Many Continuums of Care around the country are just beginning to implement their first Coordinated Entry system, as having one implemented in a homeless service system only became a requirement from HUD in January 2018[2]. However, because CE has been a well-established system within our community for the past six years, our CoC was in the unique position to be able to evaluate and improve our system based off feedback and performance measures taken from within our own community, rather than broader theoretical data, and has been working tirelessly to do so since.

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

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

Due to the success of the Veteran Master List, the Anchor Community Initiative (ACI) Core Team has been partnering with the City of Spokane's Community, Housing, and Human Services (CHHS) Department and the Spokane Youth Advisory Board (YAB) to help with the development of a Youth By-Name List since March 2019. The Core Team, which is made up of individuals who represent various homeless youth providers, as well as representatives from the public school system, juvenile justice, coordinated entry and behavioral health treatment, are building the Youth By-Name List in accordance with the best practice Community Solution's Built

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[2] https://homesnow.org/wp-content/uploads/2022/05/Final-CE-Guidelines-10-21.pdf

to Zero framework . The hope is that this project will be completed by the end of 2019 and continue to help make the youth homeless service system in Spokane more effective and efficient.

3.2. *Measures of Success and Performance*

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

3.3. *Strategies*

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

3.4. *Current Condition*

3.4.1. Outreach Efforts

The Performance Management Plan[3], which was designed in line with expectations from HUD and the Department of Commerce and approved by the CoC Board, set out minimum performance standards and system performance targets for street outreach projects. When released, the goal set by the CoC Board was that the minimum performance standards, the applicable one here being that 65% successful exits from street outreach projects, would be met by projects within two years. Additionally, projects are expected to meet system performance targets, or 80% successful exits from street outreach projects, within five years or by 2025. While the Performance Management Plan is newly established, Spokane's homeless crisis response system is well on its way to achieving these goals with 68.2% successful exits from street outreach projects well before that two year goal.

In 2018, the City of Spokane was able to leverage funding in order to increase outreach efforts in Spokane County through a partnership with Spokane Neighborhood Action Partners (SNAP) and Frontier Behavioral Health (FBH). With this funding, street outreach amplified from two part-time employees to four full-time dedicated outreach staff who focus on the adult population. Homeless Outreach teams help individuals living in homelessness access services to meet their basic survival needs and works with community partners to promote transition to permanent housing. The Outreach staff meet individuals where they are at by going to populated areas and building rapport by offering a kind smile, supplies (such as socks or personal hygiene products),

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[3] See Attachment 3.

and snacks until individuals are ready and able to seek safer shelter. The goal is to identify and engage unsheltered households who are not connected with existing services and connect them to appropriate housing resources, supporting them until an appropriate hand off of services are available.

Through the Anchor Community Initiative (ACI), the City of Spokane, in conjunction with Volunteers of America of Eastern Washington and Northern Idaho (VOA), has been able to fund a new outreach program so there are two new housing navigators who will be working with unaccompanied students experiencing homelessness in concert with the McKinney Vento Liaisons in the six school districts in the county most dramatically impacted my unaccompanied youth homelessness. "Housing Navigators" walk alongside youth throughout their path to stable housing by offering coordinated entry assessment; diversion; assistance in locating and applying for identification and other documentation needed for housing placement; transportation or accompaniment to potential housing options and necessary appointments; and case management to maintain engagement, support independence, and connect to needed services such as legal assistance, employment, education, non-cash benefits, mental health, and chemical dependency services.

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

In addition to increasing outreach funding in recent years, the Spokane City/County CoC has reinvigorated the Outreach Huddle, which seeks to join the area outreach workers, agency staff, local behavioral health staff, and the criminal justice system to unitedly case conference chronically homeless and/or other high barrier clients. Case conferencing is a nationally recognized best practice model that our community has sought to implement across populations. These meetings occur every two weeks and are a chance for staff to discuss more challenging cases in order to create a care plan where the different service providers are able to take a unified front and address individual needs in a holistic and targeted way. An array of

representatives service providers ranging from the medical and behavioral health community, to law enforcement and fire personnel, and community court legal staff converse directly with the outreach workers in order to create a unified front and address individual needs in a holistic and targeted way.

3.4.2. Community Court

Started in 2013, Community Court is a therapeutic court stemming outside the Spokane Municipal Court which seeks to reduce and effectively address quality of life offenses in the downtown corridor, such as: Trespass and Sit and Lie charges. The foundation of Community Court is a collaboration of court and social service professionals, dedicated to helping participants reach practical and targeted solutions. Rather than emphasizing punishment, problem-solving courts focus on participant accountability through graduated sanctions and incentives in order to encourage positive changes.[4] Community Court is an "at will" justice alternative that coordinates the resolution of criminal cases with employment and other life skills education, as well as any mental health or addiction treatment plan deemed necessary by social service and restorative justice providers. While an individual is participating in the Court, Homeless Outreach teams build rapport with participants to assist them staying engaged in the process by attending their appointments and court dates. If at any time a participant no longer wishes to opt-in to their court ordered plan, then they may terminate their relationship with the court and return their case to the Municipal Court dockets.

Community Court offers an array of social service, including: behavioral health services, case management, housing assistance, education and job training, access to healthcare, assistance with insurance, as well as social security and disability assistance applications, identifying documentation retrieval, crime victim advocacy, and more. Criminal charges are not required to access these services.

Six years after its inception, Community Court data released by researchers from Washington State University found that participants in the program had lower recidivism rates than equivalent individuals in Spokane Municipal Court who did not go through it.[5] Only 20 percent of the Community Court participants were charged with another offense within six months of completing the program, compared to 32 percent of the comparison samples. Similarly, within 12 months of completing the program, 30 percent of Community Court participants accumulated another charge, compared to 46 percent of the other sample groups.

The report also noted that on-site services were utilized by both Community Court participants and walk-in clients at very high rates. Roughly 90 percent of participants received a housing referral, while 41 percent of walk-in clients accessed services from the state Department of Social and Health Services and 50 percent pursued employment services.[6]

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[4] Hamilton, Zachary K., Ph.D., Mia A. Holbrook, Ph.D., Alex Kigerl, Ph.D. "City of Spokane Municipal Community Court: Process and Outcome Evaluation" Washington State Institute for Criminal Justice. August 2019.

[5] Hamilton, Zachary K., Ph.D., Mia A. Holbrook, Ph.D., Alex Kigerl, Ph.D. "City of Spokane Municipal Community Court: Process and Outcome Evaluation" Washington State Institute for Criminal Justice. August 2019.

[6] Hamilton, Zachary K., Ph.D., Mia A. Holbrook, Ph.D., Alex Kigerl, Ph.D. "City of Spokane Municipal Community Court: Process and Outcome Evaluation" Washington State Institute for Criminal Justice. August 2019.

3.4.3. Coordinated Entry Improvements

Our previous 5 year plan called for the creation of universal CE Policies and Procedures. In 2022 we were able to implement these with the inclusion of the CoC recommended CE Core Elements. Additionally, one of priorities that was previously identified was the development of a coordinated entry system that specifically meets the needs of the youth and young adult homeless population. In 2024, the CoC created the YYA CE, a youth-specific coordinated entry system. Through the YHDP funding VOA was selected to administer the YYA CE. Additional strategies include creating Housing Navigator positions for youth and young adults that aid individuals in applying for and obtaining permanent housing; the utilization of best practice theories for youth case management (i.e. critical transition coaching); and the employment of diversion strategies that are tailored to the needs of the demographic age group. In 2024, a new CE assessment and prioritization tool was created and implemented by the lead CE agencies in the Community. This tool was fully implemented after stakeholder review and a pilot period in July 2024.

3.4.4. Emergency Services

Spokane County offers numerous emergency hotlines. Eastern Washington 211 is a broad 24-hour a day, free and confidential service via an easy access phone number where individuals can call to receive information about health and human services by a trained Referral Specialist.[7] 211 can provide information about food subsidy applications, homeless housing pre-screenings, health and wellness support, utility/energy assistance, veteran services, legal resources, disaster and crisis support, transportation, free tax preparation, and veterinarian services. However, if an individual has a distinct issue that they are needing help with, then other specialized hotlines for assistance. The YWCA offers a 24-hour domestic violence helpline where an advocate located at their safe shelter is prepared to help to discuss options, safety plans, and other community resources.[8] Lutheran Community Services offers a 24-hour crisis line for survivors of sexual assault to seek out information about their options in terms of medical care, healing and legal services. Additionally, Frontier Behavioral Health offers a mental health or substance use disorder hotline called the 24 Hour Regional Crisis Line, which gives assessments to those in crisis whose health and/or safety are in crisis.

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

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

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

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

3.4.5. Prevention

In 2019, the Spokane Resource Center: a HUD EnVision Center, opened its doors as a way to help with people's housing, cultural, financial, legal, pre-employment, health resources, as well as basic needs before they become homeless as a form of diversion. Over 15 area providers work in a one-stop model to provide a wide range of necessary resources to keep those already in housing housed by providing them with desired and needed wrap around services. Programs serving at-risk populations, including recently incarcerated individuals and Supplemental Nutrition Assistance Program recipients, are designed to identify and mitigate barriers and connect individuals to employment and training services in order to stabilize their income and result in long term self-sufficiency.

In 2023 both the City of Spokane and Spokane County awarded funds from the Department of Commerce for Homeless Prevention. These funds were realized in Eviction Prevention projects being operated by several community providers including several by and for organizations. These projects include case management with financial subsidy to help stabilize households who have fallen into arrears.

3.4.6. Diversion

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

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

3.5. *Actions to Meet the Objectives*

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

Action	Activity	Responsible Party	Timeline
3.5.1 Develop and maintain "By-Name-Lists" BNL for sub-populations: 1. chronic singles 2. veterans 3. youth to achieve functional zero.	● Distribute the Veteran BNL out to VA Providers- Monthly ● Refine Veteran criteria in CMIS/confirmation.	Sub-Committees & CHHS HMIS Team	2024-BNL 2027- Project Plan
3.5.1b Develop a project plan for BNL in the HMIS by subpopulation	● Review the built for zero/functional zero model ● Create BNL reports in HMIS ● Analyze Data from reports quarterly. ● Develop Intervention Strategies base on the analyzed reports	Sub-Committees & CHHS HMIS Team	2027
3.5.2 Ensure equity in outcomes	● Evaluate initial data using Commerce's Racial Equity Tool ● Establish reports for subcommittees and projects to analyze disparities for all racial groups. ● Review the report quarterly ● Quarterly assessment of the SALA tool.	Sub-Committees, Collaborative Applicant, CoC Board	2027
3.5.2b Enhance language access	● Translate annual community surveys in Spanish, Russian, and Marshallese. ● Conduct annual community surveys.	Sub-Committees, Collaborative Applicant	2027
3.5.3 Increase the number of BIPOC, Immigrant/Refugee, 2S-LGBTQ+, Disability, Medical, and Justice Involved Organizations in the CoC and CE	● Sub-Committees establish an organizational outreach plan for: o BIPOC o Immigrant/Refugee o 2S-LGBTQ+ o Disability o Medical o Justice Involved ● Report on the progress of the plan at meetings. ● Strengthen Medical/Healthcare linkages	Sub-Committees, CoC Board, Collaborative Applicant	Ongoing

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

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

4.1. Introduction

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

Coordinated entry assessments are used in order to prioritize the most vulnerable homeless households and connect them to the appropriate level of housing and support. As the homeless service system of Spokane continues to develop and strengthen, system changes are focused on what works best for homeless households and rapid exits to permanent housing solutions. On-going evaluation processes include: collecting feedback from households experiencing homelessness that are seeking assistance through the coordinated assessment systems, as well as, collaboration between City staff and homeless service providers to discuss system improvements. Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.

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

Along with the reorganization of prioritization measures, the CoC continues to review the Housing Inventory Count (HIC)[9] to ensure that the system has an adequate housing inventory to meet the needs of our community's most vulnerable.

4.2. Measures of Success and Performance

1. Compliance with state and federal Coordinated Entry requirements for all projects receiving federal, state and local homeless funds.
2. and the Office of Homeless Youth's "Five recommendations for making Coordinated Entry work for youth and young adults."[10]
3. Successful implementation of prioritization policies for all projects receiving federal, state and local homeless funds, resulting in prioritized people consistently being housed in a timely manner.
4. Prioritize unsheltered homeless households and increase percent served of unsheltered homeless households by 5% or maintain compliance level.[11]
5. Average length of stay in night-by-night emergency shelter (target 30 days) and exit to permanent housing from night-by-night shelter (target 50%).[12]

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[9] See Attachment One

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

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

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

4.3. Strategies

1. Improve Case Conferencing mechanisms in order to effectively meet the need of our most vulnerable.
2. Have CoC Sub-Committees reevaluate vulnerability priority factors by subpopulation and continuously re-evaluate for use by Coordinated Entry System.

4.4. Current Conditions

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

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

4.5. Actions to Meet the Objectives

Action		Activity	Responsible Party	Timeline
4.5.1.	Maintain and update universal CE policies and procedures (P&Ps)	▪ Evaluate current P&Ps by CE system annually and update as neededResearch barriers and interventions as well as culturally specific interventions. ▪ I	CE Providers, CoC Board	2028
4.5.2.	Annual Coordinated Entry Symposium	▪ Create a short term work group to handle symposium ▪ Plan and host an education opportunity for agencies to share their programs ▪ Requirement to continue as a satellite site for CE	CE Providers	2025 & annually
4.5.3.	Annual Review of P&P for sub populations	▪ Sub-Committees evaluate vulnerabilities to be prioritized by population based off community needs ▪ CE work group to review and offer recommendations for any updates ▪	Sub-Committees, CoC Board, Collaborative Applicant	Ongoing

4.5.4. Match the best intervention with the need	▪ Review quarterly SALA referrals and project outcomes ▪ Map the system for gaps and needs ▪ Create a intervention plan for each sub-population	Sub-Committees, & Collaborative Applicant	

5. Objective Three: Effective and efficient homeless crisis response housing and services that swiftly moves people into stable permanent housing

5.1. Introduction

Spokane's homeless service response system highlights the importance of not only housing individuals in a permanent solution, but enabling them to remain in housing even after services terminate. In order to meet the growing needs of our community, it is vital to continue to increase access to stable and affordable housing by expanding the supply of affordable rental units, utilizing housing subsidies, increasing service-enriched permanent housing for individuals with high barriers, and clearing a pathway from housing programs to affordable independent housing.

Within the larger system of housing services, it is vital that housing programs within the community continue to be enabled to connect participants to existing and developing resources, which make their experience more than just a place to stay, rather truly giving participants the skills and resources to assist them in staying housed. The goal is to engage our participants into the greater community in order to create and identify opportunities for personal growth and development; obtaining experiences which will allow them to utilize a different set of skills leading to a greater chance for self-sufficiency and independent living.

As a community, we must strategize, design, and implement an overarching best-practice move-on strategy to be adapted universally across our CoC and system. "Moving-On" is not just a strategy but a system framework that recognizes that Permanent Supportive Housing (PSH) is not necessarily the end point for people currently residing in housing programs. A Moving-On strategy is used for clients in PSH who may no longer need or want the intensive services offered to them while in the program, but continue to need assistance to maintain their housing. HUD recognizes that helping these households move-on to an environment where there is not on-site access to at-will intensive services is an important strategy that can be beneficial to the participants and communities working to end homelessness because it not only enables participants to be in a less facility-like environment, but it is also a cost-effective strategy for communities. Additionally, this strategy then sets free a PSH bed for another vulnerable individual in the community to use who may wish to use and need the intensive services more than the previous participant. Aligning high-service oriented housing programs with mainstream, less service-intensive housing assistance programs provides more options for households experiencing homelessness, and creates flow in a community's homeless response system.

Moving-On should support choice; therefore, in line with this development, there needs to be a process for collaboratively identifying with a client when they are ready to move-on independently.

5.2.   *Measures of Success and Performance*

1. Increase percentage of exits to permanent housing to the level of the top performing 20 percent of homeless crisis response systems nationwide (59% or greater).[13] [14]
2. Reduce returns to homelessness after exit to permanent housing to less than 10 percent within 2 years.[15]
3. Reduce average length of time homeless to those served to less than 90 days.[16]

5.3.   *Strategies*

1. Maximize resources to house people, especially where funds exist for targeted subpopulations (e.g. various funds such as VASH, HOPWA, SSVF, local grants, Office of Homeless Youth, local organizations).
2. Improve data quality to minimize error responses to housing destination that impact "exits to permanent housing" and improves confidence in the data measuring this outcome.
3. Coordinated Entry collaborates with all shelters to ensure program participants are referred to coordinated entry and have access to the housing system at large.
4. Ensure that Diversion-First strategies are implemented at all access points to the homeless crisis response system to ensure that people are able to enter and move through to stable permanent housing.

5.4.   *Current Condition*

In addition to the Department of Commerce's performance measures that are listed under the "Measures of Success and Performance" in Section 5.2, in 2019 the CoC adopted a performance management plan[17] that evaluated baseline data, created minimum performance standards and system performance targets for five years of funding, as well as were designed to help achieve the objectives of the Five Year Plan. Currently, 47% of total participants exit to permanent housing options, 19% of participants return to homelessness after exit to permanent housing within two years, and the average length of total time homeless is 157 days.[18] While there is still ample progress to be made in order to achieve the benchmarks created in through these two avenues, Spokane is taking strides in the correct direction in order to achieve these goals.

Over the last 24 months, Spokane City and County Homeless Services has financed approximated $22 million into housing and supportive services through federal, state and local grants and dollars. As of the 2019 Housing Inventory Count, Spokane County was home to 16 emergency shelter projects, 17 TH projects, 22 RRH projects, 6 OPH projects, and 14 PSH projects[19].

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[13] As defined by HUD System Performance Measure 7, Metric 7b.1. Includes people who exited emergency shelter, transitional housing, rapid rehousing, or other permanent housing type projects to permanent housing destinations, such as PSH and RRH.

[14] Length of time in shelters: For under 18-year-old homeless youth, there are very few options for permanent housing if a young person cannot go home. Per HUD, foster care is not considered permanent. This is an issue that is being discussed at the state level, especially for the older youth (16 and 17-year-olds), who cannot go home or into foster care.

[15] As defined by HUD System Performance Measure 2, Metric 2b.

[16] As defined by HUD System Performance Measure 1, Metric 1a. Includes people in Emergency shelter, Safe Haven and Transitional Housing. Data comes from looking strictly at enters and exits entered into HMIS.

[17] See Attachment 3

[18] https://public.tableau.com/profile/comhau#!/vizhome/WashingtonStateHomelessSystemPerformanceCountyReportCardsSFY2018/ReportCard

[19] https://static.spokanecity.org/documents/chhs/hmis/reports/2018-spokane-coc-housing-inventory-count.pdf.

5.4.1. CoC Funding and RFP Committee

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

5.5. Actions to Meet the Objectives

Action	Activity	Responsible Party	Timeline
5.5.1. Create a system-wide move-on strategy	▪ Assess system readiness for move-on strategy ▪ Convene PSH providers already utilizing an agency-specific move-on strategy ▪ Receive agency feedback on system-wide strategies ▪ Solicit CoC Board approval	Collaborative Applicant, Sub-Committees, CoC Board	2026 & Ongoing
5.5.2. Implement system-wide move-on strategy	▪ System-wide move-on strategy training ▪ Agency training ▪ Develop move-on strategy guidance ▪ Develop mechanism to measure effectiveness of the move-on strategy ▪ CoC Board approval of policies	Collaborative Applicant, Sub-Committees, CoC Board	2026 & ongoing
5.5.3. Achieve high-performing community performance set out in the Performance Management Plan[20] for all project types	▪ Require and monitor agency training logs for employees (e.g. system data quality, trauma-informed care, progressive engagement, case management, motivational	Collaborative Applicant, Sub-Committees, CoC Board	2027

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[20] See Attachment 3

	interviewing, follow-up, racial equity, LGBTQIA+) ▪ Review HIC data regularly to ensure adequate intervention stock for each subpopulation, and increase as necessary to support growing need and gaps (e.g. PSH set aside for young adults, etc.) ▪ Prioritize TH and Rental Assistance for new project models ▪ Identify and apply for more funding to continue to grow inventory of available housing and supportive services as needed ▪ Increase use of dedicated subsidies (e.g. Housing Choice and VASH Vouchers) ▪ Monitor data for length of time between end of supportive services post-move out and return back into system ▪ Standardize aftercare services based off a local best practice ▪ Ongoing diversion training and implementation ▪ Increase income potential of those receiving services through stronger partnerships with employment agencies, career development agencies (e.g. the America Job Center, WorkSource Spokane, and Next Generation Zone), childcare services,		

		- transportation availability, etc. - Increase marketing strategy of the Spokane Resource Center: A HUD EnVision Center, which is to be utilized as a Diversion mechanism - Improve access to mainstream benefits (e.g. SOAR, DSHS, TANF, ABD, VA Benefits, etc.) - Identify new strategies to develop affordable housing for all subpopulations through community forums and business partnerships - Determine if there are gaps where people are accessing services and if there are need for Diversion Specialists in any given areas - Improve data quality to minimize error responses and increase reliability (e.g. HMIS, etc.)		
5.5.4.	Develop a CoC Sub-Committee for People With Lived Experience	- Ensure participation of people with lived experience on population-specific sub-committees - Engage people with lived experience to develop their own sub-committee of the CoC Board - Determine available funds to compensate people with lived experience for participation in the CoC	CoC Board, Sub-Committees	
5.5.5.	Adopt a person-centered holistic services approach	- Research staffing levels for appropriate service delivery. - Develop training materials and resources	CoC Sub-Committees & CE Providers	

	to support CE providers with the adoption		

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

6.1. Introduction

The Department of Commerce and the Spokane City/County CoC do recognize that theoretical formulas produce imperfect information as the state of our nation and the growing population, as well as the real estate market, cannot be perfectly projected[21]. In preparation for this next objective, the Department of Commerce released a tool[22] that when entered with our current housing inventory and homeless population would produce good faith and transparent estimates of the impact of the variety of local strategies being considered, tailored to local priorities. Though the numbers are not meant to be interpreted literally, this tool has enabled the City of Spokane's CHHS Department, currently the Collaborative Applicant, to explore how future plans for creating more units within different interventions would affect the system.

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

6.2. Measures of Success and Performance

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

6.3. Strategies

1. Use the Department of Commerce Modeling Tool to assist in the 2025 Point-in-Time prediction.[23]
2. Enter into the System Performance Targets adopted by the CoC into the tool. These targets were adopted in 2019 for the CHHS Department's five-year funding cycle, as well as the 5-Year Plan, and are to be met by 2025.
3. Use data from a variety of system sources to project an estimate of housing sources that are currently projected to join the Spokane homeless system.
4. Use the data to identify housing solutions that will assist the CoC in planning for the future financial expenditures, system impact and strategic investment.

6.4. Current Conditions

In the 2019 Point-in-Time count, 1,309 individuals living in homelessness were documented, 315 of them being unsheltered. Over the last decade, Spokane County has seen a 46% increase in homelessness among single adults, a trend that mirrors national data. At the same time, the City has looked for ways to improve outreach to those living unsheltered, in order to determine gaps in services to meet tailored needs, overcome barriers, and

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[21] http://www.commerce.wa.gov/wp-content/uploads/2013/01/hau-ofah-local-plan-guidance-12-10-2018.pdf

[22] See Attachment 1

[23] https://www.commerce.wa.gov/serving-communities/homelessness/state-strategic-plan-annual-report-and-audits/

support opportunities to connect people to the appropriate interventions to get them off the street and ensure their homelessness is rare, brief, and non-reoccurring.

Spokane County has recently experienced economic growth and has seen similar increases in the cost of housing and a consistently low vacancy rates. Low-income and homeless households face many barriers to housing in a highly competitive rental market. To increase the rate of permanent placement from shelter, TH, and RRH, the CoC has increased its investment in landlord incentive strategies, facilitated greater coordination between landlord liaisons, and supported legislative actions to decrease barriers for homeless households. Additionally, some existing resources were reallocated to provide rental assistance programs more opportunities to incentivize landlords to rent to homeless households and mitigate perceived risk of renting to them. In order to meet the growing need and improve system outcomes, the CoC continues to look towards adding additional housing units across intervention types, as well as increasing project performance measures, particularly in percentages of successful and permanent exits from the interventions.

6.4.1. Emergency Shelter

Emergency or low-barrier shelters play an important role in a crisis response system, providing beds on a first come, first served basis, to any person experiencing homelessness. The City-funded emergency shelter system is Housing-First and includes housing-focused services by population type. Combined with other public and private funded shelters, the current emergency shelter system offers targeted shelters for single adults (households without children), families, and minor youth. In 2019, there was an increased focus on offering "targeted-capacity shelters", with services tailored to meet the specific needs of sub-populations in order to rapidly move clients from shelter into permanent housing. This includes offering more diverse shelter spaces, to include both night-by-night and continuous stay shelters. Over the next five years, there is an intention to bring new shelters online for key populations that have challenges accessing the existing shelter system or who are particularly vulnerable (e.g. LGBTQIA+, young adults, couples, and seniors). There is continued need for regional solutions for emergency shelter, including a strategically located space that could meet the holistic needs of those throughout the region.

6.4.2. Transitional Housing

Transitional housing (TH) refers to a supportive – yet temporary – type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, supports, life skills, and in some cases, education and training. In past years, funding availability for TH has declined nationally, and Spokane County has been impacted by these reductions. However, the CoC continues to pursue tailored housing resources for the populations for which TH is considered a best practice (e.g. youth and young adults, veterans, and survivors of domestic violence). Service models vary by population, but include master leased units and the opportunity for project participants to "transition in place", thereby reducing impact on the individual and allowing them to move from the TH project into permanent housing without having to move. Innovative solutions, including shared housing for young people and joint TH-RRH interventions, have been brought online and continuing to expand these creative solutions is critical for creating diversity in housing inventory and for supporting individualized needs. The CoC would like to continue monitoring data and expand this intervention accordingly.

6.4.3. Rapid Re-Housing

Rapid re-housing (RRH) provides short-term rental assistance and services, with the goal of helping people obtain housing quickly, increase self- sufficiency, and stay housed. It is offered without preconditions (e.g. employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person. The CoC is dedicated to continue to tailor different RRH programs to meet unique needs of subpopulations, continuing to refine models of RRH to meet the individualized needs of the populations. RRH providers employ a progressive engagement model to provide a better service intensity to meet different needs. Progressive engagement is the practice of helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources[24]. More supports are applied to those households who continue to struggle to stabilize. Progressive engagement acknowledges individualization and the fact that homelessness is a complex struggle; therefore, when a participant shows that they are in need of more help, it can be provided to meet their needs. On the other hand, by avoiding more assistance than is required to end homelessness and prevent an immediate return to the streets or shelter, programs can help more people, close housing placement gaps, and reduce the time people remain homeless. The CoC has utilized RRH as a critical intervention with significant success. Continuing to move this forward – through standard RRH, TH-RRH joint projects, and other – will be important over the next five years.

6.4.4. Permanent Supportive Housing

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

6.5. Actions to Meet the Objectives

Action		Activity	Responsible Party	Timeline
6.5.1.	Projection of Unsheltered Individuals Living in Homelessness in 2025	▪ Use the Department of Commerce Tool for this Calculation	Collaborative Applicant	Ongoing
6.5.2.	Update Annually with Housing Inventory Influx	▪ Use the Department of Commerce Tool for this Calculation	Collaborative Applicant	Ongoing

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[24] https://www.ncceh.org/media/files/files/27e2a2d9/7b-progressive-engagement-as-a-system-approach-k-moshier-mcdivitt.pdf

| 6.5.3. | Seek to expand affordable housing investments from business and philanthropy. | ▪ Public Presentations to Philanthropy and Business to broaden the funding to increase affordable housing production.
▪ Explore the creation of a Fund Development Committee
▪ Work with the city and county to leverage affordable housing production dollars, and advocate for projects that fill gaps and are equitable. | Collaborative Applicant, Sub-Committees, CoC Board | |

7. Objective Five: Strengthen the homeless provider workforce

7.1. Introduction

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

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

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

7.2. Measures of Success and Performance

1. Completion of an initial analysis utilizing Department of Labor data and local surveys of housing workforce.

2. Improve worker retention in the homeless provider workers.
3. Improve safety in homeless provider work.
4. Decrease the time positions stay vacant.

7.3.   Strategies

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

7.4.   Actions to Meet the Objectives

Objective Five: Strengthen the Homeless Services Workforce

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

8. Review Process

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

8.1.   *Action Steps*

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

8.2.   *Timeline*

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

8.3.   *Modifications and Updates*

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

9. Attachment 1

Housing Inventory Chart (HIC)

	Project Type	Organization Name	Project Name	HMIS Project ID	Geocode	Inventory Type	Target Pop	Victim Service Provider	Pit Count	Total Beds
1	ES	Union Gospel Mission	UGM--ES--Women & Children	19196	#531488	C	NA	N	86	70
2	OPH	CC - St. Margaret's	CC--PSH--Walnut Corners	19256	#531488	C	NA	N	42	39
3	RRH	Volunteers of America	VOA--RRH--IYHP	19257	#531488	C	NA	N	19	19
4	OPH	SNAP	SNAP--PH--Riverwalk (538)	19259	#539063	C	NA	N	20	20
5	ES	CC - St. Margaret's	CC--ES--SMS	19284	#531488	C	NA	N	18	27
6	TH	CC - St. Margaret's	CC--TH--SMS--CoC-WA0109	19285	#531488	C	NA	N	20	24
7	TH	Transitions	TPW--TH--Miryams House	19300	#531488	C	NA	N	4	6
8	TH	Transitions	TPW--TH--TLC	19301	#531488	C	NA	N	18	15
9	ES	The Salvation Army	TSA--ES--Family Shelter	19304	#531488	C	NA	N	26	44
10	TH	The Salvation Army	TSA--TH--Stepping Stones	19305	#531488	C	NA	N	105	90
11	ES	Volunteers of America	VOA--ES--Hope House Shelter	19310	#531488	C	NA	N	73	80
12	PSH	Volunteers of America	VOA--PSH--Scattered Sites	19316	#531488	C	NA	N	76	87
13	TH	Volunteers of America	VOA--TH--Aston Bleck	19317	#531488	C	NA	N	13	10
14	PSH	Volunteers of America	VOA--PSH--Hope House East	19318	#531488	C	NA	N	13	25
15	TH	Volunteers of America	VOA--TH--Alexandrias	19319	#531488	C	NA	N	8	10

			House--CoC-WA0126							
16	ES	Volunteers of America	VOA--ES--Crosswalk Youth Shelter	19320	#531488	C	NA	N	14	18
17	OPH	Spokane Housing Ventures	SHV--PH--Wilton Apts	19501	#531488	C	NA	N	49	52
18	ES	YWCA	YWCA--ES--DV Shelter	19531	#531488	C	DV	Y	22	44
19	RRH	CC - St. Margaret's	CC--RRH--Families--City CHG	19546	#531488	C	NA	N	22	22
20	ES	CC - House of Charity	CC--ES--HOC Shelter	19550	#531488	C	NA	N	129	135
21	PSH	Catholic Housing	CC--PSH--Father Bach Haven	19551	#531488	C	NA	N	50	50
22	ES	Volunteers of America	VOA--ES--Hope House Medical Respite	19562	#531488	C	NA	N	11	20
23	ES	Truth Ministries	TM--ES--Shelter	19576	#531488	C	NA	N	58	64
24	ES	Union Gospel Mission	UGM--ES--Men	19577	#531488	C	NA	N	174	200
26	OPH	SNAP	SNAP--PH--Avondale Apts	19601	#531488	C	NA	N	22	25
27	PSH	CC - House of Charity	CC--PSH--WA0285--Hanson House	19606	#531488	C	NA	N	9	10
28	RRH	CC - St. Margaret's	CC--RRH--Families--CoC--WA0288	19632	#531488	C	NA	N	50	50

29	RRH	CC - St. Margaret's	CC--RRH--Families--ESG	19635	#531488	C	NA	N	5	5
30	RRH	Goodwill Industries	GI--RRH--HEN	19640	#531488	C	NA	N	132	132
31	ES	CC - House of Charity	CC--ES--HOC Medical Respite	19647	#531488	C	NA	N	15	27
33	RRH	YWCA	YWCA--RRH--WA0353--HH with Children	19654	#531488	C	NA	N	33	33
34	PSH	CC - St. Margaret's	CH--PSH--Buder Haven	19658	#531488	C	NA	N	50	50
35	PSH	Volunteers of America	VOA--PSH--The Marilee Apts	19659	#531488	C	NA	N	39	51
36	RRH	SNAP	SNAP--RRH--Singles--City CHG	19661	#531488	C	NA	N	4	4
37	RRH	SNAP	SNAP--RRH--Singles--CoC--WA0331	19662	#531488	C	NA	N	4	4
38	RRH	SNAP	SNAP--RRH--Relocation Assistance Program (106)	19665	#531488	C	NA	N	0	0
39	TH	Transitions	TPW--TH--Miryams House--Private Fund	19671	#531488	C	NA	N	4	6
40	ES	Family Promise of Spokane	FPS--ES--Open Doors--HSG	19679	#531488	C	NA	N	72	140
41	PSH	CC - House of Charity	CC--PSH--WA0374--Donna Hanson Haven	19683	#531488	C	NA	N	32	40
42	PSH	Healthcare for Homeless Veterans	VA--PSH--VASH	19688	#531488	C	NA	N	368	412

43	ES	Pioneer Human Services	PHS--ES--CERS--CRS	19692	#531488	C	NA	N	6	12
44	TH	Volunteers of America	VOA--TH--Bridge--GPD	19693	#531488	C	NA	N	1	1
45	TH	Volunteers of America	VOA--TH--Service Intensive--GPD	19694	#531488	C	NA	N	16	19
46	TH	Transitions	TPW--TH--TLC--Private Fund	19695	#531488	C	NA	N	15	15
47	RRH	SNAP	SNAP--RRH--CHG Youth (164Y)	19696	#531488	C	NA	N	2	2
48	OPH	Catholic Housing	CC--PH--Sister Haven	19701	#531488	C	NA	N	116	219
49	RRH	Goodwill Industries	GI--RRH--SSVF	19705	#531488	C	NA	N	378	378
50	PSH	CC - St. Margaret's	CC--PSH--FCS CBRA	19714	#531488	C	NA	N	14	14
51	TH	Volunteers of America	VOA--TH--SOC JR	19718	#531488	C	NA	N	2	2
52	RRH	CC - St. Margaret's	CC--RRH--Families--County CHG	19720	#531488	C	NA	N	24	24
53	RRH	SNAP	SNAP--RRH--Singles--County CHG	19721	#531488	C	NA	N	22	22
54	TH	Volunteers of America	VOA--TH--ACI YAHP	19722	#531488	C	NA	N	3	7
55	PSH	Pioneer Human Services	PHS--PSH--Carlyle--PBV/HHAA	19725	#531488	C	NA	N	14	15
56	PSH	CC - House of Charity	CC--PSH--WA0418--Jacklin Haven	19732	#531488	C	NA	N	40	40

		Catholic Housing	CC--PH--Pope Francis Haven	19733	#539063	C	NA	N	201	195
57	OPH	Catholic Housing	CC--PH--Pope Francis Haven	19733	#539063	C	NA	N	201	195
58	PSH	CC - St. Margaret's	CC--PSH--PSH for Families CHG	19734	#531488	C	NA	N	19	19
59	PSH	CC - St. Margaret's	CC--PSH--PSH for Families County CHG	19735	#531488	C	NA	N	21	21
60	RRH	YWCA	YWCA--RRH--WA0420--RRH for Survivors of DV	19740	#531488	C	DV	N	60	60
61	PSH	CC - St. Margaret's	CC--PSH--Schweitzer Haven	19741	#531488	C	NA	N	42	50
62	PSH	Transitions	TPW--PSH--Home Yard Cottages	19744	#531488	C	NA	N	50	57
63	ES	SNAP	SNAP--ES--Singles Hoteling	19761	#531488	C	NA	N	3	3
64	ES	Volunteers of America	VOA--ES--YAS	19763	#531488	C	NA	N	15	44
65	PSH	Volunteers of America	VOA--PSH--Hope House West	19764	#531488	C	NA	N	44	60
66	OPH	CC - St. Margaret's	CC--PH--Gonzaga Family Haven	19773	#531488	C	NA	N	188	219
67	ES	The Salvation Army	TSA--ES--The Way Out Center	19778	#531488	C	NA	N	32	30
68	TH	The Salvation Army	TSA--TH--The Way Out Center	19779	#531488	C	NA	N	35	30
69	OPH	CC - St. Margaret's	CC--PH--Jacklin Haven Housing	19780	#531488	C	NA	N	6	10
70	RRH	Volunteers of America	VOA--RRH--YHDP	19786	#531488	C	NA	N	4	4
71	TH	Volunteers of America	VOA--TH--YHDP	19787	#531488	C	NA	N	11	11

72	RRH	Family Promise of Spokane	FPS--RRH--YHDP	19788	#531488	C	NA	N	0	0
73	TH	Family Promise of Spokane	FPS--TH--YHDP	19789	#531488	C	NA	N	8	6
74	PSH	CC - St. Margaret's	CC--PSH--WA0512--Scattered Sites	19792	#531488	C	NA	N	44	130
75	ES	The Salvation Army	TSA--ES--TRAC	19797	#531488	C	NA	N	279	369
76	ES	CCEW ROW	CC--ES--Catalyst--ROW	19799	#531488	C	NA	N	62	68
77	RRH	SLIHC	SLIHC--RRH--Units--ROW	19804	#531488	C	NA	N	21	21
78	RRH	SLIHC	SLIHC--RRH--Units Acquired From Housing Navigators--ROW	19805	#531488	C	NA	N	20	20
79	ES	Compassionate Addiction Treatment	CAT--ES--Homes--ROW	19806	#531488	C	NA	N	7	8
80	ES	Revive Counseling	REV--ES--Homes--ROW	19807	#531488	C	NA	N	31	28
81	OPH	CC - St. Margaret's	CC--PH--Mother Teresa Haven	19812	#531488	C	NA	N	147	144
82	ES	Empire Health Foundation	EHF--ES--Badged--ROW	19813	#531488	C	NA	N	2	2
83	RRH	Empire Health Foundation	EHF--RRH--Badged--ROW	19814	#531488	C	NA	N	1	1
84	ES	Jewels Helping Hands	JHH--ES--Greenhouses--ROW	19816	#531488	C	NA	N	4	5

85	RRH	SNAP	SNAP--Other--Singles--Move In--City CHG	19828	#531488	C	NA	N	15	15
86	RRH	SNAP	SNAP--Other--Singles--Move In--CoC-WA0331	19829	#531488	C	NA	N	6	6
87	TH	Pioneer Human Services	PHS--TH--Service Intensive--GPD	19849	#531488	C	NA	N	6	5
88	TH	Pioneer Human Services	PHS--TH--Bridge--GPD	19850	#531488	C	NA	N	1	5
90	RRH	Empire Health Foundation	EHF--RRH--Adams St.--ROW	19854	#531488	C	NA	N	0	0
92	ES	CCEW ROW	CC--ES--Community Catalyst--ROW	19857	#531488	C	NA	N	4	10
93	ES	Compassionate Addiction Treatment	CAT--ES--Cannon Street	19858	#531488	C	NA	N	64	80
95	ES	Jewels Helping Hands	JHH--ES--Churches--ARPA	19860	#531488	C	NA	N	70	80
96	RRH	Family Promise of Spokane	FPS--RRH--FLASH--Private Fund	19866	#531488	C	NA	N	0	0
98	RRH	Goodwill Industries	GI--RRH--HEN FCS Bridge	19876	#531488	C	NA	N	0	0
100	ES	YFA	YFA--ES--HOPE Center	19653	531488	C	NA	N	3	12

10. Attachment 2

Objective Four Excel Document

11. Attachment 3

Performance Management Plan

Spokane City/County Continuum of Care
5-Year Performance Management Plan

City of Spokane
Community, Housing, and Human Services
Updated November 2019

Table of Contents

Introduction

The Spokane City/County Continuum of Care (CoC) Performance Management Plan identifies minimum performance expectations and system performance targets for the CoC and outlines how performance is measured and monitored.

This plan should help homeless assistance projects in managing their performance and ensuring access to ongoing funding.

Background

The CoC's geographic area includes the entirety of Spokane County. The City of Spokane's Community, Housing, and Human Services (CHHS) Department serves as the Collaborative Applicant for the Department of Housing and Urban Development (HUD) Continuum of Care grant, the lead grantee for the Department of Commerce Consolidated Homeless Grant (CHG), and sits as the City's representative on the CoC Board.

The CoC's Funding and RFP Committee updates this plan annually.

Basics of Performance Measurement

System Performance Targets

For Spokane City/County CoC purposes, the system is defined as all publicly funded homeless services projects operating within the geography of the CoC. Measuring performance of the system is important, as it helps us understand how well we are doing at addressing and ending homelessness. Additionally, it can help our community identify areas of the system that could be replicated or may need improvement. Lastly, as part of the CoC Program regulations, HUD is requiring that all CoCs monitor the performance of their system. In order to drive better outcomes for participants in the homeless system and to achieve the goal of ending homelessness for all populations, the Spokane City/County CoC has set 5-year system targets for all performance measures deemed key indicators of high performing systems. All projects within the homeless system are expected to make progress towards the system targets for all applicable project performance measures.

Minimum Performance Standards

Measuring the performance of homeless assistance projects is critical for a number of reasons. It helps us understand how well projects are doing at ending homelessness, as well as what issues projects may need to improve upon. It helps us identify project types/models that may be more successful at ending homelessness than others. Additionally, HUD, the WA State Department of Commerce, and other key funders require project performance reporting and monitoring. In order to help drive system performance, the Spokane City/County CoC has set minimum performance standards that funded projects are expected to maintain over the course of the 5-year award period.

Setting Performance Objectives

The CoC Funding and RFP Committee with charged the CHHS Department creating this Performance Management Plan, including setting the minimum performance standards and system performance targets, in order to establish a system performance improvement strategy for the CoC and an annual

review process for projects funded under the City's 5-year RFP. CHHS staff considered HUD's project performance objectives and system performance measures, Commerce's system performance expectations, and Spokane City/County projects' combined performance on those objectives in determining where to set minimum standards and system targets for the CoC's project portfolio. CHHS reviewed current projects' performance, as well as anecdotal community and project information, to help determine what goal to set.

Monitoring Project and System Performance

Quarterly Performance Reporting

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

The QPR is meant to be generated from HMIS after the end of each quarter; however, it is available for agencies to run and review at any time for a custom performance period. Providers should be sure their HMIS data has been fully updated and is accurate prior to the generation of each report. The quarters are as follows:
- First Quarter = July 1 – September 30
   - Reports performance data for first quarter
- Second Quarter = July 1 – December 31
   - Reports performance data for first and second quarters
- Third Quarter = July 1 – March 31
   - Reports performance data for first, second, and third quarters
- Fourth Quarter = July 1 – June 30
   - Reports performance data for the full year

All projects should review their quarterly performance data and contact CHHS with any questions or concerns. Projects that consistently fail to meet project performance objectives should develop internal plans and processes for improvement.

Annual Performance Review

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

Victim Services Providers

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

Sharing QPR Data

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

included in the posted dashboard for each project.

Corrective Action Planning

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

System-Level Performance Reporting

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

Implementing the Performance Management Plan

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

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

Providers' Responsibilities and Meeting Performance Objectives

Ensure HMIS Data Quality

Because the QPRs used to monitor project performance are generated from HMIS, it is critical that HMIS data be accurate, timely, and complete. To this end, it is essential that providers adhere to the data quality standards outlined in the Spokane HMIS Data Quality Plan. All data entered into the CoC's HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. All required data elements for each program type must be entered by the 5th day of the following month (including weekends and holidays) for all client activity during the preceding month. The percentage of required data elements identified, as 'missing /data not collected' should be no more than 1%, depending on project type and data element. Average rates of 'client doesn't know' or 'client refused' must adhere to the acceptable average determined for the project type as set by the HMIS Committee. For a comprehensive outline of data quality expectations for participation in the CoC's HMIS, please see the Spokane HMIS Data Quality Plan.

Run and Review Quarterly Project Report

To help homeless providers manage their performance on the objectives laid out in this Performance

Management Plan, HMIS staff have made the QPR available to providers. The QPR provides detailed information about a project's performance on all the objectives in this plan including client-level data.

Providers can run the QPR on their projects using HMIS whenever they like in order to better understand in real-time how they performed on all the objectives in this Performance Management Plan. At a minimum, though, providers are required to run the QPR on a quarterly basis and to submit the report to CHHS staff within 15 days of the end of the quarter. Submissions shall be accompanied by a brief narrative overview explaining quarterly outcomes for each performance measure inclusive of steps taken during the quarter to improve performance, external factors that influenced performance during the quarter, and planned actions to improve or maintain high performance in the following quarter. This narrative is an opportunity to highlight challenges faced by the project, areas of success (particularly those which be replicable by other providers), and to address steps for performance improvement. Performance narratives will be included in the published report for all projects.

Develop Internal Improvement Plans as Needed

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

Participate in Corrective Action Plan as Required

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

Spokane City/County CoC Project Performance Objectives

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

Projects that are newly funded under 2-year RFP or whose baseline performance prior to the 5-year award period does not meet the minimum performance standards will have two years to achieve the minimum performance expectations outlined below. Projects that do not meet minimum performance standards by the end of the first year of the 2-year award period will be required to develop a Corrective Action Plan (CAP). Projects that do not meet minimum performance standards or fail to fully participate in the CAP by the end of the second year of the 2-year award period may face a loss or reduction of funding. The first sentence of the paragraph states there are two years to achieve the min. performance expectations and then in the third sentence it states that minimum performance needs to be made in the first year.

Projects funded under the 5-Year RFP whose baseline performance prior to the 5-year award period are required to make annual progress towards the 5-year system performance targets in accordance with the performance improvement timeline outlined in the project's grant agreement. Projects that fail to meet annual performance milestones may be required to develop a CAP.

Homelessness Diversion Projects Performance Measures		
Measure	Minimum Performance Standard	System Performance Target
Successfully Diverted (Includes both exits to PH and temp stays with friends and family)	At least 55% of persons in Homeless Diversion projects are successfully diverted	At least 80% of persons in Homeless Diversion projects exit to permanent housing at program exit.
Returns to Homelessness	Diversion projects will have no more than 6% of persons who exited to permanent housing return to homelessness within 1 year.	Diversion projects will have no more than 3% of persons who exited to permanent housing return to homelessness within 1 year.

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

Continuous Stay Emergency Shelter Projects Performance Measures

Measure	Minimum Performance Standard	System Performance Target
Length of Time Homeless in ES (SPM Metric 1a.1)	Emergency Shelter (ES) projects will have an average length of stay of no more than 90 days.	Emergency Shelter (ES) projects will have an average length of stay of no more than 30 days
Exits to Permanent Housing (SPM Metric 7b.1)	At least 55% of persons in ES projects will move into permanent housing at exit	At least 80% of persons in ES projects will move into permanent housing at exit.
Returns to Homelessness (SPM Metric 2b)	ES projects will have no more than 20% of adults who exited to permanent housing return to homelessness within two years of exit	ES projects will have no more than 10% of adults who exited to permanent housing return to homelessness within two years of exit
Average Rate of Utilization	Family: Singles: The average numbers of persons enrolled in ES projects per night will represent no less than 85% of projects' total bed inventory (different rates for families and singles)	The average numbers of persons enrolled in ES projects per night will represent no less than the 95% of projects; total bed inventory

Homeless Prevention Projects Performance Measures

Measure	Minimum Performance Standard	System Performance Target
Employment and Income Growth (SPM Metric 4.6)	At least 20% of persons in HP projects will gain or increase employment or non-employment cash income at exit.	At least 40% of persons in HP projects will gain or increase employment or non-employment cash income at exit
Exits to Permanent Housing	At least 70% of persons in Homeless Prevention projects exit to permanent housing at program exit.	At least 80% of persons in Homeless Prevention projects exit to permanent housing at program exit.
Returns to Homelessness	Homeless Prevention projects will have no more than 10% of persons who exited to permanent housing return to homelessness within 2 years.	Homeless Prevention projects will have no more than 15% of persons who exited to permanent housing return to homelessness within 2 years

Transitional Housing Projects Performance Measures

Measure	Minimum Performance Standard	System Performance Target
Length of Time Homeless in TH (SPM Metric 1a.2)	Transitional Housing (TH) projects will have an average length of stay of no more than 160 days (270 for youth and young adult projects)	Transitional Housing (TH) projects will have an average length of stay no more than 90 days (120 days for youth and young adults)
Exits to Permanent Housing (SPM Metric 7b.1)	At least 55% of persons in TH projects will move into permanent housing at exit	At least 80% of persons in TH projects will move into permanent housing at exit
Employment and Income Growth (SPM Metric 4.6)	At least 35% of person in TH projects will gain or increase employment or non-employment cash income or at exit	At least 50% of persons in TH projects will gain or increase employment or non-employment cash income or at exit

Returns to Homelessness (SPM Metric 2b)	TH projects will have no more than 10% of adults who exited to permanent housing return to homelessness within two years of exit	TH projects will have no more than 5% of adults who exited to permanent housing return to homelessness within two years of exit
Average Rate of Utilization	The average numbers of persons enrolled in TH projects per night will represent no less than the 85% of projects' total bed inventory. Both unit and bed utilization.	The average numbers of persons enrolled in TH projects per night will represent no less than 85% of projects' total bed inventory

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

Permanent Supportive Housing/ other Permanent Housing Projects Performance Measures		
Measure	**Minimum Performance Standard**	**System Performance Target**
Exits to or Retention of Permanent Housing (SPM Metric 7b2)	At least 93% of housed persons remain in Permanent Supportive Housing (PSH) project or exit to permanent housing (PH) as of the end of the reporting period or at program exit	At least 95% of housed persons remain in Permanent Supportive Housing (PSH) project or exit to permanent housing (PH) as of the end of the reporting period or at program exit
Employment and Income Growth for stayers (SPM Metric 4.3)	At least 50% of persons entering a PSH project will gain or increase employment or non- employment cash income during the reporting period or at annual assessment	At least 55% of persons entering a PSH project will gain or increase employment or non- employment cash income during the reporting period or at annual assessment
Employment and Income Growth for Leavers (SPM Metric 4.6)	At least 45% of persons entering a PSH project will gain or increase employment or non- employment cash income at exit	At least 50% of persons entering a PSH project will gain or increase employment or non- employment cash income at exit
Returns to Homelessness (SPM Metric 2b)	PSH projects will have no more than 5% of adults who exited to permanent housing return to homelessness within two years of exit	PSH projects will have no more than 3% of adults who exited to permanent housing return to

		homelessness within two years of exit
Average Rate of Utilization	The average numbers of persons enrolled in PSH projects per night will represent no less than 85% of projects' total bed inventory. Measure applies to unit utilization and bed utilization.	The average numbers of persons enrolled in PSH projects per night will represent no less than the 95% of projects' total bed inventory