

You Can't Improve What You Can't Measure

The Data Systems Behind Spokane's Homelessness, Behavioral Health & Justice Response — An Inventory, a Critique, and a Path Forward

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Executive Summary

Spokane County is trying to manage one of America's most severe overdose and homelessness crises with data systems that cannot see it. The city's homelessness database cannot talk to the county's jail system; the jail system cannot talk to the courts; and the courts, by the written admission of Spokane's own court administrators, run on a 1988 state platform that *"has no ability to interface with local prosecution, defense, or detention services information systems."* No shared identifier follows a person from an overdose reversal to a booking to a shelter bed to a psychiatric hold. As a result, the region cannot produce the single most policy-relevant document in modern public safety: a list of the hundred people who cycle through everything, and what each of them costs.

This is not a technology accident; it is a governance choice — and the warnings are a matter of public record. Washington's State Auditor has told Spokane substantially the same thing at least four times: in 2013 (subrecipient monitoring failures in the city's housing department), in 2021 (four findings, including non-competitive homeless contracts and apparent conflicts of interest), in 2022 (a performance audit finding Spokane's homeless contracting was not data-driven and provider performance was not adequately monitored or corrected), and in the FY2024 single audit (a material weakness involving roughly \$170 million in misstatements, plus a federal-compliance finding on unverified contractors). The Safe & Healthy Spokane task force's independent Leifman assessment (2026) reached the same conclusion from the clinical side: "fragmented, incompatible data systems across agencies," no standardized definitions, and "limited ability to track individuals across systems."

None of this is inevitable. Boise operates a by-name, weekly-case-conferenced homelessness data system with Boise State University as its neutral analyst — producing the cost-offset studies that changed Idaho's politics of housing. Allegheny County, Pennsylvania links jail, courts, behavioral health, homelessness, and child-welfare data in one warehouse that has run since 1999. Houston put a hundred agencies on a single database and cut homelessness by more than sixty percent. Camden, New Jersey pipes county-jail clinical data into a regional health information exchange. The methods are proven, the privacy law accommodates them, and Washington State itself operates one of the nation's most celebrated integrated client databases — which Spokane does not routinely use for local operations.

The recommendation of this paper is one sentence: before the region builds another facility, it should build the ledger. A regional data trust under the Safe & Healthy accountability council, a university partner as neutral intermediary, a certified by-name list, one cross-system high-utilizer report in the first six months, an honest and visible fix to the audit findings, and a public dashboard for every system that spends public money. Measurement is not overhead to the region's recovery. It is the precondition for it.

1. The Thesis: Data Is the First System

Every box on the Continuum of Care System Map — shelter, detox, courts, housing — depends on an invisible box underneath it: the record system that knows who was served, what happened, and what it cost. When those record systems are fragmented, every downstream failure this region argues about becomes unmeasurable, and therefore unfixable: nobody can prove which shelter exits stick, which providers perform, whether the jail's MAT program reaches anyone, or whether the person revived by Spokane Fire on Tuesday is the same person booked Thursday and discharged from a psychiatric hold the following week. The

Leifman assessment put it clinically: fragmentation causes people to “repeatedly fall through the gaps.” The gaps are, quite literally, the spaces between databases.

Two principles anchor this paper. First: **you can't fix what you can't see, understand, or admit** — the System Map's founding principle, applied to the region's information layer. Second: **you can't improve what you can't measure** — no performance conversation with a provider, a department, or a jurisdiction is possible without an agreed number on the table. Spokane currently lacks the agreed numbers.

2. Inventory: The Systems Spokane Runs Today

The region's response runs on at least eight separate record systems, under at least five different owners, with no shared person-level identifier among them:

System	Owner / operator	What it holds	Interoperability
HMIS (“CMIS”) — CaseWorthy	City CHHS (HMIS lead + CoC collaborative applicant)	Homeless services enrollments, coordinated entry, PIT/HIC	None with county systems; feeds the 2024 public dashboard (aggregates only)
JailTracker + Detention dashboard	Spokane County Detention Services	Bookings, population, releases	None documented with HMIS, BH, or court case data
Superior Court — Odyssey (SC-CMS)	State AOC / County Clerk	Felony case records	Statewide court system; no local BH/homelessness linkage
District/Municipal courts — state JIS (1988)	State AOC / local courts	Misdemeanor cases	Per Spokane court officials: “no ability to interface” with prosecution, defense, or detention systems; the city built its own multi-agency workaround
SCRBH BH-ASO systems	Spokane County (regional behavioral health)	Crisis calls, DCR investigations, E&T placements	Vendor undisclosed; volumes unpublished; no HMIS/jail linkage
Medical Examiner case system	Spokane County	Deaths incl. overdose toxicology	Annual PDF reports only
SRHD systems (OTP, harm reduction)	Spokane Regional Health District	Opioid treatment dosing (incl. in-jail), syringe services	42 CFR Part 2-protected; no published linkage
WA DSHS Integrated Client Databases (ICDB)	State of Washington (RDA)	30+ linked state systems: Medicaid, arrests, services, costs — two decades deep	Nationally celebrated (AISP, Pew); no evidence Spokane routinely uses it for local high-utilizer work

2.1 Observation One — The State Paradox: the best system in the table belongs to someone else

The single most striking fact in the inventory above is highlighted in green: the only genuinely integrated, person-level, decades-deep data asset available to this region was built and is operated by the State of Washington — and Spokane leaves it on the shelf.

- Washington's Integrated Client Databases link **more than thirty separate state systems** — Medicaid claims, behavioral health treatment, arrests and convictions, economic services, child welfare — across two decades of history, person by person.
- It is not an obscure tool: the University of Pennsylvania's AISP network and the Pew Charitable Trusts both cite it as a **national model** for integrated human-services data.
- Access is not exotic: de-identified analyses are available to any agency and to the public; identified, person-level work requires a data-sharing agreement — **paperwork, not construction**.
- **The implication is uncomfortable and must be said plainly:** Spokane's cross-system blindness is not a technology gap. The technology exists, is already paid for by Washington taxpayers, and is already answering these exact questions elsewhere in the state. What is missing in Spokane is an institution willing to sign the agreement, pose the questions, and own the answers.

2.2 Observation Two — The Workaround Culture: heroic patches where architecture should be

Look closely at the courts row of the inventory and a second pattern emerges — one that repeats, in quieter forms, across nearly every software package the city and county run.

- Spokane's own court administrators, writing in a national court-management journal, described the state's 1988 JIS platform as "*antiquated... [with] no ability to interface with local prosecution, defense, or detention services information systems*" — and then described how Spokane responded: by building its own multi-agency integrated case-management system, locally, because waiting for the state was hopeless.
- **The workaround proves the capacity:** Spokane has the technical talent and the institutional need to integrate systems. When a department is desperate enough, integration happens.
- **But the workaround also reveals the disease:** integration in Spokane happens as an act of departmental heroism — unfunded, unplanned, owned by whichever champion built it, and mortal. Workaround systems die when their champions retire, lose funding invisibly because they never appeared in a budget, and answer to no shared governance. A region running on workarounds is a region one resignation away from losing its connective tissue.
- **The same signature appears across the whole software estate:** CaseWorthy for homelessness, JailTracker for detention, Odyssey and JIS for the courts, an undisclosed platform at the behavioral health authority, PDF annual reports at the Medical Examiner. Each was procured by one department, to meet one department's needs, on one department's budget cycle — and **no procurement in the stack appears ever to have required the system to talk to its neighbors**. Nobody owns the interfaces, so there are none. This is not one bad purchase; it is a purchasing culture, and it will faithfully reproduce the current fragmentation in every future acquisition until interoperability becomes a written condition of contract.

2.3 Observation Three — Dashboards Are Not Integration: the aggregate illusion

The December 2024 regional homelessness dashboard — a joint product of the city, Spokane Valley, the county, and SRHD — deserves genuine credit: it is the first cross-jurisdictional data

product this region has shipped, and it proves the political appetite exists. But it must not be mistaken for the destination.

- **Aggregates answer 'how many.' Operations require 'who.'** A dashboard can report that 643 people were unsheltered in January; it cannot tell an outreach worker which of them was booked into jail last night, which one has a housing voucher expiring Friday, and which one was revived by Spokane Fire twice this month. Boise's weekly case conferencing, Allegheny's high-utilizer reports, and every Built for Zero community run on person-level linkage. **You cannot case-conference a bar chart.**
- **The illusion risk:** aggregate dashboards create the public feeling of data maturity while the operational blindness underneath persists untouched. The region could celebrate the dashboard, declare the data problem solved, and change nothing about how a human being moves invisibly between the jail, the ER, and the shelter queue.
- **A simple test for whether Spokane has real integration:** can the system, tomorrow morning, produce the list of people who were in the county jail last night AND on the coordinated-entry housing queue? Today the answer is no. The day the answer is yes, the dashboards will take care of themselves.

The consistent pattern, stated once: across most of the software the city and county operate, the same failure signature repeats — purchased department-by-department with no interface requirements, governed by no one across boundaries, integrated only by unfunded heroics, and reported publicly only in aggregates. This is the heart of the city's data problem, and its cause is administrative, not technical — which is precisely why it is fixable: by procurement language, a governance table, and the political decision to require of every system what Spokane's courts already proved possible.

3. The Paper Trail: Thirteen Years of the Same Warning

Year	Finding	Source
2013	Single audit: subrecipient-monitoring failures in CHHS — 90%+ of HUD homeless funds passed to 33 subrecipients; monitoring files missing; untrained staff	WA State Auditor, City of Spokane single audit
2021	Four findings against CHHS: informal award practices; no competitive process on warming-center agreements of \$881,482, \$740,000 and \$495,841; appearance of conflicts of interest in two of three contracts	SAO accountability audit, April 2021
2022	Performance audit (Spokane one of four governments): homeless services "not data-driven"; "inadequate monitoring and correction of service-provider performance"; governments "rarely took action to address underperforming providers"	SAO Performance Audit No. 1031310, "Contracted Homeless Services"
2024 (issued 2026)	Single audit: city NOT a low-risk auditee. Finding 2024-001: material weakness — ~\$170M in misstatements, incl. \$7.4M in investment earnings that "did not exist." Finding 2024-002: federal suspension/debarment verification failures; similar issues noted in 2023	WA SAO FY2024 single audit of City of Spokane

The pattern matters more than any single finding: **this is a thirteen-year documented inability to track public money and provider performance in the exact departments now asking the public to fund a generational expansion.** The 2022 performance audit is the smoking gun for this paper's purposes — the State Auditor did not say Spokane spends too much or too little; the Auditor said Spokane cannot demonstrate what its spending achieves, because the data practices to do so are absent. Every future funding measure — the Safe & Healthy facilities package above all — will be litigated against this record. The only durable answer is to fix the measurement layer and prove it publicly.

4. What Fragmentation Costs — Ten Questions Spokane Cannot Answer Today

Each of these is a routine management question in a well-instrumented region. In Spokane each is currently unanswerable, and the System Map flags every one as a named data gap:

- Who are the 100 highest utilizers across jail, ER, crisis, and shelter — and what does each cost per year? (Allegheny County publishes this; Spokane cannot produce it.)
- What share of people booked with opioid use disorder receive medication before release — during the two-week window when Washington's own data shows overdose death risk at 129 times normal?
- How many people did local hospitals discharge to the street last year?
- How many DCR investigations occurred, and what happened to the people evaluated?
- What is the countywide MAT coverage rate against the estimated opioid-use-disorder population?
- Which shelter contracts produce housing exits, at what cost per exit, by provider?
- How many people released from jail became homeless within 90 days — and vice versa?
- How long is the real wait for a detox bed at the moment someone says yes?
- Did a person counted in January's PIT appear in the jail in February and the Medical Examiner's office in March?
- What did "Tanya's" three years on the street actually cost — not as the System Map's estimate, but as an accounting fact?

The System Map's journey receipts (Maria ~\$26,500; Dave ~\$93,100; Tanya ~\$54,200) are careful reconstructions. In Boise or Pittsburgh they would be *reports*, run against live data. That is the entire difference this paper is about.

5. Benchmarks: What Good Looks Like

5.1 Boise, Idaho — the university as neutral referee (most transferable)

Boise's **Our Path Home** partnership (40+ agencies; the City of Boise as lead agency) runs real-time shared HMIS data and — the operational heart — **weekly case conferencing from a by-name list**, connecting named households to specific units. Its public Data & Reporting page shows the live queue (roughly 300 families and 350 adult households at any time), and PIT/HIC trend dashboards are published as a matter of course.

The distinctive ingredient is **Boise State University's Idaho Policy Institute** (School of Public Service — the operation long associated with Vanessa Fry), which serves as the system's neutral third-party analyst. IPI's signature study found 100 chronically homeless residents cost Ada County about \$5.3 million a year, and that housing them would save about \$2.7 million annually — the analytic foundation that carried Idaho's first Housing First development (New Path) through a skeptical political environment. IPI has produced six consecutive annual New Path evaluations and Boise State is contracted to independently evaluate 143 additional supportive-housing units through 2032. The lesson for Spokane: a university intermediary converts data from a political football into a shared fact base — and Spokane has three candidates (WSU Spokane's health-sciences campus, EWU — which already co-authors the regional PIT analysis — and Gonzaga) within ten minutes of City Hall.

5.2 Allegheny County, Pennsylvania — the integrated warehouse (gold standard)

Since 1999, Allegheny County's Department of Human Services has operated a single **data warehouse linking behavioral health, child welfare, homelessness, aging, the housing authority, the county jail, probation, the health department, the medical examiner, and the courts** — seeded with \$2.8 million of pooled foundation money. It powers routine jail/behavioral-health overlap reporting, reentry planning, and, since 2020, the Allegheny Housing Assessment, which replaced the discredited VI-SPDAT survey with a risk model built from actual cross-system history — and passed an independent racial-equity audit. Two Spokane-relevant lessons: consolidation of governance radically reduces the MOU burden (most Allegheny systems answer to one county executive — an argument the Safe & Healthy regional council should study), and philanthropy, not government, paid for the build — keeping it neutral.

5.3 Built for Zero — the data standard

Community Solutions' Built for Zero methodology (winner of MacArthur's \$100M 100&Change award) defines **quality by-name data**: a person-level list of everyone experiencing homelessness — comprehensive, updated at least monthly, with certified inflow/outflow accounting. More than 180 communities use it; over a dozen have reached functional zero for at least one population. It is the certification target for Recommendation 3 below — and Spokane today would not qualify.

5.4 Houston and Camden — scale, and the justice bridge

Houston unified 100+ agencies on one HMIS under one lead agency in 2012; more than 30,000 people housed and a ~60%+ reduction later, it is standing proof that a single shared database with unified prioritization works at scale. **Camden, New Jersey** answers the hardest technical objection: its regional health information exchange now receives clinical data from the county jail bi-directionally — including 42 CFR Part 2-protected substance-use records handled through consent workflows. The jail-to-treatment data bridge Spokane treats as impossible is, in Camden, this year's routine.

6. The Privacy Objection — Mostly a Myth

Every Spokane data conversation dies on the same objection: "HIPAA won't let us." This is, in the main, incorrect. HIPAA expressly permits disclosures for treatment and operations and with patient consent; the 2024 revision of 42 CFR Part 2 now allows a **single patient consent to**

cover future uses and disclosures of substance-use records, aligning Part 2 with HIPAA; and Washington's own ICDB demonstrates lawful large-scale linkage inside this state's legal framework. The communities profiled above did not find looser laws — they drafted universal consent forms and standing data-use agreements, and put counsel inside governance rather than letting privacy anxiety function as a veto. Spokane's barrier is administrative will, not federal law.

7. Recommendations

1. **Charter a Regional Data Trust under the Safe & Healthy council (A1/B1).** One governance table owning cross-system data — city, county, Valley, SCRBH, SRHD, courts, jail, providers, and a university partner — with a standing data-use-agreement library and a universal consent form at every front door. This is the concrete form of the task force's own "robust data and accountability system" recommendation.
2. **Contract a university as the neutral data intermediary — the Boise State model.** EWU already produces the region's best homelessness analysis; WSU Spokane brings health-data capacity; Gonzaga brings law and public trust. Fund a standing institute role — analysis, evaluation, public reporting — not one-off studies.
3. **Stand up a certified quality by-name list within 12 months.** Adopt Built for Zero data standards, and add the two intake questions the System Map has already proposed — "Where did you sleep 90 days ago?" and "What brought you to Spokane?" — to settle the origin debate with data instead of dueling surveys.
4. **Produce the first cross-system high-utilizer report within 6 months.** Match jail bookings × crisis/BH × HMIS × EMS/Medical Examiner for one year — via a data-sharing agreement with the state ICDB if local linkage lags. One hundred de-identified profiles, utilization, and cost. Nothing would change Spokane's policy debate faster; Allegheny publishes the equivalent routinely.
5. **Answer the audits — visibly.** A real subrecipient-monitoring system with published contract scorecards (dollars, deliverables, outcomes, cost per exit, by provider), and a standing corrective-action page tracking every open State Auditor finding to closure. The credibility of the next tax measure depends on this more than on any facility rendering.
6. **Publish or it didn't happen.** A public dashboard for every public system: jail MAT coverage, DCR volumes and outcomes, detox time-to-bed, coordinated-entry queue, shelter exits by provider, discharges to homelessness. The county's detention dashboard and the 2024 regional homelessness dashboard prove the appetite; extend the practice everywhere.
7. **Fund it like infrastructure — philanthropy first.** Allegheny's warehouse cost \$2.8M of foundation money. Spokane's philanthropic community — the same institutions that funded Safe & Healthy — could seed a regional data trust for less than one year of one shelter contract, and keep it neutral by doing so.
8. **Put a data condition on every new dollar.** Every contract, levy, and settlement allocation should carry the same clause: participation in the regional data trust and by-name list, and publication of agreed performance measures. Money is the only integration incentive that has ever worked at scale.

8. Conclusion

Spokane is preparing to ask its citizens for a generational investment in facilities, treatment, and housing. Thirteen years of audit findings say the region cannot yet account for the money it already spends; the Leifman assessment says its systems cannot yet see the people that money serves. Boise, Pittsburgh, Houston, and Camden demonstrate that mid-sized American regions can build the ledger — by-name, cross-system, public — and that when they do, the politics change, because the argument moves from anecdote to arithmetic. The Continuum of Care System Map was built on the conviction that *you can't fix what you don't understand*. This paper's corollary completes it: **you can't improve what you can't measure — and Spokane, as of July 2026, is choosing not to measure**. That choice is reversible — cheaply, and faster than any building can be built.

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