

Housing Navigation Center (HNC) and Specialized Shelter Report

Executive Summary

From October 2024 to September 2025, Waters Meet Foundation (formerly Empire Health Foundation) served as the system operator of the pilot housing navigation center and specialized shelter system under contract with the City of Spokane. In this role, Waters Meet was tasked with overseeing contracting with the service providers operating shelters, as well as identifying and facilitating the opening of new shelters in coordination with property owners and service providers. Waters Meet also regularly convened providers from across the spectrum of homeless services in Spokane to facilitate knowledge exchange and troubleshoot challenges facing providers and our unhoused community.

Waters Meet has prepared this report to share what we have learned in this role. We believe these insights are important to consider in the context of the more holistic changes that are currently being implemented and considered across the housing and homeless services system in our community.

Over the course of the project, the shelters and navigation center **served a total of 1526 unique individuals and 26 families with children**, providing emergency shelter, case management, housing navigation, and linkages to critical supportive services. The initiative prioritized low-barrier, person-centered approaches, with an emphasis on creating supportive community environments and improving coordination across providers and systems.

This pilot was intentionally designed as a collaborative effort and iterative learning process. Many of the lessons learned through the shelter collaborative have already been acted on by the City of Spokane's Community Housing and Human Services Department (CHHS). This includes changes to the Navigation Center and outreach model, as well as the planned development of a tiny home community in Spokane.

An ongoing challenge is the struggle to collect and use data that informs our understanding of what is and isn't working in Spokane's homeless response systems. It is our recommendation that the city and shelter operators prepare, develop, and implement universal data collection standards and systems. These systems should include data not currently captured in the Homeless Management Information System (HMIS), such as client satisfaction and barriers to housing. This data should be regularly shared with diverse stakeholders as a means to share successes of the system, identify additional gaps or newly emerging population trends, and promote ongoing learning about the effectiveness of the system.

Key outcomes include:

- **52% of clients** went to permanent or temporary housing.
- **32% of clients** were connected to other temporary housing solutions within the homeless service system (other shelter programs, hotel/motel stays with vouchers, transitional housing beds, safe havens) OR within larger behavioral health and healthcare institutions (substance abuse treatment, hospitals, psychiatric hospitals, skilled nursing facilities) OR within the community (temporary stays with family or friends, hotel/motels without vouchers).
 - Data in context: This was within a 12-month pilot project where sites opened on a rolling basis. We do not have enough shelter beds or psychiatric and substance abuse treatment beds for the number of people seeking and requiring services in the City of Spokane. Considering these limitations, 32% is a comparable rate for lateral transfers to the existing shelter and care system.
- **20% of clients** at all sites exited to permanent housing. Additionally, the Housing Navigation Center at Cannon Street had a higher rate of exits with **35% of clients** going to permanent housing while the other seven specialized sites had **18% of clients** exiting to permanent housing. This success reflected the benefits of more intensive housing support through the Navigation Center.
- The Spokane Continuum of Care (CoC) [2024 Longitudinal Systems Analysis Report](#) reported that 22% of all households exited from programs, not solely emergency shelter, were to permanent destinations in 2024 down from 28% in 2023.

Note: These findings are based on the best available data from the Homeless Management Information System (HMIS) managed by the City of Spokane. The rates above do not account for people who entered and remained in shelter at the time of the data cutoff; they only account for people who had exited the system in the data collection period.

Waters Meet acknowledges that data collection and reporting discrepancies could influence the data. Please refer to the Data Collection and Analysis section for a more robust discussion on data insights and challenges.

- Regular meetings among service providers, outreach teams, city police, and city housing staff have helped providers and city agencies build trust.
- To date, three recommendations developed by the Shelter Collaborative group, which CHHS staff participate in, are being implemented or are in development by the city:
 - Coordinated Outreach Teams
 - Full-service Daytime Navigation Center
 - Tiny Home Village

The project faced several challenges, including staffing shortages at the sites, confusion regarding the coordination and referral system of the Housing Navigation Center model, fluctuating shelter capacity, limited availability of affordable housing, and barriers to client engagement such as mental health needs and transportation. Data limitations and the need for a coordinated referral process were also identified as areas for improvement.

The biggest challenge remains the lack of affordable housing options in Spokane. **The lack of permanent housing options in our city creates a bottleneck that prevents people from moving from emergency shelter into permanent housing. It is also the primary driver of homelessness.**

Despite these challenges, the initiative demonstrated the benefits of **integrated navigation services** and flexible shelter operations. The pilot also reinforced the importance of creating trauma-informed, culturally-responsive shelter settings with manageable population sizes. The initiative, which relied on community partners offering space at low-to-no cost, saved the city money on a per-bed basis compared to recent congregate shelter projects.

Additionally, our partnership with providers and the city expanded opportunities for technical assistance and infrastructure support for providers. One of the key outputs of this project is that provider organizations are better equipped to comply with contracts and spend government funds efficiently.



Key recommendations for the City of Spokane and broader Spokane region moving forward include:

- First and foremost, investing in **permanent and affordable housing options**. You cannot have a successful shelter to permanent housing pipeline without places for people to move to. Houston is often shared as a model in this work. One of the primary advantages they have over Spokane is that their shelter system was able to secure housing options for people experiencing homelessness.
 - Building a **strong regional leadership structure**. This body should center people with lived experience of homelessness and service providers. Centralized leadership is needed to assertively manage and coordinate the many systems that respond to the housing, mental health, and addiction crises. Our community cannot afford to continue to operate in silos with segmented information. A coordinated and data-driven response is necessary to create accountability and invest in proven solutions.
 - **Spokane needs more winter shelter and can save resources by reducing bed counts in summer**. The current disjointed system of nightly temperature-based activation standards in the winter creates a serious logistical challenge for service providers and a lack of clarity for people seeking shelter. Funding for shelters should be based on annual demand patterns not nightly criteria.
 - **Expanding access to low-barrier shelter** options and ensuring consistent operating standards across sites. This should include dedicated technical assistance and capacity building support for contracted organizations. This support should emphasize building capacity for providers who have strong experience working with the populations most impacted by homelessness, but limited experience contracting with government agencies.
 - Enhancing **data infrastructure** to improve tracking of outcomes and coordination between providers. This should also include the development of a strategy for sharing this data more broadly to increase understanding of the housing and homelessness system, what's working, and where we still need improvements.
 - Creating a systemic and regular opportunity for currently unhoused individuals and clients of city-funded services to provide **feedback and satisfaction data** as an ongoing aspect of quality improvement.
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Introduction

This report is intended to support city staff, service providers, policy leaders, and the broader Spokane community in making informed decisions to enhance Spokane's homelessness response system and build toward sustainable, equitable solutions for residents experiencing homelessness. As the contracted system operator and facilitator of regular provider meetings, Waters Meet has important insight into the range of challenges and opportunities that exist in our shelter system.

The goal of this pilot project was to create an alternative shelter model to the existing large congregate shelter model and determine the relative efficacy of this approach. While comparing these approaches, we also worked with service providers to create as much bed capacity as possible, especially during life-threatening weather conditions. The project also sought to improve care coordination across the spectrum of service providers working with the unhoused.

The details of this report are informed by years of experience working with service providers in Spokane to build collaborative solutions that serve our unhoused neighbors. The priorities and recommendations included in this report draw on that institutional experience and group exercises that Waters Meet hosted with service providers. We believe their lived experience and insight is indispensable.

Stakeholders involved:

- Government
 - City of Spokane CHHS
 - City of Spokane City Council
 - Mayor's Office
 - Spokane City Development Services Center
 - Spokane Regional Health District
 - Washington State Department of Commerce
- Specialized Shelter Service Providers
 - Jewels Helping Hands
 - Revive Counseling
 - Family Promise
 - Truth Ministries
 - CAT Spokane
 - Yoyot Sp'q'n'i
 - Family Promise of Spokane

Stakeholders involved (cont'd):

- Community Service Providers
 - CHAS Street Medicine Team
 - Spokane Police Department
 - Spokane Homeless Coalition
 - Providence Community Clinic
 - Volunteers of America
 - Catholic Charities of Eastern Washington
 - 2-1-1
 - Salvation Army Spokane
 - Transitions
 - Spokane Alliance

- Faith-Based Property Owner Partners
 - Westminster United Church of Christ
 - Morningstar Baptist Church
 - Knox Presbyterian Church
 - Cedar United Church of Christ

- Other Property Owner Partners
 - Daybreak Youth Services
 - Sabbak Holdings LLC
 - Truth Ministries
 - Family Promise of Spokane

- Neighborhood Councils and Other Neighborhood Groups
 - Emerson Garfield Neighborhood Council
 - East Central Neighborhood Council
 - Lewis and Clark High School
 - Cliff Cannon Neighborhood Council
 - North Hill Neighborhood Council
 - Garland District
 - Chief Garry Park Neighborhood Council
 - Northwest Neighborhood Council
 - Browne's Addition Neighborhood Council
 - Community Assembly of Neighborhood Councils

Program Overview

"I really loved staying [at the Cedar Center]. It was almost like a big family. It was the first support system that I had in a really, really long time."

"I really like the scattered site model. We can get to know each other better and work with each other on an individual basis."

– Anneke Calhoun, a Jewels Helping Hands Cedar Center resident who moved into permanent housing from the shelter. Calhoun now has a full-time job with Jewels Helping Hands as a shelter supervisor.

From October 2024 to September 2025, the City of Spokane implemented a 12-month pilot navigation and specialized shelter initiative to strengthen homeless shelter and navigation services. The pilot project sought to improve access to emergency shelter, increase pathways to permanent housing, and enhance service coordination for individuals experiencing homelessness.

The specialized shelter model created shelters that are more conducive to supportive and cohesive communities. By limiting the size of new specialized shelters to 30 people, service providers were better able to connect and provide individualized care to people accessing shelter services. Guests and service providers described a calmer and more communal experience, especially compared to the warehouse that hosted the Trent Resource and Assistance Center (TRAC).

This system was intended to be a "hub and spoke" model with the central Housing Navigation Center at the Cannon Street Shelter. As the hub, the Cannon Street Shelter was proposed to serve a key role in connecting people to housing and navigation throughout the scattered site shelter system.

In this planned model, the spokes were the specialized shelters. Each of these eight shelters served unique subpopulations and focused on building a sense of community in the shelter environment. This model is premised on the belief that smaller communal settings, and close contact with staff, supports individuals on their journey to housing stability.

The implementation of this model was challenged by confusion over the role of the Navigation Center. The Navigation Center operator, Revive Counseling, repeatedly expressed confusion over the city's directions for operating the Navigation Center at the Cannon Street site. Service providers operating other scattered site shelters shared confusion and frustration over the role of the Navigation Center in referring people to resources or other shelters.

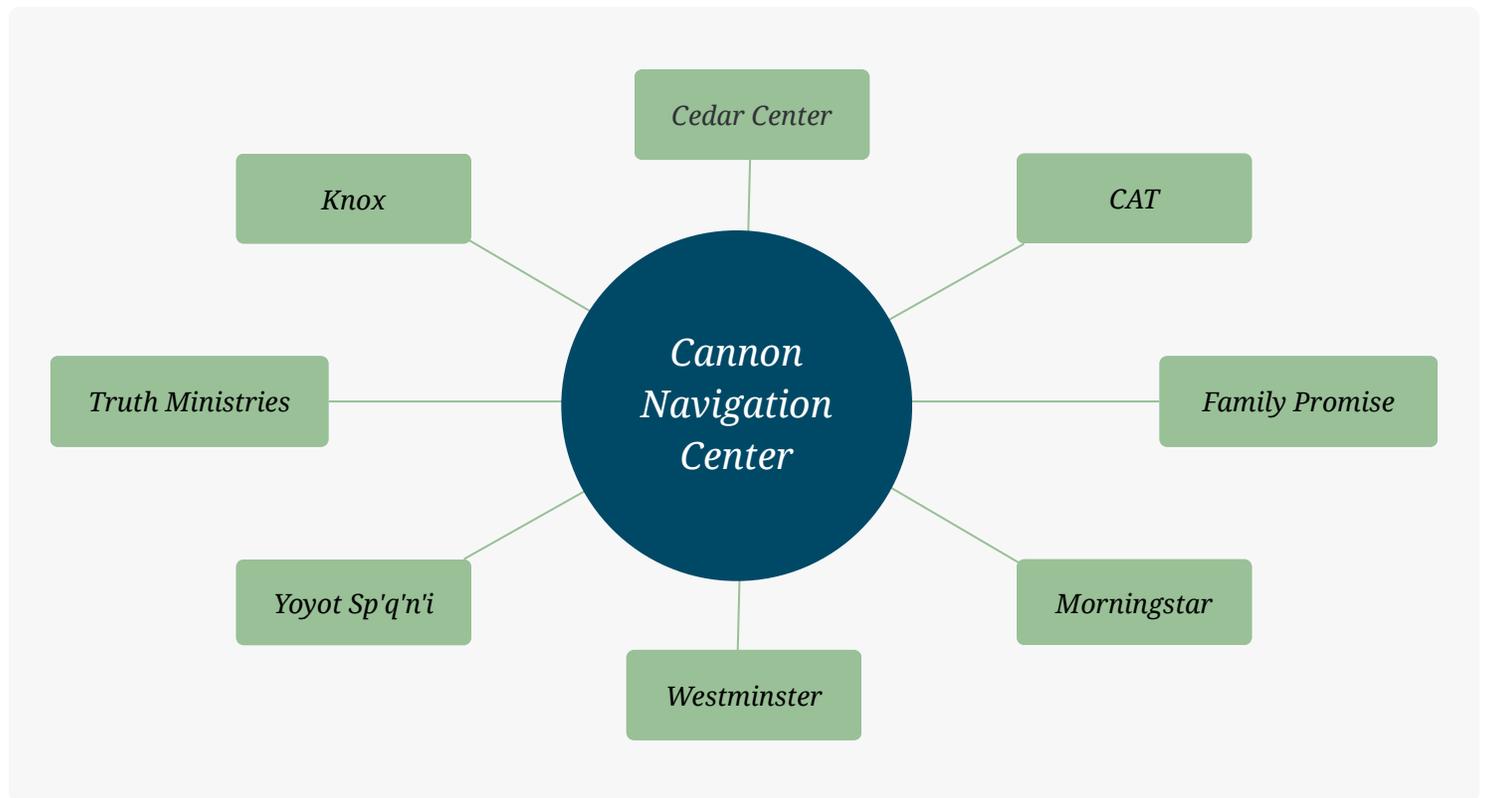
In lieu of a clear resource for shelter navigation, providers reported to us that Julie Garcia served as a central communications point for many unhoused individuals and community partners based on existing relationships. This created a systemic backup as Julie was overseeing her own projects in the system and was not funded to do this role. The shelter collaborative worked to improve the intake and referral processes, but neither Waters Meet nor Revive could fully resolve this challenge in our roles as leads of the project.

Additionally, with the Housing Navigation Center in particular, Revive and Waters Meet did not collect adequate data, making it difficult to assess the success of the three different programs at the site: the Emergency Shelter program, the Housing Navigation program, and the referral and intake program.

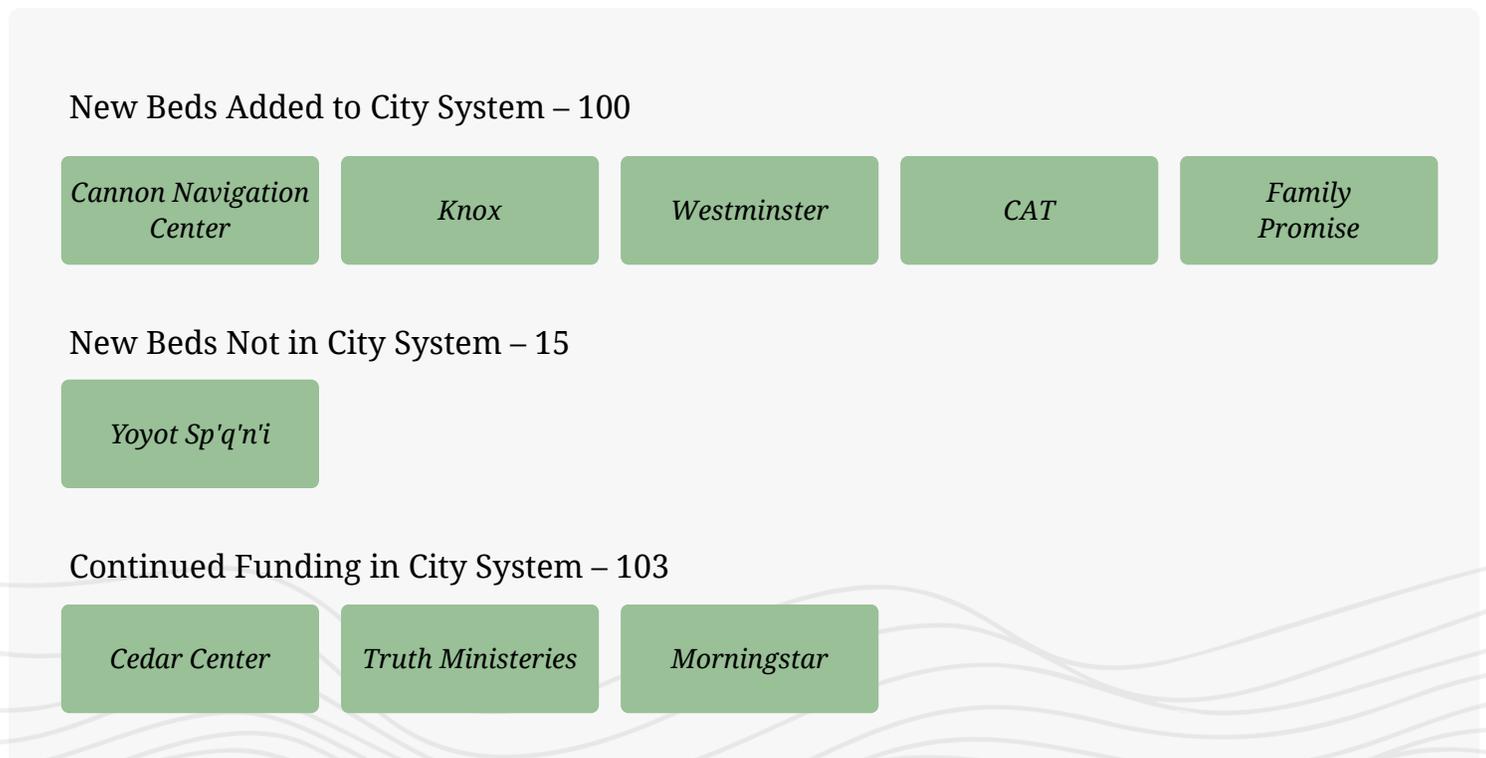
Contributing to this lack of coordination through a central hub was the high usage rate of each specialized shelter. Each of these shelters regularly operated at capacity and accepted people on an ad hoc basis, limiting the availability of beds where the Navigation Center could direct people. The Navigation Center was also limited by the overall lack of housing, treatment, and medical care beds in our region.



Proposed Structure (The Vision)



Realized Structure (Final Result)



Shelter Name and Operator	Capacity	Operating Dates	Neighborhood	Population Served
Jewels Helping Hands: Cedar Center	30	10/1/24-Present	North Hill	Adults, priority mental health
Jewels Helping Hands: Morning Star	30	10/1/24-Present	Northwest	Adults, priority seniors
Jewels Helping Hands: Healing Hearts	30	1/1/25-Present	Cliff Cannon	Adults with referral from Providence Community Clinic
Jewels Helping Hands: Knox	20	4/1/25-Present	Emerson Garfield	Women
Revive Cannon Street Navigation Center	30	10/1/24-9/30/25	Browne's Addition	Adults, priority those in process for housing but not in shelter
Family Promise	15	1/1/25-Present	Chief Garry Park	Families with children
Truth Ministries	43 (10/1-6/30) 62 (7/1-9/30)	10/1/24-Present	East Central	Men
CAT Spokane	20	2/28/25-Present	East Central	Adults anywhere on recovery journey post-detox
Yoyot Sp'q'n'i* (We set this shelter up, but they ultimately did not join the city's HMIS as they serve people experiencing domestic violence)	5 Rooms /18 beds	5/5/25-Present	East Central	Women including women with children, priority indigenous, and those fleeing domestic violence

Systemic Challenges

Emergency Shelter in Context

The housing and homeless service sector faces persistent barriers in supporting people on their journeys to stable, permanent housing. These barriers range from personal, including substance use disorder and untreated mental health challenges, to systemic challenges like the lack of affordable housing and beds in treatment facilities, and stagnant wage growth amidst an increasing cost of living.

Shelters are an emergency response to the homelessness crisis. When operating effectively, shelters can be a place where people get stabilized and connected to housing options. Unfortunately, shelters often lack access to available beds to transition folks on their journey from homelessness to housing stability. This reality sees people living in shelters for months or even years in Spokane.

Spokane's shelter system does not have the resources necessary to impact the community-wide housing crisis. During winter, and especially with extreme cold, there are not enough beds in the shelter system to meet the needs of our unhoused community. Every day of the year, there are not enough affordable and supportive housing units, or substance abuse and mental health treatment beds, to meet community needs. These structural deficits must be acknowledged when considering the challenges facing Spokane's emergency shelter system and consequently the Housing Navigation Center and Scattered Site pilot project.

Coordination and Navigation

One of the ongoing challenges of the Navigation Center and Specialized Shelter Pilot Program was clarifying the role and capacity of the Housing Navigation Center (HNC). The role of the Navigation Center evolved over time as the city and Revive identified different options for referrals into the program.

Navigation centers, as implemented in Houston and referenced in the development of this concept for Spokane, are typically modeled as a day service program that provides services during the day and connects people to shelters for the night. During this pilot project, the Navigation Center also included a 30-bed emergency shelter and outreach program component.

Multiple revisions were made by the city and service provider to the operating patterns of the Navigation Center to adapt to the changing needs of the community. These changes created confusion on the role the center played in making referrals.

Revive first filled the beds with people who transferred from TRAC as it was being closed. Then, as those people moved out, they began to receive referrals from the inclement weather program. Most of these referrals came from beds operated by Revive.

By January, Revive created a process to take in referrals by having people call ahead for intake appointments. This created additional barriers as intakes would be scheduled days out. When people were able to make their intake appointment, they completed an assessment and were enrolled in services.

Limited intake times, staff availability, and beds created challenging conditions for people seeking services through the Navigation Center. The data from this period is also limited to what was made available in HMIS. This data shows housing outcomes, but does not capture the full picture of behavioral health service program integration. That data is not recorded in HMIS and Revive has not made those outcomes available due to client confidentiality and data sharing barriers.

The Challenge of Defining Success

Throughout the housing and homeless services system there is a strong desire to achieve service goals and establish data-validated best practices. However, current data collection frameworks are limited in their ability to account for the barriers to housing that individuals accessing services and shelter face.

This creates a challenging situation for service providers as each shelter, and individual accessing shelter, has unique advantages and disadvantages. For example, service providers in the downtown core, who provide shelter on a walk-up basis and not through referrals, are more likely to serve people facing acute mental health and substance abuse challenges. Naturally, shelters serving populations with the most acute needs face an uphill challenge in achieving the same housing outcomes as shelters that don't serve people with the same barriers to housing and stability.

It is important to continue to improve and broaden data collection and to use that data to inform decision-making. Relying solely on exits to permanent housing as defined by the federal Department of Housing and Urban Development (HUD) limits our ability to see how people are taking necessary steps forward. Improvements can be made, including capturing referral services made and attained, as well as creating data reporting frameworks that capture engagement beyond housing outcomes.

The city's current data collection and shelter housing goal setting does not account for the nuances of each shelter's population in measuring success. This can contribute to the sense that a shelter is underperforming in housing placements, when that shelter is operating in a different context than other shelters in the housing system.

Operations Challenges

This pilot program faced operational challenges inherent in creating a new system. Some solutions have already been created and implemented, while others are still unresolved. One of the benefits of this pilot project was the creation of a community forum for service providers to surface challenges and collaborate on programmatic responses.

Operations challenges experienced in this pilot project include:

- Providers were not setting up their own internal data collection with regularity, and neither Waters Meet nor the city created a structured data collection methodology beyond the use of HMIS prior to the project start to collect any additional data points.
- The funding source utilized for the Housing Navigation Center shelter required low-barrier policies, which means that participants were at different places in their journey toward housing and may have additional barriers to be addressed prior to moving out. The dual requirement for the facility to be low barrier and serve people ready to move into housing became a challenge. It was difficult for the primary service provider to balance shelter services with community expectations.
- Waters Meet Foundation's relational approach and the lack of appropriate planning time given the time of year made it difficult to develop appropriate operating patterns and then hold partners accountable. As an institution we focus on developing mutual accountability systems in a collaborative model with our partners, but there was neither the time nor the opportunity to do so. As such, we believe a strong centralized authority in the development and maintenance of this system is required, as well as intentionally creating the space for development of a collaborative plan for execution and accountability.

Operations challenges experienced in this pilot project include (cont'd):

- There is an ongoing need for funding of capital and maintenance costs for the sites. Many were not designed for overnight shelter operations. By necessity, the spaces used for this type of sheltering are often adaptive uses of older communal buildings and will require ongoing maintenance to ensure they can continue to be an integral part of this system.
- Diverse, flexible funding sources should be available to meet client move-in expenses if they are not part of a program with those resources. Maximizing the use of flexible funding can reinforce the practice of supporting each individual in a way that is best suited for their needs, and the current state and federal funding sources are often too narrowly defined to accomplish this.
- Specific segments of the homeless population present unique challenges both in the shelter environment and with regards to rehousing.
 - Many folks have been banned from shelters based on past behavior. These people, many of whom have untreated behavioral health challenges, may run out of options in the shelter system.
 - Registered sex offender housing outside of shelters does not exist to meet the need. This can leave people with sex offender status with no other place to find shelter than emergency shelters.
 - Our current shelter system lacks options for folks to live autonomously and with their own secure space. The lack of individual space is a major reason that unhoused individuals do not seek shelter in congregate settings.
- This pilot project faced several issues revolving around coordinating organizations and people.
 - There was a lack of clarity surrounding the purpose and function of the navigation center. That included an unclear referral process and uneven utilization of Shelter Me Spokane.
 - The lack of access to accurate and timely data limited the ability of system operators to adjust programmatic responses based on the most current available information.
 - Nonprofits are small and their administrative and operating costs are not well-funded outside of these contracts.
 - There is not a robust and efficient system for accessing substance abuse, detox, and mental health treatment beds.

Data Collection and Analysis

For data collection, we primarily relied on the City of Spokane's HMIS system. Waters Meet did not set up additional data reporting structures, which limited the stories we can tell through data. Overall, there was a lack of data to compare the outcomes of the shelter projects added to the system this year with past approaches. We have some HMIS data available from TRAC that we have referenced in this report.

Finally, the ongoing limitation in our system — present with this project and other projects preceding it — is with service providers completing accurate and timely data entry. This is due to many factors, including insufficient funding for data entry staffing and training barriers.

The challenges in gathering data have been:

- People not collecting information or not collecting information in a timely manner.
- Not having time to devote to compiling reports.
- Staff leaving positions and not having completed their data entry.
- Not having access to the training necessary to enter data correctly.

We were able to provide, in partnership with the CHHS team, technical assistance to improve data collection over the course of the project. Data in the most recent quarter is much improved.

Some areas for future improvement include creating additional data reporting mechanisms for collecting non-HMIS data points such as:

- Case management referrals/linkages outside of the HMIS system.
- Records of who called or showed up for services and did not enter the shelters or Housing Navigation Center.
- Client satisfaction for people accessing shelter services.

In hindsight, it would have been prudent to bring stakeholders together and identify critical information we want to know about shelter operations before rolling out the project.

For now, the primary data points we can collect are how many people enrolled and exited each shelter program, exit destinations and reasons, and demographic data.

We also have data that was gathered through the referral process at the Housing Navigation Center, Cannon Shelter, and by Revive’s Housing Outreach Team (HOT Team). This data showed that many people who are eligible for Rapid Rehousing are not interested in staying at emergency shelters. Case managers reported that their clients turned down shelter beds because they preferred to wait for permanent housing in their cars or RVs. This underscores the importance of autonomy for people who are living unhoused.

Key Data Findings

A.) Service Utilization

All data below obtained was from the HMIS Report: “Clients in Programs, 10/1/24-9/30/25, Empire Health Foundation.”

- Total number of households served: 1526
- Families served: 26
- Demographic breakdown (age, gender, race, disability status, etc.)
 - Race
 - White (non-Hispanic): 70%
 - American Indian: 12%
 - Asian and Pacific Islander: 2%
 - Black, African American: 10%
 - Hispanic: 5%

The table below shows the average utilization rate for each site from the date they opened through 9/30/25. The utilization rate was calculated by the number of guests divided by total beds.

In calculating average utilizations, nights where there was no housing check-in were recorded as zeroes – this is how HUD and other funding bodies calculate average utilization for data quality and performance reporting.

	All	Family Promise Scattered Site Expansion	Revive HNC Shelter	Truth Ministries Men’s	JHH Medical Respite	CAT Recovery Options Center	JHH Knox	JHH Cedar & Morningstar
Average	79.50%	36.69%	61.13%	78.38%	86.28%	92%	98.96%	103%

- Utilization of all Specialized Sites and HNC was 87.24% (only four of the sites were active with two opening mid to late in the month) in January according to our HMIS Reports and was 74.45% in June (when all eight sites were active).
- Utilization Rates from the [City of Spokane Point in Time Count Report](#) for January 2025 show the following utilization which indicates promise for the usage of the Scattered Site shelters over the existing shelter models used.

ES Utilization	Percent
ES	86.00%
Inclement Weather	91.00%
Scattered Sites	96.00%

B.) Financial Overview

Here is an overview of the funding sources that supported this project and the status of that spending. The City of Spokane funded this project for nine months primarily with State Commerce SDG Funds (October 2024-June 2025) then extended for three months after that with Federal ARPA Funding (July 2025-September 2025).

Funding Source (All Via City of Spokane)	Timeframe for Funds	Funds Contracted to Waters Meet (EHF)	Funds Spent	Funds Remaining
Commerce Systems Demonstration Grant (SDG)	10/1/24 - 6/30/25	\$3,850,000	\$3,824,438.00	\$25,562
Federal American Recovery Project Act (ARPA)	10/1/24 - 9/30/25	\$1,876,233	\$1,773,737.49	\$101,246

Bed Rates (Per Bed Per Night) - Overall = \$87/bed/night average

Truth	JHH Morningstar	JHH Cedar	JHH Knox	CAT Recovery Options	Family Promise	JHH Medical respite	Revive HNC Shelter
\$22	\$23.50	\$23.50	\$67	\$74	\$84	\$90	\$208

Bed Rates in Context

Bed rates had a wide range from least expensive – \$22 per bed/night to the most expensive — \$208 per bed/night. These costs are driven by many factors, but primarily relate to the service structure of each program. Some service providers offer a broad suite of direct services to clients, while other shelters rely on outside partners to provide services like housing navigation and substance abuse counseling. This inconsistency in services offered skews the nightly bed cost.

This paradigm would be improved through stronger system coordination. A better coordinated system would employ uniform standards for how services are provided and encourage service provider specialization so that each organization excels in their given field. This approach would discourage providers from adding additional services that may be outside of their organization's traditional scope of work and area of expertise.

- The most expensive project was the Housing Navigation Center shelter which utilized an Intensive Case Management model for this shelter program, including clinicians, substance abuse treatment counselors, a subcontracted security team, a coordinator of intakes and referrals, housing navigation and employment specialists, as well as management and support staff infrastructure. One challenge in describing the impact of this comprehensive staffing approach is that we do not have data from the behavioral health systems to show how the added layers of support impacted client outcomes. But we do know that this approach improved placements in permanent housing, with 34% of people permanently housed compared to 18% at the other specialized shelters.
- The three shelters with the lowest bed cost rate, Truth Ministries, Cedar, and Morningstar, employ direct staff and focus on cost-cutting measures. Leadership of both agencies recognized this approach was not always sustainable for ongoing operations. Cost-cutting efforts included overnight shifts, balancing overtime and coverage, and limited case management on site. This came with drawbacks like a lack of services available on site and a lack of capacity to complete data entry tasks. These service providers have since increased their staffing structure and thus their bed rate costs.

C.) Outcomes Achieved

52% or 805 of 1643 household exits were to either permanent or temporary housing solutions and not back to streets or jail.

- 20% or 251 of 1643 households were individuals or families moved to permanent housing
 - 1% or 13 households transitioned to Long Term Care Facilities which is an important exit location, especially for the Medical Respite program, not captured via current reporting by HUD as not designated permanent housing.

Here are the exits to permanent housing by shelter location:

Truth Ministries	JHH Knox	CAT Recovery Options Shelter	JHH Medical Respite	JHH Cedar & Morningstar Shelters	Revive HNC Shelter	Family Promise scattered Site Shelter
7%	8%	10%	13%	19%	35%	48%

- 32% or 554 of exited households were individuals or families who transferred to other temporary housing solutions within the system (other shelters or transitional housing) OR outside the homeless service system (behavioral health institutions, staying with family or friends temporarily, safe havens/hotels).
- 16% or 338 of exited households were to other emergency shelters.

Here are the % of household exits to other temporary options by shelter location:

CAT ROC	FP SS	JHH Knox	Revive HNC	Truth Ministries	JHH Morningstar & Cedar	JHH Medical Respite
24%	28%	28%	28%	31%	40%	43%



C.) Systems Level Impact

- 149 beds were incorporated into Spokane's emergency shelter system through this pilot project and continued on 10/1/25 through direct contracts with the City of Spokane.
 - 20 - JHH Knox
 - 30 - JHH Medical Respite
 - 30 - JHH Cedar
 - 30 - JHH Morningstar
 - 24 - CAT Recovery Options Center
 - 15 - Family Promise Scattered
- The Housing Navigation Center at Cannon Street moved from being an emergency shelter program to a true day services program operated by Jewels Helping Hands at the same location on 10/1/2025.
- Waters Meet Foundation is in the process of developing a Tiny Home Village, with 30 total sleeping cabins.
- The city is implementing a coordinated outreach approach, which will spread services out citywide and integrate with police precincts throughout the city.

Recommendations for Future Action

- City of Spokane System Design Recommendations
 - For the inclement weather program, all additional resources should be dedicated to winter inclement shelter, which is the true driver of additional shelter needs and threats to the lives of folks living unsheltered. Providers do not see people seeking additional shelter during times of extreme heat or poor air quality in the same numbers as extreme cold. The activation criteria system places a major challenge on providers from a staffing and capacity standpoint and should be eliminated in favor of a season-long surge in bed capacity through the winter.
 - There should be a set of best practice recommendations with recommended per bed costs, sample budgets, and guidelines for expenses and spending to provide guidance in setting up budgets.
 - Utilizing a framework for evaluation from the beginning of projects that can capture the additional aspects of systems integration is key. We need data and analysis beyond the sole use of HMIS.
 - The city should institute performance monitoring by an entity focused on coordinating public systems of care.

- Service Provider Priorities
 - The top request of service providers at collaborative meetings was to continue to open additional diversified scattered site/micro shelter options (tiny homes, safe parking, safe camping). Spokane needs a shelter that is safe for 2SLGBTQIA+ people. Even if providers are trained and compassionately responding to needs of this population, residents can make the spaces unwelcome and unsafe, creating a barrier to entry or stay for this population.
 - Increase medical and mental health services available to people in shelter. This is a recommendation that is fairly universally held across stakeholders and, while complex to support, this community needs to make a concerted effort to increase these options and integrate them into the broader public systems of care.
 - Flexible funding options for providers to respond more nimbly to the needs of the people they are serving to either divert, prevent, or quickly move them out of the shelter system. This would continue to close gaps in the systems that lead to people falling through the cracks.
 - Continue collaborative meetings with service providers across the spectrum of housing, substance use, and mental health services including governments agencies, law enforcement, treatment and recovery services, and shelter providers.
- For siting of shelters:
 - Create a strategic plan with stakeholders around siting future shelters throughout Spokane to meet needs in all areas. The Neighborhood Assembly could be a useful venue to identify locations in each neighborhood. Better data on the impacts of siting effective scattered shelters could go a long way toward increasing the willingness of neighborhood leaders to coordinate in this way.
 - Create a needs assessment where providers and faith-based partners are identified and assessed for their capacity to host and operate sites and pair them with service providers. This assessment could identify potential sites and create partnerships between service providers for both winter shelter and year-round specialized shelters.
 - For specialized shelters that do not have Good Neighbor agreements yet, having them complete them now will be key moving forward.
 - Encouraging service providers to continue the work of Revive and Jewels Helping Hands in keeping neighborhoods clean and safe in blocks surrounding shelters. This requires service providers to have capacity and incorporate this practice into their operations and facilities plans.

- Regional Leadership (City and County)
 - There is an ongoing need to standardize how service providers coordinate between shelters and with other systems including behavioral and recovery services, jails, hospitals, and eviction from permanent housing. Our community needs a coordinated system that can direct how services are provided and right-size housing, behavioral, and substance abuse interventions in coordination with service providers. This system can and should be able to implement data-driven solutions that save money and effectively move people to the resources they are in need of most.
 - Our community needs more housing solutions so there is a next place for people to go after shelter. This will open beds in the shelter system, so people do not need to stay longer than necessary. A major reason for long stayers is that there is no place for people to go next.

 - Community at Large
 - There's a prominent narrative in our community that labels the unhoused as "people who like living outside" or "choose to be on drugs." The experience of our partners in shelters and on outreach teams tells us these attitudes are rare and oversimplified. Most people who are unhoused have experienced trauma, and many have lost trust in the shelter system based on past experiences. Creating new spaces where folks are cared for by staff using trauma-informed care practices, as they build community and gain stability, is essential.
 - There is also a need to disrupt harmful narratives about our unhoused community that block solutions and empathetic responses. There must be a larger platform for shelter residents and people with lived experience to inform public narratives about their experiences and better data to reinforce these narratives.
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Conclusion

The pilot Housing Navigation Center and Specialized Shelter System provided important emergency shelter services to the community. The system operated at a lower per-bed cost than the previous large congregate shelter model and provided more stable environments that increased exits to services and permanent housing. However, we could have done more with the funding.

Waters Meet's role as the contractor this year created a venue for collaborative problem solving and offered technical assistance to complement the work of CHHS. This project provided organizational support that helped build capacity for nonprofit service providers to directly contract with the city. Our organization's support also came at a high staffing cost, as our salary structure includes higher compensation levels than equivalent roles at the city.

The pilot project, and especially the service provider collaborative, was a valuable space for providers across the shelter, outreach, and community care systems to come together and talk through the concerns and needs of their organizations and the communities they serve. This regular venue for problem solving has created a more cohesive community response and informed policy changes. Serving the role of convenor moving forward is an area where Waters Meet is suited to continue supporting the community's homelessness response.

While Waters Meet has ended our contracted role in the homeless services system in Spokane, we will continue to partner with the city and providers as we develop the New Roots Village tiny home community. We are also exploring future opportunities to convene stakeholders to continue to improve our homeless response system.

Spokane continues to face a worsening housing crisis that is being exacerbated by cuts across social services from the federal government. Compounding these challenges is the ongoing fentanyl crisis impacting our region. Given these conditions, we believe it is vital to continue to draw on the experience and expertise of people working directly with our unhoused neighbors. The strength of the pilot project was the connections and spaces for problem solving that grew out of this collaborative work. Together, we must embrace this collaborative approach to address this crisis and best serve our community.