

Rhode Island Consolidated Plan 2015-2019

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Executive Summary

ES-05 Executive Summary - 91.300(c), 91.320(b)

1. Introduction

The Rhode Island Consolidated Plan is mandated by the U.S. Department of Housing and Urban Development (HUD) and requires the state to assemble in one document its plan to pursue goals for all Office of Community Planning and Development (CPD) programs, as well as for other housing and homelessness programs. The CPD Office is a Program Office of HUD.

The overall goal of CPD programs is to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities principally for low- and moderate-income persons. The primary means towards this end is to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of affordable housing.

The Consolidated Plan serves the following functions:

- A planning document for the state, which builds on a participatory process among citizens, organizations, businesses, and other stakeholders;
- A submission for federal funds under HUD's formula grant programs;
- A strategy to be followed in carrying out HUD programs; and
- A management tool for assessing performance and tracking results.

A complete Consolidated Plan consists of the information required in 24 CFR §91.300 through §91.330, submitted in accordance with instructions prescribed by HUD.

The Rhode Island Consolidated Plan affirms the three national objectives of Title I of the Housing and Community Development Act of 1974, as amended, including activities which:

- Primarily benefit low-and-moderate income persons
- Aid in the prevention of slums and blight
- Alleviate conditions which pose a serious and immediate threat to the health or welfare of a community

Rhode Island anticipates receiving the following amounts in Program Year 2015; estimated projections for five years follow in parentheses:

- CDBG: \$4.9 million (\$24.5 million)
- HOME: \$3 million (\$15 million)
- ESG: \$668,699 (\$3.3 million)

The Rhode Island Consolidated Plan also supports the objectives of the National Affordable Housing Act of 1990, including:

- Ensure that all residents have access to decent shelter
- Increase the supply of affordable housing
- Make neighborhoods safe and livable; expand opportunities for homeownership
- Provide a reliable supply of mortgage finance
- Reduce generational poverty in assisted housing

The Rhode Island Consolidated Plan also addresses the needs of persons living with HIV/AIDS and supports the objectives of the Stewart B. McKinney Homeless Assistance Act of 1987.

Accordingly, the Rhode Island Consolidated Plan describes the priorities and guidelines of the three federally funded CPD programs for which Rhode Island is a formula grantee, including: the Community Development Block Grant (CDBG) program, HOME Investment Partnerships (HOME) program and the Emergency Solutions Grant (ESG) program. The State of Rhode Island is not a formula grantee of the fourth CPD program, Housing Opportunities for Persons with AIDS (HOPWA) program, however, the state is currently administering HOPWA funds as part of a competitive grant it has been awarded.

The Office of Housing and Community Development (OHCD) will administer the CDBG and ESG programs. Rhode Island Housing (RIH) will administer the HOME program and is the competitive grant state awardee of the HOPWA program. Rhode Island Housing is also the lead agency in the submittal of this Consolidated Plan.

2. Summary of the objectives and outcomes identified in the Plan

Through the process of gathering input via citizen participation and via consultation with state housing stakeholders and other public agencies (described in The Process), as well as through the assessment of housing needs (described in Needs Assessment) and the analysis of housing market conditions (described in Market Analysis), the state has developed a set of seven goals that will guide the use of approximately \$216 million in federal funds (\$43 million in CPD formula allocations) from 2015 to 2019. The seven goals are:

- Develop and Preserve Affordable Housing
- Prevent and End Homelessness
- Improve Accessibility, Health, Safety and Energy Efficiency of State's Housing Stock
- Provide Tenant-Based Rental Assistance
- Address the Negative Impacts of the Foreclosure Crisis
- Address Community Development Needs
- Affirmatively Further Fair Housing

Through employing various strategies to achieve these objectives, the state expects to achieve the following outcomes over the next five years:

- Develop or preserve 3,000 affordable homes
- Serve 22,000 households through homeless programs
- Address health and safety concerns in 1,800 homes
- Provide Tenant-Based Rental Assistance to 3,200 households
- Prevent 1,000 foreclosures through mediation conferences and housing counseling

3. Evaluation of past performance

The activities and strategies funded through the Consolidated Plan 2010-2015 made an important impact on Rhode Island's housing, homeless, and community development needs.

Corresponding with HUD's goals of creating decent, affordable homes, enhancing suitable living environments, and creating economic opportunity, the main objectives of the State of Rhode Island Consolidated Plan 2010-2015, included:

- increasing production of affordable rental homes in key geographic locations for priority populations;
- focusing on the need for affordable homes linked to supportive services;
- addressing the negative impacts of the foreclosure crisis, particularly for minority and low- and moderate-income households and hard hit urban communities;
- ensuring that Rhode Island's aging housing stock is safe, healthy and energy-efficient;
- reducing barriers to affordable housing; and
- preserving our natural resources by working together to prioritize development in areas close to jobs, transportation, infrastructure and services

Related to each of these broad goals, the performance of the state from 2010 to 2014 included:

- The production of 1,404 new safe, affordable homes in 31 of 39 of Rhode Island's municipalities; 19% of new homes (270 total) will provide permanent supportive housing for low income residents with disabilities; 51% of these homes are restricted to households earning less than half of area median income.
- Preserved the long-term affordability of 2,951 homes, exceeding the five-year goal by nearly 2 to 1.
- Secured 377 new rental assistance voucher opportunities for households that are homeless or are at-risk of homelessness.
- Over 10,000 households were served by foreclosure prevention counseling services
- Achievement of goals for sustainable development, with 95% of developments created in or near urban areas or growth centers accessible to public water and/or sewer
- Completed lead hazard reduction work in 290 homes through federal and state lead and healthy homes funding programs.
- Held 283 foreclosure mediation conferences, of which 71% (202) of households retained their homes through working with mortgagors.

4. Summary of citizen participation process and consultation process

Coordinating public input and consultation processes between HUD-required planning documents and state-required planning documents

The Rhode Island Statewide Planning Program, Rhode Island Housing, and the Office of Housing and Community Development worked together to collectively understand and detail the housing-related conditions and needs of the state and solicit broad public feedback on strategies to improve conditions and meet these needs. See sections PR-10 and PR-15 for details on the coordination in gaining input for HUD and state planning documents. The coordinated effort was undertaken from 2012 to 2015 as part of a Sustainable Communities Grant secured by the Statewide Planning Program to update various elements of the State Guide Plan, with the interest of aligning the findings and recommendations of those elements with the required updates to the Consolidated Plan and the Regional Analysis of Impediments to Fair Housing. This effort included dozens of interactions with housing and community development stakeholders that informed this Plan.

In many ways, this public engagement process represents the most extensive public outreach ever conducted in Rhode Island to solicit input on housing and community development needs. The outreach and engagement process included: open work sessions; public forums; open houses; public hearings; focus groups; one-on-one interviews; “meetings in a box” with targeted groups; social media and crowd sourcing.

Extensive consultation with state agencies responsible for ending homelessness and providing healthcare

Various state agencies provide programs and service to meet the needs of Rhode Island’s low income and special needs populations, and thus their input was vital to developing practical strategies to address these populations’ needs. The state’s Department of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH) provided valuable information on meeting the needs of Rhode Islanders with mental and physical health-related conditions and needs in the state.

The Governance Charter for the Rhode Island Continuum of Care (RiCoC) requires its Board of Commissioners to provide information for the Consolidated Plan (see PR-10). Various members of the RiCoC Board provided recommendations on goals and outcomes while also referencing important resources that were used in developing the sections in this Plan’s homelessness strategy, its institutional delivery structure, needs, goals and outcomes.

Public Hearings

Notice of two public hearings in October 2014 and opportunity to comment on housing and economic development needs were provided through advertisement in the Providence Journal, posting on the Statewide Planning website, a direct mailing to the over 2,000 planning and transportation contacts in Statewide Planning’s database, and an e-blast to all the contacts in the Division of Planning database. The public hearings were:

- Monday, October 27th at 6:00pm at the Department of Administration William E Powers Building Conference Room A, One Capitol Hill, Providence

- Tuesday, October 28th at 6:00pm at North Kingstown Senior Center, 44 Beach Street, North Kingstown

A final public hearing was held on July 8th, 2015 to specifically solicit input on housing and community development needs in the state, strategies to address these needs, as well as presenting the anticipated federal resources available to achieve state housing and community development goals. Notice of this public hearing was provided through advertisement in the Providence Journal and (in both English and Spanish) in the Providence American, as well as on Rhode Island Housing's website. The process in developing these goals was also discussed, as was the process for supplying comments on the draft of the Consolidated Plan once it was to be released.

- Wednesday, July 8th at 4:00pm at RI Dept. of Environmental Management, 235 Promenade Street, Providence

5. Summary of public comments

The public comment period ran from July 9th, 2015 to August 8th, 2015. Copies of the draft Consolidated Plan were made available at Rhode Island Housing offices, on Rhode Island Housing's website, and at public libraries around the state. See the Citizen Participation Comments Attachment for the public hearing and public comment notice published in state newspapers and on Rhode Island Housing's website, detailing how comments were to be made and where the draft Consolidated Plan was viewable. The Citizen Participation Comments Attachment includes a summary of public comments on the draft Consolidated Plan.

6. Summary of comments or views not accepted and the reasons for not accepting them

See the Citizen Participation Comments Attachment for the summary of comments or and whether changes were made to accommodate these views, and if not the reasons for not accepting them.

7. Summary

Rhode Island Housing (RIH) and the Office of Housing and Community Development (OHCD) are the agencies responsible for administering HUD's CPD programs. The two agencies work together to develop and implement the Consolidated Plan every five years, which is a HUD-required document that is an application to receive formula allocations for housing programs that also serves as a management tool to organize state resources in achieving common goals and to manage annual planning and performance evaluation functions. Working with the Rhode Island Statewide Planning Program, RIH and OHCD completed an extensive public outreach process to inform the drafting of both the 2015-2019 Consolidated Plan and several elements of the State Guide Plan. The Needs Assessment (NA) and Market Analysis (MA) sections of this Consolidated Plan combined with this public outreach to develop the Strategic Plan (SP), which put together the priority needs, goals, resources and outcomes related to the state's housing-relating needs and conditions.

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.300(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

TABLE I – LEAD AGENCY INFORMATION

Agency Role	Name	Department/Agency
Lead Agency HOME and HOPWA programs	Rhode Island Housing (RIH)	Rhode Island Housing Mortgage and Finance Corporation (state housing finance agency)
CDBG and ESG Programs	Office of Housing and Community Development (OHCD)	Rhode Island Commerce Corporation (Commerce RI)

Narrative

The Consolidated Plan was developed in partnership between Rhode Island Housing (RIH), which is the state's quasi-public housing finance agency, and the Rhode Island Housing Office of Housing and Community Development (OHCD), which is a state government department within the Rhode Island Commerce Corporation (Commerce RI).

Consolidated Plan Public Contact Information

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PR-10 Consultation - 91.110, 91.300(b); 91.315(l)

1. Introduction

Provide a concise summary of the state’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(l))

Public Housing Agencies

The Public Housing Association of Rhode Island and many representatives from Rhode Island public housing agencies (PHAs) were involved in the development of the state’s strategic plan to end homelessness, called Opening Doors Rhode Island. One of the goals of the plan was to make available 100 additional permanent supportive housing units per year through leasing and rental assistance. A strategy to achieve this goal included seeking PHA support and commitment through set-asides of vouchers or units for permanent supportive housing. As of 2015, nearly 200 vouchers have been distributed to persons in this population.

Healthy homes coordination

The nationwide project called the Green and Healthy Homes Initiative (GHHI) recently established a Rhode Island-specific project, run through the newly minted Green and Healthy Homes Initiative – Rhode Island office, known as the Rhode Island Alliance for Healthy Homes (RIAHH). The goals of RIAHH, the first statewide model from GHHI, include raising awareness about the costly impact of unhealthy housing and providing cross-sector coordination of education, resources and services among state, city and community-based service organizations. RIAHH will serve as the state’s resource to identify measurable solutions through the existing healthy housing resource infrastructure in the state while building the capacity to expand on the existing infrastructure.

Evaluation-of-needs coordination among homelessness service providers

The Rhode Island Continuum of Care (RiCoC) has adopted the Vulnerability Index-Service Prioritization and Data Analysis Tool (VI-SPDAT) to prioritize access to needed housing and services for Rhode Island’s homeless population. This tool is used when a person is first entered into the state’s Homelessness Management Information System (HMIS). Once assessed, those needing permanent supportive housing are referred to the coordinated entry system to match the person with available units. If a match is not found the person is referred to a housing placement committee to better understand the housing needs and services of the person and to facilitate an appropriate housing referral. All homeless service providers will use the VI-SPDAT through HMIS as part of a new coordinated access system for all Continuum of Care members.

The standing committees of the Rhode Island Continuum of Care’s Board of Commissioners (RiCoC Board) will include both housing agencies and health agencies (private and public) that will work together to improve joint-serving programs (such as supportive housing), which provides health services in a stable housing environment. Article IV of the RiCoC Governance Charter describes the required composition of the RiCoC Board as follows: At least two representatives of organizations

providing housing or services for the homeless; At least two homeless or formerly homeless individuals; Members from the public and private sectors; and Representatives of the various subpopulations within the CoC, such as persons with substance use disorders, persons with HIV/AIDS, veterans, the chronically homeless, families with children, unaccompanied youth, the seriously mentally ill, and victims of domestic violence, dating violence, sexual assault and stalking, to the extent that someone is available and willing to represent that subpopulation on the board. One board member may represent the interests of more than one homeless subpopulation. The RICoC Board will act on behalf of the RICoC, with approval from the state's Housing Resources Commission (HRC), to fulfill the responsibilities assigned to continuums of care by the Department of Housing and Urban Development (HUD).

Preventing the discharge of persons in state care into homelessness

A Memorandum of Agreement (MOA) between the RI Dept. of Health (DOH) and OHCD dictates that hospital patients not be discharged into homelessness. Patients remain hospitalized until they are healthy enough to move on to housing and receive case management support in developing a discharge plan. A plan may call for independent living (if financial means or assistance is available), referral to small community-based agencies, substance abuse treatment centers, Medicaid Waiver assisted living, or long-term care facilities. The LeadSafe Homes Program (Rhode Island Housing) offers re-housing assistance for families of children hospitalized due to lead poisoning. The Rhode Island Housing First initiative provides supportive housing where tenancy is not conditional upon sobriety, and case management services. Discharge planners in assisted living facilities are trained to identify mainstream housing opportunities and to pair placements with Money Follows the Person (MFP) Program long-term care services.

An MOA between The Dept. of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH) and OHCD dictates that patients of mental health institutions are not to be discharged into homelessness. BHDDH supports the Housing First model with Projects for Assistance in Transition from Homelessness (PATH) and Substance Abuse and Mental Health Services Administration (SAMHSA) grants for client-centered permanent housing and funds new supportive housing for people with serious mental illness and developmental disabilities through the Thresholds program (administered by Rhode Island Housing). The Housing First initiative offers housing for over 600 households through Shelter + Care vouchers (now assimilated into the Continuum of Care), RoadHome rental assistance (a Rhode Island Housing program) and mainstream subsidized housing. BHDDH is responsible for establishing a general discharge policy for patients of Rhode Island mental health institutions.

Other state departments, such as the Department of Health and Department of Children, Youth and Families have Memoranda of Understanding with OHCD to not discharge clients in state care into homelessness.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The Dept. of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH) co-funds initiatives to address homelessness among those facing mental and physical health concerns with the Housing Resources Commission (HRC) and Rhode Island Housing's competitively-awarded Continuum of Care grants (HEARTH Act Programs). All work together on the Interagency Council on Homelessness (ICH) and the Rhode Island Continuum of Care Board of Commissioners (RI CoC) and its many sub-committees. Rhode Island Housing and BHDDH were co-applicants in the awarding of over \$5 million in rental assistance and supportive services through the HUD Section 811 Project Rental Assistance program to prevent and reduce homelessness among disabled persons in the state. The two agencies will coordinate on the delivery and monitoring of these funds to the approximately 150 households this program will assist over the next eight years. The Continuum of Care's new Recipient Approval and Evaluation Committee as well as the System Performance and Planning Committee will be heavily involved in assisting the administration of this program. The coordination of sources and strategies between the state's housing and health-related departments along with Rhode Island Housing aides in the state's effort to build housing for these vulnerable populations and to provide rental assistance and supportive services (case management) to these households where possible.

Through its Housing Resources Commission and Interagency Council on Homelessness, Rhode Island adopted Opening Doors Rhode Island ("ODRI"), a strategic plan to end homelessness. This plan, adopted in 2012 and fully aligned with the Federal Opening Doors plan, serves as a guiding document for the RICoC and is the guiding document for all homelessness programs described in this Consolidated Plan.

ODRI's goals, strategies and objectives include: Eliminate homelessness among Veterans in five (5) years (2017); Eliminate chronic homelessness in five (5) years (2017); Significantly reduce homelessness among families in ten (10) years (2022); and Set a path to reducing all homelessness.

Describe consultation with the Continuum(s) of Care that serves the state in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

The Rhode Island Continuum of Care (RICoC) Board of Commissioners is responsible for the following operations per its Governance Charter and has participated in the development of all aspects of this Consolidated Plan, most prominent of which are the sections on homelessness and institutional delivery structure. Sections in the Governance Charter relative to ESG and HMIS administration include that the RICoC will:

Operations

- Monitor performance and outcomes of programs and report findings to HUD;
- Establish and operate a Coordinated Intake/Assessment System (VI-SPDAT) in consultation with Emergency Solutions Grant (ESG) recipient(s) and to meet the necessary requirements (cover the state of Rhode Island, be easily accessed by individuals and families seeking housing or services, be well-advertised, and include a comprehensive and standardized assessment tool);

- Approve and submit the annual application for funding to HUD in accordance with requirements outlined in the Notification of Funding Availability (NOFA) published by HUD;
- Establish priorities for funding projects in the state of Rhode Island and a project selection process that is transparent, inclusive and based on HUD standards; and
- In consultation with Emergency Solutions Grant (ESG) recipients (State Office of Housing and Community Development, Cities of Pawtucket, Providence and Woonsocket) establish written standards for ESG & RCoC funding.

Homeless Management and Information System (HMIS)

- Designates a single HMIS for the State of Rhode Island;
- Designates a single eligible applicant to serve as HMIS lead;
- Review, revise, and approve privacy, security, and data quality plans;
- Ensure consistent participation of recipients and sub-recipients in HMIS; and
- Ensure HMIS is in compliance with HUD regulations.

Planning

- Coordinate and operate housing and service system, which at a minimum will encompass outreach, engagement and assessment, shelter housing and supportive services, and homelessness prevention strategies;
- Conduct Point-In-Time Homeless Count at least biennially or as required by HUD;
- Identify gaps of needs and services at least annually, which include a housing inventory;
- Provide information for Consolidated Plan(s); and
- Consult with ESG recipients on allocating ESG funding and performance of programs.

The director of the state's Office of Housing and Community Development sits on the RCoC Board, which is staffed by Rhode Island Housing.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

TABLE II – AGENCIES CONSULTED IN DEVELOPING PLAN

Agency/Group/Organization	Agency/Group/Organization Type	What section of the Plan was addressed by Consultation	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination
Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)	Government	All Sections of Consolidated Plan and Annual Plan	Contacted by Phone and Email
Rhode Island Statewide Planning Program (SPP)	Government	MA-40, SP-55, AP-75	In-person meetings, phone and email follow up
Rhode Island Continuum of Care (RI CoC)	Government	All Sections of Consolidated Plan and Annual Plan	In-person meetings, phone and email follow up with RI CoC staff and members
Rhode Island Interagency Council on Homelessness (ICH)	Government	Homelessness	In-person meetings, phone and email follow up with ICH staff and members
Rhode Island Coalition for the Homeless (RICH)	Non-Profit	Homelessness	In-person meetings, phone and email follow up
Rhode Island Housing Resources Commission (HRC)	Government	All Sections of Consolidated Plan and Annual Plan	In-person meetings, phone and email follow up
Public Housing Association of Rhode Island (PHARI)	Non-Profit	NA-35, MA-25, SP-50, AP-60	Contacted by Phone and Email
Housing Network of Rhode Island (HNRI)	Non-Profit	All Sections of Consolidated Plan and Annual Plan	In-person meetings, phone and email follow up
Rhode Island Department of Health (DOH)	Government	NA-10, NA-45, MA-20, SP-65, SP-70, AP-85	Contacted by Email
Rhode Island Department of Children, Youth and Families (DCYF)	Government	NA-10, NA-45, SP-40	Contacted by Email
Rhode Island Builders Association (RIBA)	Non-Profit	Market Analysis, MA-40, SP-55, AP-75	In-person meetings, phone and email follow up

The table above represents consultations conducted by Rhode Island Housing for the specific purpose of receiving feedback on how to address questions required in the Consolidated Plan.

The anticipated outcomes of the consultation or areas for improved coordination for the agencies consulted include:

BHDDH Anticipated outcomes of ongoing consultation and improved coordination with BHDDH include the successful administration of the HUD 811 PRA Grant, achieving many goals outlined in the Strategic Plan, including ending and reducing homelessness, maintaining the protocol of not

discharging a BHDDH patient into homelessness, coordinating with BHDDH on the administration of the Consolidated Homeless Fund as BHDDH passes through funding into this program, maintaining and improving BHDDH's support of and use of the Housing First model, and continuing to assist BHDDH in using Medicaid funds to fund housing-based supports for disabled Rhode Islanders.

RI Statewide Planning Program Anticipated outcomes of ongoing consultation and improved coordination with RI's SPP include blending the strategies and goals found in housing and economic development-related sections of the State Guide Plan with this and future Consolidated Plans, to work with SPP in aiding cities and towns develop and implement affordable housing policies, to better understand municipal zoning practices and how they can be addressed in order to reduce barriers and affordable and fair housing, and to share statistical information relevant to growing housing needs, such as demographic changes based on age, race and ethnicity.

RI Continuum of Care Anticipated outcomes of ongoing consultation and improved coordination with RICOC include the achievement of goals outlined in the Strategic Plan, specifically Goals 1, 2, 4 and 7. The RICOC will primarily work to achieve Goal 2, reducing, preventing and ending homelessness through the administration of competitively-awarded federal funds dedicated to this purpose.

Interagency Council on Homelessness Anticipated outcomes of ongoing consultation and improved coordination with ICH includes the continued progress in implementing the state's strategic plan to end homelessness, and achieving Goal 2, or reducing, preventing and ending homelessness.

Rhode Island Coalition for the Homeless Anticipated outcomes of ongoing consultation and improved coordination with RICH includes the continued use of and improvement of the state's HMIS as well as continuing to advocate at the local, state and national level for funding and policy related to ending homelessness. RICH will also produce yearly updates on the implementation of the state's strategic plan to end homelessness, the information from which will be included in subsequent state Annual Action Plans and CAPERs related to this Consolidated Plan.

Office of Housing and Community Development Anticipated outcomes of ongoing consultation and improved coordination with OHCD include the ongoing relationship in achieving the state's housing goals (as summarized in the Strategic Plan), to maintain efforts to sustain and improve funding for housing and homelessness in the state, to comply with all regulations and policies related to the federal programs that currently assist Rhode Island's population, to coordinate actions to reduce barriers to fair and affordable housing and to raise support for housing policy in general.

Public Housing Association of Rhode Island Anticipated outcomes of ongoing consultation and improved coordination with PHARI include coordinating public housing policies that positively address state priorities, such as ending homelessness and achieving fair housing goals, while also working with PHAs to best determine ways that Rhode Island Housing can assist in the preservation and rehabilitation of the aging public housing stock in the state.

Housing Network of RI Anticipated outcomes of ongoing consultation and improved coordination with HWRI include better understanding and communicating the housing needs in the state and providing information at the municipal level for the purpose of engaging stakeholders from all communities.

RI Department of Health Anticipated outcomes of ongoing consultation and improved coordination with HEALTH include sustaining memorandums of agreement with other state agencies in preventing homelessness and housing-related problems among the populations these departments serve and to share information that is crucial in understanding housing need and how housing relates to the health and safety of Rhode Islanders.

RI DCYF Anticipated outcomes of ongoing consultation and improved coordination with DCYF include sustaining memorandums of agreement with other state agencies in preventing homelessness and housing-related problems among the populations these departments serve and to share information that is crucial in understanding housing need and how housing relates to the health and safety of Rhode Islanders.

Rhode Island Builders Association Anticipated outcomes of ongoing consultation and improved coordination with RIBA includes to continued engagement of policymakers and stakeholders in policies that promote construction of safe and affordable housing (not just deed-restricted but low-cost market rate housing).

Other organizational participation in the development of the Consolidated Plan

The Rhode Island General Assembly instituted the creation of a Statewide Planning Program, which is currently a part of the state's Division of Planning, in which the legislative findings concluded that "the continued growth and development of the state presents problems that cannot be met by the cities and towns individually and that require effective planning by the state; and state and local plans and programs must be properly coordinated with the planning requirements and programs of the federal government." As part of that mission, Statewide Planning Program and other state agencies that work in residential or commercial development have worked together to make sure various state plans are "properly coordinated".

State Guide Plan

The same statute that implemented the Statewide Planning Program also instituted the State Guide Plan, which "shall be a means for centralizing, integrating, and monitoring long-range goals, policies, plans, and implementation activities related thereto. State agencies concerned with specific subject areas, local governments, and the public shall participate in the state guide planning process, which shall be closely coordinated with the budgeting process." The State Guide Plan is in fact a series of strategic plans around various public goods; as of 2015 the State Guide Plan contained 25 separate documents.

Element 423 of the State Guide Plan is the *Rhode Island Five Year Strategic Housing Plan*, completed in 2006; since 2011 the state has not had specific housing needs and implementation strategies for housing since then. To address outdated elements of its State Guide Plan, in 2012 the Statewide Planning Program initiated the development of a new State Housing Plan, a new State Economic Development Plan and a new Regional Analysis of Impediments to Fair Housing with funding through a HUD Sustainable Communities Grant. Through this single coordinated process, the state sought to strengthen its economy, meet current and future housing needs, and plan for future growth through the development of integrated plans and guidance consistent with existing strategies for transportation, land use and environmental protection. This planning process included the most extensive public outreach ever conducted by the Statewide Planning Program, with nearly one thousand Rhode Islanders contributing to the effort in 2013 and 2014.

Coordination of Consolidated Plan with New State Guide Plan Elements

Rhode Island Housing, the Statewide Planning Program and the Office of Housing and Community Development worked together to incorporate the findings and recommendation from that process into the 2015-2019 Consolidated Plan. We did this by: 1) Leverage the ‘most extensive public outreach ever conducted by the Statewide Planning Program’ to solicit input for the needs, goals, strategies and outcomes that would be required in the 2015-2019 Consolidated Plan and 2) Reflect in the Consolidated Plan the state-approved goals from the new Economic Development Plan, Housing Plan and Regional Analysis of Impediments to Fair Housing Choice.

By sharing a common public engagement and Plan-development process, the state was able to make the most of the time and effort of the public and community partners that assisted in the development of the Plans, and ensure consistency through these critical documents.

Consultation and coordination with key stakeholders

The public outreach and engagement process included extensive cross-sector consultation on 1) understanding the housing-related conditions and needs of the state and 2) developing strategies to address the needs identified. Five groups were formed that included representatives across all sectors of the state, including state agency staff, representatives from a wide variety of non-profit service delivery and advocacy groups, representatives of private business, and private citizens volunteering to contribute time to a public cause. The decision-making body of the process to create the new elements was known as the Consortium, which consisted of 35 member organizations that were chosen based on area of expertise, geographic diversity and interest in participating in the process. The Consortium played many roles over the course of the planning process, including developing the work plan, helping select a consultant team, providing perspectives for the project’s direction, reviewing deliverables, and setting the course for public engagement. The Consortium met 29 times from April 2012 to November 2014, in order to review and update progress on deliverables. Three specialized committees were created to help guide the process of developing certain deliverables: an Economic Development Committee (met 8 times), a Housing Committee (met 6 times). Descriptions of each Committee include:

The Economic Development Committee

The Economic Development Committee convened for the development of a new Economic Development Plan element of the State Guide Plan had an open membership that included several members of the Consortium and Social Equity Advisory Committee (see below), and approximately 25 business leaders, industry representatives, government officials, advocates, lenders, and academics. This group met eight (8) times to review the development of new materials, provide direction on the development of the plan, and work through the details of technical issues related to economic development.

The Housing Committee

The Housing Committee convened for the development of a new State Housing Plan element of the State Guide Plan, which also guided the work on the Consolidated Plan. The group had an open membership that included several members of the Consortium and Social Equity Advisory Committee (see below), and approximately 20 government officials, developers, advocates, lenders and academics. This group met six (6) times to review the development of new materials, provide direction on the development of the plan, and work through the details of technical issues related to housing issues.

Social Equity Advisory Committee

The Social Equity Advisory Committee (SEAC) convened to ensure social equity was a central principle of each of the Plans and to provide input on the development of the Regional Analysis of Impediments to Fair Housing Choice, and included people from a diverse set of organizations and communities, and served to advise the Consortium. The SEAC met 24 times to advise the process of updating the State Guide Plan on two major topics – designing an inclusive, diverse process and reviewing the development of all goals, policies and strategies to ensure that the outcomes of the process widen opportunities for all and reduce disparities.

One-on-one interviews with stakeholders

Part of the public outreach was to conduct interviews with business, civic, educational, and governmental stakeholders. Eighteen (18) individual interviews were conducted with the following organizations and agencies, organized by relevant sector participation:

- **Business:** Cornish Associates; Peregrine Group; the Rhode Island Builders Association
- **Civic Organization:** Greater Providence Chamber of Commerce; Northern Rhode Island Chamber of Commerce; Providence Warwick Convention and Visitors Bureau; RI Hispanic Chamber of Commerce
- **Education:** Association of Independent Colleges and Universities (AICU) Rhode Island; Community College of RI

- **Non-Profit:** Latino Business Network; Opportunities Industrialization Center (OIC) of Rhode Island; Rhode Island Black Business Association
- **State and Quasi-State:** RI Office of Regulatory Reform; Quonset Development Corporation; RI Dept. of Labor and Training; RI Economic Development Corporation (recently renamed as the Rhode Island Commerce Corporation); and the RI Governor's Workforce Board

The Planning Consultant that conducted the interviews provided a summary report, which includes the following relevant common themes related to housing and community development:

General Common Themes

- Housing brings jobs, state needs to provide affordable housing options to retain workers.
- We will have to grow our own economy in RI
- City/State creates the "need" for economic growth.
- State needs a specific plan. General economic development planning is not enough.
- Major areas of concern for small (or all) businesses are tax competitiveness, regulatory reform, and education and training.

Diversity concerns

- Acknowledging the changing demographics and subsequent business needs of formerly minority communities (Latino, Black)
- Lack of access to (traditional) capital, by certain populations in particular
- No statewide policy exists to specifically address needs of minority populations.
- Underwriting practices will deter minorities from accessing capital

Housing Development

- Economics don't work for new housing construction. How do you make market rate housing work?
- Large costs put on small communities means they cannot build middle-class, market-rate housing (\$200s - \$300s).
- Nationally, fifteen to thirty-five percent of the cost of house can be attributed to the cost of development regulations; Rhode Island is on the high side of this figure.
- Local plans are prepared without figuring the potential cost of implementation; development costs can no longer be passed on to the consumer.

Infrastructure

- Poor and unattractive infrastructure negatively impacts tourism
- Need to address deficiencies, safety issues, and cleanliness of roadways
- Signage and way-finding is also poor in the state, which is a challenge for business visitors and tourists
- Have to focus on infrastructure to make necessary improvements and build new where necessary
- Locally funded infrastructure is inefficient; contributes to high cost of development

- Rhode Island has a disproportionate amount of infrastructure funding from the Federal government

Identify any Agency Types not consulted and provide rationale for not consulting

Not Applicable

Other local/regional/state/federal planning efforts considered when preparing the Plan

TABLE III – OTHER STATE PLANS CONSIDERED IN DEVELOPING PLAN

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Opening Doors Rhode Island: Strategic Plan to End Homelessness	Rhode Island Interagency Council on Homelessness (ICH)	Goal 2 of this Consolidated Plan incorporates all of the goals of Opening Doors RI, and contributes to the planned outcomes of that Plan
Statewide Economic Development Plan	Rhode Island Statewide Planning Program (SPP)	Goal 5 of ED Plan (coordinate economic, housing and transportation investments) overlaps with Goals 1, 3 and 6 of this Consolidated Plan; Goals 6 and 7 of the ED Plan (infrastructure goals) overlap with Goal 6 of this Consolidated Plan

Two other state planning documents were drafted in conjunction with the Statewide Economic Development Plan and this Consolidated Plan, which are the State Housing Plan and the Regional Analysis of Impediments to Fair Housing. Although the Consolidated Plan shares findings, recommendations and goals with all three updated state planning documents, only the Statewide Economic Development Plan was formally passed by the State Planning Council prior to the Consolidated Plan's submission.

Opening Doors Rhode Island was drafted in 2012 as an inter-agency collaboration, and is the state's Strategic Plan to Prevent and End Homelessness. The priority needs, goals, strategies and outcomes in Opening Doors Rhode Island are integrated into the state's homelessness strategy and are reflected in detail in the Strategic Plan of the 2015-2019 Consolidated Plan.

Describe cooperation and coordination among the State and any units of general local government, in the implementation of the Consolidated Plan (91.315(l))

Rhode Island Housing, the Rhode Island Statewide Planning Program and the Office of Housing and Community Development work together to collectively identify the housing-related conditions and needs of the state and coordinate on strategies to improve conditions and meet these needs. Each agency/department, per its mission, has roles and responsibilities specialties that are valuable in implementing the Consolidated Plan, while sharing the capacity to administer programming, provide technical assistance and deliver outcomes.

There are other state agencies that are social-service oriented and the populations they serve are greatly affected by the implementation of this Consolidated Plan, and thus their input is vital to developing practical strategies to address special needs. The Department of Behavioral Healthcare, Development Disabilities and Hospitals (BHDDH) provided valuable information on the progress of Opening Doors Rhode Island and other mental and physical health-related matter. This progress includes the use of the Medicaid Waiver to cover residential and supportive service needs of disabled and elderly persons and the current apparatus it has in place, blending federal, state and non-profit funds to deliver services to thousands of Rhode Islanders annually. There is significant overlap in the population in the state that lives in or requires affordable housing and that also receives services from BHDDH.

Other state agencies that serve populations with special housing needs include the Department of Health, the Department of Human Services and the Department of Children, Youth and Families. Various state-level committees and working groups put representatives of these departments in contact with both Rhode Island Housing and the Office of Housing and Community Development regularly, thus their participation in the implementation of the Consolidated Plan will not be a new effort but will be the result of continuing collaborations on providing housing-based supports and services to the state's most vulnerable populations.

Housing and community development, while both integral to serving high need populations, is also a broad mechanism in growing the state's labor market and improving economic growth in general. Public investments in housing development, especially for households currently cost-burdened by housing costs, have a ripple effect throughout the local economy. Those constructing the homes as well as those living in these homes earn money that is immediately recycled back into the economy in the purchase of local goods and services. Governor Gina Raimondo, with the establishment of the Rhode Island Commerce Corporation (CommerceRI), is implementing new initiatives that will help make Rhode Island more attractive to locate business, learn, work and live. Rhode Island's state agencies that focus on housing have embraced this vision, and part of implementing the Consolidated Plan will be to work with CommerceRI to aide in the state's mission to grow its economy while also addressing multiple needs of underserved populations. The merging of housing and economic development goals and strategies over the next five years will help to stimulate economic development while improving accessibility to safe and affordable housing.

PR-15 Citizen Participation - 91.115, 91.300(c)

Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

Public Outreach and Engagement

Updating key elements of the State Guide Plan required a two-year comprehensive outreach and engagement process between 2013 and 2014. In many ways, this was the most extensive public outreach ever conducted by the RI Division of Planning. It included traditional public forums, as well as new efforts to get input and ideas from people who have not participated in traditional public meetings in the past.

Traditional Public Events

The public engagement process included a series of public forums to solicit feedback at critical points in the development of new State Guide Plan elements and the 2015-2019 Consolidated Plan in locations all over the state. Map galleries, breakout discussions, technical presentations, polling, surveys, and posters were used to communicate ideas for the state guide plan documents and to record feedback from participants.

Opening Work Session – In May 2013, the engagement process kicked off with an “opening work session” where business leaders, community advocates, and government officials came together to kick off the project and start discussions related to improving conditions in the state. This served as a test for future engagement strategies.

Public Forums – Four forums were held throughout the state in August 2013. The agenda included a discussion of the following questions: How do we provide housing opportunities for all Rhode Islanders?; How do we revitalize our villages and cities?; How do we grow our economy?

- Monday August 5th, 5-9pm The Depot, One Depot Square, Woonsocket
- Tuesday August 6th, 5-9pm RWU Global Heritage Hall, 1 Old Ferry Road, Bristol
- Wednesday August 7th, 5-9pm URI Memorial Student Union, 45 Upper College Road, South Kingstown
- Thursday August 8th, 5-9pm East Providence Senior Center, 610 Waterman Ave, East Providence

Open Houses – Six open houses were held over two weeks in May 2014. These events presented informational posters highlighting all the work done over the previous year. Through online and paper surveys, available in English and Spanish, participants were asked to gauge proposed goals, policies and strategies for both the economic development and housing plans. It was important to understand what was on the right track, what was missing, and what could be better as the team started to draft a full plan. This survey was also available online from May 5th until May 31st.

- Monday, May 5th, 5–8pm: The Southside Cultural Center, 393 Broad Street, Providence
- Thursday, May 8th, 5–8 pm: St. Lucy’s Parish Center, 909 West Main Road, Middletown

- Saturday, May 10th, 9am–12 pm Navigant Credit Union, 693 Broad Street, Central Falls
- Monday, May 12th, 5–8 pm Warwick Library, 600 Sandy Lane, Warwick
- Tuesday, May 13th, 5–8 pm Wickford Middle School, 250 Tower Hill Road, North Kingstown
- Wednesday, May 14th, 5–8 pm NeighborWorks Blackstone River Valley, C3 Center, 719 Front Street, Woonsocket

Public Hearings – Notice of two public hearings in October 2014 and opportunity to comment on housing and economic development needs were provided through advertisement in the Providence Journal, posting on the Statewide Planning website, a direct mailing to the over 2,000 planning and transportation contacts in Statewide Planning’s database, and an e-blast to all the contacts in the Division of Planning database.

- Monday, October 27th at 6:00pm at the Department of Administration, William E Powers Building Conference Room A, One Capitol Hill, Providence
- Tuesday, October 28th at 6:00pm at North Kingstown Senior Center, 44 Beach Street, North Kingstown

A final public hearing was held on July 8th, 2015 to specifically generate input on housing and community development needs in to be addressed in the Consolidated Plan, strategies to address these needs, as well as presenting the anticipated federal resources available to achieve state housing and community development goals during the five-year period that the updated Consolidated Plan would concern. Notice of this public hearing was provided through advertisement in the Providence Journal and (in both English and Spanish) in the Providence American, and on Rhode Island Housing’s website. The process in developing these goals was also discussed, as was the process for supplying comments on the draft of the Consolidated Plan upon its release.

- Wednesday, July 8th at 4:00pm at RI Dept. of Environmental Management, 235 Promenade Street, Providence

Targeted Feedback Opportunities

With guidance from the Consortium and SEAC members, staff and consultants reached out to groups and individuals throughout the state to encourage them to organize sessions to help identify the most critical issues in Rhode Island and brainstorm potential strategies for making the state a better place for everyone. Also, through assistance from Commerce RI and the Rhode Island Foundation, a series of discussions were held to seek input from Rhode Island business owners and leaders as well as housing and community development providers.

Focus Groups – As part of the outreach for the State Guide Plan elements and the Consolidated Plan, over two dozen focus groups were convened to help identify the issues that should drive policy decisions in the state and potential strategies. These groups ranged from members of the RI Builders Association, to the RI League of Cities and Towns, to groups of small business owners. These discussions were integral to the understanding of the combined issues of land use, transportation, social equity, housing, and economic development.

Meeting-in-a-Box – One of the more challenging aspects of community outreach is how to give a voice to individuals who typically do not have a “seat at the table.” Barriers to engagement are numerous and sometimes complex, and often discussions need to be taken into the community in order to hear perspectives that might otherwise go unnoticed. To help overcome some of these barriers, a tool called “Meeting-in-a-Box” was applied to the public participation process. This tool includes a highly structured packet of information that helps residents host their own focus groups and record discussions in a way that makes it easy to incorporate ideas. Approximately 15 meetings were held, with groups from a wide range of perspectives, from public housing residents, to Rotary Club members, to public library advocates, to a group of homeless individuals and families. Spanish language versions of the tool were made available.

Economic Intersections of Rhode Island – Starting in September 2013, the Rhode Island Foundation and the Rhode Island Commerce Corporation (Commerce RI) sought to engage a wide range of private sector representatives in a process of identifying opportunities and barriers to economic growth in the state. Over 200 Rhode Island business leaders and representatives of business-serving organizations participated in a series of working group sessions. Participants offered over 100 ideas and recommendations, and in the process began to identify new opportunities for collaboration and focus. The effort was designed to provide more private sector input into the engagement process and to identify some immediate opportunities for economic gains.

The engagement process for Economic Intersections began with the formation of eight working groups. The working groups were organized by what were perceived to be “intersections” among typical industry sectors and represented a new way of considering the interrelatedness that exists in Rhode Island’s economy. A guiding question for these working groups was, “What can we do together to positively impact economic development that we can’t do alone?” The ideas generated in these working groups were researched and expanded by the project consultant, with the results being vetted by many of the participants before final publication. Many of the strategies and the policy discussions within that effort’s final report, *Actions for Economic Development in Rhode Island*, are folded directly into the new State Economic Development plan and are referenced in relevant sections of the 2015-2019 Consolidated Plan, providing more depth to both Plans than would otherwise be possible.

Online and Social Media Outreach

Website & Social Media –A website for the project was developed to help communicate with the public, share products, announce meetings, etc. Other social media like Facebook and Twitter were used to provide more “real time” updates on hot discussion topics and public events. During the month of May 2014, all of the meeting materials and surveys were displayed on the website in a “Virtual Open House.”

Crowd Sourcing –The project’s website incorporated an Internet-based discussion tool called MindMixer, which allowed users to submit ideas in response to questions and to rate and comment on other people’s ideas. Users generated ideas in response to discussion topics which could then be discussed with other users.

Public Comments about Housing, Neighborhoods and Communities

Specific feedback received from the public outreach initiatives includes the following summary of comments from Meeting-in-a-Box survey results:

- Many participants mentioned a lack of affordable housing and difficulties accessing it: "income eligibility for low income housing has gone lower so that some are caught in between low income housing and the rental market affordability;" in addition, "affordable housing also needs to include affordable utilities."
- Appropriate housing for older adults is another common concern: we "need more senior citizens buildings: [there is] always a wait list;" "some senior housing is good, others need improvement."
- Many participants perceived housing costs in general to be too high, including for middle class people: "safe inclusive housing is not available or too expensive for majority, people don't even realize this is an issue;" "rents and costs of house purchases are high so those buying or renting must have adequate incomes;" there is a "lack of middle income condos; of desirable living centers."

Impacts on Goal Setting

- The needs referenced from the citizen participation about the lack of supply of housing that is affordable to all income levels, the old-age of the typically available housing stock and impediment to housing choice are also well represented in the data analysis in both the Needs Assessment and the Market Analysis. That the data reiterated citizen input on housing needs prioritized the setting of goals that meet those needs.

Needs Assessment

NA-05 Needs Assessment Overview

The most common housing need is housing that is affordable. Housing is considered ‘affordable’ if a household pays no more than 30 percent of its annual income on housing related costs.

Background of 30 percent

The 30 percent rule came about as a result of a 1981 increase in required tenant payments toward rents in public housing. Since 1969 (as a result of the Brooke Amendment) the requirement had been 25 percent of income. The 30 percent rule of thumb for affordability and housing cost burden has existed since that time.

Measuring Housing Cost Burden: Background of CHAS data

The U.S. Department of Housing and Urban Development (HUD) first obtained Comprehensive Housing Affordability Strategy data (CHAS) after the 1990 Census, and again after the 2000 Census to systemize a set of parameters for states and regions to measure housing need. Since 2005, the U.S. Census Bureau has administered an annual survey called the American Community Survey (ACS), which replaced the detailed portion of the decennial census. The transition from the Census long-form to the annual ACS forced HUD to revise the CHAS data, so it now releases an accumulation of samples as its CHAS database; the most recent available is 2007-2011.

30 percent cost burden defining need still relevant?

Some criticism lingers regarding the over-simplification of housing need being defined broadly as those households paying more than 30% of household income on housing costs. Housing researchers, such as Michael Stone at the University of Massachusetts at Boston, suggest using a ‘residual income’ approach. The concept of residual income simplified is that, while a low income household and high income household may both pay more than 30% of gross monthly income on housing costs, low income households have much less residual income after these housing costs to afford basic needs when compared to higher income households¹. This approach supposes that housing cost burden among low income households is a much more significant concern than it is for higher income households. As put on page 21 of Michael Stone’s 2011 paper:

Since low income and higher income households of the same size and type require about the same amount of money to meet their non-housing needs at a comparable basic standard of living, those with lower incomes can afford to devote a smaller percentage of income for housing than otherwise similar higher income households can afford. In this way, the residual income standard emerges as a sliding scale of housing affordability—with the maximum affordable monetary amount and fraction

¹ Michael E. Stone. "The Residual Income Approach to Housing Affordability: The Theory and the Practice" (with Terry Burke and Liss Ralston) 2011 Available at: http://works.bepress.com/michael_stone/7

of income varying with household size, type and income. Indeed, it implies that some households can afford nothing for housing, while others can afford more than any established ratio.

The U.S. Census Bureau admits that the 30 percent rule of thumb is not an evenly applicable measurement of housing need across all incomes, but like the ‘residual income’ approach, the effect that housing cost burden has on lower income households is greater than it has on all other income levels²:

Many households whose housing costs exceed 30 percent of their incomes are choosing then to devote larger shares of their incomes to larger, more amenity-laden homes. These households often still have enough income left over to meet their non-housing expenses. For them, the 30 percent ratio is not an indicator of a true housing affordability problem but rather a lifestyle choice. But for those households at the bottom rungs of the income ladder, the use of housing costs in excess of 30 percent of their limited incomes as an indicator of a housing affordability problem is as relevant today as it was four decades ago.

The difficult tradeoffs faced by cost burdened households

The Joint Center for Housing Studies at Harvard University, in its 2011 special report titled “America’s Rental Housing”, found that:

On average...those in the bottom expenditure quartile...with severe rent burdens, devoted more than three times as much of their monthly budgets to housing than their counterparts in affordable units, and had only half as much (\$571) as unburdened renters (\$1,107) for all other expenses...These severely housing cost-burdened³ families spent 71 percent less on transportation, 52 percent less on clothes, 52 percent less on healthcare, and 37 percent less on food than those living in affordable housing.

The same significant tradeoffs exist for the lower-middle expenditure quartile:

Families...in the lower-middle expenditure quartile...with children had roughly \$2,550 per month to spend on housing and all other needs. Those with [housing cost burdens], however, had only \$1,050 available for non-housing expenses...roughly half as much as those living in affordable housing. These...families spent on average

² Who Can Afford To Live in a Home?: A look at data from the 2006 American Community Survey by Mary Schwartz and Ellen Wilson; US Census Bureau

³ Severe housing cost burden refers to households paying more than half of their gross monthly income on housing expenses.

63 percent less on transportation, 59 percent less on clothing, 74 percent less on healthcare, and 24 percent less on food than families with affordable housing⁴.

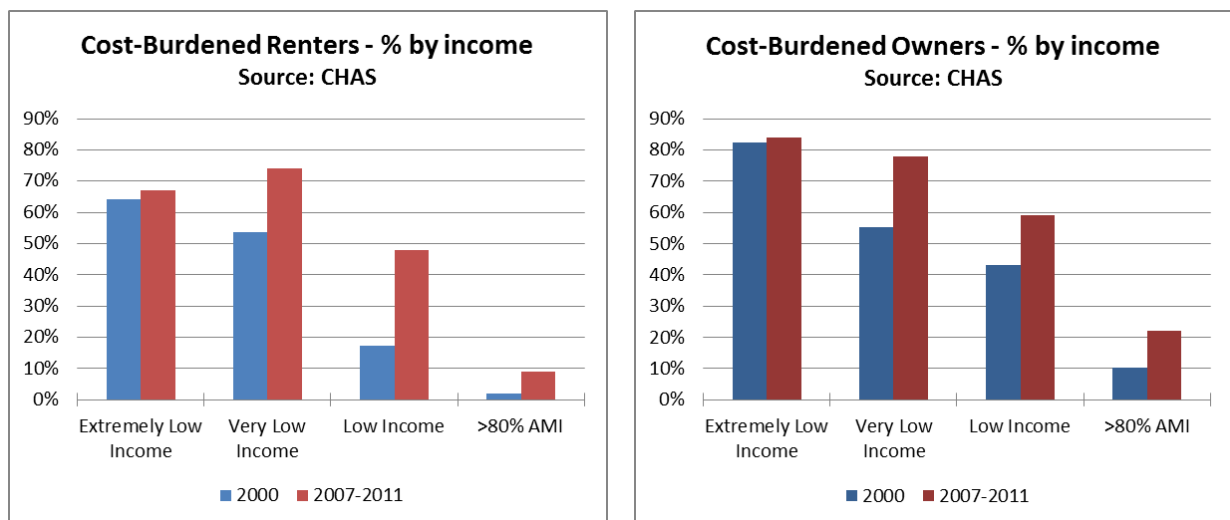
Measuring housing need in Rhode Island using CHAS data

Per the 2007 to 2011 Comprehensive Housing Affordability Strategy (CHAS) data, an estimated 160,120 households are cost-burdened, of that, 73,500 severely cost-burdened (those that pay more than half of household income on housing costs), measuring 39% and 18% of the households in the state, respectively. The number of cost-burdened renters and owners in the state grew 36.5% from 2000 to 2011, even as the state's population did not significantly change. Severely cost-burdened households increased 48.3% during this time period (TABLE 1).

TABLE 1 – COST BURDEN CHANGES 2000 TO 2011

ALL RI HOUSEHOLDS	2000	2007-2011	% change	Homeowners	2000	2007-2011	% change	Renters	2000	2007-2011	% change
Occupied Households	408,381	410,480	0.5%	Occupied Households	245,129	254,845	4.0%	Occupied Households	163,252	155,635	-4.7%
Cost Burdened Households	117,269	160,120	36.5%	Cost Burdened Owners	60,765	90,670	49.2%	Cost Burdened Renters	56,504	74,895	32.5%
Severely Cost Burdened Households	49,554	73,500	48.3%	Severely Cost Burdened Owners	21,502	38,165	77.5%	Severely Cost Burdened Renters	28,052	40,780	45.4%
% Cost Burdened	28.7%	39.0%		% Cost Burdened	24.8%	35.6%		% Cost Burdened	34.6%	48.1%	
% Severely Cost Burdened	12.1%	17.9%		% Severely Cost Burdened	8.8%	15.0%		% Severely Cost Burdened	17.2%	26.2%	

TABLE 2 – A: COST-BURDENED RENTERS BY INCOME; B: COST-BURDENED OWNERS BY INCOME



⁴ Joint Center for Housing Studies. (2011). America's Rental Housing: Meeting Challenges, Building on Opportunities. Harvard University. Pgs. 30-31.

From 2000 to 2011, housing cost burden grew more among very low income (earning between 30% and 50% of area median income⁵) and low income (earning between 50% and 80% of area median income) household groups than higher income households for both renters and owners (See TABLES 2A and 2B). Extremely low income (earning less than 30% of area median income) renters experienced less growth in housing cost burden because of continued federal housing assistance. For extremely low income owners, housing cost burden seems to have peaked at approximately 83% for that income group. Differences in cost burden faced by income group, household type, race and ethnicity will be addressed in detail elsewhere in this Consolidated Plan.

Many resources are taken up by efforts to preserve existing affordable housing options

The homes currently counted as affordable housing in the state, as measured in the annual Low to Moderate Income Housing Chart (LMI Chart), are constantly in danger of losing their affordability through expiring land use agreements, rental assistance contracts, or other restrictions that are usually limited to a certain time period. There are currently 36,918 homes listed as affordable on the LMI Chart, and over 9,000 PHA-administered tenant-based vouchers that provide additional subsidized housing opportunities statewide (these are not counted on the LMI Chart, which is a property-based tracking mechanism). Older developments face the need for significant repairs or upgrades that often cannot be addressed with existing reserves. The Low Income Housing Tax Credit (Housing Tax Credit) program and tax-exempt bond financing has helped to maintain the affordability of close to 11,000 affordable apartments since 2000.

⁵ Area median income is a measurement used by HUD to determine income limits and fair market rents for its affordable housing programs, and thus uses it in producing statistics on housing affordability by income-earning group. Area median income is actually a measurement of median family income in a given region; the FY15 area median income for the Providence-Fall River RI-MA HUD Metro Fair Market Rent Area (HMFA) for a 4-person household is \$74,400.

NA-10 Housing Needs Assessment - 24 CFR 91.305 (a,b,c)

Summary of Housing Needs

As stated in Section NA-05, Rhode Island's housing needs can best be summarized as: the need to develop more affordable housing to alleviate the pressure on low income households that face housing cost burden; and the need to preserve the assisted housing options currently in operation in order to not offset gains in housing options made by new developments. Actual performance expectations related to these needs are outlined in the Strategic Plan, and are tied to the expected resources available to develop and preserve affordable housing.

The Market Analysis section of this Consolidated Plan will describe the market forces that make homeownership risky or out of reach for many Rhode Islanders while rental market conditions make it likely that cost burden will grow again in the upcoming decade. Community Planning and Development (CPD) funds, and other resources that go toward the goals stated in this Consolidated Plan, cannot fully alleviate the pressures of housing cost burden in the state nor can it meaningfully dictate market conditions that are detrimental to low income households. The goals of this plan and the resources described that can achieve those goals effect the neediest of Rhode Island's households in need.

TABLE 3 – HOUSING NEEDS ASSESSMENT DEMOGRAPHICS

Demographics	Base Year: 2000	Comparison Year: 2011	% Change
Population	1,048,319	1,053,959	1%
Households	408,424	410,475	1%
Median Income	\$42,090	\$55,975	33%

Data Source – 2000 Census, 2007-2011 ACS

TABLE 4A – NUMBER OF HOUSEHOLDS BY INCOME GROUP

Household Type	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households *	60,685	48,245	63,450	39,050	199,045
Small Family Households *	15,785	13,785	23,215	15,975	108,860
Large Family Households *	3,040	3,095	4,440	2,965	16,170
Household contains at least one person 62-74 years of age	9,890	9,225	12,310	6,890	35,020
Household contains at least one person age 75 or older	12,605	12,855	10,405	4,565	13,780
Households with one or more children 6 years old or younger *	8,615	7,150	9,640	5,575	18,835

* the highest income category for these family types is >80% HAMFI

Data Source – 2007-2011 CHAS

TABLE 4B – PERCENTAGE OF HOUSEHOLD BY INCOME GROUP

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households *	14.78%	11.75%	15.46%	9.51%	48.49%
Small Family Households *	8.89%	7.76%	13.07%	8.99%	61.29%
Large Family Households *	10.23%	10.42%	14.94%	9.98%	54.43%
Household contains at least one person 62-74 years of age	13.49%	12.58%	16.79%	9.40%	47.75%
Household contains at least one person age 75 or older	23.25%	23.71%	19.19%	8.42%	25.42%
Households with one or more children 6 years old or younger *	17.29%	14.35%	19.35%	11.19%	37.81%

Data Source – 2007-2011 CHAS

These percentages reflect the percent of households for that housing type that fit into each income category. For example, 8.89% is the percent of all small family households in RI that are extremely low income.

TABLE 5A – HOUSING PROBLEMS BY INCOME AND TENURE

Housing Problem Description	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Substandard Housing - Lacking complete plumbing or kitchen facilities	1,425	910	420	175	2,930	270	75	285	45	675
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	280	260	300	25	865	10	30	65	80	185
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	665	680	800	525	2,670	110	155	510	225	1,000
Housing cost burden greater than 50% of income (and none of the above problems)	24,135	8,710	1,405	80	34,330	9,490	9,020	10,385	3,295	32,190
Housing cost burden greater than 30% of income (and none of the above problems)	5,235	10,995	12,525	2,335	31,090	2,125	6,090	8,685	8,955	25,855
Zero/negative Income (and none of the above problems)	3,605	0	0	0	3,605	1,490	0	0	0	1,490

Data Source – 2007-2011 CHAS

TABLE 5B – PERCENTAGE OF INCOME GROUP FACING HOUSING PROBLEMS BY TENURE

Housing Problem Description	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Substandard Housing - Lacking complete plumbing or kitchen facilities	3%	2%	1%	1%	2%	2%	0%	1%	0%	0%
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	1%	1%	1%	0%	1%	0%	0%	0%	0%	0%
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	2%	2%	2%	3%	2%	1%	1%	2%	1%	0%
Housing cost burden greater than 50% of income (and none of the above problems)	55%	33%	4%	1%	22%	76%	44%	30%	13%	13%
Housing cost burden greater than 30% of income (and none of the above problems)	12%	37%	43%	15%	19%	16%	30%	27%	37%	10%
Zero/negative Income (and none of the above problems)	8%	0%	0%	0%	2%	10%	0%	0%	0%	0%

Data Source – 2007-2011 CHAS

NOTE: The percentages in the above table reflect the percent of households in that income group that experience the state housing problem. For example, 55% of all extremely low income renter households have a housing cost burden greater than 50% of income but do not have any substandard housing or overcrowding problems.

TABLE 6A – SEVERE HOUSING PROBLEMS BY INCOME AND TENURE

Severe Housing Problem Description	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Having 1 or more of four housing problems	26,505	10,560	2,925	805	40,795	9,875	9,275	11,245	3,645	34,040
Having none of four housing problems	16,380	18,105	26,910	13,975	75,370	2,830	10,300	22,370	20,630	56,130
Household has negative income, but none of the other housing problems	3,605	0	0	0	3,605	1,490	0	0	0	1,490

Data Source – 2007-2011 CHAS

TABLE 6B – PERCENTAGE OF INCOME GROUP FACING SEVERE HOUSING PROBLEMS BY TENURE

Severe Housing Problem Description	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Having 1 or more of four housing problems	60%	38%	9%	5%	25%	79%	46%	33%	15%	13%
Having none of four housing problems	40%	62%	91%	95%	48%	21%	54%	67%	85%	22%

Severe Housing Problem Description	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Household has negative income, but none of the other housing problems	8%	0%	0%	0%	2%	10%	0%	0%	0%	0%

Data Source – 2007-2011 CHAS

NOTE: The percentages in the above table reflect the percent of households in that income group that experience the state housing problem. For example, 60% of all extremely low income renter households have 1 or more of the four housing problems.

TABLE 7A – HOUSING COST BURDEN BY INCOME AND TENURE (PAY >30% OF INCOME ON HOUSING COSTS)

Household Type	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Small Related	10,785	7,925	5,415	24,125	2,015	3,700	8,280	13,995
Large Related	1,950	1,370	610	3,930	575	1,170	2,265	4,010
Elderly	7,245	5,470	2,625	15,340	7,125	8,230	5,590	20,945
Other	11,040	6,385	5,805	23,230	2,235	2,205	3,615	8,055
Total need by income	31,020	21,150	14,455	66,625	11,950	15,305	19,750	47,005

Data Source – 2007-2011 CHAS

TABLE 7B – PERCENTAGE OF INCOME GROUP FACING HOUSING COST BURDEN BY TENURE

Household Type	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Small Related	81%	82%	46%	47%	83%	90%	73%	30%
Large Related	79%	76%	38%	51%	98%	91%	80%	36%
Elderly	53%	59%	49%	47%	86%	70%	39%	37%
Other	65%	80%	53%	43%	77%	88%	73%	46%
Total need by income	67%	74%	48%	46%	84%	78%	59%	35%

Data Source – 2007-2011 CHAS

NOTE: The percentages in the above table reflect the percent of households in that income group that experience at least a moderate cost burden (pay >30% of income on housing costs).

TABLE 8A – SEVERE HOUSING COST BURDEN BY INCOME AND TENURE (PAY >50% OF INCOME ON HOUSING COSTS)

Household Type	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Small Related	9,495	3,090	360	12,945	1,815	2,920	4,710	9,445
Large Related	1,770	325	10	2,105	485	925	1,140	2,550

Household Type	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Elderly	5,135	2,850	480	8,465	5,410	3,540	2,620	11,570
Other	9,185	2,975	690	12,850	2,080	1,785	2,280	6,145
Total need by income	25,585	9,240	1,540	36,365	9,790	9,170	10,750	29,710

Data Source – 2007-2011 CHAS

TABLE 8B – PERCENTAGE OF INCOME GROUP FACING SEVERE HOUSING COST BURDEN BY TENURE

Household Type	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Small Related	71%	32%	3%	24%	75%	71%	41%	10%
Large Related	72%	18%	1%	26%	83%	72%	40%	14%
Elderly	38%	31%	9%	25%	65%	30%	18%	18%
Other	54%	37%	6%	22%	72%	71%	46%	21%
Total need by income	55%	32%	5%	24%	69%	47%	32%	14%

Data Source – 2007-2011 CHAS

NOTE: The percentages in the above table reflect the percent of households in that income group that experience a severe housing cost burden (pay >50% of income on housing costs).

TABLE 9A – NUMBER OF OVER-CROWDED HOUSEHOLDS BY INCOME AND TENURE

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	885	815	870	514	3,084	105	140	485	200	930
Multiple, unrelated family households	75	109	90	15	289	10	40	95	105	250
Other, non-family households	0	85	165	15	265	0	0	0	0	0
Total need by income	960	1,009	1,125	544	3,638	115	180	580	305	1,180

Data Source – 2007-2011 CHAS

TABLE 9B – OVER-CROWDED HOUSEHOLDS BY INCOME AND TENURE, CHILDREN PRESENT

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	7,710 (16.6%)	5,470 (19.1%)	5,055 (16.9%)	24,770 (15.9%)	905 (6.4%)	1,680 (8.6%)	4,585 (13.6%)	34,470 (13.5%)

Data Source – 2007-2011 CHAS

Describe the number and type of single person households in need of housing assistance.

In 2013, 1,739 male individuals and 579 female individuals spent at least one night in either an emergency homeless shelter or in transitional housing and were thus considered ‘sheltered homeless persons’. Another 941 individuals total spent at least one night in permanent supportive housing (2013 Annual Homelessness Assessment Report).

Thirty percent (30%) of the state’s households are one-person nonfamily households (23% of all owners, 42% of all renters⁶). Of these 124,767 one-person households, 66,255 (53%) do not work. As a result of this low work participation rate for one-person households, it is not surprising that the median household income for one-person households is only \$27,653⁷.

While one-person renter households remained flat from 2000 to 2013, the percent of owners that are one-person households rose from 20% to 30% of all owner-occupied households⁸.

Of the 67,123 one-person renter households, 32% are headed by a person aged 65 or older while of the 57,644 one-person owner households, 44% are headed by a person aged 65 or older⁹.

According to the 2014 Rhode Island Standard of Need (a report produced every two years by the Economic Progress Institute), more than one-third (36%) of single adults earn less than the amount needed to meet basic needs (estimated at \$19,956 annually).

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

Disabled

The 2013 American Community Survey estimated that more than 12.4% of Rhode Island’s non-institutionalized civilian population had some type of disability. Included in this category are persons with one or more physical, sensory, cognitive, or psychiatric disability. By age, 34.5% of persons 65 and over have a disability, while for persons aged 18 and 64, 10% reported having one or more disabling conditions. Though children and adolescents (ages 17 and under) are less likely to be disabled, there are over 10,000 persons under age 17 with a disability, most (75%) with a cognitive difficulty¹⁰. CHAS data from TABLE 6 (2009-2011) estimates that nearly 29,000 seniors (19% of those 65 and over) have a disability that poses self-care or independent living limitations (this data is examined in more detail in Section NA-45 of this ConPlan). The elderly also are more likely to have multiple disabilities.

⁶ 2013 5-year ACS TABLE S2501 and TABLE B11016

⁷ 2013 5-year ACS TABLE B08202 and TABLE B19019

⁸ 2000 Decennial Census, TABLE QT-H2

⁹ 2013 5-year ACS TABLE B25116 and 2000 Decennial Census TABLE HCT002

¹⁰ 2013 5-year ACS TABLE S1810

Domestic Violence

The Rhode Island Homelessness Management Information System (HMIS) reported that 695 adults and children spent at least one night in a shelter or transitional housing set aside for victims of domestic violence in 2013. The Rhode Island Coalition for Domestic Violence (RICDV) reported that, of those 695 victims in need of emergency housing in 2013, 83% spent that time in shelters or safe homes, and the remaining 17% utilized transitional housing. Roughly half of all Rhode Island persons that required emergency housing as a result of domestic violence in 2013 were children. The average length of stay of domestic violence victims in shelters or safe homes was 38 nights; the average length of stay in transitional housing was 187 nights. Besides those that stayed in emergency housing, the issues of domestic violence cause unstable living situations for many other Rhode Island households. Roughly 10,000 Rhode Island women and children received some sort of help through the network of domestic violence resource centers in Rhode Island, of which 4,700 were assisted by a court advocate in district court and 2,900 received restraining orders, according to the 2013 annual report for RICDV.

What are the most common housing problems?

As stated in Section NA-05, 39% of the state's households face housing cost burden, which is the most common housing problem. However, CHAS data also measures housing problems such as physical defects in the housing unit, overcrowding and old age of the housing unit. Tables generated automatically by HUD for this Consolidated Plan group 'housing problems' in the following way, which are measured in TABLES 5 and 6 (NOTE: These tables only measure housing problems incurred by households earning area median income or less):

- Units with physical defects (lacking complete kitchen or bathroom);
- Overcrowded conditions (housing units with more than one person per room);
- Housing cost burden (including utilities) exceeding 30 percent of gross income; and
- Severe housing cost burden (including utilities) exceeding 50 percent of gross income.

Of the 130,370 low-to-moderate income households with one of the four housing problems (TABLE 5a), 122,810 (94%) face either severe housing cost burden or housing cost burden and no other housing problems, making the spending of 30% or more of gross monthly income on housing costs, by far, the most common housing problem.

Just 1.8% of all state households face either substandard housing or overcrowding. However, of these 7,560 households that do face these severe housing problems, 66% are very low income households. As is shown in Section MA-50, households in low income and majority-minority census tracts face much higher rates of overcrowding than state percentages as a whole. Although this housing problem is uncommon, the degree to which it disproportionately affects very low income and minority households is, in itself, a housing problem.

Are any populations/household types more affected than others by these problems?

Renters more affected than owners overall

Two in every three renters (67%) are low-to-moderate income households, while the ratio of low-to-moderate income households among homeowners is much lower, near one in four (26%). Overall, renters are more likely to face housing problems than owners, on account of the comparatively lower income of renters, considering that having a lower income is often correlated with the high likelihood of having at least one housing problem.

Owners more affected than renters controlling for income

Among the subset of households that earn less than 80% of AMI (low-to-moderate income households), owners are more likely to be housing cost burdened than renters, which is likely a result of rental assistance for low income households and the comparatively higher housing costs associated with owning compared to renting (TABLES 5a and 5b).

Among households earning 50% AMI or below, families much more likely to be cost burdened than elderly or non-family households

Extremely low and very low income family households (small and large) are likeliest to be cost burdened among household types, per TABLES 7b and 8b. Among family renters earning below 50% AMI, eight in ten face housing cost burdens. For family owners that earn less than half of the area median income, it is nine in ten that face housing cost burdens. For elderly and non-family renters, moderate cost burden is more evenly experienced among all low income subgroups than for related families. However, severe cost burdens are still much more likely to affect the lowest income groups for elderly and non-family renter households

Severe housing cost burden affects very low income families that own at a much higher rate than very low income families that rent

A greater need exists among owner-occupied large family households that are very low income (earn between 30% and 50% of AMI). Seven in ten of these households face severe housing cost burdens, while for renters in the same income and household type category this is true for only two in ten. Small family owner-occupied very low income households face a similarly greater need compared to renters, but to a lesser degree (TABLES 7b and 8b).

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

At-risk children

For the state overall, 28% of all children under 18 live in a household where some kind of public assistance is received (SSI, cash public assistance or food stamps); however, this percentage varies widely depending on household type. For children in households headed by a married couple, 14% receive public assistance compared to 36% of those in a single-parent male-headed household and 54% of those in a single-parent female headed household¹¹. The disproportionate dependence on public assistance for basic needs makes female-headed households with children under 18 more vulnerable to homelessness than other household types.

Single-parent households, particularly female-headed families with children, often require special consideration and assistance because of their greater need for affordable housing and accessible day care, health care, and other supportive services. According to the Economic Progress Institute's 2014 Rhode Island Standard of Need, **82% of single parent families with two or more children earn less than the \$59,083 a year required to make ends meet**. The percentages of households with an affordability gap (as measured by the EPI) are drastically lower for two parent households (26%) and single adults living alone (36%).

Female-headed families with children are a particularly vulnerable group because they must balance the needs of their children with work responsibilities, often while earning limited or no income. Nearly 27% of single-parent female-headed households have incomes at or below the poverty line compared to 13% for single-parent male-headed households and 4% for married couple family households¹².

A report entitled "An Uneven Path: State Investments in Women's Economic Self-Sufficiency" by the Economic Progress Institute in 2010 found that state supports for women have dangerously eroded, restricting access and assistance to many female-headed single parent households:

- Perhaps no other program has been more targeted for spending cuts than Rhode Island's welfare program. This is evidenced by the fact that in FY 2010, no state dollars [were] spent on cash assistance benefits. A 2008 overhaul of the Family Independence Program that included new strict time limits has caused close to one-third of families (3,000) to lose their benefits during the economic downturn and removed access to education and training.
- While private health care costs have more than doubled over the last ten years, spending cuts and programmatic changes in the Rlte Care/Rlte Share health insurance program have caused significant declines in enrollment over the past five years.
- The child support office has lost close to one-third of its staff over the last several years, resulting in very high caseloads per worker; the state lags considerably behind all other New England states and the nation when it comes to establishing child support orders.

¹¹ 2013 5-year ACS TABLE B09010

¹² 2013 5-year ACS TABLE B17105

American Recovery and Reinvestment Act's (ARRA) Homelessness Prevention and Rapid Re-Housing (HPRP) in Rhode Island and subsequent rapid re-housing programs

In 2006, Rhode Island's homeless services leaders established state-level collaboration under its Action Plan to End Homelessness, adopting Housing First as one of the fundamental approaches. This plan's principles were used to guide the coordinated allocation of all state housing-the-homeless resources. In March of 2012, a new plan to end homelessness, Opening Doors Rhode Island, was adopted to align with the federal program to end homelessness and create a more outcome-based approach to ending homelessness, adhering to standards set forth in the 2009 HEARTH Act. At the same time, the entitlement communities of Woonsocket, Pawtucket and Providence joined with the state's Office of Housing and Community Development (OHCD) to jointly allocate homelessness funding consistent with these plans.

Integration of HPRP resources enabled state leaders to re-orient many of the key goals and services detailed in the statewide Action Plan and Opening Doors RI, in turn, to focus on new strategies and outcomes. This partnership administered a combined \$7 million of new HPRP funding for homeless prevention and rapid re-housing. Rhode Island awarded its HPRP prevention dollars primarily to community action program (CAP) agencies. At the same time, rapid re-housing resources were allocated primarily to homeless service nonprofits. This enabled clients seeking homelessness prevention assistance to gain immediate access to a wider variety of housing assistance and services through the CAP system while providing a resource for housing to those in the shelter system.

From April 2009 to October 2012, over 4,000 individuals received assistance through Rhode Island's HPRP allotment. Almost all received some sort of case management, and 74% received some sort of financial assistance, either in the form of rental assistance, security deposits or utility payments. Further, homelessness assistance services including housing search and placement, legal services and credit repair benefited 90% of all HPRP program recipients.

With the end of federal stimulus funding to assist in rapid re-housing in 2012, Rhode Island has continued to fund rapid re-housing programs as part of the State's Consolidated Homeless Fund, though at a much reduced capacity compared to when HPRP funding was available. The new program is called the Intensive Housing Stabilization Program (IHSP). HMIS data shows that, from the end of 2012 through August of 2014, 462 individuals had received services from the IHSP program (See TABLE 10A). On an annualized basis, RI's HPRP was able to help 1,241 persons per year (4,343 in 3.5 years) compared to only 308 persons per year through IHSP (462 in 1.5 years).

TABLE 10B shows the distribution of rapid re-housing (both HPRP and IHSP) recipients by persons, households, and housing status at entry by household type. The majority of households that received rapid re-housing assistance included at least one child (56%). Of the 4,805 persons assisted with rapid re-housing services since 2009, 62% were either literally homeless or were to imminently lose their housing before receiving rapid re-housing assistance, and another 37% lived in unstable housing. The need is still great with regards to serving households that face imminent homelessness, though the state has only been able to serve one fourth of the population per year with rapid re-housing assistance now that HPRP funds have all been expended.

TABLE 10A – RAPID RE-HOUSING SUMMARY 2009-2014

Service Activity	Persons HPRP	Persons IHSP
Rental Assistance	2,664	251
Security / Utility Deposits	1,767	185
Utility Payments	442	80
Moving Cost Assistance	60	25
Motel and Hotel Vouchers	6	3
Total Served with Financial Assistance	3,230	286
<i>% receiving financial assistance</i>	<i>74%</i>	<i>62%</i>
Case Management	4,306	445
Outreach and Engagement	114	108
Housing Search and Placement	426	96
Legal Services	526	1
Credit Repair	2,938	150
Total Served w/ Housing Relocation and Stabilization Services	4,327	446
Total Served	4,343	462

TABLE 10B – RAPID RE-HOUSING BY HOUSEHOLD TYPE 2009-2014

Rapid Re-Housing Summary April 2009 through August 2014					
Total Persons Served - Persons in Households	Hsehd type - Adults Only	Hsehd type - Children and Adults	Hsehd type - Only Children	Unknown	Total
Adults	1,070	1,500	0	13	2,583
Children	0	2,156	34	0	2,190
Don't know	0	7	0	25	32
Total	1,070	3,663	34	38	4,805
Households Served	Hsehd type - Adults Only	Hsehd type - Children and Adults	Hsehd type - Only Children	Unknown	Total
Total	872	1,080	32	9	1,993
Housing Status at Entry	Hsehd type - Adults Only	Hsehd type - Children and Adults	Hsehd type - Only Children	Unknown	Total
Literally Homeless	469	669	16	0	1,154
Imminently Losing Housing	317	1,458	9	25	1,809
Unstably Housed	247	1,499	9	13	1,768
Stably Housed	37	37	0	0	74
Total	1,070	3,663	34	38	4,805

While HMIS does not calculate the level of need for those nearing the end of an assistance type, analysis of leavers from 2009 through 2014 has shown that 63% of all persons that were in unstable living situations at entry found stable housing upon exit (TABLE 10C).

TABLE 10C – RAPID RE-HOUSING ENTRY AND EXIT STATUS CROSS TABULATION

Entry Status Below - Exit Status at Right	Literally Homeless	Imminently losing their housing	Unstably housed and at risk of losing housing	Stably housed	Don't Know / No Answer	Total
Literally Homeless	351	0	39	636	83	1,109
Imminently losing their housing	19	647	8	1,060	75	1,809
Unstably housed and at risk of losing housing	4	5	667	994	96	1,766
Stably housed	2	0	0	61	0	63
Total	376	652	714	2,751	254	4,747

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

Rhode Island does not provide a specific estimate of the at-risk population beyond what is described in the previous sections, which are categorizations defined by HUD.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

Risk factor – Unable to pay rent / mortgage

In Rhode Island's HMIS database as of October 2014, 1,083 of all homeless individuals claimed 'unable to pay rent / mortgage' as the primary reason for homelessness with 1,403 claiming it was the secondary reason. In total, 66% of all persons homeless as of October 14 gave 'unable to pay rent / mortgage' as a reason for homelessness. Of those unable to pay rent, 159 homeless persons at that time had been evicted within that past week.

Risk factor – unemployed and uninsured

Among other populations that are imminently at risk are unemployed and uninsured Rhode Islanders. These households face significant risk of homelessness, especially with relation to being able to continue to afford housing costs in the event of a medical hardship. Section NA-30 includes data analysis of households that are uninsured and unemployed. Data from October 2014 showed that 43% of all homeless persons at the time gave 'unemployment' as the primary or secondary reason for homelessness. Unemployment was the second most common primary reason for homelessness behind 'unable to pay rent / mortgage'. Family or personal illness was cited by 124 persons as the primary reason for homelessness with another 91 citing illness as a secondary reason for homelessness.

Risk factor – foreclosure

Unfortunately, the number of homeowners facing foreclosure in Rhode Island is still relatively much higher than in any recent time period because of the drastic housing boom and bust in the middle of the previous decade. According to HousingWorksRI's 2014 Housing Fact Book, over 16,000 homes have been foreclosed on since 2009 in Rhode Island, as of Q2 2014. This total includes 6,677 single family homes, 3,183 multifamily buildings (totaling 8,715 apartments) and 887 condos. With a total housing stock of roughly 460,000 homes, the amount of homes that have been foreclosed on since 2009 represents almost 3.5% of the state's housing.

As of the fourth quarter of 2014, 6.04% of all first lien mortgages were either three months delinquent or in the foreclosure process, which was the 5th highest rate in the country. This combined percentage is the seriously delinquent rate, and traditionally has been correlated with the State's high unemployment rate¹³. Rhode Island had the highest unemployment in the rate country for all of 2013, while underemployment, which measures discouraged workers and those working part-time that would rather be working full time as well as those collecting unemployment, still affects 15% of the labor force¹⁴. Without sufficient income earned through employment, most families will have difficulty financing basic consumption and paying down debt. Part-time workers also occupy a tenuous position, as they rarely receive benefits from work and have less job security than full time employees.

Depressed home values as a result of the subprime mortgage crisis led to a peak in 2011 of 24% of all loans in Rhode Island being underwater, meaning more was owed the mortgage than the home was worth. Though the percentage of underwater mortgages has improved to 15% as of 2014¹⁵, the amount is still close to 40,000 loans that have negative equity. 'Distressed sales', a term used to describe either short sales or sales of real-estate owned properties, were down 19% overall in 2014 compared to 2013 but still factored into 16% of all single family home sales in 2014¹⁶.

Though many homeless persons affected by foreclosure likely responded as 'unable to pay mortgage' as a primary or secondary reason for being homeless, thirty-four homeless persons cited 'foreclosure' as the specific reason for homelessness as of October 2014 according to HMIS data.

Hurricane Sandy and 2010 Floods

Hurricane Sandy's direct housing impacts were concentrated in the communities of Charlestown, Narragansett, South Kingstown, and Westerly, with scattered damage across Newport and Washington Counties. Damage to roofs and on-site utilities was reported by public housing authorities. A local homeless shelter reported roof and water damage to transitional housing units.

Owners of many older, non-conforming structures covered by the National Flood Insurance Program (NFIP) may face flood insurance increases of up to 18% per year, depending upon the flood

¹³ From the Mortgage Bankers Association's National Delinquency Survey – Q4, 2014

¹⁴ From the Corporation for Enterprise Development's Assets and Opportunities Scorecard

¹⁵ Per analysis of the CoreLogic's quarterly National Equity Report

¹⁶ Per analysis of realtor-assisted home sales data produced by the Rhode Island Association of Realtors

zone where the structure resides as well as date and type of construction. These increased costs on residents and communities with high rates of housing cost burden could result in the displacement of LMI households and increased risk of homelessness. This would create an untenable situation for impacted households, and would destabilize long-term Hurricane Sandy recovery in these affected areas.

Specific unmet housing needs identified to date include: Damages and debris removal at transitional housing and public housing authorities; Rehabilitation/mitigation of private homes occupied by LMI households; Flood risk identification; Financial counseling; and New construction of affordable housing outside of flood hazard areas.

Several hundred Rhode Islanders were evacuated during the 2010 floods; over 25,000 applied for FEMA Individual Assistance related to disaster needs. Displaced and affected homeowners were disproportionately comprised of low income individuals (39%), according to the Preliminary Damage Assessment. Total damage to homes and individual property is estimated to have exceeded \$100 million. More than 10,000 households lost power for multi-day periods. Compounding the many housing-related struggles felt by Rhode Island households (cost burden, expensive maintenance to older homes, and lack of accessible housing), these natural disasters require additional investment for which CDBG – Disaster Relief funds will be used to support.

KEY FINDINGS for NA-10:

1. Housing cost burden is by far the greatest housing problem facing Rhode Island and it is a problem that has become worse over the last 10 years.
2. Overall, more renters than owners face housing cost burdens, although low-to-moderate income owners are more likely to face housing cost burdens than low-to-moderate income renters.
3. Extremely low income and very low income households, regardless of if they rent or own, are much more likely to be housing cost burdened or severely housing cost burdened than all other households.
4. Female-headed households, single parent households and households headed by elderly disabled persons are at a higher risk of foreclosure or homelessness as a result of comparatively higher rates of housing problems than all other household types.
5. Inability to pay for housing costs is the most common reason for homelessness.

NA-15 Disproportionately Greater Need: Housing Problems - 91.305 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Per the Consolidated Plan Desk Guide (Version: August 27, 2013), a disproportionate housing need refers to any group that experiences a certain housing problem at a degree at least 10 percentage points higher than that of the total population (categorized as 'jurisdiction as a whole' in the following sections). The following tables identify the extent of housing problems by income and race.

In 2000, there was only one instance in which a racial or ethnic group had a disproportionately greater housing need than the state as a whole among lower income groups, which were very low income Asian households. According to 2007-2011 CHAS data, there are now six instances of disproportionately greater housing problems among racial and ethnic minority groups among lower income households. American Indian / Alaskan Native and Black / African American households face these higher needs at two low income levels each. The gap between the needs for low income white non-Hispanic households and racial and ethnic minorities is growing, with the relative disproportion (as defined by HUD) increasing from one instance to four instances in the previous decade.

TABLE 11 – DISPROPORTIONATELY GREATER HOUSING PROBLEMS BY RACE/ETHNICITY, 0-30% AMI

Housing Problems	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	44,970	73%	12,265	20%	4,008	7%	61,243
White	31,665	73%	8,975	21%	2,733	6%	43,373
Black / African American	2,800	72%	829	21%	275	7%	3,904
Asian	1,114	71%	124	8%	334	21%	1,572
American Indian, Alaska Native	364	91%	38	9%	0	0%	402
Pacific Islander	0		0		0		0
Hispanic	7,694	74%	2,090	20%	635	6%	10,419

Data Source – 2007-2011 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

TABLE 12 – DISPROPORTIONATELY GREATER HOUSING PROBLEMS BY RACE/ETHNICITY, 30-50% AMI

Housing Problems	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	33,578	73%	12,443	27%	0		46,021
White	24,737	70%	10,413	30%	0		35,150
Black / African American	2,305	80%	588	20%	0		2,893
Asian	644	78%	180	22%	0		824
American Indian, Alaska Native	190	69%	84	31%	0		274
Pacific Islander	0		0		0		0
Hispanic	4,988	83%	1,035	17%	0		6,023

Data Source – 2007-2011 CHAS

TABLE 13 – DISPROPORTIONATELY GREATER HOUSING PROBLEMS BY RACE/ETHNICITY, 50-80% AMI

Housing Problems	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	34,260	51%	32,544	49%	0		66,804
White	26,235	49%	27,199	51%	0		53,434
Black / African American	1,830	62%	1,105	38%	0		2,935
Asian	1,015	64%	560	36%	0		1,575
American Indian, Alaska Native	104	82%	23	18%	0		127
Pacific Islander	0		0		0		0
Hispanic	4,284	59%	3,000	41%	0		7,284

Data Source – 2007-2011 CHAS

TABLE 14 – DISPROPORTIONATELY GREATER HOUSING PROBLEMS BY RACE/ETHNICITY, 80-100% AMI

Housing Problems	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	16,219	40%	24,649	60%	0		40,868
White	13,084	38%	20,904	62%	0		33,988
Black / African American	779	42%	1,073	58%	0		1,852
Asian	525	63%	309	37%	0		834
American Indian, Alaska Native	29	12%	209	88%	0		238
Pacific Islander	0		0		0		0
Hispanic	1,654	49%	1,694	51%	0		3,348

Data Source – 2007-2011 CHAS

TABLE 15 – DISPROPORTIONATELY GREATER HOUSING PROBLEMS BY RACE/ETHNICITY, ALL HOUSEHOLDS <100% AMI

Housing Problems	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	129,027	60%	81,901	38%	4,008	3%	214,936
White	95,721	58%	67,491	41%	2,733	3%	165,945
Black / African American	7,714	67%	3,595	31%	275	4%	11,584
Asian	3,298	69%	1,173	24%	334	10%	4,805
American Indian, Alaska Native	687	66%	354	34%	0	0%	1,041
Pacific Islander	0		0		0		0
Hispanic	18,620	69%	7,819	29%	635	3%	27,074

Data Source – 2007-2011 CHAS

Discussion

Analysis of TABLES 11 through 15 proves that the need is great. Among all low- and moderate-income households, 129,027 (TABLE 15) have one or more of the four housing problems, which is 60% of all Rhode Island households earning below area median income. No racial or ethnic group faces an overall (all low-to-moderate income households) disproportionate housing need according to TABLE 15 (though all minority groups are at or near ten percentage points higher than the White incidence rate). However, TABLES 11 through 14 show that disproportionate need occurs at specific income categories, as detailed in this discussion.

Analysis of data in TABLE 11: Disproportionately Greater Need **0-30% AMI**: Housing Problems shows that:

- Seventy three percent (73%) of all households in Rhode Island in this income bracket have housing problems, ranging from 71% to 91% by racial or ethnic group.
- The highest incidence of problems is experienced by American Indian, Alaska Natives households at 91%, which is 18 percentage points higher than the average for the state as a whole. Though only making up less than 1% of households in this income group, American Indian, Alaska Natives experience a disproportionately greater need for housing assistance. No other racial or ethnic group exceeds the average in terms of how many households in this income group experience housing problems. The majority (70%) of households earning below 30% AMI with housing problems are white households.

Analysis of data in TABLE 12: Disproportionately Greater Need **30-50% AMI**: Housing Problems shows that:

- Seventy three percent (73%) of all households in Rhode Island in this income bracket have housing problems, ranging from 69% to 83% by racial or ethnic group.

- The highest incidence of problems is experienced by Hispanic households at 83%, which is ten percentage points higher than the average for the state, thus Hispanic households in this income group meet the threshold of facing a disproportionately greater need for housing assistance. Both Black/African American (80%) and Asian (78%) households exceed the average for this income group in terms of need, however, not by enough to be considered as having a disproportionately greater need.

Analysis of data in TABLE 13: Disproportionately Greater Need **50-80% AMI**: Housing Problems shows that:

- Fifty one percent (51%) of all households in Rhode Island in this income bracket have housing problems, ranging from 49% to 82% by racial or ethnic group.
- Though 77% of households in this income category that has housing problems is a white household, this racial group is the only group with an incidence rate less than the overall percentage (49%).
- As with the 0-30% AMI income group, the racial group with the highest incidence of housing problems in this income group is American Indian, Alaska Native households (82%), which is 31 percentage points higher than the state as a whole. Though a much smaller group when compared to other racial or ethnic groups in the state, it is apparent that American Indian, Native households experience a disproportionately greater need for housing assistance.
- Also experiencing disproportionately greater need for this income group is Asian households (64%, 13 percentage points above the state average) and Black / African American households (62%, 11 percentage points above the state average). Though not exceeding the threshold for greater comparative need, Hispanic households earning 50-80% of AMI experience a higher than average rate of housing problems at 59%.

Analysis of data in TABLE 14: Disproportionately Greater Need **80-100% AMI**: Housing Problems shows that:

- Forty (40%) of all households in Rhode Island in this income bracket have housing problems, ranging from 12% to 63% by racial or ethnic group.
- The only racial group in this income bracket to have a disproportionately greater need is the 525 Asian households earning between 80-100% of AMI (63%, 23 percentage points above the state total for this income).
- Though not exceeding the threshold for greater comparative need, Hispanic households earning 80-100% of AMI experience a higher than average rate of housing problems at 49% as do Black / African American households at 42%.

Among all low- to moderate-income households (all households earning below area median income), white households have the lowest incidence of housing problems (58%), although white

households make up 74% of all low mod households with housing problems. Sixty six percent (66%) of American Indian / Alaskan Native households measured in this section face housing problems, while this is true for 67% of Black / African American and 69% of both Asian and Hispanic households. While not disproportionately greater incidences of housing problems compared to the state as a whole (based on the threshold of 10% higher than the group as a whole), each minority racial and ethnic group faces a higher rate of severe housing problems than do white households.

KEY FINDINGS for NA-15

1. The disparity between the proportion of white households and racial and ethnic minority households facing housing problems has grown in the last ten years.
2. American Indian / Alaska Native and Black / African American households face disproportionately greater rates of housing problems than the state as a whole at two income subgroups, while Hispanic households only face a disproportionately greater need at the low income level and Asian households only face a disproportionately greater need at the moderate income level.

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.305(b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

A disproportionate housing need refers to any group that has a housing need which is at least 10 percentage points higher than the total population. The following tables identify the extent of severe housing problems by income and race. Severe housing problems include: inadequate housing (lacking plumbing or kitchen facilities); severe overcrowding (1.51 persons or more per room); and housing cost burden of 50 percent, known as severe housing cost burden. Although less common and less researched than housing cost burden, the effects of severe overcrowding disproportionately affect racial and ethnic minorities, which is detailed in section MA-50.

According to a recent study published in the academic journal *Developmental Psychology*, parental stress from living in poor quality or substandard homes is tied to children's emotional problems (depression and anxiety) and behavioral problems (stealing, lying and being aggressive). The randomized trial including a sample of 2,400 low-income children, teens and young adults found that poor quality housing was the strongest predictor of problems stemming from a housing condition compared to housing affordability, tenure, housing stability or receiving housing assistance¹⁷. Other studies that analyze data from various censuses and health surveys have linked overcrowding with the following health problems: respiratory and infectious diseases, common mental health disorders and accidents around the home¹⁸.

TABLE 16 – DISPROPORTIONATELY GREATER SEVERE HOUSING PROBLEMS BY RACE/ETHNICITY, 0-30% AMI

Severe Housing Problems*	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	36,295	59%	20,929	34%	4,008	7%	61,232
White	25,460	59%	15,144	35%	2,733	6%	43,337
Black / African American	2,335	60%	1,294	33%	275	7%	3,904
Asian	989	63%	255	16%	334	21%	1,578
American Indian, Alaska Native	283	72%	112	28%	0	0%	395
Pacific Islander	0		0		0		0
Hispanic	6,229	60%	3,550	34%	635	6%	10,414

Data Source – 2007-2011 CHAS

*The four severe housing problems are: 1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

¹⁷ Coley, R. L., Leventhal, T., Lynch, A. D., & Kull, M. (2013). Relations Between Housing Characteristics and the Well-Being of Low-Income Children and Adolescents. *Developmental Psychology*. Vol 49(9). Pages 1775-1789.

¹⁸ "Full House? How overcrowded housing affects families" Shelter: The housing and homelessness charity (UK), 2005

TABLE 17 – DISPROPORTIONATELY GREATER SEVERE HOUSING PROBLEMS BY RACE/ETHNICITY, 30-50% AMI

Severe Housing Problems*	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	Total
Jurisdiction as a whole	17,178	37%	28,828	63%	0	46,006
White	12,433	35%	22,683	65%	0	35,116
Black / African American	1,345	47%	1,535	53%	0	2,880
Asian	369	45%	459	55%	0	828
American Indian, Alaska Native	70	25%	209	75%	0	279
Pacific Islander	0		0		0	0
Hispanic	2,599	43%	3,414	57%	0	6,013

Data Source – 2007-2011 CHAS

TABLE 18 – DISPROPORTIONATELY GREATER SEVERE HOUSING PROBLEMS BY RACE/ETHNICITY, 50-80% AMI

Severe Housing Problems*	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	Total
Jurisdiction as a whole	12,600	19%	54,194	81%	0	66,794
White	9,055	17%	44,399	83%	0	53,454
Black / African American	985	34%	1,940	66%	0	2,925
Asian	380	24%	1,189	76%	0	1,569
American Indian, Alaska Native	38	31%	86	69%	0	124
Pacific Islander	0		0		0	0
Hispanic	1,900	26%	5,394	74%	0	7,294

Data Source – 2007-2011 CHAS

TABLE 19 – DISPROPORTIONATELY GREATER SEVERE HOUSING PROBLEMS BY RACE/ETHNICITY, 80-100% AMI

Severe Housing Problems*	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	Total
Jurisdiction as a whole	3,919	10%	36,959	90%	0	40,878
White	2,879	8%	31,124	92%	0	34,003
Black / African American	194	10%	1,659	90%	0	1,853
Asian	120	14%	709	86%	0	829
American Indian, Alaska Native	4	2%	234	98%	0	238
Pacific Islander	0		0		0	0
Hispanic	689	21%	2,655	79%	0	3,344

Data Source – 2007-2011 CHAS

TABLE 20 – DISPROPORTIONATELY GREATER SEVERE HOUSING PROBLEMS BY RACE/ETHNICITY, ALL HOUSEHOLDS <100% AMI

Severe Housing Problems*	Has one or more of four housing problems	% one or more	Has none of the four housing problems	% none	Household has no/negative income, but none of the other housing problems	% no income	Total
Jurisdiction as a whole	69,992	33%	140,910	66%	4,008	2%	214,910
White	49,827	30%	113,350	68%	2,733	2%	165,910
Black / African American	4,859	42%	6,428	56%	275	2%	11,562
Asian	1,858	39%	2,612	54%	334	7%	4,804
American Indian, Alaska Native	395	38%	641	62%	0	0%	1,036
Pacific Islander	0		0		0		0
Hispanic	11,417	42%	15,013	55%	635	2%	27,065

Data Source – 2007-2011 CHAS

Discussion

Among all low- and moderate-income households, 69,992 have one or more of the four severe housing problems, which is 33% of all Rhode Island households earning below area median income. Though moderate income households are less likely than lower income levels to have one of the four severe housing problems, these households are not eligible for many forms of housing assistance.

Analysis of data in TABLE 16: Disproportionately Greater Need **0-30% AMI**: Severe Housing Problems shows that:

- Fifty nine (59%) of all households in Rhode Island in this income bracket have severe housing problems, ranging from 59% to 72% by racial or ethnic group.
- The highest incidence of problems is experienced by American Indian, Alaska Natives households at 72%, which is 13 percentage points higher than the average for the state as a whole. Though only making up less than 1% of households in this income group, American Indian, Alaska Natives experience a disproportionately greater need relative to their incidence rate of severe housing problems. White, Hispanic and Black / African American households all experience the same rate of severe housing problems for this income group (~59%), while Asian households experience a slightly higher than average rate at 63%.
- Overall, the 36,295 Rhode Island households that are extremely low income and have one of four severe housing problems represents 9% of the state's total households. That almost one in ten state households is at such a severe risk of homelessness, as these households are, is the firmest evidence of immediate need of more affordable housing resources.

Analysis of data in TABLE 17: Disproportionately Greater Need **30-50% AMI**: Severe Housing Problems shows that:

- Thirty seven (37%) of all households in Rhode Island in this income bracket have severe housing problems, ranging from 25% to 47% by racial or ethnic group.
- The highest incidence of problems is experienced by Black / African American households at 47%, which is ten percentage points higher than the average for the state, thus Black / African American households in this income group meet the threshold of facing a disproportionately greater need for housing assistance. Both Hispanic (43%) and Asian (45%) households exceed the average for this income group in terms of severe housing problems, however, by not enough to be considered as having a disproportionately greater need.
- Overall, the 17,178 Rhode Island households that are very low income and have one of four severe housing problems represents 4% of the state's total households. Combined with the extremely low income households with severe housing problems, these two totals combine to provide the best estimate available of 'worst case needs' in the state. In the HUD Worst Case Needs reports to Congress, only renters are considered 'worst case' households, however, extending the criteria to homeowners provides an estimate of 53,473 households that are immediately at risk of homelessness, representing 13% of all Rhode Island households.

Analysis of data in TABLE 18: Disproportionately Greater Need **50-80% AMI**: Severe Housing Problems shows that:

- Nineteen percent (19%) of all households in Rhode Island in this income bracket have severe housing problems, ranging from 17% to 34% by racial or ethnic group.
- Though 72% of households in this income category that has severe housing problems is a white household, this racial group is the only group with an incidence rate less than the overall percentage (17%).
- The two racial groups experiencing disproportionate greater need for this income group are Black / African American households (34%, 15 percentage points above the state average) and American Indian, Alaskan Native households (31%, 12 percentage points above the state average). Though not exceeding the threshold for greater comparative need, Hispanic households (at 26% incidence rate) and Asian households (24%) earning 50-80% of AMI experience a higher than average rate of severe housing problems.

Analysis of data in TABLE 19: Disproportionately Greater Need **80-100% AMI**: Severe Housing Problems shows that:

- Ten percent (10%) of all households in Rhode Island in this income bracket have housing problems, ranging from 2% to 21% by racial or ethnic group.

- The only households in this income bracket to have a disproportionately greater need are the 689 households of Hispanic ethnicity earning between 80-100% of AMI (21%, 11 percentage points above the state total for this income).
- Though not exceeding the threshold for greater comparative need, Asian households earning 80-100% of AMI experience a higher than average rate of housing problems at 14% as do Black / African American households at 10.5%.

Among all low- to moderate-income households (all households earning below area median income), white households have the lowest incidence of severe housing problems (30%), although white households make up 72% of all low mod households with severe housing problems. Thirty eight percent (38%) of American Indian / Alaskan Native households measured in this section face severe housing problems, while this is true for 39% of Asian and 42% of both Black / African American and Hispanic households. While not disproportionately greater incidences of severe housing problems compared to the state as a whole (based on the threshold of 10% higher than the group as a whole), each minority racial and ethnic group faces a higher rate of severe housing problems than do white households.

KEY FINDINGS for NA-20:

1. Thirty three percent (33%) of all Rhode Island's low-to-moderate income households have at least one severe housing problem.
2. Extremely low households have a disproportionately high incidence rate of severe housing problems (59%) compared to all other income levels.
3. American Indian / Alaska Native and Asian households face disproportionately greater rates of severe housing problems than the state as a whole at two income subgroups, while Hispanic households and Black / African American households only face a disproportionately greater need at one income level, low income and moderate income, respectively.

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.305 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

A disproportionate housing need refers to any group that has a housing need which is at least 10 percentage points higher than the total population. The following tables identify the extent of housing cost burden by race.

Families who are cost burdened by housing expenses are more likely to have difficulty purchasing healthy food and stretching their budgets to meet other basic needs. High housing cost burdens also make it difficult for lower income workers to save money or invest in education as a way to move out of poverty.

TABLE 21A – DISPROPORTIONATELY GREATER HOUSING COST BURDEN BY RACE/ETHNICITY, NUMBER OF HOUSEHOLDS

Housing Cost Burden	<=30%	30-50%	>50%	Cost Burden Total	No / negative income (not computed)
Jurisdiction as a whole	246,175	85,295	68,667	153,962	4,163
White	216,275	68,344	50,673	119,017	2,778
Black / African American	7,647	4,060	4,585	8,645	305
Asian	4,444	2,038	1,524	3,562	334
American Indian, Alaska Native	558	333	385	718	0
Pacific Islander	15	0	0	0	0
Hispanic	14,030	8,744	10,055	18,799	710

Data Source – 2007-2011 CHAS

TABLE 21B – DISPROPORTIONATELY GREATER HOUSING COST BURDEN BY RACE/ETHNICITY, PERCENT OF HOUSEHOLDS

Housing Cost Burden	% No Cost Burden	% Moderate Cost Burden	% Severe Cost Burden	Cost Burden Total	No / negative income (not computed)
Jurisdiction as a whole	61%	21%	17%	38%	1%
Pacific Islander	100%	0%	0%	0%	0%
White	64%	20%	15%	35%	1%
Asian	53%	24%	18%	43%	4%
Black / African American	46%	24%	28%	52%	2%
American Indian / Alaska Native	44%	26%	30%	56%	0%
Hispanic	42%	26%	30%	56%	2%

Data Source – 2007-2011 CHAS

Discussion

Among all state households, 85,295 (21% of state) are moderately cost-burdened (paying between 30% and 49% of gross monthly income on housing costs), and 72,830 (18% of state) are severely cost-burdened (paying 50% or more of income on housing costs, includes no/negative income households) according to TABLE 21.

Analysis of data in TABLE 21: Disproportionately Greater Need: Housing Cost Burdens, shows that:

- Thirty nine percent (39%) of all households in Rhode Island are cost burdened by housing, paying more than 30% of monthly income on housing costs (including households with no or negative income). Of those cost burdened, 18% are severely cost burdened, paying more than 50% of income on housing costs (including households with no or negative income). These ratios vary depending on the race or ethnicity of the household.
- Pacific Islander households measure only 15 in Rhode Island, and although TABLE 21 counts zero of these 15 as cost burdened, it is unlikely that this ratio is accurate based on the small sample size.
- White households as a group have by far the lowest incidence of cost burden (36% cost burdened, 16% severe), and is the only racial group to not exceed the state average.
- Asian households as a group are the only group besides White that is not disproportionately affected by cost burden, with an overall incidence rate 43% cost burdened. However, another 4% of Asian households have no or negative income, which is a subgroup of households often counted as severely cost burdened by housing, which raises the Asian incidence rate of cost burden to 47%, which is nine percentage points higher than the state as a whole.
- Fifty four (54%) percent of all Black / African American households are cost burdened, with 30% severely cost burdened. In terms of overall cost burden, Black / African American households are disproportionately affected compared to the state as a whole, by 15 percentage points, and are disproportionately affected by severe cost burdens compared to the state, by 12 percentage points.
- Fifty six (56%) percent of all American Indian / Native Alaskan households are cost burdened, with 30% severely cost burdened. In terms of overall cost burden, American Indian / Native Alaskan households are disproportionately affected compared to the state as a whole, by 17 percentage points, and are disproportionately affected by severe cost burdens compared to the state, by 12 percentage points.
- Fifty eight (58%) percent of all Hispanic households are cost burdened, with 32% severely cost burdened. In terms of overall cost burden, Hispanic households are disproportionately affected compared to the state as a whole, by 19 percentage points, and are disproportionately affected by severe cost burdens compared to the state, by 14 percentage points.

As discussed in NA 10 – Housing Needs Assessment, the lower the income the higher the likelihood and degree of cost burden. It is not surprising thus that minority racial and ethnic groups have a higher rate of cost burden compared to white households, as these households have lower median incomes compared to white households. For all minority groups, the ratio of, and degree of, housing cost burden is higher than for White households.

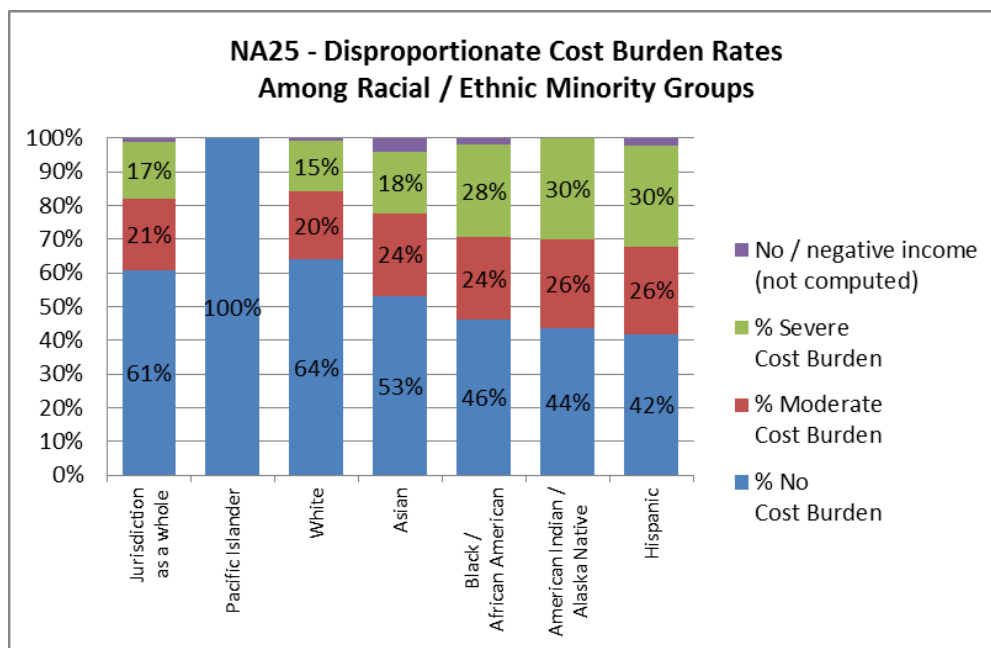
TABLE 22 – COST BURDEN RATES AND MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY

B19013 and B25003 Tables Used - 2009 to 2013 American Community Survey	Median Household Income	% of White Alone Income	% Own	Overall Cost Burden	Severe Cost Burden
Jurisdiction as a Whole	\$56,361	93%	61%	39%	18%
White Alone not Hispanic or Latino	\$60,642	100%	66%	36%	16%
Asian alone	\$53,422	88%	47%	46%	22%
Black or African American alone	\$33,793	56%	32%	54%	30%
Hispanic or Latino	\$31,820	52%	28%	58%	32%
American Indian and Native Alaskan alone	\$28,750	47%	28%	56%	30%
Native Hawaiian or Pacific Islander alone	N/A	N/A	N/A	N/A	N/A

TABLE 22 shows the median household income and cost burden information, as well as the homeownership rate, for each racial / ethnic group measured in TABLE 21. For Black / African American and Hispanic / Latino households, median household income is close to half of that of White Alone households; while severe cost burden rates are nearly double those of White Alone households. For Asian households, there is still a wide gap relative to cost burden with White households and earnings, but the gap is much less than those of Black and Hispanic households.

Addressing cost burden inversely, the percent with no cost burden (does not have moderate or severe cost burden and have positive income) is disproportionately lower for all racial and ethnic groups when compared to White Alone households. Sixty-four percent of White Alone households are not cost burdened, while for Black / African American households this is only true for 46% of households and for Hispanic / Latino households this is true for only 42% of households, both approximately twenty percentage points less than White Alone households.

TABLE 23 – COST BURDEN RATES BY RACE/ETHNICITY: BAR CHART SUMMARY (CHAS DATA)



KEY FINDINGS for NA-25

1. Black / African American, American Indian / Native Alaskan, and Hispanic or Latino households, as racial and ethnic minority groups, face disproportionately higher rates of both cost burden and severe cost burden when compared to the state's total incidence rate for each cost burden threshold (10 percentage points greater or more = disproportionate need).
2. Black (30%) and Hispanic (32%) households are twice as likely as White households (16%) to be severely cost burdened by housing. The median household income for Black households is 56% of the median household income for White households, while for Hispanic households this same comparison yields a ratio of 52%. Whether it is an income group or racial minority, on average, the lower the income the more likely it is for those households to face a housing cost burden.

NA-30 Disproportionately Greater Need: Discussion – 91.305 (b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

TABLE 24 – DISPROPORTIONATELY GREATER NEED: DISCUSSION SUMMARY

Income Group	NA-15: Housing Problems		NA-20: Severe Housing Problems	
	Racial group with disproportionate amount of housing problems	Incidence rate above State as a whole in pct points	Racial group with disproportionate amount of severe housing problems	Incidence rate above State as a whole in pct points
Extremely low income (0-30% AMI)	American Indian, Alaska Native	13	American Indian, Alaska Native	18
Very low income (30-50%)	Black / African American	10	Hispanic	10
Low income (50-80%)	1. Black / African American 2. Am Indian, AK Native	1. 15 2. 12	1. Am Indian, AK Native 2. Asian 3. Black / African American	1. 31 2. 13 3. 11
Moderate income (80-100%)	Hispanic	11	Asian	23

TABLE 24 summarizes the disproportionately greater need found for certain racial and ethnic minority groups in TABLES 11 through 20. The tables that show just housing cost burden by racial / ethnic minority (TABLES 21a and 21b) are not divided by income; the disproportionate needs relative to overall cost burden ratios by racial and ethnic minority groups are addressed in that section (NA-25).

Those minority groups in bold font in TABLE 24 are disproportionately stressed by housing needs in both the housing problems TABLES (NA-15) and the severe housing problems tables (NA-20) for that specific income group. These should be considered the highest priority groups with regards to addressing needs through available resources. Although substantial assistance is available to these income groups, it is clear that for American Indian, Alaska Native households that are extremely low income, more assistance is needed than is currently available in order to provide assistance proportionate to need.

At the very low income level, there is only a marginally disproportionate need relative to housing problems and severe housing problems, and the minority groups that are disproportionately affected are inconsistent among sections NA-15 and NA-20. Both Black / African American and Hispanic very low income households, respectively, have disproportionate needs related to currently existing resources for housing problems and severe housing problems, but do not face disproportionate needs in both sections.

The low income household group faces the most disproportionate need compared to the state as a whole than any other below AMI cohort. Among both housing problems and severe housing problems, five minority groups face disproportionate needs related to available assistance. Black / African American and American Indian, Alaskan Native low income households both face disproportionate needs related to housing problems and severe housing problems. Asian households are disproportionately affected by severe housing problems only.

Among moderate income households, Hispanic-headed homes are disproportionately affected by housing problems, while Asian households are disproportionately affected by severe housing problems related to the state as a whole, with an incidence rate 23 percentage points higher than the state average.

If they have needs not identified above, what are those needs?

Minority racial and ethnic groups lack health insurance at significantly higher levels than the State as a whole and compared to White Alone households.

TABLE 25 – UNINSURED POPULATION BY RACE AND ETHNICITY

Race and Ethnicity	Total Population	# Uninsured	% Uninsured
Total civilian non-institutionalized population	1,035,516	117,282	11.30%
White alone, not Hispanic or Latino	783,949	63,506	8.10%
Native Hawaiian and Other Pac Islander alone	383	35	9.14%
Two or more races	26,911	2,655	9.87%
One race	1,008,605	114,627	11.36%
Asian alone	32,154	5,054	15.72%
American Indian and Alaska Native alone	4,444	874	19.67%
Black of African American alone	65,030	13,121	20.18%
Hispanic or Latino (of any race)	134,178	35,708	26.61%
Some other race alone	63,820	18,172	28.47%

TABLE 25 indicates that Black / African American persons are more than twice as likely to be uninsured and Hispanic or Latino households are more than three times as likely to be uninsured when compared to White Alone households¹⁹. Lacking health insurance puts a household at greater risk of homelessness due to the inability to sustain medical emergencies or health issues and remain stably housed.

¹⁹ 2013 5-year ACS TABLE S2701

TABLE 26 – UNEMPLOYED POPULATION BY RACE AND ETHNICITY

Unemployment by Race and Ethnicity	Total in Labor Force	% Employed	% Total Unemployed	% Long Term Unemployed (out of work 1 to 5 yrs)
State Total	554,805	92.99%	7.01%	2.09%
White only	445,110	93.78%	6.22%	1.68%
Asian Alone	15,005	92.04%	7.96%	2.97%
Black / African American	26,535	90.60%	9.40%	3.79%
Hispanic or Latino	56,480	88.77%	11.23%	4.05%
All Other	6,765	88.32%	11.68%	4.36%

Being unemployed, especially when combined with being uninsured, is another indicator of being at risk of homelessness. As with housing problems, racial and ethnic minorities tend to have higher unemployment rates than White households, and are more likely to be unemployed for longer. TABLE 26 shows that Hispanic or Latino and Black / African American households have nearly twice the rate of unemployed members of the labor force (those that are still looking for work) and are 2.3 times as likely to be unemployed for a year or more (long term unemployed)²⁰.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

High concentration of minorities in Central Falls, Pawtucket and Providence

To measure over-representation and under-representation of racial and ethnic groups, Census data by municipality was organized into a table that measures the percent of the total population residing in each municipality compared to the percent of each racial and ethnic group's total population that resides in each municipality. This analysis does is not a connotation that each municipality should have a specific level of minority population within its borders; this analysis focuses on extreme outliers with regards to over- or under-representation to get a sense of disproportionate concentration.

The most over-represented group is the Hispanic and Latino population in Providence. The capital city has 16.93% of the State's total population but 52.31% of the state's Hispanic and Latino population. The capital city not only over-represents the Hispanic and Latino population by 35 percentage points, but also over-represents the Black / African American population by 25 percentage points (with 42.20% of the Black / African American population residing in Providence), the American Indian / Alaskan Native population by 16 percentage points (32.81% of total minority group's population) and also the Asian population by 20 percentage points (37.16% of the total minority group's population). Pawtucket is over-represented by Black / African Americans by 13 percentage points (19.52% of minority group's population compared to 6.77% of total state

²⁰ 2010 5-year ACS TABLE EEO-ALL13 (most recent data available for this research topic)

population) and South Kingstown is over-represented with American Indian / Alaskan Natives by 13 percentage points, though this is most likely a result of Narragansett tribal land located in that town. Though relatively smaller compared to other concentrations of minority groups, Central Falls has a 7.5 percentage point disproportionate representation of Hispanic and Latinos, with 9.41% of the state's Hispanic and Latino population but only 1.8% of the state's total population.

The City of Warwick has the most under-represented minority groups, with Hispanic and Latino, Black / African American, and American Indian / Native Alaskan populations making up 2.5% of the state's minority population for each group, while the city as a whole is home to 7.8% of the state's population.

A breakdown of the share of the state's population of each racial or ethnic group by municipality is provided in TABLE 27²¹. If that share is significantly greater than total population share in that municipality, then the cell is highlighted in blue (in this case, above a five percentage point difference in the share of population for the whole state in that municipality and the share of state's minority group population residing in that municipality). For analysis of minority concentration by census tract, see section **MA-50**.

KEY FINDINGS for NA-30

1. Other financial stresses that a household can incur that affect their ability to maintain housing is the lack of health insurance and the lack of stable employment. Minority households, not only face disproportionately higher rates of cost burden, but face disproportionately lower incomes, lower rates of having health insurance and lower rates of stable employment when compared to White households.
2. The state's urban core, especially the cities of Providence and Pawtucket, has a disproportionately high rate of the state's minority population living within its boundaries when compared to those cities' share of the state's population as a whole.

²¹ Data from this table comes from 2013 5-year ACS TABLE DP05

TABLE 27 – TOTAL POPULATION SHARE AND MINORITY GROUP POPULATION SHARE BY MUNICIPALITY

RI Municipalities	Hispanic or Latino	Not Hispanic or Latino					Total Population w/ Pct of State Pop in Muni
		White Alone	Black / African American Alone	American Indian, Alaskan Native Alone	Asian Alone	All Other (Multi-Racial)	
Total Population	135,317	796,516	55,265	3,587	31,782	29,228	1,051,695
Providence	52.31%	8.20%	42.20%	32.81%	37.16%	19.43%	16.93%
Warwick	2.52%	9.30%	1.85%	2.12%	7.33%	4.94%	7.83%
Cranston	6.95%	7.71%	6.14%	12.29%	11.38%	7.66%	7.65%
Pawtucket	10.04%	4.99%	19.52%	2.15%	3.33%	20.30%	6.77%
East Providence	1.59%	4.87%	4.30%	1.53%	2.60%	9.85%	4.48%
Woonsocket	4.25%	3.72%	4.19%	2.56%	7.34%	3.29%	3.91%
Coventry	0.48%	4.24%	0.03%	0.50%	0.72%	1.15%	3.33%
Cumberland	0.94%	3.85%	0.78%	1.09%	2.52%	1.70%	3.20%
North Providence	1.43%	3.36%	4.38%	2.59%	1.61%	1.37%	3.06%
South Kingstown	0.78%	3.40%	1.39%	15.58%	2.26%	1.50%	2.91%
West Warwick	1.08%	3.16%	1.64%	1.20%	2.76%	1.96%	2.76%
Johnston	1.18%	3.08%	1.05%	5.07%	4.69%	1.67%	2.75%
North Kingstown	0.49%	3.03%	0.69%	1.06%	2.55%	1.21%	2.51%
Newport	1.67%	2.43%	2.43%	2.09%	0.81%	3.48%	2.31%
Bristol	0.31%	2.69%	0.19%	0.17%	0.87%	1.00%	2.14%
Westerly	0.29%	2.65%	0.52%	3.07%	1.33%	1.50%	2.16%
Smithfield	0.46%	2.48%	0.69%	1.59%	1.30%	0.79%	2.04%
Lincoln	0.66%	2.33%	1.22%	0.70%	1.09%	2.21%	2.01%
Central Falls	9.41%	0.59%	2.34%	0.39%	0.02%	2.13%	1.84%
Portsmouth	0.25%	2.02%	0.40%	0.56%	0.87%	1.25%	1.65%
Barrington	0.26%	1.86%	0.20%	0.00%	1.36%	1.95%	1.55%
Middletown	0.72%	1.59%	2.01%	0.56%	2.27%	2.13%	1.54%
Burrillville	0.25%	1.91%	0.13%	0.78%	0.51%	0.72%	1.52%
Narragansett	0.20%	1.90%	0.16%	1.59%	0.17%	0.58%	1.50%
Tiverton	0.07%	1.93%	0.14%	0.39%	0.15%	0.65%	1.50%
East Greenwich	0.18%	1.52%	0.49%	0.25%	0.65%	0.86%	1.25%
North Smithfield	0.08%	1.44%	0.06%	0.50%	0.56%	0.71%	1.14%
Warren	0.20%	1.28%	0.02%	0.00%	0.00%	0.47%	1.01%
Scituate	0.06%	1.27%	0.00%	0.00%	0.03%	0.49%	0.98%
Glocester	0.08%	1.20%	0.02%	0.00%	0.03%	0.29%	0.93%
Hopkinton	0.19%	0.96%	0.23%	0.00%	0.24%	0.14%	0.77%
Charlestown	0.14%	0.92%	0.00%	3.07%	0.00%	0.55%	0.74%
Richmond	0.13%	0.90%	0.05%	2.37%	0.24%	0.39%	0.73%
Exeter	0.18%	0.77%	0.14%	0.86%	0.55%	0.05%	0.64%
West Greenwich	0.03%	0.70%	0.18%	0.50%	0.72%	0.39%	0.58%
Jamestown	0.10%	0.64%	0.04%	0.00%	0.00%	0.61%	0.52%
Foster	0.03%	0.55%	0.11%	0.00%	0.00%	0.48%	0.44%
Little Compton	0.00%	0.43%	0.06%	0.00%	0.03%	0.16%	0.33%
New Shoreham	0.02%	0.10%	0.01%	0.00%	0.00%	0.00%	0.08%
<p>Note:</p> <p>ORANGE shading means the share of the state's overall population residing in this municipality is significantly higher (more than 5 percentage basis points) than the share of the state's share of that respective minority's population residing in this municipality. This captures an instance where a minority population is under-represented in that community, given that municipality's share of the total population.</p> <p>BLUE shading means the share of the state's overall population residing in this municipality is significantly lower (more than 5 percentage basis points) than the share of the state's share of that respective minority's population residing in this municipality. This captures an instance where a minority population is over-represented in that community, given that municipality's share of the total population.</p>							

NA-35 Public Housing – (Optional)

Introduction

The U.S. Department of Housing and Urban Development (HUD) administers Federal aid to local public housing agencies (PHAs) that manage the housing for low-income residents at rents they can afford. HUD furnishes technical and professional assistance in planning, developing and managing these developments. There are twenty-five public housing agencies in Rhode Island that are based in municipalities, while three other organizations: Gateway Healthcare, Inc., The Kent Center and Rhode Island Housing, all act as PHAs in the administration of specific housing vouchers but do not own or operate public housing units. The twenty-five public housing authorities that maintain housing, while also administering an allotment of tenant-based vouchers, combine to own and operate 9,239 units of housing in which rent beyond 30% of gross monthly income is subsidized by the federal government. In total, 27 PHAs in the state combine to administer over 9,000 different housing vouchers (rent subsidy agreements not tied to a PHA-owned facility, this includes the Mod-Rehab programs), with only Jamestown Housing Authority not administering any vouchers and just PHA-owned units, to combine for close to 18,500 units of public housing in the state.

Housing Choice Voucher (tenant-based) programs include:

Family Unification Vouchers - Enables families to rent affordable housing for whom the lack of affordable housing is a primary factor in, (1) the separation of children from their families or (2) in the prevention of reunifying the children with their families.

Homeownership Vouchers - Enables very low income families to purchase a home.

Project Based Vouchers - Encourages property owners to construct, rehabilitate, or make available existing housing units to lease to very low income families.

Tenant Based Vouchers - Enables very low income families to lease safe, decent, and affordable privately owned and rental housing.

HUD-VASH Vouchers - Provides a combination of HUD rental assistance and VA case management services for very-low income homeless veterans.

Vouchers for People with Disabilities - Enables very low income families with disabilities to lease affordable private housing

HUD's Rental Assistance Demonstration Program (RAD)

The RAD program was established under the *Consolidated and Further Continuing Appropriations Act of 2012* to stem the potential loss of public housing and other subsidized housing units due to the growing backlog of unfunded capital needs. The program converts public housing properties to two different forms of project-based Section 8 Housing Assistance Payments (HAP) contracts—either project-based voucher (PBV) or project-based rental assistance (PBRA). By providing a predictable, long-term annual funding stream, Section 8 HAP contracts can be used by PHAs to leverage external sources of capital (private and public) to pay for the rehabilitation costs of RAD projects. The expectation is that RAD will provide a sustainable form of affordable housing by

enabling public housing properties to access more flexible private funding sources to cover the immediate and long-term capital needs of the properties converted to Section 8 under RAD.

The first component of the RAD program allowed up to 60,000 units of Public Housing and Section 8 Moderate Rehabilitation (Mod Rehab) properties to convert to project-based Section 8 HAP contracts. Awards made in 2013 did not include any Rhode Island PHAs. HUD created a queue of projects above the 60,000 unit cap, in the order in which applications were received. This queue is serving as the RAD waiting list. If projects below the 60,000 unit cap are withdrawn or have awards revoked, HUD will draw projects from the waiting list up to 60,000 units in order of the waiting list. Four Rhode Island PHAs appear on this waiting list along with the respective number of units to be converted, including: Pawtucket (101 units); Portsmouth (40 units); Woonsocket (296 units) and Newport (8 units).

Totals in Use (Based on most recent analysis of PIC data – August 2014)

TABLE 28 – PUBLIC HOUSING BY PROGRAM TYPE

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units or vouchers in use	84	296	9,239	8,846	415	8,351	170	640	3,229

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

TABLE 29 – CHARACTERISTICS OF PUBLIC HOUSING RESIDENTS BY PROGRAM TYPE

Resident Characteristic	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers				
				Total	Project-based	Tenant-based	Special Purpose Voucher	
							Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	N/A	4	N/A	2	1	0	1	N/A
# of Elderly Program Participants (>62)	9	41	4,669	1,472	56	1,409	0	N/A
# of Disabled Families	22	129	3,495	3,894	108	3,768	1	N/A
# of Families requesting accessibility features	N/A	79	N/A	1,425	289	1,126	1	0
# of HIV/AIDS program participants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
# of DV victims	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

TABLE 30 – RACE OF PUBLIC HOUSING RESIDENTS BY PROGRAM TYPE

Race	Certificate	Mod-Rehab	Public Housing	Program Type					
				Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	61	219	7,739	6,923	323	6,531	1	0	0
Black/African American	22	69	1,054	1,444	71	1,365	0	0	0
Asian	0	2	69	87	3	84	0	0	0
American Indian/Alaska Native	0	3	90	146	13	133	0	0	0
Pacific Islander	0	4	13	33	3	29	0	0	0
Other	1	0	275	166	0	165	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

TABLE 31 – ETHNICITY OF PUBLIC HOUSING RESIDENTS BY PROGRAM TYPE

Ethnicity	Certificate	Mod-Rehab	Public Housing	Program Type					
				Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	57	72	2,883	2,947	106	2,803	0	0	0
Not Hispanic	27	223	6,356	5,899	309	5,548	1	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

According to data from Public Housing Authority waitlists, 40% of families looking for public housing and 11% looking for Section 8 housing have disability needs.

What are the number and type of families on the waiting lists for public housing and section 8 tenant-based rental assistance? Based on the information above, and any other information available to the jurisdiction, what are the most immediate needs of residents of public housing and Housing Choice voucher holders?

TABLE 32 – PUBLIC HOUSING AUTHORITY WAITLIST ANALYSIS²²

<i>Rhode Island Housing analysis of Resident Characteristic Report Data</i>	Income			Type		
	Extremely Low Income	Very Low Income	Low Income	Family with Child	Elderly	Family with Disability Needs
Public Housing Wait Lists	71%	18%	6%	28%	26%	40%
Section 8 Wait Lists	83%	13%	2%	69%	6%	11%

TABLE 32 summarizes results taken from a sampling of Rhode Island’s PHA Waiting Lists information. The majority of all households on PHA waiting lists have extremely low incomes; these households have immediate housing needs. The types of families on the waiting lists differ by housing type. Families on Section 8 waitlists are 2.3 times as likely to have a child compared to a family on a PHA waitlist, while families on the PHA waitlists are 4.3 times as likely as those on a Section 8 waitlist to be elderly and 3.6 times as likely to have a disability need.

A special waitlist opening – the first time in more than 10 years the HCVP waitlist had been opened for any reason – specifically for homeless families and individuals commenced in February 2015. Over 5,000 families and persons applied, of which over 1,000 were approved for the waitlist given that they met the definition of homelessness. Those applicants not eligible for the homelessness waitlist will be given information on how to check on the statewide opening of the waitlist, which will occur in coordination with Providence Housing Authority’s waitlist later in 2015. Rhode Island Housing expects to put 150-200 homeless households from the waitlist into leased units by the end of the year. A broader waitlist opening planned for later in 2015, which will be a combined effort on the part of Rhode Island Housing and the Providence Housing Authority, is likely to well exceed the application totals from the February opening.

Public Housing Authority Resident Needs

Seven out of ten of the 9,239 households residing in public housing units are extremely low income households. Across all 18,465 PHA-administered units, nearly 93% have incomes at or below 50% of AMI. These ratios vary by PHA (TABLE 33).

The percent of all households assisted through PHAs that are extremely low income varies by program type. While for standard Public Housing it is 70%, the ratio rises to 81%, 85%, and 99% for Section 8 Mod Rehab, Project Based Certificate, and Section 8 Mod Rehab SRO units respectively, however, these programs serve relatively small and specific populations. The second to largest assistance program measured through PIC data is tenant based vouchers administered by public housing authorities. For this program, the income level of residents is similar to those of public housing tenants, with 73% having extremely low incomes with a total of 93% earning below 50% of area median income (TABLE 34).

²² Percentages are based on data provided by 11 of 25 public housing authorities that provided waiting list information in annual plans.

TABLE 33 – PUBLIC HOUSING AUTHORITY RESIDENT INFORMATION BY INCOME LEVEL

Public Housing Tenants					
Public Housing Authority	Extremely Low Income Households	Very Low Income Households	Low Income Households	Above Low Income Households	Total Households
Bristol Housing Authority	41.6%	36.3%	19.5%	2.6%	190
Burrillville Housing Authority	47.3%	32.4%	20.3%	0.0%	74
Central Falls Housing Authority	70.5%	21.2%	8.0%	0.3%	325
Coventry Housing Authority	42.6%	42.1%	13.3%	2.1%	195
Cranston Housing Authority	70.0%	24.3%	4.5%	1.2%	596
Cumberland Housing Authority	51.7%	38.1%	9.1%	1.1%	176
East Greenwich Housing Authority	74.1%	25.9%	0.0%	0.0%	27
East Providence Housing Authority	63.5%	27.8%	6.5%	2.2%	403
Housing Authority of the City of Pawtucket	78.2%	16.8%	4.2%	0.8%	1,052
Housing Authority Providence	85.8%	12.5%	1.6%	0.1%	2,542
Jamestown Housing Authority	51.4%	37.1%	11.4%	0.0%	35
Johnston Housing Authority	51.3%	35.1%	12.3%	1.3%	154
Lincoln Housing Authority	42.8%	39.6%	14.4%	3.2%	250
Narragansett Housing Authority	66.7%	22.2%	11.1%	0.0%	9
North Providence Housing Authority	47.8%	38.8%	9.7%	3.7%	134
Portsmouth Housing Authority	74.4%	15.4%	10.3%	0.0%	39
Smithfield Housing Authority	35.4%	41.7%	20.8%	2.1%	48
South Kingstown Housing Authority	60.9%	30.4%	7.2%	1.4%	69
The Housing Authority of the City of Newport	63.3%	22.2%	10.1%	4.3%	652
Tiverton Housing Authority	35.6%	37.8%	24.4%	2.2%	45
Warren Housing Authority	50.0%	33.3%	16.0%	0.7%	150
Warwick Housing Authority	65.0%	26.5%	8.1%	0.4%	517
West Warwick Housing Authority	65.3%	27.3%	6.6%	0.8%	242
Westerly Housing Authority	54.1%	36.1%	9.8%	0.0%	122
Woonsocket Housing Authority	68.5%	24.6%	6.4%	0.6%	1,193
Grand Total	69.9%	22.6%	6.5%	1.0%	9,239

TABLE 34 – PUBLIC HOUSING AUTHORITY PROGRAM TYPES BY INCOME LEVEL

Program Type	Extremely Low Income Households	Very Low Income Households	Low Income Households	Above Low Income Households	Income Not Available	Total
Homeownership Voucher	32.5%	46.3%	21.3%	0.0%	0.0%	80
Project Based Certificate	85.1%	12.3%	1.8%	0.0%	0.9%	84
Project Based Voucher	74.5%	20.7%	3.9%	0.2%	0.7%	415
Public Housing	69.9%	22.6%	6.5%	1.0%	0.0%	9,239
Sec 8 Mod Rehab	81.0%	16.5%	1.3%	1.3%	0.0%	79
Sec 8 Mod Rehab SRO	98.6%	1.4%	0.0%	0.0%	0.0%	217
Tenant Based Voucher	72.9%	19.5%	3.2%	0.2%	4.2%	8,351
Total Units	13,252	3,872	902	112	357	18,465
Pct of Total	72%	21%	5%	1%	2%	

Half of all standard public housing households are elderly while all other assistance programs combined (different types of voucher-based programs) primarily serve non-elderly residents. Because of the focus on elderly tenants, public housing units tend to have a higher occupancy of

disabled tenants, though the Section 8 Mod Rehab SRO and Tenant Based Voucher programs actually serve a higher ratio of disabled tenants than public housing units. Conversely, non-public housing units, funded through vouchers, are more likely to house families with children. Two out of three project based vouchers and certificates serve families with children and tenant based vouchers assist families with children with 50% of its allotment, while only 23% of public housing units house children (TABLE 35).

TABLE 35 – PUBLIC HOUSING AUTHORITY PROGRAM TYPES BY POPULATION TYPE

Program Type	Disabled	Elderly	Elderly and Disabled	With Children	With Children and Disabled	Total
Homeownership Voucher	22.5%	8.8%	6.3%	63.8%	7.5%	80
Project Based Certificate	26.2%	10.7%	3.6%	66.7%	10.7%	84
Project Based Voucher	26.0%	13.5%	4.6%	66.3%	7.2%	415
Public Housing	37.8%	50.5%	14.1%	22.6%	3.7%	9,239
Sec 8 Mod Rehab	22.8%	13.9%	7.6%	59.5%	5.1%	79
Sec 8 Mod Rehab SRO	51.2%	13.8%	9.7%	0.0%	0.0%	217
Tenant Based Voucher	45.1%	16.9%	11.1%	48.2%	11.4%	8,351
Pct of Total	40.8%	33.5%	12.4%	35.4%	7.3%	18,465

Rhode Island Housing analysis of Public Information Center data related to public housing in the state presents the total public housing units in the state, including the traditional public housing units and various forms of housing vouchers: 26% of all public housing units in the state are managed through the Providence Housing Authority (TABLE 36).

TABLE 36 – PUBLIC HOUSING AUTHORITY UNIT TOTALS BY HOUSING TYPE

Housing Authority Name	Public Housing	Tenant Based Voucher	Homeowner-ship Voucher	Project Based Vouchers & Certificates	Sec 8 Mod Rehab & Sec 8 SRO	Grand Total
Bristol Housing Authority	190	149	1	0	0	340
Burrillville Housing Authority	74	71	0	0	0	145
Central Falls Housing Authority	325	513	0	0	0	838
Coventry Housing Authority	195	229	4	0	0	428
Cranston Housing Authority	596	344	0	0	0	940
Cumberland Housing Authority	176	211	1	28	0	416
East Greenwich Housing Authority	27	82	0	17	0	126
East Providence Housing Authority	403	286	0	0	0	689
Gateway Healthcare, Inc.	0	66	0	5	0	71
Jamestown Housing Authority	35	0	0	0	0	35
Johnston Housing Authority	154	185	1	0	0	340
Lincoln Housing Authority	250	89	0	0	0	339
Narragansett Housing Authority	9	154	11	0	0	174
Newport Housing Authority	652	444	0	9	0	1,105
North Providence Housing Authority	134	219	2	0	0	355
Pawtucket Housing Authority	1,052	659	5	0	0	1,716
Portsmouth Housing Authority	39	58	0	14	0	111
Providence Housing Authority	2,542	1,908	41	105	244	4,840
Rhode Island Housing	0	1,146	12	292	52	1,502
Smithfield Housing Authority	48	30	0	0	0	78
South Kingstown Housing Authority	69	83	0	5	0	157
The Kent Center	0	71	0	0	0	71
Tiverton Housing Authority	45	55	0	7	0	107
Warren Housing Authority	150	203	0	0	0	353
Warwick Housing Authority	517	217	0	0	0	734
West Warwick Housing Authority	242	132	0	0	0	374
Westerly Housing Authority	122	172	0	0	0	294
Woonsocket Housing Authority	1,193	575	2	17	0	1,787
TOTALS	9,239	8,351	80	499	296	18,465

How do these needs compare to the housing needs of the population at large:

Those receiving assistance from public housing authorities are more likely to be disabled than the population at large, even compared to low income households with housing problems. While 29% of extremely low income households with a housing problem and 23% of very low income households with a housing problem in the state have at least one disability, almost 41% of all households receiving assistance from a public housing authority identify as disabled.

Combining all types of rental assistance programs administered by PHAs, 72% are extremely low income, 34% are elderly, 41% are disabled and 35% have children.

While public housing in Rhode Island is a crucial resource for Rhode Island's needy households (as measured by housing cost burden), in most Rhode Island communities with a PHA, the local public

housing specifically assists primarily elderly residents. As the needs of elderly residents will grow as the population's percentage of elderly residents is estimated to grow from 14% to 21% in the next two decades (per estimates from the Statewide Planning Program), the need for elderly public housing will only increase. In the non-urban areas of Rhode Island, where home prices are higher and access to public transportation is lower, there are fewer opportunities for low income families to benefit from public housing.

KEY FINDINGS for NA-35:

1. Public housing units serve primarily elderly residents (67% of all units) while PHA-administered housing vouchers are more heavily utilized by non-elderly households with children (50% of all voucher holders [all types] have children).
2. Rhode Island's public housing authorities assist close to 18,500 households with rental assistance through tenant-based vouchers and locally-owned housing. These households primarily earn below 50% of area median income (93%) and most are extremely low income (72%).
3. Rhode Island's public housing is in need of creative solutions to preserve its stock of aging public housing developments. The likely future expansion of the public housing RAD program, which converts public housing HAP contracts to project-based vouchers, will reduce capital repair needs in the future.

NA-40 Homeless Needs Assessment – 91.305(c)

Introduction:

Section MA-30 on homeless facilities provides extensive details on the amount of assistance being provided by state and federal agencies to prevent and end homelessness in the state. However, homeless needs exceed the current resources available to thoroughly end homelessness.

Rhode Island had a “Registry Week” in early December of 2014, which implemented the VI-SPDAT (Service Prioritization Decision Assistance Tool) and completed intake information on over 1,100 men, women and children. At the time of analysis, 855 single adult assessments had been completed, yielding the following information on the state’s homeless population:

- 68% were male, 32% female
- 53% were disabled
- 7% were veterans
- 37% were spending most nights in places not meant for human habitation (not a shelter or housing of any kind)
- 68% were White, 23% were Black, 16% were Hispanic
- 64% visited the ER at least once in the last 6 months, with an average of 7 per person (3,815 ER visits total by the 545 adults with at least one visit)
- The 855 adults assessed accumulated 2,804 police interactions, 2,797 ambulance runs and 2,761 in-patient hospitalizations in the previous 6 months
- 46% had no money coming in at all, including mainstream benefits
- 29% had been attacked while homeless
- 61% were drug or alcohol abusers
- 55% reported trouble concentrating, 33% had a learning disability, 25% reported a brain injury, 25% were asthma sufferers and 17% reported experiencing blackouts.
- 58% reported being homeless for 2 or more years
- 17% were new to the homeless system (were not previously in HMIS)

These findings from the “Registry Week” assessments detail the ongoing struggle of Rhode Island’s citizens in remaining stably housed.

Rhode Island has a network of government agencies and non-profit organizations that administer funding and programming for the purpose of reducing and preventing homelessness while operating emergency shelters to those in crisis. This section, as well as Strategic Plan Section SP-60, details the nature of Rhode Island’s homeless population and the programs address homelessness with housing and supportive services.

Nature and Extent of Homelessness: (Optional)

TABLE 37 – REQUIRED HOMELESSNESS TABLE

<i>Data From HMIS, 'N/A' means data is either not available or is not significant</i>	Estimate # Experiencing homelessness each year	Estimate # becoming homeless each year	Estimate # exiting homelessness each year	Estimate # of days persons experience homelessness
<i>Persons in Households with Adults and Children</i>	1,246	604	748	N/A
<i>Persons in Households with Only Children</i>	8	0	0	N/A
<i>Persons in Households with Only Adults</i>	2,467	804	544	N/A
Total Persons	3,721	1,408	1,292	N/A
<i>Chronically Homeless Individuals</i>	954	N/A	203	N/A
<i>Chronically Homeless Families</i>	81	N/A	48	N/A
<i>Veterans</i>	284	90	99	N/A
<i>Unaccompanied Youth</i>	8	N/A	N/A	N/A
<i>Persons with HIV</i>	N/A	N/A	N/A	N/A

Providence College Sociologist Eric Hirsch, chair of Rhode Island's HMIS Committee, reports that the number of homeless persons reached by family or individual emergency shelters was 4,067 in 2014. Included in this number were 1,839 single adult males, 656 single adult females, 525 mothers in families and 986 children in the shelter system; 179 were veterans. Shelter clients were extremely poor; nearly half had no source of income at all, and only 14 percent had income from a job. Twenty-three percent (907) of all persons that utilized an individual or family shelter in 2013 had some kind of mental illness.

Rural homelessness

HMIS tracks the zip code of the last permanent residence of each Rhode Islander that uses emergency shelters or transitional housing. On average, between 2010 and 2012, 4.5% of all homeless (as measured by persons entered into HMIS through spending at least one night in an emergency shelter or in transitional housing) lived in rural municipalities as their last permanent residence, a total of 205 individuals. Further, another 394 persons listed a suburban municipality as his or her last permanent residence; a total of 13.14% of all homeless in Rhode Island, on average, last lived in permanent housing outside of urban areas.

TABLE 38 – LAST PERMANENT RESIDENCE OF HOMELESS BY LOCALE

Locale	Last Permanent Residence was in Municipality with the Respective Locale	
	Average Homeless 2010 to 2012	Percent of Total Homeless 2010 to 2012
Rural	205	4.50%
Suburb	394	8.64%
Urban Ring	691	15.16%
Urban Core	2,459	53.94%
Outside RI	808	17.72%
Total	4,559	100%

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

Veterans

The HMIS estimates the current number of homeless veterans at 317, with another 106 in permanent supportive housing (according to the 2014 AHAR). There were 107 veterans homeless on the night of the 2015 point in time count. Of the 107 veterans counted that night, 4 were female and 103 were male, 81 were white, 23 were Black, 1 was an American Indian / Alaskan Native, and 2 were Hispanic or Latino. Registry Week data from December 2014 showed that 60 of the 855 adults assessed with the new VI-SPDAT system were veterans. HUD-VASH Vouchers assist 106 veterans with housing and services, most of which would otherwise be homeless or at risk of homelessness.

Families

In 2013 there were an estimated 535 homeless families, including 1,117 children, 30 percent of whom were under five years old. Data from the state's public school systems show that there were 961 homeless children in school in 2011-2012, including 459 doubled-up, 447 in shelters, 43 in hotels and motels, and 12 unsheltered. Rhode Island's HMIS system counted 81 chronically homeless families, meaning they experienced homelessness at least 4 separate times in the past three years.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

Homelessness disproportionately affects Black Rhode Islanders; we would expect that only 5% of the homeless population would be Black based on total population distributions, however, 20% of the homeless population is Black. Similarly, Hispanic and Latino households make up 12% of the State's population but almost 20% of the State's homeless population. Another highly affected

group is American Indian / Native Alaskan. While making up only 0.4% of the State's total population, American Indians / Native Alaskans make up 8.5% of the State's homeless population.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

The point in time count conducted in February 2015 also measured other subpopulations that were homeless that night besides veterans. In total, 1,119 persons were found to be residing in emergency shelters, transitional housing, safe havens or were unsheltered. Of that total, 110 were chronically homeless (10%), 203 were adults with a serious mental illness (18%), 198 were adults with a substance use disorder (18%), 91 were victims of domestic violence (8%), and 6 were adults with HIV/AIDS (0.5%).

Only 36 unsheltered individuals were counted that night, however, considering that it was an exceptionally cold night on February 25, 2015, it is likely that this total underestimates the number of unsheltered persons on any given night in a year. Of those 36 unsheltered, 2 were children under the age of 18 and 8 were young adults (aged 18 to 24); 16 were female and the other 20 male. Counting the 'unsheltered' homeless is a difficult task, as the typical point in time count date (late January) is at a time when homeless persons that may otherwise be typically unsheltered might have sought refuge that night. The "Registry Week" data, referenced in the Introduction to this section, found that 37% of those with a completed intake assessment (over 300 persons) that week were not living in a place meant for human habitation.

Homelessness Needs as a result of recent disasters in Rhode Island

Public housing sustained damage during the Storm; many of these households face homelessness without this housing. Per the February 2015 Action Plan for the CDBG-DR program, damage to roofs and on-site utilities was reported by public housing authorities. A local homeless shelter reported roof and water damage to transitional housing units.

Hurricane Sandy caused roof damage at non-profit, scattered site housing and Public Housing Authority properties across both counties that were not fully covered by insurance. At Newport Housing Authority, on-site utilities were damaged. In Narragansett, housing authority units and four town-owned single family residences were damaged. In South Kingstown, four transitional housing units were damaged.

Hurricane Sandy demonstrated the shortage of homeless shelter beds in Washington County, specifically the Westerly area. Despite the cancellation of public bus service, the WARM Shelter in Westerly was at 105% capacity. The Westerly area had insufficient homeless shelter beds for individual adults to meet the need during Hurricane Sandy. Just over three months later, during Winter Storm Nemo, WARM's individual and family shelters were at 100% capacity.

KEY FINDINGS for NA-40:

1. The number of homeless persons is still very high in the state but has declined in each of the past two years (2014 and 2015).
2. Minority populations are disproportionately represented among the homeless population.
3. Registry Week (see Introduction) and HMIS data shows that a very high percentage of the state's homeless population, sheltered and unsheltered, are permanently disabled persons with multiple afflictions.
4. The service providers in the homeless shelter network do what they can to find public or payroll income sources for all homeless adults. Unfortunately, 40% of all adults that left a shelter in 2014 left without any income source (which includes public benefits).
5. Rhode Island's HMIS reports that more veterans are leaving homelessness than are entering it on an annual basis. Still, nearly 100 veterans are becoming homeless every year in Rhode Island.

NA-45 Non-Homeless Special Needs Assessment – 91.305 (b,d)

Introduction

The 2013 American Community Survey estimated that more than 12 percent of Rhode Island’s non-institutionalized civilian population had some type of disability²³. Data shown in this section displays the unfortunate correlation between having a disability, having little income, and having a housing problem (see TABLE 43).

Currently at 15.5%, population projections from Rhode Island’s Statewide Planning Program show the ratio of persons aged 65+ to the total population will surpass 20% by 2025. As the population ages, needs associated with disabilities will grow. As of 2013, 35.1% of all persons aged 65 and over had a disability while the disability rate for 18 to 64 year olds is only 10%. Household accessibility needs will continue to grow as well; the percent of all state households with at least one person aged 65 and over living in it rose from 24.9% in 2006 to 28.4% in 2013. During this same time period, the number of persons aged 65 or older that was living alone rose 11.6%.

Section NA-35 shows that 40.8% of persons aided by the state’s public housing system are disabled and 33.5% are elderly; 12.4% are both elderly and disabled. Other subsidy programs, such as the HUD 202 and HUD 811 programs, target non-homeless special needs populations; unfortunately these programs are limited to the current amount of housing options that exist. None of these programs are expanding.

Presented in NA-45 is a cross section of housing needs estimates for elderly, disabled and HIV/AIDS populations that require supportive services and accommodated housing options. Sections MA-35 (Special Needs Facilities and Services) and SP-40 (Institutional Delivery Structure) discuss the current services offered to and the expected performance in the next five years related to aiding the non-homeless special needs populations.

A report released in November 2014 found that for persons living with HIV or AIDS (PLWHA) housing services have been strongly linked to sustained engagement in clinically appropriate health care and routine use of primary health care services. The receipt of housing assistance exerts a stronger impact on retaining PLWHA in appropriate medical care than any other factor, including: demographics, health status, insurance coverage, co-occurring mental illness, problem drug use, or receiving supportive services without housing assistance²⁴.

²³ 2013 5-year ACS TABLE S1810

²⁴ “Connection Between Housing and Improved Outcomes Along the HIV Care Continuum”, HUD, November 2014.

TABLE 39 – REQUIRED HOPWA TABLE 1

Current HOPWA formula use (Rhode Island is not a HOPWA formula grant recipient):	
Cumulative cases of AIDS reported	N/A
Area incidence of AIDS	N/A
Number of new cases prior year (3 years of data)	N/A
Rate per population	N/A
Rate per population (3 years of data)	N/A
Current HIV surveillance data:	
Number of Persons living with HIV (PLWH)	2,046
Area Prevalence (PLWH per population)	228.1
Number of new HIV cases reported last year	126

Data Source: CDC HIV Surveillance

TABLE 40 – HIV HOUSING NEED

Type of HOPWA Assistance	Estimates of Unmet Need
Tenant based rental assistance	44
Short-term Rent, Mortgage, and Utility	192
Facility Based Housing (Permanent, short-term or transitional)	481

Data Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet (Alternate Data Source: HOPWA Performance Profiles)

Describe the characteristics of special needs populations in your community:

The number of households and individuals in the various special needs subpopulation groups are estimates based on the 2013 ACS and estimates from the agencies that provide services to them.

Elderly and Frail Elderly There are more 96,952 households headed by a person age 65 or over; 48,594 with a householder age 75 or older, and 16,337 with one who is 85 or older. Elderly households are more likely to own than younger households (70% homeownership rate). Perhaps surprisingly, elderly households have the lowest rate of living in housing that is 50 or more years old (48% compared to 53% for all other households)²⁵.

Physical Disabilities Households with members who have physical disabilities are affected both by affordability and by the physical inaccessibility of housing units. Until the 1970s, there were no specific building requirements for physical accessibility, and units typically were not designed or built to allow for accessibility. An ambulatory disability (difficulty walking, climbing stairs, etc.) is the most common disability among the elderly, with 21% of all elderly persons suffering from this kind of difficulty. In total, 6.13% of the state's population has an ambulatory difficulty (see TABLE 42).

²⁵ 2013 5-year ACS TABLES B25007 and B25126

Psychiatric Disabilities There are almost 21,000 mentally ill adults served by Rhode Island's mental health system. The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is the state agency responsible for assuring access to quality services and supports for Rhode Islanders with developmental disabilities, mental health and substance abuse issues, and chronic long term medical and psychiatric conditions. BHDDH currently houses nearly 8,000 adult clients through its Residential Services Program, but there are another 3,000 people on its waiting list. As the number of adults receiving mental health services in state facilities has dropped, the number receiving such services in the community has risen sharply.

Cognitive Disabilities BHDDH works with housing providers to develop community-based housing for its clients with developmental disabilities. Almost 4,400 people with developmental disabilities receive residential support from the department. These include people with developmental disabilities living with their family or in independent apartments, group homes, special care facilities, supervised apartments, nursing homes, shared living, or other arrangements. Cognitive difficulty is the most common disability for non-elderly persons (4.7% of all non-elderly persons affected). For elderly persons, cognitive difficulty affects a higher percent, 8.15%, but these difficulties are less common than physical issues for this sub-population (see TABLE 42).

Other Populations with Special Needs There are a number of other individuals and/or families who face special challenges in the housing market. Among these are victims of domestic violence, children who are involved in the court system through the Department of Children Youth Families (DCYF), substance abusers, ex-offenders, and persons living with HIV/AIDS. Often their needs are transient in nature; they may require temporary placements or transitional housing prior to securing stable permanent housing. In some cases the populations overlap, as do the institutions that serve them.

Among the largest groups facing special housing challenges are the more than 3,400 inmates leaving the Rhode Island Department of Corrections adult correctional institutions each year. Of these, almost half reported returning to either Providence or Pawtucket. Another 18 percent returned to Cranston, Warwick, and West Warwick.

In 2007, faced with the prospect of growing budget deficits, significant cuts were made to the Department of Children, Youth and Families (DCYF). This included the decision to lower the age at which youths in foster care "age out" of the foster care system from 21 to 18. This change resulted in about 900 young people losing access to services that help them establish their own self-sufficiency.

What are the housing and supportive service needs of these populations and how are these needs determined?

Estimates of Need

TABLE 42 – DISABILITY CHARACTERISTICS BY AGE

2013 5-year ACS Table S1810 Disability Characteristics		Population under 5 years	Population 5 to 17 years	Population 18 to 64 years	Population 65 years and over	Total Population
With a hearing difficulty	#	359	1,118	12,421	21,404	35,302
	%*	0.64%	0.68%	1.86%	14.46%	3.41%
With a vision difficulty	#	245	1,400	10,198	8,065	19,908
	%*	0.44%	0.86%	1.53%	5.45%	1.92%
With a cognitive difficulty	#		7,551	31,743	12,058	51,352
	%*		4.62%	4.75%	8.15%	4.96%
With an ambulatory difficulty	#		1,031	31,391	31,007	63,429
	%*		0.63%	4.70%	20.95%	6.13%
With a self-care difficulty	#		1,539	10,987	10,246	22,772
	%*		0.94%	1.64%	6.92%	2.20%
With an independent living difficulty	#			23,273	21,341	44,614
	%*			3.48%	14.42%	4.31%
Disabled Total	#	508	9,602	67,674	51,027	128,811
	%*	0.91%	5.88%	10.13%	34.48%	12.44%
Total Population By Age		Total	55,932	163,381	668,205	147,998
						1,035,516

Definitions of disability types:

Vision and/or Hearing Disability: Conditions that include blindness, deafness, or a severe hearing or vision impairment.

Ambulatory Disability: Any condition that limits physical activities such as walking, climbing stairs, reaching, lifting or carrying.

Cognitive Disability: Any condition that makes it difficult to learn, remember, or concentrate.

Self-care Disability: Any condition that makes it difficult to dress, bath, or get around inside a home.

Independent Living Disability: Any condition that makes it difficult to go outside the home alone to shop or visit a doctor's office.

TABLE 42 organizes the total number of persons suffering from various disabilities by age, and analysis of that data precedes the table in the section addressing the characteristics of the state's special needs population. While these estimates indicate the number of persons with disabilities, it may be the case that many if not most of those persons are receiving care for that disability or are

matched with resources to support basic life needs that are difficult to obtain because of his or her disability.

CHAS data allows for analysis of disability occurrences among low income households that face housing problems.

TABLE 43 – DISABILITY CHARACTERISTICS BY INCOME FOR HOUSEHOLDS WITH HOUSING PROBLEMS

CHAS Table 6 2009-2011	Also With 1 of 4 Housing Problems							
	0-30% AMI		30-50% AMI		50-80% AMI		>80% AMI	
	#	% of IG	#	% of IG	#	% of IG	#	% of IG
Hearing or Vision Impairment	7,155	12%	5,125	11%	3,675	6%	3,715	2%
Ambulatory Limitation	10,810	18%	7,810	16%	4,990	8%	4,655	2%
Cognitive Limitation	9,305	15%	5,235	11%	4,140	7%	3,070	1%
Self-care or Independent Living Limitation	8,295	14%	5,730	12%	4,000	6%	3,310	1%
With At Least One Limitation	17,375	29%	11,238	23%	9,105	14%	10,047	4%

Housing problems affect lower income households for the subpopulation of total households with at least one disability at a higher rate than those with higher incomes, according to TABLE 6 of the 2009-2011 CHAS data.

Of all extremely low income households, 29% have at least one disability and at least one housing problem, with the most common disability being a condition that limits physical activities (ambulatory). Of all extremely low income households with at least one housing problem, 40% also have at least one limitation.

Of all very low income households, 23% have at least one disability and one housing problem, with the most common limitation being an ambulatory disability (16%). However, cognitive, self-care or independent, or hearing / vision impairment limitations affect about 12% of all very low income households. Of all very low income households with at least one housing problem, 31% also have at least one limitation.

Of all low income households, 14% have at least one disability and one housing problem, with the most common limitation being an ambulatory disability (8%). However, cognitive, self-care or independent, or hearing / vision impairment limitations affect about 7% of all very low income households with at least one housing problem. Of all low income households with at least one housing problem, 25% also have at least one limitation.

Of all households earning 50% or less of area median income and that face at least 1 of 4 housing problems (estimated at 79,025 per CHAS data analysis), 36.2% have at least one disability (28,613).

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

Over 3,400 Rhode Islanders have HIV or AIDS. HIV and AIDS affect three times as many males as females in the state. The prevalence rate data suggests that Black / African Americans in Rhode

Island experience a disproportionately higher rate of HIV/AIDS than any other racial group. Per every 1,000 Black / African American Rhode Islanders, there are 11 infected with HIV and 4 infected with AIDS. Per every 1,000 White Rhode Islanders, there is 1 infected with HIV and likely 0 infected with AIDS.

TABLE 44 – POPULATION WITH HIV/AIDS IN RHODE ISLAND BY GENDER AND RACE

From Centers for Disease Control and Prevention	Total	Gender		Race						
		Male	Female	AI/AN	Asian	Black	Hisp/Lat	MultRace	NHOPI	White
Number of persons living with HIV	2,046	1,471	575	9	31	521	512	17	1	955
Area Prevalence (PLWH per 100k pop)	228.1	343.1	122.8	252.8	118.8	1139.7	523.4	146.4	201.3	134.2
Number of new HIV cases reported last year	126	109	17	0	2	21	29	8	0	66
Number of PLWA (AIDS only)	1,372	969	403	6	22	362	345	8	1	629
Rate per 100k population AIDS	153	226	86.1	160.5	85.4	790.8	353	63.5	195.7	88.4

Three grants currently serve the HIV/AIDS community in Rhode Island, two competitively awarded grants managed by Rhode Island Housing and one formula grant awarded to the City of Providence.

TABLE 45 – HOPWA HOUSEHOLD CHARACTERISTICS

Data from HOPWA Performance Profiles (2012-2013 Program Years)		City of Providence	Rhode Island Housing	Total
Total Served Annually		75	71	146
Housing Services Type	Tenant-Based Rental Assistance	9	0	9
	Permanent Housing	27	41	68
	Short-term Housing Cost Assistance	39	0	39
	Short-term or Transitional Housing	0	30	30
	Placement into Permanent Housing	0	0	0
Income	Extremely Low Income	42	62	104
	Very Low Income	33	8	41
	Low Income	0	1	1
Sex	Male	36	51	87
	Female	39	20	59
Race / Ethnicity	White	33	21	54
	Black/African American	23	31	54
	Hispanic or Latino	0	18	18
	Asian	0	0	0
	Other	19	1	20
Unmet Need		404	313	717

TABLE 45 was manually created using the HOPWA Performance Profiles for the two grantees of HOPWA funds in the state. In total, 146 Rhode Island residents with AIDS are housed using HOPWA funds. The majority (47%) are housed in permanent supportive housing, while smaller shares of those assisted receive short term housing cost assistance (27%) which can be in the form of rental, mortgage or utility assistance payments to afford their current homes, while others (21%) are placed in short-term or transitional housing. The most infrequent type of assistance is tenant-based

rental assistance (6%). Of those that are supported with HOPWA funds, 71% are extremely low income and 28% are very low income. A majority of those assisted are male (60%), while a disproportionately large amount of those assisted are Black / African American (37% of those assisted with HOPWA funds compared to representing only 5% of the State's total population).

Unmet need for the City of Providence is estimated by HUD and is used in the formula to determine the amount of HOPWA funding, while the unmet need as measured by Rhode Island Housing is analysis conducted by the service provider AIDS Care Ocean State per analysis requirements of the HOPWA Annual Performance Reports. The amount of those assisted (146) and the total unmet need (717) sums to only 63% of the total population living with AIDS in the state per Center for Disease Control data.

KEY FINDINGS for NA-45:

1. On top of having disproportionately higher rates of housing problems than other income levels, analysis from this section shows that households earning 50% or less of AMI that have at least one housing problem also have high rates of disabling conditions than other income groups. This means that the current population in most need of housing assistance (those with housing problems and low incomes) need not only financial assistance but physical accommodations and supportive services as well.
2. The HOPWA program houses 1/10th of the state's AIDS-infected population.

NA-50 Non-Housing Community Development Needs - 91.315 (f)

Describe the jurisdiction's need for Public Facilities:

Needs associated with public facilities refer to buildings that serve targeted populations or offer centralized public services but are not residences. These upgrades include roof replacements and heating system replacements and CDBG funding will be used to fill gaps in traditional capital fund streams for public facility improvements.

Non-housing public facility needs overwhelming include facility upgrades and improvements (i.e. addressing code issues, removing health hazards, roof replacements or energy efficiency upgrades) to community centers, senior centers, supportive housing or other social service agencies. Senior centers in Middletown, Portsmouth and Scituate need considerable investment, most commonly roof replacements and handicapped accessibility upgrades. Emergency shelters that serve the municipalities of Middletown, Narragansett, South Kingstown, West Greenwich and Westerly require facility upgrades. Specific CAP agencies, such as the Tri-Town Community Action Agency (Johnston, North Providence, Smithfield and Burrillville) and the South County Community Action Agency (Exeter, North Kingstown and South Kingstown) need roof replacements for their community centers that provide a variety of public services. Other social service centers, such as the Johnnycake Center in Westerly (food pantry and emergency social services) and the Thundermist Health Center of South County in South Kingstown (dental, health and WIC services), report needing equipment upgrades and structural investments.

Only two municipalities cite new facilities as an important need: an elderly recreational facility in Newport and a domestic violence safe house in Little Compton. These new facility needs are not likely to be fully funded by CDBG awards, but an accepted proposal can be integral to leveraging other non-federal public and private funds to complete these important projects.

Other public facility needs include investments in repairing or improving public water access (town docks), a need shared by Little Compton and Central Falls, as well as investments in special needs and children's facilities in Warren, North Providence, East Greenwich, South Kingstown and Westerly to address structural concerns and accessibility issues.

Public facilities including town offices, senior centers, and animal shelters, experienced minor damages and extended power outages from Hurricane Sandy. The consequences included delays and cancellations of emergency services and critical services to vulnerable populations. Hurricane Sandy dramatically exacerbated coastal erosion, damaged public access to the waterfront, degraded public beaches, and exposed a previously capped landfill. Water (wastewater, stormwater, drinking water), roads, and energy infrastructure were all directly impacted by Hurricane Sandy.

Unmet public facilities and infrastructure needs identified to date include stormwater system repairs, public facilities repair and mitigation, road projects, restoration of coastal features, replacement of trees, and FEMA Public Assistance match.

Small businesses along the coast experienced physical damages. Damages were concentrated in the Misquamicut section of Westerly. The Small Business Administration (SBA) received 30 business applications from Washington Counties. SBA approved eleven business loans totaling \$45,000 (SBA Report 11460, May 21, 2013; HUD Aggregate Data Sept. 3, 2013).

How were these needs determined?

Public facility needs were derived from municipal CDBG applications for 2014 funds, which require an assessment of local non-housing community development needs. The state's CDBG-DR program management supplied disaster-related public facilities' needs.

Describe the jurisdiction's need for Public Improvements:

Public Improvements refer to needs associated with public land or public space, as well as improvements to infrastructure that will allow for economic development or community engagement.

State infrastructure needs

Economic development hurdles include a lack of water and sewer infrastructure outside of the urban core and the overall poor condition of the state's infrastructure; limited developable land and the development constraints that exist for remaining land (e.g. brownfields and other environmental constraints); and an aging housing stock.

Without exception, studies conducted over the last two decades have determined that insufficient revenue is generated from available transportation funding sources (federal funds, State bond funds and the State gas tax) for traffic infrastructure construction, maintenance, and operation of the statewide transportation system and new revenue sources are needed.

Sections of forty major arterial roads and highways were closed due to Hurricane Sandy, with many incurring significant structural damage. Numerous bridges, dams and wastewater treatment plants were damaged to the point of requiring replacement or major structural repairs. Multiple utility substations, including a major substation in Westerly, Rhode Island, were flooded.

Local public improvement needs

Rhode Island's most common local public improvement needs regard walkability concerns. Ten of the 30 municipalities for which needs were analyzed plan on funding sidewalk repairs or improvement to street lighting in certain areas that have inadequate walking conditions or lack any walkability whatsoever. Often these walkability improvement projects are part of broader urban revitalization plans that aim to enfranchise lower income households that are less likely to own a car, or to aide in business development attractiveness of poorly lit and poorly accommodated commercial areas.

Nine municipalities cite growing needs of aging mill villages that are losing population and have high costs associated with reuse of aging infrastructure and housing. These municipalities commonly refer to the correlation between these aging industrial villages and high concentrations of low income households. These villages include the Miners Industries Plan area in Bristol (Mosaico), North Tiverton, Lonsdale and Valley Falls in Cumberland, the West Warwick villages of Arctic, Crompton and Phenix, Lymanville in North Providence, Davisville in North Kingstown and Hope Valley in Hopkinton. These needs commonly include drainage improvements to alleviate persistent flooding (four municipalities), the need to adaptively reuse abandoned mills for the benefit of those surrounding areas (five municipalities) and making urban services investments that promote modernization of commercial and residential building (four municipalities). Five municipalities, including Burrillville and four of those with village-specific needs, look to make targeted improvements to blighted properties and storefronts in high traffic downtown areas to make villages more attractive to businesses and households.

Many municipalities also note the need for upgrades to public parks and common recreational green space, which often are the integral community assets that set them apart from more staid suburban settings. Cities from various regions mention this need, such as Central Falls, Jamestown and Westerly. These communities state that the need is based on deteriorating or poorly maintained public parks and recreational space, the improvement of which will be important components to broader local revitalization projects.

Parking and traffic circulation improvement needs were mentioned by four municipalities, with varying specific improvements mentioned. Bristol referenced the need to address congestion problems in its Mosaico neighborhood, which is part of a larger redevelopment effort, while Johnston expressed need for more parking availability at its community action agency. Portsmouth needs to improve parking at many of its public housing developments, while Jamestown's parking need was more focused on the lack of public parking spaces that would promote tourism.

Three communities need to replace mobile home units in order to preserve and improve their stock of affordable housing options. Gloucester noted that 90% of its 130 mobile homes are substandard and have exceeded their structural life. CDBG funds have been used to replace seven of these units so far; the Low Mod Chart counts five CDBG-assisted mobile home replacements as of 2013. Burrillville expressed a similar need, noting that many homes in its Maple Hill Mobile Home Park have exceeded structural life. All 198 homes at Maple Hill are counted on the Rhode Island Low Mod Chart – 64% of these homes are forty years or older. The town's housing rehab program regularly assists in the replacement of these aging structures. Coventry is another town with many mobile homes; the town summarizes that it has 300 mobile homes manufactured more than 30 years ago. Coventry estimates that 60% of its CDBG-funded home repair program goes to replacing these mobile homes, and will need to continue that trend. Coventry has 178 mobile homes on the Low Mod Chart.

Other public improvement needs specific to certain municipalities include a broadband connectivity investment in Central Falls, a city with lower-than-average rates of private internet access than the rest of the state, continued investment in the Oakland / Mapleville Bike Path in Burrillville that will

connect with other recreational facilities in the Blackstone Valley and continued repairs and upgrades to bridges condemned after recent flooding, such as Natick Bridge in West Warwick.

Perhaps hardest hit by Hurricane Sandy were businesses in Rhode Island. Total disaster damage to businesses exceeded \$70 million. Most affected were areas around the Pawtuxet River, where the Natick business district and commercial corridor in West Warwick was submerged under 10' of water. More than 3,000 businesses statewide applied for SBA disaster assistance loans.

How were these needs determined?

Public improvement needs were taken from state economic development reports and from municipal CDBG applications for 2014 funds, which require an assessment of local non-housing community development needs. The state's CDBG-DR program management supplied disaster-related public improvement needs.

Describe the jurisdiction's need for Public Services:

Public services needs refer to programs operated by community based non-profits that provide essential human and social services to low-to-moderate income households that are unable to afford these services through regular means.

The most common public service need in Rhode Island is for emergency food and financial services to families in crisis. Many cities and towns, through the funding of community action agencies, assist low income families in dire situations with food pantries, emergency shelters, emergency housing vouchers, and emergency health screening and other social services. Of the 30 cities and towns for which community development needs were collected, half mentioned this kind of need, and apply for funding annually for programs that provide these services. Municipalities in all regions of state, from Cumberland to Middletown, from Burrillville to Westerly, need these types of public services.

The second most common public service need is for subsidized home repair programs, which offer no interest loans to support essential code upgrades, energy improvements and other housing issues usually associated with a structure's old age. CDBG funding sets aside \$500,000 annually for these services, of which 13 towns participate.

Employment readiness programs administered through community action agencies and municipal service programs are also in great need, as so many CDBG applications refer to inflated local unemployment rates as a result of the most recent recession and lagging recovery. Municipalities mention the need for adult basic education, either through literacy classes or GED preparation sources, job training for underemployed or unemployed persons in need of career changes, and other employment readiness services that correlate to local job markets, such as maritime trade workshops in Little Compton. Twelve municipalities plan on funding specific programs that provide these functions.

Low cost health care and mental health services are another common need mentioned by many municipalities. Low income families are present in every municipality, and needs continue to grow for publicly-provided health care in municipalities in Newport County, South County, the Blackstone Valley and rural northern towns like Burrillville and Scituate. These municipalities often coordinate with neighboring towns to fund regional programs and community action agency service delivery for health care programming for those in need. Often these services include not just emergency health services, but the assignment of case managers that develop health plans and conduct follow up visits.

There is growing need for adult day care services of disabled adults and elderly persons that have difficulty living independently, especially those that experience symptoms of Alzheimer's disease but have little access to advanced care. Cornerstone Adult Day Services is a program funded by eight municipalities, ranging from South County to the West Bay to the East Bay, to provide these essential services to reduce the burden of care for low income families.

Two other common needs concern low income and at-risk families. Quality child care is expensive, and low income families, especially those with a single working parent, often cannot afford true child care and settle on non-equivalent arrangements. Higher income suburbs like Little Compton and East Greenwich, as well as middle income regions like Burrillville, South Kingstown and Lincoln, all provide free quality day care to low income working families in those towns. The need for more of these services is great according to CDBG applications. The other family-based service funded publicly is domestic violence resources and services. Seven municipalities combine to fund the Women's Resource Center, which provides legal advocacy, shelter, and basic and advanced services to families facing domestic violence.

The last of the more common needs is free or low cost legal service or consultation available to low income residents. The previously referenced Women's Resource Center can provide legal advice to families facing domestic violence, while other organizations such as the Blackstone Valley Advocacy Center and the Rhode Island Center for Law and Public Policy operate free legal clinics throughout the state. Seven municipalities express this need in CDBG applications.

The towns of Warren, Portsmouth and Tiverton share a few unique needs according to their CDBG applications: fair housing services and housing counseling as well as offering microenterprise loans to small businesses.

Miscellaneous needs mentioned by either two or one municipality include senior transportation services (senior handicapped vans), community engagement programming and first-time homebuyer assistance (down payment and closing cost assistance no-interest loans).

How were these needs determined?

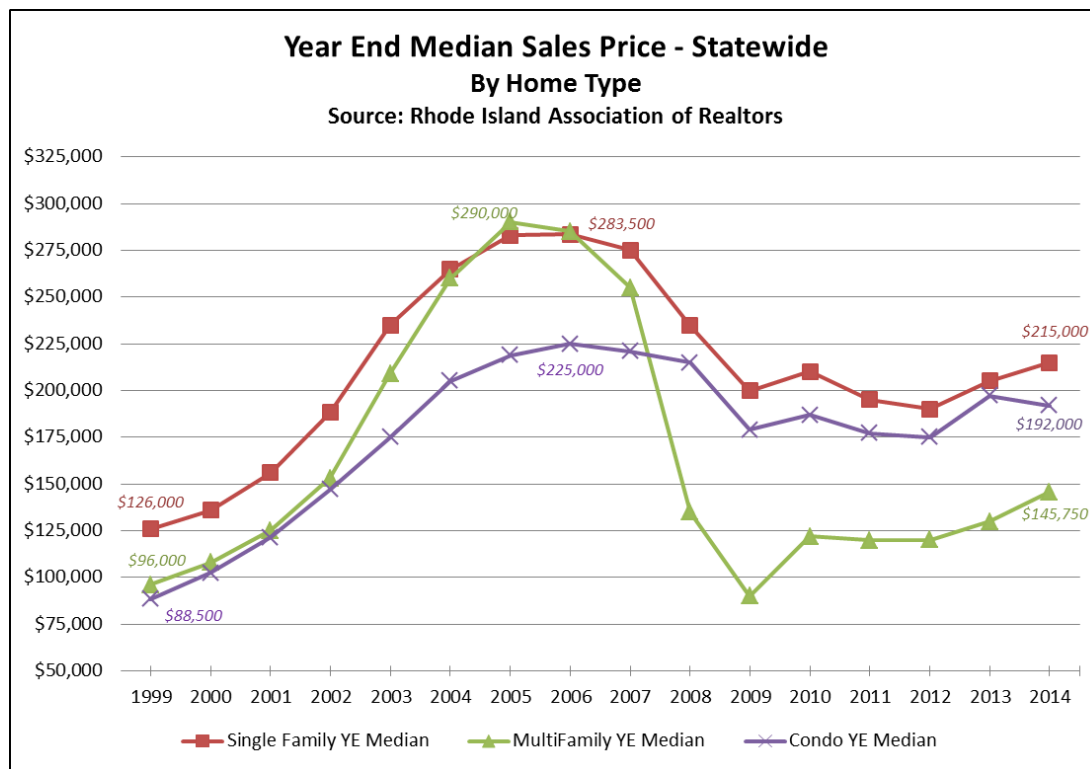
The public services needs summarized in this section were determined by analyzing the Community Development Needs portions of CDBG applications from 30 municipal application packages. Where a needs section was inadequate for this purpose or missing, the proposed project synopsis were reviewed for comments relating to need.

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

CHART 1 – YEAR END MEDIAN SALES PRICES SINCE 2000, BY HOME TYPE



The roller coaster on which home sales prices have ridden in the past 13 years has caused dramatic market upheaval.

The median sales price of all home types (single family, multifamily and condo), as shown in Chart 1, remains in a bit of a holding pattern since the wild swing up then down between 2002 and 2009. While total sales, serving as a metric for market activity, have been flat overall in the past five years, there has been a significant decrease in 'distressed sales'. Distressed sales include the sale of a home that short sells (the sale price does not provide the seller with enough to cover what they still owe on the home) or was foreclosed on by a bank. In 2014, total sales of single family homes were unchanged overall compared to 2013; however, this was a result of the 19% decline in distressed sales. Non-distressed sales increased 5%.

The current dynamic of the housing market suggests that this holding pattern may linger for some, if not all, of the upcoming five-year planning period. The inventory of homes for sale on the market

is lacking in both quality and quantity, according to several Rhode Island realtors as the 2015 home buying season begins²⁶. With little new construction and so many homeowners facing negative or near-negative equity (nearly 18% of all mortgages as of Q3 2014), demand continues to be thwarted by low supply.

Also holding back demand is the continued uncertainty regarding the state's economy. First time homebuyers will continue to delay the transition from renting to owning if incomes stagnate and if jobs, in general, feel temporary or tenuous. The high rents in Rhode Island and relatively lower home prices, especially when compared to those of neighboring Massachusetts actually create situations in which homeownership is actually cheaper than renting in certain market areas. However, with little savings, limited confidence in their Rhode Island-based career, combined with the lingering specter of the foreclosure crisis, Millennials are not buying and older, more established families are not moving up. As 2015 began, Freddie Mac's Primary Mortgage Market Survey showed that average interest rates on 30-year loans had actually dropped down to 3.66%, well below the 4% average from 2014, perhaps signaling that banks are taking action in waking up the still-sluggish housing market six years on from the financial crisis from 2008.

There is reason for hope; Moody's presented forecast statistics at the 2014 revenue estimating conference for the state's budget staff, which showed unemployment falling to 5.4% by the end of upcoming planning period, with substantial growth in employed workers, the labor force and nonfarm payroll employment. With an improving economic outlook, investment in homeownership will be more attractive as buyers gain back confidence and enthusiasm lost due to the recent recession.

TABLE 46 – LABOR FORCE AND EMPLOYMENT PROJECTIONS FOR UPCOMING PLANNING PERIOD

YEAR	Labor Force	Employed	Unemployed	Unemp Rate	Non-farm payroll
2010	572,130	505,048	67,083	11.73%	457,958
2011	562,583	499,401	63,181	11.23%	460,592
2012	558,740	501,377	57,363	10.27%	465,583
2013	555,643	502,902	52,742	9.49%	471,150
2014	555,237	511,063	44,175	7.96%	477,250
2015	559,900	517,900	41,993	7.50%	488,800
2016	566,400	530,500	35,683	6.30%	498,400
2017	569,300	537,000	32,450	5.70%	503,200
2018	569,900	538,500	31,345	5.50%	503,700
2019	569,900	538,900	30,775	5.40%	503,200

Gray = actual statistics based on RIDLT data, averages of monthly statistics

Green = end of year projections from Moody's provided for tax revenue estimation

²⁶ "R.I. housing market busy at the top, but overall inventory is low", Christine Dunn, The Providence Journal, January 31, 2015.

Rhode Island Homebuilding Trends Compared to Other States

One reason that inventory remains so limited is the extremely low rate of new construction as measured through building permit activity. Rhode Island is still in a homebuilding slump unrivaled by any other state. Though it is firmly 42nd nationally in terms of total housing units and total population, Rhode Island's new residential unit permit activity has been 51st for four straight years (including Washington DC).

It is difficult to argue that small size and high population density makes new building impossible, because other states are continuing to build, on average, more new units per square mile by a large margin compared to Rhode Island, which has built 0.7 new units per square mile since 2010. Delaware, for instance, is the second smallest state, has half of the population density of Rhode Island, but builds 4.5 times the amount of new homes per year since 2010, at 1.85 new units per square mile. New Jersey is the only state with a higher population per square mile than Rhode Island, but builds 2.2 new residential units per square mile annually. The state of Virginia builds roughly the same amount of new residential units per square mile as Rhode Island, a state with 33.5 times the square mileage.

Rhode Island's rental market

Much has changed since 2009, in which the American Community Survey 5-year measured 256,593 owner-occupied households and 147,634 renter-occupied households in Rhode Island. The 2013 ACS 5-year showed a 2% decrease in owner-occupied households and an 8% increase in renter-occupied households since that time. The rental vacancy rate in 2009 was 8.4% while in 2013 it was 6.1% (Federal Reserve Economic Data): Renter-occupied households are in more demand now compared to five years ago, which makes the findings of increased averages rent not surprising.

Median household income for renter-occupied households has risen only 2.13% in nominal terms since 2009 (not adjusted for inflation), though owner-occupied households have not fared much better (a nominal percent increase of 3.8%). However, the median household income for owner-occupied households is still 2.5 times (\$78,065 owner, \$30,635 renter) that of the median household income for renter-occupied households, a significant gap given that the average household sizes are only separated by 0.38 persons (2.61 owner, 2.23 renter as of 2013). See tables on page 4 for statistical summaries of recent Census data.

Given that the median household income of Rhode Island renters is \$30,635, the typical renter household in the state would need to pay no more than \$766 on rent per month to not be 'cost-burdened' by housing. However, per the 2014 survey, an average two-bedroom rental household in the state costs \$1,172 per month, adjusted for utility costs.

The gap between what the typical rental household earns and what they would need to earn to not be cost-burdened by a two-bedroom apartment is \$16,245 a year; in essence, the typical renter household needs an additional minimum wage job per household in order to not be cost-burdened by their current situation. Given that a median is the point where half of the data is greater than that level and half of the data is less than that level, then it is consistent with this analysis that the

cost burden rate for renters in 2013 was 51.2% (only 35.5% for owners). Since 2009, this cost burden rate has increased two percentage points for renters and has decreased one percentage point for owners.

Rhode Island's rental affordability gap 8th highest in nation

The difference between what a household earns and what it expects to pay for housing is one method of describing the housing affordability gap. The National Low Income Housing Coalition produces an annual analysis of this gap for renters, by state, which calculates the average wage needed to afford a typical two-bedroom apartment and what renters in that state actually earn per hour, on average. The 2014 report showed that Rhode Island's renters are 34th nationally in average earnings, yet have the 17th highest housing costs, on average, in the country. The resulting gap reveals that the typical Rhode Island renter household needs 1.5 full time jobs in order to not be cost-burdened, which is the 8th highest gap in the country.

Homeownership among low income households worst in nation

Per the Corporation for Enterprise Development's 2014 Assets and Opportunities Scorecard, Rhode Island ranks 50th in the nation, only Washington DC is worse, for homeownership among the lowest income earning quintile, at 27.6%. Overall, 3.24 times as many of the richest 20% households in Rhode Island are homeowners compared to the poorest 20%. Among the 50 states, this ratio is 8% higher than the second worst (tie between Massachusetts and New York at 3.01) and is 44% higher than the national average ratio (2.25%).

Trends in Rhode Island's Residential Construction Workforce

In 2012, the National Association of Home Builders ("NAHB") used Quarterly Census of Employment and Wages ("QCEW") data to measure the residential construction industry in the United States, finding that people that worked in homebuilding and remodeling made up 2.4% of the entire civilian labor force. The study, entitled "Residential Construction Employment across States and Congressional Districts", measures the residential construction industry in Rhode Island for 2010 at 10,916 workers, combining payroll data from the QCEW with non-payroll data from the American Community Survey to factor in self-employed workers. Adjustments to that methodology to use the 3-year ACS for each year (more accurate data) resulted in a new estimate of 10,009 for the residential construction industry for the state as of 2010. TABLE 47 looks at the Rhode Island residential construction industry, using NAHB methodology and statistics from 2010 to expand the analysis for the years 2005 through 2013.

Outlook for Residential Construction Industry by Moody's

Moody's Analytics provided an analysis of Rhode Island's Economic Outlook for the State's Revenue Estimating Conference which took place May 2, 2014. Analyses relevant to the residential construction industry included employment projections by industry for the next 20 years, projections on new building permit activity and overall population growth.

Moody's concludes that demand for housing is high in Rhode Island, evident from low housing inventory rates across the state. Sales prices and home sales activity is improving slowly, though improving nonetheless. There is uncertainty as to whether this pace will accelerate because of three key factors:

- Slow job creation
- Macroeconomic uncertainty
- Higher relative credit standards

All three are making prospective buyers of existing and new homes apprehensive about making offers or contracting improvements.

TABLE 47 – RESIDENTIAL CONSTRUCTION INDUSTRY IN RHODE ISLAND, RECENT TRENDS

Year	Total Residential Construction Industry in Rhode Island		Residential Building Construction ¹	Land Subdivision ¹	Residential Specialty Trade Contractors ¹	Self-Employed Residential Construction ²	Total Employed in State ²	% of State Employment in Residential Construction	Total Construction Employees ²	% of Construction Industry that is Residential
	# Employed	Annual % Chng								
2005	13,356	-	3,794	114	6,659	2,789	517,678	2.58%	34,585	38.62%
2006	14,852	11.20%	3,747	101	6,964	4,040	532,288	2.79%	36,001	41.25%
2007	13,565	-8.67%	3,444	105	6,610	3,406	526,547	2.58%	34,543	39.27%
2008	12,990	-4.24%	3,097	111	5,945	3,837	522,662	2.49%	33,387	38.91%
2009	10,640	-18.09%	2,498	83	5,075	2,984	519,087	2.05%	30,847	34.49%
2010	10,009	-5.93%	2,351	80	4,817	2,761	508,925	1.97%	27,649	36.20%
2011	8,892	-11.16%	2,261	62	4,640	1,929	506,493	1.76%	24,256	36.66%
2012	9,053	1.81%	2,275	29	4,622	2,127	505,786	1.79%	24,609	36.79%
2013	8,960	-1.03%	2,334	65	4,895	1,666	512,339	1.75%	25,616	34.98%

¹ Annual data from Bureau of Labor Statistics Quarterly Census of Employment and Wages (QCEW) Survey

² Self-employment and total employment data from 3-year American Community Survey table S2407, estimated for Res. Const. by Rhode Island Housing

Moody's is forecasting a construction-related injection to the State's economic recovery in late 2015 or early 2016, which includes a focus on renewed demand for new residential construction. The inventory of foreclosed homes still crowds out the need for a lot of new construction, but once this pipeline is worked off demand for new construction could increase dramatically. Total residential permits are expected to hit pre-recession highs of 2,500 units or more in 2016 and 2017. This increase in new permits would yield an increase of 3,500 construction industry jobs, driven mainly by residential construction. However, Moody's estimates this level of demand for new homes to level off to 1,900 new units permitted-for per year from 2018 to 2025, though this would be met with stability in the construction industry at 19,500 jobs.

The Moody's report is quick to warn that without accelerating job growth these dreams of a new construction boom, or even a full construction recovery, will not come to pass. Without the house price appreciation that would presumably follow job growth, consumer confidence in homes being crucial assets to wealth will continue to wane. Global political instability make predicting the future costs of goods, transportation, and utilities nearly impossible, while also curbing global economic growth, likely keeping the ceiling on Rhode Island's economic recovery lower than it otherwise would be.

MA-10 Number of Housing Units – 91.310(a)

Introduction

Since 2000, there has been only a 0.5% increase in occupied housing units. Building did outpace demolition as 23,000 total housing units were added since 2000, but estimated vacant units increased by 21,000. If the projections offered by Moody's (as summarized in TABLE 46) hold true, then there will be a population increase to match employment and labor force growth, which would create demand for more housing units.

TABLE 48 – RESIDENTIAL PROPERTIES BY UNIT-PROPERTY TYPE

Property Type	Number	%
1-unit detached structure	254,338	55%
1-unit, attached structure	15,384	3%
2-4 units	112,904	24%
5-19 units	41,238	9%
20 or more units	33,718	7%
Mobile Home, boat, RV, van, etc.	4,764	1%
Total	462,346	100%

Data Source: 2007-2011 ACS

TABLE 49 – UNIT SIZE BY TENURE

Bedroom Size	Owners		Renters	
	Number	%	Number	%
No bedroom	485	0%	7,070	5%
1 bedroom	8,404	3%	47,302	30%
2 bedrooms	59,776	23%	59,139	38%
3 or more bedrooms	186,178	73%	42,121	27%
Total	254,843	99%	155,632	100%

Data Source: 2007-2011 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

Section 8 Project-Based Rental Assistance assists over 9,500 elderly households and over 5,800 family households, all of whom are low income and receive monthly rental assistance. Public Housing Authority-maintained units assist over 4,800 elderly households and over 4,600 family households. Housing Choice Vouchers, either managed by a local PHA or the state's housing finance agency serve about 9,000 households, of which 1,260 are elderly and 7,740 are families.

Three in four households receiving rental assistance through Housing Choice Vouchers are extremely low income.

HUD's Supportive Housing for Elderly and Disabled populations (Section 202 and Section 811) programs assist over 1,600 low income households with housing assistance payments (67% of whom are extremely low income), of whom 80% are elderly and 20% are disabled. Like Section 8, these programs are not expanding but maintain flat levels of households assisted.

The Low Income Housing Tax Credit Program has helped create, and in some cases, helped to sustain affordability of, over 10,000 affordable homes in Rhode Island, in which tenants are low income and often very low income. Over half of the homes developed or rehabilitated using Housing Tax Credits also have Section 8 Project-Based Rental Assistance contracts, and many others have some other source of rental assistance, besides being income-restricted units.

Over 1,700 homes are permanent supportive housing units serving special needs, per the 2013 Rhode Island Housing Inventory Count. A combination of federal (McKinney-Vento, Continuum of Care, Veterans Affairs Support Housing, HOPWA) and state (RoadHome, Neighborhood Opportunities Program, funding from the State Division of Behavioral Healthcare, Developmental Disabilities and Hospitals) resources have assisted in the development or operation of these service-supportive apartments that house previously homeless individuals and families with the most difficult to serve needs.

A state housing bond, known as Building Homes Rhode Island, was passed in 2006 to establish \$50 million in capital contributions to the development of ultimately over 1,300 homes in 30 Rhode Island communities. Another \$25 million bond passed in 2012, which will assist in the development of an estimated 650 to 750 additional affordable homes.

Combining these programs with other federal, state and local initiatives to provide capital and / or operating subsidies to make housing affordable to low income populations, over 36,900 units in Rhode Island are considered to serve low- to moderate-income households. Another 9,000 households receive tenant-based vouchers, meaning the home in which they live is not permanently affordable but they are receiving monthly rental assistance nonetheless. In total, these combined 45,900 households serve a distribution of roughly 21,000 low-to-moderate income elderly households, 17,900 low-mod income family households, and 7,000 low-mod income households with special needs. Though the ratio of households that have received capital subsidies or continue to receive operating subsidies to keep housing costs affordable that house children varies by program, a 2012 estimate by the Center on Budget and Policy Priorities showed that roughly 21% of all rent-assisted homes in Rhode Island are families with children.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

The homes currently counted as affordable housing in the State, as measured in the annual Low to Moderate Income Housing Chart, are constantly in danger of losing their affordability through

expiring land use agreements, rental assistance contracts, or other restrictions that are usually limited to a certain time period. The Low Income Housing Tax Credit (Housing Credit) program preserves roughly 700 affordable homes through tax-exempt bond financing per year, and has maintained the affordability of close to 11,000 rental units since 2000.

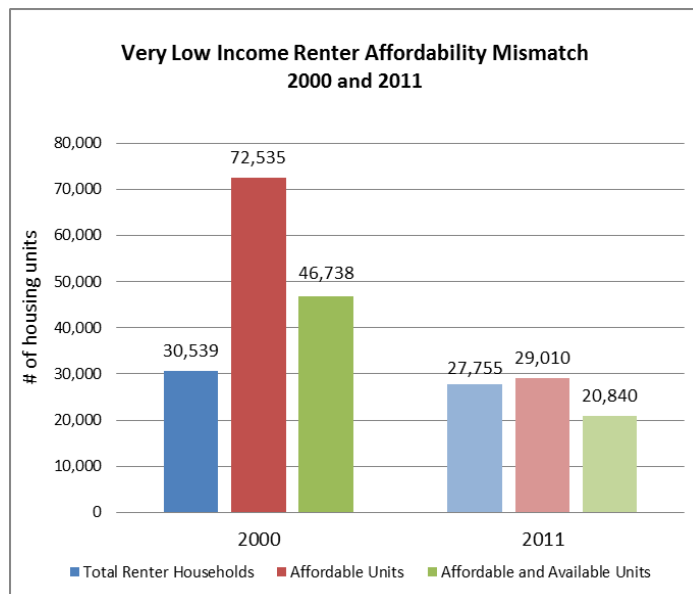
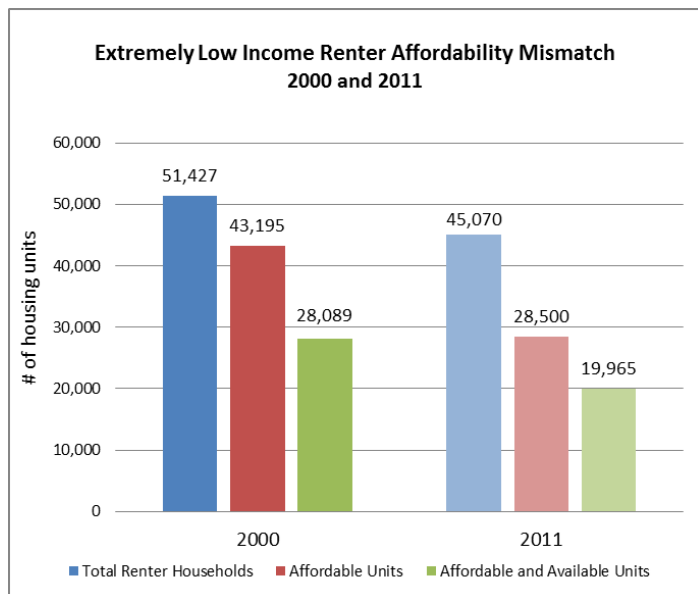
Although the State of Rhode Island lost 392 Section 8 units between 2012 and 2013 due to expiring Section 236 mortgages, these instances were extenuating circumstances where a Section 8 development in a relatively affluent community believed market rents could exceed Section 8 rents once the affordability period lapsed. The state's housing finance agency does not foresee any loss of Section 8 units in the next five years, as most developments will refinance and renew their Housing Assistance Payment ("HAP") contracts, which will maintain affordability.

Does the availability of housing units meet the needs of the population?

The 'housing supply gap' for extremely low income and very low income renters has grown over the past decade, signaling the increasing difficulty that the market is having in providing affordable homes. The number of extremely low income renters fell from 2000 to 2012 by 12%, down to 45,070 from 51,427. However, the number of units that are affordable and available to those respective cohorts decreased by 29%, from 28,089 to 19,965. The gap that existed in 2000 of 23,338 affordable units has grown to a gap of 25,105, a supply gap increase of 8%. This has occurred even as the number of extremely low income renters has decreased. For very low income renters, what was once a surplus of options turned into a supply shortage from 2000 to 2011. CHAS data from 2000 measured 46,738 housing options affordable and available to very low income renters compared to 30,539 households from that income cohort. By 2011, CHAS data measured only 20,840 housing units affordable and available to very low income renters, a 60% decrease in affordable options. The number of very low income renter households only decreased by 9%. What was once a surplus of 16,199 affordable options is now a housing supply gap of 6,915 homes²⁷.

²⁷ Affordable units have gross rents up to 30% of the income threshold for the category. Available units are vacant or rented by households with incomes no higher than the threshold for the category. This methodology comes from the Joint Center of Housing Studies research document "America's Rental Housing – Meeting Challenges, Building on Opportunities" referenced in the Needs Assessment.

CHARTS 3A & 3B – RENTER AFFORDABILITY MISMATCH BY INCOME



Describe the need for specific types of housing:

Affordable

The most important housing need is for housing that is adequate, accessible and affordable to Rhode Island households that earn 50% of area median income or less. These households are the most at-risk of homelessness and are severely limited in their ability to support other basic needs like food, clothing, transportation and educational support.

Smaller homes to own

Other housing needs relate to the type of housing that exists and is being built in Rhode Island. From just 2007 to 2012, per the 3-year American Community Surveys from each respective year, the state lost 11,700 homeowner households of 3 persons or more and gained 6,861 two-person homeowner households. The most common household type that is leaving the state, either by out-migration or family structure changes, are married-couple homeowner households aged 15 to 64 (a net loss of 17,500 households in five years). The state lost a total of 23% of its married-couple households where the householder was aged 15 to 34, with a 39% decline in households that **own** in that family type and age subgroup, while this family type and age subgroup increased 5% among its **rental** households). However, the state still has a owner-occupied housing stock that is 75% three-bedroom homes.

There are 58,266 households with 4 or more people in Rhode Island but there are over 188,000 three bedroom homes owned. Even when adding 3-person households into the subgroup that would traditionally be in the market for a 3 or more bedroom home, there are still less than 100,000 households that fit these criteria. Alternatively, there are over 147,000 owner-occupied

households with 1 or 2 persons, and only 68,000 owner-occupied homes with 1 or 2 bedrooms. Many small or single person households live in homes with 3 bedrooms or more. It is often these households that are living in homes that they cannot afford; there is a great need for two bedroom owner-occupied homes.

For renters, the distribution of household size and bedroom size is more synchronized. There are 26,799 rental households with 4 or more people and 40,332 3-bedroom rental units. There are 112,718 rental households with 1 or 2 people and 113,428 rental households with 2 or less bedrooms.

Permanent Supportive Housing

As stated in this section, there are roughly 1,700 permanent supportive housing units in the state, per the Housing Inventory Count. The population that these homes serve is extremely low income households with at least one disability. Analysis of CHAS TABLE 6 conducted in Section NA-45, however, measured 17,325 households that are extremely low income with at least one disability. It is true that many of these extremely low income and disabled households are receiving some other kind of rental assistance, but the need for permanent household-based supports for these households is currently 10 times greater than what exists in the state.

Discussion

Effects of recent disasters on number of housing units

Construction of new affordable housing in the Sandy impacted area will provide an alternative to LMI households that choose to remain in the area, but relocate outside of special flood hazard areas. The Rhode Island Emergency Management Agency measured 624 total impacted housing units as a result of Hurricane Sandy, with six housing units being destroyed, two of which were primary residences.

KEY FINDINGS for MA-10

1. Total occupied housing units in the State have hovered near 410,000 for the past few years. Of these units, 8.28% are measured to be affordable to low-to-moderate income households tied to property-based income or rent restrictions.
2. Rhode Island needs more affordable homes, both market-based and subsidized, and also needs smaller homes to better meet the needs of new household size trends (which are trending down).

MA-15 Cost of Housing – 91.310(a)

Introduction

Median home prices in Rhode Island are 4.4 times greater than median household income as of 2013, which is the 7th highest gap in the continental United States. Per the Corporation for Enterprise Development, on which this analysis is based, “In areas where housing values are high relative to income, many prospective homeowners are priced out of the market, prohibiting them from building home equity. Whereas high housing values benefit those who already own their homes, a high ratio of housing value to wages typically makes it less likely that someone can afford to purchase a home.” With a median value of \$247,400 as of 2013, Rhode Island maintains the 8th highest median home value in the continental US, while median household income is 17th. When comparing the median home value to the median household income of just renters (which is 25th in the nation at \$30,635), the gap is 8.1, which is 4th in the nation. This large gap between what homes cost to purchase and what current renters typically earn, the barrier for renters to become owners is higher than any other state in the country save Massachusetts, California and New Jersey.

TABLE 50 – COST OF HOUSING

	Base Year: 2000	Most Recent Year: 2011	% Change
Median Home Value	130,500	270,600	107%
Median Contract Rent	477	761	60%

Data Source: 2000 Census (Base Year), 2007-2011 ACS

TABLE 51 – RENT PAID

Rent Paid	Number	%
Less than \$500	38,358	24.6%
\$500-999	84,098	54.0%
\$1,000-1,499	24,624	15.8%
\$1,500-1,999	5,584	3.6%
\$2,000 or more	2,968	1.9%
Total	155,632	100.0%

Data Source: 2007-2011 ACS

TABLE 52 – HOUSING AFFORDABILITY BY TENURE

% Units affordable to Households earning	Renter	Owner
30% HAMFI	19,940	No Data
50% HAMFI	45,130	4,195
80% HAMFI	101,695	21,100
100% HAMFI	No Data	46,720
Total	166,765	72,015

Data Source: 2007-2011 CHAS

TABLE 53 – MONTHLY RENT

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	\$656	\$773	\$944	\$1,176	\$1,407
High HOME Rent	\$704	\$791	\$945	\$1,137	\$1,361
Low HOME Rent	\$662	\$709	\$851	\$983	\$1,096
RIH Rent Survey*	\$721	\$928	\$1,172	\$1,496	N/A

Data Source: HUD FMR for FY15 (Prov-Metro Area only), HOME FY14 Rent Limits (Prov-Metro Area only), Rhode Island Housing annual rent survey

Is there sufficient housing for households at all income levels?

Besides the ‘housing supply gap’ analysis methodology used by the Joint Center for Housing Studies (analysis referred to in Section MA-10, Charts 3a and 3b), another source for comparison is the data provided by HUD for this Consolidated Plan. TABLE 54 combines data from HUD-generated tables in this section (labeled TABLE 52) and in section NA-10 (TABLE 6a). As is discussed at length in the needs assessment, lower income owners fare worse than lower income renters when it comes to having affordable options. Many of the owners that earn below 50% and 80% AMI, which have very few affordable options as measured by home value, do not actually pay housing costs as a result of not having a mortgage. Of the 91,665 owners earning below 100% AMI, 42% do not have a mortgage, making cost burden less likely. The ‘housing units affordable to’ is derived from home value, regardless if a mortgage is being paid on the home or not. The stock of housing affordable and available to households earning less than 50% of AMI has decreased 48% for renters and 58% for owners in just ten years.

The degree of cost burden among lower incomes suggests plainly that there is not sufficient housing for persons earning less than 80% of AMI; these cost-burden rates are detailed in the Needs Assessment. Of all households earning this level of income or below (172,380 households), there are only 122,795 housing units affordable to them, with only 17% of those units being homes that are owner-occupied. Even for those households who can find housing that is affordable, it is very unlikely that it will be home they can buy as opposed to rent. For all households earning 50% of AMI or below, the shortage is even more extreme. There are 108,930 households earning 50% of AMI or below, with housing options (either rental or homeownership) that are affordable to them being just 49,325 housing units, which is less than half of the number of households that need housing at that affordability level. Cost burdens among low income households because of equal difficulty in finding housing that is affordable (as measured in this section) and housing that is available (housing affordable to a certain income group that is currently occupied by households in a higher earnings category). For renters earning 30% of AMI or below, whom are more or less priced out of any ownership opportunity, there are only 4 affordable units of housing for every 10 households, meaning for those currently cost-burdened by housing at this income level, without either a significant increase in income or a significant increase in affordable housing options, current housing options are insufficient for this income group.

TABLE 54 – HOUSING UNITS AFFORDABLE FOR GRADUATED INCOME LEVELS

Tenure	Income	Total Households ¹	Housing Units Affordable to ²	Affordable Units Per 100 hsehlds
Renters	0-30% AMI	46,490	19,940	43
	0-50% AMI	75,155	45,130	60
	0-80%AMI	104,990	101,695	97
Owners	0-50% AMI	33,775	4,195	12
	0-80% AMI	67,390	21,100	31
	0-100% AMI	91,665	46,720	51
¹ Data from HUD-generated Table 6a				
² Data from HUD-generated Table 52				

How is affordability of housing likely to change considering changes to home values and/or rents?

Analysis conducted by HousingWorksRI in its 2014 Housing Fact Book found that, for RI's lowest income renters, spending on housing grew 20% between 2000 and 2012 while incomes fell by 4%. For RI's middle income renters, spending grew by 17% while incomes fell by 3% during the same time period.

The same disparity is occurring among the state's homeowners: while spending increases, incomes are not growing faster than inflation. Since 2000, RI's lowest income owners spending on housing grew 13% while incomes fell by 6%. For RI's middle income owners, spending grew by 8% while incomes fell by 2% during the same time period. While spending grew by 25% among high income owners, incomes for the highest incomes owners grew by 14% factoring in inflation.

This trend of stagnant incomes and inflating home costs is likely to continue into the near future. Recent home sales data suggests that the number of monthly listings shows no sign of greatly expanding, while median sales prices continue to creep higher. The lack of building (Rhode Island is last in the country in building units permitted and is permitting 65% less new units per year post-Recession than pre-Recession, with 2015 being equally slow) will not ease demand in the near future; the rental vacancy rate in Q2 2015 fell to a miniscule 2.8% (a 'natural' vacancy rate is estimated near 7% and the state's average over the past 42 quarters is 7.5%). Sunrise Management conducts rental analysis on large scale multifamily complexes; for Rhode Island, the average rent for a two-bedroom home increase 10% from 2011 to 2014. American Community Survey data shows that in this same time frame, median household income for renters grew less than 1%. These trends are unfortunately likely to continue into the near future, making Rhode Island's affordability gap among low income households even larger.

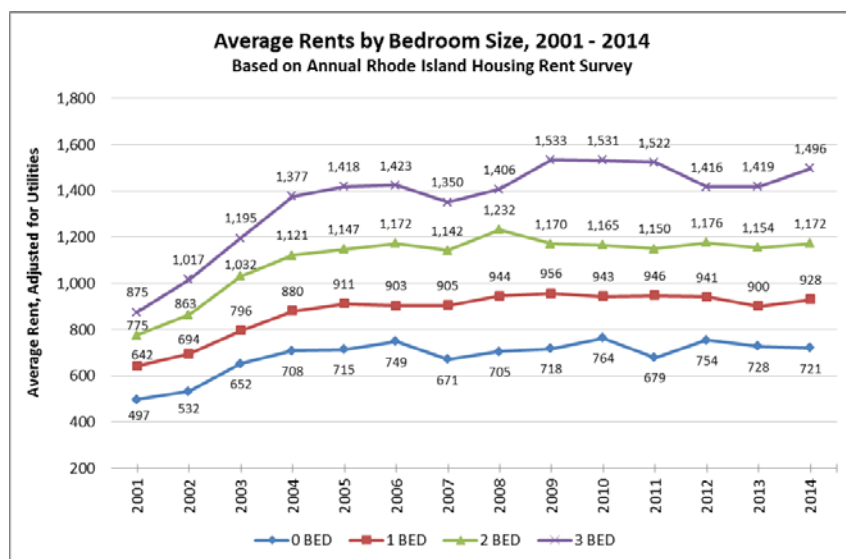
How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

Rhode Island Housing produces an annual rent survey of online listings from Craigslist, firm-run websites, and Rhode Island's HomeLocatorRI.net site, which takes rent listing information from

different seasons and creates average rents by bedroom size while factoring in average utility costs (trends shown in CHART 2). In 2014, over 1,700 listings in Rhode Island were used to determine the statewide averages. Where statistical significance existed, average rents by municipality were also published. Overall, 30% of those apartments surveyed explicitly stated that utility costs, some or all, would be covered in the contract rent.

Fair Market Rents, on average, are 80% of rental housing costs measured in the Rhode Island Housing Rent Survey. Overall, average rents have been consistent, yet high, over the past decade.

CHART 2 – AVERAGE RENTS BY BEDROOM SIZE AS MEASURED IN RHODE ISLAND HOUSING ANNUAL RENT SURVEY



Average rents have been consistently climbing since also reaching peaks from 2006 to 2008, but these consistently high rents stress so much of Rhode Island because the majority of Rhode Island's renters (67% in total) earn 80% or less than area median income.

The area median contract rent generated for this report was \$761, which comes from 2011 Census data. For 2013, the median contract rent was measured to be \$781, a 2.6% increase in only two years²⁸. In this same two year period, the median household income among renter-occupied households has increased by only 1.4%²⁹.

Fair Market Rents for the Providence FMR area and the current median gross rent for the state of Rhode Island are relatively even, near \$940 (this is the 2-bedroom FMR while it is the median gross rent for all rented units in the state). Though numerically similar, the trends have been different - the FMR is essentially the same as it was seven years ago, while the median gross rent, as measured by the Census, has increased 10% during that same time frame. As median rents continue to increase, the need for rents charging Fair Market Rent will increase even more, putting further pressure on the need to produce and preserve affordable housing.

²⁸ 2011 and 2013 5-year ACS TABLE B25058

²⁹ 2011 and 2013 5-year ACS TABLE B25119

Discussion

Besides those factors described in this section that affect the cost of housing in Rhode Island, the Biggert-Waters Flood Insurance Act of 2012 authorized increased premiums for some policyholders to help the National Flood Insurance Program (NFIP) regain its financial footing. The Flood Insurance Affordability Act of 2013 (FIAA), passed in response to claims the premium increases went up too much too fast, delays the premium increases for those affected. The FIAA caps the average annual increase to premiums in the flood zone to 15 percent a year but can be as low as 5 percent a year for those who live at a higher elevation. The law however kept the \$25 surcharge added to policies for a primary residence, and a \$250 surcharge on secondary residences (from the initial 2012 law), and if a resident has had a repeated loss, premiums could increase 25 percent a year until it reaches the full-risk premium rate.

The 2013 Act also allows a new purchaser of a property to assume the prior owner's flood insurance policy and keep the same rates instead of immediately paying full-risk flood insurance premiums. Also, lapsed policies may be reinstated at subsidized rates that will gradually increase until the premiums are at full-risk cost. Finally, the law requires FEMA to consider the effects of non-structural flood control features, such as dunes, and beach and wetland restoration when it maps the special flood hazard area, thereby affecting the final cost for flood insurance. Rhode Island Housing's analysis of its own portfolio showed that loans with flood insurance escrow saw those premiums increase an average of 12% upon policy renewal, causing severe hardship. The 2013 Act only serves to delay this hardship for most in the flood zone.

Effects of the recent disasters in Rhode Island on the cost of housing

For low and moderate income households living in high flood risk areas, increases in insurance premiums combined with high rates of housing cost burden could result in displacement. Outmigration of low/moderate income households could result in the destabilization of neighborhoods and further income segregation in the Sandy impact area. Among the most vulnerable to displacement are low income elderly on fixed incomes. In the Town of Charlestown alone, 25 households in the coastal zone south of Route 1 are enrolled in the senior citizen, low income property tax abatement program. The neighboring coastal Towns of Westerly and South Kingstown also have property tax abatement programs for low income elderly homeowners.

KEY FINDINGS for MA-15

1. There is not sufficient housing for households at lower income levels, as shown in analysis of CHAS data, with the least sufficient being housing that is affordable to extremely low and very low income households. This holds true for both owners and renters.
2. Rhode Island's low and middle income renters are seeing real incomes fall while rents rise.
3. The lack of affordable homes to purchase and own will keep demand on the rental market high, and without new construction and an already-low vacancy rate, there is little supply to offset this demand, which will continue to lead to rising rents.

MA-20 Condition of Housing – 91.310(a)

Introduction:

The state's housing inventory is old: Rhode Island has a higher share of rental units built prior to 1940 than any other state. In terms of overall inventory (owner-occupied and renter-occupied), only Massachusetts and New York have a higher share of homes built before 1940. It also has the lowest percentage of units built since 1990.

The publicly-assisted housing stock, on which so many low income households depend, is aging; much of it is in need of investment to preserve it as an affordable housing resource. A growing number of the state's residents will require adaptations to their homes and/or supportive services to live independently, due to the aging of the state population. This section describes the specific conditions of homes, which if alleviated, would lead to a more efficient, healthy, affordable and equitable housing stock in Rhode Island.

Definitions

HUD defines "substandard" as households without hot and cold piped water, a flush toilet and a bathtub or shower; or kitchen facilities that lack a sink with piped water, a range or stove, or a refrigerator. The definition of substandard suitable for rehabilitation means any "substandard" dwelling in which the deficiencies are limited in number and magnitude such that the cost of rehabilitation would not exceed fifty percent 50% of the replacement cost of the dwelling.

Assessing housing conditions in Rhode Island can provide the basis for developing policies and programs to maintain and preserve the quality of the state's housing stock. The American Community Survey (ACS) defines a "selected condition" as owner- or renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities; 2) lacking complete kitchen facilities; 3) more than one occupant per room; and 4) selected monthly housing costs greater than 30 percent of household income. Based on this definition, nearly half of all renter-occupied households (47 percent) in the state have at least one selected condition. A lower yet significant proportion of owner-occupied households in the state (36 percent) have at least one selected condition.

TABLE 55 – CONDITION OF UNITS

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	89,209	35%	70,517	45%
With two selected Conditions	1,652	1%	3,829	2%
With three selected Conditions	240	0%	459	0%
With four selected Conditions	13	0%	29	0%
No selected Conditions	163,729	64%	80,798	52%
Total	254,843	100%	155,632	99%

Data Source: 2007-2011 ACS

TABLE 56 – YEAR UNIT BUILT

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	16,985	7%	6,872	4%
1980-1999	53,109	21%	21,631	14%
1950-1979	101,717	40%	46,073	30%
Before 1950	83,032	33%	81,056	52%
Total	254,843	101%	155,632	100%

Data Source: 2007-2011 CHAS

TABLE 57 – RISK OF LEAD-BASED PAINT HAZARD

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	184,745	72%	127,145	82%
Housing Units built before 1980 with children present	23,075	9%	20,780	13%

Data Source: 2007-2011 CHAS

TABLE 58 – VACANT UNITS

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	51,964	0	51,964
Abandoned Vacant Units	15,269	0	15,269
REO Properties	3,598	0	3,598
Abandoned REO Properties	0	0	0

Vacant Units = 2007-2011 ACS Total Vacant Units Estimate (TABLE B25004)

Abandoned Vacant Units = 2007-2011 ACS 'Other Vacant' Units Estimate (TABLE B25004)

REO Properties = RealtyTrac Foreclosed Properties Search By Count, February 2015

Need for Owner and Rental Rehabilitation

The condition of units was examined in detail in sections NA-15 and NA-20. Very few Rhode Island households lack complete plumbing or kitchen facilities (0.7% of all state households). Another small percentage (1.1%) has issues of overcrowding (more than one occupant per room). The majority of the households with a selected condition are suffering from high housing costs, as measured by households with at least a moderate cost burden. Only 1.4% of state households have more than one of the selected conditions measured in TABLE 55.

Owners

Only 0.25% (665) of the state's owner-occupied homes lack either full kitchen or plumbing facilities (TABLE 5A). Close to 400 owner-occupied homes still use coal to fuel their homes and over 100

homes are reported to not have any fuel source at all. Overall, 72% (184,745) of all owner-occupied homes were built before 1979, putting this total at risk of potential lead-based health hazards (TABLE 57). In Rhode Island's older urban communities, such as Pawtucket, Central Falls, East Providence, Providence, Newport and Woonsocket, this percentage exceeds 85%. One in four (61,778 total) owner-occupied homes was built before 1939, of which 15,656 are in 2 to 4 unit developments. In Rhode Island's urban core, the percent of housing that was built before 1939 exceeds the state total by a wide margin. The extreme cases are Central Falls (75%), Newport (65%) and Providence (58%).

Renter

A relatively high, compared to owner-occupied homes, percentage of renter-occupied units (3,409, or 2.1% of all rental units) lack either full kitchen or plumbing facilities. ACS data shows that between 650 and 1,000 rental households have no heating fuel source, a much higher volume and ratio of overall units than owners. Overall, 82% (127,145) of all renter-occupied homes were built before 1979, putting this total at risk of potential lead-based health hazards (TABLE 57). Compared to owner-occupied units, the oldest housing stock by municipality is not isolated to the urban core. Central Falls has the highest percentage of rental units built before 1979 (92.3%); however, Bristol has the second highest at 91.9% and Scituate is also in the top 5 with 90.1%. Woonsocket and Pawtucket are also in top 5 in the state with 90.5% and 89.3% of rental units built in 1979 or earlier respectively. Providence is 11th in the state at 85.2%, which is likely a result of the heavy investment of public subsidies in building new rental housing in neighborhoods most heavily affected by the foreclosure crisis. Many major rehabilitation projects in older cities like Providence require tearing down or gut-rehabs, which can be so comprehensive the building is considered new upon occupancy³⁰.

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

Data provided in TABLE 13 from the 2007 to 2011 CHAS database for Rhode Island (depicted in TABLE 59) shows a total of 141,445 (86,240 renters, 55,205 owners) low income households (less than 80% area median income) face lead-based paint hazards, given that they live in housing units built prior to 1979. Of these households, 67,150 live in housing built 1939 or earlier, which is furthest back in time Census data measures the age of housing. As stated in the introduction to this section, Rhode Island has the oldest rental housing stock in the country, when comparing the rate at which all rental housing was built before 1940.

CHAS TABLE 13 data shows that higher income households are more likely to live in newer housing and higher income households with children are more likely to live in newer housing than lower income households. TABLE 60 shows that among extremely low income renter households with at least one child less than six years old present, 87.4% live in homes built before 1979 compared to 76.9% for households earning above area median income. Very low income, low income and

³⁰ Both owner and renter municipal statistics come from analysis of 2012 5-year ACS TABLE B25036

moderate income renter households with young children each have similarly higher rates of living in older housing as compared to households earning 100% or more of area median income. The same correlation exists among owner households, although owner households in general, and in each income group (when compared to renters earning the same income) are less likely to live in pre-1979 built homes.

TABLE 59 – HOUSING UNITS AGE BY TENURE AND CHILDREN PRESENT

	Built 1939 or earlier					
	Total		Households <80%AMI		Households >80% AMI	
	Households	% w/ 1 or more <6 child	Households	% w/ 1 or more <6 child	Households	% w/ 1 or more <6 child
Owner	63,630	13.6%	19,570	10.9%	44,060	14.8%
Renter	70,405	18.2%	47,580	20.8%	22,825	12.9%

	Built before 1979					
	Total		Households <80%AMI		Households >80% AMI	
	Households	% w/ 1 or more <6 child	Households	% w/ 1 or more <6 child	Households	% w/ 1 or more <6 child
Owner	184,745	12.5%	55,205	10.0%	129,540	13.5%
Renter	127,145	16.3%	86,240	18.1%	40,905	12.7%

For owners at each income category, households with young children live in pre-1979 built homes at a lower rate than for that income category as a whole, suggesting that families with young children consistently seek newer housing among all income levels. Unfortunately, extremely low and very low income renters, as well as moderate income renters, with young children live in pre-1979 built housing at a higher rate than that income category as a whole. Low income families have not effectively safeguarded their children, which are the most vulnerable population to permanent damage as a result of lead-based paint poisoning, from household-borne risks.

TABLE 60 – PERCENT OF HOUSEHOLDS IN HOMES BUILT PRE-1979 BY INCOME

Households in homes built pre-1979					
TENURE	0-30%AMI	30-50% AMI	50-80% AMI	80-100% AMI	>100% AMI
Owner	83.7%	82.9%	80.6%	76.7%	68.0%
Renter	81.1%	81.2%	84.6%	83.3%	79.7%
Households w/ one child less than 6 y.o. in homes built pre-1979					
TENURE	0-30%AMI	30-50% AMI	50-80% AMI	80-100% AMI	>100% AMI
Owner	71.3%	75.9%	78.7%	75.8%	62.8%
Renter	87.4%	85.0%	82.9%	84.3%	76.9%

Lead-Safe, Lead-Free and Lead-Compliant Certifications in Rhode Island

A search of the Rhode Island Department of Health's database of Lead-safe or Lead-free certificates showed that, since 1994, over 26,000 lead inspections have been completed in Rhode Island. These inspections can focus on the soil, the exterior of a building, the interior of a residence or common space in a multifamily unit, and often all are conducted on the same property at the same time. An analysis of these data to summarize the amount of unique residences that are certified through the Department of Health as either lead-safe or lead-free estimates that close to 11,000 rental and homeownership units have had interior living areas inspected and approved as lead-safe or lead-free. The program also has issued lead-safe certifications to hundreds of schools, commercial properties and daycare facilities throughout the state.

The state's Housing Resources Commission requires that rental properties (owner-occupied are exempt) apply for and receive a Certificate of Conformance, indicating that the landlord has participated in a 3-hour lead awareness seminar and that an independent inspector has conducted a visual inspection and a lead dust swipe. Since 2000, over 40,000 rental units have received a Certificate of Conformance; however, these expire two years after the inspection. Analysis of the Certificate of Conformance data shows that over 14,000 units have received their certificates in the past two years (as of September 2014), which is an estimate of all rental units currently in compliance.

An analysis of Rhode Island Housing's LeadSafe Homes Program in 2014 showed that, since getting HUD funding in 1994 (matched by the state on an annual basis since 1999), the state's housing finance agency has assisted close to 3,500 Rhode Island homes become lead free, using funds that these low and moderate income households could not otherwise have managed to secure.

Children in Danger of Lead-Based Paint Poisoning Estimates

Leading research shows that the highest likelihood of permanent damage caused by lead poisoning occurs if a child is under the age of six when first contracting elevated blood-lead levels. TABLE 13 of the CHAS data allows for analysis of the age of homes by the presence of a child less than 6 years of age for this reason, as shown in the supplementary table. Analysis of Rhode Island's CHAS data shows that 21,105 low income households (all households below 80% AMI) with at least one child under six years old lives in homes built before 1979, with an overwhelming majority (15,575, 74% of these households) being renter households. In total, there are 43,855 households with at least one child that is six years of age or younger that live in a housing unit that is at risk of lead hazards. TABLE 59 shows that lower income households with children less than six years of age do not face a greater likelihood of living of housing built before 1979 when compared to the state's overall housing occupancy statistics. Unfortunately, extremely low income renters with young children face the highest rate of any income and tenure group that live in possibly hazardous housing.

Asthma and Healthy Homes

Asthma remains a severe public health problem in Rhode Island. In 2012, 112,000 Rhode Islanders had asthma and over the period of 2005-2012, the percentages of children and adults with asthma in Rhode Island were higher than the national average. Asthma related emergency room visits in the state have ranged from 60 to 68 visits per 10,000 individuals per year. In 2012, asthma hospitalizations in Rhode Island were about 1,300 (State of Rhode Island Department of Health, Asthma Data). The state's housing stock contains numerous asthma triggers including among others: mice, rats, roaches, dust mites, mold, and poor indoor air quality that are exacerbating underlying asthma conditions for residents.

Effects of recent disasters in Rhode Island on the condition of housing

The majority of the State's housing stock dates to 1970 or earlier. Residential buildings damaged by Sandy may also have code violations, lead, or asbestos that can be remediated with CDBG-DR funds. Funded residential rehabilitation projects will be assessed for other housing needs.

Likely barriers to housing recovery include:

- Imminent changes to FEMA maps, base flood elevations, and NFIP insurance rates;
- Uncertainty regarding future flooding risk;
- Need for quantitative evaluation of flood risk;
- Cost of elevating structures;
- Pre-existing violations of current building/fire codes; and
- Presence of lead and asbestos in older homes, and mold in flooded homes.

KEY FINDINGS for MA-20

1. While CHAS data shows that the rate of physical housing problems, such as the lack of plumbing or kitchen facilities or lack of space leading to overcrowding, is a small issue compared to housing cost burden, the age of Rhode Island's housing stock (3rd oldest overall, oldest rental housing stock in nation) is still a serious concern for those living in unmaintained housing.
2. Some non-urban communities, such as Bristol and Scituate, have older rental housing stocks than urban communities such as Woonsocket and Providence; the need for re-investment in aged housing stock is not isolated to the urban core.
3. The state's apparatus for lead-based paint abatement, weatherization, and other healthy housing work that reduces risks of asthma and or other physical injuries is robust and improving in its practice every year. However, there are nearly 312,000 housing units in the state that were built before 1979, which is roughly 68% of the entire state's housing stock. Fourteen percent (14%) of these pre-1979 households have a child under the age of 6, which is the age range at the highest risk of sustaining permanent damage as a result of lead-based paint poisoning.

MA-25 Public and Assisted Housing – (Optional)

Introduction:

Of Rhode Island's 25 Public Housing Authorities, 15 were rated as 'High Performers', meaning they will receive Capital Fund bonuses on top of what they are allotted per the Capital Fund formula. The Public Housing Capital Fund (federal) provides funds, annually, to Public Housing Agencies (PHAs) for the development, financing, and modernization of public housing developments and for management improvements. As population decreases in certain urban areas, there is less justification for the rehabilitation of certain public housing developments. In the City of Woonsocket, its housing vacancy rate of its public housing stock was 12% as of 2011, and two of its older developments require substantial rehabilitation. The estimated costs are such that some units might be lost and vouchers would be offered to relocate displaced tenants. At the time of submission of the plan to rehabilitate these buildings, it was noted that all Reading and Adult Literacy programs, Head Start programs and Parenting programs were to be cut because of Federal budget concerns, and that 18 scattered site units would be sold in order to help pay for the upcoming repairs. Similar issues associated with future rehabilitation needs and the cuts in programming funds from the Federal government will be a major concern in the upcoming planning period for the state's PHAs.

Totals Number of Units

TABLE 61 – TOTAL NUMBER OF PUBLIC HOUSING UNITS BY PROGRAM TYPE

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	84	296	9,239	8,846	415	8,351	170	640	3,229
# of accessible units									
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

Data Source: PIC (PIH Information Center)

Describe the supply of public housing developments:

The twenty-five public housing authorities that maintain housing, while also administering an allotment of tenant-based vouchers, combine to own and operate 9,239 units of housing in which rent beyond 30% of gross monthly income is subsidized by the federal government. In total, 27 PHAs in the state combine to administer over 9,000 different housing vouchers (rent subsidy agreements not tied to a PHA-owned facility, this includes the Mod-Rehab programs), with only Jamestown Housing Authority not administering any vouchers and just PHA-owned units, to combine for close to 18,500 units of public housing in the state.

More than a quarter of all public housing units (28%) are part of the Housing Authority of Providence system, while a full 62.4% of all public housing units are located in Rhode Island's urban core of Providence, Woonsocket, Newport, Pawtucket and Central Falls. Public housing in the urban core and urban ring accounts for 89.3% of the state's total public housing infrastructure. Section NA-35 describes in detail the variety and volume of housing vouchers and public housing administered by each of the state's public housing authorities.

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

Most public housing developments in the state need repair or physical improvements annually. The most notable public housing revitalization project has been the redevelopment of public housing in the North End of Newport. Tonomy Hill was built during World War II as temporary housing for workers at the nearby naval base. The Housing Authority of the City of Newport has owned and managed the development since 1950. As of 2014, 343 of the project's 498 original units have been completely rehabilitated and re-occupied. The replacement of Tonomy Hill with the new development known as Newport Heights began in 2001 with a \$20 million commitment from HUD in HOPE VI dollars. The City of Newport contributed to the project with capital repair reserves, while complete financing was finalized with Federal Home Loan Bank loans and Low Income Housing Tax Credit syndication. A final phase to be proposed and funded soon will complete the replacement of all 498 units, which have served and will to continue to serve as the catalyst for revitalization in a part of Newport that was known only as a public housing project neighborhood. Adjacent to Newport Heights now are the new Community College of Rhode Island campus and Head Start program building that provide education, job opportunities and day care. The Community Supportive Services (CSS) program that came with the HOPE VI award provided \$2 million in hard dollars and leveraged \$8 million in in-kind donations for supportive services, employment training, education and child care. To date the following successes have been achieved through the Tonomy Hill/Newport Heights revitalization project:

1. 260 job placements, mostly on Aquidneck Island
2. 50 Residents enrolled in GED programs
3. 10 Youth enrolled in MET School
4. 20 Residents enrolled at CCRI
5. 25 Residents enrolled in Homeownership Education Program
6. 6 Residents enrolled in Entrepreneurship Program through RICMI & CCRI
7. 185 Youth enrolled in Boys & Girls Club
8. 250 Youth provided Childcare Services
9. 1,600 Preventative Health Services provided

Another 262-unit development in the North End of Newport named Park Holm has recently been approved for a \$25 million rehabilitation project using proceeds from the sale of Low Income Housing Tax Credits. Phase I of the complete renovation of the site, which is adjacent to Newport Heights, was assisted with federal stimulus funds, while Phase II and III have required traditional funding methods for the preservation of existing affordable units such as tax credit investment, grants from the Federal Home Loan Bank of Boston, and awards from the state's housing bond

program, Building Homes Rhode Island. Park Holm residents will be offered employment and job training through various programs offered through the Park Holm “Rode to Success Program”. The Housing Authority of the City of Newport (HACN) has hired a full time case management specialist to work with families in Park Holm to create Individual Training and Service Plans. HACN also has several service provider partners such as East Bay Community Action Program which provides ESL GED, family literacy, childcare, and health services for residents of Park Holm.

Describe the Restoration and Revitalization Needs of public housing units in the jurisdiction:

Analysis of the most recent 25 PHA Annual Plans, which include five-year Action Plans for each PHA’s Capital Funds, showed that over \$12.4 million will be allocated annually to restore and upgrade public housing developments in Rhode Island, an average of \$1,302 per unit spent on the state’s approximately 9,300 public housing units. The collective five-year plans call for close to \$63 million in capital funds to restore and revitalize the state’s public housing stock. The Capital Fund provides funds, annually, to PHAs for the development, financing, and modernization of public housing developments and for management improvements. These funds are calculated and administered through HUD’s Office of Capital Improvements.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

Most public housing units were built more than 30 years ago, a period which is often considered the “useful life” of residential units absent major renovation. In Rhode Island many of PHA’s member authorities have accomplished significant maintenance and renovations in order keep pace with energy improvements, fire code mandates and ADA requirements.

In 2012, Rhode Island health officials launched a public-awareness campaign aimed at creating more smoke-free housing. The “Live Smoke Free RI” campaign is targeting landlords, tenants and public housing authorities. Department of Health Director Dr. Michael Fine says smoke-free policies reduce the risk of home fires, protect people from secondhand smoke, save money for landlords and end tenant conflicts over smoking. Several public housing authorities statewide have already gone smoke-free. The campaign includes a website, billboards and radio and television spots. Toolkits that address the dangers and problems caused by residential smoking and ways to help residences go smoke-free are also available. The Executive Director of the Bristol Housing Authority, commenting on her PHA’s approval of a no-smoking policy that took effect on March 1, 2012, said that not only will the policy limit direct and secondhand health effects of smoking in BHA’s residents, but added that the policy will curtail maintenance costs, which are always negatively impact by the smoking of residents.

KEY FINDINGS for MA-25:

1. The state’s PHAs plan to collectively invest close to \$63 million in capital improvements in the next five years utilizing annual allotments from the Public Housing Capital Fund.
2. Suburban and rural PHAs have a limited supply of family housing, relying on housing choice vouchers for extremely low income households in their communities.

MA-30 Homeless Facilities – 91.310(b)

Introduction

The 2014 Housing Inventory Count for the Rhode Island Continuum of Care measured 2,894 beds that serve homeless persons. TABLE 62 was manually filled in using information in the 2014 Housing Inventory Count made available through hudexchange.info. The HIC also counts ‘Other Permanent Housing’, which is not specifically asked for as a measurement in TABLE 62. Of the total beds measured in the HIC, 176 are classified as Other Permanent Housing, meaning it is permanent housing that does not require disability or does not provide services. Of those 176 beds, 60 serve households with adults and children and the other 116 serve only adults. As of 2014, 106 of the total permanent supportive housing beds serve veterans and their families through VASH vouchers. From 2012 to 2014, 95 units of permanent supportive housing for the homeless was added to the state’s stock.

Facilities Targeted to Homeless Persons

TABLE 62 – HOMELESS BEDS FROM HOUSING INVENTORY COUNT

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	272	122	289	689	0
Households with Only Adults	487	0	160	804	38
Chronically Homeless Households	0	0	0	466	14
Veterans	0	0	77	159	13
Unaccompanied Youth	0	0	0	0	0
Total Beds	759	122	449	1,493	38

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

As is described in greater detail in Section SP-40, Rhode Island’s homelessness prevention and stabilization programs include the provision of mainstream and employment services targeted to those persons that qualify for those programs. The state has a robust network of service providers that offer these services.

Mainstream Services:

Rhode Island’s Continuum of Care 2013 achievement of 67% of all CoC-funded project participants obtaining non-cash mainstream benefits from entry to exit exceeded HUD’s minimum threshold goal of 56%. The mainstream benefits that homeless persons in Rhode Island obtained that complemented services include: Supplemental Nutritional Assistance Program (62%); MEDICAID health insurance (18%); MEDICARE health insurance (5%); Women, Infants, and Children

supplemental nutritional program (2%); Veterans Administration medical services (6%); and Temporary Assistance for Needy Families child care, transportation or other services (2%).

Moving into permanent housing is vital outcome for all homelessness programs, non-cash mainstream services also include moving into Section 8 housing, public housing or into a home with rental assistance.

Health Care:

Rhode Island's Department of Health and the Office of Housing and Community Development have an agreement dictated through a MOA that hospital patients not be discharged into homelessness. A person that is homeless or is at risk of homelessness remains hospitalized until they are healthy enough to move onto housing and receive case management support as outlined in a discharge plan. The plan may call for independent living if applicable, and if not, then referrals are made to community-based agencies, substance abuse treatment centers, Medicaid Waiver assisted living or long-term care facilities. The Rhode Island Housing First initiative provides supportive housing where tenancy is not conditional upon sobriety. Discharge planners in assisted living facilities are trained to identify mainstream opportunities and to pair placements with Money Follows the Person (MFP Program) long-term care services. The MFP program, also known as the Rhode to Home program, enables the state to provide the necessary Home and Community Based Services (HCBS) resources to promote the transition of eligible individuals who have been in qualified inpatient facilities for at least 90 days into qualified residences. Community settings are more often preferred by Rhode Islanders and are less costly than institutional placements. The savings realized from transitioning individuals from an institutional to a community-based setting will be "reinvested" into the state's Long-Term Care (LTC) system.

Employment Services:

Many homeless program providers offer pre-employment services, adult education, GED preparation, vocational service programs, financial literacy programs, job placement, specific job training (i.e. CrossroadsRI's janitorial training program), job development, career counseling, and resume preparation. Recognizing the importance of earned income for the homeless disabled population in permanent supportive housing, BHDDH is creating an Employment First program, which helps permanent supportive housing residents identify supportive companies and provide the necessary services to maintain a job.

Mental Health:

The state's Housing First programs include licensed providers of Community Psychiatric Support Treatment (CPST) to those that are eligible for such treatment. Many permanent supportive housing providers offer varying degrees of individual, family, and group counseling; referral programs; outpatient substance abuse care; mental health and psychiatric support; treatment adherence; crisis intervention and coordinate support groups. SSI/SSDI Outreach, Access and Recovery (SOAR) activities, formerly provided by ACCESS-RI, will find a new sponsor during the upcoming planning period. In the interim, insurance providers through HealthSourceRI are establishing outreach teams.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

Table 79B on page 16 of the Grantee Unique Appendix includes an inventory of the organizations that manage facilities that contribute to the count of emergency, transitional and permanent supportive housing beds in the state's Housing Inventory Chart, the summary statistics of which are described in Table 62 in MA-30.

Non-mainstream benefits available to homeless persons include programs to veterans through veteran's homeless service providers, such as Operation Stand Down Rhode Island's Supportive Services for Veteran Families Programs (SSVF). Rhode Island also has appropriated state funds to end chronic homelessness through a \$750,000 allocation for rental assistance, while another non-mainstream benefit available is through Rhode Island Housing's RoadHome program, which contributes \$2.3 million annually to ending chronic homelessness through supportive housing. Public Housing Authorities also have begun setting aside units for chronically homeless families in coordination with the RI Continuum of Care's Families and Youth Committee and its Chronically Homeless/High Need Individuals Committee.

Rhode Island Housing is an integral part to the institutional delivery structure of homeless service providers in the state, but does not own or manage homeless facilities directly. Rhode Island Housing's Neighborhood Opportunities Program and RoadHome programs providing operating support to housing developments in order to charge affordable rents to homeless or households at-risk of homelessness. Rhode Island Housing also participates in all activities related to achievement of goals as described in Opening Doors Rhode Island by advocating for the required additional resources, using its authority as a PHA to set-aside vouchers for at-risk populations, by administering the competitively awarded Continuum of Care grant for the state and monitoring the organizations that provide services under that award, and participates in partnerships with the state to address homelessness, such as preventing persons being served by other state agencies to be discharged into an unstable housing situation, to align other state goals with those of the state's strategic plan to end homelessness, and to conduct the outreach necessary with homeless service providers or other housing organizations (CDCs, CAPs) to improve the implementation of homelessness programs.

MA-35 Special Needs Facilities and Services – 91.310(c)

Introduction

The Rhode Island Governor's Council on Behavioral Health is the mental health planning council. It reviews and evaluates mental health needs and problems in Rhode Island. It stimulates and monitors the development, coordination, and integration of statewide mental health services. The Council serves in an advisory capacity to the Governor.

There is a federal statute tied to the federal Mental Health Block Grant that requires states to convene a Mental Health Planning Council. Rhode Island's General Laws require that a Council on Behavioral Health meet regularly and make recommendations to the Governor regarding mental health and substance abuse services in Rhode Island. Prior to 2002 there were both mental health and substance abuse councils, but they have since been combined into one council. This Council on Behavioral Health also fulfills the duties of the federal Mental Health Planning Council, but is always referred to as the Governor's Council on Behavioral Health.

Rhode Island ranked in the top fifth of states in terms of severity of all thirteen mental illness indicators used in the National Survey on Drug Use and Health. It had the highest rate in the nation for adults with Serious Mental Illness (SMI), for any mental illness among adults and for adults with Major Depression.

Severe Mental Illness/Serious Psychological Disorder prevalence estimates:

According to the most recent National Household Survey, in RI 7.2% of adults are estimated to be SMI. This is the highest rate of any state (the national average is 4.6%). This SMI population is part of the estimated 15% of Rhode Islander adults, or 119,000 people, who suffer Serious Psychological Distress (SPD).

TABLE 63 – HOPWA ASSISTANCE

Type of HOPWA Assistance	Number of Units Designated or Available for People with HIV/AIDS and their families
TBRA	9
PH in Facilities	68
STRMU	39
ST or TH Facilities	30
PH Placement	0

The information manually entered into TABLE 63 summarizes HOPWA housing services in both the City of Providence, a formula grantee, and Rhode Island Housing, a competitive grantee. These two grants serve a total 146 persons with HIV/AIDS, per HOPWA 2013 performance profiles. Section NA-45 describes in more detail the population served in these facilities.

To the extent information is available, describe the facilities and services that assist persons who are not homeless but who require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

HIV/AIDS

The largest organization that treats persons with HIV and AIDS is AIDS Care Ocean State (ACOS). ACOS develops and operates supportive housing and provides case management to 187 persons in 95 households, 48 of which are owned and operated by ACOS. The other 47 households assisted through ACOS are federally-subsidized sub-leases. ACOS leverages a network of funding sources to provide comprehensive services to persons with HIV/AIDS in Rhode Island. Federal grant funds (HOME, HOPWA, CDBG), state funding sources (Neighborhood Opportunities Program, Department of Health), and local non-profit assistance (LISC, Corporation for Supportive Housing) all combine to serve these 95 households.

Division of Behavioral Healthcare, Developmental Disabilities and Hospitals (“BHDDH”)

According to the data provided to complete the Low Mod Chart, BHDDH operates 2,236 group home beds in 336 facilities; 64% of these beds are for populations with developmental disabilities and the other 36% of beds are for populations with behavioral health problems.

BHDDH is responsible for behavioral health services to adults and substance abuse services to children and youth; and the Department for Children, Youth and Families, which, through its Division of Children’s Behavioral Health, is responsible for mental health services to children and youth. Both departments operate under the umbrella of the Executive Office of Health and Human Services.

In FY 2013, the public behavioral health system served 4.0% (43,854 individuals) of the total RI population. At minimum, 75% of these individuals served through mental health programs presumably met the criteria for being Severely Psychologically Distressed (SPD). There is a very high rate of co-occurring mental health and substance abuse issues in people served through the state’s substance abuse services, with upwards of 67 % having a co-occurring mental health diagnosis identified.

Housing and supportive services to adults with behavioral health, severe mental illness, are severely psychologically distressed, are substance abusers or are developmentally disabled include:

Substance Abuse and Co-Occurring Disorder Services

BHDDH’S behavioral health services are overseen by the integrated Division of Behavioral Healthcare. The treatment monitoring and financial units are fully integrated, and the data/research/ compliance, planning, and prevention units provide services and supports across the division. That integration is reflected in the way in which services are provided to behavioral health

provider agency clients with co-occurring disorders which has historically been a weakness in the system.

Six Community Mental Health Organizations (CMHOs) are licensed to provide substance abuse services. All clients have access to substance abuse services based on client need. Clients present with their treatment needs and have access to all services provided by an agency. Many of the Substance Use Disorder agencies provide direct service to clients with co-occurring disorders. The focus is on integrated treatment.

Per state regulations, all Behavioral Health Organization (BHO) clients, regardless of where services are provided, are assessed annually for both substance abuse and mental health issues. Record audits look at assessments and whether clients identified with both substance abuse and mental health issues are receiving integrated services within the agency or in coordination with another agency.

Hospitalization and Hospital Diversion Services

BHDDH, in response to a rising need and cost of psychiatric hospitalization, has attempted to improve efficiency in both the inpatient psychiatric service system and the medical substance abuse detoxification system by merging these operations under one contract with step-down and diversion options that expand the continuum of care. The “Respect” contract, which applies to all non-insured individuals, is managed by the Providence Center. In-patient psychiatric care is provided at Butler Hospital.

For CMHO clients who are participants in Behavioral Health Homes (of which there are 797 in the state as of 2013), follow up for physical and dental health care is part of the master care plan. Care plans are reviewed every six months and they include planning for client’s health care. Better access to primary healthcare and improved health outcomes are two key goals of the Behavioral Health Homes. In most cases, improved access and coordination of care is achieved by the Health Home (HH) Teams developing better linkages with primary care providers. However, the state’s largest CMHO, the Providence Center, has taken this a step further and co-located a health care clinic with its primary treatment space and has also co-located its services with a primary healthcare practice. The Kent Center CMHO has also co-located its services in a primary care practice in Kent County. The Health Home Teams include Peer Wellness Coaches who work with HH clients to implement individual Wellness Plans. Finally, the Health Homes are required to have hospital liaisons to assist in transitioning clients from acute care hospitals.

BHDDH has worked with the Medicaid Authority and Medicaid Managed Care Organizations to insure that all BHOs have timely medical information on their clients. Also, the Department has worked with the BHOs to encourage participation in Current Care, the state’s Health Information Exchange. Current Care is a secure, encrypted electronic network, protected by law, which gives authorized medical professionals access to their patients’ most up-to- date health information so their patients can get the best possible health care.

For SMI individuals who want to work, the Office of Rehabilitative Services funds and provides its services by contract with the CMHOs. Typically, the CMHOs will do an initial assessment that covers their client's interests, experience, resources, barriers and goals, then refers to and works with ORS and the client to develop an individual employment plan. Typically these opportunities are provided as part of an effort to help adults be part of the mainstream adult population via employment. For example, psychiatric rehabilitation workers or case managers may provide "linkages" and resource information to clients who want to further their education or training for enhancing employment opportunities.

Housing Services for SMI clients

The CMHOs in each of the eight regional catchment areas employ housing coordinators, all have housing subsidiary corporations for the purpose of housing development and all have positive relations with area public housing authorities and private owners of subsidized housing stock.

The CMHOs also work with landlords in order to increase consumer tenure in market-rate housing. Five CMHO's own and manage Section 811 housing for disabled persons. All operate McKinney permanent housing programs.

Services to Veterans

In the past 6 years the level of collaboration between the military and BHDDH has blossomed. RI received funding in the second round of the Access to Recovery grants. One of the referral sources was the RI National Guard (RING). Because of that RI began to work closely with the RING substance abuse prevention program. When the state received funding in the third round of ATR grants, RING members and their families were identified as a priority population.

In addition, Rhode Island receives funding through SAMHSA's Jail Diversion and Trauma Recovery-Priority to Veterans (JDTR) grant. This required the state to convene an advisory council that is comprised of about 32 organizations including the Division of Veterans Affairs; Veterans Action Center, Peer2Peer; Veteran's Benefits Administration; Veterans Justice Outreach; VA Medical Center, PTSD Clinic; VA Veterans Center; active military; JAG; Vet Success and RING. In 2013, BHDDH served 1,328 individuals who identified as Veterans or active military.

Facilities and Services for Children in Need

Since the 1990s, DCYF has been moving toward a single, integrated system of care (SOC) to provide individualized, family-focused, community-based and culturally appropriate services to children and families throughout the state. Initial steps toward this integrated system of care included the creation of regional Family Service Unit offices and a focus on community-based services. During this time, DCYF had received multiple grants to assist in moving toward a system of care that focus on family centered planning and community based services as an alternative to more restrictive

interventions for children and youth, which include the following housing and supportive services programs:

Residential Treatment Programs (RTPs): These residential treatment programs are long term sub-acute psychiatric step down programs. RTPs are self-contained campus settings that provide an intensive level of casework, therapy and educational programs.

Residential Counseling Centers (RCCs) and Staff Secure Group Homes: RCCs and staff secure group homes are community-based psychiatric hospital step-down and diversionary programs. These programs are designed to address the needs of Severely Emotionally Distressed (SED) youth and children within a continuum system of care approach. Services include on-site group, individual and family counseling, medication maintenance, psychiatric evaluations and case management. There is a high staff to resident ratio with overnight awake staff.

Group Homes: Group homes provide placement for children and youth in a community –based facility that utilizes local schools and recreational and cultural services. Intensive mental health services are available and include a clinical level of service that is part of DCYF’s hospital diversion and step down programming. Group homes are structured and supportive community based living environments that prepare children and youth for reunification, foster care, and adult living.

Therapeutic Foster Care: Specialized foster care programs provide professional support services to children, youth and foster parents. Individualized treatment is provided within a supportive and structured home environment. These programs help to foster positive relationship skills, ameliorate emotional conflicts related to attachment and development, and prepare youth for transition to home, long term foster care, adoption, adult living or other age and developmentally appropriate settings.

Emergency Shelters/Stabilization Respite and Assessment Centers: There are eight emergency shelters available across the state for children and youth from birth to nineteen years of age. These are temporary placements that provide both social and mental health services to children and youth.

Transitional Living Services: Formerly referred to as the Independent Living Program, this program assists adolescents diagnosed as SED through developing skills necessary to function independently within the community. The focus is on helping older youth develop adult living skills while receiving needed mental health treatment. Under the leadership of the DCYF director, the Independent Living Program was assessed and redesigned to ensure that the young adults going through the program gain access to the necessary supports, training, and educational opportunities needed to succeed. Youth transitioning from this program may receive services from the Young Adults Establishing Self Sufficiency (YESS) program.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

BHDDH funds a total of 437 Mental Health Psychiatric Rehabilitative Residences (MHPRR) beds. Of those, eleven are supervised apartments. MHPRRs are facilities that provide Long-Term Care; patients accepted for admission must qualify for a group home level of care. When clients no longer qualify for group home level services as determined by the treatment team, discharge to a less restrictive environment becomes mandatory under federal guidelines. There are also many people living in subsidized apartments, condominiums and consumer-owned cooperatives who receive intensive case management services. A survey of CMHOs conducted in 2000 revealed that they support over seven hundred units like this statewide.

Eleanor Slater Hospital

Eleanor Slater Hospital offers a variety of programs for people who need continuing care after discharge from a community hospital, or who need more intensive care than a nursing home can provide. Fully accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the hospital's medical treatment services include respiratory therapy, psycho-geriatrics and Alzheimer's and related disorders. It is also an important clinical center for geriatric, neurological and post trauma medical nursing care.

Eleanor Slater Hospital at the John O. Pastore Center in Cranston, RI and the Zambarano Unit in Burrillville, RI, provide intensive hospital level care to patients with long-term illnesses who are not in an acute phase, but require comprehensive long-term rehabilitative care. These kinds of patients have chronic disease that has left them with residual disability that has been caused by non-reversible pathological alteration. These patients require ongoing clinical intervention from a variety of hospital disciplines to eliminate discomfort and improve quality of life. The hospital also provides acute care services for patients who develop an acute medical event and require close medical supervision, monitoring of the condition and immediate diagnostic and therapeutic intervention. The majority of Eleanor Slater's admissions come from community hospitals; other major referral sources include mental health centers, nursing homes, and independent and residential care facilities. Patients admitted require hospital level care and can no longer benefit from acute care in a community hospital setting. No persons are denied admission because of race, color, religion, ancestry, sexual orientation, gender identity or national origin.

Psychiatric services are an integral part of the RI network of hospital-based and community-based treatment alternatives for individuals who suffer from chronic and serious psychiatric illnesses. The system seeks to provide treatment to each individual in the least restrictive setting possible. Eleanor Slater Hospital has two inpatient Psychiatric Units at the John O. Pastore Center in Cranston.

Adult Psychiatric Services

Admission to Eleanor Slater Hospital's Psychiatric Services is considered a restrictive treatment alternative; therefore, these services are to be used only when it has been determined that other community hospital inpatient facilities are not available or when no other form of residential or outpatient treatment is appropriate. Admissions to these units are for individuals between the ages of 18 and 64 who have been psychiatrically hospitalized in a community hospital for a substantial period of time prior and who continue to exhibit severe and persistent symptoms of mental illness and where no less restrictive setting is available.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

HIV/AIDS

AIDS Care Ocean State, described in a previous question, will be opening a new 10-unit development in the Elmwood section of Providence using funds from the Supportive Housing Program. The non-profit Opportunities Unlimited open a new 6-unit development for disabled individuals in Pawtucket, and pre-development funds for 6 other units have been secured for a facility in South Kingstown. Low Income Housing Tax Credit projects in Woonsocket, Cumberland and Pawtucket will add another 16 units of non-homeless special needs housing; these projects are all currently underway and will begin to serve tenants by the end of 2015.

Supportive Services for Special Needs

According to the Rhode Island's 2014-2015 Mental Health Services Administration Assessment and Plan, the following strategies, which include the housing and supports needed, will be the focus of state activities:

1. Increase the use of women-specific evidence-based program and practices to combat substance abuse among pregnant women
2. Increase use of evidence-based programs and practices with women with dependent children in need of treatment
3. Support our detox, outpatient, Opioid Treatment Programs, and residential treatment network which serve intravenous drug users.

Another identified priority population is SMI individuals with co-morbid health conditions. BHDDH plans in the next few months to develop Medical Health Homes. BHDDH will require the CMHOs to provide this Medicaid-funded service for Medicaid-eligible individuals with SPMI. The model requires that the CMHOs develop health management teams for their clients, provide comprehensive, individualized care management and coordinate medical services with health

providers. The state will provide learning supports to the CMHOs to enable them to become effective Health Homes. The intent is to increase the coordination of care and improve disease management, including self-management, for CSP clients.

KEY FINDINGS for MA-35

1. Rhode Island's Behavioral Health System serves approximately 40,000 persons annually, which is close to 4% of the state's population.
2. The state's network of Community Mental Health Organizations and Behavioral Health Organizations provide robust and integrated services, connecting housing, services, training and treatment to all populations in need.
3. Veterans, pregnant women, young women with a child, and intravenous drug users are populations with growing needs and expanded attention in the behavioral health system.
4. Facilities that serve populations with special needs include 2,236 group home beds, of which 437 are Mental Health Psychiatric Rehabilitative Residences, and hundreds of less restrictive living options once they no longer qualify for group home level services.

MA-40 Barriers to Affordable Housing – 91.310(d)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

The state, through its laws, tries to balance the need to incentivize economic growth by preserving the state's natural and historic resources, and recognizing the local costs that growth may impose. Many state policies and requirements aim to protect the environment as well as the health and safety of residents. Municipal policies often aim to preserve the character of the community while promoting growth at a pace the community feels it can support. Though important and well-intended, these policies can increase the cost to develop housing and limit opportunities for residential development. The state has tried to mitigate these effects by reducing costs and helping to address the need for more affordable housing options.

However, much more needs to be done to increase building permit activity, which has been last in nation for the last four years, and reduce the growing affordability gap in the state. Subsidies for capital to develop affordable housing has fallen with the end of stimulus era programs and, with the exception of some new programs, will be less than what was available in the previous five year planning period. As the state relies heavier on municipal subsidies to develop affordable housing, it must address barriers that prevent, or make too costly, local housing development.

The current barriers to affordable housing include the following:

1. Lack of public water and sewer infrastructure in non-urban areas

Per *Land Use 2025*, “Nearly two-thirds of Rhode Island has no public water and sewer service and, decades ago, public health authorities established a two-acre minimum lot size for single-family houses dependent on private wells and individual septic disposal systems (ISDS). This is the primary public policy rationale for the large-lot zoning that currently applies to approximately 60 percent of the state's land”. Those areas of the state without public water, sewer and stormwater infrastructure also tend to be areas without a sufficient supply of affordable housing. The following analysis of barriers related to these infrastructure challenges comes from the state's Economic Development Plan passed in 2014.

Wastewater Infrastructure

Out of 39 Rhode Island cities and towns, only 30 are fully or partially sewered – leaving nine communities with no public/centralized wastewater treatment facility (WWTF). Significant challenges include more stringent nutrient limits for discharge waters, facility and collection system impacts from extreme weather and potential changes in climate, and limited options for sludge management. As a result, facility operators and managers struggle to find the funds to implement facility upgrades in order to meet new standards. Facilities can apply for Clean Water State Revolving Fund loans, but those funds will ultimately need to be recovered through rate increases.

During heavy rain storms, combined sewer overflows (CSOs) in Providence, Pawtucket and Central Falls contribute to the area's water quality degradation by releasing untreated combined sewage into the Narragansett Bay and its tributaries; work to combat this problem from 1993 through May

2014 has cost approximately \$578 million, and future appropriations for WWTFs will go to this existing infrastructure in these urban areas – which reduces the ability to expand and improve WWTFs in areas of the state that need this public infrastructure to support new growth.

Stormwater Regulations

Stormwater has been found to be the major cause of water quality (WQ) impairment of many of Rhode Island's rivers, ponds and embayments. The Clean Water Act mandates that these impairments be studied and corrected. A key driver to achieve this goal as it relates to stormwater is RIDEM's Municipal Separate Storm Sewer System (MS4) permit. RIDOT and most local communities, and several other urbanized areas, are required to comply with its six minimum measures aimed at curtailing WQ impacts in receiving waters.

In recognition of impacts from stormwater, the legislature passed the "Smart Development of a Cleaner Bay Act of 2007". The act required RIDEM and CRMC to update the Rhode Island Stormwater Design and Installation Standards Manual (RISDIS Manual - effective January 1, 2011). The manual mandates use of Low Impact Design (LID) strategies to encourage more sustainable management of rainfall runoff. These strategies include compact or cluster development, recharging clean runoff into the ground to replenish groundwater resources, building of green infrastructure, and use of more effective best management practices. It also requires redevelopment projects that meet certain size thresholds comply at least partially with the updated design standards including flood abatement and measures to treat and remove greater amounts of pollutants. These regulations can have the unintended consequence of increasing permitting and construction costs for housing development.

Water Supply

Population increases and associated residential water use patterns are occurring in groundwater dependent areas in Southern Rhode Island. While the result is an overall increase in demand, the bigger challenge is the marked increase in water use to support tourism, residential lawn watering, agriculture and other outdoor water uses during the summer months when there is less water available in the natural system. In these aquifer systems, drought conditions occur at the same time water suppliers are faced with peak demands and water suppliers are unable to store significant quantities of water to meet this demand. Considering demand is already outpacing supply with the current population, it is thus more difficult for areas in the southern part of the state to support housing growth.

2. Zoning

Land Use 2025 estimated that "For the densities planned for new homes on the 333,200 as yet undeveloped residentially planned acres, approximately 52 percent is planned for low density; approximately 41 percent is planned for medium low density; approximately 9 percent is planned for medium density; and medium-high density and high density are expected to decrease. Of great concern are the findings that current plans indicate that approximately 93 percent of undeveloped land designated residential is planned for low density or medium low density development. Of even greater concern, our analysis shows no new high density or medium-high density development is

planned other than to replace existing housing at those densities, at a rate less than one for one.” The state’s yet-to-be-developed residential land is almost solely devoted to large-lot development.

The ability to develop any multifamily housing by right (not requiring variances or special use permits) varies throughout the state, and most municipalities that do allow by-right multifamily housing do so in limited areas. An overview of multifamily zoning is described as follows³¹:

- In total, 34 of 39 municipalities have some zoning for multifamily housing development by right, while special variances are required for any multi-family housing in the other five. Of the 34 municipalities with by right multi-family housing zones, 20 require a special use permit for multi-family development, meaning such development is required to meet a set of specified performance standards set out in the zoning. The remaining 14 municipalities allow multi-family development without a special use permit.
- All ten urban municipalities in Rhode Island have some by right zoning for multifamily. Of these, five require special use permits, and five do not.
- Of Rhode Island’s 14 suburban municipalities, 13 have some zoning for multifamily (excluding only Barrington, which has an Elderly Housing District limiting multi-family housing to persons aged 62+). Of these, eight require special use permits, and five do not.
- Of Rhode Island’s 15 rural municipalities, 11 have some zoning for multifamily. Of these, seven require special use permits, and four do not.

Requiring multifamily developments to seek a special use permit increases the cost and time required to complete the development and makes it more likely that the project will face neighborhood opposition – particularly for affordable housing development.

3. Land Use Controls

As stated in the state’s *Land Use 2025* (completed in 2006), “The area within the Urban Services Boundary, along with potential Centers outside of the Boundary, are identified as the optimum areas for accommodating the bulk of the State’s development needs through 2025. They are areas where growth, be it new development or reuse, infill, and re-development of existing committed urban land at more intensive levels, should generally be encouraged by State and local policies and investment programs.” The Urban Services Boundary contains mostly land that is served by an existing public water service and many areas have public sewer service available as well. These areas should be developed or redeveloped at higher densities to optimize public infrastructure. A constellation of villages, or growth centers, were also encouraged, many in the western rural parts of the state, that are along developed transportation corridors, contain the infrastructure needed for future development, or have plans to provide that infrastructure in the future. Potential growth centers were noted as “stars” on the plan’s Future Land Use Map, but it up to each municipality to choose to designate appropriate village and growth centers in their own comprehensive plans.

³¹ Please note that the summary provided of multifamily zoning in the state is not meant to estimate the total area that allows for multifamily by-right development. The Statewide Planning Program maintains an extensive inventory of zoning types by municipality, however, each municipality should be contacted directly for exact information on the developable area in that town for any multifamily housing.

Public services in areas outside the USB and growth centers were anticipated to be lower, and planned development intensity should accordingly be lower.

The land use framework proposed in *Land Use 2025* was a catalyst for changes in program requirements. Some affordable housing development financing programs started to give priority proposals that complied with *Land Use 2025*, and thus favored development inside the USB or within growth centers. This had the effect of reducing incentives to develop affordable housing in municipalities with little developable land inside the USB, many of which are communities with the fewest affordable housing options. However, all 39 municipalities in the state, whether or not they have locally designated growth centers, have areas of town that are more appropriate for denser housing development (at various scales, depending on the context) due to their access to infrastructure, services, transit, etc. Absence of a formal growth center, at this time, does not equal inconsistency with *Land Use 2025*. There are reasonable ways for a town to demonstrate that a proposed development outside the USB is still consistent with *Land Use 2025*.

4. Impact Fees

The Rhode Island Development Impact Fee Act (RIGL Title 45 Chapter 45-22.4) empowers governmental entities that are authorized to adopt ordinances (cities and towns) to impose development impact fees. The intent of the Act was to ensure that new growth and development does not place an undue financial burden upon existing taxpayers and promote orderly growth and development by establishing uniform standards for local governments to require that those who benefit from new growth and development pay a proportionate fair share of the cost of new and/or upgraded public facilities needed to serve that new growth and development.

The Rhode Island Builders Association (RIBA) estimates that 21 municipalities currently have impact fee ordinances. The current impact fees approximately range from \$1,000 to \$8,500 per unit, with an average impact fee of \$3,500 (estimates based on impact fee inventory information gathered by RIBA).

5. High Construction and Land Costs

While development restrictions, land use regulations and the lack of public utility infrastructure drive up the cost of construction, they are not the only factors that contribute to the challenges of expanding the supply of moderately priced housing in Rhode Island. Construction and land costs are comparatively high as well. Labor, materials and total construction costs are tracked using the R.S. Means Construction Cost Index (CCI). Published annually, it presents the average construction cost indexes for 318 major U.S. and Canadian cities, including Providence. The CCI is also calculated for a 30 City average, considered the national average, based on 30 major U.S. cities.

Construction costs (exclusive of land and soft costs) are higher than the national average throughout Massachusetts, Connecticut and Rhode Island, with labor costs accounting for most of the difference. Providence is one of the least costly places in which to do business of any of the cities tracked by CCI in the three southern New England states, ranking 17th out of 19. The state enjoys a significant cost advantage over Boston, which has among the highest construction costs in

the nation. It is a similar story with land costs. Rhode Island is more expensive than many southern, Midwestern and western states, but it is considerably more affordable than eastern Massachusetts communities that are part of the greater Boston market.

While Rhode Island is a cheaper place to build than its closest neighbors, the statistics from the Building Permits Survey show that Rhode Island's residential building permits rank last nationally. The overview of the market analysis (MA-05) details these trends. It is more expensive to build in neighboring Massachusetts and Connecticut, but building is continuing in these states because income level and income growth can support the expected sales price of housing that provides meaningful return on investment for developers. The same cannot generally be said for Rhode Island.

6. Limited Public Transportation in Communities Outside the Urban Core

Lack of, or limited public transportation is an increasing concern in the state, as state budget constraints have required cutting back routes in terms of frequency and location, and should therefore be seen as an increasing impediment to developing effective housing options. Lack of public transportation options outside the urban core communities is consistently mentioned in public meetings and community focus groups as a significant barrier to housing and employment opportunities, and is often cited by shelters and nonprofit housing developers as a major deterrent to accessing much needed community services. As rural communities build more affordable housing, the need for additional transportation routes in these areas will only increase.

7. Property Taxes

High municipal property taxes are also an impediment to housing development. According to the Tax Foundation, Rhode Island's property tax collections per capita were \$2,234 in 2013, the 6th highest nationally. Property taxes paid as percentage of owner-occupied home value was measured to be 1.67% as of 2013, also by the Tax Foundation, which ranked 10th nationally. Rhode Island's income per capita in 2013 was \$46,990, 15th nationally. By comparison, Massachusetts is ranked 9th nationally in property tax collections per capita but 2nd in income per capita. Our neighboring state thus pays 8% less in property taxes per capita but earns 22% more in income per capita than Rhode Island. High property taxes increase the cost of homeownership and are passed on to tenants as higher rents.

Rhode Island's reliance on property taxes to pay for public education is also an impediment to housing development. According to a May 2014 Census Bureau release entitled "Public Education Finances: 2012", Rhode Island ranks amongst the highest states concerning the share of public education revenue that comes from local sources. The burden to fund municipal K-12 education on homeowners is higher in Rhode Island than all but one state, New Hampshire. An estimated 53.9% of revenue for primary-secondary education spending comes from property taxes; the US average is 38.4%. This heavy reliance on property taxes to pay for public education has led to a widespread perception that residential development, and the school-aged children that it brings, creates a net

loss in revenue to municipalities that must bear a large share of the education costs. This has led to significant public resistance to develop family housing.

8. *Inconsistencies in regulatory standards relevant to developing housing across municipalities*

Builders often complain that municipalities were enabled to create their own building permit fees and permitting processes without guidelines or accountability in state law. In 2010, RIBA sued nine municipalities for arbitrary permitting fee practices. RIBA claimed that builders confronted months-long delays in the issuance of permits that stifle economic development, drive up the cost of construction and frustrate clients; adding that the often very slow pace of municipal decision-making violates state law and deprives landowners of their property rights. Under the decentralized system, application processes also vary from town to town; with some requiring contractors to pay a separate fee for the building permit, electrical and plumbing, while other towns combine the three. The lawsuit was settled in 2014, with certain municipalities agreeing to pay back contractors for overcharged building permit fees.

KEY FINDINGS for MA-40

- It is often what is not in a region that makes it difficult to develop there. Significant barriers to developing affordable housing in those areas of the state without enough supply relate to the inability to find efficiencies in tying into public utility infrastructure and the lack of transportation services that would attract demand for development in these areas.
- Zoning and tax policies tend to discourage residential development and make it more costly.
- Decentralized regulatory and permitting processes lead to costly delays and frustrations that keep developers from proposing projects that would add to the inventory of housing affordable to low- to moderate-income households.

MA-45 Non-Housing Community Development Assets -91.315(f)

Introduction

The great recession that hit the country in 2008 was particularly brutal for Rhode Island, which felt the impacts before many other states, and continues to deal with the consequences longer. This experience has been a wake-up call for Rhode Island and demonstrates that the state cannot continue business as usual if it is to succeed in the decades to come. Although the state is recovering slowly, it needs to learn the lessons from the past and prepare for a more sustainable and prosperous future.

The overall population growth in Rhode Island has changed little since 1970 and has been flat since 2000. However, looking more closely at geographic population changes, the municipalities that did experience notable population increases since 2000 were suburban and rural. Communities that experienced the greatest decrease in population were generally urban. Communities of color have accounted for all of the population growth since 1990 and this trend is expected to continue. Growth in populations of color occurred most dramatically in the state's urban areas and in our youth. These trends suggest that improvements in education and in our urban communities will be necessary to ensure that our changing workforce is competitive.

Economic Development Market Analysis

A 2013 report entitled 'Economy RI' produced by Fourth Economy Consulting that analyzed economic development data for Rhode Island identified the following as Rhode Island's Industry Cluster Portfolio:

IT & Digital Media is the top ranked existing cluster with a balance of job growth, high wages and future market opportunity; the only notable weakness is in the labor supply where some critical skill and occupation gaps exist.

The Tourism cluster, despite some rough times, has been and will likely continue to be a generator of significant jobs for the state that also attracts wealth and spending from out of state. The disadvantage of this cluster is that the jobs pay generally low-wages; however, Rhode Island has a significant number of people who need these jobs and are not qualified for jobs in other sectors.

Design & Consumer Products is a traditional cluster for Rhode Island that has been struggling in some areas. Recent trends have increased the outlook for this cluster. This cluster also provides strong potential job growth across a variety of skill and wage levels.

Marine Trades & Defense is another traditional cluster that provides high-skill and high-wage jobs that cannot easily be replaced. Furthermore, with the move toward re-shoring and protecting critical skills, such as ship-building, it would be more difficult to rebuild than to maintain this cluster. Rhode Island also enjoys two competitive advantages in this cluster – one of which is its access to

the ocean, which is common to other coastal states while the other is the presence of the Naval Undersea Warfare Center (NUWC) Newport, which is unique to Rhode Island.

Manufacturing & Industrial Products is included because of the difficulty of replacing high skill and high wage jobs once they are gone. It is also included because this cluster links to the marine trades, defense and potentially the biotech clusters. Employment in the cluster for the state has rebounded sharply since 2011 and the move to re- shore manufacturing bodes well for the future.

Health Care & Life Sciences is a strong cluster, but the statistics in this cluster are dominated by health services. Health Care and Life Sciences remains important in Rhode Island as a provider of a large and growing number of good jobs, however, the dynamics of growth in healthcare are driven by external government regulations and market forces over which Rhode Island has limited influence. Within the cluster, there is an emerging biotech sector that could become a significant emerging cluster.

Financial Services provides extremely high wages but recent job growth has been volatile. Many of the job losses were driven by larger national and global market forces, but also by corporate management decisions and mismanagement. Ultimately, Financial Services is an industry that is increasingly managed and operated on a global scale. Therefore, the ability of Rhode Island to establish a niche and to affect the growth of that niche is subject to corporate decision makers without strong ties to Rhode Island. Rhode Island does benefit from its proximity to Boston and New York City, but it can likely capture these spillovers without investing significant resources in the effort, especially since those efforts can put it into a bidding war with deep-pocketed neighbors.

Renewable Energy is an emerging aspect of the Green Economy in Rhode Island. The problem for Rhode Island is that it has breadth, but little depth in Renewable Energy. There are several industries represented by only one firm, which means that the state really does not have an industry. Furthermore many of the potential jobs are in engineering services but the firms and workers may not actually be involved in Renewable Energy. The market for Renewable Energy is affected by a number of external factors beyond the influence of any one state.

Energy Efficiency is another emerging cluster of the Green Economy, but one that has more presence and potential for the state of Rhode Island. For Rhode Island this cluster includes a variety of materials producers as well as design, engineering and testing services.

The consulting research firm conducted a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT) on all industry clusters and found that job growth is a **strength** for Health Care & Life Sciences, Renewable Energy and Energy Efficiency; job growth is an **opportunity** in IT & Digital Media; and job growth is a **weakness** in Marine Trades & Defense, Manufacturing & Industrial Products and Financial Services.

TABLE 64 – BUSINESS ACTIVITY BY SECTOR

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	2,165	2,389	0.4%	0.5%	0.1%
Arts, Entertainment, Accommodations	52,763	53,789	10.3%	12.1%	1.8%
Construction	26,513	16,984	5.2%	3.8%	-1.4%
Education and Health Care Services	137,992	125,829	27.0%	28.3%	1.4%
Finance, Insurance, and Real Estate	37,530	28,947	7.3%	6.5%	-0.8%
Information	8,969	9,543	1.8%	2.1%	0.4%
Manufacturing	59,190	40,043	11.6%	9.0%	-2.6%
Other Services	22,993	18,603	4.5%	4.2%	-0.3%
Professional, Scientific, Management	49,049	56,468	9.6%	12.7%	3.1%
Public Administration	22,545	17,692	4.4%	4.0%	-0.4%
Retail Trade	60,826	46,817	11.9%	10.5%	-1.4%
Transportation and Warehousing	19,151	10,242	3.7%	2.3%	-1.4%
Wholesale Trade	11,637	16,686	2.3%	3.8%	1.5%
Total	511,323	444,032	--	--	--

Data Source: ALTERNATE DATA SOURCE: 2009-2013 ACS TABLE S2407(Workers) Q4 2012 Jobs at Beginning of Quarter, Quarterly Workforce Indicators (Jobs)

TABLE 65 – LABOR FORCE BY AGE

Labor Force Statistic	Number
Total Population in the Civilian Labor Force	568,913
Civilian Employed Population 16 years and over	509,615
Unemployment Rate	9.9
Unemployment Rate for Ages 16-24	19.24
Unemployment Rate for Ages 25-65	8.8

Data Source: (ALTERNATE DATA SOURCE, 2009-2013 ACS, TABLE S2301)

TABLE 66 – OCCUPATIONS BY SECTOR

Occupations by Sector	Number of People
Management, business and financial	69,207
Farming, fisheries and forestry occupations	1,341
Service	101,685
Sales and office	125,585
Construction, extraction, maintenance and repair	34,624
Production, transportation and material moving	58,673
TOTAL	509,865

Data Source: (ALTERNATE DATA SOURCE, 2009-2013 ACS, TABLE S2401)

TABLE 67 – TRAVEL TIME

Travel Time	Number	Percentage
< 30 Minutes	334,440	69.4%
30-59 Minutes	117,510	24.4%
60 or More Minutes	30,181	6.3%
Total that don't work at home	482,131	100%

Data Source: (ALTERNATE DATA SOURCE, 2009-2013 ACS, TABLE B08303)

TABLE 68 – EDUCATIONAL ATTAINMENT BY EMPLOYMENT STATUS (POPULATION 16 AND OLDER)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	33,217	10,732	23,955
High school graduate (includes equivalency)	97,914	16,773	32,256
Some college or Associate's degree	122,441	13,228	27,263
Bachelor's degree or higher	156,897	7,901	22,763

Data Source: (ALTERNATE DATA SOURCE, 2009-2013 ACS, TABLE S2301)

TABLE 69 – EDUCATIONAL ATTAINMENT BY AGE

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	1,941	4,658	5,815	16,357	19,838
9th to 12th grade, no diploma	11,651	9,214	9,038	18,797	21,779
High school graduate, GED, or alternative	31,922	29,753	33,220	80,386	50,243
Some college, no degree	54,420	28,782	26,805	53,689	21,479
Associate's degree	5,518	11,007	12,217	28,819	7,155
Bachelor's degree	13,357	32,247	28,143	56,034	17,889
Graduate or professional degree	899	13,988	18,064	39,650	17,175

Data Source: (ALTERNATE DATA SOURCE, 2009-2013 ACS, TABLE B15001)

TABLE 70 – EDUCATIONAL ATTAINMENT – MEDIAN EARNINGS IN THE PAST 12 MONTHS

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	\$22,126
High school graduate (includes equivalency)	\$30,532
Some college or Associate's degree	\$36,723
Bachelor's degree	\$52,875
Graduate or professional degree	\$69,453

Data Source: (ALTERNATE DATA SOURCE, 2009-2013 ACS, TABLE B20004)

Based on the Business Activity Table (TABLE 64) above, what are the major employment sectors within the state?

Education and Health Care Services as a combined sector is by far the state's major employment sector, with 28% of Rhode Island's jobs.

The Professional, Scientific and Management Services sector is the second largest, with 12.7% of the state's jobs, while other service sectors such as the Arts, Entertainment and Accommodation (12.1% of jobs) and the Retail Trade (10.5%) combine for a bulk of state jobs. Manufacturing, though well tracked as a declining sector in Rhode Island since its height as the state's most prominent employer, still holds 9% of state jobs.

Describe the workforce and infrastructure needs of business in the state.

Workforce

The state is losing middle-wage jobs. Following the national trend, over the past two decades, Rhode Island added low- and high-wage jobs, while losing middle-wage ones. The loss of middle-wage jobs is a weak point, because these jobs are often accessible to workers without four-year college degrees. This is consistent with the fact that wage growth has been faster for high-wage workers and slower for middle-wage workers. It identifies an area of vulnerability in Rhode Island's economy and an issue on which the state can focus its economic development strategy through supporting middle-wage industries and preparing our workforce for those new job openings.

Population growth among people of color is driven by the growth in young people-under age 18 (as of 2010). Indeed, persons under the age of 18 in Rhode Island are far more likely to be of color than persons who are 65 years of age or older. More than one in three persons younger than 18 years of age was identified as a person of color in 2010, up from one in eleven persons in 1980.

Importantly, this youth population represents Rhode Island's future workforce. Where they live and the quality of their education and training opportunities will be critical to providing Rhode Island with a future competitive workforce. All of the state's communities of color tend to be younger than its white population. The median age of its fast-growing Latino population, for example, is 26, or 16 years younger than the median age of 42 for the white population.

By 2018, 42 percent of jobs in Rhode Island will require an associate's degree or higher, and just over 40 percent of the entire state workforce has an Associate's Degree. However, only 21 percent of U.S.-born Latinos, 15 percent of Latino immigrants, and 30 percent of African Americans had that level of education as of 2010. The skills gap, however, is not simply educational. Given the significant role communities of color are expected to play in Rhode Island's future workforce, it is critical that they obtain the necessary education and skill sets to take advantage of career path opportunities.

Infrastructure

According to the Rhode Island Department of Transportation (RIDOT), highway capacity has remained relatively static in the state, but within certain corridors there has been an increase in vehicle miles traveled and the number of registered vehicles has grown over the past decade. Future highway and road projects will be primarily focused on improvements to existing highways and roads, but some additional infrastructure and capacity improvements may be needed, particularly in addressing economic development goals. Prioritized highway and roadway improvements and expansions are included in the four-year State Transportation Improvement Plans (STIP/TIP). Funding is derived from a largely federal program, with limited match contributions from state sources. The state has struggled over the past several years to find sustainable transportation funding resources. However, legislation to establish a state-funded transportation infrastructure program (TIP) was proposed in both the Rhode Island House and Senate in the spring of 2014. Developed, in part, as the result of legislative study of the issues surrounding transportation funding, the bill was incorporated into the FY2015 Appropriations Act (2014-H-7133) as Article 21 and built on prior efforts of the Governor and General Assembly to restructure transportation funding in Rhode Island. RIDOT recently estimated transportation infrastructure needs over ten years at more than \$2.4 billion, while current resources of \$1.4 billion are provided. The Strategic Plan includes analysis of proposed funding mechanisms for infrastructure in the FY16 state budget.

RIDOT contracts with the Massachusetts Bay Transportation Authority (MBTA) to provide commuter rail service on the Amtrak main line and the Rhode Island Public Transit Authority (RIPTA) operates a statewide public bus transit system. RIPTA's five year strategic plan was completed in 2012. The plan outlines major goals for RIPTA including but not limited to: attracting more riders, growing the transit network to expand mobility and support economic growth, and realizing the environmental, economic, and quality of life benefits of transit. To this end, RIPTA offers a variety of programs including: flex service, whereby buses do not follow a regular defined route. Instead, they travel directly to the next pick-up/drop-off location or time point. This service links patrons with destinations within the zone and with scheduled stops on fixed route transit lines. RIPTA also offers demand-responsive transportation to low income, elderly and disabled people through the RIder program.

There are 1,154 bridge structures located throughout the State of Rhode Island. As of January 2014, 206 of these structures were in poor condition, having been identified by engineers as structurally deficient. In addition, 94 structures currently have posted load restrictions and 11 remain closed due to advanced deterioration. Four of the largest bridges in the state, the Mt. Hope Bridge, the Sakonnet River Bridge, the Jamestown Verrazzano Bridge, and the Pell Bridge are owned and operated by the Rhode Island Turnpike and Bridge Authority (RITBA).

The percentage of structurally deficient bridges has slightly increased from approximately 21.4% to 22% from 2012 to 2013, and the percentage of functionally obsolete bridges has experienced a slight decrease from approximately 29% in 2012 to 28% in 2013. Rhode Island's TIP program allocates \$39.5-\$46 million per year to bridge rehabilitation. However, more funds will likely be needed to accommodate regular bridge maintenance in the coming few years. There are a number

of factors which contribute to the condition of the bridges, including age of the structures, climate, and changes in traffic volumes and routes. However, as is true of the rest of the state's infrastructure system, adequate funding for ongoing maintenance is the major barrier. With only the current levels of investment included in the TIP, approximately \$50 million annually, the deck area of National Highway System bridges in poor condition is estimated to increase from the current level of 19.5% to 41.7% by 2020. However, an investment in bridge preventive maintenance, as well as structural remediation, of an additional \$40.5 million annually would reduce the deck area of structurally deficient NHS bridges to 8.5% by 2021.

Without exception, studies conducted over the last two decades have determined that 1) insufficient revenue is generated from available transportation funding sources (federal funds, State bond funds and the State gas tax) for infrastructure construction, maintenance, and operation of the statewide transportation system, and 2) new revenue sources are needed.

Rhode Island's wastewater treatment facilities (WWTFs) currently face significant sector-wide challenges including more stringent nutrient limits for discharge waters, facility and collection system impacts from extreme weather and potential changes in climate, and limited options for sludge management. Many WWTFs are dealing with more stringent nutrient limits for nitrogen and phosphorous. As a result, facility operators and managers struggle to find the funds to implement facility upgrades in order to meet new standards. Facilities can apply for Clean Water State Revolving Fund loans, but those funds will ultimately need to be recovered through rate increases.

In addition, potential capital expenditures are also needed to deal with aging infrastructure and impacts from extreme weather events. Such impacts may include sanitary sewer overflows, combined sewer overflows, inflow and infiltration, inadequate treatment capacity, and cleaning and maintenance of aged infrastructure. To account for extreme events, many RI communities have constructed WWTFs and collection systems to withstand 100-year floods under hurricane conditions (e.g., the East Providence WWTF). However, hurricane storm conditions, combined with projected sea level rise in Rhode Island, may threaten operations at coastal or riparian WWTFs. Most recently, the wastewater treatment facility in Warwick was completely overwhelmed in the spring of 2010 and significant resources have since been allocated to develop measures to prevent this in the future. The majority of storm water infrastructure was built prior to the period when the cumulative impacts from development were understood. The goal had been to control and convey runoff from and through a property so as to protect and safeguard the project being developed. Floodplain filling and increased runoff volumes were largely ignored. By the 1970's, the cumulative impact of this practice in the state was keenly realized in the form of more frequent and damaging flooding of downstream properties; in some cases whole neighborhoods had to be abandoned permanently.

Describe any major changes that may have an economic impact, such as planned public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

How do the skills and education of the current workforce correspond to employment opportunities in the state? NOTE: The following is from the Governor's Workforce Board Rhode Island Biennial Employment and Training Plan FY2014 and FY2015

The total number of RI job openings – both new job growth and existing worker turnover – is projected at 17,006 each year through 2020. Of those, 10,804 are projected to be high-growth occupations with 50 or more annual openings; fifty-eight percent of these high-growth openings are estimated to be lower skilled jobs. Most sectors are reporting some difficulty in filling high-level jobs requiring either an advanced degree or extensive experience/long-term training. Employers report some openings persisting for three to six months because they cannot find the candidate with the right qualifications and/or work experience.

Across sectors and over time, employers report a lack of work-ready applicants for jobs, citing the need for workers who show up to work on time, are prepared to work, and are able to learn on the job. Employers also report that their most critical “soft skill” demands are for workers who have solid communication, teamwork, problem solving, and critical thinking skills.

Labor Market Information analysis conducted by the Rhode Island Department of Labor and Training found that, annually, 42% of the projected annual job openings are in the ‘very entry level’ skill category, meaning that less than high school diploma is required. Census data projects that 12.5% of the state’s workforce qualifies as ‘very entry-level’, meaning there is an abundance of very entry-level jobs compared to those that are at that skill level. There is an alternative mismatch among entry-level and high-level jobs. While only 16% of annual job openings are in the ‘entry level’ skill level, 27% of the state is currently at this skill level, measured as having a high school diploma. Just over 29% of the state has a bachelor’s degree or higher (high-level skill), while only 12% of annual job openings require this skill level. There is a relative match among the ‘middle level’ job skill level, where 30% of annual job openings need this qualification level where 31% of state adults aged 18-64 have a post-secondary training up to an associate’s degree (middle level).

Describe current workforce training initiatives supported by the state. Describe how these efforts will support the state's Consolidated Plan. NOTE: The following is from the Governor's Workforce Board Rhode Island Biennial Employment and Training Plan FY2014 and FY2015

The Governor’s Workforce Board (GWB), established by Executive Order on September 22, 2005, integrated the functions of the State Workforce Investment Board (SWIB) and Human Resource Investment Council (HRIC). The GWB is the primary policy-making body on workforce development matters for the State of Rhode Island, and has statutory responsibility and authority to plan, coordinate, fund and evaluate workforce development activities in the State. The following summarizes the initiatives offered under the Governor’s Workforce Board:

Express Incumbent Worker Training Grants of up to \$5,000 in matching funds for businesses to upgrade the skills of their current workforce in order to increase the competitiveness and productivity of the company and its employees.

RI Work Immersion Program provides partial wage reimbursements to RI employers that provide internships to college students and recent college graduates in RI.

Under the **Jobs Training Tax Credit** companies are eligible for a tax credit of 50 percent of actual training expenses for new and current employees, up to \$5,000 per employee, over three years, for their investments in retraining or upgrading the skills of their employees.

A major priority of the Governor's Workforce Board is to raise the skill level of the existing and future workforce in Rhode Island. Some of the most pressing training needs are literacy, math, language and work readiness skills. Working closely with the state's Administrator of Adult Basic Education and GED Programs, the board has provided \$3.5 million in Fiscal Year 2012-2013 to support the multi-year **Adult Education Initiative**. Combined with federal funds from the Workforce Investment Act (Title II), state general revenue funds, and the Department of Human Services TANF grant, the total amount awarded to adult education service providers in 2012-2013 was more than \$8.5 million.

The Department of Labor & Training (DLT) and the Department of Human Services (DHS) was critical in maintaining **The Summer Youth Employment Program**. This initiative, funded by the GWB with Job Development Funds, and implemented through the two local workforce investment boards, has provided summer work experience and work-readiness training to thousands of youth in our communities since 2007. This year's \$2 million dollar investment (\$1 million from GWB and \$1 million from DHS) put over 1,300 youth, between the ages of 14-24, to work; many of whom learned for the first time what it is like to have a job. Eighteen vendors throughout Rhode Island were selected to provide work-readiness activities, as well as to assist the youth in securing a subsidized job with various public, private and non-profit businesses.

Registered School-to-Apprenticeship assists youth in the 11th and 12th grade that plan to enter the workforce directly after high school. The apprentice and the sponsor sign an agreement; the apprentice agrees to perform the work and complete the related study; the sponsor agrees to make every effort to keep the apprentice employed and to comply with the standards established for the program. The Registered School-to-Apprenticeship program is designed to provide the flexibility needed for a high school student to continue with school-based related instruction and the part-time structured on-the-job (OJT) training component.

Working collaboratively with the two Local Workforce Investment Boards: Workforce Solutions of Providence/Cranston who serves youth from those two cities and the Workforce Partnership of Greater Rhode Island who serves the remaining 37 cities and towns, the board has provided \$1.45 million in Fiscal Year 2012-13 to support the **Statewide Youth Workforce Development System**. Combined with the federal funds from the Workforce Investment Act, state general revenue funds, and the Department of Human Services TANF grant, the total amount awarded to youth service providers in 2012-13 was more than \$4 million.

These efforts support the Consolidated Plan by providing low income families and individuals resources for obtaining employment.

Describe any other state efforts to support economic growth.

Growth Centers, Planning

As part of a statewide approach that sustains its urban-rural distinctions, the state identified an Urban Services Boundary, which is “based upon a detailed land capability and suitability analysis that demonstrates the capacity of this area to accommodate future growth.” Planning efforts call for the state and municipalities to concentrate growth inside the Urban Services Boundary and within locally designated centers in rural areas, using the local Comprehensive Plan as one of the primary mechanisms for implementation. The idea of Growth Centers is to develop strategies to promote growth where Rhode Island’s infrastructure can best support it.

Recognizing that growth must continue to occur outside of the Urban Services Boundary, Land Use 2025 goes further to describe “a constellation of centers” in our more rural communities. These centers would be the vehicle for directing growth away from farm and forest areas into historic or new growth centers that are appropriately scaled to the community setting. Villages like Chepachet, Shannock and Kingston all represent villages that can accommodate moderate levels of growth at scales appropriate to the historic setting. In Exeter, where there is no historic village setting to speak of, the Town has developed detailed plans and regulations that provide opportunity for a new village center to emerge.

This concept of compact village development—in part due to the guidance in Land Use 2025, RIDEM’s Rhode Island Low Impact Development Site Planning and Design Guidance Manual, and numerous training modules from GrowSmart RI—is moving forward in many communities across the state. Building on this momentum, Growth Centers guidance continued to develop on more increasingly sophisticated levels in the state during 2013 and 2014. The development of detailed technical guidance on the tools was needed to establish and regulate these areas. This effort was, in turn, bolstered by the release of RIDEM’s Village Training Manual and a supporting document entitled Rhode Island Transfer of Development Rights Manual. These documents represent one of the most comprehensive suites of technical guidance in the country for implementing Growth Centers at a wide variety of scales and design.

Economic Development Investments

The Rhode Island Commerce Corporation, formerly the Rhode Island Economic Development Corporation, and now known colloquially as ‘Commerce RI’, continues to support a variety of economic activities in the state, all of which supports vital state economic interests that would not otherwise receive investment, including small business loans, bond financing for public projects, funding research and stimulating renewable energy infrastructure development.

In 2013, Commerce RI provided \$84.2 million in capital through the following financing and grant programs: \$3.5 million in small business and bond financing to 8 Rhode Island businesses; \$38.4 million in bond financing for the purchase and development of the I-195 surplus land—The Link; \$33.5 million in bond financing on behalf of the Rhode Island Airport Corporation (RIAC) for the

Deicer Management System at T. F. Green Airport; \$7.5 million in bond financing on behalf of the Quonset Development Corporation (QDC) for a dredging project at the Port of Davisville; \$446,385 to support 10 renewable energy companies and projects through Commerce RI's Renewable Energy Fund (REF); \$810,541 in research grants to four colleges and universities through the Rhode Island Science and Technology Advisory Council (STAC); \$100,000 grant to help establish the Rhode Island Higher Education Research Collaborative to develop sound public policy research, and facilitate fact-based decision-making to grow our economy.

Discussion

KEY FINDINGS for MA-45

1. Education and Health Care is now the predominant business industries in Rhode Island, while job growth is strongest in Health Care and Life Sciences, Renewable Energy and Energy Efficiency. Job growth in IT and Digital Media provides an opportunity to develop it as a significant business cluster in Rhode Island.
2. Unemployment is high in Rhode Island, with young Rhode Islanders facing substantial unemployment rates that are twice that of the over 25 sub-population.
3. The Governor's Workforce Board has taken on the challenge of identifying business sectors in need of specific training and creating opportunities for young Rhode Islanders to receive that training and move directly into employment.
4. State investment in not only transportation infrastructure, but also localized or on-site water and sewer facilities, are vital to the growth of housing and economic opportunities outside of urban areas and into the planned Growth Centers around western Rhode Island.

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration") Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration") What are the characteristics of the market in these areas/neighborhoods?

NOTE: Section NA-30 looks at municipal over and under-representation of racial and ethnic minorities. That analysis looked at specific racial and ethnic groups relative located in certain municipalities compared to their distribution in the population in the state as a whole. This section looks at all minority types combined concentrated in census tracts to allow for more detailed analysis of socio-economics by geography.

Concentrations of Housing Problems

In using CPD maps to address the question of concentrated areas of housing problems, several outcomes pointed to an intersection between concentrations of housing problems and concentrations of low income and/or majority minority census tracts.

For the purpose of analysis in this section, low income census tracts are those in which the area median income of that census tract is equal to or less than 50% of the area median income for the metropolitan statistical area in which that census tract is located. Majority minority census tracts are defined by those tracts in Rhode Island in which the number of individuals that identify as non-Hispanic White is less than the number of individuals in that tract that identify as any other race or ethnicity, or combination of multiple races or ethnicities. Essentially, if the percentage of persons in a tract that are non-Caucasian is equal to or greater than 50%, then it is considered a majority minority census tract.

Summary of Housing and Economic Development Data Toolkits from CPD maps

TABLE 71 – HOUSING PROBLEMS IN LOW INCOME AND MAJORITY MINORITY CENSUS TRACTS

Topic	Census Tracts Below 50% AMI	Majority Minority Census Tracts	Rhode Island Overall
Total # of Tracts	26	39	240
Total Population	100,481	173,682	1,053,959
% Substandard Housing	1.89%	1.45%	1.17%
% Overcrowded	4.71%	5.21%	1.62%
% Hh Cost Burdened	53.94%	53.36%	41.17%
% Hh Severe Cost Burdened	28.11%	28.38%	17.91%
% Built 1949 or earlier - Own	70.50%	65.27%	32.58%
% Built 1949 or earlier - Rent	62.77%	66.84%	52.08%
% Built 1949 or earlier - Total	64.66%	66.35%	39.98%
Ownership Rate	24.47%	31.22%	62.08%

Lowest Income Census Tracts

The combined 100,481 persons (in 37,223 households) that live in the lowest income census tracts (median household income is below 50% of area median income) experience higher rates of substandard housing, overcrowding and cost burden than the state as a whole. The large difference in overcrowding compared the state average in these lowest income census tracts shows a need for more accessible housing in these areas. Another vast difference is the relatively much older age of the housing stock in these areas. The Housing Data Toolkit (CPD Maps) shows that while the rental stock is only slightly older than the state average, owner-occupied households are twice as likely in these census tracts to be built before 1950 (71% in these census tracts compared to 33% for the state). For these 26 census tracts the percentage of homes built before 1950 is 65%; there is great need for investing in weatherization, lead abatement and other healthy home programs in these census tracts as they disproportionately face health and financial burdens associated with the housing that they can afford.

TABLE 72 – CENSUS TRACTS WITH MEDIAN HOUSEHOLD INCOME AT OR BELOW 50% AMI

<i>Census Tracts Below 50% Area Median Income, Population in Those Tracts</i>			
Municipality	# tracts below 50% AMI	Population in Tract(s)	% of City Population in Tract(s)
Central Falls	1	4,763	24.6%
Newport	1	4,260	17.3%
Pawtucket	7	23,784	33.4%
Providence	13	56,476	31.7%
Woonsocket	4	11,198	27.2%
Total	26	100,481	9.5%

MAPS 1 & 2: MEDIAN HOUSEHOLD INCOME LESS THAN 50% AMI: URBAN NORTH (1) AND NEWPORT (2)

Majority Minority Census Tracts

The combined 173,682 persons that live in majority minority census tracts experience slightly higher rates of substandard housing, much higher rates of overcrowding and higher cost burden rates than the state as a whole. The large difference in overcrowding compared the state average in these majority minority census tracts shows a need for more accessible housing in these areas, as is true in the 26 lowest income census tracts (NOTE: 21 census tracts, in Providence, Central Falls and Pawtucket overlap among being lowest income and majority minority). Another vast difference is the relatively older age of the housing stock in these areas. The Housing Data Toolkit shows that while the rental stock is only slightly older than the state average, owner-occupied households are twice as likely in these census tracts to be built before 1950 (65% in these census tracts compared to 33% for the state). For these 39 census tracts the percentage of homes built before 1950 is 66%; there is great need for investing in weatherization, lead abatement and other healthy home programs in these census tracts as they disproportionately face health and financial burdens associated with the housing that they can afford.

In keeping with the definition of concentration from section MA-40, majority minority census tracts are considered to be concentrated areas of racial or ethnic minorities. A basic map created through ArcGIS shows (in red) those tracts that are greater than 50% minority, either racially or ethnically. A summary table of the municipalities in which these tracts are located is provided in section MA-40.

MAP 3 – MAJORITY MINORITY CENSUS TRACTS

Market Characteristics of Majority Minority and Low Income Census Tracts

The previous question describes the location of highly concentrated areas of minority and low income populations (26 census tracts and 39 census tracts respectively, with an overlap of 21 census tracts). Reporting the accumulated data of multiple census tracts, easily possible through the CPD Maps query system, allows for an analysis of the combined labor market in these census tracts compared to state totals.

TABLE 73 – MARKET CHARACTERISTICS OF MAJORITY MINORITY AND LOW INCOME CENSUS TRACTS

Topic	Census Tracts Below 50% AMI	Majority Minority Census Tracts	<i>Rhode Island Overall</i>
Total # of Tracts	26	39	240
Total Population	100,481	173,682	1,053,959
Total Civilian Labor Force	47,219	83,407	564,019
Unemployment Rate - Total	15.71%	15.97%	8.95%
Unemployment % 16-24 years old	38.40%	37.51%	24.26%
Unemployment % 25-65 years old	8.85%	9.84%	5.88%
Unemployment % Over 65 years old	1.81%	1.65%	1.03%
% Occ - Mngment, Busnss, Financ	12.82%	12.32%	23.20%
% Occ - Farming, Fishing, Forestry	3.91%	4.65%	4.07%
% Occ - Service	17.75%	15.24%	10.92%
% Occ - Sales and Office	22.41%	23.45%	25.03%
% Occ - Constr, Main, Repair	6.76%	6.89%	7.11%
% Occ - Prodction, Trans, Mtrial Mvng	10.10%	9.81%	5.53%
HS equivalent or less	60.76%	62.11%	42.68%
BA/BS or more	12.01%	11.95%	27.83%
Poverty Rate	35.54%	30.52%	12.79%
Income Per Capita	\$14,589	\$15,043	\$28,824

Low Income Census Tracts

The population of 16-24 year olds in census tracts where the median household income is below 50% of AMI faces an unusually high unemployment rate of 38.4%, though this rate is very high for the entire state's young adult population (24% overall). The overall unemployment rate of 15.71% is disproportionately made up of unemployed 16-24 year olds. The types of occupations held by the population of these census tracts are largely similar to the distribution of occupations for the state as a whole, with a few exceptions. Employment in management, business and financial trades in these census tracts is about half of the state percentage, while sales and office jobs are also less likely. Instead of these types of jobs, the population in the lowest income census tracts are more likely to be employed in service occupations (17.75% compared to 10.92% for the state) and in production, transportation and material moving jobs (10.1% compared to 5.53% for the state).

Per capita income in these census tracts is about half of that of the state. The relationship between unemployment (about double the rate of the state as a whole), educational attainment levels and

per capita income is not surprising, but is nonetheless the major intersection of socio-economic conditions that are most often associated with housing problems. With a poverty rate 2.8 times that of the state as a whole, and with the majority of residents with only a high school education or less, housing must be made affordable as a public policy strategy that strives to improve equity and opportunity. Investments in housing should consider how they aim to alleviate the health concerns and resource restrictions that add to the economic burden of low income, undereducated populations, so they are able to access enfranchising skills and learning opportunities, which would likely decrease spending on public assistance while also decreasing achievement and employment gaps that persist among minority groups compared to non-Hispanic white residents.

Majority Minority Census Tracts

Due to the substantial overlap of census tracts with high minority concentration and low incomes, the issues covered for the low income census tracts are similarly faced by majority minority census tracts. Overall unemployment well exceeds the state average (nearly 16% compared to 9% of the state (2011 statistics, in which Rhode Island had the highest unemployment rate in the country). Though there is a 2 percentage point smaller gap between unemployment for young adults and the rest of the workforce than exists in the low income census tracts, the nearly 40% of 16-24 year olds that are unemployed crowds public assistance providers in these census tracts and makes poverty, unfortunately, very likely for young parents in these neighborhoods. Service and Production/Transportation jobs are more common sources of employment in these census tracts compared to statewide totals, while management/business/financial jobs are much less common occupations. It is a positive indicator of diversity of skills and opportunities that all occupation types are well represented in the market, but unfortunately lower paying jobs are more common for the populations of these census tracts, likely as a result of lower educational attainment and opportunity, which also leads to lower comparative incomes.

MAPS 4, 5 AND 6 – CO-OCCURRING, LOW INCOME AND MAJORITY MINORITY CENSUS TRACTS

PROVIDENCE METRO (4), WOONSOCKET (5), NEWPORT (6)

In the following three snapshots of Rhode Island, RED census tracts indicate low income but not a majority minority census tract (5 tracts), YELLOW indicates a majority minority census tract that is not a low income tract (18 tracts), while BLUE indicates a census tract that is both majority minority and low income (21 tracts).

Are there any community assets in these areas/neighborhoods?

Providence

Olneyville

The Olneyville neighborhood in Providence has many community assets. Rhode Island Public Transit Authority provides four different bus routes through Olneyville, connecting residents to the Kennedy Plaza bus hub in downtown Providence. The Olneyville Food Center is a food pantry located in the neighborhood, and is open five days a week. The neighborhood is also served by Price Rite, a large grocery store which caters to the many Latino families. ONE Neighborhood Builders serves as an important asset for the community in facilitating community engagement, providing programming and services, and developing and connecting residents to affordable housing.

The Providence Community Library is located in Olneyville Square and Olneyville is served by at least 10 churches. Olneyville has a number of parks that are well maintained. These community assets have playgrounds, signage, and host educational programs. Riverside Park and Donigian Park connect to the Woonasquatucket River Greenway, an on-road and off-road bike path that connects

Olneyville to downtown Providence, and the neighboring town of Johnston. Riverside Park has a community garden, playground, and the “Red Shed Bike Shop” which provides bike maintenance and repair workshops for local youth and adults, low cost bike repairs, and used bikes for sale. The Joslin Park Community Garden has 34 plots for neighborhood residents to grow their own food.

The Square One Initiative in Olneyville serves as a “business improvement district” to the main Square in the neighborhood, and provides beautification services and maintains the flowers in the square, as well as sweeping and picking up trash.

The Manton Avenue Project (MAP) in Olneyville nurtures the unique potential of young people living in Providence’s Olneyville neighborhood, one of the city’s lowest income neighborhoods, doing so by unleashing their creative voices and uniting them with professional artists to create original theater. MAP is a set of long-term, after-school playmaking programs that spark an ever-expanding sense of possibility by building each child’s capacity for personal and academic success, serving students in grades 3 through 12. In 2013, with the help of Olneyville Housing Corporation, it received its own home at 55 Putnam Street, a beautifully renovated corner storefront space in a previously abandoned building, which now consists of classrooms, rehearsal space, media labs and an office. The William D’Abate Elementary School in Olneyville is the most common location of the play performances and has long been a supporter and partner of MAP.

Smith Hill

Smith Hill Community Development Corporation (SHCDC) is a major community asset in the Smith Hill neighborhood. In addition to developing affordable housing, they also host community programs. There are two health centers in the neighborhood, the Providence Community Health Center at Capitol Hill and the Chad Brown Health Center. Smith Hill has a neighborhood library and a city sponsored recreation center that has recreational activities, educational programs, and serves as a social gathering place.

There are a number of parks in Smith Hill including Davis Park, Candace St Park and Father Lennon Park. Father Lennon Park, also known as Camden Ave Park, is next to the elementary school and recreational center. It has a large playground, swing set, walking track, volley ball court and large open space. The park recently received a grant for a new community garden.

Providence College is located in Smith Hill. The university partners with SHCDC and in 2012 began leasing 1,000 square feet of space in SHCDC main community space at 231 Douglas Ave. The purpose of this relationship is to foster conversation between the campus and members of the community.

Silver Lake

Silver Lake is a residential neighborhood in Providence. Within Silver Lake is Neutaconkanut Hill Park, an 88 acre park with several miles of trails and seasonal events. Silver Lake is also home to the Silver Lake Community Center and St. Bartholomew’s Church. The Silver Lake Community Center has day care, social services, education, senior citizens programs, emergency food and clothing services, preschool, before and after school care, and a library.

Elmwood

The Elmwood neighborhood has a thriving business corridor along Broad Street and Elmwood Ave, full of restaurants, schools, churches and local businesses. The neighborhood is served by bus lines down Elmwood and Broad, including the R line, the only rapid bus line in the state. Both bus lines go through downtown Providence.

Southside Cultural Center (SCC) is a cultural asset in the neighborhood. They host numerous arts related organizations, including a theater group. SCC is part of a larger project called Illuminating Providence, a community oriented large scale planning project that recently received a \$300,000 ArtPlace grant.

One of the largest assets in the neighborhood is the ethnic and cultural diversity of the neighborhood, as well as the beautiful, historic housing stock. The Elmwood Historic District was established in 1980 to preserve the neighborhood's stock of beautiful Victorian homes. The neighborhood has four parks and a network of community gardens. Elmwood is served by two community development corporations, SWAP (Stop Wasting Abandoned Properties) and ONE Neighborhood Builders, that provide programming, beautification and access to affordable housing.

Pawtucket/Central Falls

Pawtucket and Central Falls are neighboring communities that share many assets. Geographically, Central Falls is a very small municipality and many community assets are located in Pawtucket. Both communities have access to 10 bus lines via the Pawtucket Transit Center. Pawtucket and Central Falls have parks that have been revitalized, including Slater Park, Barton Street Tot Lot, Jenks Park, Payne Park, and the Chocolate Mill Overlook Park.

Pawtucket has a number of industrial era mills that have been revitalized and repurposed. Hope Artiste Village is a redeveloped mill that houses artist studios and a large winter time farmer's market. The farmer's market accepts EBT/SNAP and is coordinated by Farm Fresh RI, a non-profit organization based in Pawtucket that has a number of programs for low-income households related to access to fresh food.

There are a number of large employers in Pawtucket, including Collette Vacations and Hasbro. Blackstone Valley Community Health Care provides healthcare access to residents of Pawtucket and Central Falls, and the Pawtucket Public Library provides access to not just books, but programming as well. Blackstone Valley Community Action Program provides basic needs, education and employment help, energy and conservation services, housing services, senior services, tax assistance, and youth and family services.

Pawtucket Central Falls Community Development Corporation (PCF Development) is a major asset to the area. PCF Development is a non-profit affordable housing developer in Pawtucket and Central Falls that also facilitates community engagement for residents, and other community initiatives. There are a number of additional organizations that work to make Pawtucket and Central Falls better places to live. They include the Pawtucket Foundation, Progreso Latino, Blackstone Valley Tourism Council and Anchor Recovery.

Woonsocket

Woonsocket residents are served by a number of RIPTA bus routes. Bus routes run through downtown, and serve the public housing developments. The neighborhoods do not have strong access to food, but the community is now a Health Equity Zone, which will serve as a major asset in creating access to fresh foods. There are a few large supermarkets on the bus routes, a food pantry, and farmers markets.

The Constitution Hill neighborhood has a Community Support Center, Employment Support Center, and Financial Literacy Centers. These community assets offer a wide variety of supports from basic needs to job training to financial education. They are coordinated by local agencies.

Residents have access to the Woonsocket Public Library and the Museum of Work and Culture, which highlights the stories of residents who came to Rhode Island's mill towns in the late 19th and 20th centuries. The community also hosts the Stadium Theater, an entertainment venue featuring plays, musicals, comedians as well as a teaching and learning center. RiverzEdge Arts Project, a social enterprise that provides talented underserved teens hands-on work experience in graphic design, digital photography, screen-printing and visual arts is also located on Woonsocket.

A major asset in Woonsocket is NeighborWorks Blackstone River Valley. This local CDC develops affordable housing, has a HomeOwnership Center with programming ranging from foreclosure prevention to financial goal setting to buying a home. They also provide numerous community building initiatives and youth programming that provides a place for children to go before and after school for programming focused on science, technology, engineering, arts and math (STEAM). The Art Center in Woonsocket serves grades K-5 and The C3 Center serves grades 6-12; both of these locations are included in multifamily affordable housing developments sponsored by NWBRV. Another youth program is operated in the adjacent suburban community of North Smithfield in a family affordable housing development recently completed called Marshfield Commons. NWBRV runs programming out of the community room at Marshfield Commons, serving the development's residents.

Newport

Northern Newport is where the city's low-income neighborhood is located. This neighborhood has seen revitalization and new community assets built in the last few years in conjunction with Newport Heights. The Newport Heights project was a rehabilitation and revitalization of Newport's largest public housing development, formerly named Tonomy Hill. The Pell Elementary School, a new state of the art elementary school serves the neighborhood, as well as the East Bay MET School which is part of a state funded public school district throughout the state. The Newport campus of the Community College of Rhode Island (CCRI) is also located in Northern Newport, across the street from Newport Heights. In this neighborhood there is a Childcare Center, as well as the Boys and Girls Club which is located in the same building as the Florence Gray Senior Center.

The Northern Newport neighborhood is on a RIPTA bus line, within 2 miles of the local hospital and close to local shopping centers. East Bay Community Action, a local non-profit, has a Head Start program, daycare, as well as a new health clinic that serves the community.

The neighborhood is also home to Fab Newport, a small-scale community workshop where community members use powerful technology and materials to make (almost) anything. FabNewport provides Newport County residents with alternative pathways to science, technology, engineering, arts and math (STEAM) through mentoring and personalized education.

Lastly, Northern Newport is home to Miantonomi Memorial Park, the highest natural point in Newport that has 30 acres of park areas, with picnic tables, a playground, historic tower, and ball field.

Are there other strategic opportunities in any of these areas?

Providence completed a local Comprehensive Plan in 2014 that included a summary of its strategic opportunities:

Location. Providence is strategically located at the head of Narragansett Bay in the heart of the Eastern Seaboard. The city's size provides clear alternatives to those looking for an active urban lifestyle without the big city problems that come with living and working in Boston or New York. Furthermore, Providence is just beginning to capitalize on its waterfront location. The moving of the rivers downtown and the subsequent creation of Waterfire draws thousands of tourists to the city each summer. Restoring public access to Narragansett Bay by transforming underused industrial areas into mixed-use districts with jobs and housing opportunities will reinforce the city's prominent waterfront location. The creation of view corridors, greenways and other public open spaces will further complement all of the efforts that have been made to improve the water quality of the Bay and restore one of Providence's greatest assets to all residents.

New Development. The relocation of Interstate 195 makes Providence safer and easier to travel. It will also allow for the reconnection of the historic street grid in downtown, as well as opening up new areas of the city for redevelopment. This area is an opportunity for growth and development in a planned way that creates views and public access to the water, public walkways, connected greenways, and linkages to other green spaces and adjacent neighborhoods.

Institutions. The seven universities and seven hospitals in the city are economic generators as employment centers. Hospitals and colleges also have unique characteristics that add value above and beyond creating jobs.

These institutions are constantly conducting research and imparting technical expertise to their employees and students. In an era increasingly dependent on knowledge-based industries, these institutions contribute to a more experienced and educated workforce, a resource desirable in all cities. Furthermore, their economic activities foster an entrepreneurial spirit and attract additional economic growth. Providence benefits equally from the institutions' contributions to the cultural and creative economy, widely recognized as a principal source of both jobs and visitor expenditures, critical to the city's health and quality of life.

Sustainability. Providence has the opportunity to be a pioneer as a green, sustainable city. Green principles that can be applied to the betterment of the City include energy efficiency; development and use of alternative energy sources; reduction, reuse and recycling of materials; expansion of the

tree canopy; and protection and improvement of water quality in rivers, streams, ponds and the bay. Specific measures include “green” development that employs features such as green roofs and rain gardens; implementation of the Department of Public Works’ new urban composting program; improved recycling efforts; increased tree planting citywide; encouraging the development of businesses that produce products that will further the goal of environmental sustainability; and expansion and increased use of mass transit to reduce air pollution in the city. Implementation of these principles and measures will significantly improve our environment and quality of life.

Citizen Involvement. Providence has an active and engaged citizenry who are very progressive in their ideas and attitudes. By continuing to engage residents in dialogue on the current state and future of the city, Providence can become an even better place to live and work.

Livability. Providence is a place people want to live and work, drawn by our diverse housing stock, variety of jobs, and thriving arts and cultural scene.

Pawtucket’s opportunities lie in their planned downtown revival, proposed riverfront land development, as well as its inventory of industrial space for investment. Due to its proximity and historical relationship with the City of Central Falls, most of these opportunities refer to that City as well.

Downtown Revival. The Pawtucket Foundation worked with the City of Pawtucket to develop a downtown revival plan, which includes a focus on understanding and leveraging the Pawtucket Downtown Growth Center. This focus area provides the greatest opportunity to catalyze economic development by investing in infrastructure and increasing the density of development and activity. Most of the land in the PDGC is currently zoned commercial and industrial. In recent years a number of mills have been converted into high-density residential units. The majority of the parcels in the area can support a high density of mixed-use development. Along Roosevelt Avenue and as part of the Transit Oriented Development district, the PDGC extends beyond the City of Pawtucket border into Central Falls. These multi-layered districts create opportunities for strategic multi-jurisdictional partnerships between two communities.

Riverfront Corridor Initiative. The future National Historical Park focus on the Blackstone River and Canal system affords Pawtucket and Central Falls unique opportunities to rebuild economic and physical connections with the waterway that brought prosperity to the region. Based on an analysis of current gaps in consumer expenditures compared to local store sales, the Riverfront Corridor/Downtown area has significant opportunities to expand current retail uses, whether or not net new growth in population occurs locally or regionally. According to data provided to FXM by The Pawtucket Foundation, recent historical absorption of housing units within the Riverfront Corridor area has averaged 60-80 units per year. The rate of average annual absorption could increase to 100-120 units per year.

City officials consider the Apex site (100 Main St) a prime redevelopment opportunity for more intensive commercial uses in the Riverfront Corridor that generates Downtown business activity, and an opportunity to provide meaningful public access to the Blackstone River. The City recently modified the Pawtucket Zoning ordinance to establish the Riverfront Commons District (RCD) with

expanded commercial and residential uses and dimensions permitted. In addition to uses currently permitted by right in the Commercial General (CG) and Riverfront-Mixed Use (RD3) zones, RDC by right uses now include Multi-Residential, Educational Facilities, Art Galleries, Business and Personal Services, Offices, General Automotive Repairs (with river setback).

Industrial Space. Besides the 100 Main St opportunity, Pawtucket has many other properties ideal for small and large scale industry and manufacture. The Conant/Coats & Clark Thread Mill Complex is a 12-acre site, now a redevelopment project located in the Pawtucket/Central Falls line. Various community engagement and creative partnerships (one with Roger Williams University Historic Preservation Program students generating ideas for re-use) have been completed but no specific plan is yet agreed upon. The proposed future of the property is as a mixed-use community within easy walking distance of a future planned commuter rail stop. The property would have a core commercial area with a mix of retail, office, residential, open space and other public uses. A walkable environment would make it convenient for residents and employees to travel by transit, bicycle, foot, or car.

Existing business clusters in Pawtucket. Pawtucket boasts two specific clusters that have the potential to attract similar enterprises through the opportunity to share resources, industry knowledge and collectively concentrate demand. One cluster is called the ‘creative cluster’ of arts, design, knowledge and technology. Today, this cluster includes the four story brick building Design Exchange facility (formerly the Rhode Island Cardboard Company), which brings together creative industries in a unique, collaborative work environment; the Hope Artiste Village a thriving mill space that boasts cafes, a coffee roaster, a live music venue, fitness studios, designers, artisans, event spaces and a bustling wintertime farmer’s market and hosts a creative mix of art studios, live/work lofts, retail shops, light industrial workshops and professional; as well as the Kellaway Center, the Pawtucket Armory Arts Center and Gamm Theater, and the Pawtucket Arts Collaborative at Lorraine Mills. Besides the opportunity to market Pawtucket as a thriving arts center is its attractiveness as a healthcare hub. Downtown Pawtucket includes Memorial Hospital of RI and also includes Gateway Healthcare, a non-profit behavioral health organization. Blackstone Valley Community Healthcare recently completed a newly constructed, state-of-the-art facility on East Ave in Pawtucket.

Central Falls

The City of Central Falls not only is a low-cost warehousing, manufacturing and distribution hub mere minutes from Providence, it is also centrally convenient to Boston, Hartford and New York City. Its diverse population has strong ties to overseas markets while its government has emerged leaner, healthier and more energetically pursuing economic development. The City has created an Economic Expansion Incentive Program, which offers aggressive incentives for large-scale investments, the hiring of residents of the City of Central Falls, and providing health insurance benefits.

Central Falls is also a participant in the Historically Underutilized Business Zone (HUBZone) program, administered by the U.S. Small Business Administration, fosters economic development in distressed areas by encouraging federal agencies to sign contracts with businesses located in

HUBZones. In January of 2015, Mayor James Diossa created by Executive Order a seven member Economic Development Task Force, which will be tasked with revitalizing business and commercial districts in the City in order to retain and expand its current commercial base and the Task Force will improve communication between City government and the business community and create a unified and clear economic development policy for the City.

Woonsocket

Of particular concern to the City is the protection and expanded use of its dominant geographical feature, the Blackstone River. Woonsocket sees the Blackstone River Valley National Heritage Corridor and the building of related parks, bicycle paths and developments, as a great opportunity to create a resource that will improve the quality of life of its residents. The City has an opportunity to capture its river frontage and create a continuous parkway, which can be incorporated into the Heritage Corridor system. A number of City-owned lots along the river have been developed in conjunction with Heritage Corridor development and others have been zoned for protection and eventual development with other Heritage Corridor development. The City will continue to pursue rehabilitation and development of its own Heritage Corridor-related parks and facilities, and will take an active role in the coordination of regional developments. The Blackstone River Bikeway provides another opportunity for residents and visitors to experience the Blackstone River and engage in a variety of recreational activities, including cycling, walking, and jogging. The Bikeway will eventually traverse the entire city, following the route of the Blackstone River from south to north.

The return of passenger rail service along the P&W line is an extremely desirable goal for the future. Passenger service would provide a new transportation opportunity for the Blackstone Valley, facilitating an alternative method of commuting between Woonsocket and Providence. Two preliminary feasibility reports have been completed, which state that commuter rail service from Woonsocket to Providence is both feasible and has significant ridership numbers to be competitive. Commuter rail, if resumed along the P&W line would link Woonsocket with the T.F. Green airport in Warwick via the new intermodal Warwick station and potentially, to Boston by transferring at the proposed Pawtucket/Central Falls MBTA station. Commuter rail service in Woonsocket would greatly benefit both Woonsocket's residents and businesses alike. It would also aid tourism activities in Woonsocket and the surrounding area.

Woonsocket is home to a multitude of underutilized mill buildings and complexes. These properties present interesting opportunities for adaptive reuse as mixed-use, live/work spaces, or residential conversion. The city treats mill conversion proposals on a case-by-case basis to determine if the mill conversion would bring a positive impact to the community as a whole. Mill-to-condo conversion projects are considered the most appropriate in areas adjacent to existing residential districts and in situations where opportunities for the reuse of the building for commercial or industrial purposes are not considered feasible. In areas where developers seek zoning relief or a zoning change to accomplish a mill-to-condo conversion project, they are encouraged to include an affordability component to the overall project.

The state's Economic Development Plan explains,

“City of **Newport**: Economic Opportunities from Resiliency: Newport, having recognized over ten years ago the need to diversify its economy from over dependence on civilian employment at Newport and the tourism sectors, is taking the lead in the state to concentrate efforts on the economic opportunities associated with resilience and climate change in three major initiatives including the development of a technology accelerator, the major community proponent for a green infrastructure job placement and training program, as well as a mixed-use Resilience Innovation Hub.”

Effects of recent disasters in Rhode Island on the housing market and housing needs

RIEMA has estimated that there are over 800 residential buildings in the area impacted by Hurricane Sandy that meet the following criteria: 1) located in 100-year floodplains/Special Flood Hazard Areas (SFHA); and 2) located in predominately LMI census geographies. At an estimated \$600 per structure, the projected cost of flood risk identification for qualifying structures exceeds \$487,000 (Table 6).

The number of residential structures in these areas demonstrates the need for services and activities that reduce flood risk and enable informed decision-making about mitigation. Two services that will address this need are flood risk identification and housing counseling services. Elevation certificates establish the baseline elevation of a structure and are the first step in determining a structure's flood risk, actuarial insurance rating, and potential mitigation costs. Actuarially adjusted flood insurance premiums and identification of appropriate flood-proofing measures are based on elevation certificates. Residents of LMI census areas do not have the resources to obtain elevation certificates. Without elevation certificates, LMI households face uncertain increases in the costs of flood insurance premiums (or rents) and unknown mitigation costs. Consequently, they are unable to make informed housing decisions.

KEY FINDINGS for MA-50

1. Affordable housing resources need to continue to be invested in the parts of the state with the highest amount of housing problems, not only affordability but also physical issues such as unhealthy housing and over-crowding.
2. There are 44 of the state's 240 census tracts that are either very low or below census tracts (the median household income is 50% of AMI or less) or is a majority minority census tract, with 21 of those census tracts qualifying as both low income and high minority. The populations in these census tracts face higher unemployment, lower incomes, older and more distressed housing and high incidences of housing cost burden.

Strategic Plan

SP-05 Overview

Strategic Plan Overview

SP-10 Geographic Priorities: CPD program regulations for the State of Rhode Island often prioritize funding projects in non-entitlement communities, but no program restricts funding for these areas. Non-CPD affordable housing programs, such as LIHTC and the state-funded BHRI programs, give priority to projects located in parts of the state without sufficient low to moderate income housing, as defined by state law. For all state programs, these geographic priorities are one of many scoring criteria of applications; not always do those projects in priority areas receive funding awards over comparative projects in other areas.

SP-25 Priority Needs: The twelve priority needs for the state detailed in this section combine to: reflect the disproportionate effects of housing cost burden on low-income households; the growing concern over the efficiency and safety of the state's housing stock, for which age correlates with high rates of unhealthy conditions, especially for low-income neighborhoods; echo the needs described in the state's strategic plan to end homelessness; describe the relationship between investment in public goods and the reduction of poverty in those areas and the state's interest in affirmatively furthering fair housing.

SP-30 Influence of Market Conditions: The lack of new building permit activity and the growing levels of cost burden among lower income households indicate that market conditions are not balanced and the supply of low cost housing is not keeping up with demand. The struggling economy is a key factor, as median incomes have remained flat compared to inflation, making it harder for housing developers and investors to return a profit on needed housing development and rehabilitation in low income areas.

SP-35 Anticipated Resources: The state estimates that \$259,024,642 will be available, mostly from federal funding sources, to achieve the goals described in this strategic plan. These funds will all address the twelve priority needs described in SP-25 and will serve to achieve the goals described in SP-45. While new sources of funding will be available in the upcoming planning period, these new sources will not be enough to replace expiring funding streams that assisted with the achievement of goals from the previous planning period.

SP-40 Institutional Delivery Structure: The state agencies most directly involved in achieving the goals described in SP-45 are Rhode Island Housing, the Rhode Island Department of Administration (Statewide Planning Program, Housing Resources Commission, Office of Housing and Community Development) as well as the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). However, these agencies rely on an active professional network of community-interested organizations that deliver services on the behalf of the state, using federal, state and private funds to do so. Health service organizations, social service organizations, community development corporations and community action agencies are just a few of the groups that contribute to the state's housing goals.

SP-45 Goals: The state's goals for affordable housing and non-housing community development focus on developing and preserving affordable housing opportunities, preventing and ending homelessness, improving the quality of the state's housing stock, providing tenant-based rental assistance, addressing the negative impacts of the foreclosure crisis, investing in non-housing community development and affirmatively furthering fair housing.

SP-50 Public Housing: The state has an active Family Self-Sufficiency program with close to 150 participants, which increases resident involvement; the state also assists other PHAs in outreach to its tenants by providing assistance in creating and maintaining FSS programs.

SP-55 Barriers to Affordable Housing: Some of the state's zoning policies, land use regulations, environmental restrictions and property tax provisions, though important to other state needs, can have the effect of making affordable housing too expensive to develop or minimize likely returns on investment for important housing development projects that could contribute to state housing and community development goals.

SP-60 Homelessness Strategy: The Continuum of Care and Consolidated Homeless Fund are the key programs that will help the state end homelessness. Other programs administered by Rhode Island Housing and OHCD have been, or will be, slightly adjusted to prioritize assistance to homeless households or households at risk of homelessness. Combined, these programs will all contribute to the implementation of the state's strategic plan to end homelessness, Opening Doors Rhode Island.

SP-65 Lead-Based Paint Hazards: The state has several laws that require housing owners to comply with lead-based paint reduction or remediation standards, though conformance rates could improve. State agencies such as the Department of Health (DOH) and the Department of Human Services (DHS) run outreach, education, and technical assistance programs that work to reduce the hazards of lead-based paint exposure, and will continue to do so in the upcoming planning period. Rhode Island Housing combines state and federal funds to remove lead-based paint hazards in eligible housing units based on the income and demographics of those households. Lead-based paint hazards, though particularly abundant and damaging in low income areas, is a concern for the entire state, which has the oldest rental housing stock in the country.

SP-70 Anti-Poverty Strategy: All seven goals included in this strategic plan (SP-45) contain explicit or implicit elements that directly reduce the number of families in poverty, which is a priority goal for the state. The state funds and sponsors many anti-poverty programs, ranging from income assistance, healthcare assistance, job training, skill development and tax relief programs. Social service agencies funded through CPD programs have trained case managers that match residents of supportive housing with these anti-poverty programs.

SP-80 Monitoring: Rhode Island Housing in cooperation with the Rhode Island Housing Resources Commission will monitor the progress in meeting the goals and priorities of the Consolidated Plan and assures that federal funds are expended in a timely manner. The state also assures compliance with regulatory requirements by reviewing the performance of sub-recipients and the agencies administering programs.

SP-10 Geographic Priorities – 91.315(a)(1)

Geographic Area

General Allocation Priorities

The Cities of Cranston, East Providence, Pawtucket, Providence, Warwick and Woonsocket are all entitlement communities that receive CDBG allocations directly from HUD. These communities do not apply specifically for State CDBG funds. However, the Rhode Island CDBG program has set-aside regulations to assist in the development and operation of emergency shelters (as part of the Consolidated Homeless Fund), many of which are located in entitlement communities. Even though the Consolidated Homeless Fund is used to fund many urban shelters and programs (that are operated in a CDBG entitlement community), the State CDBG set-aside for the Consolidated Homeless Fund (\$500,000 annually) is distributed to shelters in Bristol County, Newport County and Washington County, such as in Newport, South Kingstown and Westerly. State CDBG program regulations make CDBG funds available to all municipalities except for the CDBG entitlements of Cranston, East Providence, Pawtucket, Providence, Warwick and Woonsocket. Therefore, distributions from the State CDBG program's set-aside to the Consolidated Homeless Fund only go to communities that are not also CDBG entitlement communities. Shelters and service providers in the CDBG entitlement communities can receive awards from the Consolidated Homeless Fund, however, the actual distribution of funds cannot come from the State CDBG contribution to the CHF.

The state CDBG program also sets aside a portion of its allocation to pool resources for the development of affordable homes as part of the state's bond-funded Building Homes Rhode Island program. However, given that no new affordable housing funding bond programs have been passed for the upcoming program years covered by this Consolidated Plan, it is not certain if this funding will continue to be set aside from the annual State CDBG allocation. As with the Consolidated Homeless Fund, although BHRI often funds affordable housing development projects in urban areas with entitlement communities, State CDBG funding most often assist those projects seeking BHRI funds for much needed affordable housing development in non-entitlement communities, although by regulation this is not a requirement of receiving the State CDBG funds. Regardless of the eligibility of a municipality or consortium to apply for funds, allocation amounts are contingent to two other geographic considerations. First is the need of that community and second is the project's location with relation to the Urban Services Boundary and its proximity to a growth center, which were defined in the State's *Land Use 2025* Guide Plan. These project funding thresholds serve as implicit geographic priorities for State funds. Local Plan Compliance threshold requirements in CDBG applications also places a priority, as a result of needing to be in compliance with a municipal comprehensive plan, on the development of affordable housing in communities that have not reached the statutory requirement of having 10% of its housing stock be affordable (deed-restricted and/or subsidized) to low-to-moderate income households. Only five communities have reached the 10% goal, two of which are entitlement communities (Providence and Woonsocket), the other three are not (Central Falls, Newport and New Shoreham).

The state's Emergency Solutions Grant program, as is described in more detail elsewhere in the Consolidated Plan, is combined with entitlement ESG funds (Pawtucket, Providence and

Woonsocket), CDBG set-aside funds for homelessness, federal Title XX homeless funds and state homelessness resources to distribute funds through one application process in a partnership known as the Consolidated Homeless Fund, which is administered by the state's Office of Housing and Community Development. The entitlement ESG funds, though combined with non-entitlement resources, are allocated only to their entitlement communities, with state ESG funds usually being distributed to facilities and services provided in non-entitlement communities. The Consolidated Homeless Funds has five regional zones for allocation purposes, with a maximum of 15% of all allocated funds through the CHF going to Northern Rhode Island (which includes one entitlement community, Woonsocket), and a maximum of 10% of allocated funds going to East Bay Rhode Island, Southern Rhode Island, and Kent County each. According to the 2014-2015 CHF Request for Proposals, 70-75% of all CHF funds will be allocated to assist programs in Providence and the Metro Providence vicinity. These geographic distributions of funding is not a requirement of the Consolidated Homeless Fund, but is estimated annually based on the location of programs that have been funded in the past and the statutory requirement of entitlement ESG funds going to each respective entitlement community. The state's ESG funds, as a result of other funding sources that are earmarked for the entitlement communities, often fund programs in Southern Rhode Island, Kent County and the East Bay, but this is not a requirement of state ESG distribution.

Rhode Island's CDBG-DR funding is available statewide. However, 80% of the Hurricane Sandy allocation is reserved for activities in Washington County designated a "most impacted and distressed county." Eligible "Sandy" disasters include Hurricanes Sandy and Irene, and the February 2013 Winter Storm (Nemo). The state's Qualified Allocation Plan, which determines the criteria for rating Low Income Housing Tax Credit applications prioritizes geographies in two ways: by giving bonus points to proposals that plan to build in municipalities not exempt from the Rhode Island Low and Moderate Income Housing Act ("Low Mod Act"), in which the exemption is based on reaching 10% of its housing stock being measured as long-term affordable or have reached a certain threshold of rental units, as defined in the Low Mod Act. The legal definition for a municipality containing a sufficient stock of low and moderate income housing can be found in **§ 45-53-3(4)(1)**. Exempt communities include many entitlement communities: Central Falls (10%), Cranston (rental stock), East Providence (rental stock), New Shoreham (10%), Newport (10%), North Providence (rental stock), Pawtucket (rental stock), Providence (10%), Warwick (rental stock), West Warwick (rental stock) and Woonsocket (10%). Of the five communities that have reached the 10% goal **§ 45-53-3(4)(1)(B)** set in the Low Mod Act, four (all but New Shoreham) would be exempt under **§ 45-53-3(4)(1)(A)**. As is referred to in SP-35, The general strategy of the Housing Tax Credit program is described on page 4 of the state's QAP, "...prioritizes strateg[ies] to redevelop neighborhoods most heavily affected by the foreclosure crisis...simultaneously endeavor[ing] to continue to provide affordable housing opportunities in communities where few opportunities currently exist".

HOME funding is available to all communities in the State, with the general exception of Providence, Pawtucket and Woonsocket, which receive HOME allocations directly from HUD. However, applicants from these three communities may be eligible for state HOME funding if the entitlement entities do not have funds available for a specific activity and the City can document that it has obligated all the funds it had previously budgeted for that activity. The geographic areas of the state where 2008 funds will actually be expended have not yet been identified. However, the scoring system favors communities with the lowest percentage of affordable housing units to encourage a more equitable distribution of affordable housing throughout the state.

SP-25 Priority Needs – 91.315(a)(2)

TABLE 74 – PRIORITY NEEDS

Priority Need Code	Priority Need Name	Description	Priority Level	Basis for Relative Priority	Goals Addressing
1	Increased housing opportunities for low-to-moderate income households	The Needs Assessment finds that renter and homeownership housing that is affordable to households earning at or below 80% of AMI is substantially less than the number of households at this income level	High	The tables presented in section MA-15 Cost of Housing show shortages of affordable and available housing for the state's low-to-moderate income households that both own and rent. The greatest shortages occur among the state's extremely low income renters and owners.	1, 4, 7
2	Preserved affordability of the state's current stock of low-to-moderate income housing	The state currently has over 36,700 income-restricted affordable homes. Many of these affordable homes are at risk of losing this restriction as they reach the end of their period of affordability.	High	In the next five years alone, over 3,200 homes will end their initial housing tax credit compliance period, and will need to be preserved through negotiations with the current owners; many will require more investment. The state's public housing stock is at risk due to declining federal assistance, which has led to significant deferred maintenance and upgrade needs.	1, 3, 7
3	Rehabilitated foreclosed homes and properties	Many affordable housing programs prioritize foreclosed, blighted, or abandoned properties as part of proposals to develop affordable housing on existing lots. This strategy addresses multiple housing goals.	High	Over 16,000 homes (single family and apartments) have been foreclosed on since 2009, 3.5% of the state's housing stock. Currently, nearly 16,000 homes are vacant (per the ACS), while realtor information estimates that nearly 4,000 REO properties are on the market.	1, 3
4	An end to chronic homelessness	One of the goals of Opening Doors Rhode Island is to end chronic homelessness by 2015. The chronically homeless use a disproportionate share of state resources.	High	There were 954 chronically homeless individuals and 81 chronically homeless families in 2013, with smaller numbers (203 and 48, respectively) exiting homelessness.	2, 4
5	An end to homelessness among Veterans	Rhode Island has a large share of Veterans, from World War II to the most recent conflicts in the Middle East. No former service-member should experience homelessness (cooperation with the VA must improve to achieve this goal).	High	284 Veterans experienced homelessness in 2013, with 99 Vets leaving homelessness and 90 becoming homeless.	2, 4
6	Substantially decreased homelessness overall	Homelessness affects close to 4,000 Rhode Islanders every year. Children, the elderly, the mentally ill and the disabled are among those that experience homelessness annually.	High	The number of people becoming homeless per year (1,408) is still greater than the number the state is able to help leave homelessness (1,292). Overall, around 4,000 persons experience homelessness per year, 1,000 of those being children.	2, 4, 5

Priority Need	Priority Need Name	Description	Priority Level	Basis for Relative Priority	Goals Addressing
7	Addressing accessibility and housing conditions of the state's aging housing stock	Low income households and many susceptible sub-populations (elderly, disabled) face limited housing choice in older homes because of their low or fixed incomes. Many homes in which these households have little choice but to live are hazardous to their health and safety.	High	65,000 households are headed by a person 75 years of age or older (frail elderly). 35% of these households live alone, over half live in housing that is over 50 years old. 72% of owned-households and 81% of rented households were built before 1979, a total of over 310,000 households. Over 140,000 of these households have an income below 80% AMI. Over 134,000 households were built before 1939.	3
8	Elimination of lead-based paint hazards in households with children under 6 years of age	Research shows children under 6 are at the highest risk of irreversible damage as a result of elevated blood-lead levels.	High	Estimates show that 43,855 households live in housing built before 1979 and have at least one child under 6 years old. Analysis of Department of Health data on lead levels in the blood of children under the age of 6 showed that over 6% of the state's children at this age had ug/dl levels above 5.	3
9	Improvements to the state's infrastructure that is crucial to future housing development	Investments in key public infrastructure, such as roads, bridges, water supply, and wastewater treatment, is important to support the development of affordable homes and ensure that these homes are connected to jobs and services.	High	Economic development hurdles include a lack of water and sewer infrastructure outside of the urban core and the overall poor condition of the state's infrastructure (roads / bridges); limited developable land and the development constraints that exist for remaining land (e.g. brownfields and other environmental constraints), and funding threats to public transit services in and around Rhode Island.	6
10	Non-Housing Community Development investments in public services and facilities	Investments in neighborhood-based services and facilities, such as recreational facilities, roof replacements and handicap accessibility improvements at community buildings, walkability investments, as well as social, medical, educational and employment services.	High	Section NA-50: Non-Housing Community Development Needs lists the common needs shared among municipalities, including investments in aging mill villages, services to households and persons heavily affected by the recent recession, facility upgrades and improvements at commonly used public buildings in which community action agencies deliver important services.	6
11	Permanent Supportive Housing ("PSH")	The state has a goal of producing 548 units of permanent supportive housing in the next ten years, as part of the Opening Doors RI plan. PSH provides subsidized housing and supportive services on a permanent basis to those with chronic disabilities and extremely low incomes.	High	There are 17,325 households that are extremely low income and have at least one disability. Of the homeless in 2013 that did not stay in PSH, 1,500 had a disability. Only 1,700 units of PSH are currently operating in RI. BHDDH serves close to 8,000 persons through residential services and there are 3,000 persons on the waitlist for these housing opportunities, most of which would benefit from PSH upon leaving state care.	1, 3, 7
12	Removed Barriers to Fair and Affordable Housing	The preservation and development of affordable housing furthers fair housing by expanding housing choice. Other policy-related strategies are being developed to complement the expansion of affordable housing opportunities.	High	Barriers to fair and affordable housing include the lack of public utilities in non-urban areas, zoning and land-use controls that make multifamily or affordable housing development difficult, limited transportation in communities outside the urban core, high property taxes, inconsistent regulation and high construction costs.	7

Narrative (Optional)

Twelve (12) priority needs have been identified as the focus of this Consolidated Plan period. These twelve needs are not the only needs related to housing and community development in the state, but they have been identified as being the most significant area requiring state investment and support. TABLE 74 lists these needs. Priority Needs 1 and 2 address the need to increase the stock of homes affordable to low and moderate income Rhode Islanders. Priority Needs 3, 7 and 8 address the health, safety and accessibility of the state's aging housing stock. Neglected structures as a result of foreclosure or vacancy also disproportionately affect low-income neighborhoods. The Rhode Island Alliance for Health Homes, a local initiative supported by the national Green and Healthy Homes Initiative, will be a major partner in the next five years in helping the state educate policymakers and leverage funds to improve the state's housing stock.

Priority Needs 4, 5, 6 and 11 focus on the needs of Rhode Island's homeless population. Strategies, goals and outcomes described in this Strategic Plan that relate to ending and preventing homelessness support the implementation of Opening Doors Rhode Island. Priority Needs 9 and 10 both describe the importance of state investment public infrastructure and services that are crucial to state, regional and local economies. Investments in roads, bridges, sidewalks, lighting enhancements, parks, and services and facilities for populations in need, such as the disabled or elderly, stimulate economic development and support more sustainable development patterns. Priority Need 12 reflects Rhode Island's statewide interest in ensuring equal access to safe and affordable homes that meet the needs of Rhode Islanders. State law provides even broader fair housing protections than federal law. Given the growing diversity of Rhode Island's population, a strong policy to affirmatively further fair housing is needed now more than ever.

Priority 7 and Priority 11 summarize the priority housing and supportive service needs of elderly and disabled persons in need of supportive housing. In the Needs Assessment, it was found that the state's oldest housing stock is predominantly occupied by elderly or disabled persons, many of whom earn less the area median income. While 1,700 permanent supportive housing options in the state are currently in use, CHAS data measures over 17,000 households that are extremely low income and have at least one disabling condition. There are close to 8,000 persons in state care for severe behavioral or developmental needs, most of who will be looking for permanent supportive housing options upon de-institutionalization. Because of these needs, the state places a high priority on creating more permanent supportive housing, with specific objectives first defined in the state's strategic plan to end homelessness, adopted in 2012, and included in the goals, strategies, actions and proposed outcomes of this Consolidated Plan. The outcomes associated with Goal 2 in section SP-45 include the outcomes associated with permanent supportive housing and the resources that will contribute to these outcomes.

SP-30 Influence of Market Conditions – 91.315(b)

TABLE 75 – INFLUENCE OF MARKET CONDITIONS ON USE OF PUBLIC FUNDS

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	Table 7 of NA-10 indicates there are a total of 73,050 renter households at 100% or less of AMI. Of this number, 39,540 (54.1%) report spending more than 50% of their income on housing costs and/or have another serious housing problem. Of those 39,540 households, 25,250 (63.9%) have household incomes below 30% of median income. Most of Rhode Island's low income disabled population would fit into this income category. Because of the overwhelming need for housing subsidies for persons below 80% AMI and the limited availability of Housing Choice vouchers, the state will continue to improve its tenant-based rental assistance programs to help close these gaps. New regulations for the state's HCVP program will prioritize homeless, at-risk and disabled households for available vouchers.
TBRA for Non- Homeless Special Needs	Finding community housing for those being de-institutionalized is a high priority for the state as is providing housing for individuals with disabilities. Both groups tend to be at the lowest income levels (0-30% AMI). HOPWA Performance profiles show an unmet need for housing assistance at over 700 households. Housing problems affect lower income households disproportionately for the subpopulation of total households with at least one disability, according to Table 6 of the 2009-2011 CHAS data. Of all extremely low income households that face at least one housing problem, 29% have at least one disability, with the most common limitation being a condition that limits physical activities (ambulatory).
New Unit Production	Rhode Island is still in a homebuilding slump unrivaled by any other state. Though it is firmly 42nd nationally in terms of total housing units and total population, Rhode Island's new residential unit permit activity has been 50th for five straight years and at an annualized rate of less than 900 permits per year, 2015 will likely be less than half of pre-Recession levels. Though the comprehensive permit process provides incentives for developers to include 25% set-asides for affordable housing, there simply isn't enough building taking place in the private market to produce the needed affordable housing.
Rehabilitation	The state's apparatus for lead-based paint abatement, weatherization, and other healthy housing work that reduces risks of asthma and or other physical injuries is robust and improving in its practice every year. However, there are nearly 312,000 housing units in the state that were built before 1979, which is roughly 68% of the entire state's housing stock. Roughly 44,000 of these households have a child under the age of 6, which is the age range at the highest risk of sustaining permanent damage as a result of lead-based paint poisoning. The age of Rhode Island's housing stock (3rd oldest overall, oldest rental housing stock in nation) is still a serious concern for those living in unmaintained housing.

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Acquisition, including preservation	<p>There are a number of vacant single-family homes that are either blighted or were not finished as a result of the housing crisis beginning in 2006. The acquisition, completion, and sale or rental of these properties will be a high priority throughout the state. ACS data counts over 15,000 vacant and abandoned housing units. Not all, but certainly some, of these could prove valuable to acquire for the purpose of developing practical proposals for development. Close to 4,000 housing units are REO properties, in which banks own the property and will be looking for acquisition proposals from developers. A review of the Low Income Housing Tax Credit portfolio in 2013 estimated a need to preserve over 700 units in the next five years, likely through the 4% Housing Tax Credit program, because of expiring compliance periods.</p>

SP-35 Anticipated Resources - 91.315(a)(4), 91.320(c)(1,2)

Introduction

TABLE 76 – ANTICIPATED RESOURCES BY GOAL

Goal	Funding	Start Year	End Year	Source Type	\$ 5-year Total
Goal 1 Develop and preserve affordable housing opportunities	HOME	2015	2019	Federal	\$15,010,835
	9% LIHTC - TC allocation only			Federal	\$13,900,000
	CDBG - 25% of awards (total housing set asides)			Federal	\$6,144,399
	Building Homes Rhode Island			State	\$5,800,000
	Housing Trust Fund - HERA 2008			Federal	\$9,000,000
	4% LIHTC - TC allocation only			Federal	\$6,000,000
	CDBG-DR Housing			Federal	\$4,600,000
	GOAL TOTAL			TOTAL	\$60,455,234
Goal 2 Prevent and end homelessness among chronically homeless, homeless veterans and homeless families while significantly reducing overall homelessness	State Rental Assistance Program - HRC	2015	2019	State	\$3,750,000
	Road Home			RI Housing	\$11,625,000
	Neighborhood Opportunities Program*			RI Housing	\$6,500,000
	Thresholds Program			State	\$5,000,000
	Continuum of Care			Federal	\$26,310,985
	HOPWA (Competitive grant)			Federal	\$3,427,475
	Entitlement ESG			Federal	\$3,591,180
	State ESG			Federal	\$3,343,495
	Title XX Homelessness Block Grant			Federal	\$6,361,925
	HRC Homelessness Funds			State	\$8,312,500
	State CDBG Funds Homeless Set-aside			Federal	\$2,500,000
	HUD 811 Project Rental Assistance			Federal	\$3,177,125
	GOAL TOTAL			TOTAL	\$83,899,685
Goal 3 Improve the accessibility, health, safety, and energy efficiency of all Rhode Island homes	State Lead Program	2015	2019	State	\$2,200,000
	HUD Lead Hazard Reduction Program and Healthy Homes			Federal	\$4,166,667
	CDBG Home Repair Program			Federal	\$4,915,519
	GOAL TOTAL			TOTAL	\$11,282,186
Goal 4 Provide Tenant-Based Rental Assistance to meet housing needs of lowest income households	Housing Choice Voucher Program	2015	2019	Federal	\$70,628,325
	GOAL TOTAL			TOTAL	\$70,628,325
Goal 5 Address Negative Impacts of Foreclosure Crisis	NFMC NeighborWorks Grant	2015	2019	Federal	\$841,535
	GOAL TOTAL			TOTAL	\$841,535
Goal 6 Promote economic development by addressing non-housing community development needs	CDBG - Balance of funds	2015	2019	Federal	\$11,017,677
	CDBG - DR Balance of funds			Federal	\$20,900,000
	GOAL TOTAL			TOTAL	\$31,917,677
Goal 7 Affirmatively Further Fair Housing	GOAL TOTAL	2015	2019		\$0
ALL FUNDS - CALIBRATION LEVEL					<u>TOTAL</u>
					\$259,024,642

TABLE 76 is not an eConPlan template required table (the required format for submission is displayed as TABLE 77). This table summarizes anticipated resources in the next five years by the goals for which each resource will support. The funding by year and the expected outcomes associated with each goal is detailed in Section SP-45: Goals. The importance of this table is based on broader state initiatives to align goals, strategies, resources and outcomes.

The resources listed in this Consolidated Plan are not the only resources that will help achieve the stated goals in the next five years. Resources such as those associated with public housing, Performance-Based Contract Administration (PBCA) rental assistance, and private sector activity aimed at achieving the stated goals are omitted; only those resources that have a direct link to supporting the effectiveness or performance of programs funded by HUD's Community Planning and Development division are addressed in this Strategic Plan.

Addressing the twelve priority needs summarized in Section SP-25 and in TABLE 74 relies on the resources summarized in this Strategic Plan, and each need will be addressed in the next five years by one or more of the seven goals described in most detail in SP-45 and summarized in TABLE 76.

Federal Resources to Achieve State Housing and Community Development Goals

The state's previous Consolidated Plan anticipated \$35.2 million in funds from the HOME and LIHTC programs to contribute to the development and preservation of affordable housing over that five year planning period (2010-2014). Additional federal funding for these purposes through stimulus-related programs (such as TCAP, TCEP and MultiFamily Weatherization) was anticipated to provide an additional \$14.2 million in federal funds to support the capital costs of developing and preserving affordable housing, which yielded a total of \$49.4 million in federal assistance for that goal. The previous ConPlan did not anticipate the additional \$5 million in Neighborhood Stabilization Project funds that assisted capital projects for affordable housing, meaning the true estimate for federal assistance can be revised to \$54.4 million for 2010 to 2014.

The funding estimates for the upcoming planning period anticipates a significant decline in federal assistance for these purposes due to reductions in the HOME programs and the end of stimulus-era special funds for affordable housing capital costs. However, the capitalization of the Housing Trust Fund in 2014 is expected to offset some of these losses. HOME, LIHTC and the anticipated Housing Trust Fund is expected to contribute \$43.9 million over the next five years to affordable housing capital projects. While still a robust funding source that is critical to Rhode Island's affordable housing stock, federal assistance will likely be 19% less than it was in the previous planning period. As shown in TABLE 76, CDBG funds will also contribute to affordable housing capital projects, but will do so at approximately the same level as in the previous planning period.

Regulation §91.315(m) requires that the state "describe the strategy to coordinate the Low-Income Housing Tax Credit with the development of housing that is affordable to low-income and moderate-income families". As described in the state's 2015 Qualified Allocation Plan ("QAP") for its Housing Tax Credit Program, the Housing Tax Credit is expected to be the primary funding source for the development of affordable rental homes in Rhode Island. The general strategy of the Housing Tax Credit program is described on page 4 of the state's QAP, "...prioritizes strateg[ies] to redevelop neighborhoods most heavily affected by the foreclosure crisis...simultaneously endeavor[ing] to continue to provide affordable housing opportunities in communities where few opportunities currently exist". The income level of eligible tenants of Housing Tax Credit developments is most often in the low-income household range or moderate-income household range; as the minimum set-asides require at least 20% of the project must include rental units restricted to households earning no more than 50% of the area median income, or, at least 40% of the rental units be restricted to households earning no more than 60% of area median income. The QAP further protects low and moderate-income households by ensuring one-for-one replacement of the loss of any income-restricted units as a result of an eligible project's funding and ensures uniform relocation of any and all tenants as a result of a project. As summarized on page 21 of the 2015 QAP, priority will be given to developments which can viably serve: very low-income households (earning 30-50% AMI), individuals and families who have experienced chronic homelessness; and Individuals with special needs. Priority is given to these developments in the

form of five bonus points allocated as noted in the Scoring Criteria section of the QAP, which begins on page 24.

The U. S. Department of Housing and Urban Development (HUD) has allocated \$19,911,000 in Hurricane Sandy Community Development Block Grant - Disaster Recovery (CDBG-DR) funds to assist Rhode Island's recovery. Previously, the state received \$8,935,237 in federal CDBG-DR funding to address the impacts of the March 2010 floods. The State anticipates that 100% of balance of these awards will be expended within the next Consolidated Plan cycle. The damage described in section NA-10 details the residential housing damage and continued concerns, which will be addressed with CDBG-DR funds. It is anticipated that approximately 13% of non-administrative spending from CDBG-DR will be on housing needs, which will support the development of housing for low to moderate income households, including many households that are either homeless or disabled.

As stated in the Section NA-10, from April 2009 to October 2012, over 4,000 individuals received assistance from the stimulus-era federal Homelessness Prevention and Rapid Re-Housing program, which injected \$7 million into the state to reduce homelessness. The previous Consolidated Plan did not include these funds in its estimates for anticipated resources. These funds will not be available in the upcoming planning period. However, Rhode Island Housing did receive an award in 2015 for the HUD 811 Project Rental Assistance operating support program, which will help 150 households over eight years with over \$5 million in rental assistance. Project management documents associated with the Rhode Island application and awarding of HUD 811 PRA funds estimate that \$3.2 million of the award will be allocated in the upcoming five year planning period. The program will focus on assisting the chronically homeless and people transitioning out of institutional care.

Apart from these changes, federal investments in homelessness in Rhode Island will be roughly the same from the previous planning period. The state priority to allocate CDBG funds to achieve homelessness-related goals, combining these funds with other formula allocations from the Emergency Solutions Grants and the Title XX-Social Service Block grants dates back to 2007 when these funds were pooled together to be administered collectively through the state's Consolidated Homeless Fund. The \$15.8 million in combined funds from the federal government for the CHF over the next five years is essentially unchanged from the previous planning period. Rhode Island will continue to apply for competitive funding grants from HUD, such as through HEARTH programs, also known as Continuum of Care funds (formerly known separately as Shelter Plus Care and the Supportive Housing Program) and the competitively awarded Housing Opportunities for Persons with AIDS program (HOPWA), and anticipates level support from these sources, an estimated \$29.7 million, over the next five years. In total, an estimated \$48.7 million from federal programs will assist in ending and preventing homelessness in the state over the next five years, a 7% decrease from the previous five years.

The National Foreclosure Mitigation Counseling (NFMC) program was launched in December 2007 with funds appropriated by Congress to address the nationwide foreclosure crisis by dramatically increasing the availability of housing counseling for families at risk of foreclosure. NeighborWorks America distributes funds to competitively selected grantee organizations, which in turn provide the counseling services, either directly or through sub-grantees. During the previous planning period, Rhode Island received \$2.4 million from NFMC. In the upcoming planning period it is

anticipated that funding from this source will decline as the economic recovery continues. Rhode Island was also a recipient of HUD Housing Counseling Grants from 2010 to 2014, receiving an additional \$625,000 in awards to help mitigate the negative effects of the ongoing foreclosure crisis, but will likely not pursue this funding in the next five years. Therefore, federal program funds to aide in addressing the foreclosure crisis in Rhode Island is likely to decline by 72% in total by the end of the next five year period compared to 2010-2014.

Rhode Island's Lead Safe Homes Program utilizes funding made available from HUD's Office of Lead Hazard Control and Healthy Homes (OLHCHH) to reduce lead-based paint hazards and other home health concerns. A competitively awarded program, Rhode Island will apply every three years, with the current grant running to 2016, at which point a new application will be required. It's difficult to anticipate the exact grant award from 2017 to 2019; the state will anticipate level funding to address the continued great need as described in section MA-20.

The Department of Housing and Urban Development (HUD) has allocated \$19,911,000 in Hurricane Sandy Community Development Block Grant - Disaster Recovery (CDBG-DR) funds to assist Rhode Island's recovery. The damage described in section NA-50 details the public facilities and public infrastructure, as well as economic development concerns, which will be addressed with CDBG-DR funds. It is anticipated that approximately 87% of non-administrative spending from CDBG-DR will be on non-housing community development needs. Non-entitlement CDBG funds, administered by the Housing Resources Commission, provides funds for non-housing community development (needs described in NA-50), when excluding housing and homelessness and Home Repair program set-asides (approximately 50% of state CDBG funds).

State Resources to Achieve State Housing and Community Development Goals

The state Housing Bond passed in 2006 contributed to the previous planning period with \$13.08 million as anticipated in the previous Consolidated Plan. Another \$25 million housing bond passed in 2012 contributed \$19.2 million of those bond funds during the previous planning period, which was not anticipated by the previous Consolidated Plan. The revised total resources estimated for capital projects to develop or preserve affordable housing provided by the state totaled \$32.28 million. State funds will contribute \$5.8 million to this goal in the next funding period, an 82% reduction from the prior five years. The Thresholds program, paid for through the state's Department of Behavioral Healthcare, Developmental Disabilities and Hospital's budget ("BHDDH") and administered by Rhode Island Housing, contributes capital funds to housing that supports those in need of BHDDH services, and is most often included as funding for homelessness, will continue to be funded by the state at \$1 million annually.

Other State Resources to Achieve Housing and Homelessness Goals

The state has supported the implementation of Opening Doors Rhode Island directly by allocating \$750,000 in state funds for rental assistance for the homeless, funding that was not included in the previous five year planning period. These funds were awarded to eligible non-profits with a proven track record of success in managing supportive housing for households with extremely low incomes, special needs and a history of homelessness. This program submits requests for proposals separately from the Consolidated Homeless Fund, but it is managed by OHCD and supports similar

goals as those achieved by the CHF, combining to aid in the implementation of the strategic vision to end homelessness as outlined in Opening Doors Rhode Island. In its FY15 budget the state built on this appropriation by establishing a permanent funding stream funded through an increase in the real estate transfer tax to fund the rental assistance program and other Housing Resources Commission programs. Through this funding stream, the state will continue to provide level funding for to Consolidated Homeless Fund over the next five years.

State allocations for the Lead Safe Homes Program averaged \$600,000 in the previous planning period. A slight reduction is anticipated as a result of shifting budget priorities in the next five years. As is described in section MA-45 and repeated in section SP-70, the state plans on increasing focus on transportation infrastructure in the upcoming five years, which should increase state support for non-housing community development activities. As described in the previous section, the state also contributes \$1 million annually in capital funds to support the development of supportive housing for those with behavioral health problems or developmental disabilities through BHDDH's annual budget (Thresholds).

TABLE 77 – ANTICIPATED RESOURCES – eCONPLAN TEMPLATE TABLE

Program	Source of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$
		Annual Allocation \$	Program Income \$	Prior Year Resources	Total \$	
HOME	Public-federal	\$3,002,167	\$18,016	\$2,117,347	\$5,137,530	\$12,008,668
HOPWA	Public-federal	\$685,495	\$0	\$6,000	\$691,495	\$2,741,980
CDBG	Public-federal	\$4,915,519	\$122,062	\$778,742	\$5,816,323	\$19,662,076
CDBG – Disaster Relief	Public-federal	\$7,100,000	\$0	\$0	\$7,100,000	\$18,400,000
ESG - State	Public-federal	\$668,699	\$0	\$0	\$668,699	\$2,674,796
ESG - Entitlements	Public-federal	\$718,236	\$0	\$0	\$718,236	\$2,872,944
Title XX - Social Services Block Grant	Public-federal	\$1,272,385	\$0	\$0	\$1,272,385	\$5,089,540
Continuum of Care	Public-federal	\$5,262,197	\$0	\$0	\$5,262,197	\$21,048,788
Low Income Housing Tax Credits	Public-federal	\$3,880,000	\$0	\$0	\$3,880,000	\$16,020,000
Housing Choice Voucher Program	Public-federal	\$14,125,665	\$0	\$0	\$14,125,665	\$56,502,660
Federal Lead Funding	Public-federal	\$766,667	\$0	\$0	\$766,667	\$3,066,667
Healthy Homes Grant	Public-federal	\$66,667	\$0	\$0	\$66,667	\$266,667
NFMC - NeighborWorks Grant	Public-federal	\$336,614	\$0	\$0	\$336,614	\$504,921
Federal Housing Trust Fund	Public-federal	\$0	\$0	\$0	\$0	\$9,000,000

Program	Source of	Expected Amount Available Year 1				Expected
HUD 811 Project Rental Assistance	Public-federal	\$110,911	\$0	\$0	\$110,911	\$3,066,214
HRC Homelessness Funding	Public-state	\$1,662,500	\$0	\$0	\$1,662,500	\$6,650,000
Building Homes Rhode Island	Public-state	\$5,800,000	\$0	\$0	\$5,800,000	\$0
State Lead Funding	Public-state	\$600,000	\$0	\$0	\$600,000	\$1,600,000
Thresholds Program	Public-state	\$1,000,000	\$0	\$0	\$1,000,000	\$4,000,000
NOP ³² (Rhode Island Housing)	Private	\$1,300,000	\$0	\$0	\$1,300,000	\$5,200,000
RoadHome (Rhode Island Housing)	Private	\$2,325,000	\$0	\$0	\$2,325,000	\$9,300,000
TOTALS	ALL	\$56,348,721	\$140,077	\$2,902,089	\$58,514,888	\$202,675,920

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

State HOME Program

Historically, the state's HOME program for non-entitlement communities, which has received nearly \$100 million since 1992 to develop affordable rental and homeownership opportunities in the state, has leveraged \$6.39 for every \$1 of HOME funds spent on rental activities (as of year-end 2014). This leverage ratio is the 11th highest nationally among 51 state participating jurisdictions, though it is technically in a tie for 1st among 27 states that qualify as producing 'significant leveraging' as a result of a historical 4 to 1 ratio or better. Also, this leveraging score of 6.39 is considerably higher than the national average of 4.84.

HOME applications receive extra points in scoring when proposed projects have other sources of public and private funds committed. No federal funds are counted as match (except for CDBG funds), only state and private funds are considered. Sources contributing to the development of HOME-assisted projects include: market rate bank financing, private foundation grants, private donations, State of Rhode Island Building Homes RI, lead hazard reduction funds (state), Thresholds Program funds and Community Development Block Grant funds. The state's HOME commitment of \$3,000,000 leveraged \$30 million in additional funds in 2013, a \$10:\$1 ratio. Analysis of the past five years of Rhode Island's HOME commitments showed approximately \$16.5 million in HOME funds awarded that included over \$165 million in addition non-federal and private funding, again a \$10:\$1 ratio. In the upcoming planning period this 10 to 1 ratio is likely to be replicated due to the sustained high levels of total development costs and the limited other federal capital subsidies for affordable housing development, which will also continue to far exceed match requirements.

³² NOP funds are awarded in the amount of \$1.3 million per year, but this operating support is spaced out over long periods of time, actual disbursements from this program per year varies based on sponsor's quarterly requisitions.

State CDBG Program

After the first \$100,000, administrative expenses must be matched dollar for dollar. The match for CDBG is provided by State support of staff and expenses necessary for the administration of the CDBG program. Currently, the salary and fringe for the State's CDBG Recipient Review Specialist is wholly supported with State funds – meeting the majority of the matching requirement.

State ESG Program

After the first \$100,000, all expenses must be matched dollar for dollar. The State meets matching requirements for the ESG program by support of homeless shelter and service programs with non-McKinney sources resources. The State has created a Consolidated Homeless Fund, which combines federal, state and local resources available for homeless shelter/services into a single program. Approximately one-third of this program is ESG with the remaining two-thirds supported by the Housing Resources Commission and Department of Human Services, Title XX homeless programs.

If appropriate, describe publically owned land or property located within the state that may be used to address the needs identified in the plan

State owned property that addresses the needs identified in the Consolidated Plan includes Harrington Hall, the state's largest men's shelter, located on the property of BHDDH's Pastore Complex. In 2009, management of the shelter was transferred to the House of Hope Community Development Corporation, which is still in the process of transforming Harrington Hall into what was once known as a 'shelter of last resort' to a Rapid Assessment and Rehousing Center. In 2015, the Rhode Island General Assembly approved \$1.5 million in Capital Funds to make facilities improvements, which will include roof repair, a new dining room, a new bathroom, a new laundry room, heating and ventilation upgrades, and interior re-designs to allow for new purpose-driven rooms. Harrington Hall typically serves 100-120 men each night (more in the colder months) in this 120-bed facility. House of Hope CDC reported that 998 individuals stayed at Harrington Hall for at least one night in 2014, with 450 participating in case management.

SP-40 Institutional Delivery Structure – 91.315(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

TABLE 78 – INSTITUTIONAL DELIVERY STRUCTURE

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
Rhode Island Housing	Public Institution	Affordable Housing Public Housing Homelessness Non-homeless Special Needs	Statewide
Rhode Island Department of Administration, Division of Planning (OHCD and SPP)	Government	Affordable Housing Homelessness Non-homeless Special Needs Community Development Planning	Statewide
Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)	Government	Homelessness Non-homeless Special Needs	Statewide

Of the Community Development and Planning programs which this Consolidated Plan addresses, Rhode Island Housing is responsible for administering the state's formula HOME program and administers a competitive HOPWA program. The Rhode Island Department of Administration, specifically its Division of Planning, administers the state's CDBG and ESG formula allocations.

The Institutional Delivery System in Rhode Island that implements the goals to be outlined in Section 45 of this Strategic Plan go far beyond these three public agencies.

Affordable Housing Production and Preservation

The two major funding mechanisms that fund new production of affordable housing are the federal formula-based HOME program and the federal formula-based Low Income Housing Tax Credit program. Both of these programs are administered by Rhode Island Housing. Funds are awarded to non-profit community development corporations and for-profit developers that secure the financing for and develop affordable housing projects. Each sponsor, once awarded funds, will engage with various contractors to deliver safe and efficient housing. Besides community development corporations, other non-profit institutions engage in the development and ownership of long-term affordable housing, such as public housing authorities and social or health service

providers that find it beneficial to own the properties where they provide services to special needs populations. These sponsors and the contractors they engage in order to produce and preserve affordable housing represent the robust local network of organizations that are crucial to putting federal housing funds to work developing and preserving affordable homes. Sponsors of either large scale or small scale housing development and preservation often use their own funds or equity in property to leverage federal awards to cover the gap between subsidies and the total development of a project. Other gap funding has included Building Homes RI, the Federal Home Loan Bank of Boston's Affordable Housing Program, federal and state historic tax credit equity, energy grants from the state or from National Grid, or other project specific awards for lead work or weatherization, or a variety of other private loans or grants secured by a project's sponsor.

Prevent and end homelessness among chronically homeless, homeless veterans and homeless families while significantly reducing overall homelessness

Sometimes overlapping with the network of community-based nonprofit organizations mentioned with regards to Goals 1 and 2 is the network that delivers housing and supportive services to homeless and non-homeless special needs populations. The Consolidated Homeless Fund is a collective program that combines the entitlement ESG allocations for the cities of Woonsocket, Pawtucket and Providence with the state's ESG formula allocation, the state's Title XX Homelessness Block Grant award with the required state match for that award (known as Rhode Island Homelessness funds), a set-aside of roughly \$500,000 annually from the state's CDBG allocation and, most recently, a state appropriation of \$750,000 for the stated purpose of providing rental assistance aimed at housing stability.

The Consolidated Homeless Fund is administered by the Rhode Island Department of Administration's Division of Planning, specifically by that division's Office of Housing and Community Development. The management and implementation of this program requires coordination amongst the state and the three stated entitlement communities and the local network of non-profit housing and service providers that serve the state's homeless population. The state's Dept. of BHDDH, as well as local mental and physical health organizations, either assist the sub-recipients of the CHF program in meeting the needs of the homeless, or are sub-recipients themselves. The CHF program's goals and objectives are based on those set forth in the state's strategic plan to prevent and end homelessness, known as Opening Doors Rhode Island. Rhode Island also has an active Interagency Council on Homelessness (ICH) that includes law enforcement agencies, elderly services agencies, education agencies, child services agencies, mental and physical health service providers, hospitals and veterans affairs groups as well as the four agencies mentioned that sponsored the plan. The ICH is responsible for identifying solutions to challenges facing the homeless that require interagency collaboration.

While the Consolidated Homeless Fund focuses on emergency shelters, transitional housing and short term rental assistance (rapid re-housing and housing stability), the state's Continuum of Care program, administered by Rhode Island Housing focuses primarily on permanent supportive housing programs (72% of all funds). Twenty-one percent (21%) of Continuum of Care funds are for transitional housing projects while 4% goes to rapid re-housing initiatives. These competitively awarded federal funds used to be known separately as the Supportive Housing Program, Shelter Plus Care and the Section 8 Moderate Rehabilitation SRO Program. As the collaborative applicant

for Continuum of Care funds, Rhode Island Housing, in turn, contracts with other non-profit organizations, known as sub-recipients, to operate these programs.

Rhode Island's Continuum of Care (RI CoC) recently drafted a new Charter that substantially overhauls its institutional structure. In the new Rhode Island Continuum of Care Governance Charter, it is stated that the RI CoC is advisory to the Housing Resources Commission ("HRC") and it may also make recommendations to the state's Interagency Council on Homelessness. A new Continuum of Care Board of Directors will be formed, consisting of 15 RI CoC members, and will have the responsibilities of: Operating the RICOC; Designating and operating an Homeless Management Information System (HMIS); Designating an HMIS Lead Agency; Conducting planning activities; and Ensuring the HMIS is administered in compliance with requirements prescribed by HUD. The standing committees of the Board will include the System Performance and Planning Committee, the Recipient Approval and Evaluation Committee, Veterans Committee, Families & Youth Committee, and Chronically Homeless/High Need Individuals Committee, and the HMIS Committee. Various state personnel, staff members from Rhode Island Housing, staff members of supportive services providers and other homelessness agencies work together to serve on these committees and operate the RI CoC.

Rhode Island Housing also supports homelessness programs with its own resources, working directly with owners of developments to administer operating support for much needed supportive housing in existing affordable developments (NOP) and working with homelessness service providers to fund rental assistance and supportive services in units leased by the sponsor (RoadHome).

Improve the health, safety and energy efficiency of all Rhode Island homes

Rhode Island Housing has managed a lead safe homes program since 1994, which provides small forgivable loans to eligible applicants to address lead hazards in their homes. The agency has a program team that oversees the work that the grants (combination of state and federal) pay for, which is completed by qualified and registered private lead abatement contractors. In recent years, collaborative efforts between municipal-based lead funds and weatherization funds administered by the state's various Community Action Program (CAP) agencies (through the Weatherization Assistance Program, state administered) and the Rhode Island Housing LeadSafe Homes Program has better coordinated and targeted assistance to homes that have multiple health hazards. Over the past two years, the national Green and Healthy Homes Initiative has embarked on a Providence-based initiative, now a statewide project called the Rhode Island Alliance for Healthy Homes. The Alliance now includes over 40 organizations ranging from utility companies, energy firms, units of local government and a variety of health, education and human service-related nonprofit organizations, collaborating to increase access to and awareness of healthy homes resources, better coordinating and increasing funding for those resources, and better utilizing data to identify healthy housing problems facing the state and the progress in addressing those challenges.

Providing Tenant-Based Rental Assistance

The state's 25 PHAs as well as the state housing finance agency which administers over 1,500 housing vouchers on behalf of those municipalities without a PHA, work together directly through

the Public Housing Association of Rhode Island and, more informally, to best utilize tenant-based rental assistance (TBRA) to further the state's goals. Implementation of Opening Doors Rhode Island has been bolstered by PHA's that prioritize homeless or formerly homeless households with rental assistance. In February 2015, Rhode Island Housing opened its waitlist for the first time in ten years, specifically for the homeless and formerly homeless living in permanent supportive housing that no longer required supportive services. Rhode Island Housing is also working with the Providence Public Housing Authority on a joint opening of its HCVP waitlist to the general public later this year. It is hoped that this will form the basis of a broader collaboration among state public housing authorities.

Addressing the Negative Impacts of the Foreclosure Crisis

The main institutional delivery system for reducing foreclosures was created in 2013 with passage of the state's foreclosure mediation law. The Rhode Island General Assembly passed and the Governor signed into law legislation which provided new protections to help struggling homeowners avoid foreclosure and remain in their homes.

The new law, R.I.G.L. §34-27-3.2, went into effect September 13, 2013 and requires that lenders notify homeowners before they become 120 days delinquent on their mortgage that they have the right to a foreclosure mediation conference. The statewide law starts the outreach process earlier, providing homeowners with the resources they need early enough in the foreclosure process to make a difference. The law ensures that every Rhode Island homeowner who is having trouble making their mortgage payments be given the opportunity to communicate directly with their lender to try and find a solution that will help them get back on track with their mortgage and remain in their home.

Rhode Island Housing provides mediation services under the new law. There is no cost to the homeowner for the mediation conference or the housing counseling they receive. Many of those that work with the mediation coordinator find the mediation process facilitates a conversation with their lender that often results in a mortgage modification to allow them keep their home, or to come up with some other alternative to foreclosure. Since the new law went into effect, Rhode Island Housing has sent outreach letters offering mediation services to over 9,000 homeowners across the state.

- 71% of homeowners who have completed the mediation process have been able to enter into a workout agreement with their lender.
- Another 188 of the homeowners who were notified of their right to mediation were able to achieve a workout agreement with their lender even before the mediation conference occurred.

In addition to helping homeowners, the legislation also provides real benefits to lenders and municipalities. Foreclosures are also expensive and resource intensive for lenders. A mutually acceptable resolution that results in the homeowner making payments, even at a lower level, is better for the lender than incurring the time and expense of the foreclosure process. From the municipalities' perspective, foreclosed and abandoned properties have a blighting effect on the surrounding neighborhoods and bring down property values and tax revenues.

The programs that develop and preserve affordable housing have included the revitalization of foreclosed properties into scoring criteria of project proposals. The Housing Tax Credit program utilized the Neighborhood Stabilization Program and the Rhode Island Housing Land Bank programs to purchase foreclosed properties for the purpose of combining them into larger development proposals. Olneyville Housing Corporation has purchased thirteen foreclosed properties and successfully integrated them into larger Housing Tax Credit developments, as part of that organization's broader interest in addressing the foreclosure crisis in its hard-hit neighborhood. Smith Hill Community Development Corporation also has used the land banks to purchase foreclosed homes as part of Housing Tax Credit projects, as well as purchasing foreclosed homes to use HOME or BHRI funds to revitalize these properties as low-income homeownership opportunities. The methods of distribution for all three capital-funding programs include the rehabilitation of foreclosed properties as a priority for funding.

Non-Housing Community Development

OHCD staff processes and monitors the state CDBG program, fielding applications from units of general local government (UGLG) for the funding of local community development needs. Each UGLG is responsible for the program compliance of its sub-recipients. The most common sub-recipients of state CDBG funds tend to be community-based non-profit institutions, including food pantries, CAP agencies, CDCs, senior centers, boys and girls clubs and social service agencies. For public infrastructure and public facility projects, it is a UGLG's departments (parks, forestry, highway departments, etc.) that use the funds to complete community development goals. The institutional delivery structure for community development includes mainly local entities.

Affirmatively Furthering Fair Housing

Vigorous and comprehensive enforcement of fair housing laws is essential to furthering fair housing, and there are a number of organizations in Rhode Island that play a role in the state's fair housing enforcement infrastructure. Foremost among these are the Rhode Island Commission on Human Rights and the U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity. These are the agencies to which residents who believe they have experienced discrimination in violation of federal or state laws may register their complaints. Other entities with fair housing interests, obligations and responsibilities include jurisdictions that receive and allocate funding from the federal government for housing and community development programs (the Office of Housing and Community Development (OHCD), the Entitlement Communities, other municipalities who receive federal funds through OHCD, and the state's 26 public housing agencies, including Rhode Island Housing). Disability and civil rights groups, housing providers and real estate professionals, the legal community, and many others have important roles as well.

Primary responsibility for the administrative enforcement of housing discrimination laws in Rhode Island is shared by the Office of Fair Housing and Equal Opportunity of the U.S. Department of Housing and Urban Development (FHEO) and the Rhode Island Commission for Human Rights (RICHR). Their jurisdiction depends on the authority delegated by the underlying laws, the classes of people protected by each law, and the type of the housing involved in a complaint of discrimination, and may overlap.

RICHR, established by the General Assembly in 1949, is one of the oldest state antidiscrimination law enforcement agencies in the country. In addition to enforcing the state's Fair Housing Practices Act (FHPA), the Commission enforces Rhode Island antidiscrimination laws in the areas of employment, public accommodations, credit and delivery of services. RICHR is a HUD-designated Fair Housing Assistance Program (FHAP) agency; as such, it receives funding from, and shares federal Title VIII enforcement activities with HUD. When charges are filed alleging a violation of both state and federal law ("co-filed" charges), RICHR processes the complaint. In addition, Commission Legal Counsel presents or assists in presenting cases of fair housing discrimination at trial/hearing in those cases in which probable cause has been found. Where probable cause is found, the Commission's Executive Director will attempt to conciliate the matter. If conciliation is not achieved, the Commission issues a formal complaint and notice of hearing. Under the state FHPA, once a complaint and notice of hearing is issued, the parties have the right to elect that the matter be heard and decided in state Superior Court.

Residents of Providence have the additional option of bringing complaints to the Providence Human Relations Commission, and the Governor's Commission on Disabilities has the power to investigate complaints of violations related to the Americans with Disabilities Act (ADA), including the physical inaccessibility of buildings and structures. However, neither of these is a Fair Housing Assistance Program and neither is certified as substantially equivalent to investigate and adjudicate complaints. They would simply forward the complaints to RICHR or HUD.

The nonprofit RILS provides a full range of legal assistance, including advice and brief service, investigation, negotiation, and litigation in all state and federal trial and appellate courts. RILS also provides community legal education services to its client community and is the State's major law firm for low-income people with civil legal problems. RILS is funded, in part, by the Legal Services Corporation, a publicly funded, nonprofit corporation established by Congress in 1974 to provide civil legal assistance to those who otherwise would be unable to afford it. RILS provides legal assistance to low income individuals experiencing housing discrimination issues through its Housing Law Center. Rhode Island also has a joint website that provides information to tenants, homebuyers, sellers and agencies about the laws governing fair housing and compliance with those laws. The website, www.fairhousingri.org, offers insight into the practical elements of buying and renting, including a catalogue of the warning signs of discrimination, and information on who to contact concerning fair housing complaints.

Rhode Island Disability Law Center (RIDLC)

The Rhode Island Disability Law Center (RIDLC) provides free legal assistance to persons with disabilities. Services include: individual representation to protect rights or to secure benefits and services, self-help information, educational programs and administrative and legislative advocacy. Of the cases taken by RIDLC, approximately 80 to 90 percent are mediated to a successful resolution.

Rhode Island Association of Realtors

The Rhode Island Association of Realtors requires members to participate in its courses on fair housing laws. The Association also offers a three-hour course on the Americans with Disability Act (ADA). These courses describe techniques to deal with communication and mobility issues that are

unique to people with disabilities. Course content is developed collaboratively with RICHR and the Governor's Commission on Disabilities. The Rhode Island licensing examination for realtors requires knowledge of fair housing laws and the ADA.

Governor's Commission on Disabilities

Rhode Island has had a centralized focal point for issues of concern to residents with disabilities for more than a half century, but in 1992 the Governor's Commission on Disabilities was designated by law as the agency with the responsibility for state government compliance with the Americans with Disabilities Act (ADA) and all other state/federal laws protecting the rights of people with disabilities. The Commission's objective is to ensure that all people with disabilities in the state are afforded the opportunities to exercise all the rights and responsibilities accorded to Rhode Island citizens, and each person with a disability is able to reach his/her maximum potential in independence, human development, productivity and self-sufficiency.

The Commission assists the Rhode Island Association of Realtors and the Board of Realtors by conducting classes on fair housing for people with disabilities and the ADA. It also assists the Rhode Island Commission for Human Rights to mediate disability discrimination complaints filed against realtors. Although staff is limited at the present time, the Governor's Commission conducts on-site accessibility assessments and issues recommendations to public and private building owners on how to remove architectural barriers. Annually the Commission conducts a series of public forums to identify the concerns of people with disabilities and their families.

The Rhode Island Developmental Disabilities Council

The Rhode Island Developmental Disabilities Council is a 24-member council appointed by the Governor that works to promote changes that make it possible for people with developmental disabilities to fully participate in community life. Most of the commission members are people with developmental disabilities and/or their family members. Others are representatives of agencies and groups that work for people with disabilities. All offer exceptional insight into the obstacles that confront people with disabilities throughout their lives: issues involving education, employment, transportation, housing, recreation, and health care, among others. The Council works to promote creative ways that families, service agencies and federal, state and local governments can work together so that people can live more independent, fulfilling lives.

Assess the Strengths and Gaps in the Institutional Delivery System

Strengths

The strengths of the institutional delivery system spring from Rhode Island's miniature geography. The institutions and persons within those institutions that administer programs often have lengthy professional relationships with applicants for funding and often know the local market conditions and physical site related to a development proposal. This intimacy with the surrounds allows for both program administrator and sponsor to address feasibility concerns and also how to gain efficiencies by localizing the work. It has also helped that Rhode Island Housing has developed pre-development financing tools, such as the Rhode Island Housing LandBank, which is often also

reflective of local knowledge of how valuable a plot of land truly is with respect to future affordable housing development. Without such knowledge and resource, plots of land would be lost before financing can be pooled together to advance developments. In many ways, the robust network of community development corporations and other non-profit housing developers serve as a hub of technical ability, one that can be leveraged by other organizations in need to understand compliance, application and implementation capacity.

The outreach from the state (both RIH and OHCD) to provide technical assistance to organizations that want to build high-priority housing is another advantage of Rhode Island's miniscule square mileage. It is certainly a strength of the delivery system that developer and administrator meet so often to discuss what is feasible, what is most needed, from what examples can implementation details be borrowed, and what knowledge gaps exist in order to development to move forward. The relationship between state agency personnel and city and town personnel is also a source of strength, especially so in the case of local planning and municipal-state partnerships like the CDBG program and the state's safe and healthy homes initiatives. For instance, a project that began in 2014 brought together the Rhode Island Department of Health (keepers of blood-lead level data), Rhode Island Department of Human Services (administrators of state Low Income Heating and Energy Assistance Program) community action program agencies (Weatherization Assistance Program administrators), Rhode Island Housing (Lead Safe Homes Program administrators), the City of Providence (which had its own healthy homes funds from the federal government) and National Grid (utility provider) to target funding and bundle services to the most in-need homes in the City of Providence. RIDHS and RIDOH worked through their internal data to find LIHEAP qualified households with a child with evidence of lead poisoning, while Rhode Island Housing, the City, and a CAP agency each addressed lead and other health and safety hazards in those homes once National Grid coordinated an energy audit. The targeting of multiple resources toward specific needs, and in the given example's case, specific households, is the key strength of the institutional delivery system. The Consolidated Homeless Fund, described multiple times in this Consolidated Plan, is another example of that strength.

Gaps

The network that works to address the state's housing needs, though in general a key strength of the delivery system has some gaps in it. As so much of public governance has moved online and has permanently mothballed pen and paper systems, still too much of the housing assistance system relies on bulky, unreliable and difficult to process systems. Especially in the programs that address preventing and reducing homelessness, there has not been enough coordination among the major service providers in terms of best practices. The new coordinated access system and the creation of the Interagency Council on Homelessness and the statewide initiatives described in the OpeningDoorsRI plan all serve as resources and systems that will close this gap. A related delivery system gap is the lack of centralized and up-to-date information on affordable (deed-restricted or market-based) housing opportunities for households that would not generally know their options, especially those outside of the urban core. The vast network of public housing authorities and other housing providers (Rhode Island Housing as administrator of HCVP for non-PHA municipalities among other rent subsidy programs, for example) do not maintain shared or coordinated waitlists for sub-populations of households. Attempts have been made to develop universal waitlists for elderly and non-elderly public housing, with multiple stakeholders involved in the developments and maintenance of such resources.

Another major gap in the institutional delivery structure is the ability of the state to guarantee both capital and operating support to projects that address priority needs, especially the need to permanently support extremely low income households that are at risk of homelessness. Recently completed and funded Housing Tax Credit projects have included the conversion of former navy land into housing for homeless families known as Kingstown Crossings (receiving project-based PHA vouchers via Rhode Island Housing), the Phoenix Apartments project that substantially rehabilitated the scattered site Section 8 supported development known as Medina Village and the new Veterans for Tomorrow project that will develop the Heaton and Cowing Mill building into 20 VASH-supported (via the Providence Housing Authority) apartments for homeless veterans. These are three examples of exceptional projects that leveraged federal capital subsidies into major construction jobs that rehabilitated unused housing or housing in disrepair into bright spots in their respective neighborhoods while supporting a moribund state construction sector. However, rental assistance voucher commitments tied to those projects allow sponsors to serve populations most in need with quality housing and services while keeping the projects solvent with ongoing operating subsidies. The need is great for these types of projects, but too many similar development applications for large scale residential housing re-investment in blighted neighborhoods go unfunded because operating subsidies are unattainable or ineligible.

The state's strategy for overcoming this gap in its institutional structure will be to amend its current systems to help serve this need and advocate for and apply for increased funding from the federal government. Project-based vouchers through Public Housing Authorities (local and state) have already been used to provide the necessary operating support needed to ensure viability of large scale affordable housing projects, as was the case in the Kingstown Crossings and Veterans for Tomorrow projects. The state also received a demonstration grant through the HUD 811 Project Rental Assistance program through a competitive application process, which will provide over \$5 million in operating support for a projected 150 households in the next eight years. It is likely that many of these permanently supported households will be part of large scale affordable housing development and preservation capital projects.

Availability of services targeted to homeless persons and persons with HIV and mainstream services

TABLE 79A – HOMELESS PREVENTION SERVICES SUMMARY

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	X	X	X
Legal Assistance	X	X	X
Mortgage Assistance	X		
Rental Assistance	X	X	X
Utilities Assistance	X	X	X

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Street Outreach Services			
Law Enforcement			
Mobile Clinics	X	X	
Other Street Outreach Services	X	X	
Supportive Services			
Alcohol & Drug Abuse	X	X	X
Child Care	X		
Education	X	X	X
Employment and Employment Training	X	X	
Healthcare	X	X	X
HIV/AIDS	X	X	X
Life Skills	X	X	X
Mental Health Counseling	X	X	X
Transportation	X	X	X
Other			
Other			

Describe the extent to which services targeted to homeless person and persons with HIV and mainstream services, such as health, mental health and employment services are made available to and used by homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families and unaccompanied youth) and persons with HIV within the jurisdiction

Rhode Island has adopted a Housing First policy similar to that in the federal Opening Doors Strategic Plan to End Homelessness. Therefore, the focus for the homeless is first on providing housing, and then offering services and supports that meet the needs of program participants.

The three institutions described in TABLE 78 all sponsor federally-funded programs that provide services to homeless persons, persons with HIV, persons at risk of homelessness and disabled or mentally ill persons in need of services to remain stably housed. TABLE 79B includes a list of 43 organizations that provide services to homeless persons and persons with HIV in the state either as sub-recipients of federal grant funding or through privately-raised funding. The two federal grant programs that largely serve these populations are the Consolidated Homeless Fund “CHF” (RI DOA – OHCD) and the Continuum of Care awards “CoC” (Rhode Island Housing).

CHF-funded programs provide shelter beds and programming intended to increase housing stability and address the reasons the household entered the shelter. These most often include services that aid with life skills, budgeting, employment search assistance and mainstream resources. Referrals for mainstream resources include food assistance (SNAP), RiteCARE health insurance, WIC enrollment, and benefits associated with being disabled or elderly (SSI, SSDI) and other medical and mental health services available through state or federal aid programs. Many of the providers are equipped to provide direct services such as mental health, substance abuse and domestic violence counseling in addition to hosting wellness clinics, flu shots, employment readiness, assistance with resumes and applications and assistance with bus passes.

In permanent supportive housing settings, funded most often through CoC programs, residents sign leases, pay rent and care for their own apartments, which is an important step for these homeless households to can begin to regain the self-confidence and control over their lives. They also receive case management and support services similar to those provided by CHF programs.

TABLE 79B – HOMELESS SERVICES PROVIDERS IN RHODE ISLAND

Organization Name	ES	PSH	TH	SSO	Pop Focus (if any)
AIDS Care Ocean State	0	48	0	No	HIV/AIDS
Amos House	25	16	17	No	Re-entry/Recovery
Blackstone Valley Advocacy Ctr.	23	0	18	No	DV
Child and Family Services of Newport County	0	0	25	No	Women
Community Care Alliance - Family Resources CAP	56	36	24	No	HIV/AIDS (some)
Community Care Alliance - NRI Mental Health Center	0	32	5	No	Mental Illness
Crossroads Rhode Island	117	642	69	No	
Diocese of Providence	35	0	0	No	
Domestic Violence Resources Center of South County	12	0	12	No	DV
East Bay CAP	0	27	30	No	
East Bay Center Inc.	0	59	0	No	
Elizabeth Buffum Chase Center	0	0	16	No	DV
Fellowship Health Resources	0	2	0	No	
Gateway Healthcare	0	15	9	No	Mental Illness
House of Hope CDC	112	47	3	No	
Kent Center	0	41	0	No	
Lucy's Hearth	24	4	9	No	
MAP Alcohol and Drug Rehabilitative Services Inc.	0	0	3	No	Recovery
McAuley Ministries	0	3	57	No	
MHARI/Access-RI	0	6	0	No	Mental Illness
New Hope for Families	18	10	0	No	
Newport County Community Mental Health	0	22	0	No	Mental Illness
Nickerson Community Center	0	0	50	No	
Operation Stand Down Rhode Island	0	39	6	No	Veterans
Pawtucket Central Falls Development Corp	0	11	0	No	
Providence Center	0	124	12	No	Mental Illness
Providence Housing Authority - VASH	0	95	0	No	Veterans
Providence In-Town Services Association	0	0	0	Yes	Outreach
Providence Rescue Mission	120	0	0	No	
Rhode Island Coalition for the Homeless	0	0	0	Yes	Legal Services
Rhode Island Veteran's Home VTSP	0	0	4	No	Veterans
RI Family Shelter	27	22	0	No	
Riverwood Mental Health Services	0	167	0	No	Mental Illness
Shelter Services of RI	0	0	10	No	
Sojourner House	11	0	0	No	DV
Sstar of Rhode Island	0	0	14	No	Recovery
Westerly Area Rest Meals, Inc.	35	34	29	No	
Washington Square Services Corp.	25	38	27	No	
Welcome House of South County	17	0	0	No	DV
Westbay CAP	0	31	0	No	
Women's Center of Rhode Island	34	0	0	No	Women
Women's Resource of Newport and Bristol County	8	0	0	No	Women
YWCA of Greater RI	0	8	0	No	Women

Mental health services offered through CHF and CoC programs include: case management to access housing, transportation, legal, financial, money management needs and resources; assistance in accessing benefits and entitlements and for assuring income maintenance; substance abuse and vocational counseling; help in developing communication skills and symptom self-management; help in developing communication skills and social networks; and assistance in utilizing, locating and coordinating the community medical, social, mental health, substance abuse, legal services, vocational and educational resources.

Various organizations offer services targeted to particularly vulnerable populations. Amos House offers parenting skills to mothers taught by licensed clinicians. AIDS Care Ocean State provides treatment adherence and crisis intervention services to persons living with HIV/AIDS while also organizing support groups. Operation Stand Down Rhode Island not only provides direct services and helps in providing referrals for mainstream resources, but also connects Veterans to VA and other applicable benefits. Riverwood Mental Health Services develops individual plans of service for chronically homeless households, providing housing under the Housing First model and providing Community Psychiatric Support Treatment along with case management.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

A strength of the service delivery system for special needs population and persons experiencing homelessness is the responsibility sharing among agencies and funding mechanisms: The state's OHCD administers the Consolidated Homeless Fund (a strength in and of itself as this Fund pools similarly-purposed funding into one administrative entity), which serves those persons in need of emergency shelter facilities or transitional housing. The state's housing finance agency administers HEARTH program funding to serve those persons in need of permanent supportive housing, which also administers programs that can build new PSH opportunities. BHDDH administers federal and state funding for the purpose of properly serving those households with serious health and disability needs that could result in homelessness. Thus, these three agencies serve needy populations, but these populations have different levels of need and are different stages of reaching housing stability.

A strength of the service delivery system especially for persons experiencing homelessness has been the ability of both transitional housing and permanent supportive housing service providers and case managers in achieving earned income at exit and mainstream benefits sign up achievements. Though achieving threshold achievement levels is a prerequisite for competitive grants, Rhode Island's CHF and HEARTH programs have met and exceed threshold rates for persons increasing earned income from entry to exit and persons receiving mainstream benefits from entry to exit.

Gaps of the institutional service delivery system include: the need to move those that no longer need supportive services in transitional or permanent supportive housing into mainstream subsidized or unsubsidized housing and preventing homelessness recidivism. Strategies to overcome these gaps are described in the following part of this section.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

Housing stability concerns

One gap in the delivery structure of housing for special needs populations at risk of homelessness was the varied methods for assessing homelessness recidivism likelihood and the level of service needed to support underlying causes of homelessness.

The Continuum of Care has adopted the Vulnerability Index-Service Prioritization and Data Analysis Tool (VI-SPDAT) to identify needed housing and services. This tool is used when a person is first entered into the HMIS. Once assessed, those needing permanent supportive housing are referred to the coordinated entry system to match the person with available units. If a match is not found the person is referred to a housing placement committee to better understand the housing needs and services of the person and to facilitate an appropriate housing referral. All homeless service providers will use the VI-SPDAT through HMIS as part of a new coordinated access system for all Continuum of Care members. With the new Coordinated Access System, that all Continuum of Care and Consolidated Homeless Fund service providers will now use, a single intake system will be used to assess and assist all eligible populations.

Preventing recidivism

In order to prevent a return to homelessness, which can occur as a client ‘falls through the cracks’ when trying to transition from one housing program to another, the Continuum of Care will be requiring new case conferencing procedures to create actionable transition plans for moving a client who is not succeeding in one housing program to move to another.

Housing retention services

In order to increase housing retention services, case managers will be able to continue to work with clients through the housing and transfer of services that are supported by Medicaid waiver funding.

Use of peer mentors

The Continuum of Care will encourage the employment of formerly homeless individuals to assist in connecting newly housing homeless persons to community supports. All of these strategies related to observed gap in the institutional focus to move those that no longer need the services supports associated with permanent supportive housing to mainstream housing.

Employment first

The Employment First Program promotes community-based, integrated employment as the first option for employment services for individuals with disabilities.

The RI Continuum of Care has experienced low frequencies with regards to increasing earned income from entry to exit. Recognizing the importance of earned income for the disabled, BHDDH is creating an Employment First Program, adopted by the Office of Rehabilitation Services and the Rhode Island Department of Education. The policy will impact the populations housed in permanent supportive housing by identifying supportive companies and providing the necessary

services to maintain a job. Transitional housing has no disability requirement, unlike permanent supportive housing, for its participants, and should be able to be more successful in meeting the 20% goal of gaining increasing earned income from entry to exit, though this remains a challenge given Rhode Island's high unemployment rate. One of the strengths of the transitional housing programs has been the high percentages of residents increasing earned income while residents. A review with a Continuum of Care program coordinator to develop plans for projects not meeting 20% will be required and all transitional housing programs will need to meet a threshold of 22% increasing earned income in order to receive a high ranking. Those not meeting that threshold will be ranked lower. Transitional housing is targeted to assist those with short term needs with temporary housing assistance, and projects will need to partner with employment and training resources and document successful referrals to prove they are meeting the goals of this targeted program.

Mainstream benefits

The Rhode Island Continuum of Care's 67% achievement for access to mainstream benefits from entry to exit is attributable to the outreach activities of the state's SNAP for food stamps and the SOAR program for access to Medicaid. A strategy to improve this rate will be increasing training of project staff in accessing the Rhode Island Health Exchange to increase the number of non-disabled receiving health insurance. Strengths that have led to the successful mainstream benefits rate includes the real time knowledge of available resources through an active listserv of shelter providers as well as the strong linkages between project staff and state outreach workers and overarching policies by agency directors that have ensured Rhode Island's homeless population receives the services they deserve. The Interagency Council on Homelessness, in particular, is working on procedural changes to some existing benefit streams in order to improve already-high success rates in new ways, such as the expansion of TANF funds for rental assistance and the set-aside of Section 8 units for the homeless.

Rapid Re-Housing

The HPRP program in Rhode Island was an effective supplement to existing housing programs in preventing and reducing homelessness. With the end of HPRP funds from the federal government and cuts to state emergency housing assistance programs, Rhode Island has looked to maintain its rapid re-housing successes with sources of funding not previously used for that purpose. Rhode Island Continuum of Care funds will be used to fund rapid re-housing starting in 2015, replacing some social services only (SSO) programs. The state's ESG allocation goes to support the intensive housing stabilization program (IHSP), which continued the work of HPRP at a much-reduced rate as part of the Consolidated Homeless Fund. With some added assistance from the United Way, rapid re-housing through the CHF will increase in 2015 as well. In total, these two rapid re-housing programs will assist 70 families in 2015 (all rapid re-housing programs in Rhode Island will serve homeless or at-risk families). Chronic homelessness among families should be eradicated in the state as a result of this new policy direction. This targeting of homeless families with rapid re-housing program will also include participation in the new coordinated access system among all service providers in order to ensure that the most in-need families receive services.

SP-45 Goals Summary – 91.315(a)(4)

Goals Summary Information

The upcoming five year planning period in Rhode Island will be one of continued recovery from the Great Recession. The housing needs of the state's lowest income and minority households are defined in this Consolidated Plan, while a summary of priority needs is provided in section SP-25.

TABLE 76 introduces the seven goals of this Consolidated Plan, and subsequent tables in this section will provide annual details on likely funding availability and proposed outcomes. The funding available to achieve certain goals reflects the state's current housing strategy – to direct resources toward those Rhode Island households that are facing the priority needs identified in SP-25. The state is projected to have available approximately \$250 million to address its priority needs over the next five years, all households assisted with these funds will be households experiencing or facing homelessness, facing foreclosure, suffering health or safety problems as a result of their current housing, or whom otherwise would be cost-burdened by market rate housing costs.

Goal Descriptions

Goal 1 – Develop and Preserve Affordable Housing³³:

TABLE 80 – GOAL 1: DEVELOP AND PRESERVE AFFORDABLE HOUSING – ANTICIPATED RESOURCES AND OUTCOMES

<i>Resources</i>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 1 - Develop and Preserve Affordable Housing						
HOME Investment Partnership Program	\$3,002,167	\$3,002,167	\$3,002,167	\$3,002,167	\$3,002,167	\$15,010,835
9% Housing Tax Credit - allocation	\$2,680,000	\$2,730,000	\$2,780,000	\$2,830,000	\$2,880,000	\$13,900,000
Community Development Block Grant - setaside	\$1,228,880	\$1,228,880	\$1,228,880	\$1,228,880	\$1,228,880	\$6,144,399
Building Homes Rhode Island	\$5,800,000	\$0	\$0	\$0	\$0	\$5,800,000
Housing Trust Fund - HERA 2008	\$0	\$0	\$3,000,000	\$3,000,000	\$3,000,000	\$9,000,000
4% Housing Tax Credit - allocation	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000	\$1,200,000	\$6,000,000
CDBG-DR Housing	\$893,890	\$926,527	\$926,527	\$926,528	\$926,528	\$4,600,000
TOTAL RESOURCES	\$14,804,937	\$9,087,574	\$12,137,574	\$12,187,575	\$12,237,575	\$60,455,234
<i>Outcomes</i>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 1 - Develop and Preserve Affordable Housing						
Rental units constructed	76	62	42	42	42	264
Rental units rehabilitated	540	506	463	463	463	2,435
Homeowner Housing Added	13	8	7	7	7	42
Homeowner Housing Rehabilitated	6	4	3	3	3	19
Housing for Homeless added	28	24	21	21	21	115
Rental units constructed - DR	0	0	24	0	0	24
Rental units rehabilitated - DR	60	60	60	60	60	300
TOTAL LOW MOD	635	580	515	515	515	2,760

³³ For Goal 1 only, outcomes for a program year are related to a prior year's resources. Capital funding awards – because of closing and construction – take between 12 and 18 months to produce its intended outcome. The projected outcome for PY15 is relatively higher than the rest of the planning period because of BHRI funding awards from PY13 and PY14, while PY16 outcomes are high because of BHRI funding awards from PY14 and upcoming BHRI awards in PY15.

In 1991, the state adopted General Law § 45-53-2 The Low and Moderate Income Housing Act), which states that “The general assembly finds and declares that there exists an acute shortage of affordable, accessible, safe, and sanitary housing for its citizens of low and moderate income, both individuals and families”. The shortage described in 1991 still exists today, and unfortunately has grown as of the most recently available CHAS data (2007-2011). As stated frequently in the Needs Assessment and Market Analysis, the amount of cost burdened and severely cost burdened households has increased 37% and 48% respectively since 2000 (TABLE 1), while the most affected have been very low income and low income renters (TABLE 2). In 2000, there was a surplus of affordable and available homes for very low income renters (CHART 3), now there is a shortage. As of 2011, there are only 60 housing units affordable to renters earning less than 50% AMI for every 100 very low income renters (TABLE 54). The state’s low and middle income renters are seeing real incomes fall while rents rise (HousingWorksRI Housing FactBook 2014). Old and unsound housing continues to pose hazards to the health of children and the safety of the elderly and disabled (MA-20: Condition of Housing). Meanwhile, capital subsidies from federal housing programs including stimulus programs that catalyzed economic development during the recession have been cut significantly (even though the Housing Trust Fund capitalization in 2014 is a positive policy direction). The state, which is still struggling to emerge from the recession, has limited resources to contribute to this goal, even though it is a priority and growing need. Rhode Island must maximize its current resources, advocate for new resources, and increase efficiency in developing affordable housing to be able to achieve outcomes similar to those accomplished in the past.

Analysis of projects funded in the previous five year planning period show consistent relationships between the amount of non-federal public and private funds that the sources described in TABLE 83 leverage on an annual basis. The \$12.5 million average in capital subsidies will leverage approximately \$6.91 in other funding per \$1 in subsidy, from private equity from the Housing Tax Credits, private mortgages, historic tax credit equity, a sponsor’s own funds or other loans or grants secured prior to the awarding of the subsidy.

Variations in the first two years in the planning period relate to the delayed effects of Building Homes Rhode Island (the second of two recent state housing bonds) that have been awarded to projects that have yet to officially close. The total anticipated resources and expected outcomes do not line up on an annual basis for that reason (see footnote 2 of this Strategic Plan). The anticipated effects of the recently capitalized national Housing Trust Fund are predicted to begin in PY17 as projects begin to receive funding.

The total new or preserved low- to moderate-income housing units to be funded in the next five years are estimated to be 2,760. Of this total production, 66% is likely to be the preservation of existing affordable housing that is in need of significant reinvestment; the other 34% will be the rehabilitation of deteriorated or blighted market-rate housing into new affordable homes or the new construction of affordable homes, combining to be the expected total of new production.

Some sources of capital investment in affordable housing are drying up, such as capital funds from the HUD 202 and HUD 811 programs, the ending of funding capital development through the state’s Neighborhood Opportunities Program, the state’s housing bond, as well as the end of stimulus-era tax credit assistance programs and the Neighborhood Stabilization Program. Together, these resources contributed over \$88 million in capital investment into affordable housing development projects from 2010 to 2014, (15% of the total development cost of all projects during that time

period). The Housing Trust Fund will partially offset these losses starting in either 2016 or 2017. Overall, production levels and funding levels in the next five years are estimated to be 20% less than what was awarded and completed from 2010 to 2014.

Goal 2 – Prevent and End Homelessness:

TABLE 81 – GOAL 2: PREVENT AND END HOMELESSNESS – ANTICIPATED RESOURCES AND OUTCOMES

<u><i>Resources</i></u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 2 - Prevent and End Homelessness						
Emergency Solutions Grants Program - Entitlements	\$718,236	\$718,236	\$718,236	\$718,236	\$718,236	\$3,591,180
Emergency Solutions Grants Program - Statewide	\$668,699	\$668,699	\$668,699	\$668,699	\$668,699	\$3,343,495
Social Service Block Grant, Title XX	\$1,272,385	\$1,272,385	\$1,272,385	\$1,272,385	\$1,272,385	\$6,361,925
RI Homelessness Funding	\$1,662,500	\$1,662,500	\$1,662,500	\$1,662,500	\$1,662,500	\$8,312,500
CDBG Homeless Setaside	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$2,500,000
State Rental Assistance - PSH	\$750,000	\$750,000	\$750,000	\$750,000	\$750,000	\$3,750,000
Supportive Housing Program - Continuum of Care	\$5,262,197	\$5,262,197	\$5,262,197	\$5,262,197	\$5,262,197	\$26,310,985
HUD Section 811 Project-Based Rental Assistance	\$110,911	\$646,666	\$783,996	\$805,924	\$829,628	\$3,177,125
RoadHome Service Enriched Rental Assistance Program	\$2,325,000	\$2,325,000	\$2,325,000	\$2,325,000	\$2,325,000	\$11,625,000
HOPWA	\$685,495	\$685,495	\$685,495	\$685,495	\$685,495	\$3,427,475
Neighborhood Opportunities Program*	\$1,300,000	\$1,300,000	\$1,300,000	\$1,300,000	\$1,300,000	\$6,500,000
Thresholds	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000
TOTAL RESOURCES	\$16,255,423	\$16,791,178	\$16,928,508	\$16,950,436	\$16,974,140	\$83,899,685
<u><i>Outcomes</i></u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 2 - Prevent and End Homelessness						
Rapid Re-Housing - Households	192	201	211	215	220	1,039
Shelter - Persons	3,171	2,929	2,772	2,642	2,512	14,026
Shelter Beds Added	35	32	29	26	24	146
Homelessness Prevented - Persons	6	6	6	6	6	30
Other - PSH Households Assisted	1,294	1,309	1,354	1,354	1,354	2,708
HIV AIDS Housing Ops	48	48	48	48	48	96
VLI Household Rent Support (NOP)	182	182	182	182	182	364
Housing for Homeless Added (Crosslisted - Goal 1)	28	24	21	21	21	115

In March of 2012, the State of Rhode Island released “Opening Doors Rhode Island: Strategic Plan to Prevent and End Homelessness”. Consistent with new federal direction and policy, the plan seeks to sharply decrease the number of people experiencing homelessness and the length of time people spend homeless. It proposes to finish the job of ending chronic homelessness in five years and to prevent and end all homelessness among Veterans in the state in the same time period. It also outlines strategies to substantially decrease the numbers of homeless families and young people and to end family homelessness in ten years. Finally, the plan will reduce all other homelessness in the state and establishes the framework for system transformation that will reduce the numbers of people who experience homelessness for the first time.

The plan shares the vision of “Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness”. That vision is: No one should experience homelessness – no one should be without a stable, safe place to call home.

Preventing and ending homelessness is one of the state's top priorities. An increase in funding from the state and additional investment from federal grant awards received by state agencies will contribute to an estimated \$17 million per year to improve homeless-related outcomes. The emphasis on permanent supportive housing means the state will support an average of 1,300 households at any given time with rental assistance and supports provided through case management (estimating a total of persons served in the five year time frame through permanent supportive housing is inappropriate as these households can stay more than one year; typical annual turnover in permanent supportive housing units is about 20%). The Consolidated Homeless Fund anticipates annual increases in households helped through rapid re-housing assistance in the upcoming planning period, while de-emphasizing the addition of new shelter beds per year. The CHF projects an annual decrease in persons served of 5% for each of the upcoming program years, anticipating roughly 3,400 persons served in 2015 and 2,700 persons served in 2019.

Permanent supportive housing will receive a boost in funding from the state's rental assistance program, which was not available until 2014, as well as a new funding award of \$5.2 million in rental assistance over the next eight years for extremely low income households with disabilities through the HUD 811 Project Rental Assistance grant. Rhode Island Housing will also continue to self-fund permanent supportive housing units through its RoadHome program and gap-funding for homeless households to receive rental assistance and supportive services through the Neighborhood Opportunities Program³⁴, while also continuing to administer federal Continuum of Care funds. The state's competitively awarded HOPWA grants will support about 50 homeless households per year, which experience only some annual turnover, thus it is not appropriate to aggregate total households served. As a result of the opening of Rhode Island Housing's waitlist to the homeless in the winter of 2015, approximately 200 homeless and formerly homes Rhode Islanders are expected to be housed.

Goal 3: Improve the health, safety and energy efficiency of all Rhode Island homes

TABLE 82 – GOAL 3: IMPROVE HEALTH / SAFETY / EFFICIENCY OF RI HOMES – ANTICIPATED RESOURCES AND OUTCOMES

<u>Resources</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 3 - Safe, Healthy, Energy Efficient Homes						
State Lead Program	\$600,000	\$400,000	\$400,000	\$400,000	\$400,000	\$2,200,000
HUD Lead Hazard Reduction Program	\$766,667	\$766,667	\$766,667	\$766,667	\$766,667	\$3,833,333
HUD Healthy Homes funding	\$66,667	\$66,667	\$66,667	\$66,667	\$66,667	\$333,333
CDBG Home Repair Program	\$983,104	\$983,104	\$983,104	\$983,104	\$983,104	\$4,915,519
TOTAL RESOURCES	\$2,416,437	\$2,216,437	\$2,216,437	\$2,216,437	\$2,216,437	\$11,282,186
<u>Outcomes</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 3 - Safe, Healthy, Energy Efficient Homes						
Home Health Hazards Remediated - hsehlDs	110	95	95	95	95	490
Rental units rehabilitated	98	98	98	98	98	492
Homeowner Housing Rehabilitated	161	161	161	161	161	806

³⁴ NOP funds are awarded in the amount of \$1.3 million per year, but this operating support is spaced out over long periods of time, actual disbursements from this program per year varies based on sponsor's quarterly requisitions.

With the nation's third oldest housing stock and the nation's oldest rental housing stock, Rhode Island faces the potential for unsafe and unhealthy housing than most other states; 72% of the owner-occupied households and 82% of renter-occupied households in the state were built before 1980. Restrictions on lead-based paint in residential homes did not come into practice until 1978. As detailed in section MA-20 of the Market Analysis (Condition of Housing), concerns about the age of housing and its potential effects on children are shared among all income levels and communities. Although substandard housing and overcrowding is not a common issue faced by Rhode Island households, as detailed in section MA-50, low income and minority census tracts face disproportionate levels of poor housing conditions compared to the rest of the state.

Resources for addressing Goal 3 include the LeadSafe Homes Program, run out of Rhode Island Housing and using both federal and state funding for lead remediation work, provides forgivable loans to make homes lead safe and increase the value of those homes and also provides health and safety hazard assessment of your home or property. The CDBG Home Repair program provides small loans to eligible low-to-moderate income homeowners and rental property owners for home repair needs associated with access, health and safety, as well as important upgrades such as heating and cooling systems and the replacement of manufactured mobile homes (section NA-50). Weatherization funding received directly by community action programs (CAP agencies) to assist targeted and eligible households will also help the state achieve Goal 3.

The state provides a number of incentives and loan opportunities through energy efficiency programs for homes, businesses, and municipalities. The energy efficiency programs are supported by a surcharge on electric and gas customers' bills, and program administration is provided by National Grid. A National Grid news release in 2015 stated that "Across Rhode Island, National Grid's energy efficiency programs have helped thousands of residential and business customers save energy and money. Preliminary year-end results show the company's 2014 energy efficiency programs will save nearly 3.3 million megawatt hours of electricity and 58 million therms of natural gas over the life of the efficiency projects, resulting in a carbon emission reduction equal to taking 543,000 cars off the road for a year."³⁵

The nationwide project called the Green and Healthy Homes Initiative ("GHHI") recently established a Rhode Island-specific project, run through the newly minted Green and Healthy Homes Initiative – Rhode Island office, known as the Rhode Island Alliance for Healthy Homes ("RIAHH"). The goals of RIAHH, the first statewide model from GHHI, include raising awareness about the costly impact of unhealthy housing and providing cross-sector coordination of education, resources and services among state, city and community-based service organizations. RIAHH will serve as the state's resource to identify measurable solutions through the existing healthy housing resource infrastructure in the state while building the capacity to expand on the existing infrastructure.

³⁵ "National Grid's Rhode Island Customers Saving Millions Through Energy Efficiency Programs: Study also predicts increased revenue and job growth" – February 23, 2015. https://www.nationalgridus.com/narragansett/a3-1_news2.asp?document=9253.

Goal 4 – Tenant-Based Rental Assistance:

TABLE 83 – GOAL 4: PROVIDE TENANT-BASED RENTAL ASSISTANCE – ANTICIPATED RESOURCES AND OUTCOMES

<u>Resources</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 4 - Tenant-Based Rental Assistance						
Housing Choice Voucher Program (Section 8)	\$14,125,665	\$14,125,665	\$14,125,665	\$14,125,665	\$14,125,665	\$70,628,325
<u>Outcomes</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 4 - Tenant-Based Rental Assistance						
TBRA - Households	1,600	1,600	1,600	1,600	1,600	3,200

As a Public Housing Authority that administers allotments of tenant-based rental assistance for cities and towns without a municipally-based PHA, Rhode Island Housing supports the affordability of private housing opportunities through tenant-based rental assistance. Rhode Island Housing manages the Housing Choice Voucher Program, providing over \$14 million a year to an estimated 1,600 families annually. With an average turnover rate of 20% per year, a total of 3,200 households will be assisted by this resource, in the next planning period.

Unfortunately, as a result of increases in rents and stagnant incomes for renter households, the need is rising for more rental assistance. The population of households that housing choice vouchers typically assist are very low income or extremely low income renters. In Rhode Island, 92.4% of all tenant based voucher recipients earn at or below 50% AMI. For these lowest income households, between 2002 and 2012, real incomes fell 4% while housing costs increased 20%³⁶. During the same time, market-rate options for renters earning less than 50% of AMI fell by one half. CHAS data in 2000 measured units affordable and available to extremely low income and very low income renters to be 122,580; 2007-2011 CHAS data measured only 63,565, a decrease of 48% in eleven years. Total renter households at those income levels only decreased by 11% during that same time period. One decade ago there was surplus of homes available to renters earning <50% of AMI (1.50 units available per 100), as of 2011 there is a shortage (0.87 units available per 100).

There are very few resources in the state that assist help low income renter households afford housing costs. Currently, over 7,700 very low income or extremely low income households are assisted with tenant based vouchers through the state's public housing system, either through municipal PHAs or Rhode Island Housing. The number of renters at these income levels currently paying more than half their income on housing is 4.4 times that currently being served (34,225).

Goal 5: Address the Negative Impact of the Foreclosure Crisis

TABLE 84 – GOAL 5: ADDRESS NEGATIVE EFFECTS OF FORECLOSURE CRISIS – ANTICIPATED RESOURCES AND OUTCOMES

<u>Resources</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 5 - Address Foreclosure Crisis						
NFMC Round 7 NeighborWorks Grant	\$336,614	\$252,461	\$168,307	\$84,154	\$0	\$841,535
<u>Outcomes</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 5 - Address Foreclosure Crisis						
Homeowners Assisted	579	185	123	62	0	948

³⁶ HousingWorksRI @RWU 2014 Housing Fact Book, pg. 10

Unemployment and underemployment remain high in Rhode Island and foreclosures continue to impact both the urban core and suburban and rural communities. According to the Mortgage Bankers Association's (MBA) National Delinquency Survey quarterly reports, Rhode Island is ranked 5th in the nation in loans with a serious delinquency rate above 6% (over 90+ days behind or in foreclosure) and 8th in total delinquencies. The seriously delinquent loan rate (number of loans in foreclosure or 90+ days delinquent compared to total number of loans) hovered near 8% for seven straight quarters between 2011 and 2012, never showing consistent improvement. However, since then, the degree of serious delinquencies has averaged a 2.9% percent decrease for nine straight quarters, falling in each quarter down to its current level of 6.04%. This level, however, is still approximately a full percentage point (or 100 basis points) higher than pre-Recession levels for the State. The 90 day + delinquency rate has remained among the highest in the nation; as of the end of 2014 it was still 2nd highest nationally at 3.42%.

In 2013 the Rhode Island General Assembly passed legislation requiring that mortgage servicers notify homeowners when they are no more than 120 days delinquent of their right to a foreclosure mediation conference. Through this process, homeowners are connected to free, HUD approved Housing Counselors and a mediation coordinator (Rhode Island Housing is currently the only authorized provider of foreclosure mediation services in the state) who brings together the homeowner, their counselor and the servicer to participate in a good faith effort to work out the challenges facing the borrower.

Since the law went into effect, the number of housing counselors participating in mediation conferences has increased significantly. We expect to see similarly higher levels of counseling activity in 2015. The mediation process has been extremely successful with 247 homeowners being able to avert foreclosure since 2013 through mediation conferences convened by Rhode Island Housing. Rhode Island Housing relies on funding through National Foreclosure Mitigation Counseling ("NFMC") and HUD's Housing Counseling program to support these counseling activities. Even with the support of these programs, Rhode Island Housing has had to provide significant support through its own resources to meet the needs for homeowner counseling.

The foreclosure crisis not only hurts homeowners but the housing stock and housing market as well. Distressed sales, those of foreclosed homes or homes that had to sell short, made up 30% of all sales in the Rhode Island realtor-assisted market from 2011 through the middle the 2013. Only since the spring of 2013 has this average significantly and consistently fallen; but distressed sales still make up about 20% of the market in any given month. This high ratio of distressed sales has the effect of keeping median sales prices from improving. The year-end median sales price of single family homes for 2014 was only 0.25% higher than the year-end price for 2013.

HousingWorks RI, in its 2014 Housing Fact Book, presented analysis that showed that 16,279 residential units had been foreclosed on between 2009 and the middle of 2014. The majority of these housing units were rental units in multifamily properties (8,715 apartments in 3,183 multifamily properties); while 6,677 single family homes and 887 condominiums had gone through the entire process of foreclosure. The amount of homes for which a foreclosure deed was filed between 2009 and 2014 represents an estimated 4% of the entire housing stock. Rhode Island Housing anticipates applying for NFMC funds as long as this program makes funds available; however, it is likely that federal funding for foreclosure counseling will diminish in the next five years. Additional funding has come from the HUD Housing Counseling Grants and the Attorney

General's Foreclosure Settlement funds, but the state is unsure of the future availability of funds through these sources. The need for ongoing foreclosure counseling and mitigation is still great, as shown by the state's 2nd highest national 90+ day delinquent rate and a stubbornly high negative equity rate, and the state will find other ways to support the successful counseling efforts provided since the crisis began.

Goal 6: Non-Housing Community Development

TABLE 85 – GOAL 6: NON-HOUSING COMMUNITY DEVELOPMENT – ANTICIPATED RESOURCES AND OUTCOMES

<u>Resources</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 6 - Non-Housing Community Development						
CDBG - Balance of funds (not housing or homeless setasides)	\$2,203,535	\$2,203,535	\$2,203,535	\$2,203,535	\$2,203,535	\$11,017,677
CDBG-DR (Balance of funds)	\$6,206,110	\$3,673,473	\$3,673,473	\$3,673,472	\$3,673,472	\$20,900,000
TOTAL RESOURCES	\$8,409,645	\$5,877,008	\$5,877,008	\$5,877,007	\$5,877,007	\$31,917,677
<u>Outcomes</u>	PY15	PY16	PY17	PY18	PY19	FIVE YEAR TOTAL PROJECTION
Goal 6 - Non-Housing Community Development						
Public Facility/Imprvmnt - Persons	35,000	35,000	35,000	35,000	35,000	175,000
Public Services - Persons	30,000	30,000	30,000	30,000	30,000	150,000
Public Facility/Imprvmnt - Persons	100,000	70,000	70,000	0	0	240,000

Non-Housing Community Development needs, as reported in CDBG applications, are detailed in section NA-50 of the Needs Assessment. Each community faces its own set of needs, though often these needs overlap with other municipalities in its region. Several communities work together to fund social service organization facility enhancements and important operations without other mainstream funding resources. In the past, CDBG community development funding has gone to improve streetscapes of urban areas utilized by low-to-moderate income persons but was hazardous or poorly lit prior to investment.

Other community development needs often addressed through CDBG funds are activities associated with the revitalization of old mill villages across the state. It is likely that CDBG funds will continue to be utilized for these important activities. As identified in section MA-45, community assets such as transportation infrastructure and waste-water treatment facilities are crucial to the economic vitality of old mill villages outside of the state's urban core. In the past, CDBG funds have not been utilized for broad economic development needs, with these large-scale projects under the domain of other state agencies. With the creation of the new Executive Office of Commerce at the state level, which now includes the Office of Housing and Community Development, there will be more opportunity to blend housing and community development projects to meet dual needs.

Addressing 91.315(f): State CDBG "eligibility" is detailed at Section 105 of the Housing and Community Development Act (HCDA) of 1974. The priority (non-housing) categories funded by Rhode Island include: Economic Development (105(a)(17/22)), Public Improvements/Facilities (105(a)(2)) and Public Services (105(a)(8)). The State, however, may accept and support applications in any eligibility category.

Goal 7: Affirmatively Further Fair Housing

The state is working on completing a new Regional Analysis of Impediments to Fair Housing Choice ("RAI"). This analysis will include goals and projected outcomes for furthering fair housing in the

state, to be reported in subsequent annual action plans and performance evaluation reports. Section MA-40 describes some of the barriers to affordable housing, many of which overlap with fair housing needs. Both Rhode Island Housing and the Office of Housing and Community Development strive to further fair housing statewide, and require adherence to HUD guidelines on fair housing as well as compliance with Rhode Island's Fair Housing Act. The institutional delivery system in the state that affirmatively furthers fair housing is described in detail in SP-40; strategies associated with increasing funding for and improving the efficacy of affirmatively furthering fair housing will be described in the new AI.

Recommendations in the RAI include: elevating the importance of fair housing statewide; creating a Fair Housing Assistance Center for Rhode Island; expanding access to quality affordable homes throughout the state; improving access to homeownership; providing and promoting information on statewide housing opportunities; informing and improving mortgage lending practices; addressing the ongoing foreclosure crisis; addressing housing needs of people with disabilities; addressing infrastructure, zoning and land use policies that inhibit development of low-cost housing while educating municipal leaders on how to take advantage of zoning and land use incentives to develop affordable housing; amending the state Fair Housing Act to include "source of income" as a protected class; increasing access to healthy housing; improving fair housing enforcement through education and funding; and removing institutional barriers to housing for ex-offenders. Many of these recommendations and strategies overlap with the goals and strategies in this Consolidated Plan, which is a direct result of coordinating with the state on developing a shared vision for improving housing-related conditions in the state.

In 2009, Rhode Island Housing and the Office of Housing and Community Development adopted a statement of fair housing policy affirming that in order to receive assistance from the state or Rhode Island Housing or to qualify as Low and Moderate Income Housing and count toward a community's 10% affordable housing goal, all subsidized units must be available to the general public and must be marketed pursuant to an approved affirmative fair marketing plan. The state will continue to monitor the use of affirmative fair marketing plans of proposed development projects as part of any affordable housing program.

In 1991, Rhode Island passed the Low and Moderate Income Housing Act to streamline the permitting process for the development of low- and moderate-income housing to nonprofit developers and for-profit developers of rental housing. The law made available a tool called "comprehensive permitting" for any housing development that provided at least 20% of its total units as low- and moderate-income housing by receiving a federal or state subsidy. In 2002, with a growing housing affordability crisis, the law was amended and the tool became available to for-profit developers of ownership units as well. Numerous applications were filed across the state, and a moratorium was put in place on that portion of the law.

The Housing Act of 2004 amended portions of a number of laws regarding the planning and development of low- and moderate-income housing. Four significant amendments to the law were: (1) the percentage of low- and moderate-income units required to file a comprehensive permit was increased from 20% to 25% of the total units; (2) the addition of a municipal subsidy as a means of developing a low- and moderate-income unit; (3) the minimum affordability period of 30 years for all low- and moderate-income units; and (4) the ability of "moderate" income ownership units

(which serve households between 80% and 120% of area median income) to be considered low- and moderate-income housing.

The 2004 law also mandated that all municipalities that did not meet a minimum of 10% low- and moderate-income housing write a housing plan as part of their housing element to help direct local strategies for the development of low- and moderate-income housing. As stated in the RAI, “the law is making an impact...the statute has played an important role in educating residents about the importance of affordable housing. The 2006 Building Homes Rhode Island bond bill to support LMIH, for example, was approved by all 39 municipalities. Subsidized housing has become more widely dispersed across the state since the LMIH Act became law, and since 2003, Rhode Island Housing reports that communities that had not achieved their LMIH goal have produced more affordable units than communities that have met their goal.” The state will do more to improve its strategies that incentivize the development of affordable and fair housing. Section SP-55 of this Strategic Plan address many of these strategies, two notable strategies related to the Low and Moderate Income Housing Act include strategy 1. Streamline permitting process for the development of low- to moderate-income housing and strategy 3. Work with municipalities to improve incentives to develop affordable housing. Please read SP-55 for more information on these strategies.

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

Goals 1, 2 and 4 all provide affordable housing, and per 91.315(b)(2), the state must specify the number of extremely low-income, low-income, moderate income families and homeless persons to whom affordable housing will be provided. The figures in TABLE 89 are estimates based on prior program performance with relation to the income levels served by household and the projected outcomes by Goal as presented in TABLES 80, 81 and 83.

TABLE 86 – AFFORDABLE HOUSING PROVIDED BY HOUSEHOLD INCOME

Goal 1 - Develop and Preserve Affordable Housing	<i>Homeless (subset of ELI)</i>	Extremely Low Income	Low Income	Moderate Income	Total
Rental units constructed	0	0	264	0	264
Rental units rehabilitated	341	609	1,826	0	2,435
Homeowner Housing Added	0	0	42	0	42
Homeowner Housing Rehabilitated	0	0	19	0	19
Housing for Homeless added	115	115	0	0	115
Rental units constructed - DR	0	0	24	0	24
Rental units rehabilitated - DR	25	50	250	0	300
Goal 2 - Prevent and End Homelessness	<i>Homeless (subset of ELI)</i>	Extremely Low Income	Low Income	Moderate Income	Total
Rapid Re-Housing - Households	1,039	1,039	0	0	1,039
Shelter - Persons	14,026	14,026	0	0	14,026
Shelter Beds Added	146	146	0	0	146
Homelessness Prevented - Persons	0	30	0	0	30
Other - PSH Households Assisted	2,708	2,708	0	0	2,708
HIV AIDS Housing Ops	84	84	12	0	96
VLI Household Rent Support (NOP)	182	182	182	0	364
Goal 4 - Tenant-Based Rental Assistance	<i>Homeless (subset of ELI)</i>	Extremely Low Income	Low Income	Moderate Income	Total
TBRA - Households	371	1,856	640	704	3,200

SP-50 Public Housing Accessibility and Involvement – 91.315(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

Not applicable

Activities to Increase Resident Involvements

As of 2012, nine Rhode Island PHAs operates Family Self Sufficiency (FSS) programs to its Housing Choice Voucher recipients, while two PHAs – Pawtucket and Providence – offer FSS programming to both HCV holders and public housing residents. The state’s Housing Finance Agency, Rhode Island Housing, which administers housing choice vouchers for municipalities without a housing authority, also offers FSS programming to its voucher holders. Participating families execute a 5-year FSS Contract of Participation that specifies the rights and responsibilities of both parties and the goals and services for the family. The family works with an FSS coordinator to be connected to services to assist with completing their goals.

Since 2009, 50 families have graduated from Rhode Island Housing’s FSS program and have collectively received more than \$396,675 in savings. In 2014, the program had 14 families graduate and disbursed over \$85,463 in FSS escrow funds.

Some of the services coordinated through the program include: child care, transportation, education, job training, employment counseling, financial literacy, and homeownership counseling, among others.

An interest-bearing escrow account is established by the PHA for each participating family. Any increases in the family’s rent as a result of increased earned income during the family’s participation in the program result in a credit to the family’s escrow account. Once a family successfully graduates from the program, they may access the escrow and use it for any purpose.

In its role as a PHA, Rhode Island Housing engages with a Resident Advisory Board (RAB), which is composed of seven residents that utilize Rhode Island Housing’s PHA units. The RAB is sent any changes to PHA publications, such as administrative plans, manuals and five-year/annual plans. The RAB is encouraged to submit comments to Rhode Island Housing with regards to the proposed changes in these documents. The chairperson of the Resident Advisory Board is also invited to attend meetings of the PHA Board of Commissioners.

Is the public housing agency designated as troubled under 24 CFR part 902?

Not applicable

Plan to remove the ‘troubled’ designation

Not applicable

SP-55 Barriers to affordable housing – 91.315(h)

Barriers to Affordable Housing

Rhode Island was hit hard by the Great Recession, experiencing job losses and high unemployment as detailed in all sections of the Housing Needs Assessment and Market Analysis. The state believes that a key strategy to ameliorating the barriers to affordable housing is to improve economic conditions statewide.

However, section MA-40 also describes the negative effects of various public policies on affordable housing and residential investment, including zoning laws, regulations, taxes, the lack of municipal services in certain areas of the state, and other hurdles to developing moderately-priced housing around the state. The major obstacle to meeting the housing needs of Rhode Island's lowest income residents is the growing gap between what it costs to create and maintain quality affordable housing and what very low income households can afford to pay for housing.

Strategies to Remove or Ameliorate the Barriers to Affordable Housing

The state is committed through its relationships with municipalities and other stakeholders to remove or ameliorate the negative effects of policies that impede the development of affordable homes in order to reduce costs to develop housing in general and affordable housing where applicable.

1. Streamline permitting process for the development of low- to moderate-income housing

In 1991, Rhode Island passed the Low and Moderate Income Housing Act (R.I.G.L. Chapter 45-53) to streamline the permitting process for the development of low- and moderate-income housing to nonprofit developers and for-profit developers of rental housing. The law made available a tool called "comprehensive permitting" for any housing development that provided at least 20% of its total units as low- and moderate-income housing by receiving a federal or state subsidy. In 2002, with a growing housing affordability crisis, the law was amended and the tool became available to for-profit developers of ownership units as well.

The Housing Act of 2004 amended portions of a number of laws regarding the planning and development of low- and moderate-income housing. Four significant amendments to the law were: (1) the percentage of low- and moderate-income units required to file a comprehensive permit was increased from 20% to 25% of the total units; (2) the addition of a municipal subsidy as a means of developing a low- and moderate-income unit; (3) the minimum affordability period of 30 years for all low- and moderate-income units; and (4) the ability of "moderate" income ownership units (which serve households between 80% and 120% of area median income) to be considered low- and moderate-income housing.

The 2004 law also mandated that all municipalities that did not meet a minimum of 10% low- and moderate-income housing write a housing plan as part of the housing element of their local comprehensive plan to help direct local strategies for the development of low- and moderate-income housing, while also allowing for developers to override the zoning of communities that are

not meeting the definition of sufficient supply of low- and moderate-income housing through the comprehensive permit process. Requirements of the Affordable Housing Plans were defined in the Comprehensive Housing Production and Rehabilitation Act of 2004 (§42-128-8.1), a law which included as a general finding, “The state in partnership with local communities must remove barriers to housing development and update and maintain zoning and building regulations to facilitate the construction, rehabilitation of properties and retrofitting of buildings for use as safe affordable housing.” All of the 29 municipalities affected by the law wrote plans and have since had them approved by the state. Many of these communities have implemented changes to local zoning, reduced or eliminated fees for the development of affordable housing and provided density bonus to development that include affordable housing in accordance with these plans. The plans are available on RI Statewide Planning Program’s website at: <http://www.planning.ri.gov/housing/plans.htm>. *MA-40: Addresses barriers 2, 3 & 8.*

2. Advocate for federal and state funding for the development of affordable housing

The reduction in capital funding availability from federal sources (HUD 202, HUD 811, TCAP, TCEP, etc.) inhibits the state’s ability to develop affordable housing opportunities. Engaging in broader advocacy efforts at the state and federal level has had positive effects in recent years. At the federal level, the National Housing Trust Fund was established and capital funding is expected to begin flowing to states in 2016. Rhode Island Housing also received an operating funds award through HUD’s Section 811 pilot program, which will support the development of deeply subsidized homes for persons with disabilities by including rental assistance contracts with housing development proposals for extremely low income households. These two sources alone will inject over \$12 million in the next planning period to house the state’s low income population. Continued advocacy for federal support is important to removing barriers to affordable housing for the state’s lowest income households.

In 2006 and 2010, funding from the state through a housing bond (Building Homes Rhode Island) provided \$75 million in funding to support affordable housing development in the state. BHRI funding supported the development of approximately 2,500 homes, including 1,600 affordable homes. From 2010 to 2014, the state historic tax credit provided over \$6 million in equity for affordable housing development. The Governor’s FY16 budget includes new real estate tools that will encourage construction in urban areas and in historic structures. These tools include tax credits, state-level tax increment financing and assistance for local tax stabilization agreements and \$3 million in capital to support the development of affordable homes. The state has shown its willingness to support housing development with capital support in the past, and the new Governor plans to make new tools available to developers statewide. *MA-40: Addresses barrier 5.*

3. Work with municipalities to improve incentives to develop affordable housing

Inclusionary Zoning ordinances that provide adequate municipal incentives to make the development of the required affordable homes financially feasible can be an important tool to support the development of affordable homes. Indeed, many Rhode Island communities that have not yet achieved their 10% affordable housing goal include inclusionary zoning as one of the

strategies to help them achieve that goal. Suburban and rural communities in particular have embraced inclusionary zoning as a key strategy in their affordable housing plans.

In 2014, the General Assembly passed legislation that made significant changes to state law governing inclusionary zoning ordinances. This legislation made two important changes to the inclusionary zoning provisions of Rhode Island's Zoning and Enabling Act (§ 45-24-46.1). First, zoning ordinances that require inclusionary zoning are now also required to include density bonuses or other incentives that shall offset differential costs of below market-rate units. Second, zoning ordinances may now provide that the affordable housing that is required under an inclusionary zoning clause can be provided on-site or that an alternative method of production can be utilized, such as off-site construction or rehabilitation, donation of land, and/or the payment of a fee in-lieu of the construction of the units. Most, if not all, of the 18 Rhode Island communities with inclusionary zoning ordinances will have to make significant changes to their ordinances to come into conformance with the changes to the law, though these changes will further allow the municipality to control their own low- to moderate-income housing development options.

Rhode Island Housing, in partnership with the Statewide Planning Program, is developing a template inclusionary zoning ordinance that meets the requirements of the new law and can help municipalities adapt their own ordinances to comply with the changes to the law. In particular, this template ordinance will demonstrate appropriate methodologies for sizing municipal incentives to offset the cost to the developer of providing the required affordable homes and incorporating the fee-in-lieu option. *MA-40: Addresses barriers 2, 3 & 4.*

4. Reduce property tax burdens on protected classes

As described in MA-40, Rhode Island ranks poorly in property tax burdens on its average citizen from a national perspective. Often it is members of protected classes (disabled, elderly, other special needs) that suffer the pain of having relatively less residual income as a result of property taxes, given fixed incomes and extra housing-related costs (physical accommodations, case management costs, etc.).

The implementation of property tax exemptions is the strategy used most often to lessen the burden on protected classes, a summary of which is included here:

- Veterans' Exemptions (offered in all 39 municipalities)
- Elderly Exemptions (all 39 municipalities)
- Homestead Exemptions (7 municipalities)
- The Property Tax Relief Program intended for low-income elderly and disabled (State program available to all that qualify)
- Tax Freezes (9 municipalities)
- Tax Deferrals (13 municipalities)
- Visually Impaired / Blind Exemptions (38 municipalities)
- Motor Vehicle Exemptions (all 39 municipalities)

The state has also passed legislation that reduces the risk of homeowners who fall behind on their tax payments losing their home to foreclosure at tax sale. In 2006, the General Assembly passed the Madeline Walker Act that gave Rhode Island Housing the right of first refusal to purchase at tax

sale liens on 1-3 units owner-occupied residential properties. Rhode Island Housing works with homeowners whose lien its purchases at tax sale to get them on payment plans and connect them with other resources that can help them get back on their feet. Since the program's inception, Rhode Island Housing has purchased over 3,000 liens. Of the liens that have been purchased, 68.9% have since been redeemed by those homeowners.

MA-40: Addresses barrier 7.

5. Statewide standards related to the development of housing

As stated in § 42-64.13-10, "The lack of a uniform process tends to burden businesses and property owners that require a predictable regulatory environment in order to be successful. Clear, predictable and reliable standards and a regulated process are needed to foster a business climate that will grow our economy while ensuring the protection of our natural resources." This section describes strategies to curtail the issue of burdensome regulation related to housing development.

Wetland setbacks

A survey prepared by RIBA in 2013 showed that 18 of 39 municipalities have wetland setback requirements that exceed state DEM standards, many to varying degrees. Legislation passed in 2013 created a commission tasked with establishing statewide standardized wetland setback requirements. The recommendations from that commission have been incorporated into legislation that is being considered by the General Assembly in the 2015 session.

Regulatory Reform

The Office of Regulatory Reform (ORR) recently completed an accelerated four-year regulatory review process in which state agencies identified more than 250 changes to improve the state's regulatory system. Almost three-quarters (70.9 percent) of these reforms are complete. Agencies remain on target to complete almost all of the remaining reforms in 2015. The ORR has identified the Rhode Island Fire Code as overly burdensome and is working with the Fire Safety Code Board of Appeal and Review to reduce costs associated with compliance with the Code. The state is developing an e-permitting initiative, which will establish a uniform web-based system for the Rhode Island Building Commissioner and Fire Marshal, to be used by the state, its municipalities and taxpayers for statewide electronic plan review, permit management, and inspection system management. Warwick, Cranston, Pawtucket, Newport, North Kingstown, West Warwick, North Providence, Westerly, North Smithfield and Woonsocket will provide online building permit services, as part of the first of a two-phase initiative launched by former Gov. Lincoln Chafee to automate and streamline the process of municipal permitting, also supported in the FY16 Budget, the first for Governor Gina Raimondo.

To address the challenges with inconsistent permitting practices and fees, referenced in MA-40, legislation has been proposed that would put fee structures and permitting processes for building under the state's Building Code Commission. Certain municipalities, such as Warwick, have already changed fee structures and permitting processes that address the concerns proposed by the builders in the lawsuit.

Affordable housing tax policy

Under Rhode Island Law, any residential property encumbered by a covenant recorded in the land records in favor of a governmental unit or Rhode Island Housing restricting either or both the rents that may be charged or the incomes of the occupants are required to be taxed at no more than 8% of the property's previous years' gross potential rental income (R.I.G.L. §44-5-12(a)(1) and §44-5-13.11). The impact of the 8% law has been to standardize the assessment and tax process across the state for affordable apartments while providing a predictable methodology for taxing them. The long term financing of affordable housing development, or acquisition, or the refinancing of those developments nearing initial compliance periods, are both made easier to underwrite as a result of the 8% tax law, which will be important to defend during this planning period. *MA-40: Addresses barriers 2, 3, 4 & 8.*

6. Prioritize investment in transportation funding

In order to ameliorate the lack of transportation choice in western and southern parts of the state, Rhode Island must establish a sustainable and adequate funding system. Legislation to establish a state-funded transportation infrastructure program was proposed in both the Rhode Island House and Senate in the spring of 2014. Developed, in part, as the result of legislative study of the issues surrounding transportation funding, the bill was incorporated into the FY2015 Appropriations Act (2014-H-7133) as Article 21 and built on prior efforts of the Governor and General Assembly to restructure transportation funding in Rhode Island.

The FY2015 Budget as enacted provided future additional revenue for transportation infrastructure and maintenance funding, ranging from \$30 million in FY2017 to nearly \$80 million over current levels in FY2024. Article 21 made a number of specific changes to transportation-related fees and deposited additional revenue into the Highway Maintenance Account (HMA). The bill also allows more flexibility in the use of HMA funds, which could focus more attention on areas currently underserved by transportation infrastructure. *MA-40: Addresses barrier 6.*

7. Improve public utility infrastructure in areas outside the urban core

As summarized in MA-40, based on language passed in 2014 in the state's Economic Development Plan, water supply costs, wastewater treatment facility (WWTF) costs and storm-water regulations can make new development in areas without these amenities prohibitively costly. Much of the funding appropriated for this infrastructure goes to maintain the current stock in developed areas of the state, limiting the possible expansion of public utilities elsewhere. The state understands the need to find efficiencies and identify new funding sources to expand these services to those residentially zoned areas that, without these public services, rely on costly on-site systems for drainage, as well as water and sewer supply. The intent of *Land Use 2025* was to emphasize strategic investment of public utilities outside of the USB, but specifically in growth centers designated by municipalities.

Significant energy efficiency upgrades have been implemented across the state for WWTFs. Subsidized by funding from National Grid and ARRA funds, these upgrades include onsite renewable energy generation (e.g., wind turbines) and energy efficient motors (e.g., variable frequency drives

or VFDs). Increased energy efficiency at WWTFs likely leads to lower long term operational costs for power generation and enable plant self-sufficiency.

Many of these water systems are interconnected for emergency response purposes which can increase system resiliency to natural hazards and extreme weather, impacts related to climate change (e.g., sea level rise), and potential security threats. However, in the future, it may be economically viable, if not necessary, to combine some of these systems to eliminate redundancies, reduce overhead costs, increase long term reliability, and engender the political support for funding much needed system maintenance and rehabilitation.

In the Governor's proposed FY16 budget, the Governor and Treasurer teamed up to initiate the expansion of the Rhode Island Clean Water Finance Agency to operate a new State Infrastructure Bank to support the financing of environmentally friendly capital projects, such as deep energy retrofits or solar-panel installation. *MA-40: Addresses barrier 1.*

SP-60 Homelessness Strategy – 91.315(d)

As stated in the Needs Assessment: In March of 2012, a new plan to end homelessness, Opening Doors Rhode Island, was adopted to align with the federal program to end homelessness and create a more outcome-based approach to ending homelessness, adhering to standards set forth in the 2009 HEARTH Act. The goals of Opening Doors RI include: Finish the job of ending chronic homelessness in 5 years; End Veteran homelessness in 5 years; End homelessness for families and youth in 10 years, goals mirrored in this Consolidated Plan and described in Goal 2.

Approaching Year 3 of implementation, the state has:

- Produced 37% of the units recommended in the plan (18% of the family units and 56% of the units for individuals). The units in the pipeline will increase that to 55% of the production goal.
- On the voucher side 56% of the vouchers proposed in the plan have been funded. Additional vouchers anticipated to be created in the next two years would put us up to 67% of the rental assistance goal.

The state's Continuum of Care, the Consolidated Homeless Fund and other assistance through the State Rental Assistance Program (HRC), RoadHome (RIH), NOP (RIH), HOPWA (RIH) and the HUD 811 Project Rental Assistance (RIH and BHDDH) all contribute to the strategic goals set in Opening Doors RI and thus Goal 2 of this Consolidated Plan.

Under 91.110 (b) and 91.110 (2), the state must identify how it consulted with business leaders in developing its Homeless Strategy. The following is the state's response to this requirement:

The state did not specifically consult business leaders for the development of the homeless strategy contained in this Consolidated Plan. The state adopted a strategic plan to end homelessness in 2012; the programs that help implement that strategy have incorporated the goals and priorities from Opening Doors Rhode Island into their annual plans, including those programs specifically covered under this Consolidated Plan. Business Leaders are active in implementing Opening Doors Rhode Island, as many private sector workers (current or retired) serve on the boards of the state's housing service providers, which implement, either through programs funded by HUD's CPD Office or not, the state's approved strategy.

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Rhode Island Continuum of Care has a strong outreach network. Continuum of Care funding provides resources for projects to engage those in shelter and those on the street. The Rhode Island Homeless Advocacy Project is an association of formerly and homeless individuals who volunteer their time to identify and assist the unsheltered homeless. In October, 2014 three 'registry' nights were held in which teams of volunteers and professionals took to the shelters and streets to document the number of homeless in Rhode Island. Using the VI-SPDAT, each person was assessed for the best housing solution – support, rapid re-housing or permanent supportive housing. Placed in the HMIS, committees will follow-up with three sub-populations: family & youth, chronic homeless, and veterans to identify and coordinate the housing for the persons assessed.

The goals of the Continuum are: End Veterans Homelessness in 2015 and End Chronic Homelessness in 2016. Crossroads Rhode Island provides a range of outreach services to homeless adults as part of its crisis intervention programming and has an outreach van out almost every night. Many times homeless persons on the street do not want to enter a shelter; the key to Crossroads RI's outreach efforts has been in establishing trust with homeless persons on the street in order to for them to enter case management and rapid re-housing.

Addressing the emergency and transitional housing needs of homeless persons

Rhode Island has adopted a Housing First policy similar to that in the federal Opening Doors Strategic Plan to End Homelessness. Therefore, the focus for the homeless is first on providing housing, and then offering services and supports that meet the needs of program participants.

The three institutions described in TABLE 78 all sponsor federally-funded programs that provide services to homeless persons, persons with HIV, persons at risk of homelessness and disabled or mentally ill persons in need of services to remain stably housed. TABLE 79B includes a list of 43 organizations that provide services to homeless persons and persons with HIV in the state either as sub-recipients of federal grant funding or through privately-raised funding. The two federal grant programs that largely serve these populations are the Consolidated Homeless Fund "CHF" (RI DOA – OHCD) and the Continuum of Care awards "CoC" (Rhode Island Housing).

CHF-funded programs provide shelter beds and programming intended to increase housing stability and address the reasons the household entered the shelter. These most often include services that aide with life skills, budgeting, employment search assistance and mainstream resources. Referrals for mainstream resources include food assistance (SNAP), RiteCARE health insurance, WIC enrollment, and benefits associated with being disabled or elderly (SSI, SSDI) and other medical and mental health services available through state or federal aid programs. Many of the providers are equipped to provide direct services such as mental health, substance abuse and domestic violence counseling in addition to hosting wellness clinics, flu shots, employment readiness, assistance with resumes and applications and assistance with bus passes.

In permanent supportive housing settings, funded most often through CoC programs, residents sign leases, pay rent and care for their own apartments, which is an important step for these homeless households to can begin to regain the self-confidence and control over their lives. They also receive case management and support services similar to those provided by CHF programs.

The Consolidated Homeless Fund and the Continuum of Care combine to fund 450 transitional housing units per year, with 64% of these homes being available to households with children. Transitional housing is intended to be a stepping stone for a household before they can secure their own homes. A case manager works with the household in transition to develop a case plan that has realistic outcomes recognizes the strengths of the household and address barriers to independent living and develops action steps to make that transition. Case managers will work with members of the household to attend financial, literacy and other life-skills workshops that are available in the immediate area. Services available include referrals to community healthcare resources and assistance with obtaining health insurance. Some units of transitional housing include nurses and psychiatrists to address client needs for psychotropic medications and to monitor their health status. Applicants for funding to operate transitional housing include measurements of outcomes

related to successfully transitioning clients to permanent housing, usually as percentages of clients that achieve increased income, secure permanent housing or achieve goals as part of their individual service plans.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

Rhode Island is moving to a Housing First state thereby lowering length of stays in shelter and transitional housing. HCVP priorities for homeless and additional tenant based rental assistance vouchers through CoC projects are moving individuals and families to permanent housing at a faster rate. Services provide support necessary for housing stability and prevent returns to homelessness.

The state is instituting a Coordinated Assessment System to be used by all homeless services providers. All homeless are assessed through the VI- and VI-SPDAT (described also in SP-40: Institutional Delivery Structure). The score indicates the level of need for the household, which is used to establish a prioritized waitlist for Rhode Island's homeless. Committees have been established and meet bi-weekly to link those needing rapid re-housing and permanent supportive housing to appropriate programs. The Continuum of Care is reallocating dollars from transitional projects and service line items to create more housing opportunities.

The state has also prioritized housing for special needs populations for its development applications. In the past five years, projects have been approved through the Housing Tax Credit, HOME and BHRI programs that will complete 78 homes for Veterans, 233 units reserved for homeless or at-risk households and 285 units of permanent supportive housing, a total of 357 unique (de-duplicated) special needs units awarded funding since 2010.

Approximately 18% of the homeless population in Rhode Island is considered chronically homeless - that is, they have been homeless multiple times over a period of years or for years at a time. People who are chronically homeless face unique barriers to finding and keeping housing - many of them live in poverty, suffer from severe mental illness and/or substance abuse, or have physical disabilities. The chronic homeless are often the most visible homeless population and often use the most resources. Nationally, over 50% of service dollars for the homeless are used by the chronic homeless population. The most cost-efficient and outcome-effective solution is supportive housing.

Supportive housing is a nationally tested approach to permanently break the cycle of homelessness by providing the chronically homeless with affordable housing and the wrap-around services that will allow them to live independent, stable and productive lives. Rhode Island has 1,700 permanent supportive housing opportunities and 450 transitional housing services, which provide case management and a variety of supportive services (such as mainstream and non-mainstream benefit application assistance, financial literacy, educational attainment, job skill and life-skill training). Creating more affordable housing with operating assistance, which provides the permanent housing once these supports are no longer needed, provides the next step in the continuum of independent living for formerly homeless persons and individuals. Case managers and housing service providers

deliver assistance on attaining housing vouchers, locating available affordable units and mortgage application assistance for those that qualify; these housing placement services are included in routine service provided by all Continuum of Care sub-recipients and organizations that receive funds to deliver supportive housing through Rhode Island Housing's RoadHome program.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

Foster Care

The Rhode Island Department of Children, Youth and Families (DCYF) has a policy not to discharge clients into homelessness, and has committed to this policy through a Memorandum of Agreement with OHCD. Children in foster care are not reunited with their families unless stable housing is secured. Families receive short term financial assistance and support services when housing is the primary barrier to reunification. Youth unable to go home are given the option of voluntarily participating in the DCYF-funded YESS (Young Adults Establishing Self Sufficiency) Aftercare Services which provides a stipend for housing and other wrap-around supports until the youth is 21. The Families and Youth Subcommittee of the Rhode Island Continuum of Care is responsible for carrying out the state objective to end homelessness among families, children and youth within ten years. This broad committee uses a case management approach using a service priority assessment to house families and unaccompanied youth in the most appropriate housing program to meet the unique needs of the household, and to inform policy makers about policies which create barriers to successful placement.

In 2014, work was completed on Linden Tree Place in Central Falls, a first-of-its-kind project developed by Pawtucket Central Falls Development Corporation, with services provided by the Rhode Island Council of Resource Providers (RICORP). Five rental units were completed which will serve up to 11 youth aging out of foster care at any given time.

Health Care

A Memorandum of Agreement between the Dept. of Health and OHCD dictates that hospital patients not be discharged into homelessness. Patients remain hospitalized until they are healthy enough to move on to housing and receive case management support in developing a discharge plan. A plan may call for independent living (if financial means or assistance is available), referral to small community-based agencies, substance abuse treatment centers, Medicaid Waiver assisted living, or long-term care facilities. The LeadSafe Homes Program (Rhode Island Housing) offers re-housing assistance for families of children hospitalized due to lead poisoning. The Rhode Island Housing First initiative provides supportive housing where tenancy is not conditional upon sobriety, and case management services. Discharge planners in assisted living facilities are trained to identify mainstream housing opportunities and to pair placements with Money Follows the Person (MFP) Program long-term care services.

The RI Department of Health sets overall patient discharge policy for the state. The Chronically Homeless/High Need Individuals Committee of the Rhode Island Continuum of Care identifies

housing programs to meet the unique needs of the household, and inform policy makers about policies which create barriers to successful placement by using a case management approach using a service priority assessment to house chronically homeless/high need individuals, including but not limited to those that meet the HUD definition of chronically homeless, formerly incarcerated individuals, and high users of Medicaid in the most appropriate housing program. The RI Housing First initiative and Medicaid Waiver assisted living facilities provide housing for formerly homeless patients discharged in need of service-enriched housing.

Mental Health

An MOA between BHDDH and OHCD dictates that patients of mental health institutions are not to be discharged into homelessness. BHDDH supports the Housing First model with Projects for Assistance in Transition from Homelessness (PATH) and SAMSHA grants for client-centered permanent housing and funds new supportive housing for people with serious mental illness and developmental disabilities through the Thresholds program (administered by Rhode Island Housing). The Housing First initiative offers housing for over 600 households through Shelter + Care vouchers (now assimilated into the Continuum of Care), RoadHome rental assistance (a Rhode Island Housing program) and mainstream subsidized housing. BHDDH is responsible for establishing a general discharge policy for patients of Rhode Island mental health institutions.

Corrections

State policy is set in a MOA between the OHCD and RI Department of Corrections. It dictates that incarcerated persons shall not be discharged into homelessness. Through local re-entry councils, shelter providers, non-profit and Continuum of Care-funded transitional housing projects, permanent supportive housing, and housing locator services work with correctional discharge planners to develop housing options for those about to be discharged and cannot return home. The Chronically Homeless/High Need Individuals Committee is working on developing mainstream programs addressing the need for income and recovery programs to support those leaving prison with substance and mental health issues. The Veteran's court is being reviewed as not only a jail diversion model but also housing stability model by preventing the disruption of current housing due to incarceration. Most of the work for re-entry is conducted through the local re-entry councils of which probation and parole staff takes the lead. Homeless provider agencies and homelessness advocates participate to create the linkage between the discharge plans and the support systems in the community. Most persons are discharged to their families in temporary situations, so DOC discharge planners ensure that the person has access to all the local information related to housing, community programs and networking activities related to housing. They work with housing outreach workers to locate affordable housing and the SOAR program to access SSI and SSDI. Targeting this population within DOC facilities help divert many at-risk prisoners from homelessness upon release or shortly thereafter.

SP-65 Lead based paint Hazards – 91.315(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

Rhode Island Housing LeadSafe Homes Program

Since 1993, the State of Rhode Island has provided funding to address lead based paint hazards in Rhode Island's housing stock. This funding, together with lead hazard reduction funds from HUD, has reduced lead hazards for 3,500 households in 34 communities. Rhode Island Housing applies for and administers this federal funding on behalf of the state and the competitiveness of the application is tied to the level of state funding committed to the program.

While lead hazard reduction is the primary focus of this Program, Rhode Island Housing has fully integrated this program with other existing housing programs to focus lead poisoning prevention, weatherization, Healthy Homes, and rehabilitation in the state's most at-risk, low-income communities. The LeadSafe Homes Program ("LSHP") is a Green and Healthy Homes model program that is able to produce comprehensive interventions that reduce lead hazards, address home health and safety hazards, and reduce energy consumption in a cost effective and efficient manner for families in the Program's at risk target communities.

LSHP undertakes lead hazard reduction interventions with HUD grant funding in eligible properties in the statewide target area, while also directing weatherization services in those units that are located in the Program's Rhode Island Alliance for Healthy Homes ("The Alliance") focus cities of Central Falls, Cumberland, Lincoln, Pawtucket, Providence, and Woonsocket.

Rhode Island Housing will work with The Alliance, the Housing Resources Commission, Rhode Island's Weatherization Assistance Program agencies, and municipalities to secure additional resources for lead mitigation and continue to improve coordination of resources to meet the broader healthy housing needs of Rhode Island residents.

In the 2010-2013 HUD funding grant, HUD provided \$3,000,000 in lead hazard reduction funding for Rhode Island Housing's Lead Safe Homes Program which was matched by \$1,770,000 in state funding appropriated through the Housing Resources Commission. Together, this funding supported the lead hazard remediation of 231 homes.

A new lead hazard grant was awarded by HUD for 2013- 2016 totaling \$2,300,000, which is a \$700,000 reduction (23.4%) from the previous HUD grant. As part of that application, the Housing Resources Commission committed \$590,000 for the first year of the grant cycle, with continued support anticipated annually. The number of homes proposed to be assisted under the new grant was reduced from 233 to 200 to reflect the reduced funding.

Rhode Island Housing and the state work together on a multi-pronged approach to reducing lead poisoning:

RI Department of Health administers the Lead Poisoning Prevention Program, which provides for blood lead level testing and data analysis. The program also provides ongoing education and guidance for health professionals, oversees lead abatement contractor and lead inspector licensing, and enforces lead poisoning prevention laws and regulations.

The RIDOH requires that all children be screened with a blood test for lead poisoning at least twice by the time they are aged 36 months, with additional screening recommendations through age 6 years, depending on risk status. Almost three quarters of Rhode Island preschool children are screened at least once by 18 months of age. All blood lead test results are maintained by the RIDOH in the Lead Elimination Surveillance System (LESS).

Conformance with lead hazard mitigation law

Legislation changes that took effect in 2005 required Rhode Island landlords to obtain a Certificate of Conformance, a document obtained from an authorized lead inspector or inspector technician that certified that the rental property was not hazardous for the tenants (i.e., all painted surfaces had intact paint, impact or abrasion surfaces were treated so lead-based paint was not subject to impact or abrasion, dust samples passed laboratory analysis, and soil within 5 feet of the property was covered and had no visible paint chips). Records of these certificates and the dates they were obtained are maintained in a database by the RIHRC. To comply with the law, rental property owners might instead have their property certified as lead safe or lead-free. The lead safe and lead-free (LSLF) certificates are granted by and recorded at the RIDOH.

The Lead Hazard Mitigation Act of 2004 (Rhode Island General Laws 42-128.1) was passed to promote the prevention of childhood lead poisoning in Rhode Island. The Housing Resources Commission was designated as lead State agency for lead hazard mitigation planning, education, technical assistance and coordination of State projects and State financial assistance to property owners for lead hazard mitigation. The Division of Planning has an Office of Healthy Housing, which provides funding through the state to Rhode Island Housing's Lead Safe Homes Program as well as work closely with other stakeholders to address the broader healthy housing issues such as mold, asthma prevention, accessibility and overall environment within the homes.

The Lead Hazard Mitigation Act requires that most owners of rental properties built before 1978, or your designee, meet the following requirements:

- Attend a Lead Hazard Awareness Class
- Conduct a visual assessment of your rental property
- Fix lead hazards on your rental property
- Have an Independent Clearance Inspection in order to obtain a Certificate of Conformance for your rental unit(s)
- Give tenants information about lead hazards and a copy of the Inspection Report
- Respond to tenant concerns, perform regular maintenance on your rental unit(s), and keep your Certificate of Conformance current

Rhode Island Housing will continue to work with the Housing Resources Commission to ensure that the state's lead laws are being implemented effectively.

The Renovation, Repair and Painting (RRP) rule of Rhode Island

Renovations that disturb lead paint can poison family members, visitors, and neighbors. To keep properties safe from lead hazards, Rhode Island's Renovation, Repair, and Painting (RRP) Rule requires contractors, painters, and other workers doing renovation, repair, or painting on pre-1978

homes or child care facilities (including daycares, preschools, and elementary schools) to work for licensed Lead Hazard Control Firms.

Rhode Island's RRP Rule applies to contractors, landlords, property managers, homeowners, and anyone else who disturbs painted surfaces on pre-1978 homes or child care facilities. This includes general contractors as well as special trade contractors, such as painters, plumbers, carpenters, and electricians.

The RRP Rule applies to any renovation, repair, or painting that disturbs six square feet or more of paint per room on the interior or 20 square feet or more of paint on the exterior of a pre-1978 house or other regulated facility. Examples of lead hazard control or regulated activities include window replacement, remodeling, repair/maintenance, electrical work, plumbing, painting, carpentry and any type of demolition. Not all projects are regulated by the RRP Rule. Note that landlords with employees must also follow Occupational Safety and Health Administration (OSHA) regulations.

Childhood Lead Action Project

Since 1992, the Childhood Lead Action Project ('CLAP') has worked to eliminate childhood lead poisoning through education, parent support and advocacy. The Project is the only organization in Rhode Island devoted exclusively to this critical issue.

Over the years, the Childhood Lead Action Project has come to be recognized as a leading education and information resource by the community and as a catalyst for social change.

CLAP specializes in outreach and education, the current focus of which is getting the word out about lead remediation programs available to property owners in high-risk neighborhoods in Providence, RI. CLAP has bilingual staff fluent in both English and Spanish working full-time to get the word out about lead remediation programs to property owners in high-risk neighborhoods throughout Providence.

Most of the Lead Hazard Awareness Classes, as required in the Lead Hazard Mitigation Act, are conducted by the Childhood Lead Action Project. Specialized training for property owners, contractors, tenants and social service providers are conducted in both English and Spanish. Lead Hazard Awareness Seminars are 3-hour classes and are certified for both realtors and property owners to take.

Our Congressional Delegation

Senator Jack Reed was recently presented with the Child Health Champion Award by the National Safe and Healthy Housing Coalition and the Childhood Lead Action Project for securing federal funding for lead poisoning prevention. Senator Reed established National Childhood Lead Poisoning Prevention Week, which advocates celebrate nationally every year in October and he has introduced scores of bills on lead poisoning and healthy homes. Each year Senator Reed leads efforts to maximize funding for HUD's lead hazard control program and for CDC's healthy homes/lead poisoning prevention program. HUD helps low-income families address lead-based paint hazards in their homes. CDC collects and disseminates all the data on childhood lead

poisoning in the U.S. and its staff serve as the emergency responders to unusual outbreaks of the disease in the U.S. and abroad.

Efficient Energy Investment Incentives to Homeowners

More state residents need to be made aware of the EnergyWise services offered through National Grid. Through EnergyWise, homeowners can receive a no-cost energy assessment, which gives them a game plan for improving their home and in many cases, pre-qualifies them for loans and grants that can pay for important upgrades of appliances and heating systems. Other programs, such as the DoubleGreen Home Loan program, an interest free loan for up to \$5,000, offered by the Capital Good Fund, need to be championed and promoted in order for households most in need to take advantage of these resources. Federal and state funding for weatherization assistance and for lead hazard reduction, which have been the primary source for investing in healthier homes for low and moderate income households, have seen funding cuts in recent years.

How are the actions listed above integrated into housing policies and procedures?

The state will continue the statewide expansion of the Green & Healthy Homes Initiative Rhode Island model of braiding and coordinating resources to improve client service delivery and health outcomes while simultaneously reducing client deferral rates, energy costs and maintenance costs for low income families. The state will look to expand this process into additional cities and towns in Rhode Island.

The Rhode Island Lead Poisoning Prevention Act and Regulations require all children younger than six years of age to be screened for lead poisoning according to the Department's Lead Screening and Referral Guidelines. Child care providers and elementary schools are asked to document that children are screened prior to enrollment, and health insurers based in Rhode Island are required to cover lead screening analysis. All lead screening results are reported to the Department of Health and maintained in a database.

Rhode Island requires healthcare providers to report the results of all blood lead level tests for children younger than six years old who live in Rhode Island. Lead screening data collected since the early 1990s is maintained in the Lead Elimination Surveillance System and is used for measuring lead screening rates and the incidence and prevalence of lead poisoning, as well as for program evaluation and quality assurance. Environmental inspections and compliance and enforcement activities are also tracked electronically.

Owners of units identified with lead violations are sent Notices of Violation to remove lead hazards and provided with technical assistance to conduct this properly. If lead hazards are not removed, enforcement efforts are put in place in coordination with the Attorney General's Office and local courts.

These policies and procedures emphasize the need to understand the dangers of unhealthy housing and lead poisoning. The programs and initiatives: LHSP, LESS, LSLF, RSS, CLAP and EnergyWise described in this section contribute to achieving the ends associated with health housing policies.

SP-70 Anti-Poverty Strategy – 91.315(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

The Economic Progress Institute (“EPI”) - formerly The Poverty Institute - is a nonpartisan research and policy organization dedicated to improving the economic well-being of low- and modest-income Rhode Islanders.

EPI finds that “In Rhode Island, 14.3 percent (144,000) of residents were living in households with income below the federal poverty level, which was \$11,900 in 2013. Among the New England states, the Ocean State had the largest share of its residents living in poverty last year. Poverty rates among minorities continue to be high, with 30 percent of African-Americans and more than one-third (37 percent) of Latinos living in poverty in the Ocean State...The state’s median household income, when adjusted for inflation, remained flat at \$55,902 a year, ranking Rhode Island 19th among all states, and in the middle of the pack in New England. This is significantly less than pre-recession median household income of \$60,183.”

EPI’s “The Rhode Island Standard of Need 2014” is referenced in NA-10 concerning the level of single person households and female-headed single-parent family households that do not earn enough to meet standard needs. These vulnerable sub-populations of the state need affordable housing. Overall, EPI finds that “It costs two to three times the official federal poverty level to meet basic needs in the Ocean State. Many working men and women are paid too little to meet the high cost of living and must rely on work supports, like tax credits and child care subsidies, to be economically secure. Seniors and people with disabilities are often unable to support themselves through work and require a strong network of community support and other public help to ensure a good quality of life.”

The state, through its social service agencies, pays for or sponsors many anti-poverty programs for families, such as (as summarized by EPI):

Rhode Island Works Program: The RI Works Program provides cash assistance to families with children up to age 18 and work readiness services for enrolled parents. A family receives the difference between countable income (income after RI Works deductions to earned income are applied) and the benefit amount. Families eligible for RI Works also receive SNAP benefits, health insurance (through the **Rite Care** program), child care assistance necessary for the parent to participate in work-readiness activities or employment and transportation assistance. RI Works is the state’s version of providing temporary assistance for needy families.

The **Earned Income Tax Credit** provides a tax credit and/or refund to people who earn low to moderate wages. The payment can be received as part of the end-of-year tax filing and a portion can be received in the worker’s weekly paycheck. Workers who qualify for the federal EITC also qualify for a state EITC which is a portion of the federal amount.

Property Tax Relief Circuit Breaker Program: State-funded tax credit to senior and disabled homeowners and renters whose property taxes exceed between 3% and 6% of their household income. For renters, property tax is calculated at 20% of annual rent. The maximum credit is \$300.

HealthSource RI – Affordable Health Coverage: HealthSource RI is the state’s new health insurance marketplace for Rhode Islanders, in which families and individuals with income below 400% of the federal poverty level ("FPL") may be eligible for a tax credit from the federal government to help pay for enrolling in a health plan. The tax credit can be claimed at the end of the tax year when the person files their income tax return. It can also be received in advance each month to help pay the monthly premium to enroll in coverage. This is commonly called the Advanced Premium Tax Credit or "APTC". If income is below 250% FPL, the family or individual may also be eligible for "cost-sharing subsidies" which reduce the out-of-pocket costs incurred when the person uses health care. These include co-payments (e.g. for doctor visits and prescriptions), deductibles, and co-insurance. **Rlte Care** and **Rlte Share**, which provides comprehensive medical coverage through the Medical Assistance Program to pregnant women, children and their parents or caretaker relatives, are now options, under HealthSource RI, with eligibility dependent on income.

Child Care Assistance Program, CCAP: Pays for all or part of costs of child care for children under the age of 13. Eligible families are those with less than 180% of the federal poverty level in which parent/caretaker relative is working at least 20 hours a week. Once a family is receiving CCAP services, they can continue to participate until income exceeds 225% FPL.

Section MA-45: Non-Housing Community Development Assets, describes the growing apparatus of apprenticeship and workforce training program sponsored by the state’s **Governor’s Workforce Board** ("GWB"). In 2011, the General Assembly enacted legislation requiring The GWB to develop a Biennial Employment and Training Plan to provide a comprehensive analysis of the funds being invested in workforce development, an analysis of gaps in meeting the needs of workers and employers and a plan for workforce spending in our state. New proposals as a part of this plan included increased opportunities for apprenticeships and the “work immersion program” which would provide subsidies to employers to hire unemployed adults and post-secondary school students on a short term basis with the hope that this will lead to a full-time job. Subsidized employment has been used by many states to help link out of work residents to available jobs.

The **Rhode Island Department of Labor and Training** has a Workforce Development Services Division ("WDSD"), which describes itself as “the single point of contact in Rhode Island for employment, workforce information and education and training services. WDSD oversees all programs that guide jobseekers to suitable employment and facilitates the connection between employers and qualified workers. For job seekers, WDSD offers an online job board and job seeker tool kit (EmployRI), a daily online posting of jobs in the region (Hot Jobs), an updated listing of approved training programs (provided by the State Workforce Investment Office) and calendars of job seeker workshops and recruitments (netWORKri). The Business Services and Business Workforce Center connects employers to recruitment, retention, training and tax credit options. They can also help with employee transitions during a mass layoff situation.”

How are the Jurisdiction’s poverty reducing goals, programs, and policies coordinated with this affordable housing plan

All seven goals described in the Strategic Plan (SP-45) have either explicit or implicit aspects that reduce the number of poverty-level families in the state.

Goal 1: The Needs Assessment Overview (NA-05) describes the tradeoffs made by cost-burdened households in terms of basic necessities being sacrificed for housing costs. A stable and affordable home provides the foundation needed to move out of poverty. Achievements associated with the strategies devised to accomplish Goal 1 will relieve the cost-burdens felt by hundreds of families in the state.

Goal 2 explicitly works to reduce homelessness through mainstream benefit sign ups among those using emergency shelters and those living in permanent supportive housing. The agencies described in SP-40 provide the case management and social services necessary to help connect those experiencing homelessness to affordable housing, but also the anti-poverty support programs described earlier in this section. The Continuum of Care has performed well in the percentage of households that, upon exit, have been connected to a mainstream benefit they previously were not receiving. It is often these persons and families that are most likely to be eligible for state-subsidized income or healthcare assistance.

Goal 3 alleviates burdensome issues such as high utility costs and unsurmountable healthcare costs associated with safe or unhealthy housing for households that face poverty. Lead, mold, biocides, pests, radon, asbestos, and volatile organic compounds – as described in MA-20: Condition of Housing – can reinforce poverty in families that do not have access to safe and healthy homes, as added healthcare and educational costs are often incurred. Constant mobility in young children has been proven to be related to negative educational outcomes, which can result from unhealthy or unsafe housing. State agencies that work with children (DCYF, BHDDH) have MOUs with OHCD to avoid sending children into unhealthy housing situations where possible – but the level of investment needed to eradicate all unhealthy housing concerns in urban areas is beyond what is currently available.

Goal 4's implicit anti-poverty strategy is to unburden low income households of unaffordable housing costs to free up residual income for other basic needs. The state, through the Housing Choice Voucher Program administered through Rhode Island Housing, provides rental service to approximately 1,600 households at any given time, providing an average of \$650 per month in housing assistance payments to private landlords to offset housing costs. A 2009 study performed by researchers at the University of Wisconsin at Madison found that over time, low-income households with housing choice vouchers have modestly increased work effort that, on average, reduce poverty among voucher holders.

The Family Self-Sufficiency program, as the name suggests, does more than just provide rental assistance, but works with renters to develop escrow accounts in order to save to become homeowners. Rhode Island Housing runs a voluntary FSS program through its authority as a PHA, and receives approximately \$180,000 per year to support three full-time FSS coordinators. The program is currently at 93% capacity in terms of actual enrollment and maximum enrollment allowed; 62% of participating families have escrow account balances and several families are participating in educational programs with the intent of becoming homeowners. In 2014, 15 families graduated from Rhode Island Housing's FSS program and over \$90,000 was disbursed from FSS escrow accounts for homeownership investments. Based on current enrollment in the HCV Homeownership Program, the state expects another 12 graduates in 2015. RIH conducts outreach to all HCVP participants to participate in the Homeownership program by holding quarterly

presentations in which all tenants are invited to attend; RIH also provides support to other PHAs in increasing participation in Homeownership programs throughout the state.

Goal 5 reduces poverty in the state by providing free borrower-lender mediation and counseling services to Rhode Island homeowners at risk of foreclosure. The program incentivizes banks to work with homeowners to modify loan payments and develop a plan for working out untenable situations. Homes are asset-builders that engender wealth; losing a home through an avoidable foreclosure removes that asset from a family and makes it less likely for that family to be able to become homeowners again in the future.

Goal 6 improves the quality of life of persons in those communities in which public facilities, services and infrastructure investments take place. Inviting more commerce and industry to those neighborhoods hardest hit by fleeing businesses reinvigorates opportunity and vitality; the same is true of neighborhoods hardest hit by weather events and flooding disasters that would not otherwise be able to afford key facility and infrastructure repairs. Section NA-50 describes needs associated with transportation access, lighting and walkability improvements in aging villages throughout the state, much of which will be addressed through CDBG funds. A 2013 Urban Land Institute survey found that “When it comes to choosing a community, neighborhood safety, quality schools, and walkability are the top three priorities.” Making lower income communities more attractive for businesses and homeowners through community development investments will have the effect of reducing area poverty rates.

Goal 7 is a state priority because housing discrimination reinforces patterns of poverty in low income areas. Sociologists such as Thomas Shapiro, John Yinger and Jessica Kenty-Drane have conducted research showing that housing discrimination creates wealth disparities, most directly when it acts as a barrier to homeownership. Housing discrimination can come in many forms, charging higher interest rates to minority households with comparative assets to a white household, requiring higher credit scores for minority households compared to similarly-qualified white households have been two more recent practices. As Sociologist Douglas Massey has recently found, “as anti-housing discrimination policies become more effective, new forms of housing discrimination have emerged to perpetuate residential segregation, and in turn, poverty.” Rhode Island’s efforts to affirmatively further fair housing must not only address familiar forms of housing discrimination but also protect the state from new discriminatory practices evolving elsewhere in the market.

SP-80 Monitoring – 91.330

Describe the standards and procedures that the state will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

HOME

Upon approval of an application, the applicant shall enter into, execute, deliver and provide RIH with such documents, instruments, and further assurances, as RIH deems necessary to assure compliance with the HUD regulations. The Agreement shall remain in effect for the period of affordability or, if the applicant is a “Sub-recipient”, during any period of that the applicant has control over HOME program Funds. At a minimum, the Agreement shall contain provisions concerning items concerning all items in accordance with the requirements of HUD regulations together with such other requirements as Rhode Island Housing may require. The Agreement will include the method of enforcement by Rhode Island Housing or the intended beneficiaries. The Agreement will specify remedies for breach of the provisions of the Agreement.

To insure compliance with the requirements of HUD and Corporation Regulations, Rhode Island Housing will conduct on-site inspections and financial oversight in accordance with 92.504. HOME Program Support Specialists conduct annual file reviews and Home Quality Standards inspections. The Support Specialist sends each HOME unit sponsor a request letter for copies of files for the file review and to arrange an appointment to conduct the inspection. HOME Support Specialists currently use the standards outlined in HUD Form 52580-A, completing a full review of the site, rating 74 home quality standards as either Pass, Fail or Inconclusive. If one of the 74 standards measures a Fail, then the unit fails the minimum housing quality standards inspection and a discussion with the owner takes place to address repairs noted that would be necessary to bring the unit up to the standard. HUD Form 52580-A includes all required standards in §92.251(c), specifically regarding compliance with state and local building codes, accessibility, disaster mitigation, health and safety, lead-based paint, and all other standards listed under 24 CFR 982.401. It should be further noted that per the 2013 HOME Final Rule, all HOME units committed funding after 1/24/15 will be required to be reviewed under the new Uniform Physical Condition Standards (UPCS) on an ongoing basis; however, as of October 2015, guidance from HUD has not yet provided additional guidance on these standards. After the review and the inspection take place, and the Support Specialist then sends the sponsor a follow up letter regarding findings of the reviews and necessary actions that must be taken. Tenants agree in their leases to provide information to the landlord on rents to complete occupancy reports. Each unit is assessed for compliance using information in the file reviews, such as the occupancy information, utility allowances and the level of rent being charged.

MBE / WBE

Minority Business Enterprise / Women’s Business Enterprise: RIH will continue its present efforts to utilize minority and women’s business enterprise (MBE/WBE). The outreach efforts will be implemented by HOME Program staff with the oversight of the Deputy Director and the Executive Director. All contracts for the procurement of property and services awarded under the HOME

Program and all such contracts awarded by state recipients and other entities, funded under the HOME Program shall to the maximum extent possible be awarded to businesses owned by minorities and women.

The State of Rhode Island maintains a listing, published annually, of minority and women's business enterprises including identification of services and products. In 2011 Rhode Island Housing will notify the state's office of minority contractors that awards will be posted on the Rhode Island Housing website. In order to implement an outreach program, all solicitations by Rhode Island Housing for the procurement of services shall be published on the State website. Rhode Island Housing maintains a listing of all minority media outlets. Minority media are notified of HOME competitive funding rounds and can provide appropriate contacts to HOME recipients.

HOME recipients with projects under construction are required to report annually on all awarded contracts. Information that includes the dollar value of the contract, contractor name, gender, ethnicity and race, is being compiled into a Corporation-wide database and will be used to encourage increased utilization of minority and women-owned enterprises. The database became completely functional in December of 2006.

CDBG

The State of Rhode Island has developed and implemented a recipient review system. The purpose of this system is to determine whether recipients have carried out CDBG activities in a timely manner and in accordance with the primary objectives, applicable laws, regulations and executive orders.

In designing the review system, special attention was given to Rhode Island's rather unique situation. As a state in which no community is more than 45 minutes away and there are only 33 communities eligible for the Small Cities Community Development program, Rhode Island affords the State community development staff the opportunity to be familiar with each eligible recipient, as well as the impact of each project on the local area.

The State has developed a CDBG Management Handbook that instructs communities on the various regulations of the program and requires program recipients to submit written progress reports, the primary of which are the Quarterly Progress and Close-Out Reports.

The Quarterly Progress report includes data relative to the extent to which persons or households have benefited from CDBG activities as well as status narratives. The program Close-Out report requires recipients to provide all accomplishment information at the completion of funded activities.

Tracking and review of these reports constitutes a major portion of the off-site recipient review. This system permits state staff to remain current relative to recipient progress and to identify problem areas that require special attention.

The State Community Development staff makes every effort to visit each recipient several times during the grant period. The staff reviews all reports and requests for technical assistance, and

gives weight to each of the following criteria (risk-based approach) when scheduling on-site monitoring in an effort to ensure that visits take place at the most optimum time.

CRITERIA:

1. Towns with identified management concerns which may impact the local administration of the CDBG program
2. Close-Out requests reviewed
3. New CDBG administrative staff
4. Stalled programs
5. Complexity of the projects
6. Projects with no prior review
7. Town with audit findings
8. Requests for assistance
9. Standing of grants, percentages of funds drawn
10. Community's past performance

On-site monitoring visits are documented in a monitoring report. This report is submitted with a cover letter summarizing any finding and indicating actions necessary to resolve them.

ESG

The CHF Partnership utilizes a risk-based approach to monitoring its sub-recipients under the Emergency Solutions Grants Program. Programs are tracked in-house through the HMIS system and/or completion of progress reports and review of information funded agencies have provided. Regular interaction is maintained with those recipients who receive sizable awards.

Periodic on-site monitoring of recipients is completed by CHF Partnership staff and may be coordinated with the efforts of the State's McKinney Continuum of Care performance reviews.

Continuum of Care

Programs should be monitored at least every three years either remotely or on-site. However, there are few exceptions that prompt early monitoring. Those programs selected for early monitoring are chosen because of one or more reasons, including:

- Detected issues of concerns within a sub-recipient program year
- The HEARTH Coordinator is new and wants to understand the individual programs (this may be formal or informal)
- Timeliness of drawing down funds
- Turnover of sub-recipient staff
- Capacity issues related to staff

If early monitoring is required the reviewer(s) need to inform the Supportive Services Manager of the programs that will be monitored and the reason(s) why the monitoring is necessary. The complexity of financing of many CoC units has proven confusing for sub-recipients in determining which program regulations supersede when it comes to this such as: rent calculations and documentation to prove homelessness and disability. Therefore, when appropriate conduct

program monitoring in conjunction with the HOME and NOP Coordinators to ensure that sponsors are using the right rent calculations and documentation to prove homeless and disability.

HOPWA

Rhode Island Housing, its agents and designees shall have the right, from time to time, to inspect each unit for purposes of ensuring compliance with the terms and conditions of this Agreement and the Rules and Regulations.

The Sponsor agrees to permit Rhode Island Housing, its agents and designees 1) to gain reasonable access to the HOPWA assisted housing, and 2) to examine its books and records, including all financial statements and records, from time to time, insofar as the same may apply to the Sponsor's use of the HOPWA proceeds. The Sponsor further agrees to furnish such other information to Rhode Island Housing, as and when reasonably requested, for the purpose of determining the Sponsor's compliance with this Agreement and the Rules and Regulations.

All records specified in the Rules and Regulations must be maintained by the Recipient and ACOS agrees to provide access to Rhode Island Housing or its designees to the following documents as needed:

Client Files

- Medical documentation confirming client's HIV/AIDS status if applicable
- Homeless Verification
- Verification of client's sources of income or employment
- Verification of disability if applicable
- Annual income re-certifications and resident rent payment determination
- Case management plans stating long and short term goals
- Documentation of the services and referrals provided to clients

Procedural Documents

- Written procedures for the termination of participation, which outline the minimum due process requirements for termination
- Written Policy for procurements
- If an additional client contribution is charged, a written policy approved by Rhode Island Housing detailing how the fee is set and implemented is required. The letter from Rhode Island Housing approving the program fee must be in the file.

Financial Documents

- Written procedures covering the recording of transactions, an accounting manual and a chart of accounts or other documentation of a proper accounting system
- Policy manual or other written procedures covering the authority for approving financial transactions, ensuring that internal controls are in place.
- General Ledger
- Chart of accounts
- Board approved agency budget
- Audits and resolutions of Audit findings

- Supporting documentation for invoices, contracts and purchase orders
- Annual line item budgets for use of HOPWA funds and match
- Time Sheets and schedules of all employees

Administrative Documents

- Written procedures and staff training efforts regarding confidentiality and physical security;
- A board approved Code of Conduct governing employees, officers or agents engaged in the award and administration of contracts supported by grant funds.
- Written procedures of the method used for tracking client's eligibility and determining the resident rent payment
- Agreements with qualified service providers for the provision of services to residents at the community residence.
- Organizational staffing chart that sets forth the lines of responsibility
- Job Descriptions
- Copy of Fidelity Bond coverage for responsible officials
- Minutes of Board Meetings, reflecting the actions of the Board; maintain and distributed to and approved by Board Members.

Continuum of Care

Responsibility for oversight of monitoring is delegated by the RI CoC Board to the Recipient Approval and Evaluation Committee. The conduct of the monitoring and evaluation will be the responsibility of the Collaborative Applicant, or if designated by HUD, by the Unified Funding Agency (CA/UFA).

In order to assure that CoC grantees are abiding by HUD CoC regulations and RCoC policies, the RCoC will conduct monitoring of grantees. On an annual basis, the RCoC will conduct onsite monitoring of a minimum of 7 CoC grantees.

Grantees selected for monitoring will be provided advance notice of monitoring, the checklist that monitors will be using, an entry interview to discuss the monitoring prior to the start, an exit interview to identify and discuss key items that will be included in the monitoring report, and a written report containing a summary of the monitoring and listing any findings or concerns resulting from the monitoring.

Grantees will be chosen for on-site monitoring through a risk assessment process to identify those with the greatest likelihood to have issues that may need to be addressed through monitoring. The factors that will be considered as part of the risk assessment include:

1. The results of the performance evaluation process. Projects selected for monitoring will be those that are in the bottom twenty percent (20%) of grantees according to the performance evaluation process.
2. Review of grantee audits. Grantees with audit findings will be a high risk of monitoring.

3. Prior HUD monitoring and findings. Grantees that have been monitored by HUD and that have findings will be at higher risk of RCoC monitoring. Additionally, grantees that have not been monitored by HUD in the prior 5 years will be at higher risk of RCoC monitoring.
4. Size of CoC grant. Grants of \$400,000 and above will be weighed the highest for monitoring, grants of between \$200,000 and \$399,999 will be weighted second highest; and grants below \$200,000 will have the lowest weighting for monitoring.
5. Expenditure of prior grant. CoC grantees with 15% or more of funds not expended in the prior grant year will be weighted highest for monitoring; those with 5-15% unexpended will be weighted second highest; and those with less than 5% unexpended will have the lowest weighting for monitoring.
6. Project Size: CoC projects with 25 or more units of housing will be weighted highest followed by those with 12-24 units. Those CoC funded projects with 11 or fewer housing units will have the lowest weighting for monitoring.
7. Management and Staff Turnover. Organizations that have seen turnover in the chief executive officer, chief fiscal officer and/or chief operating officer or where the program staff responsible for the CoC funded program has experienced significant turnover (project director or key program staff) will be more likely to be monitored.

The Guidelines and risk assessment factors will be reviewed on an annual basis by the Recipient Approval and Evaluation Committee. Recommendations for any changes in the risk assessment or monitoring procedures will be proposed to the Board for adoption.

The monitoring will be conducted according to procedures approved by the Recipient Approval and Evaluation Committee. These procedures will include at a minimum:

1. Methodology for risk assessment for monitoring
2. A process for conducting the monitoring including notification to grantees being monitored and procedures for the monitoring, and
3. A process for providing the results of the monitoring and grantee response.
4. The Recipient Approval and Evaluation Committee shall also approve a CoC Monitoring Checklist which will monitor compliance with HUD and OMB requirements including without limitation: 24 CFR Part 576; 24 CFR Part 578; 24 CFR Parts 84 and 85; and 2 CFR Part 200

First Year Annual Action Plan

AP-15 Expected Resources – 91.320(c)(1,2)

Introduction

The state anticipates availability of approximately **\$42.9 million in federal funds in the first program year** of the 2015-2019 Consolidated Plan time period. Non-federal public and private funds that will directly assist CPD funded programs is estimated to be \$13.4 million, 73% of this non-federal funding comes from the state budget, the other 27% from Rhode Island Housing's resources. The programs that these funds assist also rely on leveraged private financing, especially those programs associated with Goal 1: Develop and Preserve Affordable Housing Opportunities. The new Housing Trust Fund will require administrative work in this upcoming program year, but funds will likely not be available until later in this Consolidated Plan time period.

TABLE 87 – ANTICIPATED RESOURCES BY GOAL, FIRST PROGRAM YEAR

Goal	Funding	Source Type	\$ PY15
Goal 1 Develop and preserve affordable housing opportunities	HOME	Federal	\$3,002,167
	9% LIHTC - TC allocation only	Federal	\$2,680,000
	CDBG - 25% of awards (total housing set asides)	Federal	\$1,228,880
	Building Homes Rhode Island	State	\$5,800,000
	Housing Trust Fund - HERA 2008	Federal	\$0
	4% LIHTC - TC allocation only	Federal	\$1,200,000
	CDBG-DR Housing	Federal	\$893,890
	GOAL TOTAL	TOTAL	\$14,804,937
Goal 2 Prevent and end homelessness among chronically homeless, homeless veterans and homeless families while significantly reducing overall homelessness	State Rental Assistance	State	\$750,000
	Emergency Solutions Grants Program - Entitlements	Federal	\$718,236
	Emergency Solutions Grants Program - Statewide	Federal	\$668,699
	Social Service Block Grant, Title XX	Federal	\$1,272,385
	RI Homelessness Funding	State	\$1,662,500
	CDBG Homeless Setaside	Federal	\$500,000
	Supportive Housing Program - Continuum of Care	Federal	\$5,262,197
	HUD Section 811 Project-Based Rental Assistance	Federal	\$110,911
	RoadHome Service Enriched Rental Assistance Program	RI Housing	\$2,325,000
	HOPWA	Federal	\$685,495
	Neighborhood Opportunities Program*	RI Housing	\$1,300,000
	Thresholds	State	\$1,000,000
	GOAL TOTAL	TOTAL	\$16,255,423
Goal 3 Improve the accessibility, health, safety, and energy efficiency of all Rhode Island homes	State Lead Program	State	\$600,000
	HUD Lead Hazard Red. Prog (Lead and Healthy Homes)	Federal	\$833,333
	CDBG Home Repair Program	Federal	\$983,104
	GOAL TOTAL	TOTAL	\$2,416,437
Goal 4 Provide Tenant-Based Rental Assistance to meet housing needs of lowest income households	Housing Choice Voucher Program	Federal	\$14,125,665
	GOAL TOTAL	TOTAL	\$14,125,665
Goal 5 Address Negative Impacts of Foreclosure Crisis	NFMC NeighborWorks Grant	Federal	\$336,614
	GOAL TOTAL	TOTAL	\$336,614
Goal 6 Promote economic development by addressing non-housing community development needs	CDBG - Balance of funds	Federal	\$2,203,535
	CDBG - DR Balance of funds	Federal	\$6,206,110
	GOAL TOTAL	TOTAL	\$8,409,645
Goal 7 Affirmatively Further Fair Housing	GOAL TOTAL		\$0
ALL FUNDS - CALIBRATION LEVEL		TOTAL	\$56,348,721

TABLE 87 is not a required table; it organizes the available funding by goal. Goals 1, 2 and 4 have comparable funding availability in PY15. These three goals combine to absorb approximately 76% of the federal funding for all housing-related programs in PY15. While Goal 4's funding is entirely reliant on federal resources, the state will contribute 39% of Goal 1's resources and 22% of Goal 2's resources; however, in subsequent years, the state's contribution to resources available for Goal 1 will likely diminish. Goal 4 and 6 rely solely on federal funding; Goal 5 is assisted through Rhode Island Housing's own resources. Strategies to address Goal 7 involve many of the other funding programs including rental assistance and development financing.

TABLE 88 is the required table for the eConPlan. It shows that the largest single source of federal funds for housing-related purposes is the Housing Choice Voucher Program administered through Rhode Island Housing as part of its obligations as a statewide Public Housing Authority. This program provides, on average, housing assistance payments near \$650 per month to over 1,500 households in the state, over 90% of which are either very low income or extremely low income households. TABLE 88 also shows that the total available funds to achieve the state goals in PY15 is over \$56 million, and over \$59 million when including program income and prior-year resources available from CPD programs. Federal funding accounts for approximately \$46 million (79%) of available funds in PY15, and contributes to part of all goals for which funding is available.

Anticipated Resources

TABLE 88 – ANTICIPATED RESOURCES – ECONPLAN TEMPLATE TABLE

Program	Source of Funds	Expected Amount Available Year 1			
		Annual Allocation \$	Program Income \$	Prior Year Resources:	Total \$
HOME	Public-federal	\$3,002,167	\$18,016	\$2,117,347	\$5,137,530
HOPWA	Public-federal	\$685,495	\$0	\$6,000	\$691,495
CDBG	Public-federal	\$4,915,519	\$122,062	\$778,742	\$5,816,323
CDBG - DR	Public-federal	\$7,100,000	\$0	\$0	\$7,100,000
ESG - State	Public-federal	\$668,699	\$0	\$0	\$668,699
ESG - Entitlements	Public-federal	\$718,236	\$0	\$0	\$718,236
Title XX - Social Services Block Grant	Public-federal	\$1,272,385	\$0	\$0	\$1,272,385
Continuum of Care (former SHP & S+C)	Public-federal	\$5,262,197	\$0	\$0	\$5,262,197
Low Income Housing Tax Credits	Public-federal	\$3,880,000	\$0	\$0	\$3,880,000
Housing Choice Voucher Program	Public-federal	\$14,125,665	\$0	\$0	\$14,125,665
Lead Hazard Reduction Program Grant	Public-federal	\$766,667	\$0	\$0	\$766,667
Healthy Homes Grant	Public-federal	\$66,667	\$0	\$0	\$66,667
NFMC - NeighborWorks Grant	Public-federal	\$336,614	\$0	\$0	\$336,614
HUD 811 Project Rental Assistance	Public-federal	\$110,911	\$0	\$0	\$110,911
HRC Homelessness Funding	Public-state	\$1,662,500	\$0	\$0	\$1,662,500
Building Homes Rhode Island	Public-state	\$5,800,000	\$0	\$0	\$5,800,000
State Lead Hazard Reduction Funding	Public-state	\$600,000	\$0	\$0	\$600,000
Thresholds Program	Public-state	\$1,000,000	\$0	\$0	\$1,000,000
State Rental Assistance - Hmless	Public-state	\$750,000	\$0	\$0	\$750,000
Neighborhood Opportunities Program*	Private	\$1,300,000	\$0	\$0	\$1,300,000
RoadHome	Private	\$2,325,000	\$0	\$0	\$2,325,000
TOTALS		\$56,348,721	\$140,077	\$2,902,089	\$59,390,888

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

State HOME Program

Historically, the state's HOME program for non-entitlement communities, which has received nearly \$100 million since 1992 to develop affordable rental and homeownership opportunities in the state, has leveraged \$6.39 for every \$1 of HOME funds spent on rental activities (as of year-end 2014). This leverage ratio is the 11th highest nationally among 51 state participating jurisdictions, though it is technically in a tie for 1st among 27 states that qualify as producing 'significant leveraging' as a result of a historical 4 to 1 ratio or better. Also, this leveraging score of 6.39 is considerably higher than the national average of 4.84.

HOME applications receive extra points in scoring when proposed projects have other sources of public and private funds committed. No federal funds are counted as match, only state and private funds are considered. Sources contributing to the development of HOME-assisted projects include: market rate bank financing, private foundation grants, private donations, Building Homes RI, Lead Hazard Reduction funds allocated from the state, Thresholds Program funds, Community Development Block Grant funds, Affordable Housing Program funds (Federal Home Loan Bank of Boston) and sales proceeds (Homeownership projects).

Analysis of the past five years of Rhode Island's HOME commitments showed approximately \$16.5 million in HOME funds awarded that included over \$165 million in addition non-federal and private funding, again a \$10:\$1 ratio. In the upcoming planning period this 10 to 1 ratio is likely to be replicated due to the sustained high levels of total development costs and the limited other federal capital subsidies for affordable housing development, which will also continue to far exceed match requirements.

ESG Match

Due to the unique collaboration of the Consolidated Homeless Fund, the CHF Partnership is able to provide 100% matching funds without transferring match responsibility to the ESG sub-recipients. Non-CPD funds that are leveraged through ESG funding of the CHF include the state's homelessness funding through the HRC, the CDBG set-aside for homeless shelter operations, and Social Service Block Grant funds (passed through to the HRC from the state's Dept. of Human Services).

In PY15, the state's ESG formula allocation will only make up 14% of the funding for the Consolidated Homeless Fund, 26% coming from other CPD funds (state and entitlements combined), another 26% coming from non-CPD federal funds (Social Services Block Grant), and the rest (34%) coming from the state's Homelessness funding.

Private financing in the development of affordable housing (meeting Goal 1)

From 2010 to 2014, of the approximately \$570 million in total development costs of all affordable housing development, 82% came from private funding, either from a private organization or through the investment of equity in tax credit financed developments. Of the balance of total development cost, 10% came from federal capital subsidies while the remaining 8% came from state and local capital subsidies.

In Program Year 2015, it is likely that private funding will contribute a slightly larger share of total development cost than in the average program year from the previous planning period. Analysis of likely funding shows that 7% will likely come from federal subsidies and another 7% from state and local subsidies – the remaining 86% of total development cost will come from Low Income Housing Tax Credit equity and other non-subsidized investments from private organizations or private funding utilized by public agencies. The heavier reliance on non-federal subsidies means a reduced reliance on tax payer funding to achieve state goals, but also reflects overall reductions in federal sources for developing affordable housing, and thus a lower overall production of affordable units. With state bond (BHRI) funds from previous funding rounds to be utilized in projects finally closing in 2015, the state is likely to finance projects in PY15 with a total development cost near \$94 million. While this is a significant amount of investment that will produce substantial outcomes, this amount represents 14% less than the average total development cost emanating from similar sources from 2010 to 2014.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

Not applicable

Discussion

AP-20 Annual Goals and Objectives – 91.320(c)(3)&(e)

TABLE 89 – GOALS AND OBJECTIVES YEAR 1

<i>Program Year 2015 (Year One of 2015-2019 Planning Period) Summary of Funding and Outcomes by Goal</i>			
Goal 1 - Develop and Preserve Affordable Housing	PY15	Outcome	
HOME Investment Partnership Program	3,002,167	Rental units constructed	76
9% Housing Tax Credit	2,680,000	Rental units rehabilitated	540
Community Development Block Grant - 25% setaside to AH	1,228,880	Homeowner Housing Added	13
Building Homes Rhode Island	5,800,000	Homeowner Housing Rehabilitated	6
Housing Trust Fund - HERA 2008	0	Housing for Homeless added	28
4% Housing Tax Credit	1,200,000	Rental Housing Added - DR	0
CDBG -DR Housing Stabilization Program	893,890	Rental Housing Rehabilitated - DR	60
TOTAL	14,804,937		
Goal 2 - End Homelessness	PY15	Outcome	PY15
State Rental Assistance	750,000	Other - PSH Households Assisted	1,294
Emergency Solutions Grants Program - Entitlement communities	718,236	Rapid Re-Housing - Households	192
Emergency Solutions Grants Program - Statewide	668,699	Shelter - Persons	3,171
Social Service Block Grant, Title XX	1,272,385	Shelter Beds Added	35
RI Homelessness Funding	1,662,500	Homelessness Prevented - Persons	6
CDBG Homeless Setaside	500,000	HIV AIDS Housing Ops	48
Supportive Housing Program - Continuum of Care	5,262,197	VLI Household Rent Support (NOP)	182
HUD Section 811 Project-Based Rental Assistance (\$5.2 mill over 8 yrs)	110,911		
RoadHome Service Enriched Rental Assistance Program	2,325,000		
HOPWA	685,495		
Neighborhood Opportunities Program*	1,300,000		
Thresholds	1,000,000		
TOTAL	16,255,423		
Goal 3 - Healthy Homes	PY15	Outcome	PY15
State Lead Program	600,000	Home Health Hazards Remediated	110
HUD Lead Hazard Reduction Program	766,667	Rental units rehabilitated	98
HUD Healthy Homes funding	66,667	HO Housing Rehabilitated	161
CDBG Home Repair Program	983,104		
TOTAL	2,416,437		
Goal 4 - TBRA to Low Income Hseholds	PY15	Outcome	PY15
Housing Choice Voucher Program (Section 8)	14,125,665	Tenant-Based Rental Assistance	1,600
Goal 5 - Address Foreclosure Crisis	PY15	Outcome	PY15
NFMC Round 7 NeighborWorks Grant	336,614	Homeowners Assisted	579
Goal 6 - Non-Housing Community Development	PY15	Outcome	PY15
CDBG - Balance of funds (not housing or homeless setaside)	2,203,535	Public Facilty/Imprvmnt - Persons	35,000
CDBG-DR - Balance of Funds (not housing stabilization)	6,206,110	Public Services - Persons	30,000
TOTAL	8,409,645	Public Facilty/Imprvmnt DR - Persons	100,000
TOTALS	56,348,721		

Goals Summary Information

TABLE 79 of the Strategic Plan introduces the seven goals of this Consolidated Plan, while TABLES 80-85 described the anticipated annual outcomes by goal. TABLE 89 summarizes the funds available by goal and the proposed outcomes as previously related in the aforementioned tables from the Strategic Plan. Program Year 1 funding for Goals 1 through 6 include an estimated \$56.3 million in

funding from all sources. Of the estimated total, \$8,586,385 (15%) will come from HUD CPD programs state-level formula allocations (HOME, ESG and CDBG), \$718,236 will come from HUD CPD programs entitlement community-level formula allocations (Entitlement-ESG commitments to Consolidated Homeless Fund) and another \$685,495 will come from HUD CPD programs in the form of a competitive grant applied for by Rhode Island Housing (HOPWA). Additionally, \$7.1 million will come from the HUD CPD supplemental program CDBG – Disaster Recovery funds. Other HUD funds to support Rhode Island’s housing and homelessness goals in Program Year 15 include competitively-awarded sources from the HUD Office of Special Needs Assistance Programs (SNAPS) – through the Continuum of Care programs, the Office of Lead Hazard Control and Healthy Homes (OLHCHH) – through HUD Lead Hazard and Healthy Homes funding and the Office of Public and Indian Housing (PIH) – through the Housing Choice Voucher Program. Other federal, state and private financing supports these initiatives to achieve the proposed outcomes. Goal 7, Affirmatively Furthering Fair Housing, does not have an outcome attributable to the number of persons, business or households served. Strategies to address Goal 7 involve many of the other funding programs including rental assistance and development financing.

Goal Descriptions

Descriptions of the goals for Program Year 1 reflect the goals of the state’s five-year Strategic Plan, as defined in SP-45 of the Consolidated Plan 2015-2019.

AP-25 Allocation Priorities – 91.320(d)

Introduction:

Only CPD grant programs are required to be described by allocation priority; however, it is helpful to all housing stakeholders in the state to understand the complete picture of housing assistance programs that effect achievement of Rhode Island’s housing and community development goals (SP-45). Most funding programs address one goal directly. Only CDBG programs are split between funding the outcomes of more than one goal. However, many funding programs indirectly assist with the achievement of other goals; for instance, the HOME, LIHTC and BHRI programs, though they specifically fund affordable housing development, also contribute to the reduction of homelessness (Goal 2), the provision of safe and healthy housing (Goal 3) and non-housing community development (Goal 6). Providing tenant-based rental assistance, addressing the foreclosure crisis and providing safe and healthy homes all go to reducing the likelihood of homelessness and improving the communities in which these programs serve, thus addressing Goals 2 and 6 while achieving their stated outcomes.

Funding Allocation Priorities

TABLE 90 – FUNDING ALLOCATION PRIORITIES

Program Goal	Goal 1 - Affordable Housing Development (%)	Goal 2 - Homelessness (%)	Goal 3 - Safe and Healthy Housing (%)	Goal 4 - Tenant Based Rental Assistance (%)	Goal 5 - Address Foreclosure Crisis (%)	Goal 6 - Non-Housing Community Development (%)	Total (%)
HOME	100	0	0	0	0	0	100
HOPWA	0	100	0	0	0	0	100
CDBG	25	10	20	0	0	45	100
CDBG - DR	13	0	0	0	0	87	100
ESG - State	0	100	0	0	0	0	100
ESG - Entitlements	0	100	0	0	0	0	100
Title XX - SSBG - CHF	0	100	0	0	0	0	100
Continuum of Care	0	100	0	0	0	0	100
LIHTC	100	0	0	0	0	0	100
HCVP	0	0	0	100	0	0	100
Federal - Lead	0	0	100	0	0	0	100
Federal - Healthy Homes	0	0	100	0	0	0	100
NFMC - NW Grant	0	0	0	0	100	0	100
HUD 811 PRA	0	100	0	0	0	0	100
State Hmeless Funding	0	100	0	0	0	0	100
BHRI	100	0	0	0	0	0	100
State - Lead	0	0	100	0	0	0	100
Thresholds Program	0	100	0	0	0	0	100
State RA - Hmelss	0	100	0	0	0	0	100
NOP	0	100	0	0	0	0	100
RoadHome	0	100	0	0	0	0	100

Reason for Allocation Priorities

Rhode Island’s need for affordable housing development, and the lack of other sources for capital assistance, has led to the HOME program’s focus on Goal 1. The state CDBG program funds the most diverse set of priorities of any state program; bolstering efforts to develop affordable housing while previously reliable capital sources have dried up, providing much needed match funding for

the Consolidated Homeless Fund, funding the Home Repair program to provide resources to low-income households throughout the state that do not qualify for other funding, and funding crucial public facility, public service and public infrastructure needs to non-entitlement communities. The state's allocation priorities under the Disaster Relief program are based directly on the needs resulting from the damage caused by the 2010 floods and Hurricane Sandy. A robust analysis of the needs resulting from that storm damage, and the resulting funding availability for the different efforts is available at <http://www.planning.ri.gov/community/development/disaster/>. The funding of programs to prevent and end homelessness through ESG, state and entitlement, and HOPWA, thus each's 100% focus on Goal 2, relates to the state's Strategic Plan to End Homelessness, known as Opening Doors Rhode Island, mentioned in the Strategic Plan, most specifically in SP-60.

How will the proposed distribution of funds address the priority needs and specific objectives described in the Consolidated Plan?

The state plans to produce 271 new affordable homes (252 rental and 19 homeownership in PY15) while preserving the affordability 364 homes through re-financing and substantial rehabilitation work. All of the funds associated with Goal 1, as described in TABLE 89, will combine to meet these objectives. The \$14.8 million in subsidies will leverage an estimated additional \$79 million in private funds to accumulate a total of \$93.8 million in total development cost to produce or preserve 635 affordable homes. All Goal 1 funds will directly address priority needs 1, 2 and 3 and described in TABLE 74, section SP-25 of the Strategic Plan, while various funds will simultaneously address priority needs 4, 5, 6, 7, 8, 11 and 12 depending on the proposals funded. These funds are distributed to qualified developers with eligible project proposals to develop affordable housing.

The Consolidated Homeless Fund combines five different program sources associated with Goal 2, as described in TABLE 89, to fund rapid re-housing, emergency shelter operations and homelessness prevention. The Continuum of Care, RoadHome and State Rental Assistance programs go to fund the state's permanent supportive housing opportunities, although they function as separate programs. The Thresholds Program develops housing for disabled and homeless persons in need of health services and those funds help add shelter beds and permanent housing opportunities. HOPWA funds housing assistance for homeless persons with AIDS while NOP funds the operations of rental units that offer reduced rents and supportive services for households that qualify as homeless. All of these programs combine to prevent and end homelessness, which is Goal 2 of this Consolidated Plan, and shares the goals outlined in Opening Doors Rhode Island, the state's plan to end homelessness. Priority needs 4, 5 and 6 (TABLE 74) are directly addressed by the distribution of these funds. These funds are distributed to qualified service providers located in Rhode Island that offer eligible programming for homeless persons and households.

The LeadSafe Homes Program (LSHP) of Rhode Island Housing combines funding from HUD and from the state to remediate lead-paint and other healthy homes hazards (mold, lack of insulation, contamination, pest problems, unsafe conditions), providing these services to over 100 homes annually (combining both homeowners and rental housing). Rhode Island Housing's LSHP staff takes in applications, completes the inspection and analysis of need of a home, schedules a contractor walkthrough advertised to all state-licensed lead hazard work contractors, coordinates scope of work review and work plan between lowest bidder and owner, relocates tenants

temporarily if needed, clears the final work with owner and contractor, then pays the contractor directly based on invoices once the work is cleared. The CDBG Home Repair Program provides funding to units of general local government (UGLGs), sometimes individual municipalities or groups of municipalities, to operate funding programs to homeowners in need of rehabilitation assistance. Priority needs 7 and 8 (TABLE 74) are directly addressed by the distribution of funds to LSHP and municipal home repair programs (CDBG).

The Housing Choice Voucher Program, the state's main program for providing tenant-based rental assistance, is administered by Rhode Island Housing, and distributes monthly housing assistance payments directly to landlords, whose tenants pay 30% of their gross monthly incomes with the housing payment assistance covering the balance of what that tenant can pay and what the landlord can reasonably expect for the apartment. Priority needs 1, 2, 6 and 12 (TABLE 74) are directly addressed by the distribution of these funds.

CDBG funds for non-housing community development are distributed to units of general local government (UGLGs) to use to develop much-needed public facilities and infrastructure. CDBG-DR funds are distributed to UGLGs that show need based on damage to facilities and infrastructure in their community. Both CDBG and CDBG-DR funds go to meet the proposed objectives by completing work or providing services with staff or by distributing funds to qualified providers of contracting work and service delivery. Priority needs 8 and 9 (TABLE 74) are directly addressed by the distribution of these funds.

AP-30 Methods of Distribution – 91.320(d)&(k)

Introduction:

State programs that meet the goals outlined in the Strategic Plan and include some HUD assistance are described in this section. The Housing Choice Voucher Program does not make funds available through competitive rounds, but provides housing assistance payments to landlords on behalf of qualified tenants. When a tenant leaves the program, a new tenant is re-certified from the waiting list then provided a voucher with which to find an eligible housing unit in the private rental market. The state's HOPWA competitive grant program provides renewal funding to its two sponsors, AIDS Care Ocean State and the Community Care Alliance and does not solicit requests for proposals. The following programs described all solicit funding proposals through competitive rounds save for the LeadSafe Homes Program and allocation of 4% Housing Tax Credits, which accept applications on a rolling basis.

Distribution Methods

Low Income Housing Tax Credits

Selection criteria and relative importance:

Many of the allocation priorities defined in the state's Qualified Allocation Plan for its Low Income Housing Tax Credit program are based on federal criteria as well as state criteria. Federal tax code requires that preference for an allocation of credits must be given to developments serving the lowest income residents, developments which commit to the longest period of affordability and developments located in a qualified census tract (QCT). Eligibility requirements for any type of tax credit are based on complex federal regulations, and the state advises all developers to consult qualified tax attorneys or accountants to determine eligibility for the credit.

Rhode Island Housing may hold up to three competitive funding rounds each year for the 9% allocated credits. Applications for tax exempt financing with 4% credits are received on a rolling basis. While 4% credit proposals are not required to participate in a competitive funding process, all development proposals must meet the requirements of the QAP. Priority for tax-exempt financing and 4% credits will be given to projects that preserve existing affordable housing developments and that use Rhode Island Housing as the permanent lender.

Rhode Island Housing is not required to allocate all tax credits even if it has received a surplus of applications that have exceeded the threshold criteria. After a project has met its threshold requirements (which are described later in the section), comparable projects are then scored using the QAP's scoring criteria, which favor projects that leverage significant other financing, that serve the lowest income households effectively, shows strong readiness to proceed, as well as a variety of other scoring opportunities for aligning with other state goals, such as providing good homes in healthy environments while supporting strong commerce and including a strong community impact.

Rhode Island Housing organizes a funding committee composed of senior staff and representatives from its Board of Commissioners. Rhode Island Housing staff conducts an initial review to determine if a project meets threshold requirements, and then presents results of reviews to its

funding committee for formal scoring and allocation determinations. Aggregate assessments and scores in no way guarantees an award of tax credits to a particular development.

Resource allocation by funding category

In accordance with federal tax code, Rhode Island Housing will set aside a minimum of ten percent of the total tax credit allocation available for qualified non-profit organizations that materially participate in the development and management of the project throughout the compliance period.

Threshold factors and grant size limits

Threshold criteria that must be met before a development can be considered for a reservation of housing credits include: The development team must have experience in the successful development and operation of affordable housing of similar scope and complexity; the development must demonstrate financial feasibility for at least 15 years and have a reasonable likelihood of feasibility for the entire term of financing; the development must have a reasonable likelihood of achieving sustainable occupancy of 95% within six months of construction completion; and construction must be reasonably likely to commence within twelve months of preliminary commitment and be complete within 30 months of firm commitment.

HOME Program

Rhode Island Housing staff review project applications to ensure their compliance with all federal and state regulations and to assess overall project feasibility, which is a key threshold criteria.

Selection criteria and relative importance:

The HOME Program will be administered by Rhode Island Housing.

HOME funding is available to all communities in the State, with the general exception of Providence, Pawtucket and Woonsocket, which receive HOME allocations directly from HUD. However, applicants from these three communities may be eligible for State HOME funding if the entitlement entities do not have funds available for a specific activity and the City can document that it has obligated all the funds it had previously budgeted for that activity.

Administrative expenditures for the HOME program are capped at 10% of the total fiscal year HOME award. Rhode Island Housing incurs administrative costs at the minimum necessary to cover overall program administration. Up to 5% of the fiscal year HOME award can be expended to pay reasonable operating expenses of eligible Community Housing Development Organizations (CHDO), subject to further regulatory limitations. Of the \$150,894 permissible to allocate for CHDO operating in 2014, Rhode Island Housing allocated \$128,030 to eligible CHDOs for allowable operating expenses. These funds were based upon the production of 35 HOME-assisted units.

Funding that is not appropriated for administrative or CHDO operating costs is available for direct project funding. Funding will be distributed through a competitive application process open to all eligible entities, including cities and towns, nonprofit housing organizations, for-profit developers and Public Housing Authorities. Rhode Island Housing staff review project applications to ensure their compliance with all federal and state regulations and to assess overall project feasibility. All

applicants must submit sources and uses, operating budgets (if rental), 20-year trending proforma in addition to their own financial audit, evidence of site control, detailed construction/rehabilitation budget, flood zone maps, evidence of market demand, tenant/buyer selection policies and affirmative marketing plans. Applications are scored based upon the criteria shown later in this section. Scored applications and staff assessments of each application are provided to all members of the HOME Program Advisory Committee. The role of the HOME Program Advisory Committee is to provide guidance to Rhode Island Housing staff in evaluating proposals overall and assisting with scoring, especially with regards to bonus point eligibility. The Advisory Committee, comprised of representatives of the homeless, the state Dept. of Housing and Community Development, Statewide Planning, LISC, Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals, Emerald Cities Providence reviews each proposal, views a video or photographs of each proposal and, after discussion with the staff recommends funding of specific activities to the Board of Commissioners. Contracts are then awarded by Rhode Island Housing to HOME sponsors. Typically, with the reduced amount of funding there is one competitive round per program year. A second round may be held if there are remaining project funds and applications that could not be considered until they received commitments of other funding sources. To meet the obligations of the 2013 HOME Final Rule, Rhode Island Housing increased its scrutiny of long-term financial viability, fiscal soundness of developers and neighborhood market conditions.

Scoring of applications is based on the following factors:

The extent to which the application addresses one of the priorities of the HOME program

- a. High Priorities (20 points): Acquisition and/or substantial rehabilitation and/or new construction to provide rental units for very low-income families; Acquisition and/or substantial rehabilitation and/or new construction to provide homeownership opportunities for low-income families; Acquisition and/or rehabilitation and/or new construction of housing units for homeless and special needs populations in conjunction with supportive services.
- b. Medium Priorities (15 points): Preservation of the existing affordable housing stock through rehabilitation, acquisition, or other eligible assistance. (Properties eligible for assistance under 24 CFR part 248, "Prepayment of Low Income Housing Mortgages" are ineligible for HOME Program assistance; Acquisition and/or rehabilitation and/or new construction to provide units for low and very-low income one and two-person households; Acquisition, and/or rehabilitation and/or new construction to provide rental units for low and very low-income elderly residents.
- c. Low Priorities (10 points): Moderate rehabilitation of rental units for low and very low-income families (as defined by HUD) throughout the State including the elimination of lead based paint hazards, correction of code violations, the provision of handicapped access for persons with disabilities and for the elderly, and to increase the energy efficiency of units occupied by lower income families; Rehabilitation of owner-occupied units for lower income households and units intended to be owner-occupied. Assistance will be provided particularly for large families and minorities and to expand housing opportunities for these groups to alleviate overcrowding and to provide a wider range of housing choices as an alternative to concentrations of minorities; Proposals for rental assistance for: periods up to two years for homeless families graduating from transitional housing programs where a program of services will be available for the term of the

rental assistance provided that the proposal includes a plan for the provision of permanent housing after the 24 month period or emergency situations and to minimize involuntary displacement.

Funds may also be used to create additional affordable housing units to assure no net loss of units as a result of demolition, conversions to homeownership, prepayment or voluntary termination of State or federally assisted mortgages. Direct homeownership assistance, downpayment and closing cost assistance, which do not include housing development, are not among priorities of the HOME Program.

Additional (Bonus) Priorities: Points (5 for each bonus priority) are awarded for proposals that: Make use of property owned, held, or controlled by State or federal agencies or authorities; Develop units with four or more bedrooms; Utilize Neighborhood Opportunities Program Family Housing or Permanent Supportive Housing Funds; Site development within a Revitalization Area, Growth Center, Community Affordable Housing Plan, Enterprise Zone or create in-fill housing in urban neighborhoods; Guarantee an Affordability Period that exceeds the required thirty (30)-year minimum.

Other priorities include: The extent to which the proposal promotes a more equitable distribution of affordable housing throughout the State, based upon the municipality's percentage of affordable units as compared to the State's mandate to achieve 10% affordable units (10 points); Benefit to low income families and individuals, as calculated using a per unit/per VLI or VL formula (20 points); Commitment of other resources, amount of leveraged resources and available match (10 points); Capacity of the applicant to undertake the proposed activity (20 points); Timing and readiness to proceed (10 points); Term of Affordability and Forms of investment (10 points).

The maximum number of points that an applicant can receive is 125.

Funds will be committed to proposals ready for construction or implementation within 6 months. Any funds not committed at that time will be available for a second competitive funding.

HOME funding is available to all communities in the State, with the general exception of Providence, Pawtucket and Woonsocket, which receive HOME allocations directly from HUD. However, applicants from these three communities may be eligible for State HOME funding if the entitlement entities do not have funds available for a specific activity and the City can document that it has obligated all the funds it had previously budgeted for that activity.

Resource allocation by funding category

Of the total grant award for PY15, 10% will go to project administration and a maximum of 5% will be held to support Community Housing Development Organizations (CHDO) operating expenses. Of the balance, 85% will go to rental housing production or rehabilitation with the remaining 15% going to homeownership projects. The distribution between rental and homeownership is a projection based on prior applications and awards; there is no set-aside for either rental or homeownership.

Homeownership assistance information

Because direct homeownership assistance, such as down payment and closing costs assistance, is not a priority of the Rhode Island HOME Program, the Corporation anticipates funding

homeownership only by funding developers to produce and sell homes to low-income buyers. The initial maximum sale price and any subsequent sales of the property during the Affordability Period shall be as directed by HUD at 24 CFR 92.254 and reflected in the Corporation's most recent Annual Action Plan, Agreement and Deed Restriction approved by HUD.

Threshold factors and grant size limits

Threshold application requirements include: Eligible activities be proposed by an eligible entity; A minimum award of \$1,000 per unit or family assisted; A maximum award of \$500,000 per applicant per municipality per fiscal year; Proposals must meet all HUD regulations for the HOME program as published in the Federal Register at 24 CFR Part 92; The proposal is feasible as presented; and Cities and towns applying for funding must demonstrate that they are maintaining a level commitment to housing. A proposed Community Development Block Grant budget indicating a level of funding consistent with assistance provided to housing over the last three years is considered evidence of maintenance of effort.

CDBG Program

Selection criteria and relative importance:

To assist the CDBG Steering Committee in its review of applications, an evaluation and scoring system will be applied to each application. The specific scoring criteria will be detailed in the State's CDBG Application Handbook. The following general areas of each application will be covered in this system:

1. General Community Needs

Scoring is based on community population, family income, unemployment, public assistance, per capita criteria and housing condition indicators.

2. Anticipated Project Benefits

Economic development activities are rated based on the cost per job to be created/retained, community priority ranking, community revitalization effort, and leveraged funding.

Housing activities are rated based on the cost per unit to be rehabilitated or developed, the community priority ranking, community revitalization effort and past housing rehabilitation program performance (this will include past amounts drawn down and whether the community participates in a housing consortium). Extra consideration will be granted to communities with approved Affordable Housing Plans, in particular those activities consistent with such plans. Community facilities and services are rated based on the cost per low/moderate person to be served, community priority ranking and community revitalization effort.

Activities for the prevention or elimination of slums and blight are rated based on the cost per number of dilapidated structures or blighting influences to be eliminated, community priority ranking and community revitalization effort.

Urgent community development needs are evaluated on the extent to which the threat will be eliminated and the adequacy of documentation to demonstrate the project is unable to be financed from other sources.

(The community revitalization criteria noted above will take into account three areas: Whether the project is located or serves an Enterprise Zone/Enterprise Community, the projects consistency with the State Consolidated Plan's housing/non-housing community development needs, and the extent of the project's involvement in a comprehensive community/neighborhood revitalization effort.)

While the Office of Housing and Community Development (OHCD) does prioritize neighborhood revitalization efforts in the distribution of its Community Development Block Grant (CDBG) funding, it defines such differently than the HUD definition outlined in CPD Notice(s) 96-01 and/or 97-01. Under the State CDBG program, neighborhood revitalization is defined as a concentrated investment of resources (federal, State and otherwise) for the purpose of making demonstrable improvements in a designated distressed area. The state's Community Development Block Grant Program defines "designated distressed area" as any area which is predominately (greater than 51%) low/moderate income. The target area boundaries must be consistent with and encompass the entire true "neighborhood". While municipalities may request designation of formal (HUD-defined) NRS/CRS areas, which would be included in the state's Consolidated Plan submittal, none have expressed interest. (See Page 15 of Application Handbook)

The PY14 Application Handbook is available online at <http://www.planning.ri.gov/documents/cdbg/cdbg14/14ApplicationHandbook.doc>.

Further information on how to apply and links to federal websites on eligible activities, see the state's CDBG webpage at: <http://www.planning.ri.gov/community/development/blockgrants/>.

Resource allocation by funding category

The total funding available for the Rhode Island program is \$4,915,519. From this total, the amount of \$247,465 will be set aside as the maximum amount for state use in program administration; \$100,000 requiring no match plus an additional \$147,465 (3%) matched by the State on a 50/50 basis. The State may additionally retain an amount equivalent to 2% of the CDBG Program Income held at the local level for State administrative purposes.

The remainder, approximately \$4,668,054, will be available to distribute to eligible sub-recipients, as follows:

- (1) The State will set aside 25% of its available resources (\$1,167,013) for affordable housing purposes. Applications must create or preserve long-term affordable units, serving low/moderate income households – meeting the LMI Housing national objective. No single application may request greater than one-third of the available set-aside. An open application process will be utilized for the obligation of these funds. Applications may be submitted at any time during the year, following the most current application forms and procedures available. Such applications will be reviewed for eligibility and submitted to the Steering Committee for consideration. Only those applications which can demonstrate they are immediately ready to proceed, with necessary funding substantially obligated, may be considered. The Steering Committee may obligate up to the set-aside established. Additional applications, above this set-aside, may be considered through the

annual competitive process. To assure available funds are distributed in a timely fashion, any set-aside funds remaining unobligated as of the completion of the annual application process will be made available for other proposals.

(2) The State will set aside 25% of its available resources (\$1,167,013) for economic development purposes. Applications under this set-aside must meet the LMI Jobs national objective. An open application process will be utilized for the obligation of these funds. Applications may be submitted at any time during the year, following the most current application forms and procedures available. Such applications will be reviewed for eligibility and submitted to the Steering Committee for consideration. Only those applications which can demonstrate they are immediately ready to proceed, with necessary funding substantially obligated, may be considered. The Steering Committee may obligate up to the set-aside established. Additional applications, above this set-aside, may be considered through the annual competitive process. To assure available funds are distributed in a timely fashion, any set-aside funds remaining unobligated as of the completion of the annual application process will be made available for other proposals.

(3) The State will set aside 20% of its available resources (\$933,610) to support housing rehabilitation efforts. This amount may be offset by housing rehabilitation allocations from the prior year which has not yet been obligated to a specific project/site. Communities may receive base allocations, estimated as what the community is expected to obligate over the next year. Once exhausted, additional amounts may be accessible through the State.

- a. Housing Rehabilitation “base” allocations are based upon past program performance and identified unmet need at the date the application is submitted.
- b. In the past program year it became apparent that some communities are spending down funds more quickly than anticipated and have need of additional financial resources prior to the next application cycle. In anticipation of this need continuing in the current program year, a Residential Rehabilitation Supplement Fund of \$300,000 has been established. Communities demonstrating immediate need of additional residential rehabilitation funding may request a supplemental award from this fund via the budget amendment procedure.

(4) The State Office of Housing and Community Development/Housing Resources Commission and Interagency Council on Homelessness have adopted the Opening Doors RI strategic plan to end homelessness. In recognition of this priority and commitment, the State will set aside 10% of its allocation (\$466,805) to support housing services/programs. Distribution of these resources will be coordinated with the State’s Consolidated Homeless Fund. Applicants interested in accessing these resources must be sponsored by an eligible municipality (who would ultimately serve as the grantee if the project is selected for funding). Funds may be used to support shelter renovations, shelter operations, essential services or limited (emergency – up to 3months maximum) rental assistance for homeless prevention/rapid re-housing. Operating support of shelters qualifies as a cost essential for the provision of a “Public Service” (eligible CDBG activity 105a8).

(5) Previous “Entitlement” communities would receive priority consideration due to their concentration and numbers of low/moderate income persons. These communities, Central Falls, Newport and West Warwick, shall receive minimum allocations of \$250,000 to support activities

consistent with neighborhood/community revitalization efforts. Entitlement communities may apply for funding under any of the set-asides established above. The Office of Housing and Community Development will review applications submitted by the “Entitlements” and select those activities determined most competitive which total generally no less than the minimum allocation of \$250,000. The Application Steering Committee, however, may reduce the minimum allocation if it determined insufficient competitive/fundable activities have been applied for.

(6) In accordance with the Low/Moderate Income Housing Act, communities with State-approved affordable housing plans will receive priority funding for housing and community development funds.

(7) While there is no specific set-aside in PY’2015, technical assistance funds may be requested on an ongoing basis. Requests must detail how the investment will improve the administrative capacity of sub-recipients to undertake community development programs. The State may support these technical assistance activities through the annual competitive process and/or reallocate its administrative funds as determined necessary and appropriate. Examples of eligible activities are outlined in HUD CPD Notice 99-09. Provided in this notice are examples of how funds can be utilized in meeting the technical assistance needs of CDBG recipients, including ways the State can assist Public Housing Authorities (PHA's) in fulfilling their PHA plan obligations under the Quality Housing and Work Responsibility Act and ways the State can provide assistance to troubled PHAs. Such assistance may be accomplished through the provision of Technical Assistance resources to troubled PHA's to help them improve their operations. In this example, requests for assistance must be submitted to the State through the eligible non-entitlement municipality served by the PHA. Local CDBG Technical Assistance requests are funded on a first-come, first-served basis. All TA application must comply with CDBG rules, regulations and guidance and must be designed to improve the capacity to operate local community development programs. Examples might include Community Development training programs/classes. The State may utilize these resources to support its own costs/projects, directly related to improving local CDBG administrative capacity.

(8) Remaining monies, after the deductions necessary under (1), (2), (3), (4), (5), and (6) above, will fund applications on a competitive basis. An application for annual competitive resources may be submitted for any activity eligible under the HCDA, including those with an established set-aside (affordable housing/economic development/homelessness services). Any uncommitted funds recaptured, de-obligated, reallocated, or otherwise available from prior program years or uncommitted program income earned which becomes available prior to grant awards will be applied to projects proposed in the annual application cycle. Funding reserved for set-asides may be incorporated into the annual CDBG competitive cycle as necessary based upon applications received. Communities are reminded that the CDBG application process is highly competitive. The State intends to fund the best activities in the neediest communities, however all communities are not guaranteed an annual award.

(9) Any additional funds recaptured, reallocated or otherwise available subsequent to grant awards or any program income received subsequent to that date shall be used to repay defaulted Section 108 loan guarantees or will be reserved, at the State's discretion for the subsequent competitive application round.

(10) If sufficient funds become available, the State may, at its discretion, open a special application cycle to distribute these funds for housing, economic development and community revitalization activities.

The total amount that may be used for services and emergency shelter (#2 & #3 above) will not exceed 60% of the CHF Partnership's fiscal year grant or the amount of FY'14 grant funds committed for homeless assistance activities, whichever is greater.

Preliminary applications for available funds received after the application cycle will be reviewed by the staff for compliance with community development requirements, threshold criteria, and State procedures. Full applications will then be reviewed by the Steering Committee for feasibility and effectiveness. Recommendations of the Steering Committee will be forwarded to the Governor for consideration and comment. Although there will be no funding limits imposed, acceptance of applications and funding decisions are subject to the availability of funds at the time the application is submitted.

If more than one application is under consideration and insufficient funds are available, priority will be given to proposals based on the criteria outlined in the State's rating and ranking process, as detailed in the Application Handbook.

Threshold factors and grant size limits

Overall planning and administration of the grant can comprise up to 20% of the state's award. There is also a grant limit in that no more than 15% of the annual grant can go to public services.

Threshold factors

The Division of Planning will review each application for consistency with the following: State and Local Plan Compliance; Flood Plains; Planned Transportation Actions; Stream Discharges; Historic Resources; Ground Water Aquifers and Recharge Areas; Farmland. Applications must also include sections regarding the following in order for further consideration: Housing and Community Development Needs Identification; Permitting Procedures; Displacement and Relocation; Program Income; Section 108 Loan Guarantees; Prior Program Performance; State Enterprise Zones; One-for-One Replacement. For details on each threshold requirement, applicants will refer to the Application Handbook, accessible online at:

<http://www.planning.ri.gov/documents/cdbg/cdbg14/14ApplicationHandbook.doc>.

Funding Limits

- a. The community development needs section for the rating system will be utilized in developing three categories of applicants: those who may apply for \$150,000, \$250,000 and \$350,000. Additional applications may be submitted for each of the set-asides (affordable housing, housing rehabilitation, homelessness).
- b. Applications for assistance to specific private for-profit businesses must be submitted as part of the town's application, but will not be counted as part of the application funding limit and may be awarded in excess of the funding limit. This provision is intended to fund specific proposals meeting the LMI Jobs Creation/Retention National Objective that are ready for implementation.

c. Proposals submitted under b. should be reasonable and must include documentation relative to other funds committed to the project. Proposals under b. will not be funded as special projects if they consist solely of planning and/or predevelopment costs.

d. The State may, at its discretion, commit future funds to multi-year projects. Subsequent year awards would be contingent upon the receipt and availability of future CDBG allocations. This provision is intended for specific community/neighborhood revitalization efforts which include a variety of activities planned phased over a multi-year period. Multi-year commitments will be contingent upon adherence to the development plan and substantial expenditure of previous year(s) funding. The State reserves the right to review multi-year comprehensive plans, make changes as deemed necessary or appropriate and to make funds received by the community contingent upon the State's approval of the plan. Communities that seek renewal of 3-year programs will be required to submit detailed achievement and progress reports in a format prescribed by OHCD.

CDBG-Disaster Recovery Program

Detailed methods of distribution for the 2010 Floods and Hurricane Sandy CDBG-DR grants are available in their respective Action Plans, at <http://www.planning.ri.gov/>. There are some variations due to differing regulations, the types of damages associated with either disaster, and the State's evolving experience with CDBG-DR. Both grants are subject to the same general review process and evaluation criteria, as described below.

Selection criteria and relative importance:

OHCD staff is responsible for verifying that each proposed project fulfills at least one CDBG national objective, and meets threshold and eligibility requirements as articulated in the request for letters of interest, application and federal regulations, and that CDBG-DR funds are the best available resource for implementation of the proposal. Proposals that meet these criteria are then evaluated by the Review Committee (the Committee). The Committee is comprised of representatives from OHCD, RIEMA, the RI Commerce Corp., the Division of Planning, the Department of Transportation, the Department of Environmental Management, the Coastal Resources Management Council, and the Governor's Office.

OHCD staff prepares reviews of each eligible, proposed project for the Committee, which include:

- A summary of the project;
- Identification of national objective;
- Mapping of physical location on CBRS (Coastal Barrier Resource System) Mapper and FEMA's most recent and current data source at time of application.
- Quantitative metric data;
- Assessment of link to qualified disaster impacts and unmet need;
- Qualitative analysis of the proposed timeline;
- Qualitative analysis of the project's feasibility, impact and other criteria.

Given the federal requirement that 50% of the CDBG-DR funds must be used to primarily benefit LMI persons, the Committee may review projects benefiting LMI persons separately from projects fulfilling other national objectives. Each project undergoes a competitive review by the Committee. Factors the Committee considers in evaluating proposals include, but are not limited to, the following:

- Fulfillment of low and moderate income National Objective
- Disaster recovery need in the area (neighborhood, municipality, or county) the project will affect. CDBG-DR needs assessment will be based on the most current data at the time of review of projects.
- Applicant capacity
- Ability to leverage other funding sources

Resource allocation by funding category:

Rhode Island has been allocated funds in Hurricane Sandy and 2010 Floods CDBG-DR Funds. Of this amount, (5%) will be set aside for administrative purposes. The balance will be awarded to units of local government, non-profit organizations serving low and moderate income (LMI) persons, or agencies of state government, through a competitive application process.

In order to ensure that program requirements, as listed in the applicable federal register notices, are met, at least 50% of CDBG-DR funds will be awarded to activities that primarily benefit low and moderate income persons. The remaining funds will be awarded to proposals that meet any of the three National Objectives, subject to other applicable grant requirements.

Threshold factors and grant size limits:

HUD allocated CDBG Disaster Recovery funds based on the best available impact and unmet needs data. Every activity must meet one of the CDBG national objectives: Benefiting Low and Moderate Income Persons; Preventing or Eliminating Slums or Blight; and Meeting Urgent Needs AND address an unmet need resulting from the disaster.

Eligible activities are determined primarily by applicable federal laws and regulations, and letters of interest and/or applications submitted by municipalities and non-profit organizations. The overall list of eligible CDBG activities is set forth by 42 U.S.C. 5305 and amended by applicable CDBG-DR Federal Register Notices. HUD's Environmental Review Procedures and Floodplain Management regulations, codified at 24 CFR 58 and 24 CFR 55, respectively, apply.

All units of general local government in Rhode Island are eligible to apply for CDBG-DR funds, however, a minimum of 80% of the Hurricane Sandy CDBG-DR grant funds must be expended in Washington County.

Requirements at 42 U.S.C. 5306 are waived to the extent necessary to allow a state to use its disaster recovery grant allocation directly to carry out state-administered activities. Agencies of state government and non-profit organizations serving LMI persons are generally eligible to apply for CDBG-DR funds. OHCD reserves the right to distribute CDBG-DR funds to a State Agency, or to a

direct sub-recipient of the state. Non-profit organizations serving LMI persons are eligible direct sub-recipients of Hurricane Sandy CDBG-DR funds.

Within Washington and Newport Counties, generally only projects and activities located outside of CBRS Units will be eligible for CDBG-DR funds, pursuant to HUD guidance provided March 19, 2013. Locations of CBRS Units are available on the U.S. Fish and Wildlife Service website, at <http://www.fws.gov/CBRA/Maps/Mapper.html>.

Furthermore, no activity in an area delineated as a special flood hazard area or equivalent in FEMA's most recent and current data source will be eligible, unless the activity is designed or modified to minimize harm to or within the floodplain. At a minimum, actions to minimize harm must include elevating or flood-proofing new construction and substantial improvements to one foot above the base flood elevation and otherwise acting in accordance with U.S. Executive Order 11988 and 24 CFR part 55. Threshold Criteria includes: Regulatory compliance; Feasibility; Timeliness of project implementation; unmet need and Compliance with the State's Land Use 2025 Plan.

Consolidated Homeless Fund (State ESG Program)

To increase program performance and efficiency, while reducing administrative burden, the Emergency Solution Grant (ESG) Entitlement Cities of Pawtucket, Providence and Woonsocket have joined with the State (Office of Housing and Community Development, Housing Resources Commission and Department of Human Services (in accordance w/ a OHCD MOA)) to create the Consolidated Homeless Fund Partnership. Herein, the State of Rhode Island will be referred to as the CHF Partnership. State ESG formula allocations (\$668,699) are combined with the ESG funds allocated to entitlement communities (\$718,236), with additional state funds coming from a direct allocation to the HRC (\$1,662,500), a pass through of social service funds from the Title XX program (\$1,272,385) and from state CDBG funds (\$500,000). In total, the CHF will have available \$4,821,820 for PY15.

Selection criteria and relative importance:

Applications will be rated by OHCD on the following criteria:

1. Number of clients served.
2. Population served.
3. Services provided and/or Mainstream Resources accessed.
4. Location of shelter (taking into account other public resources allocated/available to the program)
5. Consideration will be given to program effectiveness in meeting adopted performance measures, as outlined in the application packet.
6. Extra consideration will be given to those agencies which have been effective in their discharge of clients/consumers.

Following rating and review by CHF Partnership staff for compliance with state and federal program requirements, the Review Committee will evaluate all proposals. The Committee will recommend funding to the Governor and Mayors of Pawtucket, Providence, and Woonsocket, who will then make the grantee awards.

All Appendices and Downloadable Application Forms are available at:
<http://www.planning.ri.gov/community/homelessness/funds-grants.php>

Applications that meet the threshold criteria listed above will be ranked by the CHFP Partnership RFP Review Committee. Applications found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not receive further consideration. The review committee will thoroughly review and evaluate the applications against rating criteria, such as, but not limited to the following:

1. Agency Capacity and Prior Performance: Experience and capacity of the applicant to successfully undertake proposed activities (maximum points 50 points).

- How experienced is the applicant in working with the target population? (proven track record of providing direct service to persons who are homeless or at risk of homelessness)
- Has the applicant demonstrated effective grant management?
- Expended previous grant awards correctly and in a timely manner?
- Produced and submitted prior grant's performance and financial reports correctly and on time.
- Does the applicant have any unresolved audit findings?

2. Degree to which the proposed program will meet the needs of the target population and CHFP needs and priorities (maximum 45 points).

3. Feasibility of Program Budget (maximum 25 points)

- Are the proposed costs reasonable in light of program design? Are the program costs proportional to the number of households and individuals to be served?

4. Performance/Program Evaluation (maximum 30 points)

- Did the applicant achieve prior grant objectives?
- Is the applicant currently utilizing HMIS?
- Are the indicators of success proposed for the program realistic and achievable?
- The plan for documenting and reporting indicators of success is sound.

Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government and non-profit organizations, including community and faith-based organizations (an ESG-specific question)

State ESG funds are pooled with entitlement ESG funds (Pawtucket, Providence and Woonsocket) along with other state and federal homeless funding to consolidate the process of applying for funds to operate emergency shelters and conduct street outreach. Applicants do not explicitly apply for State ESG funds when they apply, but receive an award from the Consolidated Homeless Fund Partnership. State ESG funds are used to cover only those activities that are eligible under the ESG regulations. The state makes ESG funds available to units of general local government and non-profit organizations, including community and faith-based organizations in two increments: 1) a request for proposals for programs that support shelter operations and emergency services, and 2) a request for proposals for rapid re-housing programs. The first RFP process begins in late March of each year with a required information session, with applications being due roughly 30 days later

and awards being announced a month after the application due date. The second RFP process follows a similar process but begins in mid-September and ends with award notifications in late October of each year. These RFP processes are separate because the rules and regulations for the shelter operations component of the Consolidated Homeless Fund and its rapid re-housing component vary enough to require two Policy and Procedure Manuals, while they both are considered to be part of the Consolidated Homeless Fund. Because State ESG funds can serve both purposes, they are made available twice a year with both RFPs. Similar to the previously described Consolidated Homeless Fund method of distribution, proposals for programs that ultimately receive State ESG funds are given a preliminary Threshold review that confirms program eligibility by a Fund Distribution Review Committee. The threshold factors are the same as those for the Consolidated Homeless Fund. Then the proposals are judged and rated with the criteria as described under the method of distribution section for the Consolidated Homeless Fund.

For ESG, grant size limits include the total amount that may be used for services and emergency shelter (#2 & #3 above) will not exceed 60% of the CHF Partnership's fiscal year grant or the amount of FY'14 grant funds committed for homeless assistance activities (hold harmless need amount), whichever is greater. Given these limits, on an annual basis, 60% of State ESG funds are used for shelter operations and essential services while 40% is made available through the separate rapid re-housing RFP, which also includes homelessness prevention assistance such as credit repair, case management and housing search and placement activities.

Resource allocation by funding category

Private non-profit organizations are eligible to apply for funding. Grants may be used for one or more of the following activities:

1. Shelter Renovations
2. Emergency Shelter Operation
3. Essential Services and Street Outreach
4. Homelessness Prevention
5. Rapid Re-Housing (IHSP)
6. Homeless Management Information System (HMIS)

Associated administrative costs may also be supported. Total ESG funds used for administrative activities cannot exceed 7.5% of the CHF Partnership's fiscal year grant.

The total amount that may be used for services and emergency shelter (#2 & #3 above) will not exceed 60% of the CHF Partnership's fiscal year grant or the amount of FY'14 grant funds committed for homeless assistance activities (hold harmless need amount), whichever is greater.

Threshold factors and grant size limits

The CHFP will commission a Fund Distribution Review Committee to review and evaluate all proposals. Before a submitted application can be evaluated, it will first undergo a threshold review to determine:

- Application Completeness
- Applicant Eligibility

- Applicant HMIS Capacity
- Target Population Eligibility
- Proposed Service Eligibility

All applications that meet the threshold criteria listed above will be ranked by the CHFP RFP Review Committee based on the criteria. Applications found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not receive further consideration. The CHFP reserves the right not to fund any proposal.

The eligible activities for funding, and thus the key criteria for which funding is awarded, are for use in operating or maintaining an emergency shelter, as well as essential services for the residents utilizing the shelter, for use relating to essential services for unsheltered persons, and for use in the renovation of emergency shelter facilities.

There is no restriction on the maximum amount an applicant may request.

Continuum of Care

Selection criteria and relative importance:

The Continuum of Care program makes funding available on annual basis, submitting a funding notice publically once per year. Most projects selected are renewals of previous awards; however, not all projects are renewed upon application and often new programs are awarded funding. To be eligible for a renewal a project must first meet threshold criteria, then projects are selected based on ranking in a defined scoring system, summarized as follows: Proposed participants are eligible for the project component type; Activities are eligible under the CoC Program rules; Answers the questions in the detailed instructions; Data provided is consistent; Attachments correspond to the attachment list in e-snaps, contain accurate and complete information and contain the current date.

Scoring criteria is then based on the following categories: Data quality; APR submissions; Drawdowns; Match Documentation; Housing First; Transitional Housing for substance abuse, domestic violence or youth; Permanent supportive housing that fills bed with the chronically homeless upon turnover; Commitment to sign up residents to Affordable Care Act.

Further points can be gained from high performance outcomes, as measured in the previous calendar year regarding: Housing stability, as defined by 6 months; Moving from transitional to permanent housing, Increase income upon exit; Total persons with earned income and Receiving mainstream services.

For new projects applying to be funded for the first time, there is a varied set of threshold requirements, as well as the following criteria, based on yes or no answers to the following questions: Do the activities and housing provided fill a gap in the housing and services activities of the Rhode Island Continuum of Care; Is the project able to be implemented within six months; What is the agency's success with other projects in the CoC; Does the project adopt a low-barrier, housing first model; Does the project show how mainstream services will be optimized; Will the project prioritize those with the greatest need to fill the units; Does the project leverage at a minimum 150% of the amount requested.

Resource allocation by funding category

Though set parameters for resource allocation by funding category do not exist for the Continuum of Care, there is a high emphasis on permanent supportive housing for this program. Funding awards for 2014 showed the following allocations by category: 78% permanent supportive housing (PSH), 18% transitional housing (TH), 2.5% sponsor-based rental assistance (SRA), and 1.5% to support the state's Homeless Management Information System (HMIS).

Threshold factors and grant size limits

To be eligible for a renewal a project must first meet threshold criteria, met by a supported answer of 'yes' to the following questions: Project Applicant's performance has met the plans and goals established in the initial application as amended; Project applicant demonstrates all timeliness standards for grants being renewed, including expenditure of funds have been met; Has the performance in assisting program participants achieve and maintain independent living met with success and has a record of success; Has the project recipient ever been unwilling to accept technical assistance, have a history of inadequate financial accounting practices, have indications of program mismanagement, have a drastic reduction in the population served, made program changes without HUD approval or lost a project site?

To be eligible for a new project funding award, the project must first meet threshold criteria per **HUD guidelines**: Project applicants and potential sub-recipients must meet the eligibility requirements of the CoC Program as described in the CoC program interim rule and provide evidence of eligibility required in the application (e.g. nonprofit documentation); Project applicants and potential sub-recipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer federal funds. Demonstrating capacity may include a description of the applicant/sub-recipient experience with similar projects and with successful administration of other federal funds; Project applicants must submit the required certifications as specified in this FY2014 CoC Funding notice; The population to be served must meet program eligibility requirements as described in the Act, and the project application must clearly establish eligibility of project applicants. See page 26 of the 2014 CoC Program NOFA for details.

To be eligible for a new project funding award, the project must also meet threshold criteria under **Rhode Island Continuum of Care guidelines**, met by a supported answer of 'yes' to all of one set of the following questions: Does the project create new permanent supportive housing with 100% of the beds dedicated for use by the chronically homeless? Does it recognize that those coming from transitional housing are not considered chronically homeless? or Does the project create new rapid re-housing for homeless households with children who enter directly from the streets or emergency shelters. Does it intend to include victims of domestic violence? Does it realize that persons coming from transitional housing are not eligible?

LeadSafe Homes Program

The LeadSafe Homes Program (LHSP) provides financial assistance (Program Funds) in the form of a loan to make houses and residential rental properties lead safe. Program Funds are provided to convert lead hazards to a lead-safe condition.

Selection criteria and relative importance:

Selection is based on adequate completion of an application, in which all eligibility guidelines are met and all required forms are submitted. Program Eligibility: Child under the age of six living in or frequently visiting the home; Home built before 1978 (the year that lead was banned from paint); Owner/tenants are income qualified; Mortgage, insurance and taxes are current; Clear title to the property; Funds are available for single- and multi-family homeowners. Single-family homeowners need only to submit the application. Multi-family homeowners must submit both the application and tenant information request form. Selection of a project for funding is based on availability of funding, there are not funding rounds.

Priorities – the more answers that can be documented in the affirmative, the more likely an application will be approved:

1. Is there a lead poisoned child living at the Property? If yes, is child Medicaid eligible?
2. Was the Property cited by the Rhode Island Department of Health?
3. Is there a home-based day care or foster/adoptive care at the Property? If yes, how many children under six years of age are there?
4. Are you renting to families with Section 8 certificates or vouchers?
5. Are there households at the Property with a child under six years of age?
6. Does a child under six years of age visit the Property more than 14 days per year?

It should be noted that in order to participate in the LeadSafe Homes Program, all children under six (6) years of age living at the Property must have a blood lead test within six months of the start of the lead work.

Resource allocation by funding category

While no set-asides exist within the regulations of the program, historical program data suggests that, in a given calendar year, 60% of funds will go to multi-family projects, either owner-occupied or not, and 40% will go to single family homeowners.

Threshold factors and grant size limits

Household occupant information for owner occupied properties is required at the time you apply to the LeadSafe Homes Program (the “Program”). If the property is not owner occupied a Tenant Information Request form for each of the units must accompany your application. Rhode Island Housing will verify and evaluate this information to determine your eligibility to participate in the Program. All individuals living in the house must be identified.

The following documents that must be completed in order to process your request for funds under the Rhode Island Housing Lead Safe Homes Program: Funding Application; Certification of Applicant’s Household Occupants; Good Faith Estimate; Applicant’s Affidavit and Certification of Current Income; Blood Lead Testing Form; Program Outline and Acknowledgment and Agreement.

Under 91.110 (d), the state is required to consult with local governments in non-entitlement areas regarding Method of Distribution. The following is the state's response to how this requirement is fulfilled:

The State holds a CDBG workshop each year with the non-entitlement communities. This workshop serves as the consultation with the communities regarding the method of distribution for the CDBG funds. The State holds one competitive application round each year, with all 33 non-entitlement communities eligible to apply for funds. Historically all 33 non-entitlement communities have received funds, however recently the State has regionalized some awards, allowing for the continuation of services for the entire service area with one community serving as the clearinghouse for that activity. The State also has a Housing Rehabilitation set-aside, an Economic Development set-aside and an Affordable Housing set-aside. These funds are available on a rolling basis and are available to all communities throughout the state.

AP-40 Section 108 Loan Guarantee – 91.320(k)(1)(ii)

Will the state help non-entitlement units of general local government to apply for Section 108 loan funds?

Yes

Available Grant Amounts

See “Grant Limitations” section of provided acceptance process

Acceptance process of applications

Rhode Island Section 108
Loan Guarantee Program

The Office of Housing and Community Development recognizes that non-entitlement communities find it difficult to access large scale funding for specific economic and housing development activities. The National Affordable Housing Act of 1990 amended Section 108 of the Housing and Community Development Act to enable non-entitlement communities to apply to the State and to HUD to finance revenue producing activities that meet the accepted CDBG national objectives and eligibility criteria.

The State of Rhode Island will pledge up to \$25 million of future CDBG allocation in support of eligible activities.

Eligible Activities

Guaranteed loan funds may be used for the following activities, provided that said activities are designed to produce revenue.

1. Acquisition of improved or unimproved real property in fee or by long-term lease, including acquisition for economic development activities.
2. Rehabilitation of real property owned or acquired by the entity applicant, city or town or its designated public agency.
3. Payment of interest on obligations guaranteed under the 108 program.
4. Relocation payments and other relocation assistance.
5. Clearance, demolition and removal, including movement of structures to other sites, or building and improvements on real property acquired or rehabilitated pursuant to numbers 1 and 2 above.
6. Site preparation, including construction, reconstruction or installation of public improvements, utilities or facilities (other than buildings) related to the redevelopment or use of the real property acquired or rehabilitated pursuant to paragraphs and above.
7. Payment of issuance, underwriting, servicing and other costs associated with private sector financing of notes or other obligation guaranteed under this subpart.
8. Economic development programs including acquisition, construction, reconstruction, rehabilitation or installation of commercial or industrial buildings, structures or other real property, equipment and improvements. Assistance may be provided to private-for-profit,

and private or public nonprofit sub-recipients where assistance is appropriate to carry-out the economic development activity.

9. Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities (except for buildings for the general conduct of government), site improvements, and utilities, for an economic development purpose.
10. A debt service reserve in accordance with requirements.

National Objectives

- Activities must be designed to comply with one of the following national objectives.
- Benefit to low and moderate income families and individuals or, aid in the prevention or elimination of slums and blight
- Applicants are reminded that the state is committed by HUD requirements to fund activities that provide a 70% benefit to low and moderate income persons.

Application Period and Grant Limitations

- The state will accept applications throughout the year. Total state exposure will not exceed \$25 million dollar at any one time. Local accrued awards shall be limited to \$10 million dollars at any one time.
- There are no application minimums or maximums.

Evaluation Criteria

Successful applicants will receive project money from HUD, but the repayment of those funds is guaranteed by State CDBG. The state pledges that future CDBG grant monies will repay the federal government should a non-entitlement recipient of a Section 108 Loan guarantee default. Because of this provision the state will develop an application that provides for stringent review with the following criteria:

- Clear definition of the project goals and activities.
- Effective and capable local management.
- Analysis of secondary economic and fiscal impacts.
- Revenue projections and firm financial information on the proposed project.
- Total housing units developed for permanent affordable housing.
- Percent of low/moderate jobs created over the fifty-one percent National Objective minimum.
- Percent of jobs to be documented as "taken by" low/moderate income persons.
- Ratio of loan guarantee dollars to the number of low/moderate income persons.
- Percent of permanent affordable housing units developed over the fifty-one percent national objective minimum.
- Ratio of loan guarantee dollars to permanent affordable units developed.
- Leverage of non-government funding
- Extent of Consolidated Plan/CHAS/local Affordable Housing Plan consistency.

The state will grant special consideration and encourage applicants that:

- Are located in or directly benefit the state and federal enterprise zones.
- Are part of the comprehensive community or neighborhood revitalization program.
- Provide for linkages between housing development and supportive services.

Risk Management and Controls

(Note: For terms longer than 10 years, or where in any one year the 108 payment exceeds the annual State CDBG entitlement, HUD will also exert itself into project underwriting.)

- The local jurisdiction will complete its own underwriting/analysis of each project with recommendation for approval to the state and be accompanied by the chief elected official's signed certification required by HUD.
- The State shall complete its underwriting of the project and shall require: quality collateral/security reasonably consistent with conventional lending practices for similar project with respect to loan to value (LTV) ratios. After project stabilization and a good payment history, collateral can be reduced by the applicants request and State and Local approval.
- The City or Town and State must conclude that the project is likely to...a) produce both the National Objective and forecasted public benefits and b) evidence that the net operating income will be sufficient to meet debt service.
- Under certain circumstances where overwhelming public benefits are forecasted the State and locality can mutually decide to accept.
 - impaired collateral
 - reduced interest rates
 - poor cash flow and/or credit risks
- Provided, however, that the state and locality can mutually agree to financial sanctions against the local jurisdiction relative to the future CDBG applicants/foregoing funding in event of default or missed payment(s) by the recipient.

Outcome Measures

In accordance with Federal Register Notice dated March 7, 2006, every activity funded will be designated a minimum of one projected outcome measure. Compliance with this measurement must be tracked by the local recipient.

Every activity will have a designated "general objective category". The choices are 1) Decent Housing, 2) Suitable Living Environment, and 3) Economic Opportunity. Every category will have a designed "general outcome category". The choices are 1) availability/accessibility, 2) affordability, and 3) sustainability.

The State will preliminarily designate the follow measures for certain classes of activity (examples shown below). If a community feels an alternative measure is more appropriate, it must return justification for its assertion along with its annual contract agreement.

- Housing Rehabilitation:
 - Decent Housing - Availability/Accessibility
- Affordable housing projects/developments:
 - Decent Housing - Affordability
- Neighborhood Revitalization/Facilities:
 - Suitable Living Environment - Availability/Sustainability
- Services:
 - Dependent upon nature of services.
- Job Creation Activities:
 - Economic Opportunity – Availability

AP-45 Community Revitalization Strategies – 91.320(k)(1)(ii)

Will the state allow units of general local government to carry out community revitalization strategies?

No

State's Process and Criteria for approving local government revitalization strategies

Not applicable

AP-50 Geographic Distribution – 91.320(f)

Description of the geographic areas of the state (including areas of low-income and minority concentration) where assistance will be directed

The state's Qualified Allocation Plan, which determines the criteria for rating Low Income Housing Tax Credit applications prioritizes geographies in two ways: As is referred to in SP-35, The general strategy of the Housing Tax Credit program is described on page 4 of the state's QAP, "...prioritizes strateg[ies] to redevelop neighborhoods most heavily affected by the foreclosure crisis...simultaneously endeavor[ing] to continue to provide affordable housing opportunities in communities where few opportunities currently exist".

HOME funding is available to all communities in the State, with the general exception of Providence, Pawtucket and Woonsocket, which receive HOME allocations directly from HUD. However, applicants from these three communities may be eligible for State HOME funding if the entitlement entities do not have funds available for a specific activity and the City can document that it has obligated all the funds it had previously budgeted for that activity. The scoring system favors communities with the lowest percentage of affordable housing units to encourage a more equitable distribution of affordable housing throughout the State.

The Cities of Cranston, East Providence, Pawtucket, Providence, Warwick and Woonsocket are all entitlement communities that receive CDBG allocations directly from HUD. These communities do not apply specifically for State CDBG funds. However, the Rhode Island CDBG program has set-aside regulations to assist in the development and operation of emergency shelters (as part of the Consolidated Homeless Fund), many of which are located in entitlement communities. Even though the Consolidated Homeless Fund is used to fund many urban shelters and programs (that are operated in a CDBG entitlement community), the State CDBG funds are often distributed to those shelters in South County and Newport County, two areas of the state without an entitlement community. The state CDBG program also sets aside a portion of its allocation to pool resources for the development of affordable homes as part of the state's bond-funded Building Homes Rhode Island program. However, given that no new affordable housing funding bond programs have been passed for the upcoming program years covered by this Consolidated Plan, it is not certain if this funding will continue to be set aside from the annual State CDBG allocation. As with the Consolidated Homeless Fund, although BHRI often funds affordable housing development projects in urban areas with entitlement communities, State CDBG funding most often assist those projects seeking BHRI funds for much needed affordable housing development in non-entitlement communities, although by regulation this is not a requirement of receiving the State CDBG funds.

Rhode Island's CDBG-DR funding is available statewide. However, 80% of the Hurricane Sandy allocation is reserved for activities in Washington County, designated a "most impacted and distressed county." Eligible "Sandy" disasters include Hurricanes Sandy and Irene, and the February 2013 Winter Storm (Nemo).

The Consolidated Homeless Funds has five regional zones for allocation purposes, with a maximum of 15% of all allocated funds through the CHF going to Northern Rhode Island (which includes one entitlement community, Woonsocket), and a maximum of 10% of allocated funds going to East Bay

Rhode Island, Southern Rhode Island, and Kent County each. According to the 2014-2015 CHF Request for Proposals, 70-75% of all CHF funds will be allocated to assist programs in Providence and the Metro Providence vicinity.

Rationale for the priorities for allocating investments geographically

The rationale for the prioritization for the development of affordable housing in those communities not currently with a sufficient stock is directly related to the legislative findings in § 45-53-2 that “it is necessary that each city and town provide opportunities for the establishment of low and moderate income housing”. The legal definition for a municipality containing a sufficient stock of low and moderate income housing can be found in § 45-53-3(4)(1). HOME and LIHTC funding for affordable housing production prioritize housing in areas found not to contain enough low and moderate income housing for the purpose of helping each city and town in the state to provide affordable housing opportunities.

Regardless of the eligibility of a municipality or consortium to apply for funds, allocation amounts are contingent to two other geographic considerations. First is the need of that community and second is the project’s location with relation to the Urban Services Boundary and its proximity to a growth center, which were defined in the State’s Land Use 2025 Guide Plan. These project funding thresholds serve as implicit geographic priorities for State funds.

Local Plan Compliance threshold requirements in CDBG applications also places a priority, as a result of needing to be in compliance with a municipal comprehensive plan, on the development of affordable housing in communities that have not reached the statutory requirement of having 10% of its housing stock be affordable (deed-restricted and/or subsidized) to low-to-moderate income households. Only five communities have reached the 10% goal, two of which are entitlement communities (Providence and Woonsocket), the other three are not (Central Falls, Newport and New Shoreham).

Homelessness program funding is directed to the entitlement communities that contribute to the Consolidated Homeless Fund to the degree to which they contribute to the fund, plus added need based on applications from service providers. These geographic distributions of funding is not a requirement of the Consolidated Homeless Fund, but is estimated annually based on the location of programs that have been funded in the past and the statutory requirement of entitlement ESG funds going to each respective entitlement community. The State’s ESG funds, as a result of other funding sources that are earmarked for the entitlement communities, often fund programs in Southern Rhode Island, Kent County and the East Bay, but this is not a requirement of State ESG distribution.

CDBG-DR priority to Washington County is based on the amount of damage done by the storms for which the DR grants cover in that County relative to the rest of the state.

AP-55 Affordable Housing – 24 CFR 91.320(g)

Introduction:

In PY15, the state plans to serve a total of 3,759 with affordable housing, including 1,552 homeless households (41% of total), as well as 2,207 non-homeless households (59% of total). The majority of persons served with affordable housing will be through rental assistance (83% of those served), while the remaining 17% will be served by the development of long-term affordable rental and homeownership opportunities or through the extension of affordability of units in which the household already resides.

TABLE 91 – ONE YEAR GOALS FOR AFFORDABLE HOUSING BY SUPPORT REQUIREMENT

One Year Goals for the Number of Households to be Supported	
Homeless (Homeless Housing Added, PSH Households, HOPWA, NOP)	1,552
Non-Homeless (Rest Goal 1 and 4)	2,207
Special-Needs	0
Total	3,759

TABLE 92 – ONE YEAR GOALS FOR AFFORDABLE HOUSING BY SUPPORT TYPE

One Year Goals for the Number of Households Supported Through	
Rental Assistance (HCVP, NOP, HOPWA, PSH Total)	3,124
The Production of New Units	89
Rehab of Existing Units	546
Acquisition of Existing Units	0
Total	3,759

Discussion:

The state plans to fund the production or preservation of 635 low- to moderate-income homes with the resources it has available, with 364 of that total (57%) being the preservation of existing affordable housing, 252 of that total being the new construction or rehabilitation of rental homes not previously affordable for the purpose of serving low- to moderate-income households and 19 (3%) being the construction or rehabilitation of homes for the purpose of providing deed-restricted homeownership opportunities to qualified buyers. Of the 635 homes, it is estimated that 28 rental

units will be devoted to house homeless or formerly homeless households, the balance will serve non-homeless households. Though it is not a specific outcome stated as an accomplishment for Goal 1, many of the households served through the production or rehab of units for the development of affordable housing will contain special-needs populations.

All persons and households assisted through the accomplishments of Goal 2 are counted as homeless households supported in TABLE 91, as are the 28 units of rental housing for the homeless added in Goal 1. The eCon Planning Suite: Desk Guide for this section asks applicants to “not include the provision of emergency shelter, transitional shelter, or social services” to the total of households supported, thus only permanent supportive housing (PSH), HOPWA and NOP outcomes are included from Goal 2. These outcomes combine to support homeless households through rental assistance with those households assisted through the Housing Choice Voucher Program, though HCVP is combined with the outcomes of Goal 1 not directly toward homeless households to equal the number of non-homeless households supported by affordable housing in PY15.

AP-60 Public Housing - 24 CFR 91.320(j)

Introduction:

Rhode Island Housing, in its role as a PHA, works to ensure that all people who live or work in Rhode Island can afford a safe, healthy home that meets their needs.

Actions planned during the next year to address the needs to public housing

2015 GOALS:

- Use the Housing Choice Voucher Program to better help HUD's Opening Doors Initiative to end homelessness.
- Work with other Public Housing Authorities (PHA) in creating a more streamlined process for applying for assistance, possibly creating a universal application and waitlist.
- Perform better owner outreach by beginning Owner Information presentations throughout the state.
- Work with other PHAs to open our waiting list simultaneously so applicants have an opportunity to apply to as many waiting lists as possible.
- Partner with Affordable Housing Non-Profits to create a tenant education program that will help tenants succeed in subsidized housing.
- Better utilize state and federal funds to provide residents with a more solid support system that not only include housing, but other services as well.
- Tenant selection for the limited waitlist for homeless families and individuals (opened Feb. 4 through Feb. 10, 2015) will begin in April 2015, for which 5,000 persons applied and 1,000 were approved (based on meeting HUD's definition of homelessness. By the end of 2015, 150 households from this limited waitlist will be housed.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

Quarterly presentations regarding the homeownership program are held. Tenants are informed of the process and qualifications. All Housing Choice Voucher Program participants are invited to attend the presentations. We are working closely with other PHAs to help their residents meet their homeownership goal.

Rhode Island Housing's Family Self Sufficiency program is a voluntary program with 150 slots. RIH staff meets with clients in person bi-annually, and perform two additional follow up calls to ensure clients are provided the services necessary and maintain their self-sufficiency. This structure helps participating families create a bond with their FSS representatives and ensures the majority of the families participating in the FSS program succeed.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

Not applicable

AP-65 Homeless and Other Special Needs Activities – 91.320(h)

Introduction

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Rhode Island Continuum of Care has a strong outreach system. The State Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) has used Projects for Assistance in Transition from Homelessness (PATH) funds to ensure that outreach teams exist throughout the state to connect homeless individuals and families with housing and services that they require. The continuum has adopted the Vulnerability Index-Service Prioritization and Data Analysis Tool (VI-SPDAT) to identify needed housing and services. This tool is used when a person is first entered into the Homeless Management Information System (HMIS). Once assessed, those needing permanent supportive housing are referred to the coordinated entry system to match the person with available units. If a match is not found the person is referred to a housing placement committee to better understand the housing needs and services of the person and to facilitate an appropriate housing referral.

Addressing the emergency shelter and transitional housing needs of homeless persons

The State and entitlement city ESG funds awards are coordinated to ensure all parts of the state can meet the emergency shelter and transitional housing needs of all persons. Domestic Violence Shelters placements are available throughout the state. Rhode Island is committed to lessening the length of stay in these facilities by expanding its rapid re-housing programs through CoC and State Rental Assistance dollars. No new transitional housing programs are currently being developed, with rapid re-housing replacing that program model. There is also a decreased use of hotel/motel vouchers, which are utilized predominantly during extreme weather situations.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Chronically homeless individuals and families have been a priority for placement into permanent supportive housing in Rhode Island for the past 3 years. This commitment has been supported by the institutionalization of the VI-SPDAT, which prioritizes households for the housing. The coordinated entry system is being implemented with this tool, a referral in the HMIS and with placement committees which are part of the RI Continuum of Care structure. Rhode Island is receiving technical assistance to increase placements of homeless veterans and the chronically homeless through its Zero:2016 campaign, which is a focus on the Opening Doors RI goal of ending chronic homelessness and Veteran homelessness by 2016. Rhode Island also received a HUD Section 811 rental assistance award for 150 units. These units will serve chronically homeless and

homeless in institutions. Rhode Island Housing, the Money Follows the Person (EOHHS) office and BHDDH have entered into memorandums of understanding to ensure services are available and that those who are high utilizers of Medicaid are served first. Finally, Rhode Island Housing has prioritized homelessness and those who are living in permanent supportive housing but are able to move on to mainstream housing in opening its HCVP wait list (See goals in AP-60).

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

Foster Care

The Rhode Island Department of Children, Youth and Families (DCYF) has a policy not to discharge clients into homelessness, and has committed to this policy through a Memorandum of Agreement with OHCD. Children in foster care are not reunited with their families unless stable housing is secured. Families receive short term financial assistance and support services when housing is the primary barrier to reunification. Youth unable to go home are given the option of voluntarily participating in the DCYF-funded YESS (Young Adults Establishing Self Sufficiency) Aftercare Services which provides a stipend for housing and other wrap-around supports until the youth is 21.

There are 247 individuals enrolled in YESS with no dedicated housing for this population. YESS provides individualized, youth-driven services and supports to young adults, ages 18-21, who have been closed to the state's Family Court and DCYF.

In 2014, work was completed on Linden Tree Place in Central Falls, developed by Pawtucket Central Falls Development Corporation, with services provided by the Rhode Island Council of Resource Providers (RICORP). Five rental units were completed which will serve up to 11 youth aging out of foster care at any given time. Section AP-85 of this action plan includes more information on preventing homelessness for youth aging out of foster care.

Health Care

A Memorandum of Agreement between the Dept. of Health (DOH) and OHCD dictates that hospital patients not be discharged into homelessness. Patients remain hospitalized until they are healthy enough to move on to housing and receive case management support in developing a discharge plan. Discharge planners in assisted living facilities are trained to identify mainstream housing opportunities and to pair placements with Money Follows the Person (MFP) Program long-term care services.

Rhode Island will transition eligible individuals who are in a qualified institutional setting for 90 days or more into a qualified community-based residence. At the end of the demonstration period (calendar year 2016) a total of 520 Phase I Medicaid beneficiaries will be transitioned into the community. The demonstration will use a coordinated system of care to assist a participant transition into and to successfully remain in the community, with the appropriate supports, so that they can experience more independence and a better quality of life. Section AP-85 of this action

plan includes more information on preventing homelessness for persons and households facing substantial healthcare needs.

Mental Health

An MOA between BHDDH and OHCD dictates that patients of mental health institutions are not to be discharged into homelessness. BHDDH supports the Housing First model with PATH and SAMSHA grants for client-centered permanent housing and funds new supportive housing for people with serious mental illness and developmental disabilities through the Thresholds program (administered by Rhode Island Housing).

The Prevention and Planning Unit of BHDDH provides planning assistance and services for the development and implementation of behavioral health prevention, treatment, and recovery support policies, programs and services. The Unit also administers federal block and formula grants from the Substance Abuse and Mental Health Services Administration, the Office of Juvenile Justice and Delinquency Prevention, and the Department of Education.

The Division of Behavioral Health's primary effort in provision of services to the homeless is through its grant for Projects for Assistance in Transition from Homelessness (PATH). The grant, for \$300,000, targets people who are suffering from serious mental illness and substance abuse and who are homeless or at risk of becoming homeless.

PATH funded services consist primarily of outreach, engagement, screening and diagnosis. The fact that PATH services are provided through Riverwood Mental Health Services, a statewide CMHO, gives PATH clients access to a wide range of other services, including habilitation and rehabilitation; community mental health; alcohol or drug treatment; staff training; case management; supportive and supervisory services in residential settings; referrals to health services, job training, education, and relevant housing services. Riverwood also directs Rhode Island's premier Housing First program, which provides priority access to permanent supported housing services for its PATH clients.

Corrections

Developing coordinated reentry strategies, including social services and life skills training, in addition to the traditional supervision of probation and parole, helps ex-inmates break the cycle of incarceration. Evidence suggests that providing services beyond post release supervision, such as substance abuse treatment, mental health services, job placement and educational services lowers the recidivism rate.

The community benefits from reentry programs that work. Public safety improves and correctional and criminal justice costs are reduced in the long run when ex-inmates are directed away from re-offending to more productive work.

RI has initiated a comprehensive approach to offender reentry (established through Executive Order 04-02). This approach, facilitated with technical assistance from the National Institute of Corrections, represents the combined efforts of the Department of Corrections, the state legislature, numerous other state agencies, local governments, law enforcement and countless community agencies. The committee includes key state agencies and is divided into three tiers. The

first tier, comprised mainly of cabinet-level appointees, focuses on larger policy issues. The second tier, consisting of departmental appointees and directors of community based organizations, examines management issues. The third tier, comprised of front-line worker and managers, addresses programmatic issues.

Additionally, community reentry councils, a group of community leaders and service providers, have been established in Providence, Pawtucket, Newport and Warwick to help assist offenders returning to their community.

AP-70 HOPWA Goals – 91.320(k)(4)

The state is not a HOPWA formula grantee, but Rhode Island Housing has received competitive HOPWA awards, and will continue to apply for and administer HOPWA grants in the upcoming planning period. As described in the Strategic Plan, specifically shown in TABLE 81, HOPWA contributes to Goal 2, to prevent and end homelessness in the state, and anticipates serving 48 households per year.

In Program Year 15, year one on the upcoming planning period, the state will support units provided in permanent housing facilities developed, leased, or operated with HOPWA funds for 30 households and units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds for 18 households.

AP-75 Barriers to affordable housing – 91.320(i)

Introduction:

The state, through its laws, tries to balance the need to incentivize economic growth by preserving the state's natural and historic resources, and recognizing the local costs that growth may impose. Many state policies and requirements aim to protect the environment as well as the health and safety of residents. Municipal policies often aim to preserve the character of the community while promoting growth at a pace the community feels it can support. Though important and well-intended, these policies can increase the cost to develop housing and limit opportunities for residential development. The state has tried to mitigate these effects by reducing costs and helping to address the need for more affordable housing options.

In MA-40 of the Consolidated Plan 2015-2019, the state found the following barriers to affordable housing:

1. Lack of public water and sewer infrastructure in non-urban areas
2. Zoning
3. Land Use Controls
4. Impact Fees
5. High Construction and Land Costs
6. Limited Public Transportation in Communities Outside the Urban Core
7. Property Taxes
8. Inconsistencies in regulatory standards relevant to developing housing across municipalities

In SP-55 of the Strategic Plan of the Consolidated Plan 2015-2019, the state outlined the following strategies to ameliorate the barriers to affordable housing stated in the Market Analysis:

1. Streamline permitting process for the development of low- to moderate-income housing
2. Advocate for federal and state funding for the development of affordable housing
3. Work with municipalities to improve incentives to develop affordable housing
4. Reduce property tax burdens on protected classes
5. Statewide standards related to the development of housing
6. Prioritize investment in transportation funding
7. Improve public utility infrastructure in areas outside the urban core

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

Advocate for federal and state funding for the development of affordable housing

The Governor's FY16 budget includes new real estate tools that will encourage construction in urban areas and in historic structures. These tools include tax credits, state-level tax increment financing and assistance for local tax stabilization agreements and \$3 million in capital to support the development of affordable homes.

Work with municipalities to improve incentives to develop affordable housing

Rhode Island Housing, in partnership with the Statewide Planning Program, is developing a template inclusionary zoning ordinance that meets the requirements of the new law and can help municipalities adapt their own ordinances to comply with the changes to the law. In particular, this template ordinance will demonstrate appropriate methodologies for sizing municipal incentives to offset the cost to the developer of providing the required affordable homes and incorporating the fee-in-lieu option.

Reduce property tax burdens on protected classes

Rhode Island municipalities will continue to provide a variety of property tax exemptions for protected classes, such as for Veterans, the elderly, the visually impaired and blind as well as tax relief for low-income elderly and disabled households that qualify. The 2015 General Assembly session includes several new property tax burden exemptions aimed at protected classes. In the upcoming program year, Rhode Island Housing will continue to exercise its right of first refusal to purchase at tax sale liens on 1-3 unit owner-occupied residential properties, given to RIH under the Madeline Walker Act passed by the General Assembly in 2006.

Statewide standards related to the development of housing

Wetland setbacks

A survey prepared by RIBA in 2013 showed that 18 of 39 municipalities have wetland setback requirements that exceed state DEM standards, many to varying degrees. Legislation passed in 2013 created a commission tasked with establishing statewide standardized wetland setback requirements. The recommendations from that commission have been incorporated into legislation that is being considered by the General Assembly in the 2015 session.

Regulatory Reform

The state is developing an e-permitting initiative, which will establish a uniform web-based system for the Rhode Island Building Commissioner and Fire Marshal, to be used by the State, its municipalities and taxpayers for statewide electronic plan review, permit management, and inspection system management. Warwick, Cranston, Pawtucket, Newport, North Kingstown, West

Warwick, North Providence, Westerly, North Smithfield and Woonsocket will provide online building permit services, as part of the first of a two-phase initiative launched by former Gov. Lincoln Chafee to automate and streamline the process of municipal permitting, also supported in the FY16 Budget, the first for Governor Gina Raimondo.

Improve public utility infrastructure in areas outside the urban core

In the 2015 Governor's proposed budget, the Governor and Treasurer teamed up to initiate the expansion of the Rhode Island Clean Water Finance Agency to operate a new State Infrastructure Bank, an entity that would serve as a middleman in the financing of environmentally friendly capital projects, such as deep energy retrofits or solar-panel installation.

Discussion:

The summary of strategies to be utilized in Program Year 15 and described in this section includes only those strategies that represent new initiatives. Many of the strategies discussed in SP-55 of the ConPlan, and not summarized in this section, will still be in effect in PY15, and the accomplishments made with regards to all barriers (MA-40) and strategies (SP-55), will be addressed in the PY15 Comprehensive Annual Performance Evaluation Report (PY15 CAPER).

AP-85 Other Actions – 91.320(j)

Introduction:

In addition to the actions detailed in the previous sections, the state of Rhode Island will continue to address the other issues covered in the 2015-2019 Consolidated Plan, including the following:

Actions planned to address obstacles to meeting underserved needs

The state identifies the following as underserved populations that will be the subject of targeted interventions to provide more housing opportunities and services that prevent homelessness. Successes regarding the actions outlined here will be described in each program year's CAPER.

Youth aging out of foster care

Per Foster Forward, Rhode Island's leading advocacy and programming organization for youth aging out of foster care, "on or shortly after their 18th birthday, young people in the Rhode Island foster care system lose their foster care benefits. It's called "aging out," and it affects over one hundred young adults each year."

The R.I. Department of Children, Youth & Families (DCYF) is the principal agency charged with ensuring that youth aging out of foster care do not become homeless and that families are sustainably housed prior to reunification. A DCYF representative co-chairs the Family & Youth subcommittee of the Continuum of Care along with the Foster Forward and R.I. Kids Count. The subcommittee is responsible for carrying out the state objective to end homelessness among families, children and youth within 10 years. The Rhode Island Council of Resource Providers (RICORP), the Ocean State Network and its multiple provider partners, Child and Family Services of Newport and its multiple partners, Rhode Island Housing, the RI Coalition for the Homeless, PICA, and the House of Hope are all represented on the committee and take an active role in ensuring homeless youth are housed in sustainable settings and families have supports necessary to remain stably housed.

There are 247 individuals enrolled in YESS (Youth Establishing Self-Sufficiency Aftercare Program) with no dedicated housing for this population. YESS provides individualized, youth-driven services and supports to young adults, ages 18-21, who have been closed to the state's Family Court and DCYF. RI Foster Parents Association, PCDC and Ferland Property Management will all work to ensure that this housing answers the need for the target population.

In 2014, work was completed on Linden Tree Place in Central Falls, developed by Pawtucket Central Falls Development Corporation, with services provided by Foster Forward and RICORP. Five rental units were completed which will serve up to 11 youth aging out of foster care at any given time. This was the first development of its kind in Rhode Island, with regards to the targeting of the 'aging out' population of youth, long determined to be at risk of homelessness, and providing services and case management specific to their needs through strategic partnerships. The state will rely on this development as a model of success to advocate for similar work.

De-institutionalized elderly and disabled

Past actions that will continue in upcoming planning period and first program year

The state has implemented many programs and policies intended to reduce reliance on state hospitals or nursing homes through the deinstitutionalization and diversion of people who could be well served by less restrictive living environments, including in the community with long term care services. Some examples of which include:

a. The Office of Mental Health Advocate

The Office of the Mental Health Advocate was created in 1975 when the legislature re-wrote and reformed the Mental Health Law of Rhode Island. This reform was part of a national movement toward deinstitutionalization of mentally ill individuals, a movement which began in the 1950's and became a centerpiece of public policy in the 1970's after the United States Supreme Court declared that all states must provide Constitutional Due Process and legal counsel to individuals subjected to involuntary hospitalization.

b. Rhode Island Community Medication Assistance Program

The Rhode Island Community Medication Assistance Program (CMAP) provides psychotropic/addiction medications to community clients who require them in order to avoid psychiatric hospitalization or substance abuse detoxification but who cannot afford them. The program originated when the cost of medication was identified as a stumbling block in the process of deinstitutionalization of the State hospital in Rhode Island over 25 years ago.

c. Parent Deinstitutionalization Subsidy Aid program

The Rhode Island Legislature, pursuant to R.I.G.L. 40.1-1-10.1 as amended, established the Parent Deinstitutionalization Subsidy Aid program in 1978 within the Department of Mental Health, Retardation and Hospitals (MHRH), now BHDDH.

This subsidy program makes available care, treatment and training to eligible individuals in family homes rather than in public institutions. The subsidy program thereby furthers the provision of home and community-based care, treatment, and training to eligible individuals. A series of amendments has broadened eligibility to include individuals in other public institutions as well as certain individuals who have not been institutionalized.

The subsidy program seeks to assist both children and adults who experience a mental or physical condition of sufficient severity to cause them to be admitted to a State institution if there were not a specialized community program available.

In 2013, the General Assembly, as a provision to this law, directed BHDDH to develop options, fiscal impact analysis, and recommendations for the expansion of shared living services to siblings of individuals with developmental disabilities who are no longer able to be cared for at home by aging parents.

Recent actions to commence effect in first program year

a. Continuum of Care, Chronically Homeless/High Need Individuals Committee

This new committee, which replaces the previous Health and Housing Stability Committee, was developed as part of the new Rhode Island Continuum of Care Governance Charter to take effect in this first program year. The committee will use a case management approach using a service priority assessment to house chronically homeless/high need individuals, including but not limited to those that meet the HUD definition of chronically homeless, formerly incarcerated individuals, and high users of Medicaid in the most appropriate housing program. The committee will also help identify housing programs to meet the unique needs of the household, and inform policy makers about policies which create barriers to successful placement.

b. Money Follows the Person program, also known as Rhode to Home

Rhode Island will transition eligible individuals who are in a qualified institutional setting for 90 days or more into a qualified community-based residence. At the end of the demonstration period a total of 520 Phase I Medicaid beneficiaries will be transitioned into the community. The demonstration will use a coordinated system of care to assist a participant transition into and to successfully remain in the community, with the appropriate supports, so that they can experience more independence and a better quality of life. Participation in the demonstration will be strictly voluntary and participants will receive information about long-term care options so that they can make an informed decision. The Rhode to Home is designed as a person-centered system, where the participant and his/her family/guardian are involved in all stages of the assessment, plan development and care delivery processes.

The RI Global Consumer Choice Waiver (1115 Waiver) approved by the federal Department of Health and Human Services, Centers for Medicare and Medicaid and Services (CMS), provides flexibility to transform the State's Medicaid program and the long-term care (LTC) system. The Money Follows the Person (MFP) grant will help the State meet one of the primary goals of the 1115 Waiver which is to rebalance State expenditures from institutional settings to a home and community based setting.

c. HUD 811 Project Rental Assistance (*see AP-85, enhance coordination between housing and social service agencies*)

The re-entry of discharged prisoners into community settings

Facilitating the re-entry for persons leaving prison is a goal of Opening Doors Rhode Island, and is thus a shared goal of this Consolidated Plan. Each subsequent year of this planning period, the state will provide updates on achievements relating to the provision of housing opportunities and the prevention or ending of homelessness for this population.

Preventing homelessness

Most of the work for re-entry is conducted through the local re-entry councils of which probation and parole staff takes the lead in creating. Homeless provider agencies and homelessness

advocates participate to create the linkage between the discharge plans and the support systems in the community. They also report on-going housing issues of the re-entry population to the Chronically Homeless/High Need Individuals Committee of the Continuum of Care. Most persons are discharged to their families in temporary situations, so DOC discharge planners ensure that the person has access to all the local information related to housing, community programs and networking activities related to housing. They work with housing outreach workers to locate affordable housing and the SOAR program to access SSI and SSDI. Targeting this population within DOC facilities helps divert many at-risk prisoners from homelessness upon release or shortly thereafter.

Since early 2008, the state's BHDDH has operated the Transition from Prison to Community Program (TPCP), in conjunction with the Department of Corrections (DOC), the Rhode Island Parole Board. The program's substance abuse treatment providers have been working closely to assist in the transition of inmates back into their communities by providing/coordinating substance abuse services to those individuals who are eligible for parole and in need of services upon their release from the ACI. The Rhode Island Adult Drug Court has been in existence for about 11 years. Its purpose is to improve the quality of participant's lives in a timely and effective manner through substance abuse treatment, social services, and justice interventions, to help reduce the incidence of substance abuse among participants and decrease their involvement in the criminal justice system.

Providing housing opportunities

Committing funds to developments that propose to house and provide services to ex-offenders and inmates has not been high priority for Rhode Island's affordable housing programs, as simply too many other populations in need have received more focus, which is a reason why this population is currently determined to be underserved.

In April of 2015, approval was given to sell a property formerly used as supportive housing to Community Resources for Justice ("CRJ"), to develop a Residential Reentry Center on the site in Pawtucket for Rhode Island residents returning from federal prison. CRJ stated that they would provide a safe, structured, supervised environment and offer housing, employment, finances, counseling and treatment for mental and addiction issues. The project will require no subsidy financing for acquisition, redevelopment or operations. Fourteen full-time jobs will be created, and it will be the first facility of its type in Rhode Island. The proposal for this project was reviewed by a committee composed of Rhode Island Housing, Rhode Island BHDDH, Rhode Island DOA, and Rhode Island's Local Initiatives Support Corporation (LISC).

Actions planned to foster and maintain affordable housing

The primary focus of Rhode Island's Consolidated Plan continues to be the achievement of its affordable housing goals, implicit in that goal is the most efficient use of its Housing Tax Credits. As stated in the Strategic Plan, the state plans on preserving 364 units of rental housing by extending affordability and rehabilitating multifamily housing developments (Goal 1). The combination of housing tax credits, tax exempt bond financing, public subsidies and private financing will leverage

close to \$45 million in the first program year, preserving the 364 units at an average per-unit development cost of \$123,033, which is consistent with prior years' per-unit standards.

Other non-Housing Tax Credit preservation activities will include public housing rehabilitation paid for by local PHAs using Capital Funds, and Rhode Island Housing will likely provide much needed refinancing or second mortgages to multifamily developments with rehabilitation needs but do not otherwise qualify for tax credits. These deals tend to close sporadically and are thus not included in annual plans, but accomplishments as they occur will be reported in each program year's CAPER.

Actions planned to reduce lead-based paint hazards

Rhode Island also continues to support the much needed work in continuing to reduce lead-based paint hazards. Rhode Island has the 3rd oldest housing stock in the nation and this stock requires proper maintenance and rehabilitation to mitigate the hazards posed by the wide spread use of lead based paint prior to 1978.

Rhode Island Housing's LeadSafe Homes Program (LSHP) is a Green and Healthy Homes model program that is able to produce comprehensive interventions that reduce lead hazards, address healthy homes hazards, and reduce energy consumption in a cost effective and efficient manner for families in the Program's at risk target communities. As stated in the Strategic Plan, Goal 3 of this Consolidated Plan is to improve the health, safety and energy efficiency of all Rhode Island homes. LHSP achieves this goal by remediating lead-based paint hazards, and will complete remediation work in 110 households in the first program year. While no set-asides exist within the regulations of the program, historical program data suggests that, in a given calendar year, 60% of funds will go to multi-family projects, either owner-occupied or not, and 40% will go to single family homeowners.

State agencies involved in housing, as well as housing advocates in Rhode Island, will continue to participate in the Rhode Island Alliance for Healthy Homes (RIAHH), a project convened by the national Green and Healthy Homes Initiative (GHHI) through its Providence office, known as GHHI-Rhode Island. The current structure of the alliance includes an Executive Steering Committee and four Actions Teams meeting separately on a regular basis, but working together to deliver a set of final products by December 2015. Among the proposed deliverables in this program year include: the adoption of healthy housing standards; a Healthy Housing Fact Book; the public launch of Wikihousing.org; as well as the establishment of career maps and training resources for Healthy Home Caregivers and Home Performance Professionals.

Actions planned to reduce the number of poverty-level families

Family Self Sufficiency program

The Family Self-Sufficiency program, as the name suggests, does more than just provide rental assistance, but works with renters to develop escrow accounts in order to save to become homeowners. Rhode Island Housing runs a voluntary FSS program through its authority as a PHA, and receives approximately \$180,000 per year to support three full-time FSS coordinators. The program is currently at 93% capacity in terms of actual enrollment and maximum enrollment

allowed; 62% of participating families have escrow account balances and several families are participating in educational programs with the intent of becoming homeowners. In 2014, 15 families graduated from Rhode Island Housing's FSS program and over \$90,000 was disbursed from FSS escrow accounts for homeownership investments. Based on current enrollment in the HCV Homeownership Program, the state expects another 12 graduates in 2015. RIH conducts outreach to all HCVP participants to participate in the Homeownership program by holding quarterly presentations in which all tenants are invited to attend; RIH also provides support to other PHAs in increasing participation in Homeownership programs throughout the state.

Anti-Poverty programs, summary and first program year new actions

The state, through its social service agencies, pays for or sponsors many anti-poverty programs for families, such as:

Rhode Island Works Program: The RI Works Program provides cash assistance to families with children up to age 18 and work readiness services for enrolled parents. RI Works is the state's version of providing temporary assistance for needy families.

The **Earned Income Tax Credit** provides a tax credit and/or refund to people who earn low to moderate wages. The payment can be received as part of the end-of-year tax filing and a portion can be received in the worker's weekly paycheck. Workers who qualify for the federal EITC also qualify for a state EITC which is a portion of the federal amount.

Action in PY15

Legislation was introduced in early 2015 to reverse a recent change to the state's EITC. Rhode Island's credit is currently 25 percent of the federal credit, but only the first 15 percent is actually refundable for tax year 2014. However, the General Assembly approved a change last year that will reduce the credit to 10 percent in the 2015 tax year, but make it fully refundable. The proposal, introduced by Senator Gayle Goldin, would increase the credit to 20 percent of the federal credit while maintaining its fully refundable status beginning in tax year 2016. According to a press release covering the legislation proposal, "There are more than 80,000 tax filers in Rhode Island who claim the credit. Senator Goldin's proposal would result in the lowest-earning 20 percent of filers – who make an average of \$11,000 annually – seeing an extra \$167 as a result of the change. For those in the next-to-lowest 20-percent bracket, those earning the average \$27,000 would receive an extra \$344. The middle 20 percent of Rhode Islanders earning an average of \$48,000 would get an average of \$137 more."

Property Tax Relief Circuit Breaker Program: State-funded tax credit to senior and disabled homeowners and renters whose property taxes exceed between 3% and 6% of their household income. For renters, property tax is calculated at 20% of annual rent. The maximum credit is \$300.

HealthSource RI – Affordable Health Coverage: HealthSource RI is the state's new health insurance marketplace for Rhode Islanders, in which families and individuals with income below 400% of the federal poverty level ("FPL") may be eligible for a tax credit from the federal government to help pay for enrolling in a health plan. **Rite Care** and **Rite Share**, which provide comprehensive medical coverage through the Medical Assistance Program to pregnant women, children and their parents

or caretaker relatives, are now options, under HealthSource RI, with eligibility dependent on income.

New proposals for the state's **Governor's Workforce Board** ("GWB") include increased opportunities for apprenticeships and the "work immersion program" which would provide subsidies to employers to hire unemployed adults and post-secondary school students on a short term basis with the hope that this will lead to a full-time job. Subsidized employment has been used by many states to help link out of work residents to available jobs.

The **Rhode Island Department of Labor and Training** has a Workforce Development Services Division ("WDSD"), which describes itself as "the single point of contact in Rhode Island for employment, workforce information and education and training services. WDSD oversees all programs that guide jobseekers to suitable employment and facilitates the connection between employers and qualified workers.

Address Negative Effects of Foreclosure Crisis

The need for ongoing foreclosure counseling and mitigation is still great, as shown by the state's 2nd highest national 90+ day delinquent rate and a stubbornly high negative equity rate, and the state will find other ways to support the successful counseling efforts provided since the crisis began. The Rhode Island Housing Help Center will continue to field requests for counseling services, with many of these householders receiving in-person counseling, which is funded by national foreclosure mediation grant funding, state funds provided through the mortgage crisis settlement and Rhode Island Housing's own funds. RIH's Help Center will also continue its foreclosure mediation role, which brings together the homeowner, their counselor and the servicer to participate in a good faith effort to work out the challenges facing the borrower. These services will help the state achieve Goal 5 of the Consolidated Plan and will likely serve nearly 600 households with in-person counseling and mediation services, while fielding close to 2,000 calls to the HelpCenter.

Actions planned to develop institutional structure

The coordination of State, Federal, and private resources will improve access to housing and community development resources and the targeting of these resources to high priority areas and initiatives. Rhode Island will continue to analyze the delivery system of affordable housing to identify areas of problem and issues. Recommendations continue to be made on how to improve the administration of programs by State agencies. Closer communication ties among agencies with housing programs are also being pursued to improve program coordination. Periodic meetings of the State agencies improve the coordination of current funding programs as well as implementation of new housing policies and programs.

Coordinated Access System

As part of conformance to the 2009 HEARTH Act, the state will require participation in the new Coordinated Access System for all Receiving Programs funded by ESG, the RI CoC, RoadHome, State Consolidated Homeless Fund, and State Rental Assistance. Require that participating programs

adhere to the Policies and Procedures for the Statewide Coordinated Access System. The Rhode Island Continuum of Care designed the Statewide Coordinated Access System (“CAS”) to coordinate and strengthen access to diversion, housing and shelter services for families and individuals who are homeless or at risk of homelessness throughout the state of Rhode Island.

The Statewide CAS institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family’s immediate and long-term housing needs. the Statewide CAS includes: A uniform and standard assessment process to be used for all those seeking homeless assistance and procedures for determining the appropriate next level of assistance to resolve the homelessness of those admitted to shelter or other temporary housing accommodations; Establishment of uniform guidelines among components of homeless assistance (shelter, transitional housing, rapid rehousing, and permanent supportive housing) regarding: eligibility for services, priority populations to be served, expected outcomes and targets for length of stay; Agreed upon priorities for accessing homeless assistance; Referral policies and procedures from the system of coordinated access to homeless services providers to facilitate access to services; and a policies and procedure manual detailing the operations of CAS.

Initial use of the CAS began in December of 2014, the results of which are described in NA-40 of the Consolidated Plan. The system focuses on the use of a Vulnerability Index to help administrating entities with the intake of households facing a housing crisis, with the subsequent use of a Service Prioritization Decision Assistance Tool to determine placement decisions.

Other institutional structure improvements planned

SP-40 describes some other institutional structure gaps within the Continuum of Care besides these housing stability concerns, which will be implementing new methods of connecting residents relying for long periods of time on permanent supportive housing into more mainstream living situations, subsidized or not, many of which will take effect in the first program year: the Continuum of Care will be requiring new case conferencing procedures to create actionable transition plans for moving a client who is not succeeding in one housing program to move to another; encourage the employment of formerly homeless individuals to assist in connecting newly housing homeless persons to community supports; creation of the Employment First Program by BHDDH, adopted by the Office of Rehabilitation Services and the Rhode Island Department of Education, which will impact the populations housed in permanent supportive housing by identifying supportive companies and providing the necessary services to maintain a job; and increasing training of project staff in accessing the Rhode Island Health Exchange to increase the number of non-disabled receiving health insurance.

Actions planned to enhance coordination between public and private housing and social service agencies

HUD Section 811 Project Rental Assistance Program

Rhode Island Housing (RIH), the Executive Office of Health and Human Services (EOHHS), and the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) will build on their strong history of collaboration and the Rhode Island's strong infrastructure and supportive service system to operationalize the HUD Section 811 PRA Program in Rhode Island.

Systems change associated with implementation of the PRA will result in seamless communications between EOHHS, BHDDH and RIH; increased placement of disabled individuals in integrated community-based settings; and greater oversight of the provision and expansion of quality housing and services.

The effects of this system change will be measured by:

- The decreased number of disabled individuals on waitlists
- The increased number of disabled individuals who are placed in integrated community-based settings
- Improved housing retention (fewer evictions and abandoned apartments)
- Increased housing stability (fewer hospitalizations/emergency room visits, less interfacing with law enforcement, fewer tenant landlord disputes)
- Shorter length of stays in institutions
- Fewer re-admissions to institutions

RIH, EOHHS and BHDDH intend for the proposed PRA program to result in improved health outcomes, reduced service costs per beneficiary (particularly amongst homeless high Medicaid users), reduced chronic homelessness statewide and increased tenant income.

RIH, EOHHS and BHDDH believe that pairing the PRA program with the interdepartmental data matching of homelessness (HMIS) and Medicaid information is a particularly innovative, replicable model that could become a best practice for reducing homelessness and lowering Medicaid expenditures.

Collaborative Green and Healthy Homes Initiative (GHHI) Project

Rhode Island Housing's LeadSafe Homes Program has a goal to complete 20 units of targeted assistance in Providence and 30 units of targeted assistance in the Blackstone Valley region of Rhode Island. A collaboration of multiple public and non-profit groups will work together to target LSHP funds to homes that need lead-remediation work completed in order for the home to receive further home health upgrades, such as structural repair or weatherization work (usually boiler replacement, insulation work or window replacement).

Currently, funding for home health improvement is fragmented across multiple funding streams that too often make homes ineligible for a certain program's funds based on another home health hazard being present. Weatherization work funded through WAP programming (federal funds

awarded to CAP agencies to complete work in low-income neighborhoods) and home repair work funded through CDBG programs often find that homes with the most need were ineligible for their program because of the lead hazards associated with that work – and those funding streams were not eligible to be used for that purpose. Now these program managers have agreed to work with Rhode Island Housing to refer these households to the LeadSafe Homes Program, and that a coordinated plan would be formed if that home was found to be eligible for LSHP work. Several success stories so far from this collaboration highlight not just the inter-agency partnership's effects, but also the need for more funding to continue these efforts.

The collaboration works as follows: the LSHP team reaches out to homeowners that have received a WAP audit (but were denied WAP assistance because of lead hazards), then the LSHP team goes through the process of inspecting the home, formalizing a quote for the lead work, having the homeowner find the most reasonable approved contractor, and then inspecting the home upon completion of the project and reimbursing the contractor with LSHP funds.

After the LSHP team clears the lead work, either weatherization improvements (a new boiler and insulation replacement) or important home repairs (roof replacements, foundation repair), and sometimes both, can commence, which will already have been quoted and arranged with other program managers. Without the collaboration, many of these homes would simply be added to the 'ineligible' pile for WAP or CDBG funding in perpetuity. The project has already completed 25% of its goal of combining multiple home health improvement funding sources in one home, and will be 75% complete by the end of 2015. The Collaboration helped the Green and Healthy Homes Initiative of Rhode Island win the 2015 Collaboration Best Practices Award from the Rhode Island Foundation.

AP-90 Program Specific Requirements – 91.320(k)(1,2,3)

Emergency Solutions Grant (ESG)

(i) The State must either include its written standards for providing Emergency Solutions Grant (ESG) assistance or describe its requirements for its subrecipients to establish and implement written standards for providing ESG assistance. The minimum requirements regarding these standards are set forth in 24 CFR 576.400(e)(2) and (e)(3).

(i) Written Standards for providing Emergency Solutions Grant (ESG) assistance:

24 CFR 576.400(e)(3)(i) Policies for evaluation of individuals' and families' eligibility for assistance.

All providers funded under ESG shall utilize a standardized assessment process when determining eligibility for all individuals and families presenting for CHF services and/or shelter. This process is currently being developed by a joint committee of service providers, consultants, and the CHF Partnership. All providers funded under ESG will follow the eligibility and documentation standards developed by HUD and the Homeless Management Information System for all clients served with ESG shelter, IHSP, and/or services.

Family Shelter Providers shall utilize 211 as a central intake point and hotline for families seeking shelter. 211 Operators shall also keep a waitlist of families in need of shelter and/or services. Family shelter providers shall ONLY select clients from 211's waitlist, however they have sovereignty over which family they select. It is the expectation that Family Shelter Providers will work to target the most vulnerable families for shelter/services. The policies and procedures of providers funded under ESG shall be consistent with the definitions of homeless and at risk of homelessness in 24 CFR 576.2 and the recordkeeping requirements in 24 CFR 576.500(b), (c), (d), and (e).

Eligible populations:

There are five eligible populations identified for CHF programs: literally homeless (living in street or in emergency shelter); imminently homeless (within 14 days); unaccompanied youth/families who meet other Federal homeless definitions; fleeing or attempting to flee domestic violence and those at risk of homeless as defined by HUD. As stated on page 13 of the Consolidated Homeless Fund's Policies and Procedures Manual (Appendix 1 of the CHF Application), providers must conduct an initial evaluation to determine eligibility of each individual or family's eligibility for CHF assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. These evaluations must be conducted in accordance with Rhode Island's coordinated access and assessment process (see assessment process described in part (k) of the Consolidated Plan Action Plan (91.320), section (3) for ESG, sub-section (ii) about the coordinated assessment system (page 72 of this document).

24 CFR 576.400(e)(3)(ii) Standards for targeting and providing services related to street outreach.

All providers funded under the Street Outreach activity will provide services to all unsheltered persons that desire to be engaged and provided services. When able, outreach workers shall target services and resources to those with pronounced mental and/or physical health issues, so as to improve their access to resources that will improve the clients' safety and wellbeing.

In order to improve service delivery to those who are unsheltered, periodic outreach worker workshops will be hosted by the CHF Partnership. Topics are to include: case conferring, trainings, resource sharing, etc.

Emergency Health Services are eligible costs for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community based settings, including streets, parks, and other places where unsheltered homeless people are living. Funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area. Eligible treatment consists of: Assessing a program participant's health problems and developing a treatment plan; Assisting program participants to understand their health needs; Providing directly or assisting program participants to obtain appropriate emergency medical treatment; and Providing medication and follow-up services.

24 CFR 576.400(e)(3)(iii) Policies and procedures for admission, diversion, referral and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations.

From Rhode Island's "Statewide Coordinated Access System for Homeless Services Policies and Procedures Manual"

Persons or families are eligible for emergency shelters if they are literally homeless people who cannot be diverted and with no other safe place to sleep, and are persons who can be safely accommodated in a shelter and do not present danger to themselves or others. Regional preference is given to service families/individuals from local areas.

The following is the intake and assessment system that evaluates the eligibility of persons that enter an emergency shelter, which can ultimately determine if they are eligible to stay in a bed in that shelter:

- Diversion Assessment - Any trained staff person may conduct the Diversion Interview and Assessment. If a household presents at or calls any shelter, housing, or other program and requests services to assist with a current or impending episode of homelessness, and that program has trained staff available, that program may serve as an "Assessment Entity", and will administer the Diversion Assessment upon initial contact. If the program does not have trained staff available, the program will immediately refer the household to an Assessment Entity or the Coordinating Entity and that entity will conduct or arrange the Diversion Assessment and Shelter Intake, if applicable, in person or by phone. The Assessment Entity will submit the Diversion Interview and Assessment Form and Shelter Intake Form, if applicable the Coordinating Entity.
- Eligibility and Referral Notifications - The Coordinating Entity will review the Diversion Interview and Assessment Form and Shelter Intake Form, if applicable, and issue an Eligibility Decision and Referral Notification indicating for which services the applicant household is eligible and making a referral for indicated services. To ensure immediate access to emergency shelter, Assessment Entities may make direct referrals to Emergency Shelter, and Emergency Shelter programs may admit clients they determine eligible, if the client presents outside of the normal operating hours of the Coordinating Entity. In all other cases, all Emergency Shelter, Program Shelter, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing programs may only accept referrals made by the Coordinating Entity or Universal Waitlist Committee.

- Next Step Assessments and Family SPDAT or VI-SPDAT- Next Step Assessments and the Family SPDAT or VI-SPDAT will be used to determine the intervention necessary to resolve homelessness for any household that remains literally homeless. The intervals at which Next Step Assessments/relevant SPDAT will occur will be dependent upon the location of the household as defined in this manual. Next Step Assessments will continue to occur at the specified interval, until the household is placed in permanent housing or otherwise resolves their homelessness.
- Program Admissions – All programs receiving referrals from the Coordinating Entity (i.e. “Receiving Programs”) will make a determination about whether or not the referred household can be accommodated based on the protocols defined in this manual. In instances in which the Receiving Program determines that they cannot accommodate a referred household, the Receiving Program will document the reason and refer the client back to the Coordinating Entity, and the Coordinating Entity will review the determination and issue another referral or schedule a case conference.
- Case Conferences - The Coordinating Entity will, at their discretion, require a case conference to review and resolve rejection decisions by receiving programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. The Coordinating Entity will also, at their discretion, require a case conference to review and determine next steps when a homeless individual or family residing in shelter or transitional housing refuses to engage in a housing plan or otherwise take steps to resolve his/her/their homelessness. The purpose of the case conference will be to discuss interventions used to date and resolve barriers to securing permanent housing.

Transitional Housing Programs range in their length of stay averages from 4 to 8 months.

24 CFR 576.400(e)(3)(iv) Policies and procedures for assessing, prioritizing, and reassessing individuals’ and families’ needs for essential services related to emergency shelter:

Essential Service Activities serve homeless individuals /families (according to HUD’s definition, 24 CFR 576.2). Households/persons served by these programs must lack a fixed, regular, and adequate nighttime residence, are unable to be served by other housing programs or resources. CHF Providers shall exhaust all available options for diversion.

The Consolidated Homeless Fund Policies and Procedures Manual makes essential services available to homeless families or households only if the prior living location is determined to be one of the following: Street, Emergency Shelter, Motel (paid by non-profit), Domestic Violence Safe Home or Fleeing Domestic Violence. See Page 11 of CHF Policies and Procedures Manual to see the eligible prior living locations for all CHF programs.

- Essential services shall address the immediate needs of the homeless, helping them to become more independent and secure permanent housing.
- Essential services for homeless persons may also be operated in or provided by shelters, day centers, or meal sites that are designed to serve predominantly homeless persons.

The provision of essential services related excludes the following items:

- Any cost not directly associated with the supported activity.

- Advocacy, planning, and organizational capacity building
- Staff recruitment/training
- Any activities not detailed in the following pages are assumed to be ineligible.

Description of Essential Service Activities:

- Case Management - The cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant is eligible.
- Child Care - The costs of child care for program participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The children must be under the age of 13, unless they are disabled. Disabled children must be under the age of 18. The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- Education Services - When necessary for the program participant to obtain and maintain housing, the costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
- Emergency Health Services (Street Outreach ONLY) – Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community based settings, including streets, parks, and other places where unsheltered homeless people are living. Funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.
- Employment Assistance and Job Training – The costs of employment assistance and job training programs are eligible, including classroom, online, and/or computer instruction; on the job instruction; and services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is an eligible cost. Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.

Services that assist individuals in securing employment consist of employment screening, assessment, or testing; structured job skills and job-seeking skills; special training and tutoring, including literacy training and prevocational training; books and instructional material; counseling or job coaching; and referral to community resources.

- Street Outreach and Engagement – The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs.

These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to

homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

All providers funded under the Street Outreach activity will provide services to any unsheltered persons that desire to be engaged and provided services. When able, outreach workers shall target services and resources to those with perceived mental and/or physical health issues, so as to improve their access to resources that will improve the clients' safety and wellbeing.

- **Legal Services** – Eligible costs are the hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, and by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the program participant's ability to obtain and retain housing. Funds may be used only for these services to the extent that other appropriate legal services are unavailable or inaccessible within the community.
- **Life Skills Training** – The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance use, and homelessness are eligible costs. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are budgeting resources, managing money, managing a household, resolving conflict, shopping for food and needed items, improving nutrition, using public transportation, and parenting.
- **Mental Health Services** – Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions. Funds may only be used for these services to the extent that other appropriate mental health services are unavailable or inaccessible within the community. Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. Eligible treatment consists of crisis interventions; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.
- **Outpatient Health Services** – Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals. Funds may be used only for these services to the extent that other appropriate health services are unavailable within the community.
- **Substance Abuse Treatment Services** – Eligible substance abuse treatment services are designed to prevent, reduce, eliminate, or deter relapse of substance abuse or addictive behaviors and are provided by licensed or certified professionals. Funds may only be used for these services to the extent that other appropriate substance abuse treatment services are unavailable or inaccessible within the community.

Eligible treatment consists of client intake and assessment, and outpatient treatment for up to 30 days. Group and individual counseling and drug testing are eligible costs. Inpatient detoxification and other inpatient drug or alcohol treatment are not eligible costs.

- Transportation – Eligible costs consist of the transportation costs of a program participant’s travel to and from medical care, employment, child care, or other eligible essential services facilities.

24 CFR 576.400(e)(3)(v) Policies and procedures for coordination among providers.

The following is a list of responsibilities per provider, as outlined in the Coordinated Access System’s Policies and Procedures Manual.

211 Call Centers - When 211 receives a call from someone experiencing a current or impending housing crisis, they provide referral services as per their usual protocols. If those services are determined by 211 to be inadequate to address an immediate or long-term housing need, and the caller is currently homeless or at-risk of homelessness, 211 will refer the caller to the closest Assessment Entity.

Assessment Entity – Any staff person at a human services agency who has completed the required assessment training may conduct the Diversion Interview and Assessment, the Shelter Intake, Next Step Assessment, and/or the VI or F-SPDATs. Any staff person at a human services agency who, on behalf of a homeless or at-risk household, submits to the Coordinating Entity one or more of the aforementioned forms carries the responsibilities of an Assessment Entity as described in this manual, including but not limited to:

- Submission of assessment forms to the Coordinating Entity
- Responding to requests by the Coordinating Entity for clarifying information
- Client notification of Eligibility and Referral Decisions
- Participation in case conferences
- Assisting clients in filing appeals

Coordinating Entity - The vendor selected to serve as the Coordinating Entity is responsible for the day-to-day administration of the Statewide Coordinated Access System, including but not limited to:

- Creating and widely disseminating outreach materials to ensure that information about the services available through the Statewide Coordinated Access System and how to access those services is readily available and easily accessible to the public
- Designing and delivering training at least annually to all key stakeholder organizations, including but not limited to the required training for Assessment Entities
- Maintaining and ensuring accessibility of a current list of all Assessment Entities across the state
- Ensuring the HMIS collects needed data for monitoring and tracking the process of referrals including vacancy reporting and completion of assessments

- Reviewing Diversion Assessments and issuing Eligibility Decision and Referral Notifications in compliance with the protocols described in this manual
- Managing case conferences to review and resolve rejection decisions by receiving programs and refusals by clients residing in emergency and transitional housing to engage in a housing plan in compliance with the protocols described in this manual
- Managing an eligibility determination appeals process in compliance with the protocols described in this manual
- Managing a centralized waitlist for emergency shelter, program shelter, transitional housing and rapid re-housing in compliance with the protocols described in this manual
- Managing manual processes as necessary to enable participation in the Statewide Coordinated Access System by Providers not participating in HMIS
- Designing and executing ongoing quality control activities to ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and homeless service providers throughout the coordinated access process.

As determined necessary by the State of Rhode Island Housing Resources Commission and the Rhode Island Statewide CoC Lead Agency, providing the supports necessary to:

- Periodically evaluate efforts to ensure that the Statewide Coordinated Access System is functioning as intended
- Make periodic adjustments to the Statewide Coordinated Access System as determined necessary
- Ensure that evaluation and adjustment processes are informed by a broad and representative group of stakeholder
- Update policies and procedures

Receiving Program - All Emergency Shelter, Program Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs are Receiving Programs and are responsible for reporting vacancies to the Coordinating Entity in compliance with the protocols described in this manual. All programs that receive a referral from the Coordinating Entity or Universal Waitlist Committee are responsible for responding to that Eligibility and Referral Decision and participating in case conference, in compliance with the protocols described in this manual. In addition, any Emergency Shelter program that admits a client who presents for services outside of the Coordinating Entity's hours of operation is responsible for compliance with the protocols described in this manual.

Rhode Island Statewide Continuum of Care (CoC) Lead Agency - The CoC Lead agency, in conjunction with the Housing Resources Commission, is responsible for oversight of the Statewide Coordinated Access System, including but not limited to:

- Issuing RFPs and selecting and contracting the Coordinating Entity vendor

- Monitoring vendor compliance with contractual obligations
- Leading periodic evaluation efforts to ensure that the Statewide Coordinated Access System is functioning as intended
- Leading efforts to make periodic adjustments to the Statewide Coordinated Access System as determined necessary
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the Statewide Coordinated Access System complies with all state and federal statutory and regulatory requirements.

Universal Waitlist Committee - Based on referrals received from the Coordinating Entity, and in compliance with the protocols described in this manual, the Universal Waitlist Committee will manage the wait list for Permanent Supportive Housing programs.

Primary Worker – The staff person indicated on the Diversion Interview and Assessment Form as having primary case management responsibility for the applicant household is the Primary Worker. The Primary Worker may be, for example, a street outreach worker, a shelter/transitional/rapid re- housing case manager, a mental health/medical case manager, or any other staff person responsible for providing care coordination services for the applicant. The Primary Worker will receive all Eligibility Decision and Referral Notifications from the Coordinating Entity and is responsible for:

- Making assertive efforts to notify the client of the eligibility and referral decision
- Obtaining clarifying information as necessary
- Ensuring that the client understands the decision and applicable next steps, including the client's right to appeal the decision
- Providing assistance to the client to participate in any scheduled intake appointments.
- Assisting clients in filing appeals

In cases in which the client has no pre-existing Primary Worker, the Assessment Entity shall fulfill that role.

State of Rhode Island Housing Resources Commission - As the administrator of the Consolidated Homeless Fund, the Housing Resources Commission in conjunction with the Rhode Island Statewide Continuum of Care Lead Agency is responsible for oversight of the Statewide Coordinated Access System, including but not limited to:

- Issuing RFPs and selecting and contracting the Coordinating Entity vendor
- Monitoring vendor compliance with contractual obligations

- Leading periodic evaluation efforts to ensure that the Statewide Coordinated Access System is functioning as intended
- Leading efforts to make periodic adjustments to the Statewide Coordinated Access System as determined necessary
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the Statewide Coordinated Access System complies with all state and federal statutory and regulatory requirements.

Standard (v) also requires coordination with mainstream services and housing providers for which ESG-funded activities must be coordinated and integrated to the maximum extent possible. The Program Type descriptions on pages 36 thru 46 of the Consolidated Home Fund Policies and Procedures Manual outlines how each program, as part of intake and triage, attempt to provide households and individuals that use emergency shelters with services that match them, if possible, with other mainstream and targeted homeless services.

24 CFR 576.400(e)(3)(vi) Policies and procedures for determining and prioritizing which eligible families and individual will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance.

Model Eligibility/Entry Requirements -

Priority Populations for Service – used to establish admission priorities relative to other eligible applicants

All Program Models: No additional eligibility requirements can be applied beyond those required by funders or established as a Coordinated Access policy.

All eligibility requirements stipulated by funders will apply.

Permanent Supportive Housing: Must meet HUD definition of literally homeless (category 1) or have met that definition prior to entering transitional or other CoC assisted housing; Must include at least one family member with disabilities ; If a designated Chronically Homeless bed, must meet HUD chronic homeless definition; Rhode Island resident for at least 6 months; Persons and heads of families who have been homeless (sheltered or unsheltered) for the longest period of time based on HMIS entry data

Persons and families with members that have high F-SPDAT/VI-SPDAT scores

Rapid Re-Housing (IHSP) Must meet HUD’s definitions of:

- Literally homeless (Category 1) (all CoC funded projects)
- At imminent risk of homelessness (Category 2) or
- Fleeing domestic abuse or violence (Category 4)
- Income below 30% of AMI
- Rhode Island resident for at least 6 months

- Newly and first time homeless individuals and families
- Households who are eligible for PSH but literally homeless and awaiting PSH placement

24 CFR 576.400(e)(3)(vii-ix) Financial Assistance policies and procedures

The Intensive Housing Stabilization Program (IHSP) has its own manual for policies and procedures, available online at: <http://www.planning.ri.gov/documents/ihsp/IHSPManual11.pdf>. This program is one of three eligible activities for funding through the Consolidated Homeless Fund, and is the only eligible activity in which rental assistance is an eligible activity to fund. The program's funding is intended to serve persons who are living in a Shelter (or on the street) or would enter a shelter BUT FOR THIS ASSISTANCE. Households eligible for IHSP-funded financial assistance and/or services may be individuals and/or families. They MUST meet all of the following criteria:

- Shelter Prevention Services -

1. Below 30% of AMI & Homeless (ONLY Category 2, 3, & 4) as defined by HUD
2. Imminently homeless (within 14 days)
3. Unaccompanied youth/families who meet other Federal homeless definition (must also meet additional criteria for HUD, similar to 2)
4. Fleeing/attempting to flee Domestic Violence (Not residing in Safe Home)

OR

- Shelter/Street Homeless - Homeless as defined by HUD (ONLY Category 1 & 4)

1. Literally Homeless
4. Fleeing/attempting to flee Domestic Violence (Only living in Safe Home, Shelter, or Place not meant for Human Habitation)

AND

- Resources: Household MUST have no other existing housing options, financial resources, or other support networks identified to avoid entering or prevent leaving shelter. (Clients that are deemed eligible under IHSP are allowed to retain \$1,000 in cash assets and one vehicle per adult household member (not to exceed more than two vehicles total per household)).
- Sustainability: Clients must be likely to sustain housing once assistance ends. There is no minimum income requirement to enter the program and clients may receive longer periods of assistance (up to 24 months) to help build stability and independence.
- Intensive Case Management: No household can receive (or continue to receive) any assistance related to IHSP funds unless they have been assessed by an IHSP case manager and are receiving intensive case management (minimum of 2 visits a month, with at least one each month in the household's residence once housed).

- Housing Stabilization Plan: No household can receive (or continue to receive) any assistance related to IHSP funds unless they have created (and are abiding by) a Housing Stabilization Plan with their IHSP case manager or other authorized representative.
- Financial Counseling: No household can receive any assistance related to IHSP funds unless they are enrolled in Financial Counseling. No household can continue to receive IHSP services unless they have completed Financial Counseling.

If all criteria is met, then the following financial assistance is available:

Financial Assistance: Limited to short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, and moving cost assistance.

- Short-term rental assistance (3 months)
- Medium-term rental assistance (4 to 24 months)
- Rent arrearages (up to 6 months)
- Security deposits
- Utility deposits
- Utility payments (up to 18 months including up to 6 months arrearages)
- Moving cost assistance
- Staffing and operating costs associated with implementing eligible financial assistance activities

Monthly rental assistance maximum will be based on that fiscal year's fair market rent, as measured by HUD. A clause about rent reasonableness also exists: Rent Reasonableness: IHSP agencies MUST ensure that IHSP funds used for rental assistance do not exceed the actual rental cost, which must be in compliance with HUD's standard of "rent reasonableness." "Rent reasonableness" means that the total rent charged, including utilities, for a unit must be reasonable in relation to the rents being charged during the same time period for comparable units in the private unassisted market and must not be in excess of rents being charged by the owner during the same time period for comparable non-luxury unassisted units.

91.320(k)(3)(ii) For each area of the State in which a Continuum of Care has established a centralized or coordinated assessment system that meets HUD requirements, the State must describe that centralized or coordinated assessment system. The requirements for using a centralized or coordinated assessment system, including the exception for victim service providers, are set forth under 24 CFR 576.400(d).

Under the requirements of the HEARTH Act, the Rhode Island Continuum of Care (RI CoC) is required to implement a centralized or coordinated assessment system. Coordinated assessment is a powerful tool designed to ensure that homeless persons are matched, as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness. The vendor selected to serve as the Coordinating Entity will be responsible for day-to-day administration, including: ensuring that information about how to access services is easily accessible to the public;

training all key stakeholders; ensuring the HMIS collects needed data; reviewing assessments and issuing eligibility and referral decisions; managing case conferences, eligibility determination appeals, a centralized waitlist, and manual processes to enable participation in the by providers not participating in HMIS; and designing and executing ongoing quality control strategies. The following overview provides a brief description of the path a homeless person would follow from an initial request for services through permanent housing placement and roles and expectations of the key partner organizations. A complete description is contained in the detailed Policies and Procedures for the Statewide Coordinated Access System.

- o Initial Request for Services - Households in need of services to resolve a housing crisis may initiate a request through the 211 Call Center or any Assessment Entity.
- o ASSESSMENT ENTITY – Any human services agency with a staff trained to complete the required assessments, may submit assessments to the Coordinating Entity on clients' behalf.
- o Diversion Assessment – The assessment explores possible housing options to avoid shelter entry and assesses the type of intervention that is most appropriate to meet a household's housing needs. It is required prior to shelter admission and submitted to the Coordinating Entity.
- o Shelter intake - If a household cannot be diverted from homelessness, the Shelter Intake assesses basic needs and captures HMIS required data elements. It is required for all shelter admissions and submitted to the Coordinating Entity. All clients placed in Emergency Shelters, with the exception of Emergency Winter Shelter, will retain their bed assignments until they exit shelter either through a planned placement or through arrangements made on their own
- o Eligibility and Referral Notifications - The Coordinating Entity reviews assessment forms and issues decisions indicating the services the applicant household is eligible for and making a referral for the indicated services.
- o Primary worker - The staff person indicated on the Diversion Assessment as having primary case management responsibility for the applicant household (e.g., a street outreach worker, a shelter/transitional/rapid re- housing case manager, a mental health/medical case manager) receives all Eligibility Decision and Referral Notifications from the Coordinating Entity and is responsible for: notifying the client, obtaining clarifying information, ensuring that the client understands the decision and next steps, providing assistance to participate in any scheduled appointments and in filing appeals. In cases in which the client has no pre-existing Primary Worker, the Assessment Entity fulfills that responsibility.
- o Vacancy Tracking - The Coordinating Entity will manage a centralized vacancy tracking system for all Emergency Shelter, Program Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs and will make referrals to appropriate vacant beds when available.
- o Waitlist Management – The Coordinating Entity will manage a centralized waitlist for emergency shelter, transitional housing and rapid re-housing, prioritizing households based on priorities described in the policies and procedures. The Universal Waitlist Committee will manage a centralized wait list for all Permanent Supportive Housing. Households that have been continuously, literally homeless for the longest period of time will be prioritized for permanent

supportive housing placement. Scores on the Vulnerability Index will be used as an additional filter to determine waitlist placement.

- o Next Step Assessments and Family SPDAT or VI -SPDAT- Next Step Assessments and the Family SPDAT or VI-SPDAT will be used to determine the intervention necessary to resolve homelessness for any household that remains literally homeless. Next Step Assessments will continue to occur and be submitted to the Coordinating Entity at specified intervals, until the household is placed in permanent housing or otherwise resolves their homelessness.
- o Program Admissions –Emergency Shelter programs may admit clients they determine eligible outside of business hours. In all other cases, programs may only accept clients referred via the Statewide Coordinated Access System. Receiving Programs may only decline households under limited circumstances, such as, there is no actual vacancy available, the household presents with more people than referred, or, based on their individual program policies and procedures, the program has determined that the household cannot be safely accommodate. The Coordinating Entity will review the determination and issue another referral or schedule a case conference.
- o Case Conferences – When needed, the Coordinating Entity will convene a case conference to resolve barriers to the client receiving the indicated level of service. The Coordinating Entity may also require a case conference to review and determine next steps when a homeless household refuses to engage in a housing plan or otherwise take steps to resolve their homelessness.
- o Appeals: All clients shall have the right to appeal eligibility determinations issued by either the Coordinating Entity or any Receiving Program.
- o Those experiencing or at risk of domestic violence/abuse When a homeless or at-risk household is identified by 211 or an Assessment Entity to be in need of domestic violence services, that household will be referred to the 24 Hour Domestic Violence Helpline. If the household does not wish to seek or is not able to obtain DV specific services, the household will have full access to the Statewide Coordinated Access System.

BOARD DECISIONS

- Require participation in the Coordinated Access System for all Receiving Programs funded by ESG, the RI CoC, Road Home, State Consolidated Homeless Fund, and State Rental Assistance.
- Require that participating programs adhere to the Policies and Procedures for the Statewide Coordinated Access System.

Community Development Block Grant Program (CDBG)

Reference 24 CFR 91.220(l)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

- 1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed - Zero**
- 2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan - Zero**
- 3. The amount of surplus funds from urban renewal settlements - Zero**
- 4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan - Zero**
- 5. The amount of income from float-funded activities - Zero**

Total Program Income - Zero

Other CDBG Requirements

- 1. The amount of urgent need activities – Zero**
- 2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income – Seventy Percent (70%)**

Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income.

HOME Investment Partnership Program (HOME)

Reference 24 CFR 91.320(k)(2)

- 1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:**

HOME funds will not be used for purposes beyond those identified in Section 92.205.

- 2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:**

The Rhode Island HOME Resale Provision will be included after this section and in the Grantee Unique Appendix.

- 3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:**

HOME funds will not be used for this purpose.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

HOME funds will not be used for this purpose.

Rhode Island Housing HOME Investments Partnership Program Resale Policy

The HOME rule at Section 92.254(a)(5) requires that all HOME-assisted homebuyer housing be acquired by an eligible low-income family, and the housing must be the principal residence of the family throughout the affordability period. If the home is transferred, voluntarily or otherwise, during the period of affordability, it must be made available for subsequent purchase only to a buyer whose family qualifies as low-income, and will use the property as its principal residence. The HOME resale provision must enforce these requirements as any housing assisted with HOME funds must remain affordable for the duration of the period of affordability.

Enforcement of Resale Provisions

The Rhode Island resale policy is enforced through the use of a Deed Restriction signed by the homebuyer at closing. The Deed Restriction will specify:

1. The length of the affordability period (30 years or more in all cases)
2. That the home remains the Buyer's principal residence throughout the affordability period
3. The Owner must contact Rhode Island Housing in writing if intending to sell the home prior to the end of the affordability period;

Definition of Fair Return on Investment

Rhode Island Housing defines the homeowner's investment as the total of

1. The down-payment, if any, from the homeowner's own funds applied to the purchase price of the property, and
2. The actual, documented expenditures of the homeowner for approved capital improvements to the property. Improvements shall not include landscaping or other yard improvements of interior or exterior painting or other repairs due to normal wear and tear on the property. Approved capital improvements include, but are not limited to: (a) Renovations to the property's living space and (b) The addition of a deck, porch or car garage.

Calculation of Appreciation Standard

Rhode Island Housing defines a "fair return" to include the full value of the capital investments of the original homebuyer (down-payment and improvements as defined in the previous section) as well as the market appreciation of those investments. Market appreciation shall be based on percentage changes calculated by the using the federal Housing Price Index (available at <http://www.fhfa.gov/DataTools/Downloads/Pages/House-Price-Index-Datasets.aspx>).

The down-payment relevant base month will be the month of the original purchase while the relevant base month for any and all capital improvements will be the month in which the improvements were paid for by the current owner. The percentage change in the HPI from the month of the investment to the month of the intention to sell shall be used as the appreciation percentage on the original investment.

Example

A home with a 30-year affordability period was purchased in May of 2012 for \$166,500, with the homeowner supplying a down payment of \$3,480. The owner incurred verified and approved capital improvement expenses of \$5,000 in June of 2013. The original buyer intends to put the house on the market in March of 2014.

The relevant active month Housing Price Index (HPI) level is 189.32, with the relevant HPI of the original purchase being 176.75, producing a percentage change of 7.112%. The appreciation on the down-payment is thus 7.112% of the original down-payment itself (\$3,480), or \$247.49. The relevant HPI of the original construction investment is 182.83. The percentage change from that month to the relevant active month is 3.550%. The appreciation on the construction investment is thus 3.550% of the \$5,000 invested, or \$177.49. The total appreciation on the owner's investments is summed to be \$424.98. Added to the original combined investments of \$8,480, the fair return on investment to the homeowner upon resale is thus \$8,904.98.

Resale

The price at resale must provide the original HOME-assisted owner a fair return on investment and ensure that the housing will remain affordable to a reasonable range of low-income homebuyers:

- Affordable to a reasonable range of low-income buyers shall mean that the principal, interest, taxes and insurance (PITI) shall not exceed 30% gross monthly income for buyers between 70% and 80% of area median income. In no circumstance can the sale price of the home exceed the maximum of that range, which is the 80% AMI sales price.
- If the fair market value of the home falls within the reasonable price range to remain affordable to low-income homebuyers, as defined in the previous paragraph, and the subsequent homeowner's income falls beneath this range, additional assistance may be provided to the subsequent homeowner in the form of down-payment assistance. The source of this assistance will be non-federal funds that are applicable for this use.
- It is important to note that in certain circumstances, such as a declining housing market where home values are depreciating or are stagnant, the original homebuyer may not receive a return on his or her investment because the home sold for less or the same price as the original purchase price.
- If net proceeds exceed the fair return on investment owed to the original homebuyer, then the original homebuyer shall be obligated the entirety of their fair return on investment amount **and** 60% of the remaining net proceeds. The other 40% of the remaining net proceeds will be returned to Rhode Island Housing's HOME account for the future development of affordable housing.